



2026

# ANNUAL REPORT

KANSAS PRESCRIPTION DRUG  
MONITORING PROGRAM



Laura Kelly, Governor

Alexandra Blasi, Executive Secretary

[ktracs.ks.gov](http://ktracs.ks.gov)

Dear Committee Chairs,

On behalf of the Board of Pharmacy, I am pleased to provide the Board's annual report to the legislature on the Kansas prescription drug monitoring program, known as K-TRACS.



This report, submitted pursuant to K.S.A. 65-1691, demonstrates the program's success in monitoring controlled substance Schedule II-IV prescriptions and drugs of concern dispensed to Kansas patients. K-TRACS serves as a valuable clinical decision-making tool for the state's healthcare providers. The program aims to help healthcare providers prioritize patient safety; promote community health; prevent the misuse, abuse and diversion of controlled substances and drugs of concern; and preserve legitimate access to controlled substances.

Highlights of this year's report include program data analyzing, expanded outreach, strengthened oversight, successful completion of a grant and grant audits, and collaboration on the statewide "Be the Light" initiative addressing barriers to substance use disorder care.

On behalf of the Board of Pharmacy, I thank you for your leadership and support of the K-TRACS program. If you have questions regarding the program or work of the Board, please contact us at (785) 296-4056 or [pharmacy@ks.gov](mailto:pharmacy@ks.gov).

Sincerely,

Alexandra Blasi, Executive Secretary

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## Inside:

Program Overview.....	2	Funding.....	9
Data Integrity.....	2	Highlights.....	11
Interoperability.....	4	Looking Ahead.....	12
Oversight & Utilization.....	6		

# PROGRAM OVERVIEW



Prevention of misuse, abuse and diversion



Real-time, web-based system



Clinical decision-making tool

K-TRACS was established in 2008 to support patient safety, promote public health, and assist in the prevention of misuse, abuse, and diversion of controlled substances and drugs of concern, while preserving appropriate access to medications for legitimate medical use.

## COLLECT PRESCRIPTION DATA FOR CONTROLLED SUBSTANCES

K-TRACS began collecting prescription data in 2011, and collects and maintains outpatient dispensing records for Schedule II-IV controlled substances and specified drugs of concern dispensed to Kansas residents, regardless of whether the dispensing pharmacy is located within the state.

## ENSURE ACCESS FOR LEGITIMATE MEDICAL USE

The program operates as a secure, real-time, web-based system that allows prescribers and pharmacists to review a patient's controlled substance prescription history. Access is limited to individuals authorized by statute, and all users must register through the Board and undergo credential verification prior to gaining system access.

## PRIORITIZE PATIENT SAFETY

K-TRACS serves as an important clinical decision-making and oversight tool, enabling healthcare providers to identify potential safety concerns such as overlapping prescriptions, multiple provider episodes, or high-risk medication combinations. In addition, the program supports regulatory oversight, public health analysis, and education through authorized use of de-identified aggregate data.

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# DATA INTEGRITY

High-quality data is foundational to the effectiveness of K-TRACS as a clinical decision-making tool and a mechanism for oversight and public health monitoring.

# 6,852,092

Number of prescriptions submitted to K-TRACS in 2025

Accurate, timely and complete prescription data allows prescribers and pharmacists to make informed decisions at the point of care, supports investigations, and strengthens confidence in the program.

Specific data elements must be reported including patient identifies, prescriber information, pharmacy information, drug details, and dispensing dates.

Outreach and education emphasizes the principles of "good data in, good data out" reinforcing the role accurate reporting plays in patient safety and appropriate use of K-TRACS.

# Appropriate Use

Kansas law requires pharmacies and other dispensers to electronically submit prescription information to K-TRACS for all Schedule II-IV controlled substances and designated drugs of concern dispensed to Kansas patients in an outpatient setting. Dispensers are required to submit prescription information within 24 hours or by the end of the next business day from when the medication is sold.

