SEPTEMBER 2026

NORTH DAKOTA BOARD OF PHARMACY

Newsletter to Promote Pharmacy and Drug Law Compliance.

FDA Grants Small Dispensers Exemption From Certain FD&C Act Requirements

Food and Drug Administration (FDA) is granting an exemption to certain requirements of Section 582 of the Federal Food, Drug, and Cosmetic Act (FD&C Act) for "small dispensers" until **November 27, 2027.** Small dispensers are companies that have 25 or fewer full-time pharmacists or pharmacy technicians, as of November 27, 2026.

FDA is also requesting that small dispensers, or a separate entity on a small dispenser's behalf, complete its Drug Supply Chain Security Act Assessment of Small Dispensers by **September 22, 2026**. This survey assesses small dispensers' technological capabilities for carrying out the interoperable, electronic tracing of products at the package level.

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Pharmacist Prescriptive Authority Protocol

The North Dakota Board of Pharmacy recently approved modifications to the Prescriptive Authority Protocol for Immunizations. The protocol is updated on the Board's website, along with the other protocols approved by the Board. The immunization protocol modification further moves the protocol toward a standard-of-care approach, allowing pharmacists to base their prescribing decisions on current scientific evidence. As we approach the immunization season, please make sure to review the new protocol and reach out to the Board if you have any questions.

North Dakota Issues Rule to Prohibit Access to Kratom and 7-OH Products

Serious illnesses have been associated with kratom and its alkaloid, 7-hydroxymitragynine (7-OH). Kratom is an herbal substance that can produce opioid- and stimulant-like effects, depending on its dosage. The substance has been sold in stores and online, despite the lack of FDA approval. Drug Enforcement Administration has issued a notice of intent to schedule 7-OH and three related substances in Schedule I of the Controlled Substances Act.

In North Dakota, kratom and synthetic alkaloids have been linked to numerous deaths. In response to growing concerns, the Board of Pharmacy, based on the approval of Governor Kelly Armstrong, has issued an emergency rule that classifies 7-OH as a Schedule I controlled substance. The rule is valid for 180 days. An executive order was also issued declaring a public health emergency and prohibiting the sale, development, possession, and distribution of kratom and kratom products, including foods, dietary supplements, and beverages that contain the plant. The order directed the North Dakota Legislative Assembly to convene on September 2, 2026, to consider enacting the executive order into law and establish criminal penalties. The legislature enacted the scheduling action consistent with the Board's action and created a regulatory framework for the sale of natural leaf kratom, which will be enacted in the future.

Pharmacists on the Front Line: Modernizing Health Care Access in North Dakota

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Among the old photos lining the walls of the conference room of the North Dakota Board of Pharmacy in Bismarck, ND, is a photo of a drugstore in Lakota, ND, a small rural town between Grand Forks and Devils Lake. In the photograph is a whimsical, easy-to-miss sign placed above a full-body mirror: "Watch us grow."

Indeed, pharmacy practice in North Dakota has grown since the taking of that photo; new drugs and therapies, evolving protocols, always-changing regulations, and novel medical infirmities all promote, if not demand, growth. A recent evolution is North Dakota's expanded prescription authority, broadening access to medicine for patients.

A majority of North Dakota has been geographically classified by the UND Center for Rural Health as medically underserved.[1] Patients in rural areas may face lengthy commutes to visit providers, and in many places, pharmacies may be the most accessible health care setting. With this in mind, the enactment of Senate Bill (SB) 2402 elevates pharmacies' ability to collaborate with their clinical counterparts in providing timely access to medicine for rural North Dakota in practical and safe ways.

What the Law Changed

SB 2402 represents an evolution in the role of pharmacists in modern health care, redefining their ability to provide care to patients. The bill is codified in two main sections of the North Dakota Century Code: §43-15-31.6 Prescriptive Authority and

1 Health professional shortage areas. Center for Rural Health. September 2022. Accessed May 28, 2026. ruralhealth.und.edu/projects/primary-care-office/hpsa-maps.

Pharmacists on the Front Line: Modernizing Health Care Access in North Dakota

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§43-15-31.7 Therapeutic Substitution. In general, under the new law, pharmacists are empowered to prescribe medications for certain defined or common conditions, like lice or asthma, or in response to disease-positive tests, like influenza. Additionally, pharmacists are authorized to respond to emergency situations until patients can be seen by a provider.

Under this redesign of pharmaceutical practice, patients can obtain treatment for certain routine needs and ailments without burdening overextended physicians and practitioners. In other cases, a patient may be more willing to seek treatment from a nearby pharmacist when they might otherwise neglect their ailment rather than travel to a distant clinic.

It must be underscored that the new law doesn't convert pharmacists into physicians. On the contrary, collaboration with physicians and other practitioners is a central feature of the statute. At multiple points, the statute makes this emphasis clear. A pharmacist is obligated under the law to consult with other health care professionals as appropriate, develop follow-up plans that may include communication with the patient's primary care provider, and inquire about the patient's primary care provider and supply notice about prescribed medications. Interdisciplinary collaboration is therefore not incidental to the law, but one of its fundamental expectations.

