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Testimony concerning SB 387
Senate Committee on Public Health and Welfare
Presented by Alexandra Blasi, Executive Secretary
On behalf of
The Kansas State Board of Pharmacy
February 13, 2018

Madam Chair and Members of the Committee:

The Kansas State Board of Pharmacy respectfully submits this testimony in support of SB 387. The bill would allow pharmacists to administer a drug to a patient pursuant to a statewide protocol developed by the Collaborative Drug Therapy Management (CDTM) Committee. Administration of immunizations by pharmacists pursuant to individual protocols is already allowed in Kansas under K.S.A. 65-1635a, as well as pharmacist dispensing of naloxone (emergency opioid antagonists) pursuant to a statewide protocol similar to one contemplated by this bill. The Board is ready and willing to take on any necessary oversight and administration of this program, including developing and implementing the statewide protocol through the CDTM Committee, which is comprised of both pharmacists and physicians. The CDTM Committee and Board have been successful in drafting and implementing new regulations related to Collaborative Practice between pharmacists and physicians in recent years, through K.A.R. 68-7-22. The Board has appreciated the opportunity to provide feedback and input to the bill's authors, including consolidation of this work into a pre-existing committee.

Last year, thanks to a multi-professional workgroup, legislation was introduced and passed that establishes requirements for a licensed pharmacist to dispense emergency opioid antagonists to patients and bystanders pursuant to a statewide protocol adopted by the Board. HB 2217 went into effect on July 1, 2017, and adoption of the associated regulations and protocol was completed by that date. To date, almost 750 pharmacists have signed and submitted the statewide protocol to dispense this important medication. That is program success!

Many other states have adopted successful and beneficial statewide protocols for administering and dispensing drugs based on specific criteria, including but not limited to Oregon, Pennsylvania, Colorado, and North Dakota.

Since the Board is primarily responsible for staffing the CDTM Committee and assisting in the research and development of the statewide protocol, including drafting, publishing, and adopting any administrative regulations, there will likely be costs to the Board in the form of staff time and resources necessary to carry out such requirements. There may also be costs of publication of regulations, costs to convene staff and Board or CDTM Committee members, and other unanticipated expenses as discovered last year. If the protocol requires completion of certain education, there may also be costs associated with the development and implementation of that program. Such costs are difficult to estimate. Board inspectors would also review protocol compliance with their annual inspections, which takes time and attention away from other work. While the Board supports this legislation and the continued evolution of the practice of pharmacy to provide excellent care to Kansas patients, the Board has "maxed out" current resources and would likely require a minimum of 0.5 FTE administrative staffing and 0.5 FTE compliance staffing (and increased expenditure authority for FY2019 and beyond) to accommodate these responsibilities. The Board strives for efficiency and good stewardship of the Pharmacy Fee Fund, and appreciates the Committee's consideration of this matter.

Respectfully submitted,

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Executive Secretary