K-TRACS information is confidential and may only be accessed and used for specified purposes. Access is restricted to individuals authorized by statute including prescribers, pharmacists, and certain regulatory and law enforcement entities. All users must register through the Board and undergo credential verification. K-TRACS staff routinely review user credentials to ensure continued eligibility and appropriate access.

Users are prohibited from printing, downloading, photographing, emailing, or otherwise storing patient prescription history outside of the K-TRACS system. These safeguards are intended to protect patient privacy and prevent misuse and unauthorized disclosure of sensitive information.

**Appropriate use includes reviewing a patient's controlled substance prescription history as part of clinical decision-making, patient safety discussions, and care coordination.**

**De-identified or aggregate data may be shared for educational, research, or public health purposes in accordance with statutes and regulation.**

# Compliance

K-TRACS employs a structured compliance and monitoring framework focused on timely correction, education, and continuous improvement.

Daily, K-TRACS staff monitor compliance with reporting, registration, and usage requirements. This includes oversight of prescription data submissions by dispensers, verification of user credentials, and review of system access and activity. Automated system checks and routine staff review are used to identify reporting errors, missing or inconsistent data, and potential misuse of the system. Compliance monitoring is designed to identify issues early and prevent recurring errors that could impact data quality, patient safety, or program confidence.

When reporting errors or compliance issues are identified, K-TRACS staff notify the affected pharmacy or entity and provide guidance on corrective action. Reporting errors or compliance issues must be corrected within seven (7) days of notification.

While the program's primary focus is education and corrective action, unresolved or significant compliance issues may be escalated. This may include referral to the Board, the K-TRACS Advisory Committee, or other appropriate regulatory authorities for further review. This tiered approach allows K-TRACS to balance accountability with fairness, ensuring compliance issues are addressed appropriately and in accordance with statutory authority.

**97.4%** Percent of prescriptions submitted by end of next business day

**3.2** Average number of days to resolve an error in 2025

# INTEROPERABILITY

## Interstate Data Sharing



**38**

Total interoperability partners with Kansas

Interstate data sharing is a critical component to an effective PDMP. Patients often seek care across state lines, particularly in border communities, and access to out-of-state prescription data allows prescribers and pharmacists to view a more complete controlled substance history. This broader visibility supports safer prescribing and dispensing decisions, reduces the risk of multiple provider episodes and strengthens efforts to prevent misuse and diversion.

K-TRACS participates in interstate data sharing through national interoperability hubs allowing authorized Kansas healthcare providers access to prescription information from participating states when clinically appropriate. These exchanges occur in real time and are subject to the same statutory confidentiality and appropriate use requirements that govern in-state data.

### Nebraska

Data is not exchanged with Nebraska primarily because Nebraska's legal and technical framework is not fully aligned for direct interstate sharing between the two programs, despite both supporting interstate connections in general.

