September 15, 2026

Mr. Adam Proffitt, Director
Division of the Budget
Landon State Office Building
900 SW Jackson, Ste. 504-N
Topeka, Kansas 66612

Dear Mr. Proffitt:

As Executive Secretary of the Kansas State Board of Pharmacy, I hereby submit for your consideration the Fiscal Years 2027, 2028, and 2029 budget document for the agency. It has been prepared in accordance with the budget instructions. To the best of my knowledge and belief, the information and explanation included in this budget request are correct and complete.

Please let me know if I can provide any additional information which you or your budget analyst may require.

Sincerely,

Alexandra Blasi, JD, MBA
Executive Secretary
Kansas State Board of Pharmacy

Narrative Information—DA 400

Division of the Budget — Agency Board of Pharmacy

State of Kansas — Program Agency Operations

AGENCY MISSION, PHILOSOPHY, GOALS AND STRUCTURE:

The mission of the Kansas State Board of Pharmacy is to ensure that all persons and entities conducting business relating to the practice of pharmacy in this state are properly licensed and registered. This will protect the public's health, safety and welfare as well as promote the education and understanding of pharmacy related practices.

It is the agency's philosophy that the Board will act in accordance with the highest standards of ethics, accountability, efficiency, and openness. The Board subscribes to the ideal that pharmacy practice is a public trust. The Board approaches its activities with a deep sense of purpose and responsibility. The public and regulated community alike can be assured of a balanced and sensible approach to regulation. In carrying out its mission, the Board strives to be courteous, professional, flexible, honest, and helpful in all dealings with the public and the regulated community. It strives to provide the public with clear, easy-to-understand, and accurate information about services. It strives to actively listen so as to better anticipate the needs of the public and regulated community and be fully responsive to concerns regarding Board services.

Protection is afforded through oversight, enforcement, and inspection activities carried out by the Board. The Board consists of seven members appointed by the Governor. Six members are licensed pharmacists with a minimum of five years of experience and the seventh is a member of the general public. The current Board members are: Tiffany Strohmeyer, PharmD, Topeka, President; Erick Axcell, PharmD, Lawrence; Terica Gatewood, PharmD, Topeka; Joanna Robinson, PharmD, Lawrence; Janine Ohler, PharmD, Manhattan; Andrew Truong, PharmD, Wichita; and Lucinda Noches Talbert, Public Member, Kansas City. The Board Members discuss and formulate public policy with regard to the practice of pharmacy during quarterly Board meetings, in accordance with the Kansas Open Meetings Act. The rules and regulations are upheld in accordance with the procedures set forth in the Kansas Administrative Procedure Act. The Board ensures that members of the public have input into the rulemaking process via task forces, public hearings, public forums, newsletters, requests for public comment, web meetings, and electronic media or other forms of communication. The Board, through its licensing services, ensures that applicants related to the manufacture, distribution, compounding, dispensing, and sale of prescription and non-prescription drugs and devices, including controlled substances, have met standards established by the Kansas Legislature and the Board.

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The Board recently embarked on a new strategic plan designed to run through December 2029. The strategic plan goals outlined by the Board are:

- Preparedness and Responsiveness for Public Protection:
  - Ensure that the practice of pharmacy protects the health, safety, and welfare of Kansans, while providing transparency to Kansas citizens and licensees while the Board implements an expanded scope of pharmacy practice and standard of care model.
  - Anticipate and adapt to shifts in pharmacy practice and services – delivered by registered and unregistered sources – and maintain regulations that remain relevant.
- Collaboration:
  - Strengthen Kansas Board of Pharmacy leadership through active engagement with state and national partners.
  - Foster open communication with all licensees, pharmacy facilities, healthcare agencies, and stakeholders to promote transparency and establish consistency.
- Fiscal Sufficiency and Responsibility:
  - Demonstrate responsible stewardship stewardship of state and federal resources.
  - Align human resources with the Board's public-protection mission and operational needs.
  - Educate stakeholders about the importance of sustained funding for the Board and K-TRACS, and propose practical solutions.
- Respect and Professionalism:
  - Maintain a culture of education supported by a visible, engaged staff presence in the field.
  - Demonstrate Board (and staff) expertise and availability as a trusted resource and regulator.
  - Cultivate strong, respectful relationships between licensees and the Board.
  - Continue building trusted professional relationships with policymakers.

The Board operates two programs. The **Regulatory Program** enables the Board to carry out its licensing and compliance activities. The **Drug Monitoring Program** authorizes the Board to protect Kansas citizens with the goal of overseeing, tracking, and monitoring the dispensing/sale of controlled substances, drugs of concern, and over-the-counter methamphetamine precursors, as well as administering the Kansas Medication Disposal Program and Utilization of Unused Medication Donation Program.

Narrative Information—DA 400

Division of the Budget — Agency Board of Pharmacy

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The Board has addressed societal and industry trends that pose risks to the safety net established to protect Kansans. Recent initiatives have included steps to address standards for facilities compounding bulk medications, appropriately register and outline requirements for facilities operating in the pharmaceutical supply chain, expand training for pharmacy technicians, increase access to and enhance Board resources, ensure continuity of patient care, enhance public awareness of and access to the prescription drug monitoring program, and avert diversion, counterfeiting and illegal prescription drug sales. The Board has also adopted necessary regulations and protocols to support availability of emergency opioid antagonists such as naloxone and expand immunization authority. The Board provides annual reports to the legislature concerning its programs.

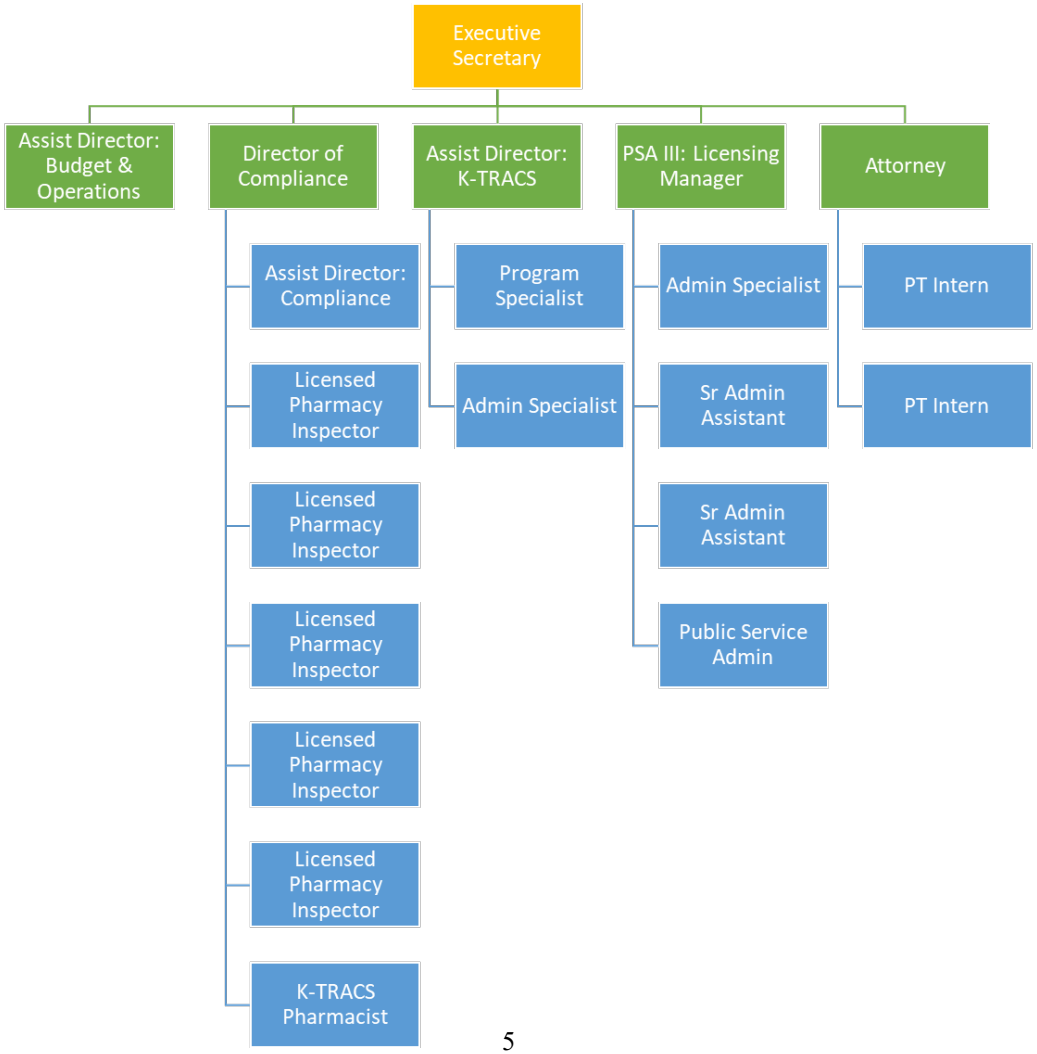
Narrative Information—DA 400

Division of the Budget

State of Kansas

Agency Board of Pharmacy

Program Agency Operations



FINANCING:

Expenses of the Board are met through the fees assessed for new applications, biennial renewals, annual registration of pharmacy-related businesses, late fees, open record fees, administrative fines, probation fees, grants, and gifts. The agency retains 90% of all revenues received through licensure and registration and the remaining 10% is paid to the State General Fund (SGF) up to $100,000 per year. One hundred percent of grant monies are retained by the agency. The Board's estimated spending authority from fee funds for FY2027 is $3,224,131. The Board's requested, estimated spending authority from fee funds is $3,301,377 for FY2028 and $3,317,980 for FY2029.

In addition to the Board's normal operating budget, the agency has received grants and gifts that have been applied toward special programs operated by the Board. The Board has received over $9.26 million in federal grants to fund the Prescription Drug Monitoring Program (PDMP), known as K-TRACS, over the last ten years. The Board does not currently generate any revenue from the PDMP. As a temporary solution for FY2018 and FY2019, K-TRACS costs were covered by surplus fee fund dollars from the agencies regulating prescribers and dispensers in Kansas, including the Board of Pharmacy, Board of Healing Arts, Dental Board, Board of Nursing, and Board of Optometry. The Board engaged stakeholders and researched permanent funding options for this statutorily-mandated and vital program, and determined that a permanent funding solution is necessary for ongoing maintenance and support of the PDMP. Pursuant to K.S.A. 75-777(c), the legislature authorized $200,000 annually from the Kansas Fights Addiction Fund under the authority of the Kansas Attorney General to be transferred each July 1st for the operation and maintenance of the K-TRACS program. This funding covers the basic K-TRACS software and 1.0 FTE. All other staff support, supplies, equipment, and overhead is supplemented by the Pharmacy Fee Fund. Though the Board continues to apply for federal grants, no additional funding has been awarded.

