KANSAS CHAPTER
American Academy of Pediatrics
INCORPORATED IN KANSAS

TESTIMONY IN OPPOSITION TO **SB 200**

February 25, 2021

Chairman Hilderbrand and Members of the Senate Public Health & Welfare Committee,

The Kansas Chapter, American Academy of Pediatrics (KAAP) represents more than 400 of the practicing pediatricians in the state. The KAAP has the fundamental goal that all children and adolescents in Kansas have the opportunity to grow safe and strong. It is with this goal in mind that we want to share our **testimony in opposition of SB 200** that would allow for an expanded scope of practice for pharmacists to include point-of-care testing for and treatment of certain health conditions.

Pharmacists provide valuable contributions in delivering optimal healthcare, but the expanded scope practice of these nonphysicians to include point-of-care testing for and treatment of certain health conditions raises critical concerns. Essentially, even within a "state-wide protocol," **SB 200 allows for the practice of medicine by nonphysician pharmacists and is outside the scope of the practice of pharmacy.** Additionally, pharmacists in Kansas have oversight from the Kansas Board of Pharmacy, not the Kansas Board of Healing Arts.

The training of a pharmacist, which includes four years of graduate level education in pharmacy school, **is different from the training of a physician** who has completed both four years of medical school and a minimum of three years of a residency program in clinical medicine. **Pharmacists focus on the study pharmacology**, noting that with the increase in pharmaceutical agents that this area continues to expand in its complexity.

Whereas in contrast, in addition to pharmacology, physicians are specifically trained in the physiology of disease, patient history taking, physical examination, utilizing diagnostic tests such as laboratories and radiology, making a diagnosis, which includes making a differential diagnosis where other diagnoses are considered, and prescribing treatments which often includes medications.

A pharmacist's valuable skill set includes verifying dosages, checking for allergies, evaluating for drug-drug interactions, dispensing medications, and counseling patients on side effects. SB 200 would allow for pharmacists to also perform point-of-care testing and treat health conditions which are not part of their training. **Please refer to the KU School of Pharmacy curriculum as part of this written testimony.**

Concerns for SB 200 emerge which include **patient safety, fragmenting healthcare, liability for the pharmacist, documentation issues and potential for missed diagnoses.** The pharmacist would likely not have access to the patient's electronic health record, and this practice would erode efforts at integration and continuity of care.

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"Minor conditions" are not minor, and the conditions listed in SB 200 are <u>not</u> "generally managed with minimal treatment or self-care." Physicians spend tens of thousands of hours training so that they know the difference between "sick" and "not sick." As part of creating a differential diagnoses list, physicians must consider the rare exception, often called the worst-case scenario that if missed would result in terrible morbidity and/or mortality for the patient.

To use one of these conditions listed as an example, it may seem that diagnosing "strep throat" by running a point-of-care test then prescribing an appropriate antibiotic per protocol should be simple, but it is not. A pediatric patient may present with sore throat and fever. The child's Rapid Strep laboratory test may be negative. However, other conditions, some serious, may be causing this illness. What if this child in fact has Epstein Bar Virus ("mono") with an enlarged spleen, then returns to play in a contact sport then has rupture of their spleen and dies? Or what if the child has Kawasaki's disease and later suffers a life-threatening coronary artery aneurysm?

Alternatively, the child may have a positive Rapid Strep, is diagnosed with pharyngitis caused by Streptococcus pyogenes, and is prescribed and dispensed an appropriate antibiotic. What if that child has a missed complication in addition such as Rheumatic Heart Disease or Post-Streptococcal Glomerulonephritis? What if the child has an allergic reaction and that is not recorded on the electronic health record for their primary care provider to know? This is just one example of how complex a "minor condition" can be and why expanding the scope of practice of pharmacists in these regards is not in the interest of safe patient care for Kansans.

Additional concerns to the KAAP for our pediatric patients are that there are **no age limits** for this expanded scope of practice, and there are **no limits on the range of diagnoses**. It is foreseen that the CPAs would be provided for these pharmacists through large corporations outside of KS by physicians outside of our communities which might financially exploit this expanded scope of practice for our pharmacists.

It is clear, Senate Bill 200 will allow for less-than-optimal healthcare, particularly for our pediatric patients in Kansas. Thank you for your time and attention. We welcome any questions you might have and are happy to serve as your resource on pediatric issues.

Respectfully submitted,

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President
Kansas Chapter, American Academy of Pediatrics