



Written Testimony for Senate Bill 200
Expanding Pharmacist's Scope of Practice
Senate Committee on Public Health and Welfare
By Aaron Dunkel, Executive Director
Kansas Pharmacists Association - Topeka, Kansas
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Chairman Hilderbrand 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 that represents 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.

SB 200 would allow pharmacists to initiate therapy for patients that have positive point-of-care tests or screenings for a defined set of conditions. These conditions include influenza, strep throat, COVID-19, HIV pre- and post-exposure prophylaxis, and other conditions that have tests waived under the Clinical Laboratory Improvement Amendments of 1988 (CLIA).

KPhA supports SB 200. There are few opportunities to more positively impact the health of Kansans than you have before you today. The tests, screenings, and therapies for the enumerated conditions are well developed and are well within the capabilities of pharmacists. Pharmacists receive six to eight years of post-secondary education that includes 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 current flu, strep, and COVID-19 tests.

The activities allowed in SB 200 will allow many patients without insurance or a usual source of care to benefit from the access afforded by pharmacists. A vast majority of Kansans live within 5 miles of a pharmacy. Currently, 103 of 105 Kansas counties have at least one pharmacy in their county. This means that pharmacists are readily accessible. In addition, pharmacists can typically be seen without an appointment and are often open extended hours and on weekends. These facts allow them to test and initiate therapies at times when patients often would need to avail themselves of an acute treatment center or an emergency room to be tested and receive medications in our current environment.

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, getting better faster, and this will be achieved at a much lower cost than is the current norm within our healthcare system.

Thank you, Chairman Hilderbrand and Committee, for your consideration of SB 200.