Historically, the K-TRACS Gateway Integration program, which integrates program data directly into provider workflows for prescribers (electronic health records) and pharmacists (pharmacy management systems), has been funded exclusively by federal grant funds. This enhanced software feature is valuable but very expensive. The Board has partnered with the Kansas Department of Health and Environment (KDHE) for enhancement of the PDMP as well as other educational and research projects since 2017. The CDC awarded funds to KDHE for the period September 2023 – August 2028, under which the Board is a sub-recipient entering Year 4 of the program (September 1, 2026 – August 31, 2027). However, the Board's sub-award is only $298,035 annually, which only covers six months of the Gateway Integration software (October 2026 – March 2027). The Board received notice in June that its pending federal grant application that included sufficient funding for the Gateway

Integration software was not awarded. At the Legislature's direction, the Board requested three months of emergency funding from the Kansas Fights Addiction Board (July – September 2026).

The Board's cash flow fluctuates throughout the year based on the irregular receipt of applications and renewals. Currently the retail dealers and automated drug dispensing systems renew in February, pharmacists and businesses renew in May-June, and pharmacy technicians renew in September-October. The pharmacists and pharmacy technicians have biennial renewals, which are divided evenly into two groups.

STATUTORY HISTORY:

Congress has the authority to regulate drugs pursuant to its powers under the "commerce clause" (Article 1, Section 8) of the United States Constitution, which grants Congress authority to regulate commerce among the states. This type of commerce is known as interstate commerce. States derive their authority to regulate intrastate commerce and, more particularly, drug distribution, from the Tenth Amendment to the U.S. Constitution. The powers granted to or reserved for the states are those that are not assigned specifically to the federal government or prohibited specifically from the states. The federal government has left the issue of prescribing and dispensing to the states under their authority to protect the public's health, safety, and welfare. Regulation of the manufacture, sale, and distribution of drugs and poisons began in Kansas with the passage of enabling legislation in 1885.

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 Administration 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. Federal approvals of GLP-1 and GIP medications, as well as drug shortages and compounding booms 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 created a 10-year roll-out of national track and trace laws for the manufacture, distribution, and sale of all drugs and devices, with final requirements going into effect in November 2027. More recently, the FDA published a final rule moving the entire pharmaceutical supply chain to a unified, 12-digit National Drug Code (NDC) with a seven-year implementation period.

Emerging topics include increased consumer access to pharmacy services in the form of secure pickup lockers, increase in the prevalence and oversight of sterile and nonsterile 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 and access to care. In addition, med spas and other non-healthcare operated establishments engaged in intravenous (IV) therapy have resulted in an increase in complaints to the Board and the need for joint investigations with other regulatory bodies at the state and federal level. Despite the shifting landscape of pharmaceuticals and the practitioners handling them, Kansas does not register or inspect every facility where drugs are stored, administered, sold, or dispensed.

The Board recently adopted regulations concerning institutional drug rooms, electronic storage systems, state requirements under the DSCSA, and simplifying prescription labels. 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.

Prescription Drug Monitoring Program

In 2008, the legislature created the Prescription Drug Monitoring Act to establish and maintain a PDMP for Schedule II through IV controlled substances and other drugs of concern. Law enforcement and health agencies recognized the abuse and diversion of controlled substances as an increasing threat. The PDMP is a potent tool in aiding in the identification of patients with drug-seeking behaviors, providing treatment, and educating the public. Each dispenser (pharmacy) is required to electronically submit information to the Board's central data collection system, known as K-TRACS, for each controlled substance prescription or drug of concern dispensed in an outpatient setting. If a prescriber or a pharmacist has a concern about a patient, they can look up the patient's prescription history in K-TRACS. Because K-TRACS is a real-time, web-based system, patient information can be obtained instantly from any location at any time with the proper login credentials. Prescribers and pharmacists must register for K-TRACS through the Board prior to using the system. Each dispensing pharmacy is required to post a notice to patients about the availability and reporting of this information. Law enforcement and other state agencies have limited access to the program, but may request records with proper legal authority. In 2012, medical examiners were permitted access to the PDMP so they could investigate and determine cause of death. In addition, de-identified or aggregate data may be provided to requestors for educational or research purposes. The Board has expanded its web presence by creating and updating https://www.ktracs.ks.gov/. The website includes guidelines, best practices, prescribing and dispensing trends, and the Board's annual K-TRACS Legislative Report.

The authorizing legislation for K-TRACS also created two notable prohibitions. Pursuant to K.S.A. 65-1684, the Board shall not impose any charge for the establishment or maintenance of K-TRACS on a registered wholesale distributor, pharmacist, pharmacy, or prescriber. Additionally, K.S.A. 65-1688 provides that no prescriber or dispenser shall have a duty or mandatory requirement to use K-TRACS.

In addition to controlled substances, K-TRACS tracks other drugs of concern in Kansas, identified by the Board in K.A.R. 68-21-7. The Board amended K.A.R. 68-21-7 in 2018, adding the drug "gabapentin" to the list. This change correlated with similar scheduling in other states and significant evidence of abuse and misuse by patients in recent years, often resulting in death when consumed in conjunction with other controlled substances. The Board is currently considering adding a new drug of concern, pregabalin.

The Act also created a PDMP Advisory Committee, subject to the oversight of the Board, composed of prescribers and dispensers from various healthcare disciplines. In 2012, the Committee was authorized to review and analyze data for purposes of identifying patterns and activity of

concern, notifying prescribers and dispensers who prescribed or dispensed the prescriptions, notifying law enforcement or appropriate regulatory boards for additional investigation, and creating guidance for review and potential referral of individual cases. The Committee meets bimonthly and has adopted guidance to flag concerning patterns of prescribing, dispensing, or purchasing for further evaluation based on K-TRACS data and publicly available information. Such guidance is meant to direct staff in regularly evaluating the large volume of K-TRACS data to identify suspicious cases for the Committee to review.

Since its inception, the Board has primarily operated the program on federal grant funds. These funds have been used to enhance the program to meet the needs of K-TRACS users. The Board offers electronic health record system integration for prescribers and pharmacists in Kansas to access K-TRACS in a way that streamlines clinical workflows. This project delivers a more efficient and patient-oriented program, saves time, and increases utilization of K-TRACS. The project was initially funded by a grant from the Centers for Disease Control awarded to KDHE.

During the 2022 legislative session, the Board introduced legislation to update the PDMP Act, which resulted in passage of Senate Bill 200. The updates included additional pharmacy data reporting requirements, expanded access to select healthcare individuals and groups, allowances for the Committee to incorporate information and make referrals and additional measures to secure confidential K-TRACS information.

Applicant Backgrounds

In 2009, the legislature authorized the Board to fingerprint and conduct a criminal background check on any applicant or licensee to further safeguard the public. The Board requires fingerprints of pharmacy technician applicants, pharmacy intern applicants, and pharmacist applicants. The Board does not generate revenue from any fingerprinting but collects a fee that is passed directly to the KBI (100%). The KBI submits an invoice to the Board monthly and the Board pays the money out of the fee fund. The Board also contracts with the KBI to enroll all fingerprinted applicants and licensees in the RapBack Program, which provides updated criminal history reports on any new offense events for each enrolled individual. KBI charges an annual $3.00 fee for each enrolled individual, but this fee is incorporated into the license or registration renewal fee. The Board updated its Fingerprint and Criminal History Record Check Reports Policy in 2021 to ensure compliance with state and federal requirements, as well as the new KCHAT electronic background report system established by the KBI. The Board updated application forms and instructions to comply with 2022 House Bill 2495 which requires the Board disclose and explain to applicants that fingerprints will be retained by the KBI and FBI for enrollment in the Rap Back program, and that the Board notify the KBI when fingerprints are to be removed due to denial,

revocation, or expiration of a license or registration. The Board also supported KBI's introduction of 2024 SB 491, which was passed during the 2024 legislative session and updated Kansas background check requirements. Recently, the Board has worked with KBI to implement background check fee waivers for military spouses to comply with 2024 HB 2745 and 2025 HB 2280. Earlier this month, the Board began allowing livescan fingerprinting for applicants residing in Kansas.

Electronic Prescribing

Electronic prescribing has increased substantially since the DEA first published a rule on it in 2010. Since then, the Board has implemented statutory and regulatory changes to allow for electronic prescribing practices. House Bill 2119 became effective on July 1, 2019, and mandated electronic prescribing of controlled substance opioids beginning July 1, 2021. The Board is responsible for issuing waivers to prescribers unable to comply with the mandate or qualifying for waiver under certain exemptions. A list of prescribers with waivers is available on the Board website. This requirement is consistent with federal rules that require electronic prescribing of all controlled substances for Medicare patients, enforceable in 2024. The Board established and implemented a prescriber waiver process in January 2021 and updated processes in 2024. Waivers expire each June 30 and December 31 and require the prescriber to request and justify renewal of the waiver from the Board.

Kansas Controlled Substance Act and Emergency Scheduling Authority

Under K.S.A. 65-4102, the Board must annually submit to the legislature a report on substances proposed by the Board for scheduling, rescheduling, or deletion by the Legislature with respect to any one of the schedules listed in the Kansas Controlled Substance Act. The Board works with the KBI, law enforcement, and other stakeholders to make such recommendations each year.

The Board also has emergency scheduling authority for controlled substances. Upon notice or its own motion, the Board can schedule, on an emergency basis, any substance which is an analog of a currently-scheduled controlled substance, or any new drug which is found to pose an imminent hazard to public safety. Such scheduling lasts until July 1 of the following calendar year, giving the legislature sufficient time to consider and effect permanent scheduling of the drug. In 2023, the Board utilized its emergency scheduling authority twice and introduced a bill during the 2024 session to codify those and other scheduling changes. The substance of this bill was adopted in 2024 HB 2547 and became effective July l, 2024. The Board also supported a friendly amendment adding tianeptine ("gas station heroin") to Schedule I.

The Board has not had to exercise its emergency scheduling authority since 2023. An update to the Kansas Controlled Substance Act was completed during the 2026 legislative session through House Bill 2365.

Occupational Regulation, Temporary Emergency Licenses, and Electronic Credentials

Effective July 1, 2021, the Kansas legislature adopted Substitute for House Bill 2066 which shortened the period of time in which regulatory bodies are required to issue occupational credentials to military servicemembers or military spouses seeking to establish residency in Kansas and provide for expedited credentialing of non-military prospective residents. The law expands and clarifies conditions on expedited occupational credentialing and permits temporary credentialing during states of emergency and the use of electronic credentials. The Board is now required to issue licenses and registrations to a military servicemember or spouse within 15 days from the date of the submission of a "complete application," as defined by the bill, or within 45 days for all other applicants. The Board must also expedite out-of-state credentials for a six-month probationary period for military servicemembers and military spouses who do not qualify for reciprocity but meet certain other requirements, and the law authorizes the Board to grant credentials to applicants who meet certain experiential or non-resident qualifications or temporary permits provided that doing so would not jeopardize the public health and safety.

