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FAMILY PHYSICIANS  
**CARING FOR KANSANS**

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**Testimony: SB 200 – Expanding the pharmacist's scope of practice (Opponent)**

**Senate Public Health & Welfare Committee**

**February 25, 2021**

**By: Chad Johanning, MD, FAAFP, President**

**Chairman Hilderbrand and members of the Committee:**

Thank you for the opportunity to appear before you today in opposition to SB 200. My name is Chad Johanning and I currently serve as the President of the Kansas Academy of Family Physicians. I practice in Lawrence and have treated my patients with effective team-based and evidence-based care for over 12 years. I am proud to provide my patients a medical home and a place where they have access to care at all times, given by a group of team-based clinicians providing the highest quality patient care. This is achieved by providing 24 hours, seven days a week access to my patients, as well as a walk-in clinics to promote continuity of care.

Research demonstrates that **patients are best served in an established medical home, by a physician-led care team, and that this is the best model for safely and efficiently meeting their health care needs.** KAFP, therefore, opposes SB 200 for three reasons that are critical to patient care and safety:

- The bill goes against the heart of an established medical home and further fractures health care service and delivery. This bill treats the listed conditions as if they can be separated from the whole of a patient's diagnoses, treatment, and health care needs. We oppose any legislation that serves to fracture health care treatment, thereby creating greater risks to patient safety.
- Our second issue with SB 200 is that it contemplates pharmacists engaging in the practice of medicine, as defined in K.S.A. 65-2869(b). That statute clearly delineates what constitutes the practice of medicine and, further, establishes that only physicians shall be licensed to engage in these practices.
- Finally, the bill does not provide a procedure for when simple self-limiting cases become more complex. It infers that caring for illnesses where management is "generally managed with minimal treatment or self-care" is risk-free and pharmacists should, therefore, be able to care for these illnesses via a collaborative agreement with a physician. The diseases specified in the bill as lower risk actually carry very high risks.

For example, strep throat can have life-threatening complications, such as abscesses needing drainage and enlargement of the tonsils that could restrict a patient's ability to breathe. Each of these complications would obviously be outside the scope of this bill as they are not self-limiting, but the bill does not adequately describe how pharmacists would be able to identify these serious complications and refer them to the most appropriate treatment venue – frequently in a hospital or emergency room. A collaborative agreement with a physician will

not solve this issue with scope of practice. The patient's health is at risk without proper training.

This bill and other such bills that propose expanding non-physician's scope of practice into the practice of medicine share a common theme: they are focused on health care professionals' desire to practice medicine, rather than on what is safest for Kansas' patients.

We ask this committee to consider most highly what long-demonstrated research tells us is best for patients – an established medical home, with a physician-led health care team – and **reject SB 200, which further fractures health care delivery, allows non-physicians to engage in the practice of medicine, and puts patient safety at-risk.**

About Kansas Academy of Family Physicians:

KAFP represents nearly 2,000 active, resident, student and life members across the state. *The mission of KAFP is to support and serve family physicians of Kansas as they advance the health of Kansans.* Quality health care and health outcomes for our patients guide our public policy work. As family physicians, we see people of all ages, both men and women, and we work with almost every type of ailment and illness that afflict our patients.