AGENCY PROGRAM DESCRIPTIONS

Drug Monitoring: Drug Monitoring			
Subprogram History			
N/A			
Consequences of Not Funding This Subprogram			
Misuse abuse and diversion of controlled substances and drugs of concern			
Statutory Basis			
Specific: KSA 65-1625 et seq.			
Mandatory/Discretionary	**MOE/Match Requirement**	**Program Priority**	**Subprogram Priority**
Mandatory	No	1	1
Regulatory: Regulatory			

Subprogram History

Regulation of the manufacture, sale, and distribution of drugs and poisons began in Kansas with the passage of enabling legislation in1885. In the 1930s, sensational drug abuse cases contributed to the enactment of the Federal Food, Drug and Cosmetic Act by Congress. The dispensing of certain drugs was restricted by the Act to the pharmacist and only pursuant to a prescription. The Durham-Humphrey Amendment to the Act was enacted in 1951 distinguishing, at the federal level, those drugs requiring a prescription from nonprescription drugs or over-the-counter drugs. In addition to requiring a prescription for specific drugs, the Durham-Humphrey Amendment also provided provisions for the receipt of oral prescriptions as well as for the refilling of prescriptions.

Until the middle of the twentieth century, pharmacists in small, independently-owned, retail outlets dispensed most drugs. The post-World War II hospital construction boom, however, increased the number and capability of hospitals, leading to increased drug dispensing from hospital pharmacies.

By 1970, several other major developments precipitated a half-century of change in the profession. These included the growth of corporately owned "chain" stores; the sudden growth of long-term care facilities; the development of new drugs; and, in 1970, the passage of the Controlled Substance Act. The Controlled Substance Act is the principal federal law regulating the manufacture, distribution, dispensing and delivery of drugs or substances which are subject to, or known to have the potential for, abuse or physical or psychological dependence. Pharmacists are subject to federal drug control laws as well as drug control laws of the state in which they are licensed and practicing - unless such practice is exclusively in a federal facility such as the Veteran's Administratior Hospital. Most states have enacted their own version of the controlled substance act based on the federal provisions. These developments required many changes in the law and increases in the number of regulations.

By 1970, the Kansas Pharmacy Practice Act had been amended several times to reflect changes occurring in the industry. As the roles of pharmacists and other health care professionals expanded and the market has become increasing global, laws and regulations have adapted and changed in coordination with other regulatory bodies. All states now allow dispensing of naloxone (emergency opioid antagonist) by pharmacists in accordance with a set protocol. The FDA's recent approval of drugs like Shingrix, a vaccine to prevent shingles, and Epidiolex, the first FDA-approved medication with cannabidiol as the active ingredient, as well as new devices like the Proteus ingestible event sensor have required adjustments to state regulatory frameworks and controlled substance acts. In addition, the global economy of pharmaceuticals has necessitated the Federal Drug Supply Chain Security Act, which creates a gradual roll-out of national track and trace laws for the manufacture, distribution, and sale of all drugs and devices.

Emerging topics include increased consumer access to pharmacy services in the form of telepharmacy or secure vending machines, increase in the prevalence and oversight of sterile and nonsterile compounding, specialty pharmacy white-bagging, shifting the roll of boards of pharmacy to a standard of care instead of a prescriptive model, and increased scope of practice for pharmacists as a result of increased needs during and after the COVID-19 pandemic.

The Board recently has adopted regulations to address the increased compounding of pharmaceuticals, reporting of theft/loss of controlled substances, increasing the pharmacist to pharmacy technician ratio, and requirements for pharmacy closure to protect patient records and continuity of care. The Board is currently working on amendments to regulations concerning K-TRACS, requirements for pharmacists-in-charge (PIC), pharmacy electronic records retention, drug packaging, labeling, prescription transfers, and controlled substances. The Board will continue its efforts to achieve its mission to protect Kansas consumers and promote quality health care in the field of pharmacy using the least restrictive means available.services in the fom of telepharmacy or secure vending machines, increse in the prevalence and oversight of sterile and nonsterily compounding, specialty pharmacy white-bagging, shifting the role of boards of pharmacy to a standard of care instead of a prescriptive model, and increased scope of practice for pharmacists as a result of increased needs during and after the COVID-19 pandemic.

