



Pharmacist Scope of Practice Expansion – Test/Treatment of Urinary Tract Infection

Talking Points

- While pharmacists are medication experts admirably trained in pharmacology issues, they lack the clinical training honed by a physician throughout their years of medical training. For example, a family physician’s education and training includes between 12,000-16,000 hours of patient care vs a pharmacist’s 1,740 hours.
- The diagnosis of UTI can be extremely nuanced and is one of the most erroneously diagnosed conditions for which urologists are consulted.
- Increasing evidence shows urine is not sterile, so many times point of care urine tests can show bacteria, but this test result does not necessarily explain the patient’s symptoms. For example, post-menopausal women can have UTI symptoms due to lack of estrogen, and these symptoms need to be treated with estrogen creams, not antibiotics.
- Antibiotic resistance is a **MASSIVE** concern. UTI is the one of biggest source of antibiotic resistance because patients are prescribed antibiotics inappropriately. Many UTIs will actually resolve on their own with behavior modifications and do not require antibiotics even with a positive test.
- Additionally, this legislation does not appear to have any provisions for repeat UTIs, meaning a patient could receive repeated test and prescriptions from a pharmacist without being required to see a physician to rule out the more serious health issues a repeat UTI can indicate.
- American Urology Association guidelines recommend UTIs are treated based on a culture, using a hospital-based or local antibiogram to select an appropriate antibiotic. The guidelines also stress things like a physical exam and medical history to ensure there are symptoms necessitating antibiotic treatment.
- Physicians possess the appropriate knowledge from their extensive training and experience, as well as the tools to responsibly prescribe antibiotics without adding to the ongoing issue of resistance.
- If discussing possible amendments or changes: language to require a patient exam and medical history; require notification to a primary care physician or specialist for each patient visit; transfer of any medical information following HIPAA security protocols; and require professional liability coverage for pharmacists.”