

January 31, 2022

Written and Oral Neutral Testimony in the Senate Public Health and Welfare Committee regarding SB 200

Dear Chair and Honorable Committee Members:

The Kansas State Board of Healing Arts (“Board”) submits this testimony to assist legislators in evaluating SB 200. I am Susan Gile, Acting Executive Director of the Board. The Board is the executive body tasked with licensing and regulating 16 healthcare professions in Kansas, including physicians. *See* K.S.A. 65-2801. The Board is composed of 15 members, 12 of whom are licensed healthcare professionals from various professions, including eight licensed physicians. The statutory mission of the Board is patient protection. *See* K.S.A. 65-2801.

The Board’s primary concern with SB 200 is the “initiation” of drugs or therapy for patients. Kansas pharmacists are highly qualified and well trained **in the field of pharmacy**. However, the board of healing arts is the board that is qualified to establish appropriate protocols for **medical diagnosis and selection of medical therapy**. The majority of the membership of the board of healing arts are licensed physicians, who are appropriately trained in the diagnosis and selection of treatment for medical conditions.

This bill is overly broad as drafted. Authority to select and prescribe drug therapies (“initiate” therapy) should be subject to physician oversight and/or a protocol approved by the board of healing arts. Current Kansas law in this area reflects physician oversight and should remain unaltered.

Current Law – K.S.A. 65-1626a

The definition of the practice of pharmacy is critical to evaluating what a pharmacist is allowed to do pursuant to Kansas law. K.S.A. 65-1626a(b)(1) defines the practice of pharmacy as:

the **interpretation and evaluation of prescription orders**; the compounding, dispensing and labeling of drugs and devices pursuant to prescription orders; the administering of vaccine pursuant to a vaccination protocol; the participation in drug selection according to state law and participation in drug utilization reviews; the proper and safe storage of prescription drugs and prescription devices and the maintenance of proper records thereof in accordance with law; consultation with patients and other health care practitioners about the safe and effective use of prescription drugs and prescription devices; **performance of collaborative drug therapy management pursuant to a written collaborative practice agreement with one or more physicians who have an established physician-patient relationship**; and participation in the offering or performing of those acts,

services, operations or transactions necessary in the conduct, operation, management and control of a pharmacy... (emphasis added).

Collaborative drug therapy management means the:

practice of pharmacy where a pharmacist performs certain pharmaceutical-related patient care functions for a specific patient which have been delegated to the pharmacist by a physician through a collaborative practice agreement. A physician who enters into a collaborative practice agreement is responsible for the care of the patient following initial diagnosis and assessment and for the direction and supervision of the pharmacist throughout the collaborative drug therapy management process. **Nothing in this subsection shall be construed to permit a pharmacist to alter a physician's orders or directions, diagnose or treat any disease, independently prescribe drugs or independently practice medicine and surgery.**" K.S.A. 65-1626a(b)(2) (emphasis added).

A collaborative practice agreement is:

A written agreement or protocol between one or more pharmacists and one or more physicians that provides for collaborative drug therapy management. Such collaborative practice agreement shall contain certain specified conditions or limitations pursuant to the collaborating physician's order, standing order, delegation or protocol. A collaborative practice agreement shall be: (A) Consistent with the normal and customary specialty, competence and lawful practice of the physician; and (B) appropriate to the pharmacist's training and experience. K.S.A. 65-1626a(b)(3).

What is proposed in SB 200 arguably allows pharmacists to independently practice medicine and surgery by initiating treatment and drugs to Kansas patients. Current Kansas law allows for this pursuant to a collaborative practice agreement with a physician and this should remain unaltered.

I welcome any comments, questions, or further dialogue with members of the committee. Please feel free to contact me at (785) 296-3680 or at any time via email at susan.gile@ks.gov.

Sincerely,



Susan Gile
Acting Executive Director

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