

SESSION OF 2014

SUPPLEMENTAL NOTE ON HOUSE BILL NO. 2609

As Amended by House Committee on Health
and Human Services

Brief*

HB 2609, as amended, would amend the Pharmacy Act (Act). The bill would amend the definition of “practice of pharmacy”; add the definitions of “collaborative drug therapy management,” “collaborative practice agreement,” and “physician”; clarify prescription refill restrictions; clarify how a prescriber would indicate whether a name brand prescription could be exchanged for a generic brand; and create the Collaborative Drug Therapy Management Advisory Committee.

The “practice of pharmacy” definition would be amended to include performance of collaborative drug therapy management pursuant to a written collaborative practice agreement with one or more physicians who have an established physician-patient relationship.

The following definitions would be added to the Act:

- Collaborative practice agreement:
 - A written agreement or protocol between one or more pharmacists and one or more physicians providing for collaborative drug therapy management;
 - The contents of the collaborative practice agreement would be required to contain conditions or limitations pursuant to the collaborating physician’s orders; and

*Supplemental notes are prepared by the Legislative Research Department and do not express legislative intent. The supplemental note and fiscal note for this bill may be accessed on the Internet at <http://www.kslegislature.org>

- The collaborative practice agreement would be required to be within the physician's lawful scope of practice and appropriate to the pharmacist's training and experience;
- Collaborative drug therapy management:
 - A pharmacist would be allowed to perform patient care functions for a specific patient delegated to the pharmacist by a physician through a collaborative practice agreement;
 - A physician who enters into a collaborative practice agreement would remain responsible for the care of the patient throughout the collaborative drug therapy management process; and
 - A pharmacist would not be permitted to alter a physician's orders or directions, diagnose or treat any disease, independently prescribe drugs, or independently practice medicine and surgery; and
- Physician: A person licensed to practice medicine and surgery in Kansas.

The bill would eliminate language stating no more than 12 refills are allowed within 18 months following the prescription issue date for a non-controlled substance prescription drug or device. This language is in conflict with statutory language stating all prescriptions expire one year from the date written.

The bill would clarify if a prescriber electronically signs a prescription and wants that prescription to be dispensed as written, disallowing a generic brand exchange, it must be so stated on the prescription.

Finally, the bill would create the seven-member Collaborative Drug Therapy Management Advisory Committee (Committee) for the purpose of promoting consistent regulation and enhancing coordination between the Kansas Board of Pharmacy and the Kansas Board of Healing Arts with jurisdiction over licensees involved in collaborative drug therapy management. The Committee would be required to advise and make recommendations to the boards on matters relating to collaborative drug therapy management.

The Committee's membership would consist of the following:

- One member of the Board of Pharmacy, appointed by the Board of Pharmacy, who would serve as the nonvoting chairperson;
- Three licensed pharmacists appointed by the Board of Pharmacy, at least two of whom would have experience in collaborative drug therapy management; and
- Three licensed physicians, appointed by the Board of Healing Arts, at least two of whom would have experience in collaborative drug therapy management.

When making appointments to the Committee, the Board of Pharmacy would be required to consider any names submitted by the Kansas Pharmacists Association, and the Board of Healing Arts would be required to consider any names submitted by the Kansas Medical Society.

Initially, Committee members would serve staggered terms, with one pharmacist and one physician serving for one year and two pharmacists and two physicians serving for two years. Thereafter, all members would serve two-year terms.

Committee expenses would be divided equally between the boards.

Background

The bill was introduced, at the request of the Kansas Board of Pharmacy, by the House Committee on Health and Human Services. At the House Committee hearing, a representative of the Kansas Board of Pharmacy and a pharmacist testified in favor of the bill. The proponents stated the bill would codify protocols and agreements currently occurring between pharmacists and physicians, leverage the pharmacist's expertise and knowledge of drug therapy in order to supplement the physician's work, and improve drug therapy outcomes for the patient.

The Kansas Independent Pharmacy Service Corporation provided written-only proponent testimony.

No opponent or neutral testimony was provided.

The House Committee amended the bill by amending the definition of "practice of pharmacy"; by adding the definitions of "collaborative drug therapy management," "collaborative practice agreement," and "physician"; and by creating the Collaborative Drug Therapy Management Advisory Committee.

The fiscal note prepared by the Division of the Budget states passage of the bill, as introduced, would have no fiscal effect on operations of the Kansas Board of Pharmacy.