

Testimony concerning SB 200
Senate Committee on Public Health and Welfare
Presented by Alexandra Blasi, Executive Secretary
On behalf of
The Kansas State Board of Pharmacy
February 25, 2021

Chairman Hilderbrand and Members of the Committee:

The Kansas State Board of Pharmacy respectfully submits this testimony in support of SB 200. The bill would allow pharmacists to conduct point of care testing for patients presenting at a pharmacy and, as indicated, dispense necessary medications based on a set statewide protocol developed by the Board. The state of Kansas already allows dispensing of naloxone, the emergency opioid antagonist, by statewide protocol and it has been a very successful program. The Board is ready and willing to take on any necessary oversight and administration of this program, including developing and implementing the statewide protocol. The Board would likely consult directly with the Collaborative Drug Therapy Management Committee established by K.S.A. 65-1626a and comprised of both pharmacists and physicians. The Board has appreciated the opportunity to provide feedback and input to the bill's authors and believes this authority is well within the training and expertise of a licensed pharmacist.

In 2017, thanks to a multi-professional workgroup, legislation was introduced and passed that established requirements for a licensed pharmacist to dispense naloxone 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 1,200 pharmacists have signed and submitted the statewide protocol to dispense this important, life-saving medication. A map of naloxone dispenser pharmacies is available to the public at <https://pharmacy.ks.gov/k-tracs/pharmacists/naloxone-dispensing>.

Kansas already allows pharmacists to enter into a Collaborative Practice Agreement with a physician. However, such agreements are limited to patients with an ongoing physician-patient relationship with the relevant patients. SB 200 would allow pharmacists to utilize testing for any patient presenting at the pharmacy and requesting services. Of course, nothing requires the pharmacist to provide these services or dispense pursuant to a statewide protocol. Likewise, nothing prevents a patient from utilizing the more traditional healthcare model by making an appointment with their prescriber, receiving a prescription, and having it filled at their local pharmacy.

More than 34 states allow pharmacists to administer patient testing and screening criteria, and at least 23 states allow pharmacists to prescribe medications based on tests conducted in the pharmacy setting. While SB 200 does not allow that extent of independent pharmacist practice, statewide protocols provide increased access to appropriate pharmaceutical care for patients. States that have expanded pharmacist authority include Colorado, Missouri, Oklahoma, Iowa, Arizona, Oregon, Idaho, Montana, Pennsylvania, and the Dakotas. Respectfully submitted.