



Testimony in Support of SB 1085

Chair Patterson, Vice Chair Hayden, and members of the Senate Committee on Health Care, my name is Michael Millard, and I am representing the Oregon Pharmacy Coalition and the Oregon Society of Health-System Pharmacists in support of SB-1085

The coronavirus disease 2019 pandemic has placed substantial strain on the health care workforce, disrupting essential and nonessential services. Task sharing of test and treat services to nontraditional prescribers, such as pharmacists, can facilitate more resilient health care systems by expanding access to health services while simultaneously decreasing the pressure on traditional health care providers. An estimated shortage of 18 million health care workers existed before the pandemic and burnout has been rampant during the pandemic.^{1,2} These health care worker shortages could result in excess morbidity and mortality of communicable and noncommunicable diseases (NCDs). Meanwhile, declines in health care facility visits have been common during the pandemic and still may not have fully rebounded 3 years into the pandemic.³ Task sharing, that is, the redistribution of tasks to health care cadres in nontraditional roles, can address these disrupted services and foster more resilient health care systems.⁴ Pharmacists have the clinical training and medication-use system expertise to help alleviate health system pressures and address acute health care needs by providing testing and treatment services for select diseases, including COVID-19.⁵ Pharmacists are also often the most accessible health care provider, particularly in rural areas.⁷

SB 1085 will permit pharmacists to test for two of the most common upper respiratory infections that are confused with the common cold, the flu and strep throat. Pharmacists are commonly consulted by patients with respiratory symptoms wondering if they should have “just a cold” or a more serious infection that should be treated with appropriate anti-infective agents. There exists reliable point of care tests that can be completed in the pharmacy that can detect these infections, and clearly determine if anti-infective treatment

¹ Mehta S., Machado F., Kwizera A., et al. COVID-19: a heavy toll on health-care workers. *Lancet Respir Med.* 2021;9(3):226–228.

² World Health Organization Global strategy on human resources for health: workforce 2030. <https://apps.who.int/iris/handle/10665/250368>

³ Arsenault C., Gage A., Kim M.K., et al. COVID-19 and resilience of healthcare systems in ten countries. *Nat Med.* 2022;28(6):1314–1324

⁴ World Health Organization *PEPFAR, UNAIDS. Task Shifting : Rational Redistribution of Tasks among Health Workforce Teams : Global Recommendations and Guidelines.* 2007. <https://apps.who.int/iris/handle/10665/43821>

⁵ Mueller S.K., Sponsler K.C., Kripalani S., Schnipper J.L. Hospital-based medication reconciliation practices: a systematic review. *Arch Intern Med.* 2012;172(14):1057–1069

⁶ Chisholm-Burns M.A., Kim Lee J., Spivey C.A., et al. US pharmacists’ effect as team members on patient care: systematic review and meta-analyses. *Med Care.* 2010;48(10):923–933

⁷ Berenbrok L.A., Tang S., Gabriel N., et al. Access to community pharmacies: a nationwide geographic information systems cross-sectional analysis [e-pub ahead of print] *J Am Pharm Assoc.* 2003 doi: 10.1016/j.japh.2022.07.003.

is needed. These tests would facilitate the avoidance of unnecessary antibiotic treatment and physician office visits for these self-limited acute diseases.

Pharmacists are confronted daily with the need to listen to brief histories of illnesses and chief complaints and determine if they might signify a potential serious acute or chronic illness that should be referred to the patients' medical care provider for diagnosis and follow-up or can be managed by the robust offerings of the OTC.

pharmaceutical market. The ability to provide point of care testing only makes these referral decisions more accurate, and objective. Pharmacists are trained clinicians that can reliably refer patients that should not be self-managing their acute or chronic symptoms with OTC products.

The Federal Government allowed pharmacist test and treat for COVID-19 during the EUA using medications for the treatment of COVID positive patients. Six states have already provided for test and treat authority like SB1085: [Arkansas](#) (2021)[Colorado](#) (2021)[Delaware](#) (2022)[Idaho](#) (2018)[Iowa](#) (2021) and [Kansas](#) (2022).

Beyond direct statewide prescribing authority, many states have Collaborative Practice Agreement authority broad enough to allow pharmacists to prescribe pursuant to a rapid diagnostic test., these states include Florida, Idaho, Illinois, Kentucky, Michigan, Minnesota, Montana, Nebraska, New Mexico, North Dakota, South Dakota, Tennessee, Texas, Utah, Vermont, Washington, Wisconsin (17)

Currently, under the provisions of the Public Health and Pharmacy Formulary Advisory Committee pharmacist may prescribe medications under protocol, for Travil Medication, Oral Contraceptives, Tobacco Cessation, PEP, PrEP, Emergency Contraception, and VVC.

SB1085 will allow greater access to care and treatment to several conditions that are currently commonly managed by patients using self-care with Over-the-Counter products available at the pharmacy. It adds to the list Strep throat and influenza testing that has been shown to be a highly effective addition to quickly screen patients suffering from the common cold for these more serious infections, for which well established anti-infective treatment has been determined.

Pharmacists demonstrated the ability and capacity to provide care for patients seeking treatment for pharyngitis. The number of patients without a primary care provider and seen at the pharmacy outside of normal office hours highlights the improved access that community pharmacy based care offers. ⁸The use of influenza and streptococcal pharyngitis point-of-care testing in community pharmacy practice has been studied and a collaborative care model can be implemented and improve access to care. ⁹ Studies have demonstrated that pharmacists provide safe and effective influenza management, with high rates of patient satisfaction, while maintaining or improving antimicrobial stewardship.¹⁰ This type of service has the potential to support the antimicrobial resistance agenda by reducing unnecessary antibiotic use and inappropriate antibiotic consumption.¹¹

⁸ Klepser DG, Klepser ME, Dering-Anderson AM, Morse JA, Smith JK, Klepser SA. Community pharmacist-physician collaborative streptococcal pharyngitis management program. *J Am Pharm Assoc* (2003). 2016 May-Jun;56(3):323-329.

⁹ Klepser DG, et al., Utilization of influenza and streptococcal pharyngitis point-of-care testing in the community pharmacy practice setting, *Research in Social and Administrative Pharmacy* (2017)

¹⁰ Klepser ME, Adams AJ. Pharmacy-based management of influenza: lessons learned from research. *Int J Pharm Pract*. 2018 Dec;26(6):573-578.

¹¹ Thornley T, Marshall G, Howard P, Wilson AP. A feasibility service evaluation of screening and treatment of group A streptococcal pharyngitis in community pharmacies. *J Antimicrob Chemother*. 2016 Nov;71(11):3293-3299

SB 1085 will improve access to healthcare on Oregon and simplify the lives of those thousands of Oregonians who contract cold-like symptoms each year. Oregon Pharmacists support SB-1085 and urge the Health Care Committee to pass the legislation.