During the 2024 legislative session, this law was expanded to waive all application and renewal fees for military spouses who are assigned to a Kansas military station. This includes waiver of the KBI criminal background check fee. During the 2025 legislative session, HB 2280 expanded this fee waiver to all military spouses and veteran spouses.

Pharmacist Standards and Scope of Practice

The 2026 Kansas Legislative Session included the following significant updates to the Kansas Pharmacy Act:

- HB 2068:
    - Allowing pharmacy personnel to engage in the remote practice of pharmacy on behalf of their employer pharmacy.

- Allowing a pharmacist to initiate therapy for a condition consisting of non-controlled medications (except those for MAT or OUD) and durable medical equipment if such condition:
  - Does not require a new diagnosis;
  - is minor and generally self-limiting;
  - has a CLIA-waived test used to guide diagnosis or clinical decision-making; or
  - 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. In such cases, only the sufficient quantity shall be provided until the patient is able to consult with or be seen by the patient's personal physician or other primary care provider.

  No later than January 1, 2028, pharmacists who initiate such therapy must enroll in the Kansas Healthcare Stabilization Fund.
- Allowing pharmacists to dispense a one-time emergency refill of a noncontrolled prescription drug for up to a 90-day supply when no refills remain and, in the pharmacists' professional judgment, continuation of therapy is necessary to prevent interruption of care.
- Adopting the United States Pharmacopeia (USP) <795>, <797>, and <825> compounding standards under the Kansas Pharmacy Act effective July 1, 2027.

- HB 2250:
  - Permitting the use of expedited partner therapy for the treatment of certain sexually transmitted infections.
  - Authorizing a licensed private psychiatric hospital to maintain a stock supply of emergency medication kits for pharmaceutical emergencies.
  - Allowing the use of expired emergency opioid antagonists (e.g., naloxone) to treat an opioid overdose and allowing first responders to distribute and administer expired emergency opioid antagonists. Also continuing liability waivers for use, distribution, and administration of such medications. Note: This does not allow a pharmacy or pharmacist to dispense an expired product.
  - Allowing a pharmacist to distribute epinephrine delivery systems to a school for emergency medication kits.

PERFORMANCE MEASURES:

Regulatory Program

The Kansas State Board of Pharmacy Regulatory Program goals include:

1. Licensing – Ensure that the practice of pharmacy protects the health, safety, and welfare of Kansans, while providing transparency to Kansas citizens and licensees while the Board implements an expanded scope of pharmacy practice and standard of care model.

Key Performance Measures include:

- percentage of initial applications processed within 30 days of completion during the previous fiscal year; and
- percentage of initial applications for military service members or spouses processed within 15 days of completion during the previous fiscal year.

2. Compliance – Foster open communication with all licensees, pharmacy facilities, healthcare agencies, and stakeholders to promote transparency and establish consistency. Maintain a culture of education supported by a visible, engaged staff presence in the field.

Key Performance Measures include:

- percentage of resident pharmacy inspections conducted within the past 24 months; and
- percentage of investigations completed within nine months during the previous calendar year.

Licensing Objectives – Licensure, Registration, and Education

1. Require those applying for pharmacist licensure by examination to pass a national uniform qualifying examination, a state specific law examination, and successfully complete 1,500 clock hours of qualifying pharmaceutical experience.

2. Require those applying for pharmacist licensure by reciprocity to provide proof satisfactory to the Board of having the education and training

required of applicants for licensure by examination and to pass a pharmacy law examination.

3. Require newly-registered pharmacy technicians to complete an on-the-job training program and successfully pass a practice-based certification exam prior to their first biennial renewal.

4. Require those businesses applying for registration to provide adequate information regarding ownership, satisfactory in-person inspection, and compliance with Board standards.

5. Require licensed pharmacists and registered technicians to complete continuing pharmacy education to renew.

Performance Measure Indicators for Regulatory Program: Licensing

Performance Measure	FY2022	FY2023	FY2024	FY2025	FY2026	FY2027 Est	FY2028 Est
Percentage of initial applications processed within 30 days of receipt during previous fiscal year	75.98%	78.06%	78.69%	77.21%	82.22%	75%	75%
Percentage of initial applications processed within 30 days of completion during previous fiscal year	97.20%	97.68%	98.04%	98.58%	98.67%	97%	97%

Percentage of initial applications for military service members or spouses processed within 15 days of completion during the previous fiscal year	100%	94.74%	97.14%	100%	100%	100%	100%
Percentage of online renewals for previous fiscal year	99.20%	99.52%	99.31%	99.06%	99.20%	99.00%	99.00%
Number of CE courses approved for previous fiscal year	62	73	42	36	32	30	30

Initial Applications: The Board licensing staff processes applications in the order received. Applicants with incomplete forms are contacted by email to provide missing information/documentation and given a timeline for follow-up. Once complete, applications are typically processed within one to two business days. Completed facility applications requiring a pre-opening inspection are forwarded to the appropriate inspector within a few business days and all inspections are conducted within 90 days. Applications that indicate an ownership issue, disciplinary history, or criminal offense history are forwarded to the compliance division for investigation and review, which can take up to six months depending on the responsiveness of the applicant. Once an investigation is complete, the Board's investigative member makes a determination.

Number of CE Courses Approved: The Board appoints a Continuing Education Review Committee, including one Board member and several pharmacy educators, to review and approve continuing education courses on behalf of the Board. Pharmacists are required to complete 30 hours of approved CE during each biennial renewal period, and pharmacy technicians are required to complete 20 hours of approved CE during each biennial renewal period. The Board accepts CE approved by the Accreditation Council for Pharmacy Education, Pharmacy Technician Certification Board, National Healthcare Association, or other state boards of pharmacy. In addition, CE providers and licensees may submit other CE courses to the Board for review and approval. There is no fee for this application or review and the Board has made efforts in recent years to increase awareness of this option to apply for credit as few as 10 days prior to a course.

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Division of the Budget

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Agency Board of Pharmacy

Program Agency Operations

Statistics for Licensing and Registration

		FY17	FY18	FY19	FY20	FY21	FY22	FY23	FY24	FY25	FY26
Individuals											
	Intern/Student	1,134	1,086	1,000	1,049	1,006	947	892	830	799	778
	Pharmacists	5,705	6,783	6,500	7,632	7,694	7,967	8,244	8,399	8,579	8,789
	Technicians	8,049	8,000	8,050	7,566	7,570	7,726	7,858	7,522	7,577	7,750
Facilities											
	Ambulance	180	183	175	182	190	196	196	191	200	165
	Analytical Lab	32	32	29	34	33	35	36	35	36	37
	County Health, Family Planning	103	103	98	105	114	117	117	120	117	100
	Distributor	1,171	1,197	1,125	1,138	960	969	971	951	988	1,011
	Distributor (non-prescription)	102	108	97	76	80	90	74	81	85	82
	Durable Medical Equipment	457	422	427	431	441	445	452	452	475	507
	Institutional Drug Room	56	49	52	72	74	74	79	81	83	80
	Manufacturer	16	15	16	17	459	572	620	641	586	811
	Outsourcing Facility				26	34	38	40	35	42	44
	Pharmacy (Resident)	922	935	921	918	905	913	911	908	906	911
	Pharmacy (Non-Resident)	992	982	616	667	716	771	785	830	874	936
	Research &Teaching	127	119	100	126	108	104	101	98	104	113
	Retail Dealer	1,541	1,616	1,600	1,625	1,664	1,716	1,739	1,720	1,707	1,735
	Sample Distributor	42	31	31	21	23	32	34	40	45	53
	Third-Party Logistics Provider				105	155	197	228	269	275	319
	Third-Party Logistics Provider (non-prescription)				25	37	42	46	49	69	69
Total		**20,629**	**21,661**	**20,837**	**21,815**	**22,263**	**22,951**	**23,423**	**23,252**	**23,547**	**24,290**

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Compliance Objectives

1. Promptly review and investigate all complaints and referrals filed with the Board.

2. Conduct routine inspections of all registered pharmacies, institutional drug rooms, DME providers, manufacturers, distributors, non-prescription distributors, and county health/family planning facilities located in Kansas.

3. Audit pharmacist licensees for compliance with biennial continuing education requirements.

4. Require licensees serving as pharmacist-in-charge (PIC) of a pharmacy to accept responsibility for the pharmacy, conduct controlled substance inventories, notify the Board of certain incidents or actions, and comply with all federal and state statutes and regulations pertaining to the operation and management of the pharmacy.

5. Initiate disciplinary action against licensees and registrants based on evidenced violations of the Kansas Pharmacy Practice Act, Kansas Uniform Controlled Substance Act, Kansas Prescription Monitoring Program Act, and related regulations, in accordance with the Kansas Administrative Procedures Act.

6. Issue "cease and desist" orders and/or seek injunctions to stop unlicensed or unregistered persons or entities providing services in Kansas which may be misleading or dangerous to the public.

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Performance Measures for Regulatory Program: Compliance

Compliance Performance Measures	2021	2022	2023	2024	2025	2026ytd	2027est	2028est
Number of complaints received during calendar year	165	115	153	112	113	73	110	110
Number of compliance investigations conducted during calendar year	541	599	791	531	597	285	500	500
Number of applications/renewals referred to compliance during calendar year	318	477	487	249	271	153	250	250
Number of denied applications during calendar year	110	72	66	54	29	5	10	10
Number of revoked licensees/registrants during calendar year	38	22	81	51	52	17	50	50
Number of other disciplinary actions during calendar year	118	181	439	216	195	190	220	220
Pecentage of resident pharmacy inspections conducted within past 24 months	80.5%	93.4%	95.1%	97.7%	98.2%	95.8%	90.0%	90.0%
Percentage of other facility resident inspections conducted within past 36 months	82.5%	94.8%	94.7%	82.9%	93.9%	87.7%	85.0%	85.0%
Percentage of investigations completed within nine months during calendar year	97.8%	95.3%	99.1%	99.1%	99.2%	100.0%	95.0%	95.0%

Complaints and Investigations: Complaints are received from the public as well as referrals and notifications from Kansas state and local government offices, other states, federal agencies, and the national practitioner databank. The Board has improved messaging to consumers to increase awareness about the type of matters and potential resolution available under the Board's authority, resulting in a decrease in allegations over which the Board has no jurisdiction (i.e. cost of prescription medications, prescribing, insurance, etc.). However, recent activities of med spas and other IV therapy sites has caused an increase in the number of complaints received by the Board, which often require collaboration with other state agencies. The Board assigns complaints to one of eight investigators for additional review. Investigation information includes data for all compliance investigations conducted by the agency, including those related to inspections, complaints, applications, renewals, criminal history reports, and information provided by licensees and registrants. This allows the Board to more accurately track employee workload and agency resources associated with all compliance-related matters.

