

SESSION OF 2026

**SUPPLEMENTAL NOTE ON HOUSE BILL NO. 2676**

As Amended by House Committee on Health  
and Human Services

**Brief\***

HB 2676, as amended, would enact the Pharmacist Practice Authority Act to expand the scope of practice for pharmacists, allowing for the initiation of therapy including medication and durable medical equipment under certain circumstances and requiring pharmacists who independently initiate therapy to maintain professional liability insurance.

The bill would be in effect upon publication in the *Kansas Register*.

***Conditions to Initiate Therapy***

Notwithstanding provisions in continuing law, the bill would allow a pharmacist to initiate therapy for a condition consisting of medications and durable medical equipment if the condition:

- Does not require a new diagnosis;
- Is minor and generally self-limiting;
- Has a test that is used to guide diagnosis or clinical decision-making that is waived under the federal Clinical Laboratory Improvement Amendments of 1988; or

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\*Supplemental notes are prepared by the Legislative Research Department and do not express legislative intent. The supplemental note and fiscal note for this bill may be accessed on the Internet at <https://klrd.gov/>

- In the professional judgment of the pharmacist, constitutes a patient emergency that threatens the health or safety of the patient if the prescription is not immediately dispensed. Only the sufficient quantity would be provided until the patient could consult with or be seen by the patient's personal physician or other primary care provider.

The bill would provide for a pharmacist to dispense a one-time emergency refill of a non-controlled prescription drug for up to a 90-day supply when no refills remain and, in the pharmacist's professional judgment, continuation of therapy is necessary to prevent interruption of care.

The bill would not authorize a pharmacist to prescribe a controlled substance, except for a medications prescribed for the treatment of opioid use disorder or for medication-assisted treatment.

To determine if a specific act is within the scope of practice of pharmacy for the purposes of the Pharmacy Act of the State of Kansas (Pharmacy Act), a pharmacist would independently determine whether the act is:

- Expressly prohibited by the Pharmacy Act or other law;
- Consistent with the pharmacist's education, training, and experience; and
- Within the accepted standard of care that would be provided in a similar setting by a reasonable and prudent pharmacist with similar education, training, and experience.

### ***Professional Liability Insurance***

Beginning on January 1, 2028, if a pharmacist chooses to independently initiate therapy pursuant to the bill, the bill would require the pharmacist to maintain professional liability insurance approved by the Commissioner of Insurance and issued by an insurer able to transact business in Kansas. The limit of the insurer's liability would be not less than \$500,000 per claim, subject to not less than a \$1,500,000 annual aggregate for all claims made during the policy period.

### **Background**

The bill was introduced by the House Committee on Health and Human Services at the request of Representative Buehler on behalf of Kansas pharmacists.

### ***House Committee on Health and Human Services***

In the House Committee hearing, **proponent** testimony was provided by representatives of Cicero Action, the Board, Kansas Pharmacists Association, and the University of Kansas School of Pharmacy. Conferees generally stated that the bill would expand pharmacists' scope of practice to the full extent of their clinical training and expertise as health care providers and increase efficiency for patients. A conferee noted that similar laws have been implemented in Idaho, Colorado, Montana, and Iowa.

Written-only proponent testimony was provided by Americans for Prosperity, the American Pharmacists Association, the American Society of Health-System Pharmacists, the Community Mental Health Center of Southeast Kansas, the Kansas Association of Chain Drug Stores, the Kansas Council of Health-System Pharmacy, and Walgreens, and seven private citizens.

**Opponent** testimony was provided by a representative of Kansas Medical Society, who stated that the bill would allow a pharmacist to alter or stop a prescription that may have been prescribed by a physician or another health care provider, make clinical judgments about whether or not a patient needs a new diagnosis for a condition being treated for that provider, and issue a new prescription if warranted. The conferee suggested providing dispensing rights to physicians and advanced practice registered nurses as an alternative means of increasing efficiency for patients.

No other testimony was provided.

The House Committee amended the bill to:

- Exclude controlled substances except for a medication prescribed for the treatment of opioid use disorder or for medication-assisted treatment;
- Specify that a patient emergency that would warrant the initiation of therapy would threaten the health or safety of the patient if the prescription is not immediately dispensed, and that only the sufficient quantity would be provided until the patient is able to consult with their personal physician or primary care provider;
- Specify that pharmacists could dispense a one-time emergency refill of a non-controlled prescription drug for up to a 90-day supply when no refills remain and, in the pharmacist's professional judgment, continuation of therapy is necessary to prevent interruption of care; and
- Require pharmacists who independently initiate therapy to meet professional liability insurance requirements in statute on and after January 1, 2028.

## **Fiscal Information**

According to the fiscal note prepared by the Division of the Budget on the bill, as introduced, the Board states that staff would need to spend time on initial implementation of the bill's provisions, including updating web pages and staff training; however, the Board indicates this could be done within existing resources. In future fiscal years, the Board states there could be an increase in complaints, investigations, and disciplinary actions because of the expansion of practice. The Board indicates investigations or disciplinary actions could be complex and require additional subject matter experts to document and testify to the professional standard of care or attorneys to litigate cases; however, the Board states it would not request any increased expenditure authority or additional positions until there would be a demonstrated need. The Board did not estimate a fiscal effect. Any fiscal effect associated with the bill is not reflected in *The FY 2027 Governor's Budget Report*.

Pharmacists; pharmacy; Pharmacist Practice Authority Act; Pharmacy Act of the State of Kansas; scope of practice