



TESTIMONY IN OPPOSITION OF SB 200

March 14, 2022

Chair Landwehr and Members of the House Health Committee,

The Kansas Chapter, American Academy of Pediatrics (KAAP) represents more than 450 of the practicing pediatricians in the state. The KAAP has the fundamental goal that all children and adolescents in Kansas have the opportunity to grow safe and strong. It is with this goal in mind that we want to share our testimony in opposition of the proposed **SB 200** that would allow for an expanded scope of practice for pharmacists to include point-of-care testing for and treatment of certain health conditions.

Pharmacists provide valuable contributions in delivering optimal healthcare. This proposed expanded scope of practice for pharmacists, which includes point-of-care testing for the purpose of diagnosis and the treatment of certain health conditions, raises critical concerns. Essentially, **SB 200 allows for the practice of medicine by nonphysician pharmacists.** Further concern is that pharmacists in Kansas have oversight from the Kansas Board of Pharmacy, not the Kansas Board of Healing Arts.

A pharmacist's skill set includes verifying dosages, checking for allergies, evaluating for drug-drug interactions, dispensing medications, and counseling patients on side effects. The training of a pharmacist is different from the training of a physician. Pharmacists complete four years of graduate level education in pharmacy school and physicians complete four years of medical school then a minimum of three years of a residency program in clinical medicine. Pharmacists focus on the study pharmacology, which continues to expand in its complexity with the increase in pharmaceutical agents. Physicians also receive education in pharmacology, and additionally physicians receive additional education in the physiology of disease, how to take histories from patients, physical examination, interpreting diagnostic tests such as laboratories and radiology, making a diagnosis, which includes making a differential diagnosis where other diagnoses are considered, and recommending treatments, which includes prescribing medications. Pharmacists do not receive education in these areas where a physician is trained, so there is concern that pharmacists are not prepared to interpret lab results, diagnose medical conditions, or prescribe medications. **Please refer to the KU School of Pharmacy curriculum as part of this written testimony.**

SB 200 includes point of care testing and treatment of influenza, strep throat, and urinary tract infections—all layman's terms for medical conditions which may seem mild, but their symptoms may indicate a more severe diagnosis. Physicians spend tens of thousands of hours training so that they can recognize the signs and symptoms of illness and the difference between patients who have mild illness versus those who are severely ill. Patients with any of these conditions deserve a differential diagnosis—essentially a list of what other conditions might be causing

these symptoms. Physicians consider the rare exception, often called the worst-case scenario that if missed would result in terrible morbidity and/or mortality for the patient. There's concern that pharmacists might experience a failure to diagnose a severe condition resulting in a bad outcome which would be devastating for the patient and the pharmacist.

For example, it may seem that diagnosing strep throat by running a point-of-care test then prescribing an appropriate antibiotic per protocol should be simple, but it is not. A pediatric patient may present with sore throat and fever. Their laboratory test for strep throat may be negative. Other conditions, some of them serious, may be causing this illness. What if this child in fact has Epstein-Bar virus (mono) with an enlarged spleen, which is difficult to diagnose without a physician's training, then this child returns to play in a contact sport then has rupture of their spleen and dies? Another the child might have a positive test for strep throat, is diagnosed with pharyngitis caused by *Streptococcus pyogenes* and is prescribed and dispensed an appropriate antibiotic. What if that child develops a severe complication associated with *S. pyogenes* infection such as rheumatic heart disease or post-streptococcal glomerulonephritis?

Urinary tract infection (UTI) also has a complex differential diagnoses list. A chief complaint of dysuria (pain with urination) does not always mean that a patient has a UTI, and if it is a UTI, these infections can be caused by many different organisms for which different treatments are required, and specifically in the child, there are other considerations for the physician, such as a workup to evaluate for congenital urogenital defects such as vesicoureteral reflux or the possibility for sexual abuse.

Finally, as we unfortunately know from the pandemic, having flu-like symptoms and having a negative influenza test could mean a patient has another medical condition, requiring a different evaluation, diagnosis, and treatment.

Particularly concerning to KAAP is that there are no age limits for this expanded scope of practice. Additional concerns for SB 200 emerge which include patient safety, fragmenting healthcare, liability for the pharmacist, documentation issues, and conflict of financial interest. For example, this proposal would erode efforts at patients receiving continuity of care from their medical homes. Furthermore, the pharmacist would likely not have access to the patient's electronic health record. There is also concern for conflict of financial interest as the same entity where these laboratories and diagnoses would be done would also be dispensing the prescribed medications; of note, this has been the ethical argument against physicians owning pharmacies or dispensing medications directly from their medical practices. Finally, there is concern that the Collaborating Physician Agreements (CPAs) would be provided for our pharmacists by physicians who live outside of Kansas and coordinated by large corporations outside of KS; essentially these large corporations could exploit an expanded scope of practice for our pharmacists.



Our Kansas pharmacists are valued members of the healthcare team, and Senate Bill 200 would threaten to overextend them beyond their training while allowing for less-than-optimal healthcare for Kansans. Thank you for your time and attention. We welcome any questions you might have and are happy to serve as your resource on pediatric issues.

Respectfully submitted,

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President
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