Discipline and Revocations: The Board is pleased to report a decrease (53%) in the number of applications denied by the Board due to the implementation of a new regulation which allows incomplete applications to be withdrawn instead of denied. The Board utilizes warning letters to express concerns to licensees and registrants about compliance issues that might be deterred and noted without the issuance of formal discipline. The majority of revocations are related to licensee and registrant failure to respond to the Board, diversion or theft of drugs, or significant criminal offenses that have or could endanger the public in the pharmacy setting. The Board reports all disciplinary orders to the National Association of

Boards of Pharmacy and National Practitioner Databank, in addition to posting them on the Board website for public access and transparency. Hearings are often legally complex, lengthy, and involve significant expense for the Board.

Inspections: The Board employs seven licensed pharmacists to operate as inspectors and conduct unannounced, routine inspections of all resident pharmacies and other registered facilities. Inspectors focus on education and compliance prior to recommending discipline to the Board. An influx of emergency or high-priority complaints and investigations often causes routine inspections to decrease in priority. As a result, the Board has moved from a three-tiered system (yes, no, not applicable) for inspection reports to a five-tiered system (compliant, needs improvement, not compliant, unassessed, and not applicable) to more accurately reflect the items assessed during inspections and more practically track the need for more/less frequent inspections. Staff recently updated all compliance inspection reports to reflect current law and regulation.

Narrative Information—DA 400

Division of the Budget — Agency Board of Pharmacy

State of Kansas — Program Agency Operations

Drug Monitoring Program

The Kansas State Board of Pharmacy Drug Monitoring Program tracks prescriber, dispenser and patient information for all scheduled substances and drugs of concern dispensed in Kansas or to an address in Kansas. Goals include:

1. Protect patient safety.

2. Promote community health.

3. Prevent abuse, misuse, and diversion of scheduled substances and drugs of concern.

4. Preserve patient access to scheduled substances and drugs of concern for legitimate medical use.

K-TRACS

K-TRACS continues work to support its strategic plan to ensure the highest quality of data in K-TRACS; support initiatives to increase K-TRACS utilization across the state of Kansas; and support positive patient outcomes by investigating and identifying instances of misuse and/or diversion of controlled substances in Kansas.

Key Performance Measures for the K-TRACS program include:

- the number of registered users;
- the number of patient queries; and
- the rate per quarter of multiple provider episodes among patients receiving prescription opioids.

Performance Measures for K-TRACS

Number of Registered K-TRACS Users (Prescribers and Dispensers as of June 30 of each year)

	2022	2023	2024	2025	2026	2027est	2028est
Registered Prescribers	10572	10548	10916	10278	12502	12550	12600
Registered Dispensers	3629	3782	4076	3360	4384	4390	4400
Total	**14201**	**14330**	**14992**	**13638**	**16886**	**16940**	**17000**

*K-TRACS began evaluating its user data in 2021 to ensure appropriate access to confidential patient information, which resulted in a reduction of user accounts due to non-use and expired authority to practice in Kansas.

Number of K-TRACS Patient Queries (as of June 30 each year)

K-TRACS averages over 398,000 patient queries per month. The increase in patient queries can be attributed in large part to the uptake of electronic health record and pharmacy system integrations with K-TRACS (Gateway Integration program), which delivers patient information to healthcare providers more quickly and can be streamlined into a clinical workflow. Over 83% of patient searches are routinely conducted through the Gateway Integration software. K-TRACS anticipated slight declines in patient searches in recent years due to improvements in quality in how searches are recorded in the system.

	2022	2023	2024	2025	2026	2027est	2028est
Total Queries	5,295,053	5,957,162	4,648,928	4,587,230	4,783,230	4,700,000	4,800,000

Number of Healthcare Facilities Integrated with K-TRACS

Healthcare organizations can request integration with their electronic health records or pharmacy dispensing system to deliver quick access to K-TRACS patient reports for their providers. Between 2024 and 2025, the Board's vendor changed how they provided this data. The number of active integrations through the K-TRACS Gateway program was previously grouped by corporate owner (i.e., all sites under one health system were grouped as one integration). 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.

	2022	2023	2024	2025	2026	2027est	2028est
Number of Active Integrations	282	331	398	2251*	2518	2525	2550

Percentage of Registered Users Conducting Patient Searches on K-TRACS (as of June 30 each year)

	2022	2023	2024	2025	2026	2027est	2028est
Percent of Registered Prescribers Conducting Patient Searches	55%	59%	52%	43%	51%	52%	53%
Percent of Registered Dispensers Conducting Patient Searches	46%	49%	49%	48%	48%	49%	50%

Number of Connected States and Organizations

K.A.R. 68-21-6 allows K-TRACS to share data with other prescription drug monitoring programs through a data sharing hub. States with similar laws and permissions for PDMP users enter into a memorandum of understanding to enable prescribers and dispensers to query patient data in multiple states. Kansas is currently connected to 38 states, districts and territories, including most Midwest states, Indian Health Services, the Veterans Health Administration, and the Military Health System.

Year	2022	2023	2024	2025	2026	2027est	2028est
Interstate Connections	37	37	38	38	38	38	38

Number of Threshold Patients (as of June 30 of each year)

Threshold patients are those individuals who meet the criteria for multiple provider episodes, also known as “doctor shopping” behavior. Threshold patients are defined as those receiving controlled substance prescriptions from at least five prescribers and five pharmacies within a 90-day period. This is a national standard and best practice in identifying multiple provider episodes. K-TRACS displays unsolicited reports to prescribers and pharmacists when an individual meets this threshold.

	2022	2023	2024	2025	2026	2027est	2028est
Number of Threshold Patients	30	44	24	18	25	20	20
Rate of multiple provider episodes for prescription opioids per 100,000 Kansas residents	1.5	1.7	1.4	1.5	0.9	1	1

Narrative Information—DA 400

Division of the Budget — Agency Board of Pharmacy

State of Kansas — Program Agency Operations

Discussion on Historical Expenditures and Ending Cash Balance:

The Board has consistently demonstrated its commitment to responsible stewardship of state and federal dollars, routinely and voluntarily reducing its request for expenditure authority upon reaching the current fiscal year. This positively impacts the Board's projected ending cash balance. Additionally, the Board has not exceeded its expenditure authority in at least the last decade, and always ends the fiscal year under budget. The below table outlines the approved expenditure authority from the Legislature, the Board's revised request for each fiscal year, and the Board's actual expenditures for the past six fiscal years.

Pharmacy Fee Fund Request							
	FY2021	FY2022	FY2023	FY2024	FY2025	FY2026	FY2027
Approved	$2,959,371	$2,608,906	$3,335,613	$3,378,261	$3,478,845	$ 2,994,915	$3,610,511
Agency Revised	$2,052,375	$2,233,826	$2,457,604	$3,378,261	$2,726,649	$ 2,994,915	$3,224,132
Actual Exp	$1,643,922	$1,678,412	$2,095,175	$2,179,293	$2,372,138	$ 2,662,161	

The Board last increased fees for individual licensees and facility registrants in May 2019.

FY 2028 and FY 2029 Enhancement Request:

In the past, the K-TRACS program has been largely supported with federal grants and special revenue fund dollars, Kansas Fights Addiction Funds (K.S.A. 75-777). The Board will continue to apply for grants and collaborate with project partners to ensure sufficient K-TRACS support. However, opportunities for such applications beyond current awards are unlikely to be available until Spring 2027 or later. Federal grant funds principally support the K-TRACS Gateway Integration program, which integrates program data directly into provider workflows for prescribers (electronic health records) and pharmacists (pharmacy management systems). The Board has been and will continue to be diligent in applying for additional federal funding, and the Board has a long record of successful federal applications and awards. However, current funds are insufficient to support the Gateway Integration program beyond March 31, 2027.

Faced with an impending funding cliff, the Board and K-TRACS Advisory Committee have identified the following potential funding sources for the Legislature to consider to fund the $596,115 annual statewide cost associated with the Gateway Integration software beginning in FY 2028:

- Kansas Fights Addiction Funds (direct transfer)
- State General Funds
- Controlled Substance Registration Fee for Prescribers and Dispensers of Controlled Substances
- Board of Pharmacy Facility Registration Fees

The Board and K-TRACS Advisory Committee strongly support statewide funding for the continued operation of the Gateway Integration program; it directly supports healthcare, prevention, and treatment for all Kansas citizens. To preserve the opportunity for the Legislature and Governor to review and consider all available options, the Board has included a placeholder revenue source in its IBARS budget submission for FY 2028 and FY 2029: the Kansas Fights Addiction Fund. In addition, the Board requests enhanced expenditure authority from the K-TRACS Fee Fund in the amount of $596,115 for FY 2028 and $596,115 for FY 2029. However, the ultimate determination regarding a revenue source and expenditure authority rests with the Legislature and Governor.

As a non-mandatory program, Gateway Integration remains the state's most effective tool at encouraging prescriber and pharmacist use of K-TRACS in providing care to Kansas patients. As noted above, 83% of K-TRACS queries are conducted through Gateway Integration, and over 91% of controlled substance prescribers with Gateway Integration are actively using it for patient care. The Board also conducted a recent survey of K-TRACS users, the results of which are attached as Appendix A.

Unless alternate funding is identified and approved by the Legislature, the Board will need to provide notice to the 2,518 integrated facilities using the software that it will be discontinued April 1, 2027. The facilities may then opt to privately contract at their own cost with the vendor for this add-on service. In the meantime, the Board will continue, as it always has, to be diligent in applying for additional federal funding. The K-TRACS base software is covered by other portions of the budget and will continue to operate without interruption.

Narrative Information—DA 400

Division of the Budget — Agency Board of Pharmacy

State of Kansas — Program Agency Operations

Overview of Agency Budget at Each Request Level – FY2027:

The Board's total adjusted budget request for FY2027 is $3,990,400 with $3,224,131 funded from the fee fund, $344,133 from the K-TRACS fund, $51,376 from the 2023 Harold Rogers grant, $70,585 from the SAMHSA grant, and $300,175 from the KDHE grant.

Salaries and Wages FY2027. In FY2027, the Board requests to fund 19 full-time staff persons. Two of the 19 full-time staff positions have in the past been entirely grant funded. Because the 2023 Harold Rogers grant and the SAMHSA grant both expire September 30, 2026, these grants will only cover applicable positions until then. Salaries for these positions for the remaining months will be covered by the K-TRACS fund and the fee fund. The Board's total FY2027 adjusted budget request for salaries is $2,171,536 with $2,010,288 funded from the fee fund, $87,649 from the K-TRACS fund, $51,141 from the 2023 Harold Rogers grant, $20,340 from the SAMHSA grant, and $2,118 from the KDHE grant.

