STEP UP TO THE PLATE: PUTTING PHARMACIST STANDARD OF CARE INTO PRACTICE

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DISCLOSURES

Faculty

Brad Seiler and Brian Wall, faculty for this activity, have no relevant financial relationship(s) with ineligible companies to disclose. BW1

Artificial intelligence was used to develop pictures for this presentation, but not for the content shared by the faculty. BW2

Planners

None of the planners for this activity have any relevant financial relationships with ineligible companies to disclose.

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LEARNING OBJECTIVES

At the completion of this activity, pharmacists and technicians will be able to:

1. **Differentiate** a standard of care regulatory model from a traditional bright-line scope of practice model and describe the pharmacist and technician authority established by Kansas HB 2068.
2. **Apply** the reasonable and prudent pharmacist and technician standard to patient care scenarios based on applicable law, clinical circumstances, and the pharmacist's education, training, and experience.
3. **Formulate** an initial implementation plan that addresses patient care gaps, team engagement, standard operating procedures, technology, documentation, liability, and performance measurement.

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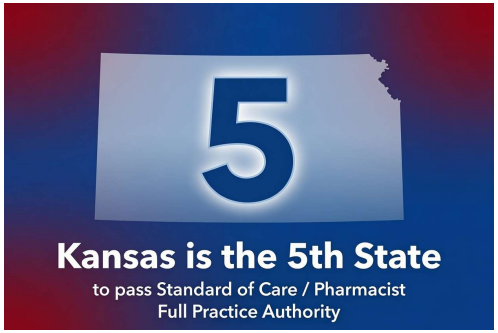
KANSAS AUTHORITY UNDER HB2068

What pharmacists may now independently initiate — and how we decide

Slide 2

BW1 For KPhA staff to double check based on financial disclosures
Brian Wall, 2026-08-04T14:50:55.835

BW2 KPhA team,please double check this is appropriate for how AI was used for this presentation. Slide 6 separately denotes the usage of AI to create the image.
Brian Wall, 2026-08-04T14:53:16.199



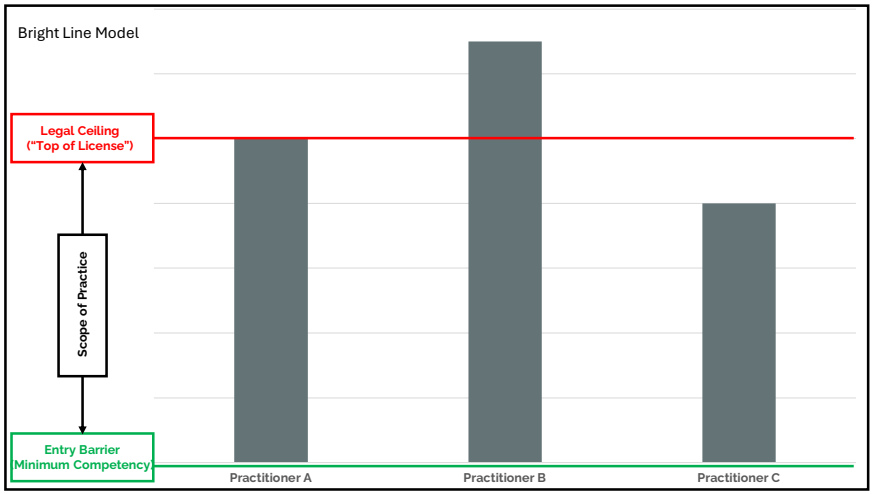
WHAT IS STANDARD OF CARE?

