

Testimony concerning HB 2389  
House Committee on Health and Human Services  
Presented by Alexandra Blasi, Executive Secretary  
On behalf of  
The Kansas State Board of Pharmacy  
March 19, 2019

Madam Chair and Members of the Committee:

The Kansas State Board of Pharmacy respectfully submits this testimony in support of HB 2389. The bill would require certain medications be prescribed electronically. Electronic prescribing is already allowed in Kansas and under federal law, and the Board believes most pharmacists and pharmacies either are or could be equipped to manage this change within a reasonable time period. It is important to note that this bill would impact all prescribers, not just physicians. The Board is ready and willing to take on any oversight, including drafting and adopting any regulations but believes this would best be accomplished in collaboration with the Board of Healing Arts and the Prescription Monitoring Program Advisory Committee. Due to the national opioid epidemic and the opportunities for fraud inherent in paper prescriptions, electronic prescribing helps protect the public.

The bill also creates a requirement for prescribers to seek a waiver of electronic prescribing in certain circumstances but exempts pharmacists from verifying any waiver. The Board anticipates that this could create additional work for the Board. Costs would be in the form of staff time and resources associated with issuing waivers, reviewing complaints, and conducting relevant inspections and investigations to ensure compliance with state law. In addition, the Board has learned from other states that have implemented mandatory e-prescribing (e.g. New Jersey) that it often creates a tremendous influx in prescription errors related to inadvertent mis-prescribing in electronic systems. Therefore, it may be important to allow time for prescriber education prior to implementation to avoid any unnecessary obstacles. While the Board has current processes and staff to support these functions, each added element of compliance monitoring takes additional staff time and the Board has “maxed out” current resources. The Board anticipates total associated staff time could accumulate to 0.5 FTE for inspectors (calculated based on a 10% workload increase for 5 inspectors) and 0.3 FTE for licensing staff on an ongoing basis to accommodate these responsibilities. Such costs are difficult to estimate, but there would not be any revenue to offset the costs.

The Board strongly supports the amendment being offered to limit pharmacist responsibility for requiring electronic prescriptions because this ultimately harms only the patient. It is imperative that this bill not create a barrier to patient access due to mistakes or failures of the medical or pharmaceutical community. The Board also supports the amendment implementing a timeline and other exceptions to the electronic prescribing rules for opioid prescriptions.

The Board finds this bill consistent with many other states and supports passage.

Respectfully submitted,

Alexandra Blasi, JD, MBA  
Executive Secretary