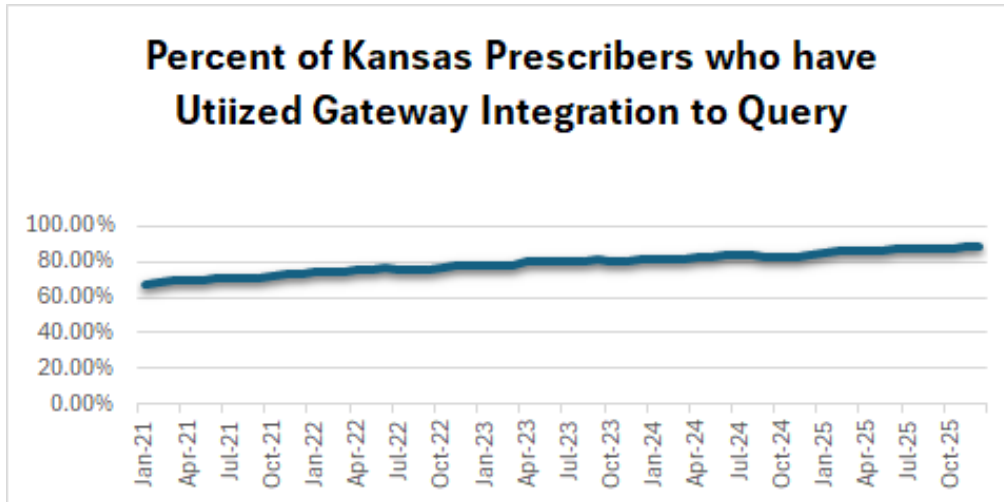
### Missouri

Data is not exchanged with Missouri because Missouri's statewide PDMP explicitly does not share data with out-of-state programs. When Missouri's statewide PDMP went live in 2023, it replaced the St. Louis County PDMP that had previously participated in interstate data sharing. As a result, Kansas providers do not have access to Missouri prescription data through interstate exchange.

## Gateway Integration

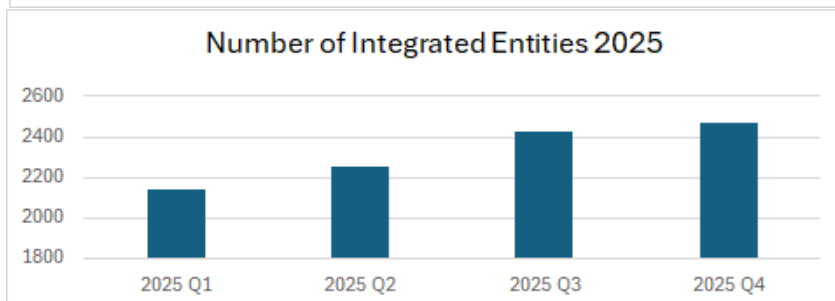
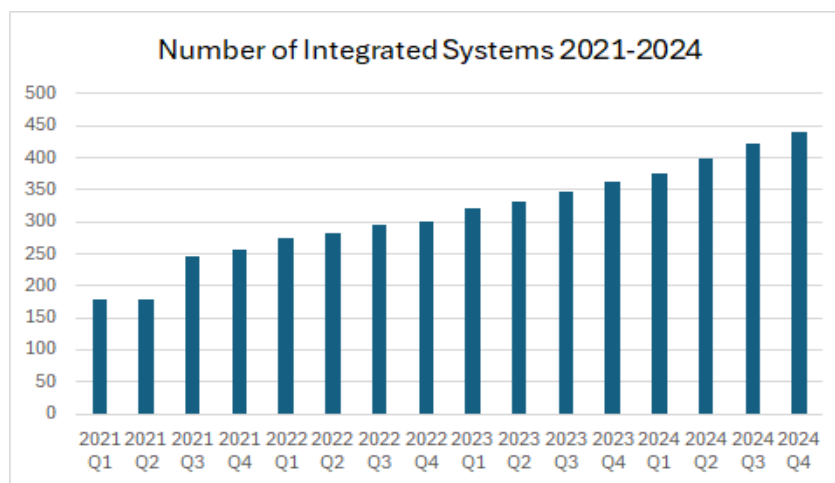
Gateway integration and system interoperability play a critical role in increasing utilization of K-TRACS and supporting patient safety. While Kansas law requires dispensers to report controlled substances and drugs of concern dispensations, there are no statutory requirements for prescribers or pharmacists to query the system prior to prescribing or dispensing. As a result, ease of access is a key factor influencing whether K-TRACS is incorporated into routine clinical workflows.

Gateway integration allows prescribers and pharmacists to access K-TRACS patient prescription history directly within their electronic health record (EHR) or pharmacy management system. This eliminates the need to log into a separate platform, saving time and reducing workflow disruption. By embedding K-TRACS into systems already used for patient care, integration lowers barriers to use and makes checking patient prescription history more practical in busy clinical settings.