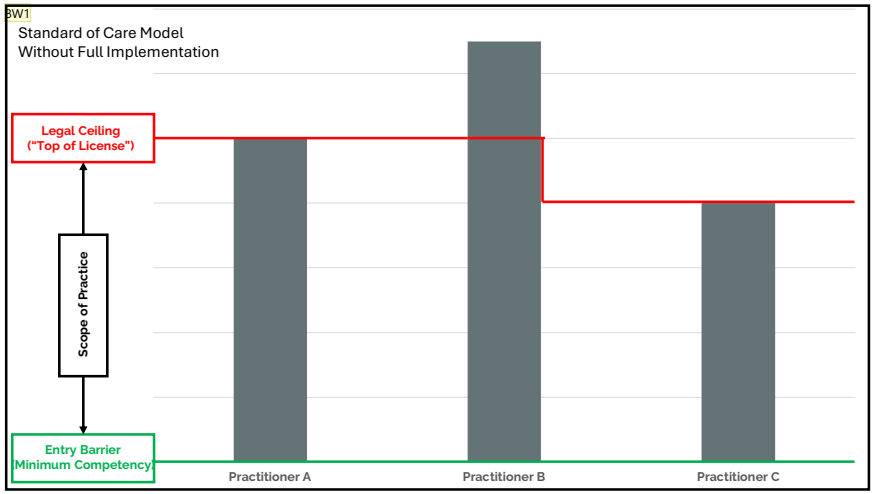
Brightline Regulation

- Fixed, objective rule written into law or regulation
- Predictable and easy to administer — little room for interpretation
- Requires frequent regulatory updates when practice, technology, or guidelines change

Standard of Care

- Flexible standard based on what a reasonably competent pharmacist with similar training would do in the same situation
- Determined by the specific clinical circumstances of each case
- Adapts automatically as practice evolves — fewer rule changes needed

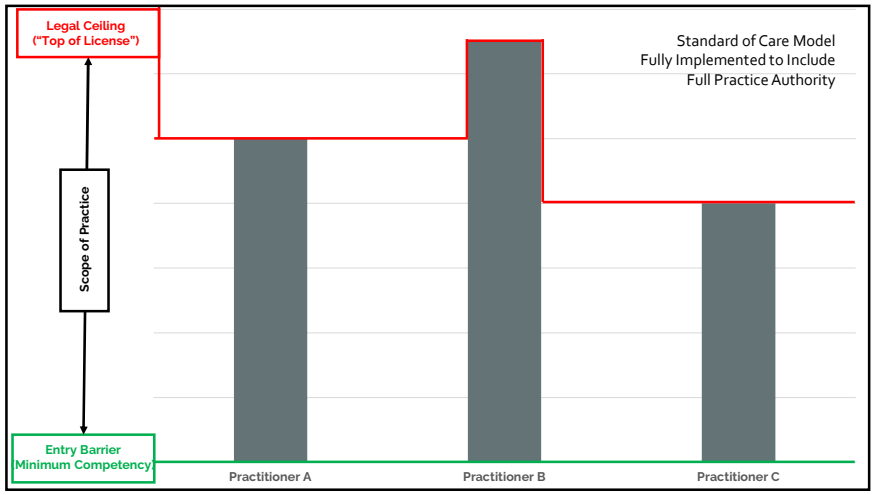




Slide 8

BW1 Added this slide in case we also want to mention the impact without a fully expanded scope of practice.
Brian Wall, 2026-08-04T20:38:28.354

BW1 0 Hid the slide until we confirm its usage in Brad’s presentation or not.
Brian Wall, 2026-08-04T20:38:55.906



STANDARD OF CARE AUTHORITY UNDER HB 2068

A pharmacist may initiate therapy (medications + DME) for a condition if it:

- Does **not** require a new diagnosis – OR –
- Is minor and generally self-limiting – OR –
- Has a CLIA-waived test that guides diagnosis or clinical decision-making – OR –
- In the pharmacist's professional judgment, is a patient emergency that threatens health or safety if not addressed immediately (then only enough supply until the patient can see their primary care provider)

STANDARD OF CARE APPROACH: CAN WE DO IT?

A pharmacist shall independently determine whether such act is:

- **Not expressly prohibited** by the Pharmacy Act or other Kansas law
- **Consistent with** the pharmacist's own education, training, and experience
- **Within the accepted standard of care** that a reasonable and prudent pharmacist with similar education, training, and experience would provide in a similar setting

STANDARD OF CARE APPROACH: CAN WE DO IT?

What would a reasonably prudent pharmacist with similar education, training, and experience do in this same situation?

LIMITS

Controlled Substances

- Pharmacists are not allowed to prescribe controlled substances under this new authority — except for medications used to treat opioid use disorder or for medication-assisted treatment.

