

Oppose Senate Bill 706 – Health Occupations – Pharmacy - Tests Senate Education, Health, and Environmental Affairs Committee March 2, 2021

The Maryland Nurses Association opposes *Senate Bill 706 – Health Occupations – Pharmacy Tests*. The bill authorizes pharmacists to administer health awareness tests under protocols approved by the Board of Pharmacy.

MNA appreciates the sponsors intent to broaden access to certain health care tests. MNA's opposition is based on several unintended consequences from the bill language:

- **Consumer Safety:** The bill would authorize pharmacists to administer health awareness tests. The bill language provides several examples, i.e. metabolites, but the language would encompass any test that does not lead to a definitive diagnosis. Many laboratory tests do not result in a definitive diagnosis; and therefore we read this bill as authorizing pharmacists to order a broad range of tests; and thus raising a number of safety consumers. For example, this bill could authorize pharmacists to order leukocyte testing in urine. The presence of leucocytes can indicate several health conditions from urinary tract infections to bladder cancer. Any of these conditions require immediate treatment; and even minor delays pose risks to the patient. Therefore, we believe that tests should be ordered and interpreted by health care providers who can diagnose, provide treatment, and refer to any appropriate specialists for follow-up.
- **Genetic Testing:** The bill authorizes pharmacists to order genetic tests and then refer to a primary care provider if the results are not within the normal range. MNA notes that determining what is normal is complicated, and may be outside the scope of a pharmacist's education. For example, if someone gets a test for a genetic marker for ovarian cancer, the results must be interpreted in context of the patient's and family medical history, rather than just the test results themselves.
- Creating Fragmentation in the Health Care System: We believe that health care tests, including laboratory tests should be ordered by the practitioner who can also provide follow-up care. While the bill requires a referral from the pharmacist to the primary care provider, the bill does not provide for coordination of care; and the bill does not address what happens when a patient does not have a primary care provider. This means that many patients may be left to navigating multiple providers. This is inefficient; and in some circumstances, it could create risk to the patient because of gaps in care.

Thank you for your consideration of this testimony. We are committed to working with the sponsor and other stakeholders on the issue raised by this bill; but due to the serious nature of our concerns, we ask for an unfavorable report at this time. If we can provide any additional information, please contact Robyn Elliott at <u>relliott@policypartners.net</u> or (443) 926-3443.

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