

**Testimony before the
Committee on Public Health and Welfare
Presented by Debra Billingsley
On Behalf of the
Kansas Board of Pharmacy
January 31, 2013**

Madam Chairperson and Members of the Committee:

My name is Debra Billingsley and I am the Executive Secretary of the Kansas Board of Pharmacy. Our Board is created by statute and is comprised of seven members, each of whom is appointed by the Governor. Of the seven, six are licensed pharmacists and one is a member of the general public. They are charged with protecting the health, safety and welfare of the citizens of Kansas by ensuring that businesses and persons related to the practice of pharmacy or the drug delivery system are properly licensed or registered. The Board is also tasked with promoting education and collaboration of pharmacy related practices.

The Board meets at least quarterly. During the meetings the Board hears disciplinary cases and sets policy for pharmacy related issues. The Board has taken an active role in reviewing and updating rules and regulations so that we are compliant with federal mandates. We hold numerous task force meetings with stakeholders in order to provide additional safeguards related to medications in Kansas.

The Board staff consists of an Executive Secretary, two licensing staff, 2 Prescription Drug Monitoring personnel, 1 attorney, and 4 inspector/compliance officers. The inspector/compliance officers work from their homes and are located in different areas of the state. The state is divided up into territories.

The Board licenses or registers the following: Pharmacists, Pharmacies, Non-resident pharmacies, pharmacy students, pharmacy technicians, manufacturers, distributors, research and teaching, analytical labs, ambulances, retail dealers, county health and not for profit indigent clinics, institutional drug rooms (prisons, hospice, universities), sample drug distributors, and durable medical equipment providers. There are approximately 16,000 entities or persons registered or licensed. Specifically, we license 4,842 pharmacists, 893 pharmacies, 1,199 interns, and 6,700 pharmacy technicians. The pharmacists and pharmacy technicians are licensed biennially and the majority renew online. All other registrants renew annually generally renew online. We have the fees staggered so that we renew retailers in February, pharmacists, pharmacies, and businesses in June, and pharmacy technicians in October. Our agency is 100 percent fee funded.

We license pharmacists by examination and through reciprocity. We require the NAPLEX or the North American Pharmacist Licensure Examination and the MPJE or Multistate Pharmacy Jurisprudence Examination. Foreign pharmacists are required to take the Foreign Pharmacy Graduate Equivalency Examination or FPGEE before they can take the NAPLEX or the MPJE. All business are inspected by a pharmacy inspector/compliance officer prior to issuing a permit.

The Board takes complaints from the general public and from other agencies. We receive approximately 150-250 complaints or investigations a year. The type of investigation that the Board reviews vary from theft or loss of drugs; impairment by reason of drug abuse; error in filling prescription, i.e. wrong drug, wrong drug strength, incorrect dosage, wrong patient, inadequate or incorrect packaging, labeling, or directions, dispensing in a situation that results in harm or potential harm to the patient. Each pharmacy inspector/compliance officer is assigned a complaint and they provide a written report. An investigative meeting is held with one Board member present and a recommendation is made on whether there is a violation and what the penalty should be. The recommendations may be revocation, suspension, probation, restrictions in the practice, obtain additional continuing education, retake the MPJE, take a PARE test (multi-dimensional assessment regarding pharmacist practice deficiencies), or placing the licensee in the Ks-PRN Impaired Provider Program. We can fine up to \$5000 per violation. 100 percent of fines are transferred to the SGF.

The State Board operates or collaborates in several programs. One is the Kansas Tracking and Reporting of Controlled Substances (KTRACS) program. This is a centralized database for controlled substances and drugs of concern dispensed in or into the state. It can be accessed by prescribers and dispensers so that they can improve pain management and reduce diversion, addiction and misuse. We recently entered the NABP PMP Interconnect that allows data to cross state lines to authorized users. It allows participating state PMP's to be linked, providing a more effective means of combating drug diversion and drug abuse nationwide. This program is funded through federal and private grants. We also joined a pilot program that will not permit us to access the database for free for a minimum of three years. The Board has a KTRACS Advisory Committee that is made up of physicians, pharmacists, dentists, APRN's, and PhD's involved in pain management. They advise the Board on the operation of the program. KTRACS is involved in a couple of pilot projects with Cerner, Mitre Group, Lawrence Memorial Hospital, and Via Christi Hospitals regarding electronic records. The Board has also been in contact with the Health Information Networks in order to let them access the KTRACS portal through their systems. The Board provides an annual report to the legislature regarding KTRACS and current trends.

The Board of Pharmacy also participates in a real-time tracking and blocking of meth precursors program. This was an unfunded mandate by the legislature and the Board was able to connect to a program called NPLeX. The Consumer Healthcare Products Association (CHPA) teamed up with the National Association of Drug Diversion Investigators (NADDI) and offered this program free of charge to all states that chose to use it. The supporting manufacturers are Bayer, Johnson and Johnson, Merck, Novartis, Pfizer, Perrigo, and Reckitt Benckiser. The Board of Pharmacy has an MOU with NADDI and with the KBI to operate the system. It can be accessed by pharmacies and on a limited basis by law enforcement. The Board does an annual report related to the electronic logging system each year to the legislature.

There is collaboration between the Board of Pharmacy and Kansas Department of Health and Environment (KDHE) to operate the Kansas Medication Disposal Program. Each year in Kansas, millions of prescription medications go unused or expire. The Medication Disposal Program offers Kansans a convenient, safe, and environmentally responsible option for disposing of unwanted medications. We offer take-back locations through local pharmacies. KDHE has expanded and developed waste disposal guidelines through the Bureau of Waste Management and we collaborated so that the pharmacies could dispose of the medication correctly.

The Board also collaborated with KDHE to operate the Utilization of Unused Medication Program whereby certain drugs could be donated to qualifying centers or clinics that elect to participate.

Medications that are not expired and have not been tampered with can be donated from mail order facilities and nursing homes. These drugs are reviewed on each end by a pharmacist and they are then dispensed to an indigent individual.

Thank you for permitting me to testify about the Board of Pharmacy. If there is any other information we can provide we will be happy to do so.