Furthermore, pharmacists' duties to prioritize patient safety are paramount. The law requires that pharmacists maintain appropriate levels of training and competency as to the drugs or devices prescribed. It requires pharmacists to develop a patient-pharmacist relationship and prescribe only for legitimate medical purposes. Finally, the Board retains oversight authority to ensure guidelines and protocols are strictly adhered to when prescribing under this statute.

In these ways, the new law evidences an attempt to balance the need for access to medicine against the potential for pharmacist authority to creep beyond its traditional scope. While they are not poised to provide complex diagnoses, pharmacists nonetheless have special knowledge regarding medications, and this expertise can be deployed strategically to address gaps in access to care in the state.

From Authority to Action

The success of the law will depend not merely on statutory authority, but on thoughtful implementation by the profession itself. Pharmacists are charged with two essential tasks: collaboration with local providers and creating new protocols for practice.

As discussed, the law requires specific types of communication with primary care providers at critical points, such as when a medication has been substituted or when a patient has been prescribed a medicine for a condition. However, a broader vision about physician-pharmacist collaboration emerges when reflecting on the future of pharmacy. In the near future, information sharing will be streamlined with the help of technology, allowing for faster and more regular communication between health care settings. Pharmacists are well advised to contemplate their role as integral, rather than auxiliary, to patient-centered care, and communication channels opened by this law can better coordinate patient care.

Pharmacists are also called upon to develop protocols for expanded practice areas. Fortunately, pharmacists will be supported in this endeavor with tools and templates created by the North Dakota State University Center for Collaboration and Advancement in Pharmacy.[2] These resources will allow pharmacists to tailor protocols to their own practice with ease.

North Dakota's expansion of prescriptive authority reflects the

2 Pharmacist prescribing practices. Center for Collaboration and Advancement in Pharmacy. April 2026. Accessed May 28, 2026. www.ndsu.edu/centers/cap/resources/pharmacist-prescribing-practices.

Pharmacists on the Front Line: Modernizing Health Care Access in North Dakota *(cont)*

view that strategic collaboration among health care professionals can improve access to medicine, particularly in rural areas. If implemented conscientiously, the law has the potential to strengthen continuity of care, reduce unnecessary barriers to treatment, alleviate pressure on overburdened physicians and practitioners, and reinforce the role of the pharmacist as one of the most accessible health care professionals in the state. More than a century after that Lakota drugstore invited patrons to "watch us grow," the profession is again called to rise to the challenges of a changing health care environment.

Seeking Mental Health Care: Resources for Pharmacy Professionals

The Board is committed to supporting the mental health and well-being of pharmacists, pharmacy technicians, and other pharmacy professionals. As part of this commitment, the Board has revised its licensure applications to remove intrusive questions and stigmatizing language related to mental health. These changes are intended to help ensure that pharmacy professionals can seek needed mental health care without fear or stigma related to professional licensure.

The Board's efforts are part of the Dr. Lorna Breen Foundation Wellbeing First Champion Challenge, which encourages health care licensing organizations to remove unnecessary barriers that may discourage health care professionals from seeking mental health treatment. The foundation was established in memory of Dr Lorna Breen, an emergency medicine physician who died by suicide in April 2020 after treating critically ill patients during the height of the COVID-19 pandemic in New York City. Dr Breen had delayed seeking help for her mental health, in part because of concerns about the potential impact on her medical license and career.

Pharmacy professionals face many of the same pressures that contribute to burnout across health care, including staffing shortages, growing workloads, and increasing responsibilities. Resources are available to help pharmacy professionals assess their well-being, find support, and support their colleagues.

The National Association of Boards of Pharmacy® (NABP®) Mental Health and Well-Being: For Pharmacy Staff page includes the following:

- **Well-Being Index for Pharmacy Personnel:** An anonymous, research-validated online tool that allows pharmacists, pharmacy technicians, and student pharmacists to assess factors such as fatigue, depression, burnout, anxiety, and stress.
- **Pharmacy Workplace and Well-Being Reporting:** An anonymous and confidential tool for reporting positive and negative pharmacy workplace experiences. Information collected through the program can help identify workplace issues and opportunities to improve well-being and patient safety.
- **Mental Health First Aid:** Training designed to help participants identify, understand, and respond to signs of mental illnesses and substance use disorders and provide initial support to someone who may be experiencing a crisis.

NABP also offers continuing pharmacy education on this topic. The home study webinar *Pharmacy Personnel Burnout – Examining Causes and Prevention Strategies for Improving Well-Being*, presented by Kelly Gable of Southern Illinois University Edwardsville School of Pharmacy, examines drivers of

Seeking Mental Health Care: Resources for Pharmacy Professionals

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burnout and provides practical strategies that individuals and organizations can use to address stress and improve workplace well-being.

The North Dakota Board of Pharmacy encourages pharmacy professionals to seek help when they need it and to take advantage of resources designed to support their mental health and well-being.

Seeking mental health care is an important part of caring for yourself and maintaining a healthy pharmacy workforce.

The North Dakota Board of Pharmacy News is published by the North Dakota Board of Pharmacy and the National Association of Boards of Pharmacy Foundation® (NABPF®) to promote compliance of pharmacy and drug law. The opinions and views expressed in this publication do not necessarily reflect the official views, opinions, or policies of NABPF or the Board unless expressly so stated.

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