



Oppose SB 3336 - Efforts by Pharmacists to Become Over the Counter Primary Care Providers Protect Patients from “Test to Treat Flu Proposal”

The Illinois State Medical Society, The Academy of Family Physicians, The Psychiatric Society, The Dermatology Society, the Illinois Chapter for American Academy of Pediatrics, and the Illinois Society of Eye Physicians and Surgeons respectfully request your **“NO”** vote on SB 3336, an initiative of Walgreens. The bill would drastically change the scope of practice of pharmacists allowing them to prescribe drugs for the treatment of the flu. These drugs carry severe side effects and, in certain situations, should not be prescribed at all.

Notably, most patients with a diagnosis of flu need nothing more than rest and plenty of fluids. Typically, it is only the sickest or most medically fragile patients who are likely to need medication.

If patients have a severe infection or are at higher risk of complications, those patients should be treated by their physician or other primary care health care professional, who can then determine if it is appropriate for the patient be prescribed drugs to treat the flu.

It is important to note that pharmacists **do not have access to a patient’s medical records**, so there is no way for the pharmacists to properly determine if in fact that patient should be prescribed medication for the flu or any other medical condition.

Prescribed medications used to treat the flu include oseltamivir (Tamiflu), baloxavir (Xofluza) and zanamivir (Relenza). Oseltamivir and baloxavir are taken by mouth. Zanamivir is inhaled using a device like an asthma inhaler. Zanamivir shouldn't be used by anyone with certain chronic respiratory problems, such as asthma and lung disease. Pharmacists cannot verify whether any of these drugs would be contraindicated based on existing medical conditions.

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.**

This bill is about increasing revenue for corporations, not about improving patient care. To put more pressure on pharmacists to prescribe drugs to increase revenue for big box pharmacies will do more damage than good. Pharmacists are overburdened. Pharmacists need to focus on patient safety by ensuring that proper medications are filled for patients. Adding more responsibility and duties to a profession that has numerous workforce issues is not in the best interests of patient safety.

Pharmacists are not trained to diagnose or prescribe. Pharmacists do not receive training in conducting a physical, diagnosing patients, making differential diagnoses, or prescribing medications or treatments.

Pharmacists are also not trained in how to determine whether common treatment protocols might be harmful or contra-indicated for specific patients based on medical history or other clinical considerations.

This initiative seeks to turn pharmacists into over-the-counter primary care providers, without securing the appropriate training, without having access to patients' medical records, and all in a setting that is not conducive to performing a medical examination or thoroughly discussing the risks and benefits prescribed medications. For these reasons, we urge you to vote no on SB 3336.