Contractual Services FY2027. The agency's major expenditures in this category are for rent; licensing software; K-TRACS AWARxE™ software (base platform); K-TRACS Gateway program software; communication expenses; in-state and out-of-state travel for inspectors, board members, and office staff; and professional service fees such as attorney fees, OITS fees, and KsPRN fees. The Board's total FY2027 adjusted budget request for contractual services is $1,747,799 with $1,142,778 from fee funds, $256,484 from the K-TRACS fund, $235 from the 2023 Harold Rogers grant, $50,245 from the SAMHSA grant and $298,057 from the KDHE grant. Because all known federal grant funds for contractual services will have been expended as of March 31, 2027, the Board's contractual service request for FY2027 does include funding the K-TRACS Gateway program from the fee fund for three months (April - June 2027).

Commodities FY2027. The agency's major expenditures in this category include office supplies and equipment, computer systems, gasoline, and parts and supplies for the Board's nine vehicles. The Board's total FY2027 adjusted budget request for commodities is $40,645 all from fee funds.

Capital Outlay FY2027. Expenditures in this category include office equipment, furniture, and vehicles. The Board's total FY2027 adjusted budget request for capital outlay is $30,420 all from fee funds.

Hospitality FY2027. The Board's base budget request for hospitality for FY2027 is $2,500 and is included in contractual services request.

Narrative Information—DA 400

Division of the Budget — Agency Board of Pharmacy

State of Kansas — Program Agency Operations

Overview of Agency Budget at Each Request Level – FY2028:

The Board's base budget request for FY2028 is $3,501,776. As discussed earlier, an enhancement package totaling $596,115 is requested to cover annual cost of the K-TRACS Gateway program software. The Board's total adjusted budget request for FY2028 is $4,097,891 with $3,301,377 funded from the fee fund and $796,514 from the K-TRACS fund.

Salaries and Wages FY2028. In FY2028, the Board requests to continue to fund 19 full-time staff persons. The Board's total FY2028 budget request for salaries is $2,281,707 with $2,204,258 funded from the fee fund and $77,449 from the K-TRACS fund.

Contractual Services FY2028. The agency's major expenditures in this category are for rent; licensing software; K-TRACS AWARxE™ software (base platform); K-TRACS Gateway program software; communication expenses; in-state and out-of-state travel for inspectors, board members, office staff; and professional service fees such as attorney fees, OITS fees, and KsPRN fees. The Board's total FY2028 base budget request for contractual services is $1,141,004 with $1,018,054 from fee funds and $122,950 from the K-TRACS fund. An enhancement package totaling $596,115 is requested to cover the annual cost of the K-TRACS Gateway program software. Therefore, the Board's total FY2028 adjusted budget request for contractual services is $1,737,119 with $1,018,054 from fee funds and $719,065 from the K-TRACS fund.

Commodities FY2028. The agency's major expenditures in this category include office supplies and equipment, computer systems, gasoline, and parts and supplies for the Board's nine vehicles. The Board's total FY2028 budget request for commodities is $46,145 all from fee funds.

Capital Outlay FY2028. Expenditures in this category include office equipment, furniture, and vehicles. The Board's total FY2028 budget request for capital outlay is $32,920 all from fee funds.

Hospitality FY2028. The Board's base budget request for hospitality for FY2028 is $2,500 and is included in the contractual services request.

Narrative Information—DA 400

Division of the Budget — Agency Board of Pharmacy

State of Kansas — Program Agency Operations

Overview of Agency Budget at Each Request Level – FY2029:

The Board's base budget request for FY2029 is $3,517,987. An enhancement package totaling $596,115 is requested to cover annual cost of the K-TRACS Gateway program software again in FY2029. The Board's total adjusted budget request for FY2029 is $4,114,102 with $3,317,980 funded from the fee fund and $796,122 from the K-TRACS fund.

Salaries and Wages FY2029. In FY2029, the Board requests to continue to fund 19 full-time staff persons. The Board's total FY2029 budget request for salaries is $2,225,152 with $2,148,095 funded from the fee fund and $77,057 funded from the K-TRACS fund.

Contractual Services FY2029. The agency's major expenditures in this category are for rent; licensing software; K-TRACS AWARxE™ software (base platform; communication expenses; in-state and out-of-state travel for inspectors, board members, office staff; and professional service fees such as attorney fees, OITS fees, and KsPRN fees. The Board's total FY2029 base budget request for contractual services is $1,171,440 with $1,048,490 from fee funds and $122,950 from the K-TRACS fund. An enhancement package totaling $596,115 is requested to cover the annual cost of the K-TRACS Gateway program software. Therefore, the Board's total FY2029 adjusted budget request for contractual services is $1,767,555 with $1,048,490 from fee funds and $719,065 from the K-TRACS fund.

Commodities FY2029. The agency's major expenditures in this category include office supplies and equipment, computer systems, gasoline, and parts and supplies for the Board's nine vehicles. The Board's total FY2029 budget request for commodities is $47,510 all from fee funds.

Capital Outlay FY2029. Expenditures in this category include office equipment, furniture, and vehicles. The Board's total FY2029 budget request for capital outlay is $73,885 all from fee funds.

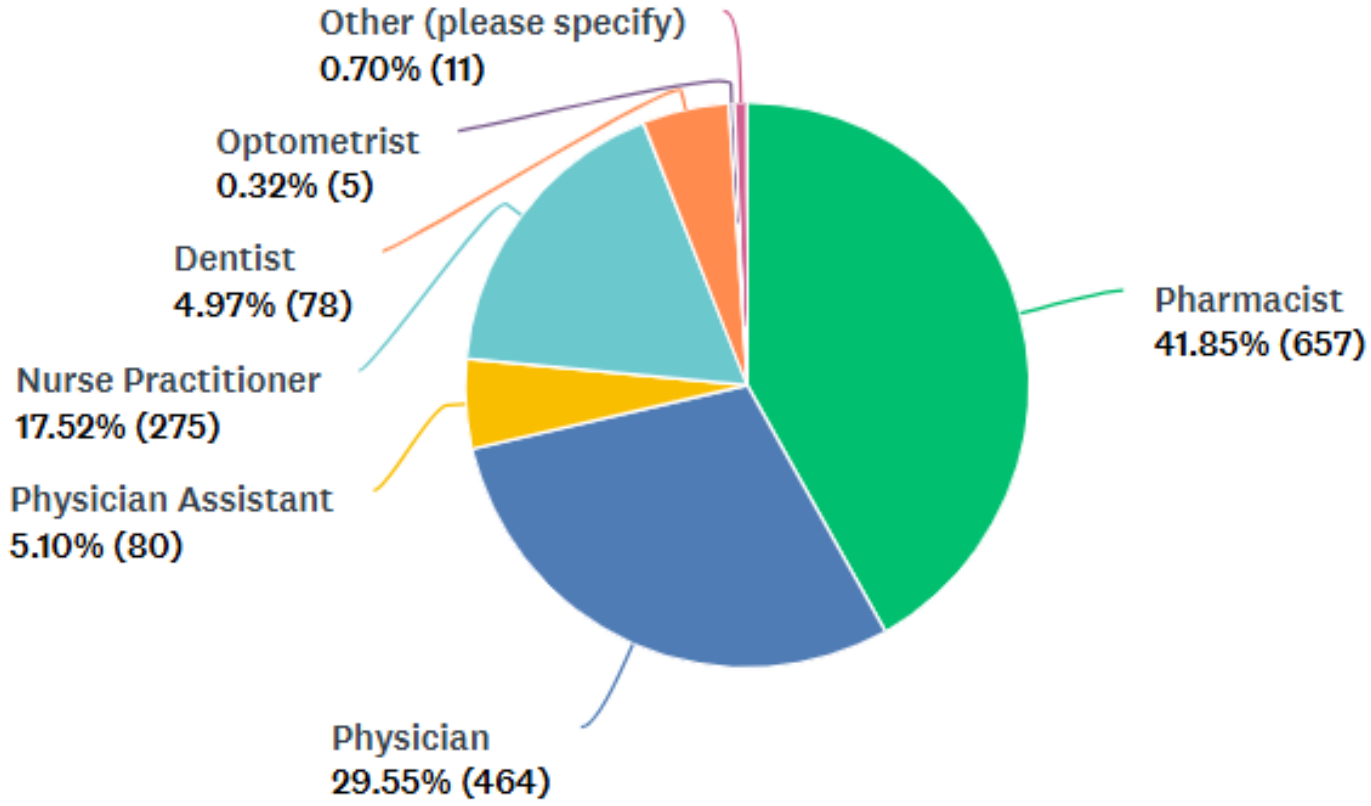
Hospitality FY2029. The Board's base budget request for hospitality for FY2029 is $2,500 and is included in the contractual services request.