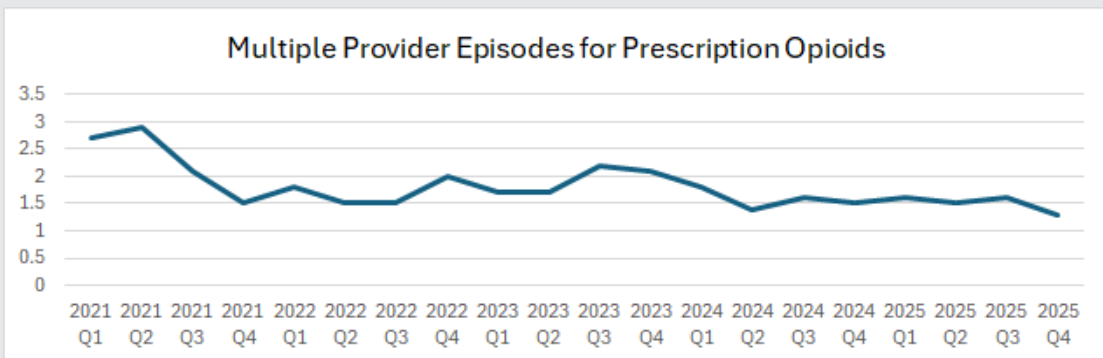
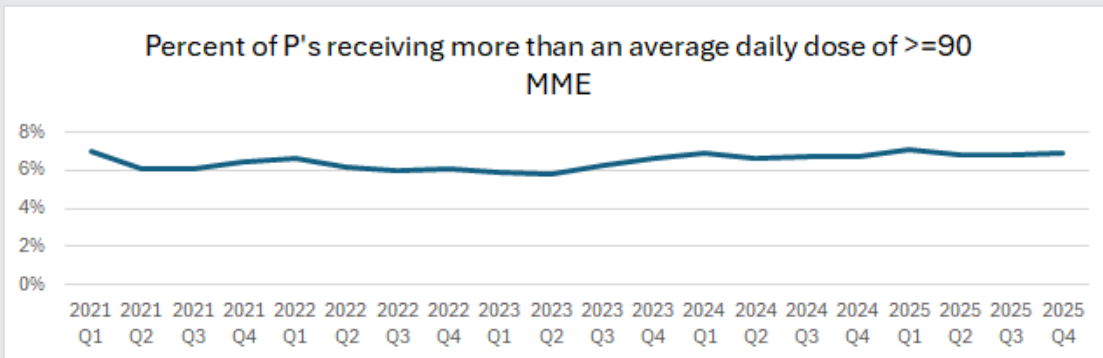
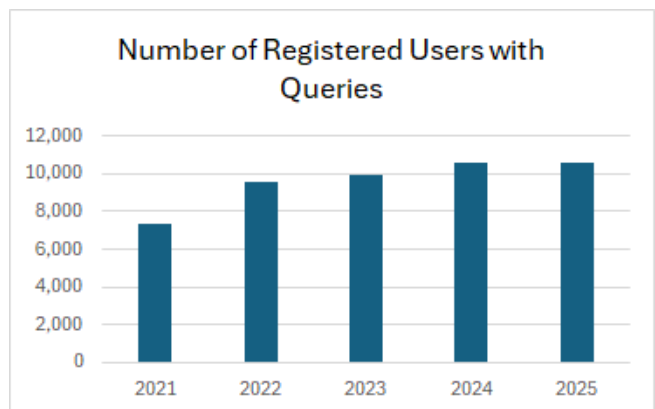
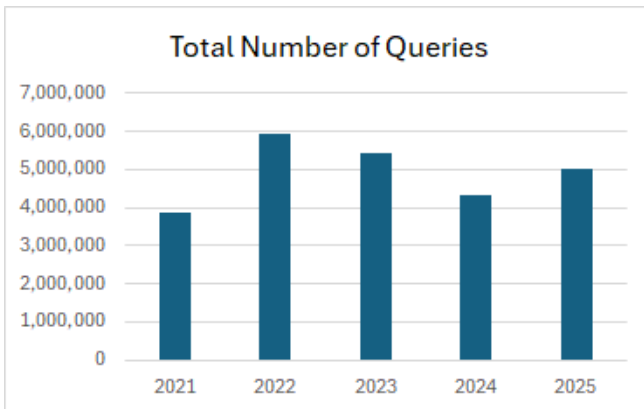
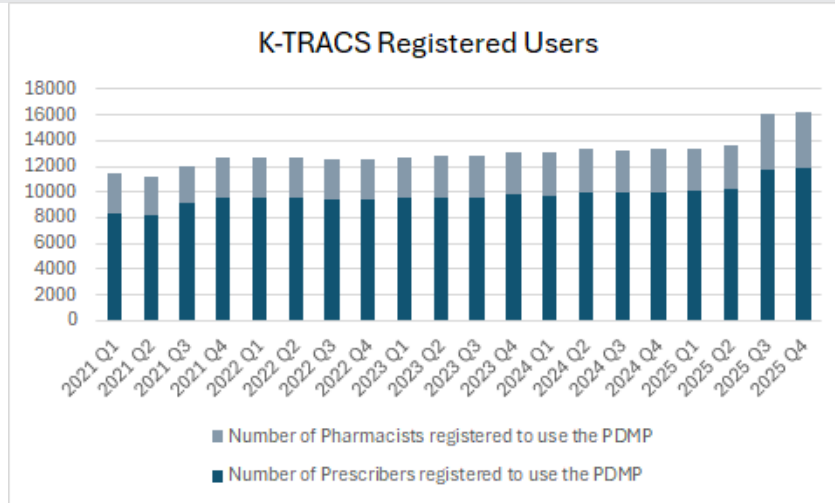
Experience in Kansas has shown that integration significantly increases utilization of K-TRACS. When access to patient prescription history is streamlined, prescribers are more likely to review K-TRACS data as part of routine care, even in the absence of a statutory mandate. Integrated searches consistently account for the majority of patient queries conducted in the program.

