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February 25, 2021

To: Senate Public Health and Welfare Committee

From: Vicki Whitaker, KAOM Executive Director

Subj: Written Only Opposition Testimony to SB 200 – AN ACT concerning pharmacists and pharmacy; relating to the state board of pharmacy; expanding the pharmacist's scope of practice to include point-of-care testing for and treatment of certain health conditions; amending K.S.A. 65-1626a and repealing the existing section.

Chair Hilderbrand, Vice Chair Gossage, Ranking Minority Leader Pettey and members of the Committee:

The Kansas Association of Osteopathic Medicine (KAOM), founded in 1913, represents osteopathic physicians and the osteopathic profession in Kansas. At the direction of KAOM members, the association is providing comments in opposition to SB 200 which would amend the Kansas Pharmacy Practice Act to allow pharmacists to *independently test or screen for and initiate therapy...for health conditions of individuals who are eligible to receive the testing or screening service.*

Pharmacists are educated and serve internships prior to practice. Their education and training centers on the chemistry of medications and their uses, counterindications, interactions with other medications and foods, consultation with patients on the safe and effective uses of medications, in addition to consultation with health care providers. They can also perform collaborative drug therapy in conjunction with a physician or other health care provider.

SB 200 provides pharmacists with the ability to become a physician without the education needed to fill that role. It seems everyone wants to practice medicine without the education, extensive clinical care internships and residencies of a minimum of 10,000-12,000 hours prior to licensure. The bill states a health condition that is generally managed with minimal treatment or self-care and includes, but is not limited to:

- Influenza
- Streptococcus
- COVID-19
- Pre-exposure prophylaxis
- Post-exposure prophylaxis
- A condition for which its diagnostic test is waived under the federal clinical laboratory improvement amendments of 1988 (CLIA).

Pharmacists do not have the experience to know when a health condition is self-limited, they do not know a patient's pre-existing conditions (co-morbidities) which can make what appears to be a self-limited condition a life-threatening condition.

<u>CLIA waived tests</u> are many and cover 61 pages and include Complete Blood Chemistry, Creatinine, drug testing, electrolyte panel, HDL/LDL Cholesterol, Hematocrit, Hemoglobin, HIV, Ketones, lactic acid, lipid profile, Lyme disease, mononucleosis, occult blood, osteoporosis, renal panel profile and the list goes on. Many of these tests are used by physicians to diagnose serious medical conditions or identify underlying problems. Many of these tests require a referral to a medical specialist to treat the underlying conditions.

While pharmacists are highly educated and trained on the use of medications, they are not highly trained in treating and counseling patients on medical conditions. This bill as written would allow a pharmacist to practice medicine. Pharmacists would like to be health care providers, to be reimbursed as health care providers, but their profession is one centered on pharmaceuticals, their uses, and contraindications, for which they are reimbursed, not in providing health care.

The practice of medicine is referred to as an art and science. The many years of education and training physicians complete confer on them the privilege and right to practice medicine. Primary care physicians must have the broadest knowledge base possible as their patients can present with a need in any area of medicine. A diagnosis starts with a test ordered by a physician and interpreted by a physician.

According to the Healing Arts Practice Act, KSA 65-2802 (a): 65-2802. Definitions. (a) The healing arts include any system, treatment, operation, diagnosis, prescription or practice for the ascertainment, cure, relief, palliation, adjustment or correction of any human disease, ailment, deformity, injury, alteration or enhancement of a condition or appearance and includes specifically, but not by way of limitation, the practice of medicine and surgery.

Many physicians believe that with the continued encroachment into the practice of medicine that their education, extensive training, and knowledge is being viewed as unnecessary. It seems that a primary care physician is interchangeable with a pharmacist or a nurse. I assure you that is not the case. Kansas citizens are deserving of physicians **who lead** a health care team to provide for their medical needs. This bill is broad and would allow pharmacists to continue to expand their scope of practice beyond the profession of pharmacy into the profession of medicine.

For these reasons, KAOM respectfully seeks your opposition to the passage of SB 200.

Thank you for the opportunity to provide this written testimony.