



Written Testimony for Senate Bill 200  
Expanding Pharmacist's Scope of Practice  
House Committee on Health and Human Services  
By Aaron Dunkel, Executive Director  
Kansas Pharmacists Association - Topeka, Kansas  
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Madame Chair and Members of the Committee:

I am Aaron Dunkel, Executive Director for the Kansas Pharmacists Association (KPhA). The Kansas Pharmacists Association is the statewide professional association representing Kansas pharmacists, pharmacy technicians, and student pharmacists from all practice settings. I am writing this to you today to ask for your support for SB 200. We appreciate the opportunity to testify on SB 200 as a proponent.

SB 200 would allow pharmacists to test patients for flu, strep, and urinary tract infections and, if a test is positive, to initiate therapy for patients. The tests used under a protocol for these three conditions are considered "waived" tests under the Clinical Laboratory Improvement Amendments (CLIA). Pharmacies wishing to participate under the protocols that will govern these processes will need to apply and receive approval for a CLIA waiver for the tests they will be administering. According to the United States Centers for Disease Control, CLIA waived tests are simple to perform, do not require costly laboratory quality control testing, and come with a low risk of an incorrect result.

KPhA supports SB 200. There are few opportunities to impact the health of more Kansans in a positive way than the bill before you today. The tests, screenings, and therapies for these conditions are well developed and are well within the capabilities of pharmacists. Pharmacists receive six to eight years of post-secondary education, including four years of intensive doctoral-level training. Pharmacy curriculums include extensive coursework in pharmacology, clinical patient care, drug selection, and the use of many testing instruments, such as those used in the tests contemplated in this bill.

The activities allowed in SB 200 will enable many patients, including those without insurance or an established medical provider, to benefit from the access afforded by pharmacists. Allowing pharmacists to initiate therapy upon a positive test result will let many patients begin treatment faster and at a lower cost than is available in many traditional provider settings.

A vast majority of Kansans live within 5 miles of a pharmacy, and currently, 103 of 105 Kansas counties have at least one pharmacy. This prevalence means that pharmacists are readily accessible. In addition, pharmacists can typically be seen without an appointment and are often open for extended hours on weekends and evenings. These facts allow them to test and initiate therapies at times when patients traditionally would need to avail themselves of an acute treatment center or an emergency room.

In conclusion, allowing pharmacist to test, screen, and initiate therapy for patients as allowed for in SB 200, will result in patients starting therapy quicker and getting better faster.

Thank you for your consideration of SB 200.