K-TRACS Integration Funding Survey Results

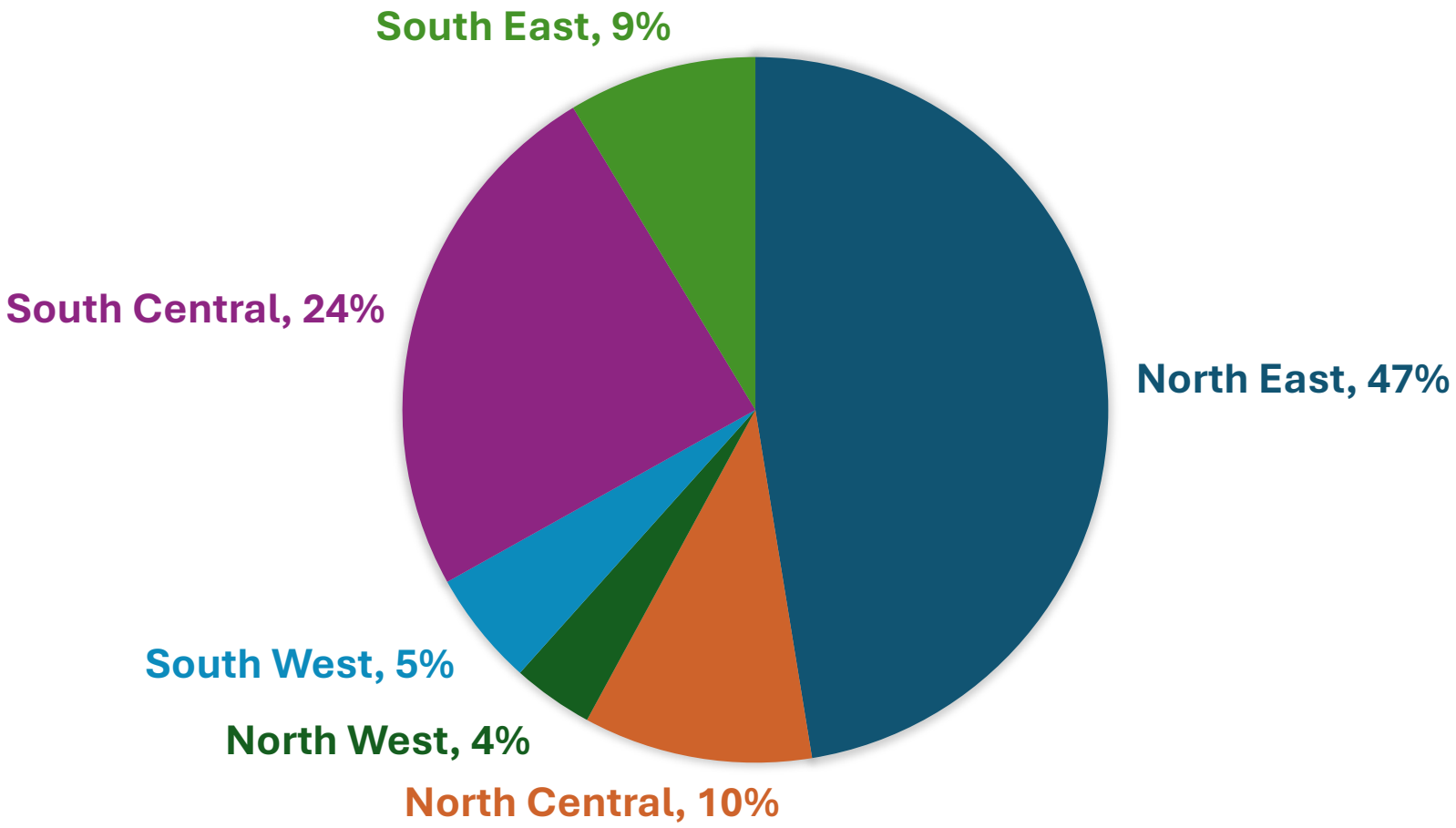
Jul 21 – Aug 4, 2026

Prescribers and Pharmacists

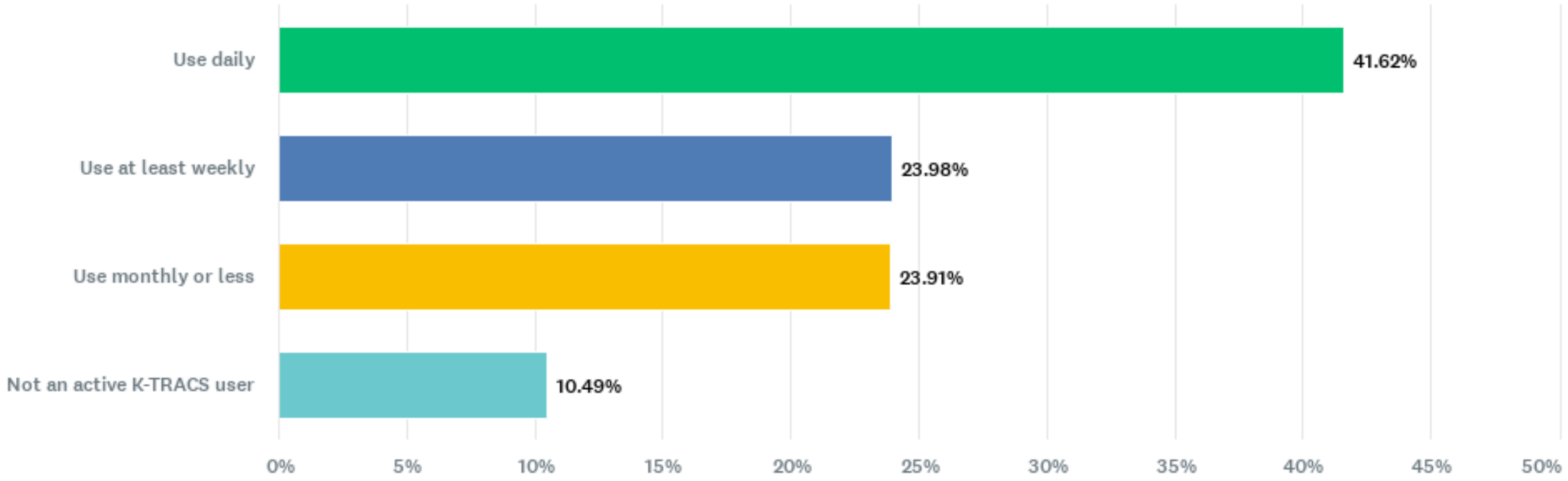
Respondents: 1,570



Practice Location

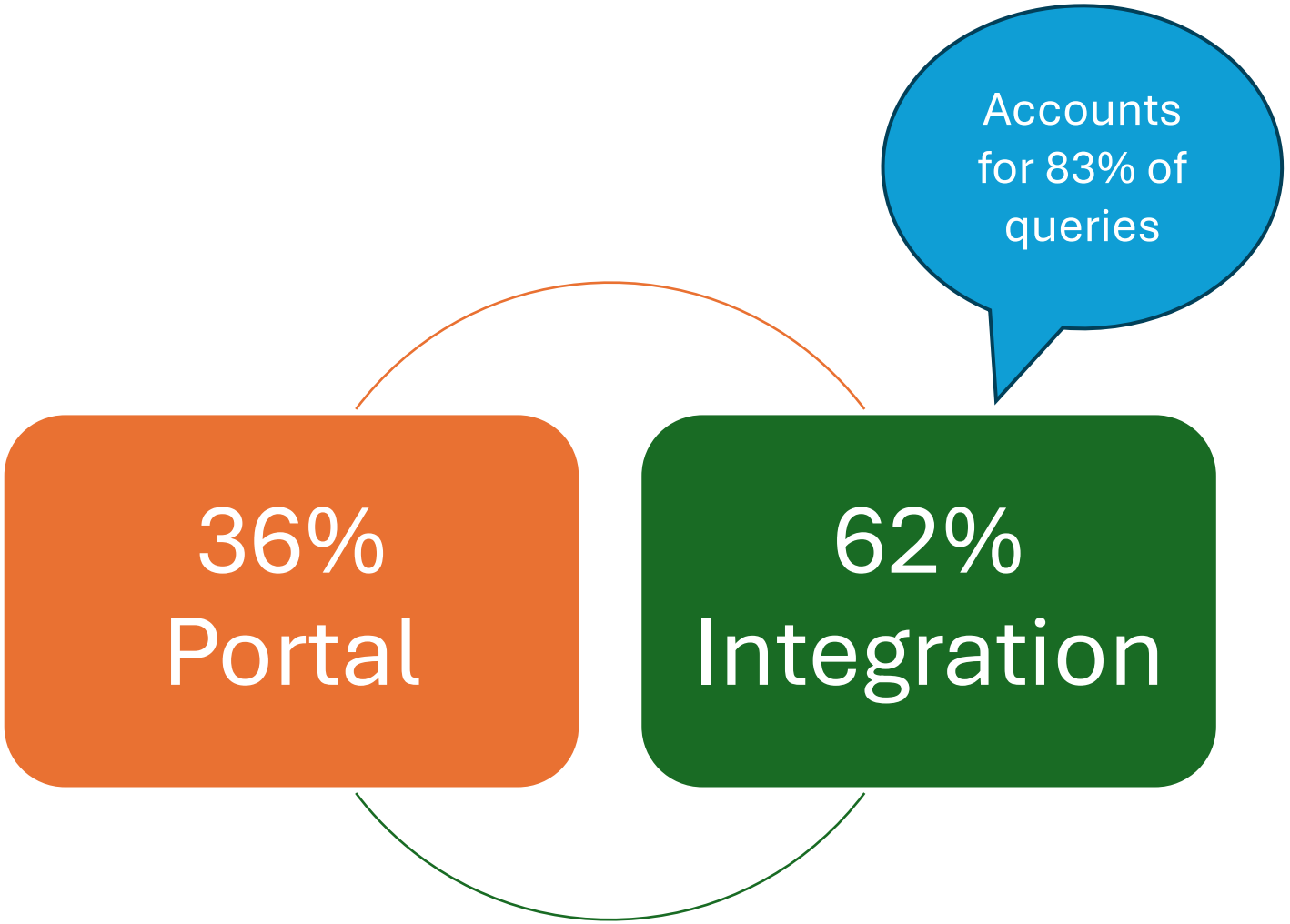


K-TRACS Use

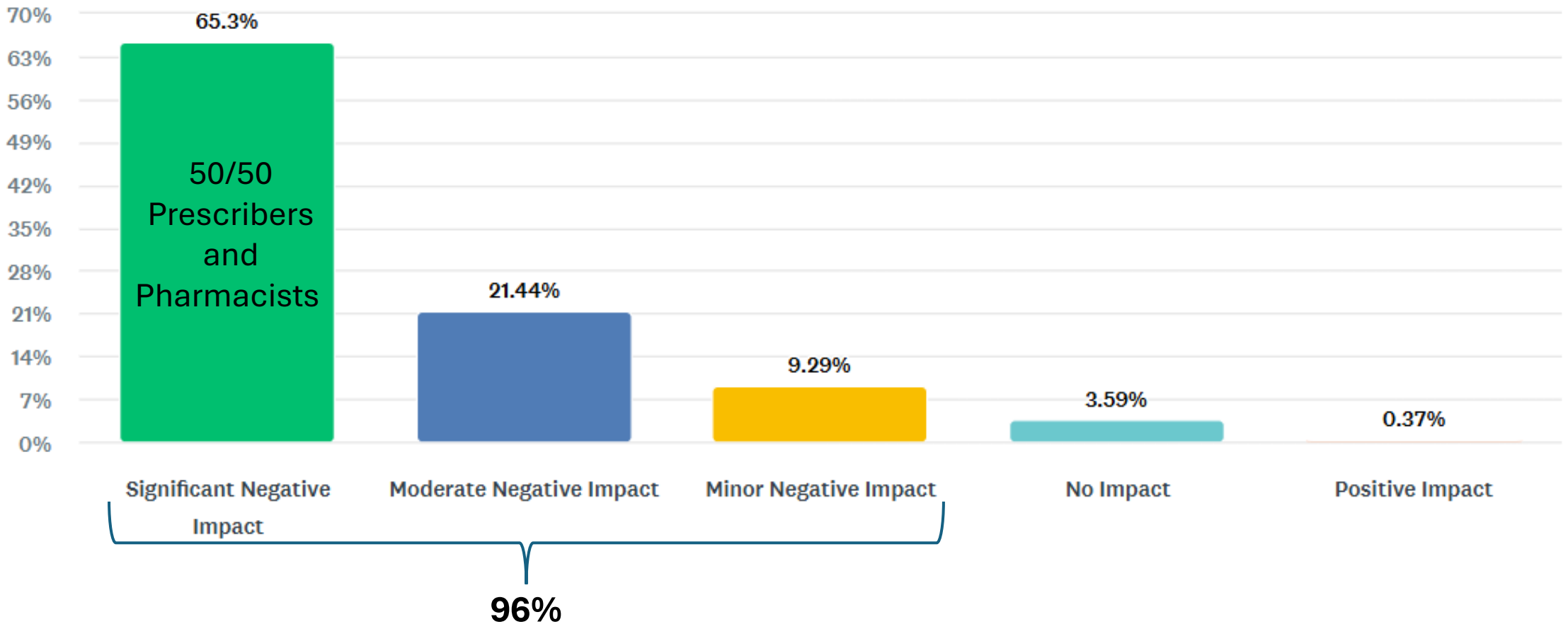


*Not an active user screened out of questions until funding

K-TRACS Use



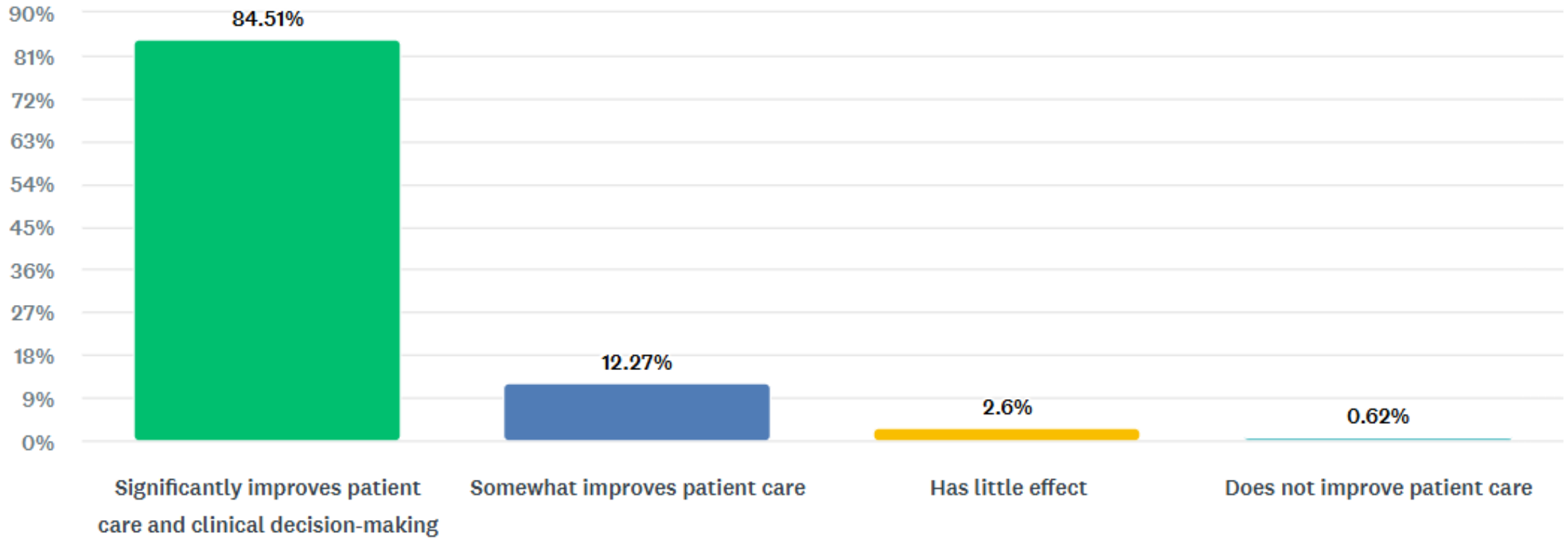
If K-TRACS integration were no longer available and you had to leave your normal workflow to log into the K-TRACS separately, what impact would that have on your daily practice?



94.92% prefer Integration

“Which method best supports your clinical workflow when checking a patient's controlled substance history?”

How does K-TRACS integration affect your ability to provide safe, timely patient care?



