



Committee: Senate Education, Health, and Environmental Affairs Committee
Bill Number: Senate Bill 706
Title: Health Occupations – Pharmacy – Tests
Hearing Date: March 2, 2021
Position: Oppose

The Maryland Affiliate of the American College of Nurse Midwives (ACNM) opposes *Senate Bill 706 – Health Occupations – Pharmacy Tests*. This bill authorizes pharmacists to administer health awareness tests under protocols approved by the Board of Pharmacy.

While ACNM appreciates the sponsors intent to broaden access to certain health care tests, we are concerned about several unintended consequences from the bill language, specifically the safety and privacy of patients. The language, as written, encompasses any test that does not lead a definitive diagnosis. Many laboratory tests do not result in definitive diagnosis, and therefore, allow pharmacists the authority to order a broad range of tests, raising a number of patient safety concerns. For example, this bill could authorize pharmacists to order STI testing in urine. While an STI screening can be considered a “health awareness test”, there are a number of complexities and severe health concerns associated with these infections. STI’s can require immediate treatment, and even minor delay can pose risks to the patient. Because of the necessity for a quick diagnosis, these tests should be ordered and interpreted by health care providers who can diagnose, provide treatment, and refer to any appropriate specialists, such as family health centers, primary care providers, or women’s health centers, for follow-up.

ACNM is also concerned of the potential care fragmentation that may take place as a result of this bill. Health care tests, including laboratory tests are a critical part of a patient’s medical diagnosis and history. It is important for a provider to provide follow-up care based on test results. Following a test given by a pharmacist, a patient may not follow-up with their primary care provider. While the bill requires a referral from the pharmacist to the primary care provider, the bill does not provide for coordination of care. Further, the bill does not address

what happens when a patient does not have a primary care provider. This inefficiency may create risk to the patient because of gaps in care.

Thank you for your consideration of our testimony. We are committed to working with the sponsor and other stakeholders on the issues 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 further information, please contact Suhani Chitalia at schitalia@policypartners.net or (240)-506-9325.