



Public Health

Written Testimony Opposing

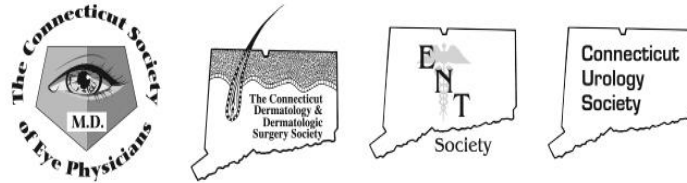
PB 6398 AN ACT EXPANDING THE SCOPE OF PRACTICE OF PHARMACISTS

Good afternoon, Senator Anwar, Rep McCarthy Vahey and other distinguished members of the Public Health Committee. The Connecticut Urology Society, Connecticut ENT Society, Connecticut Society of Eye Physicians and Connecticut Dermatology and Dermatologic Surgery Society representing, over 800 physicians and physicians in training, would like to thank this committee for consideration of our testimony opposing PB 6398; **AAC Expanding the Scope of Practice of Pharmacists.**

This bill, if passed, would NOT expand public access to qualified healthcare providers, as stated. Neither would it reduce the burden of costs borne by taxpayers, nor reduce trauma to elders as claimed. And it certainly would NOT avoid duplication in treatment for common health care issues; in fact, it would likely do just the opposite, in the collective opinion of our expert specialists caring for diseases in Urology, Dermatology, Ophthalmology and Otolaryngology. As a matter of fact, some report seeing a patient who has visited a walk-in clinic, before a primary care provider visit, followed by an ER visit before finally getting to the right Doctor who can make the correct diagnosis. Do we really want to add another layer to that expensive and time-consuming maze that sometimes delays the start of appropriate diagnosis and treatment?

It would be dangerous and irresponsible if we did not emphatically point out that pharmacists are not trained clinicians, and lack training to diagnose or treat medical conditions.

One of the major weaknesses of this bill is the fact that it attempts to circumvent the Department of Public Health Scope review process. This process was reaffirmed by the Connecticut General Assembly just last year to be a vital and necessary step in determining whether a group of health practitioners (Pharmacists, APRNs, PAs, etc.) are **adequately educated and trained to increase their scope** of practice. Prior to 2022, it was recommended that Scope issues be submitted to this process.



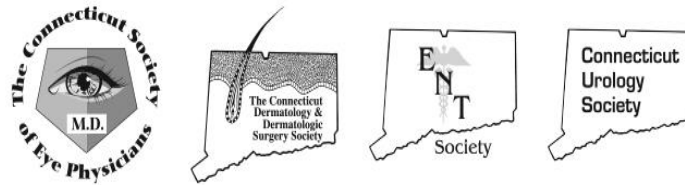
Unfortunately, many professional groups disregarded this recommendation and lobbied legislators for a bill which would give “legislative relief” and grant their scope request. Time and again, these healthcare professionals used cries of “more access” to gain sympathy and support until their bill was proposed. In 2022, legislators overwhelmingly determined that the Department of Public Health Scope Review provided a vital, unbiased review, with informed determination of the merits of each scope request. The PH review invites participation by all stakeholders who may be affected by each scope modification. The panel reviews training, testing, competency and clinical education from many specialties and health organizations. This process is fair and inclusive, and the legislators are spared the constant clamor for inappropriate scope expansion. More importantly, the safety of the citizens of Connecticut is protected by this thoughtful, equitable process.

I will close with some bullet points that provide additional reasons this bill should not move forward:

- **It grants diagnostic privilege to a professional not clinically trained to diagnose and treat medical conditions.**
- **It diminishes the “value” of physician expertise, discounting the 8-12 years of intense training necessary to become a medical doctor.**
- **Managing diseases is not straight forward and simple as this bill leads us to believe. In fact, it has become more complex in the post-covid period.**
- **The results of allowing a non-clinically trained professional to diagnose medical illnesses and prescribe medications, in addition to dispensing, will likely fragment care, eroding the delivery of consistent care. There will be an increase in the risk of complications from fragmented or delayed care**

As one example of “common health conditions” UTI included in this bill the President of the CT Urology Society Tim Siegrist, MD noted

*“The treatment of Urinary Track Infections (UTI), without proper evaluation, may have catastrophic consequences for patients. Recurrent infections, abscess formation, and/or sepsis are potential complications for patients inadequately treated for a ‘UTI’ if coexisting conditions such as an obstructing ureteral stone, prostatitis, colovesical fistula or urethral diverticulum are not recognized and addressed. Pharmacists are **NOT** trained to do pelvic exams or review prior cultures. The care of these patients often includes history and physicals and follow up urine cultures to ensure that the patients are on the proper antibiotics. Pharmacists are not trained to*



order CT scans when indicated or know how to counsel patients with persistent UTI symptoms and negative urine cultures, this is the role of the physician. Connecticut has a unique and important role for pharmacists which continues to be the dispensing of prescribed medications by the physician or qualified healthcare provider not prescribing and dispensing them.

Do we really want to open this Pandora's box as we struggle to leave the Covid pandemic behind? We should be taking additional steps to prevent confusion, abuse and poor outcomes. We strongly urge this committee to reject this legislation.