What does the PAC do?
The Kansas Pharmacists’ Association’s Political Action Committee provides the resources for the association to lobby and advocate on behalf of KPhA’s members. KPhA leads the way in influencing pharmacy-related legislation for the profession of pharmacy in Kansas. Your support is essential in enabling these advocacy efforts to be successful.

Why contribute?
A significant PAC empowers the Kansas Pharmacists Association to be the voice for pharmacists in the state of Kansas. The PAC strengthens relationships with legislators, and creates lasting support for the grassroots efforts of its members.

What has KPhA helped accomplish with the PAC and Government Affairs Committee?

Past Successes:
- Successful Enactment of Audit Restrictions on Pharmacy Benefit Managers
- Successful Building of the new KU School of Pharmacy Building
- Successful Creation of Pharmacists as Immunizers
- Successful Passage to Allow Pharmacists to Collaborate with Physicians
- Successful Involvement in State Level Committees providing representation on key issues facing pharmacists, including, but not limited to: Kansas Board of Pharmacy, the KanCare Providers Work group, the Pharmacy Technician Certification Task Force, the Medicaid Drug Utilization Review (DUR) committee and Behavioral Health Advisory Committee
- Established KPhA as the primary representative of pharmacy issues with key legislators and other state decision-makers
- Involved in KanCare MCO contract development
- Provided technical support and advice to the Legislative Post Audit review of the State Employee Health Plan PBM

Present Challenges:
- Working on passage of KS SB 103, : Creating Transparency for Retail Generic Drug Pricing
- Working on passage of Medication Synchronization legislation
- Working on the Regulations for Collaborative Practice Agreements and Technician Certification
- Working on KPhA’s Position on Hemp Oil
- Allowing any willing pharmacy to dispense no matter the health plan
- Eliminating the inability of pharmacists to negotiate contracts collectively and “take it or leave it” contracts
- Forcing transparent PBMs and wholesalers so that independent and community pharmacists can remain viable businesses

Future Issues:
- Envisioning Pharmacists as Providers
- Determining Pharmacists Ability to Exchange Bioequivalent Products
- Creating proper controls for Medical Marijuana and determining pharmacists’ roles in controlling the dispensing of the drug
- Designing and creating a more professional and clinically proficient technician workforce
- Greater integration of pharmacists into the patient-centered medical home concept (consistent with recognizing pharmacists as providers)
- Allowing pharmacists prescriptive authority (consistent with recognizing pharmacists as providers)
Contribution Recognition:
★ Contributors will receive a PAC magnetic shirt button that will say “PAC CONTRIBUTOR”
★ Contributors will be listed on the KPhA website
★ Contributors will receive special recognition at a meal function during the KPhA Annual Meeting
★ Contributors will have their names prominently displayed on signage at the KPhA Annual Meeting
★ Contributors will be invited to a special event during the year (Time and Date TBD)

PAC Contribution Support Levels - Any and all support is generously welcome!
★ Double Diamond Supporter | $5,000 and above per year
★ Diamond Supporter | $2,500 ~ $4,999 per year
★ Platinum Supporter | $1,000 ~ $2,499 per year
★ Gold Supporter | $500 per year | $42/month
★ Silver Supporter | $250 per year | $21/month

☐ Check (make checks payable to KPhA PAC)  ☐ Charge my credit card one time  Total Amount $ ____________
Visa  MasterCard  Discover American Express

☐ Automatic Withdrawal Monthly Amount $ ________________  Total Amount $ ________________
(1st of each month for 12 months)

Name as it Appears on Credit Card ____________________________________________

Card Number ______________________________________ Exp___________ Security Code ______

Billing Address ____________________________________________________________

City ___________________________ St _______ Zip _________________________

Phone # of Cardholder ( ) __________ Email ________________________________

Signature _______________________________________________________________

Thank you for your contribution.