KANSAS PHARMACISTS ASSOCIATION

Written Neutral Testimony re: HB 2718
House Health and Human Services Committee
Sloane Freeman, PharmD
On Behalf of the Kansas Pharmacists Association

Chairman Carpenter and Members of the Committee,

My name is Sloane Freeman, PharmD, and I am a pharmacy owner in rural Kansas. I also serve as the Immediate Past President of the Kansas Pharmacists Association and an advocate for rural healthcare access for Kansans. Thank you for the opportunity to provide neutral testimony HB2718 with safety and legal information about medication dispensing in the long term care setting.

In our rural communities, the local pharmacy and the nursing home are two halves of a clinical team. As a pharmacy provider, we are strong supporters of patient choice. We believe that choice must be grounded in safety, legal reality, and the unique needs of the long-term care environment. Our perspective on this legislation is rooted in three critical areas where patient choice meets the reality of rural healthcare:

Capability Must Accompany Choice: A pharmacy serving a nursing home does more than dispense pills; we provide a lifeline. In a rural setting, this means being on-call 24/7 to deliver "stat" medications in the middle of the night and providing specialized packaging that ensures a nurse can safely administer the right medication and right dose at the right time. If a resident chooses a pharmacy that lacks these capabilities—such as a mail-order service or a distant retail chain—it creates a dangerous gap in care. We believe **patient choice should be allowed and any chosen pharmacy must be able to meet the same on-call, delivery, and system-integration standards as the facility's primary provider** to ensure resident safety is not compromised.

The Legal Reality of Repackaging: There is a common misconception that a local pharmacy can simply "repackage" medications sent in prescription bottles from an outside source to make them fit a facility's system. We must be clear - **in the long term care setting in Kansas, a pharmacy cannot change the packaging for another pharmacy** unless there is common ownership and shared technology (K.A.R. 68-7-10a)**.** Taking medications dispensed to the patient by another pharmacy and placing them into new packaging can also be considered distribution under FDA guidelines and is not allowed. If a resident's chosen pharmacy cannot provide the necessary long-term care packaging, the local pharmacy cannot be the "fixer." The chosen pharmacy must be responsible for providing the medication in an administration-ready format, compliant with K.A.R.68-7-10, 68-7-15, and 68-7-16.

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Fair Access Without Extra Costs: We agree that **a resident's right to choose their preferred pharmacy should not be restricted by financial penalties or incentives**. Patients and facilities should not be burdened with extra fees simply for exercising their right to select a provider. Our focus is not on creating financial barriers, but on ensuring that whoever the resident chooses is prepared to do the job.

We advocate for a standard where resident choice is allowed and meets the stringent requirements of Kansas and FDA regulations. We respectfully encourage the Committee to ensure that HB 2718 requires any chosen pharmacy to meet the operational and clinical standards of the facility—including delivery and compliant packaging—so that Kansas long term care residents receive the same high level of safety regardless of which pharmacy's name is on the label.

Thank you for your consideration of this information,

Sloane Freeman, PharmD
Immediate Past President, Kansas Pharmacists Association