Proponent Testimony for House Bill 2157
Health and Human Services Committee
By Nate Wiehl PharmD, BC-ADM
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Chair Carpenter and Members of the Committee:

My Name is Nate Wiehl. I am the Director of Clinical Services for AuBurn Pharmacies. Thank you for the opportunity to provide testimony in support of HB2157.

AuBurn Pharmacies is an independently owned chain of retail and long-term care pharmacies in the Eastern Kansas and Western Missouri market with 18 retail location in Kansas. Most of our locations serve rural communities, some with limited access to urgent care services. Since the passage of SB200 in 2022 AuBurn Pharmacies has been progressing to involve point-of-care testing and treatment as part of our service offering in many areas. Currently, pharmacists are allowed to test and treat influenza, strep throat and urinary tract infections for patients that meet the statewide protocol criteria. However, there is a gaping hole in the current test-to-treat protocol in that it does not include Sars-CoV2 infection, otherwise known as Covid-19.

When the test-to-treat protocols were originally drafted, exclusion of Covid-19 made sense for a myriad of reasons but it no longer does. First, the federal PREP act is no longer in place that allowed pharmacists to test and treat Covid-19 under federal regulation. Furthermore, current low cost CLIA-waived tests can screen for both influenza and Covid-19 simultaneously with a single nasal swab reducing the need for multiple tests to determine or rule out the cause of illness. Prompt treatment of influenza and Covid is vital to improve outcomes. Treatment guidelines for Covid call for the initiation of antiviral medications within 72 hours of the onset of symptoms. Very often those symptoms start mild and don't get addressed for 24 to 48 hours until the patient realizes they could be dealing with something more serious. At this point urgent care or emergency services could be their only option for treatment as same-day primary care appointments are very often not available. Additionally, in many rural communities, like mine in Garnett, there are no urgent care services. The choices are to wait for an opening to see their primary care provider or seek high-cost, unnecessary emergency room services. Community pharmacies around the state already offer testing and prompt treatment for very similar conditions. Adding Covid to the list just makes sense.

Testing for and treating Covid infection is not new for pharmacists. As I previously stated, pharmacists were previously allowed to do just that under federal regulation. We are already qualified to determine who would benefit from antiviral medications and we would be judicious in their dispensing. We can determine if a patient is a candidate for treatment based on their severity of symptoms, comorbid conditions, age and vaccination status. For many people who

test positive for Covid-19, prompt testing and treatment by a pharmacist could mitigate serious illness or hospitalization. We are seeking to ensure that the high-risk patient who *does* need Paxlovid or Lagevrio can access it before their window for effective treatment closes.

HB2157 is a common-sense update that aligns Kansas law with current diagnostic capabilities and federal realities. By adding COVID-19 to the existing test-to-treat protocol, you are reducing the burden on our overstretched primary care system and ensuring rural Kansans receive the right care at the right time.

I urge the Committee to support **HB2157**.

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