

March 29, 2023

The Honorable Deb Patterson
Senate Committee on Health Care
900 Court Street, NE
Salem OR 97301



Subject: Opposition to SB 1085

Chair Patterson, Vice-Chair Haden, Members of the Senate Committee on Health Care:

Thank you for the opportunity to provide this information in opposition to SB 1085. We represent a concerned group of clinicians writing in opposition to SB 1085, pharmacist test and treat. Willamette Valley Providers (WVP) Health Authority is the local Independent Providers Association representing over 480 physicians, specialists, primary care, private practice and employed physicians in Marion and Polk Counties.

We have grave concerns regarding proposed SB 1085, particularly regarding pharmacists' ability to test and treat conditions such as streptococcal infections and urinary tract infections (UTI). We value and greatly respect our pharmacist colleagues. However, we believe that physician-led collaborative efforts with pharmacists is the best way towards achieving an equitable, excellent and cost-effective approach to health care; something that is not included in SB 1085. We should not compromise excellent care for convenience. Particularly, we believe that passing this bill will do great patient harm to Oregonians, particularly as it pertains to antibiotic stewardship, lack of pharmacist training in diagnosis of medical conditions that have overlapping symptoms with UTI's and other infections, and lack of follow up mechanisms if patients fail to improve or have medication side effects. According to the Centers for Disease Control and Prevention (CDC), antibiotic stewardship is defined as, "the effort to measure and improve how antibiotics are prescribed by clinicians and used by patients. Improving antibiotic prescribing and use is critical to effectively treat infections, protect patients from harms caused by unnecessary antibiotic use, and combat antibiotic resistance." Antimicrobial resistance poses a global threat and develops when there is overuse of unnecessary tests and subsequently, over prescribing.

According to the CDC, hospital-related resistant infections and deaths increased by at least 15% nationally during the first year of the Covid-19 pandemic due to antibiotic overuse. In 2019, it contributed to 5 million deaths in the USA and in turn increases the risk of developing infections such as *Clostridioides difficile*, which is a bacteria associated with antibiotic use. The presence of this infection also drives up hospital costs and leads to increased mortality. Antibiotic resistance also contributes to increased hospital and patient costs and shows no signs of slowing down. According to the CDC, it adds \$20 billion to health care costs in the United States, annually (Dadgostar, 2019).

SB 1085 does not address the growing threat of antibiotic resistance. In fact, it allows for increased testing and treatment which in turn will increase antimicrobial resistance, cost to the patient and eventually an increase in mortality. It is a step in the wrong direction against the ever-increasing global threat of antimicrobial resistance and will lead to a delay in diagnosing diseases with urinary tract symptom overlap such as bladder cancer, sexually transmitted infections, and other serious conditions.

Allowing pharmacists to test and treat for diseases such as streptococcal infections and urinary tract infections on demand, without a medical exam to support such testing, will do more harm to patients

and will greatly contribute to the growing problem of antimicrobial resistance which in turn will drive up costs and mortality. The proponents of the bill would have you believe there is a substantial amount of untreated strep infection and urinary tract infections, which simply is not the case. Studies show in fact, that "most cases of acute pharyngitis are caused by respiratory viruses and are self-limited," (Ward, 2022) and in fact do not require antibiotics.

Group A streptococcus is estimated to cause only 5-15% of cases of acute pharyngitis and testing is only recommended after a thorough physical exam. In addition, patients can be chronically colonized with group A streptococcus and don't always require treatment, despite a positive strep test. Additionally, allowing pharmacists to test and treat without a skilled clinical exam will miss many diagnoses, this is especially concerning in the pediatric population. Streptococcal pharyngitis is only one of many diagnoses that present as a sore throat in children. Serious illnesses where appropriate treatment and care will be delayed by negative on demand strep tests only include: tonsillitis, peritonsillar abscess, infectious mononucleosis, Epstein-Barr virus infections, adenovirus infections, coxsackie virus infections, herpangina, herpes simplex infections, gonorrhea pharyngitis and even diphtheriae. This is not a public health emergency, and the diagnosis and treatment of strep infections should remain in the hands of those best trained to manage them, their primary care providers.

Urinary tract infections are also one of the most commonly overtreated and over tested diseases, which again, contributes to antibiotic resistance and subsequent mortality and cost. Symptoms associated with urinary tract infections frequently overlap with other disease entities such as vaginal atrophy, for example and do not need treatment. More concerning still, the symptoms associated with bladder cancer can overlap with urinary tract infections. Passing SB 1085 will lead to delays in diagnosis of bladder cancer, where we know early intervention is critical and lifesaving. In addition, treating asymptomatic bacteriuria, which is defined as a positive urine specimen or urine culture in a patient that does not have classic signs and symptoms of a urinary tract infection, is a big problem and one of the main culprits behind growing antibiotic resistance. As we get older, studies do show that we harbor increased quantities of bacteria which do not always contribute to infection particularly even if they appear on a urine culture. Other common conditions can mimic UTIs, including urethritis, fistulas between the colon and bladder, prostatitis, and even prostate cancer. That is why it's particularly important to do a thorough history and physical exam on our patients and ensure that they do not have something else that could be contributing to their symptoms.

The text of SB 1085 also includes vague language that could allow additional conditions to be treated by pharmacists, who do not have the training or clinical experience to treat a patient, nor access to their medical records to help guide their decisions. Moreover, there is no required coordination of care with a patient's clinical care team. Consequently, SB 1085 encourages splintered healthcare at a time when the nation is moving toward a more consolidated care model with medical homes to help control costs. This Bill does nothing to help control costs by allowing on-request testing and treatment separate from a comprehensive history, clinical exam and complete treatment plan performed by their medical provider.

The American College of Physicians supports physician-led, physician-pharmacist collaborative practice agreements supporting clinical care teams that ensure team members act in the patient's best interests. ACP's specific concerns with regards to this bill include the concern regarding lack of training in diagnosis and treatment of medical conditions from pharmacists, and lack of follow up mechanisms. The existing inequities in rural areas of the state will worsen by allowing a lower standard of care in those communities without trained clinicians directing patients' care.

In conclusion, we believe this bill is bad medicine for Oregonians and is dangerous in both pediatric and adult settings. Senate bill 1085 would increase the growing threat of antibiotic resistance, the concern for inappropriate and inadequate treatment by non-clinicians and would exacerbate already existing health care inequities. This bill is dangerous for individual Oregonians and puts the greater communities at risk. For these reasons, we stand solidly in opposition.

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WVP Health Authority, Board Member