As K-TRACS continues to expand integration efforts, Gateway connectivity remains a key strategy for increasing voluntary utilization of the program, strengthening clinical decision-making and improving patient safety outcomes.



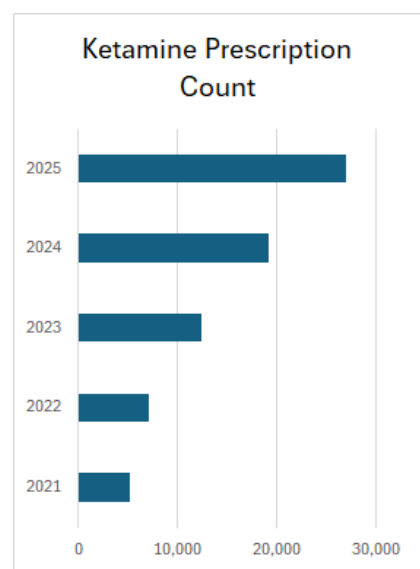
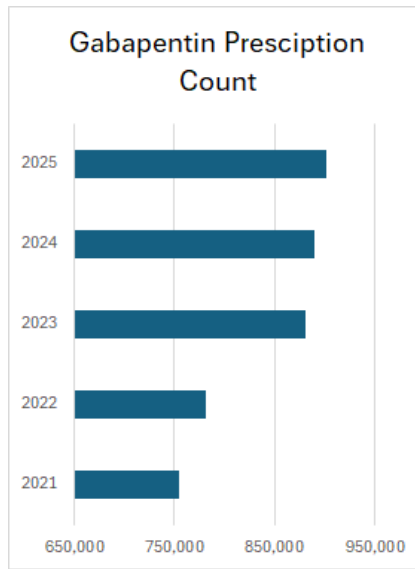
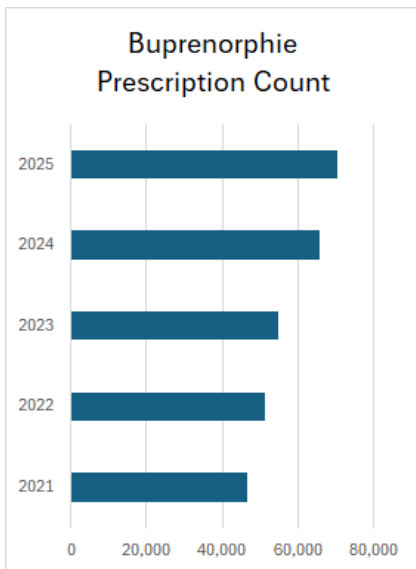
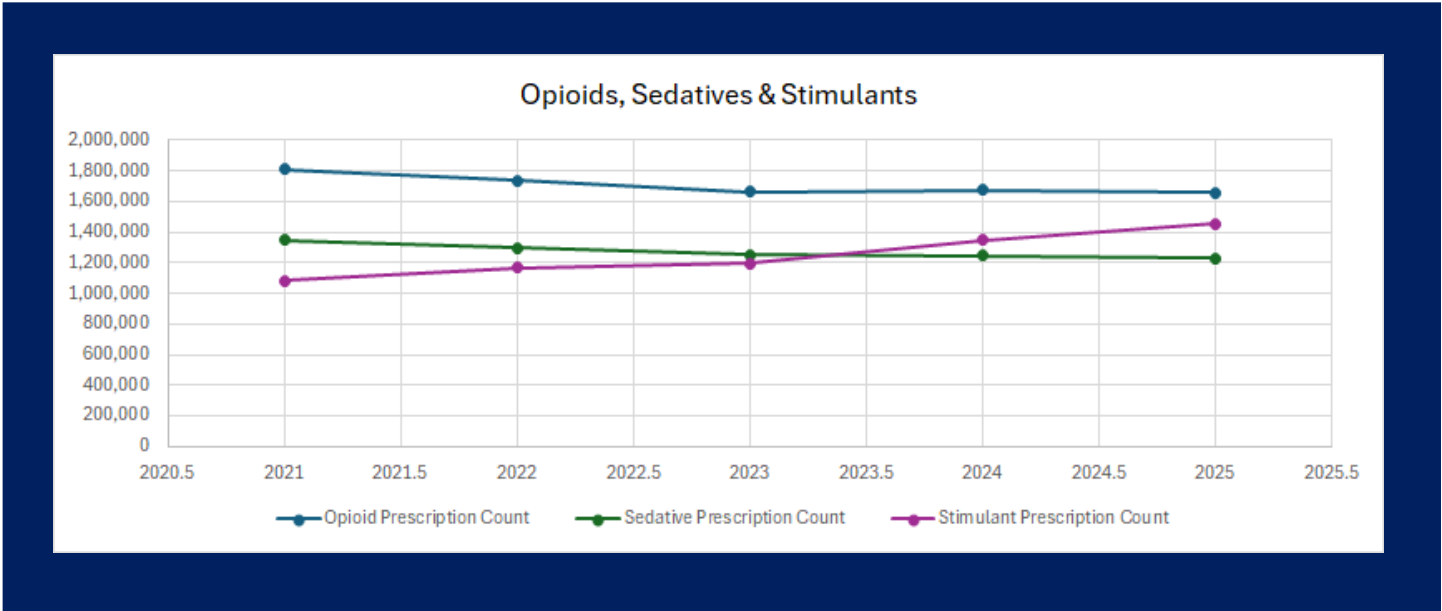
# OVERSIGHT & UTILIZATION METRICS

K-TRACS utilization and performance metrics summarize key indicators of program use and activity. The measures presented reflect registration, system access, and patterns observed within the data.



# Prescribing Trends

Over the past five years, Kansas prescribing patterns have continued to evolve. Opioid and sedative prescribing have steadily declined, reflecting sustained efforts to reduce high-risk prescribing and support safer pain management practices. At the same time, stimulant prescribing has increased, underscoring shifting clinical needs and highlighting the importance of ongoing monitoring to ensure appropriate use and safety.



In contrast to the decline in opioid and sedative prescribing, buprenorphine, gabapentin, and ketamine prescribing have increased in the same period. Growth in buprenorphine reflects expanded access to medication-assisted treatment for opioid use disorder, while increases in gabapentin and ketamine prescribing highlight evolving clinical approaches to pain management and behavioral health.

# Advisory Committee

The K-TRACS Advisory Committee (Committee) provides multidisciplinary guidance to support the effective and responsible use of controlled substances, drugs of concern, and prescription drug monitoring program data. The Committee was established pursuant to statute and operates under the oversight of the Kansas Board of Pharmacy.