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Consequences of Not Funding This Subprogram
Potential for harm to the public resulting from: 1) No oversight of pharmacies and other drug facilities (registrants) administering, dispensing, or shipping drugs in Kansas, or pharmacy personnel (licensees). 2) Lack of compliance with pharmacy practice standards including sterile compounding.

Statutory Basis
Specific: KSA 65-1625 et seq.

Mandatory/Discretionary	MOE/Match Requirement	Program Priority	Subprogram Priority
Mandatory	No	1	1

Subprograms Without Narrative Data

AGENCY PERFORMANCE MEASURES

			2022 Actuals	2023 Actuals	2024 Actuals	2025 Actuals	2026 Estimate	2027 Estimate
Drug Monitoring: Drug Monitoring								
Goal	**Type**	**Measure**						
	Outcome	Number of Active Integrations (See Footnote 1)	282	331	398	2,251	2,260	2,270
		Number of registered K-TRACS pharmacists	3,629	3,782	4,076	3,360	3,400	3,500
		Number of registered K-TRACS Prescribers	10,572	10,548	10,916	10,278	10,500	10,500
	Output	Number of connected states	37	37	38	38	38	38
		Number of K-TRACS queries	5,295,053	5,957,162	4,648,928	4,587,230	4,500,000	4,500,500
		Number of Threshold Patients	30	44	24	18	20	20
		Percent of Registered Dispensers Conducting Patient Searches	46.00%	49.00%	49.00%	48.00%	50.00%	50.00%
		Percent of Registered Prescribers Conducting Patient Searches	55.00%	59.00%	52.00%	43.00%	50.00%	50.00%

			2022 Actuals	2023 Actuals	2024 Actuals	2025 Actuals	2026 Estimate	2027 Estimate
	Output	Rate of multiple provider episodes for prescription opioids per 100,000 Kansas residents	1.50	1.70	1.40	1.50	1.50	1.50
Regulatory: Regulatory								
Goal	**Type**	**Measure**						
	Outcome	Number of CE courses approved for previous fiscal year	62	73	42	36	35	35
		Percentage of initial applications for military service members or spouses processed within 15 days of completion during the previous fiscal year	100.00%	95.00%	97.00%	100.00%	90.00%	90.00%
		Percentage of initial applications processed within 30 days of completion during previous fiscal year	97.00%	98.00%	98.00%	98.00%	97.00%	97.00%
		Percentage of initial applications processed within 30 days of receipt during the previous fiscal year	78.00%	78.00%	78.00%	77.00%	75.00%	75.00%
		Percentage of investigations completed within nine months during calendar year	95.00%	99.00%	99.00%	100.00%	95.00%	95.00%
		Percentage of online renewals for previous fiscal year	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%
	Output	Number of applications or renewals referred to compliance division during calendar year	477	487	249	164	250	250
		Number of complaints received during calendar year	115	153	112	72	100	100
		Number of compliance investigations conducted during calendar year	599	791	531	353	400	400
		Number of denied applications during calendar year	72	66	54	23	60	60

			2022 Actuals	2023 Actuals	2024 Actuals	2025 Actuals	2026 Estimate	2027 Estimate
	Output	Number of other disciplinary actions during calendar year	181	439	216	171	300	300
		Number of revoked licensees/registrants during calendar year	22	81	51	38	60	60
		Percentage of other facility resident inspections conducted within past 36 months	86.00%	94.00%	83.00%	92.00%	85.00%	85.00%
		Percentage of resident pharmacy inspections conducted within past 24 months	99.00%	95.00%	97.00%	93.00%	90.00%	90.00%

Footnotes

- Footnote 1: Between 2024 and 2025, the Board's vendor changed how they provided this data. The number of active integrations was previously grouped by corporate owner. The new total is based on all integrations broken down by facility location. This means that one owner with multiple sites would count as multiple integrations, accounting for the large increase in numbers between 2024 and 2025.