



To: Senate Public Health and Welfare Committee

From: Travis R. Oller, DC
Executive Director
Kansas Chiropractic Association

Date: February 25, 2021

Subject: SB 200; Expanding the pharmacist's scope of practice to include point-of-care testing for and treatment of certain health conditions.

Opponent Testimony

Chairman Hilderbrand and other members of this committee, I appreciate the opportunity to present testimony in opposition to SB 200.

The Kansas Chiropractic Association represents over 1,100 Doctors of Chiropractic in Kansas and their patients. We are here today because we see the massive expansion of the pharmacist's scope of practice included in SB 200 as a patient safety and protection issue. This is not a turf issue.

Section 1 of SB 200 allows a pharmacist to "test or screen for and initiate therapy..." for "(f) a condition for which its diagnostic test is waived under the federal clinical laboratory improvement amendments of 1988" also known as "CLIA-waived" tests. CLIA-waived tests are essentially tests that can be done in a point-of-care setting instead of in a being sent into a CLIA Certified laboratory for analysis. CLIA-waived tests are typically done on small amounts of body fluid. Think blood drops not vials.

The list of CLIA-waived tests is long and includes testing for a number of significant health conditions that should not be treated without a competent and comprehensive patient history and exam performed by a licensed practitioner of the healing arts.

SB 200 also brings up issues with liability, malpractice, patient safety, continuity of care, maintenance of medical records, informed consent, and the Corporate Practice of Medicine.

Pharmacists in Kansas do not currently participate in the Healthcare Stabilization Fund. Pharmacists are not trained in patient interviewing/history taking or patient physical examination.

Kansas has a very limited allowance for the Corporate Practice of Medicine, and I worry that a pharmacist, practicing under the new authority that SB 200 allows could be in violation of the current restrictions on the Corporate Practice of Medicine in Kansas.

While SB 200 does require a collaborative practice agreement with a physician licensed in Kansas, it does not require transmission of medical records to the patient's primary care provider after being seen and treated by a pharmacist. This can leave gaps in the patient's medical record along with unnecessary duplication of testing and increased healthcare costs.

All 50 states, including Kansas, currently allow for a very limited prescription authority by pharmacists. Kansas allows pharmacists to dispense Naloxone without a prescription.

Only seven states currently allow pharmacists expanded prescriptive rights when working under a collaborative agreement. All seven of these states require additional post-graduate education. Most states have a restrictive list of conditions they can treat along with a narrow formulary. Only two states, Montana and North Carolina, have no restrictions on conditions or formulary. Montana requires additional certification from the Board of Pharmacy Specialties. North Carolina requires additional certification to be licensed as a Clinical Pharmacists Practitioner. SB 200, as written would not require any additional education or certification of pharmacists.

If pharmacists wish to be able to provide CLIA-waived tests in their facilities then they should use the already established framework of on-site, pharmacy-based healthcare clinics staffed by appropriately licensed providers.

We ask that this committee oppose SB 200.

Thank you for your time,
Travis Oller, DC
Executive Director
Kansas Chiropractic Association