



ILLINOIS SOCIETY FOR
ADVANCED PRACTICE
NURSING



Illinois
State
Medical
Society



ILLINOIS ACADEMY OF
FAMILY PHYSICIANS

Oppose Efforts by Pharmacists to Become Over the Counter Primary Care Providers Protect Patients from “Test to Treat Proposals”

Illinois physicians at the *Illinois State Medical Society* and the *Illinois Academy of Family Physicians* and advanced practice registered nurses from the *Illinois Society for Advanced Practice Nursing* strongly oppose last minute efforts by big box pharmacies that may be included in the BIMP language allowing pharmacists to test and treat for certain health care conditions. This language will drastically change the scope of practice of pharmacists by allowing them to prescribe drugs independent of a physician’s or APRN’s diagnosis. These drugs have many negative side effects and, in certain situations, should not be prescribed at all.

The safety and efficacy of any medical treatment depends on an accurate diagnosis of the patient’s condition and a comprehensive evaluation the patient’s overall health. Proposed legislation seeks to expand pharmacists’ scope of practice so that they may administer and evaluate certain diagnostic laboratory tests and then prescribe medications based on the result of these tests alone. When pharmacists treat conditions based exclusively on the results of a certain test, they are relying on an incomplete “diagnosis” that has been obtained without a physical examination or a review of a patient’s the medical history. In the absence of a proper comprehensive clinical evaluation, pharmacists are treating patients without informed consideration of the broader context of the patient’s overall health.

Pharmacists’ training does not involve clinical exposure to the variety of patients and medical conditions that may be permitted under test and treat protocols. Pharmacists may graduate pharmacy school without ever providing care related to the type of patient (e.g., pediatric, geriatric) or illness. In contrast, the medical education of physicians is designed to students experience working with a wide variety of clinical conditions and patients at all life stages. While pharmacists may learn about medical conditions or disease states in pharmacotherapy courses, the content of these courses is not standardized, and the focus of the coursework is on the clinical effects of pharmaceutical products themselves, and not on how to diagnosis patients.

Pharmacists are already overworked and overburdened without scope expansions, especially in the community setting. According to a [study](#) of more than 3,000 pharmacists published by the Pharmacy Workforce Center, 75% of pharmacists in chain settings said they already have so much work to do that everything cannot be done well. Furthermore, prior to the COVID-19 pandemic, 71% percent of all pharmacists and 91% of pharmacists working in pharmacy chains rated their workload as high or excessively high. Scope expansions just add burden and threaten patient safety.

Scope expansions like the one proposed in any Test-to-Treat Proposal only add burdens to an overburdened pharmacist workforce and threaten patient safety. For these reasons, we respectfully ask your leadership to reject this language and vote no.

Pharmacist Patient Care Activities



- Interacting with patients
- Optimizing drug therapy outcomes
- Ensuring continuity of care
- Educating patients on the use of medications
- Consulting with patients on self care products
- Delivering evidence-based care

Patient Care Activities Not Included in the PharmD Curriculum



- Diagnosing patients
- Developing differential diagnoses
- Prioritizing diagnoses
- Performing primary care procedures
- Performing a physical or mental examination
- Managing chronic disease
- Performing age appropriate screenings