

TO: Connecticut Senate

FROM: American Association of Clinical Urologists and American Urological Association

RE: OPPOSE Senate Bill 6398

DATE: February 6, 2023

The American Association of Clinical Urologists (AACU) and American Urological Association (AUA) are the leading professional organizations for the specialty of urology, a branch of medicine focusing on conditions affecting the kidneys, the urinary-tract system, and male reproductive organs. The AACU and AUA represent the interests of more than 18,000 urologists nationwide.

The AACU and AUA oppose Senate Bill 6398, which would allow a pharmacist to order, test, screen, and treat many health conditions, including urinary tract infections (UTIs). The diagnosis of UTI can be extremely nuanced and is one of the most erroneously diagnosed conditions for which urologists are consulted. Voided urine specimens are subject to contamination and the accurate diagnosis of UTI often requires a catheterized urine specimen for women. Increasing evidence shows urine is not sterile, so many times urine tests can show bacteria, but this test result does not necessarily explain the symptoms. Post-menopausal women can have UTI symptoms due to lack of estrogen, and these symptoms need to be treated with estrogen creams, not antibiotics.

Other concerns regarding this legislation include: a patient presenting with UTI symptoms and a fever can indicate a more serious condition (infection of the kidney, for example); the presence of either pain or tenderness as a symptom could indicate kidney problems that warrant a higher level of care. Please note there is a distinction between *pain*, which could be answered on a questionnaire, and *tenderness* which is something specifically elicited through a physical exam. Patients may not realize there is a connection between side or abdominal discomfort and UTIs, and pharmacists are not trained to provide a physical exam to gauge tenderness.

Proper diagnosis and management of UTIs in general is at minimum a two-step process: the first is a urinalysis (the quick urine dip done in the office, results available immediately) followed by a urine culture (takes 2-3 days for results). This is a problem in urgent care centers where culture results aren't routinely followed up or tracked.

Certain things are going to tip a physician to work up the patient further: the type of bacteria; changing antibiotic resistance patterns; the frequency and type of infections; and situations where the cultures are *negative* but warrant further work-up.

Multiple UTIs over a period of time may indicate the need for further work-up. A diagnosis of recurrent UTIs requires the individual prescribing treatment to:

- recognize the patient has had multiple UTIs;
- make a clinical judgement based on the frequency of UTIs;

- see the associated signs or symptoms, prior surgical and medical history;
- identify patient comorbidities or medical conditions; and
- follow these changes over time.

This information is accessed in a medical record kept by a physician who takes all of these factors into account over a long period of time, but not by a pharmacist who has access to none of this information, does not follow a patient over time, and does not take a history or perform a physical exam.

There are a litany of factors and serious complications to be taken into account for a UTI or “minor, nonchronic health condition,” but instead of writing out an exhaustive list of all the medical complications associated with a positive, or negative urine test, here are the primary areas of concern when a patient seeks UTI treatment from a pharmacist rather than a physician:

- Men should not get a UTI. Any man with a UTI needs further work-up to understand his symptoms. By definition, all men are classified as ‘complicated’ UTIs. “Simple” UTIs that need only antibiotic treatment and no further treatment are not common in men. Complicated UTI symptoms can present in men with an enlarged prostate, men with a history of sexually transmitted infections who may have issues emptying their bladder, and men with a history of hypospadias repair.
- Children do not typically get simple UTIs, especially recurrent UTIs. Children presenting with UTI symptoms should be examined further by a physician.
- Post-menopausal women are at a higher risk of complicated and/or recurrent UTIs and require a physical exam to identify the root causes.

Finally, antibiotic resistance is a **MASSIVE** concern. UTI is the one of biggest source of antibiotic resistance because patients are prescribed antibiotics inappropriately. AUA guidelines recommend treating UTIs based on a culture, using a hospital-based or local antibiogram to select an appropriate antibiotic. Because many UTIs will resolve on their own with behavior modifications, the guidelines 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.



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