The Committee is composed of 15 individuals representing a range of healthcare disciplines and practice settings. Committee members serve three-year terms.

The Committee is authorized to review and analyze K-TRACS data to identify patterns of concern, provide guidance to K-TRACS staff, and recommend appropriate actions when warranted.

In accordance with its established biennial review process, the Committee reviewed, updated, and approved its guidance document in 2025. The guidance is used to assist staff in identifying and presenting cases for the Committee review and to promote consistent, data-driven evaluation of prescribing and dispensing patterns.

In 2025, five Committee members completed their terms of service. The Board recognizes and appreciates their time, expertise, and commitment these members contributed to the program. Their service played an important role in shaping K-TRACS oversight, guidance, and case reviews.

During the same year, five new members were appointed to the Committee. These new members possess diverse professional experiences and perspectives that will strengthen the Advisory Committee's work moving forward.

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## Investigations

K-TRACS staff use program data and established guidance to routinely review prescribing and dispensing activity for indicators of potential concern. These indicators may include threshold measures, unusual prescribing or dispensing patterns, or trends identified through routine data analysis. If concerning trends are identified, the relevant information is presented to the Committee for review.

The Committee is the only body authorized to review and analyze program data for investigative purposes. The K-TRACS Pharmacist presents cases to the Committee for review. Each case is reviewed on its own merits, using criteria outlined in the Advisory Committee guidance document.

### Committee next steps may include:

- Requesting additional information from a prescriber or dispenser
- Issuing educational correspondence
- Referring the matter to the appropriate regulatory board further review
- Referring the matter to the proper law enforcement entity for further investigation

### Types of cases reviewed include:

- Multiple Provider Episodes
- High-volume or high-risk prescribing patterns
- Potentially dangerous combinations of medications
- Emerging trends identified through ongoing data analysis

# FUNDING

Since its inception, K-TRACS has relied on a combination of federal grant funding and state-authorized funding mechanisms to establish, operate, and enhance the program. This has enabled development of PDMP infrastructure, staffing, interstate data sharing, and integration capabilities. In 2021, the Kansas Legislature authorized alternative funding sources to sustain core operations including the limited use of the Pharmacy Fee Funds and annual transfers from the Opioid Settlement Litigation Fund. In recent years, the Board has continued to leverage grant funding strategically to support base operations as well as enhancements, including data quality initiatives, education and outreach, compliance, and integration efforts.

## DOJ

The Board is a recipient of a 2023 Bureau of Justice Assistance (BJA), U.S. Department of Justice (DOJ) Harold Rogers grant to ensure ongoing PDMP work through September 2026.

The Board has partnered with the Kansas Department of Health and Environment (KDHE) since 2017. The CDC awards new funds to KDHE for the period of September 2023 - August 2028, under which the Board is a sub-recipient in Year 3 of the program through August 2026.

## CDC

## HHS

The Board is also engaged as a project partner by the Kansas Department on Aging and Disability Services (KDADS) for a grant awarded by the U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA) through 2026.

Funding Source	FY2026	FY2027
K-TRACS Fund	\$200,000	\$200,000
Pharmacy Fee Fund	\$89,278	\$133,195
CDC (KDHE) Grant	\$320,782	\$2,119
SAMHSA (KDADS) Grant	\$121,052	\$59,182
2023 BJA Harold Rogers Grant	\$312,607	\$47,019

# Grant Applications

## 2024 BJA Harold Rogers Supplement

Previous communications from the DOJ indicated that this funding was non-competitive and anticipated the award would be available Fall of 2025. The application was successfully submitted in January 2025. Unfortunately, the Board received notice in September 2025 that its pending federal grant application was canceled for all states.

## Rural Health Transformation Program

In September 2025, the Board received a notice of funding opportunity (NOFO) via the Centers for Medicare and Medicaid Services (CMS). The state application process is led by the KDHE, which serves as the primary applicant and liaison. K-TRAS submitted a detailed proposal to the KDHE in October 2025. Ultimately, K-TRACS was not included in the final state application submitted by the KDHE.

