

Notes from House Health and Human Services 2-6-19

(Notes are paraphrased and not a transcript.)

HB 2082 – Allowing pharmacists to administer injections as prescribed by a physician.

Kansas Pharmacists Association and National Association of Chain Drug Stores proposal – Julie Hein, Hein Governmental Consulting – pharmacists are currently allowed to administer vaccinations.

Kristen Powell, Genoa Healthcare, Family Service and Guidance Center - Many people uncomfortable with self administration. This bill will help our patients stay on their medications by making it more convenient for them to receive them. Many of our patients are on public assistance and this would allow greater convenience and avoid additional visits to physician's offices or hospital for administration of their injectable medications.

Dared Price, Owner - Graves Drug Winfield, Arkansas City – Medication would have to be prescribed by a licensed Kansas prescriber, would have to be a medication I am comfortable administering to the patient, and would have to be a medication the patient asked to be administered. Cited multiple examples of mental health patients. Non-compliance of patients taking oral medications. Clinic switched to injectable to aid in compliance. Many issues with either self injecting or picking up medications and returning to physicians office for administration. (We do not charge for this service.) Also mentioned testosterone.

Why not allow physicians to dispense medications and also administer? Some do for certain medications. Storage and dispensing rules are extensive.

Jill Reynoldson, Pharm.D., BCPP – Pharmacy Clinical Manager, for Psychiatry & Rehabilitation at the University of Kansas Health System. Also cited cases of psychiatric patient – referred to her as a frequent flyer – who was receiving treatment from a private provider who could prescribe an injectable as a better option for her, but had a small office with limited hours and could not provide the service of injecting the medication regularly. They were able to connect her to a Missouri pharmacy – Ball Food Stores. Better for patients, reduce stigma and fear by connecting with local pharmacist, decreasing potential patient misadministration, take injection supplies out of the community, reduce healthcare costs by reducing readmission rates.

Jim Backes, Pharm.D., University of Kansas School of Pharmacy – Injection administration standard part of training. Pharmacists are fully trained and well equipped to administer medications, State of Kansas and the University of Kansas School of Pharmacy are losing talent because of the limited scope of practice allowed in our great state, Most importantly allowing pharmacists to administer medications is simply the right thing to do for the patient. Details of pharmacy education and training.

Eplee – I co-sponsored vaccinations. Not seeing the need for this? What is the compelling need? Access – extended hours, availability in rural areas, safety v. self-administration. There are a whole host of other medications that fall under this.

Alexandra Blasi, Board of Pharmacy – Supports bill. Would enhance patient adherence and improve appropriate utilization of the medications as well as compliance with prescribed regimens. Board also requires CPR certificate. Compliance monitoring in the course of routine pharmacy inspections and investigate any complaints received. Compliance would mean the counseling provided by the pharmacists to the patients. Could require .1 FTE additional administrative staff time which is approximately \$11,600 per year.

Eplee – what kind of interaction have you had with the osteopaths and MDs? This is not a board initiative, so we have not. We do interact with them for the collaborative practice agreements. The one to one requirement has become a barrier.

Eplee – how will liability be covered? Don't know – outside the Board's jurisdiction.

Linda French, patient prescribed psoriasis medication – significant apprehension and hatred of needles. I put off my doses and may subconsciously delay. My dermatologist has offered her services, but that is more than an hour away. Husband is now a state representative and we are in Topeka Monday through Friday. Would be much easier for me and I wouldn't have to be sticking myself after midnight after drinking a whole bunch of wine.

Christine Crowley – Kansas Council of Health System Pharmacies – written support

Aaron Dunkel – Kansas Pharmacists Association – written support

Amanda Applegate – Balls Food Stores – written support

Peter Stern, Currus Inc. – independent pharmacy – written support

Henhouse/PriceChopper pharmacies – written support

Opposition Testimony

Rachelle Columbo, Kansas Medical Society – bill is virtually identical to legislation proposed in Senate last session. Has not been broadly discussed among clinicians. The difficulties for long acting injectables are not just attributed to injectables. If an individual can do it for themselves, why not allow a pharmacist to provide it? An individual does not hold themselves out to be a health care provider with all of the accompanying responsibilities of those providers. Should be subsequent to a conversation between the physicians and the patients. We are not hearing the same problems from patients that the pharmacists are citing. Patients can go to their physician, which is the best case scenario and can also go to an APRN, and there are a number of APRNs working at pharmacies. My testimony is verbatim from last year. Request for meetings with clinicians. We did have a meeting among the representatives of the organizations but not the clinicians.

Eplee – so are there any problems with these long acting injectables being administered that this would resolve? Not that I am aware of. That doesn't mean that there aren't individuals who might like to have the option but we are not aware of a prevalent issue at this time.

Bergquist – if an individual can self-administer the medication, what is the concern about having a pharmacist do it? Because an individual is not a health care provider. This is a broad change to the scope of practice statutes relating to

If a psychiatrist felt that there was a problem with patients not complying with their medications due to the hesitance to self-administer, they can have them come in for administration or to an APRN, or they can come to us and share that concern in order to have something narrow crafted to resolve the issue.

It would be very difficult to get a number of physicians to show up in a week to have the considered conversations that are important to have. Would want to have the right people at the table for the right amount of time. Physicians do not work on a legislative schedule.

Barker – this is a turf battle and that is all that this is. The physicians have it and the pharmacists want it. But if they can send me home with an injectable then why can't I pick someone to administer it for me? The physicians should make the time to have this conversation because I think we should work this bill.

Blex – same discussion – I have to self-administer insulin. I understand the fear of needles, but I would also have some concern about the liability issue. The bill does not require liability coverage and they can't do it now so they are not currently covered for it. Truly it is the role of this committee to determine what is allowed and what is not – but physicians do not dispense medications and

I know everyone calls these turf battles and you may become tired of them, but we believe in the importance of a full treatment team and there are boundaries between the roles relating to the training and expertise that they have.

May be something where the turf is overlapping

Rather not put you in the position to make those determinations based on a few anecdotal stories.

Lynn – how have the number of injectables changed in the past 10 years that may have warranted this change? That may be and that may be warranted but that is why the appropriate people should have the conversations.

Kansas Association of Osteopathic Medicine – written

Kansas Academy of Family Physicians – written

Jean Gawdin, Kansans for Life – neutral but opposed if open to abortion by medication administration.