If K-TRACS integration were **no longer available**, approximately how much additional time would you spend accessing K-TRACS data before prescribing or dispensing EACH patient's medication?

2.35%
< 1 minute

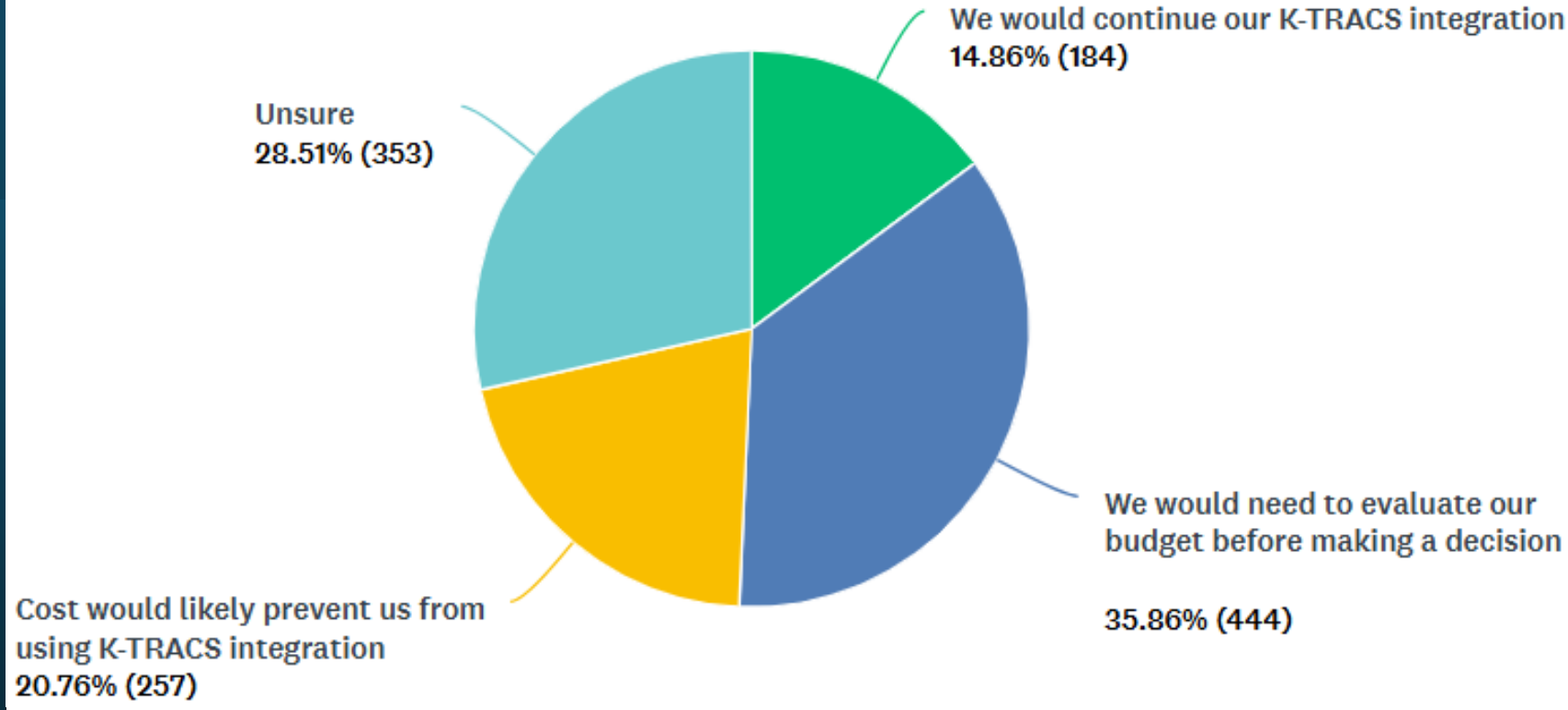
20.57%
1-2 minutes

64.31%
> 2 minutes

34 respondents (4%) say they won't check K-TRACS **at all** for patients

If K-TRACS integration were **no longer available**, approximately how much additional time would you spend accessing K-TRACS data before prescribing or dispensing EACH patient's medication?

If K-TRACS statewide integration was discontinued and your organization was allowed to independently contract for integration with the K-TRACS vendor for an annual fee, what would be your organization's most likely action?



How do 32 other States pay for Integration?

15 – federal grants (4 partial)