## 2025 BJA Harold Rogers Grant

In September 2025, the Board received notice of a new Harold Rogers grant and submitted its application in October 2025. As of February 2026, the Board has not received notice on whether the grant will be awarded.

The Board was a recipient of a 2020 BJA, DOJ Harold Rogers grant. This grant was awarded in 2020, and through grant extensions, was successfully concluded in March 2025.

**Successful Grant  
Closeout**

**Successful Grant  
Audits**

In February 2025, the Board successfully completed a comprehensive audit of its 2020 & 2023 BJA grants. The DOJ grant manager conducted an on-site review from Washington DC, and due to the thorough documentation and proactive grant management provided by K-TRACS, the audit concluded with minimal follow-up questions and no findings.

# Outreach & Education

Outreach and education are central to supporting effective use of K-TRACS and promoting compliance with reporting and access requirements. K-TRACS staff provide targeted education to prescribers, pharmacists, and healthcare organizations to reinforce appropriate use of the system, increase program utilization, improve data quality, and reduce common reporting errors. There are no statutory requirements for prescribers to utilize K-TRACS, therefore education remains a necessity for prescriber engagement.

Educational efforts include presentations to professional associations, healthcare systems, and academic training programs for future prescribers and pharmacists. K-TRACS also participates in conferences and continuing education programs, and collaborative initiatives with healthcare partners to increase awareness of the program, best practices, and requirements.

- Kansas Prescription Drug & Opioid Committee
- KU School of Pharmacy
- WSU Physician Assistant Program
- PSU Nurse Practitioners
- University of Saint Mary's Nurse Practitioners
- KSU Physician Assistant Program
- Kansas Academy of Physicians Assistants Conference
- CarePoint Healthcare
- Kansas Opioid & Stimulant Conference

## Be the Light Grant

University of Kansas School of Medicine, Wichita

The University of Kansas School of Medicine, Wichita, Department of Population Health was awarded funding from the Sunflower Foundation for "Kansas Hospital Clinicians, Pharmacists, and Behavioral Health Professionals can Be the Light". The University of Kansas School of Medicine partnered with the Kansas Board of Pharmacy, Kansas Hospital Association, and DCCCA.

In July of 2025, a survey was distributed to members of the Kansas Board of Pharmacy network to assess perceived barriers to facilitating care for individuals with SUD, and ways to address those barriers. A total of 259 respondents participated, with the majority identifying as community pharmacists. Respondents perceived the prevalence of SUD in the Kansas population to be approximately one-third, while they perceive that nearly one-third of their own patients have an active SUD.

Findings show that pharmacists are actively engaged in SUD-related services, including medication management, naloxone dispensing, and dispensing mediations for SUD treatment. However, significant barriers still persist. The most commonly reported challenges included patient resistance, time constraints, staffing shortages, and lack of knowledge about available resources for patients.

Respondents identified opportunities for improvement, including the need for centralized SUD resource directories, pharmacist-specific training and quick-reference guides, stigma reduction education, reimbursement for pharmacists time, expanded authority and coordination in SUD care, and stronger policy and insurance support at the state level. The survey underscores both the critical role pharmacists play in SUD care and the need for targeted support to improve access, reduce stigma and strengthen evidence-based care across Kansas.

**On average, respondents reported checking K-TRACS for 73% of patients using opioids.**

## Looking Ahead to 2026

Key goals for 2026 include expanding education and outreach to prescribers and dispensers, particularly high-impact groups; strengthening user experience through training, surveys, and website enhancements, and increasing utilization of data-driven tools. K-TRACS will also complete several foundational initiatives, including updating policies and procedures, conducting audits and security reviews, reining internal tracking and reporting processes, and supporting greater interoperability through increased EHR integration.

Looking ahead, K-TRACS will continue monitoring drug trends and prescribing practices, while working towards long-term goals of improved user satisfaction, multi-state data consistency, and sustainable funding to ensure the programs continued effectiveness and reliability as Kansas's prescription drug monitoring program.





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