



Testimony for Senate Bill 200
Creation of Statewide Pharmacy Protocols
Committee on Public Health and Welfare
By Amanda Applegate, Pharmacy Clinical Services Coordinator
Balls Food Stores, Kansas City Kansas
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Chairman Hilderbrand and Members of the Committee:

I am Amanda Applegate, pharmacist and Clinical Services Coordinator for Balls Food Stores in Kansas City, Kansas. We are a family-owned chain of supermarkets which operates 13 pharmacies in Kansas. I have previously served as the president of the Kansas Pharmacists Association (KPhA). KPhA is the statewide professional association that represents pharmacists, pharmacy technicians, and student pharmacists from all practice settings across the state of Kansas. Thank you for allowing me to testify today on behalf of my pharmacies in support of Senate Bill 200.

This bill serves to allow pharmacists to better meet the healthcare needs of their patients and their communities in limited situations when time to treatment is important. Over 25 states, including Kansas, currently have one or more statewide protocols used primarily to address public health needs such as vaccine preventable and other infectious diseases. Several states such as Idaho, Kentucky, and Florida have recently passed measures that specifically provide for pharmacist testing and treatment of influenza and strep throat, however, research and utilization of this concept has been ongoing for nearly 15 years.¹ Considering ongoing shortages of primary care providers in 102 of 105 Kansas counties², as well as rising health care costs, Kansas pharmacists can help bridge a gap with quality care performed in a time- and cost-effective manner for both patients and health plans.

In the current Doctor of Pharmacy curriculum, student pharmacists are trained in the utilization and interpretation of many laboratory devices allowed to be used in a community pharmacy. There are also several continuing education and certificate programs offered by national pharmacy organizations that provide training in techniques and devices not generally taught in schools of pharmacy, such as the nasopharyngeal swabs that have been critical to testing during the COVID-19 pandemic.

The patients who would benefit most from pharmacists testing and treating are patients without easy access to primary or urgent care providers. In my experience working in three Kansas counties, there are stark differences between access to health care in a county where part or all of the county is federally designated as a primary health care professional shortage area and access where primary care is sufficient. In many cases, my patients in Leavenworth and Wyandotte Counties saw the time to drive to the next city for care and/or the copay necessary to make a primary or urgent care appointment as a significant barrier for them to overcome. Hospitals and primary care offices closing in Leavenworth further exacerbated those concerns while I was working there. For something such as a sore throat or influenza-like symptoms, many worked while ill (exposing anyone around them) or would stay at home until symptoms passed (missing many days of work). With access to a pharmacy in 103 of 105 Kansas counties, often with long daily and weekend hours, pharmacists test and initializing therapy could help avoid additional workplace illnesses and potentially avoid worsening of conditions leading to hospitalization.

Telemedicine, which has proliferated during the COVID-19 pandemic, has helped ease access challenges in some areas, however, telemedicine relies on strong broadband service, which many Kansas counties still lack. Telemedicine services also rely on patient description of symptoms and exposure to diagnose and prescribe, which can lead to overprescribing of antiviral medication and antibiotics in cases where a negative test could have helped guide treatment to symptom based over the counter therapies.

Statewide protocols for pharmacists should be defined narrowly to best address significant public health needs across Kansas while maintaining high quality, patient centered care. Any protocols crafted should provide for reporting of treatments dispensed back to known primary care providers and should also have specific inclusion and exclusion criteria designed to protect those who would be beyond the care of a pharmacist. Housing the authority to create these protocols moving forward with the state Board of Pharmacy allows for quick response to a significant need, such as the provision of prescription medications after a positive test for a communicable disease.

Thank you for your time and consideration today. I would be happy to stand for questions at the appropriate time.



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¹ Klepser ME, Adams AJ. Pharmacy-based management of influenza: lessons learned from research. International Journal of Pharmacy Practice (2018).

² Health Professional Shortage Areas: Primary Care, by County, 2021 – Kansas, accessed from data.HRSA.gov January 2021.