The Honorable Lois Kolkhorst
Senate Health & Human Services Committee, Chair
Texas State Senate
P.O. Box 12068
Austin, Texas 78711

September 18, 2024

On behalf of the Texas Pediatric Society, Texas Chapter of the American College of Physicians Services, and Texas Academy of Family Physicians, thank you for the opportunity to provide written testimony on the Senate Health & Human Services Committee's interim charge to assess, "current access to primary and mental health care. Examine whether regulatory and licensing flexibilities could improve access to care, particularly in medically underserved areas of Texas. Make recommendations, if any, to improve access to care while maintaining patient safety."

During the 88th legislative session, some corporately owned and affiliated groups within the pharmacy community offered legislation commonly referred to as "test and treat," which would allow pharmacists to independently furnish medications to patients following a positive CLIA-waived test for COVID-19, influenza, or strep throat.

While pharmacists and physicians each play important roles in health care delivery, the length, breadth and focus of their education and training are vastly different and prepare them for separate and distinct roles in patient care.

Our main concern with allowing pharmacists to independently "test and treat" is patient safety. While pharmacists are trained to ensure the safe, effective, and appropriate use of medications, they have limited training on taking a patient history, performing physical exams, diagnosing patients, interpreting test results or providing primary care services. Additionally, pharmacists frequently lack access to a patient's full medical record to make informed and appropriate decisions for each individual patient.

Physicians treat the patient, not the test. Strep and flu tests have a high rate of false negatives, and this stratagem does not provide the nuance necessary to detect other diagnoses that may be present, like an ear infection. If, for example, a patient presented at a pharmacy with a problem the patient believed to be strep throat or influenza and the test came back negative, how would the patient's underlying problem be addressed? Further, this proposal does not account for an individual patient's past medical history, the severity of that patient's health issues, or whether the patient has one or more chronic conditions that require a physician's expertise.

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Consider the example of a child who could present for a flu test at a pharmacy. Not all children with the flu need or would benefit from oseltamivir treatment depending on their personal risk factors and how long they have had symptoms. This could lead to overprescribing of medications when not clinically indicated. Other children, for example those with asthma, would need additional assessment and treatment. A child needs a careful lung evaluation, likely needs their routine asthma medications adjusted, may need additional asthma medications prescribed, and may need careful follow up. All of this is regularly provided at a physician's office but would not be provided to a patient if they presented to a pharmacy.

We acknowledge the expanded and critical role pharmacists played during the COVID-19 public health emergency after receiving additional federal authority. The pandemic has shown that it may be necessary and appropriate to temporarily allow some expanded responsibility during times of crisis, but this should not be seen as a universally appropriate approach to other conditions, such as strep throat, respiratory syncytial virus (RSV), and the flu.

If this care model becomes established and accepted, it will create a path for patients to bypass the benefits of a physician visit and will become another step in increasing consolidation of the primary care market, the fragmentation of care, misdiagnosis, and could lead to the over-prescribing of antibiotics.

Instead of allowing pharmacists to provide primary care services that they are not trained to perform, the Legislature should be supporting the delivery of primary care by passing policies that strengthen the primary care system at all levels. Patients are best served when their care is provided by an integrated practice care team led by a physician. Physician-led team-based care has a proven track record of success in improving the quality of patient care, reducing costs, and allowing all health care professionals to spend more time with their patients.

Physicians and pharmacists already participate in collaborative care models that utilize the education and training of pharmacists to monitor, advise, and adjust patient medication management, particularly in the treatment of chronic conditions. Protocols for this level of engagement are more than appropriate and are consistent with a broad team-based approach to care. There are many avenues of care available to patients – the traditional primary care physician's office, urgent care centers, retail health clinics based in pharmacies, and even telemedicine services. The "test and treat" stratagem is unnecessary and potentially dangerous to our patients.

Again, thank you for the opportunity to provide written testimony on your interim charge. For any questions or follow-up, please contact Clayton Travis, Director of Advocacy and Health Policy with the Texas Pediatric Society at Clayton.Travis@txpeds.org.