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To: [Joseph Filippi](#)
Subject: Update to my 10/14 Memorandum and response to Dr. Kunke's revised proposal by the NV Pharmacy Alliance
Date: Thursday, October 17, 2024 3:54:38 PM

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Dear Mr. Joseph Filippi:

I am now more alarmed than I was when I sent you my first memorandum on October 14, 2024. The man who responded to my comments, Ken Kunke, PharmD, is more than disingenuous, he is presenting false and misleading information, trivializing the practice of medicine, inflating the abilities and education of pharmacists (whether RPh or PharmD) and fails to meaningfully address the concerns I raised.

Dr. Kunke starts by saying "it is essential to clarify the true intent of the proposal," so implies that there was a "false" intent, that I must have misunderstood? He claims that his goal is to "improve access to care" while "maintaining high standards of patient safety and quality." He's certainly mastered bureaucratic jargon, but does he appreciate what he is saying? He proposes that "pharmacists...practice to the full extent of their education and training by prescribing **low-risk medications** to patients." I am appalled, and I am frightened. I recall a professor of surgery teaching "there are no minor surgeries, just minor surgeons." What is the definition of a "low-risk medication?" Dr. Kunke then opines that he is highly trained in pharmacology (I have no quarrel with that statement) and "patient care" (I know he is able to give "customer care," but what is his definition of patient care?). This care, whatever it is, will only be used for "minor, self-limiting conditions that do not require extensive diagnostic workups" yet he wants to be able to order CLIA waived tests, and provide pharmacist authorized treatments. If these conditions are minor and self-limiting, why not send patients to aisle 3 where over-the-counter (OTC) patent medications are found? What makes CLIA waived testing necessary? Will testing clarify or confirm diagnosis or direct specific treatment? Isn't billing for unnecessary tests a form of healthcare/insurance fraud?

Physicians are taught that treatment follows diagnosis. According to Dr. Kunke's response to me, the enhanced privileges for pharmacists will be limited to conditions that "**do not require a new diagnosis, are minor and generally self-limiting...are patient emergencies.**" Again, I am appalled and frightened. A "new" sore throat could be just a cold, a "strep throat" that without treatment leads to Rheumatic Fever and heart damage, the early manifestation of leukemia. All conditions I treat are first presumptively diagnosed (often with all differential diagnoses considered). How will a retail/chain pharmacist know what is "minor and self-limited" without a proper physical examination? If a pharmacist determines there is a medical emergency shouldn't the first response be to call 911 and transport the patient to appropriate, necessary medical care?

I call "BS" and believe that expansion of pharmacists' scope of practice, the ability to "practice" medicine, is a clear and present danger to the health, safety and welfare of Nevadans. I have been many things in Nevada over 40 years, but I have never been a pharmacist. Exactly how will patient outcome be improved when pharmacists practice medicine? If this is determined by the PPC to be worthy of "support" why not let any Boy Scout with a pocketknife and a First Aid merit badge perform appendectomies? Why not let any athletic trainer perform joint replacement surgery? Why not let my Grandmother be licensed as a pharmacist because her chicken soup cured everything?