



Testimony for Senate Bill 387
Creation of Statewide Pharmacy Protocols
Senate Public Health and Welfare Committee
By Amanda Applegate, Pharmacy Clinical Services Coordinator
Balls Food Stores, Kansas City Kansas
February 13th, 2018

Chairman Schmidt and Members of the Committee:

I am Amanda Applegate, pharmacist and Clinical Services Coordinator for Balls Food Stores in Kansas City, Kansas, a family-owned chain of supermarkets which run 13 pharmacies in Kansas. I also serve as President Elect for the Kansas Pharmacists Association (KPhA). KPhA is the statewide professional association that represents Kansas pharmacists, pharmacy technicians and student pharmacists from all practice settings. Thank you for allowing me to testify today on behalf of KPhA in support of Senate Bill 387.

This bill expands the authority of the existing Collaborative Drug Therapy Management Advisory Committee (CDTM) to allow pharmacists to better meet the healthcare needs of their patients. Over 25 states, including Kansas, currently have one or more statewide protocols used primarily to address public health needs. Considering current shortages of primary care providers and rising health care costs, Kansas pharmacists can help bridge a gap with quality care performed in a cost-effective manner for both patients and health plans.

I have several examples from my practice where pharmacists in our company could have an impact on our communities through utilization of statewide protocols. One example is the Travel Health Clinics based at three of our Kansas pharmacies. Our pharmacists at these locations all have specialized training in travel medicine and routinely recommend and administer vaccinations for protecting US citizens during international travel. Many of the patients are young college students who do not see a local primary care provider. An important component of international travel health is anti-malarial medication, which varies based on patient preference and levels of resistance in the area to which someone is traveling. In many cases, the pharmacist administers necessary immunizations and then must contact a prescriber for a prescription for an antimalarial agent. The prescriber will often ask for the pharmacist's advice in dosing the anti-malarial agent that they then prescribe. This go-between may take several days to a week, which delays care for the patient and may add the cost of a primary care visit.

Another example of a protocol that could benefit Kansans would be the ability for pharmacists to provide nicotine replacement therapy (NRT) to individuals who would like to quit tobacco. NRT products are covered by all KanCare plans and nearly all commercial insurance plans, but some people who have insurance coverage may still have barriers to obtaining a prescription from a prescriber. The patients who would benefit most from pharmacists directly dispensing NRT are patients without established relationships with a primary care provider. In many cases, these are people working one or more jobs, where the time and/or copay necessary to make an appointment to establish care may be a significant barrier to overcome. In the Doctor of Pharmacy curriculum, pharmacists are trained in recommending and

dispensing NRT products that are both clinically effective and cost effective to aid in successful tobacco cessation¹. Especially in areas of the state such as Wyandotte County where adult tobacco use is far higher than the national average, pharmacists could help make a difference in the lives of many patients^{2,3}.

Statewide protocols for pharmacists can be defined as broadly or as narrowly as necessary to best address significant public health needs across Kansas. Housing the authority to create these protocols in the CDTM committee in addition to the legislative process allows for quick response to a significant need such as the provision of antiviral medications after a positive influenza test during a particularly bad flu season such as this one.

Thank you for your time and consideration today. I would be happy to stand for questions at the appropriate time.



Amanda Applegate, PharmD, BCACP
Pharmacy Clinical Services Coordinator
Balls Food Stores
Kansas City, KS

President Elect
Kansas Pharmacists Association

1. Fiore MC, Jaén CR, Baker TB, et al. *Treating Tobacco Use and Dependence: 2008 Update*. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008.
2. County Profile: Wyandotte County Health Status. Mid America Regional Council.
<http://www.marc2.org/healthdata/counties/wyandotte.htm>
3. Smoking and Tobacco Use – Fact Sheet. Centers for Disease Control and Prevention.
https://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm