To: Chairman Carpenter and House Health and Human Services Committee
From: Jess Easterwood, LNHA, Executive Director of Assisted Living and Memory Support
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Larksfield Place is the premier retirement community of South-Central Kansas, we exist to enrich the lives of discerning older adults by providing distinctive lifestyle, health and wellness services. Larksfield Place is a not-for-profit Continuing Care Retirement Community (CCRC). Our community consists of 22 free-standing Villas, 165 independent living apartment homes, 62 assisted living apartments, 10 Montessori-inspired memory support apartments, 80 licensed nursing care beds in the Health Care & Rehabilitation Center.

My name is Jess Easterwood, and I serve as an Executive Director in an assisted living and memory support community in Kansas. I am also a Licensed Nursing Home Administrator and have spent over a decade working across the continuum of long-term care. Every day, I am responsible for ensuring that residents receive medications safely, accurately, and consistently. Thank you for the opportunity to provide testimony in opposition to House Bill 2718 as currently written.

We Support Resident Choice — And It Already Exists in Law

I want to begin by stating clearly: I support resident rights, including the right to choose their pharmacy. This right is already protected under existing Kansas regulations. Current resident rights language affirms that individuals may choose the pharmacy where prescribed medications are purchased. It also recognizes an important safety consideration: when an adult care home uses a unit-dose or similar medication distribution system, residents must select from pharmacies that can provide medications in a compatible system. This existing framework strikes an appropriate and necessary balance between resident choice and medication safety.

HB 2718, as written, removes that balance.

This Bill Creates Operational and Safety Concerns

The proposed language would prohibit adult care homes from charging any fee or financial adjustment related to a resident choosing a pharmacy that does not provide medications in the facility's established distribution system. While this may seem reasonable on the surface, it creates significant operational and safety concerns. Medication distribution systems are not chosen for financial gain. They are selected to support safe medication administration. Unit-dose and similar systems reduce the risk of medication errors, improve tracking and accountability, and support a safe, efficient med pass for residents, many of whom take multiple medications daily.

Medication Safety Depends on Standardization

When medications arrive in a format that is not compatible with the facility's system, additional steps are required. Staff must spend extra time verifying, organizing, and managing medications that do not integrate into the standard process. This increases administrative burden, increases the time required for each medication pass, and introduces additional opportunities for error. Multiple distribution systems being used simultaneously for multiple residents creates

complexity in an already high-risk clinical task. Even small disruptions to consistency in medication administration can increase the likelihood of missed doses, wrong medications, or delays. These are not hypothetical concerns; they are real risks that affect resident safety.

Additional Work Requires Additional Resources

If a resident chooses to use a pharmacy that does not provide medications in a compatible distribution system, there are legitimate additional costs tied to the extra time, labor, and administrative work needed to safely manage those medications. Facilities that have clear, transparent policies regarding these circumstances are not penalizing choice, they are accounting for the additional resources required to maintain safe care practices. Prohibiting any form of cost recovery removes a facility's ability to responsibly manage the increased workload and risk associated with incompatible medication formats.

This Is Not About Profit — It's About Protection

Adult care homes do not require specific distribution systems for profit. They are doing so to support safe, consistent, and competent medication passes. Standardized medication packaging, reduces the risk of medication errors, improves accuracy and accountability, supports safe and timely medication administration and protects residents with complex medication needs. Removing the ability to require compatible systems, or to address the additional work associated with incompatible ones, may unintentionally weaken the safety structure that protects residents.

Current Regulations Already Strike the Right Balance

The current regulatory language already protects the resident's right to choose a pharmacy while ensuring that medications are provided in a format that supports safety within the care environment. This approach allows, resident autonomy, clinical safety, operational consistency, and transparent policies. HB 2718, as written, disrupts that balance.

A More Balanced Path Forward

If a resident chooses to use a pharmacy that does not offer a compatible medication distribution system, and clear facility policies are in place outlining the additional time and administrative work required, it should be acceptable for facilities to account for those realities. This preserves resident choice, medication safety, staff capacity, and responsible care practices.

Closing: Protect Choice Without Increasing Risk

For these reasons, I respectfully ask the Committee to oppose HB 2718 as currently written or consider amendments that preserve resident choice while allowing facilities to maintain safe medication systems and reasonably address the additional costs associated with incompatible distribution methods.

Thank you for your time, your leadership, and your continued commitment to the safety and wellbeing of Kansans living in adult care homes.

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