LIABILITY

- If a pharmacist uses the new authority to independently start therapy for a patient (under the Standard of Care rules in HB 2068), that pharmacist must carry professional liability insurance — the same type of malpractice insurance required of other healthcare providers.

CAN WE PRESCRIBE?

Asthma Attack?	Yes – Patient Emergency
Poison Ivy Rash?	Yes – Mild and Self Limiting
Adjustment in Insulin Dose?	Yes – Not a New diagnosis
Strep Throat?	Yes – Assuming you ran CLIA-waived test
Birth Control?	Yes – Not a New Diagnosis
Travel's Diarrhea?	Yes – Mild and Self Limiting

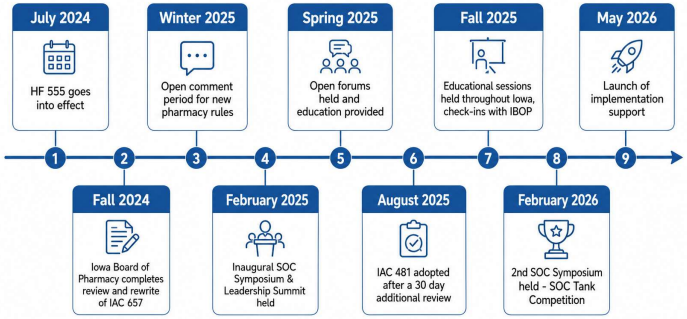
HOW DO YOU EAT A PLATTER OF BBQ?

- With a bib!
- Favorite BBQ sauce!
- No utensils needed!

Not quite for a standard of care platter…

Iowa Pharmacy Standard of Care Regulatory Framework

Key Adoption & Implementation Milestones



PRACTICAL SNAPSHOT –

Standard of Care Best Practices

- Developed by the profession
- Start small
  - Review current services you offer
  - Review existing SOPs
  - Have conversations with your team
- Consider patient care gaps
- Identify opportunities to expand education and training
- Measure performance

PRACTICAL SNAPSHOT –

Key considerations

- E-prescribing requirements
- Technology Gaps
- Liability
- Robust SOPs / Protocols
  - Don't recreate "Bright Line" regulations at a local level

E-PRESCRIBING & TECHNOLOGY

- To be a provider you need to play by the same rules as other providers.
- Pharmacist prescribing may require e-prescribing technology
  - KPhA is seeking clarity
- How expansive is your software's ability to document patient visits?
- Is medical billing an option for you?

LIABILITY & PROCEDURES

- Patient choice must be maintained
- No changes to current liability insurance requirements
  - If within scope, then you are covered
  - Check with insurance provider to confirm your coverage and the fine print
- Standard Operating Procedures
  - Review your SOPs → Update your SOPs
  - Don't overregulate yourself in your SOPs
  - Clear rationale for service, guidelines and similar education, training, and experience of a similar pharmacist in a similar setting

ACTIVE LEARNING

What patient care gaps could you address in your practice setting?

CASE STUDIES

A New Front Door to Care: How One Iowa Pharmacy Launched a Pharmacist-Led Walk-in Clinic

Mylo Wells, PharmD, Pharmacist Provider & Owner, Wells Hometown Clinic

CASE STUDIES

A New Front Door to Care:

Bridging the Gap: How One Pharmacy Implemented Test and Treat to Meet Patient Needs

Leslie Herron, RPh, Pharmacist & Owner, Sumpter Pharmacy

CASE STUDIES

PHARMACY PRACTICE STANDARDS INSTITUTE (PPSI)

KEY TAKEAWAYS

KEY TAKEAWAYS

One bite at a time!

KEY TAKEAWAYS

- Review and update any existing SOPs
- Identify existing opportunities within your patient base
- Have a conversation with your team on opportunities
- Take it one bite at a time and measure outcomes

REFERENCES

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THANK YOU!

Questions?

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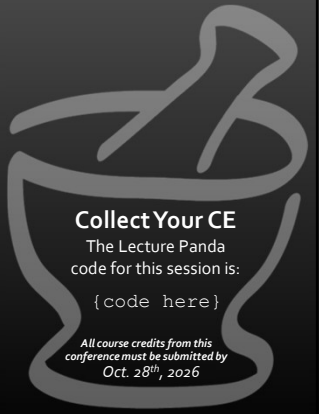

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