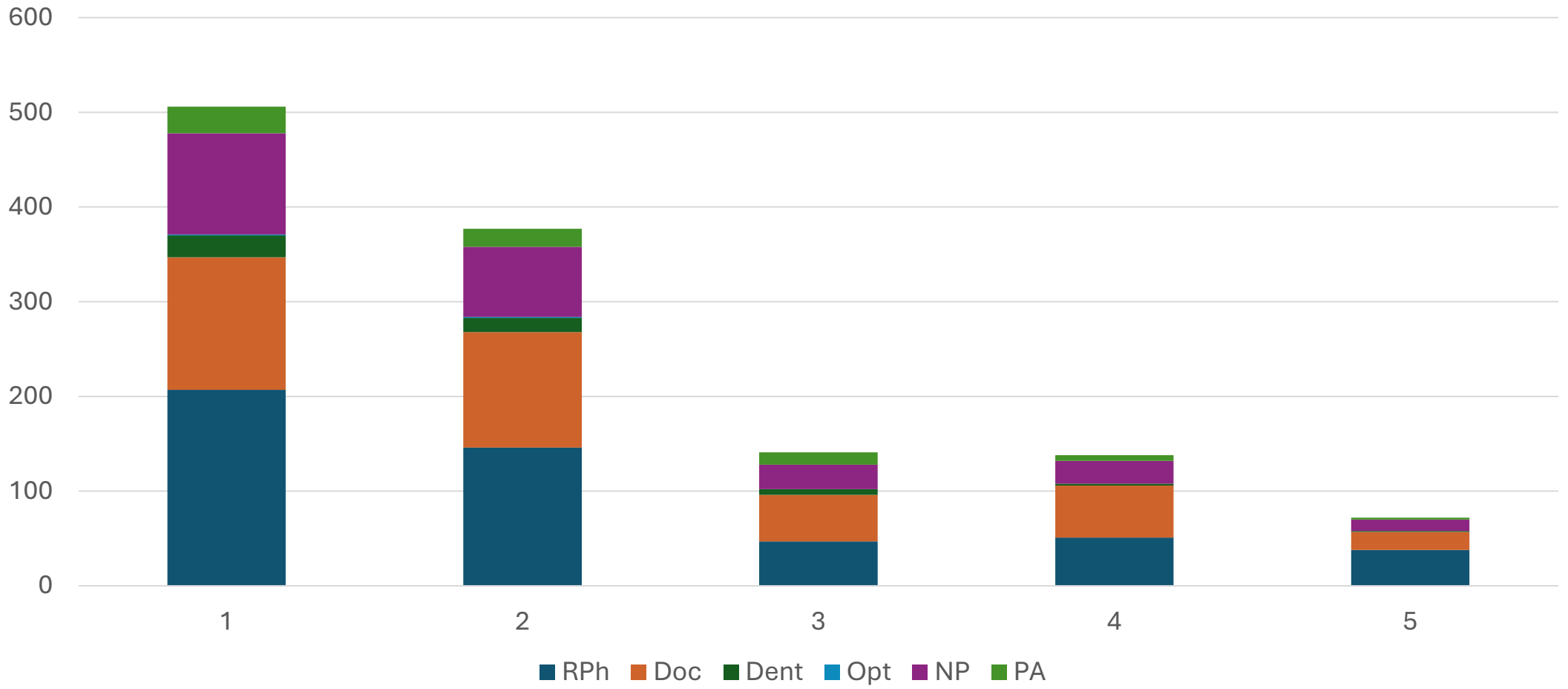
14 – agency funds

3 – opioid settlement $$

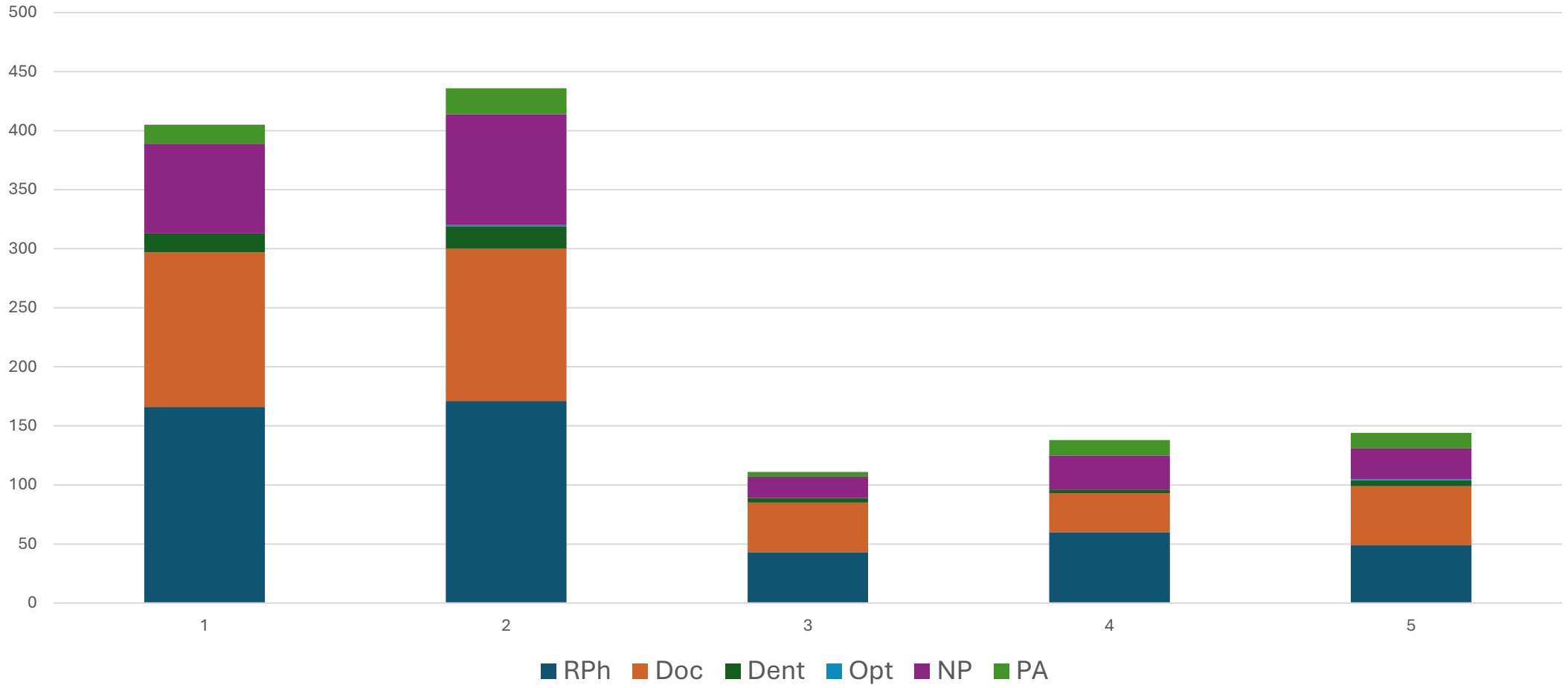
Other – SGF, marijuana, controlled substance registration

Ranking of K-TRACS Integration Funding Proposals

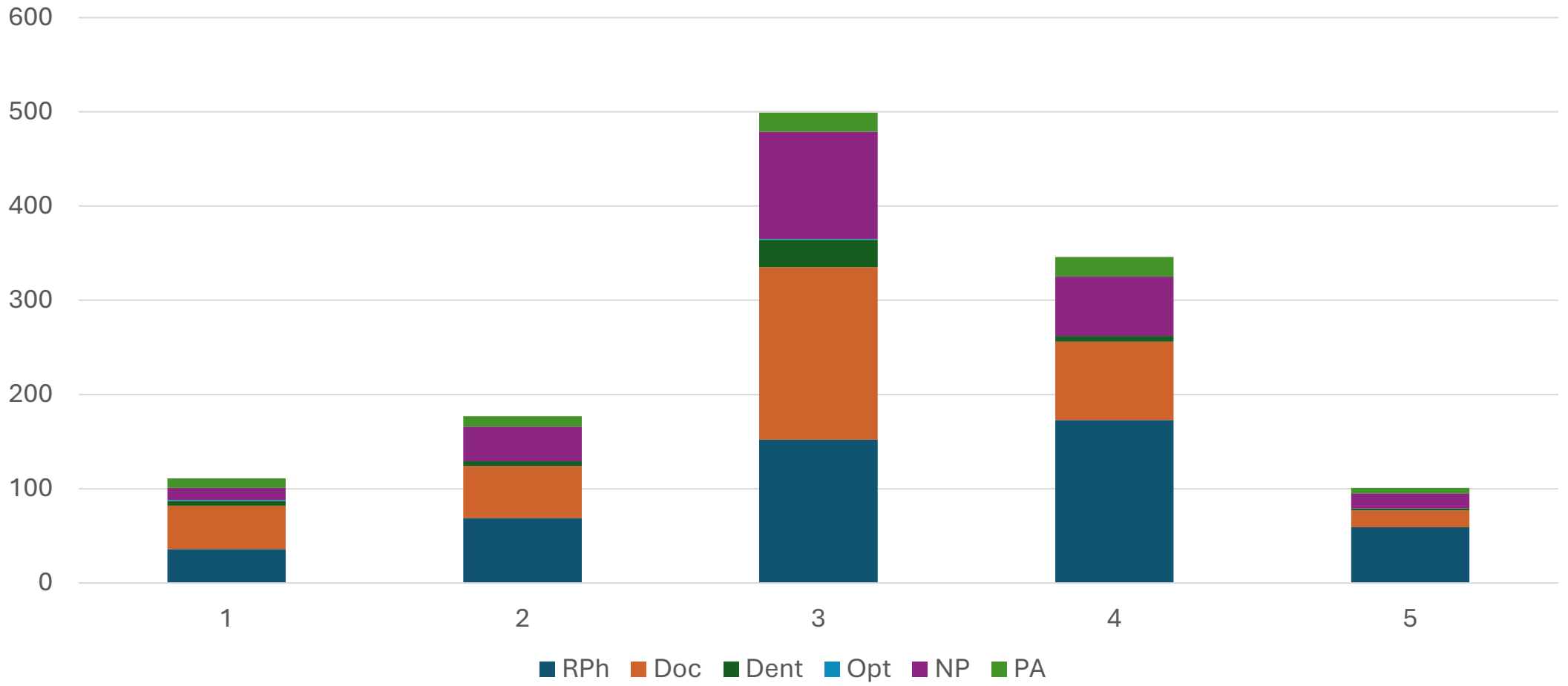
State General Funding



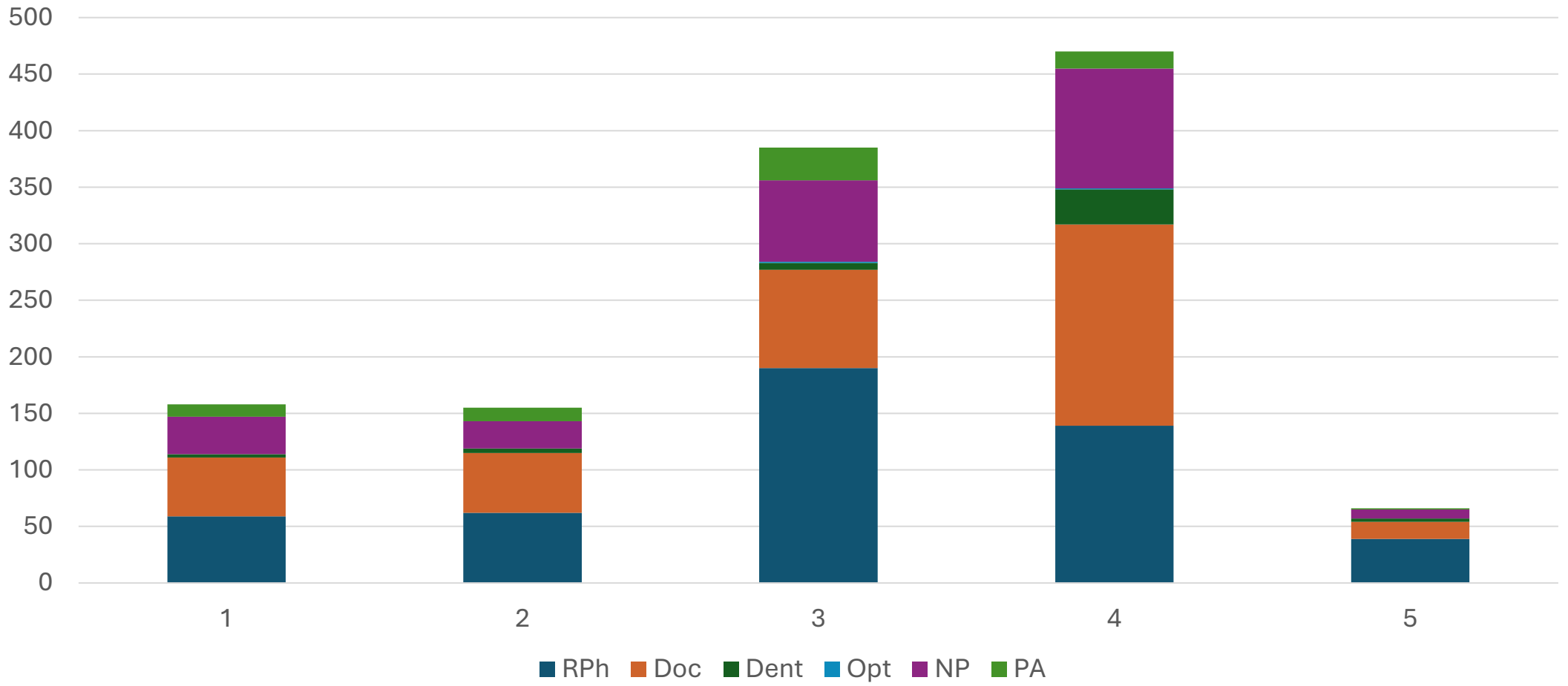
Kansas Fights Addiction (Opioid Settlement)



KBOP Facility Registration Fees



Fee for Integrated Organizations



State Controlled Substance Registration Fee

