

March 1, 2023

The Honorable Governor Glenn Youngkin
111 East Broad Street
Richmond, Virginia 23219

RE: PLEASE VETO HB 2274/SB 948

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

The AACU and AUA are writing to express their **opposition to House Bill 2274/Senate Bill 948** and respectfully request that you veto this legislation. The proposed bill expands the role of pharmacists to diagnose, test, treat, and order medication for group A streptococcus, influenza, and urinary tract infections (UTIs).

UTI diagnosis is a complex process that requires medical expertise. Voided urine samples can be prone to contamination, and accurate diagnosis often necessitates a catheterized urine specimen for females. Though urine tests may show bacterial presence, they do not always account for symptoms. For example, UTI symptoms in post-menopausal women can be due to estrogen deficiency and should be treated with estrogen creams instead of antibiotics.

Additional concerns surrounding this legislation are: UTI symptoms accompanied by fever may indicate a more serious condition such as kidney infection; pain or tenderness may signal kidney problems requiring specialized medical care. Distinguishing between pain and tenderness requires a physical exam, which pharmacists are not trained to provide. Patients may be unaware of the connection between abdominal discomfort and UTIs.

Typically, UTI diagnosis and treatment require at least two steps: urinalysis, which provides immediate results; followed by a urine culture, which can take up to three days for the results to appear. Moreover, physicians must be equipped to follow-up on culture results, changing antibiotic resistance patterns, infection frequency, and negative culture cases that require further workup. These responsibilities exceed the pharmacist's scope of practice.

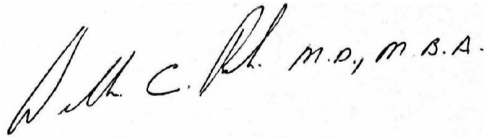
Recurrent UTIs warrant further medical workup, including review of the patient's medical history, comorbidities, and associated symptoms. Physicians record this information in a medical record, which is unavailable to pharmacists. Similarly, men experiencing UTI symptoms require specialized workup due to their classification as complicated UTIs. Children and post-menopausal women also require medical examination due to the rarity of simple UTIs in these populations.

Finally, antibiotic resistance poses a *significant* threat to public health, with UTIs being one of the primary sources of antibiotic resistance. The AUA guidelines recommend treating UTIs based on a culture and utilizing antibiograms to select an appropriate antibiotic. These guidelines

emphasize the importance of medical history and physical exams to ensure the necessity of antibiotic treatment.

In summary, physicians' extensive training and experience equip them to prescribe antibiotics responsibly and address the ongoing issue of resistance. The AACU and AUA strongly **recommend vetoing House Bill 2274/Senate Bill 948** and urge policymakers to recognize the importance of medical expertise in UTI diagnosis and treatment.

Sincerely,



William C. Reha, MD, MBA
AACU President
President, Medical Society of Virginia 2014-2015



Mark T. Edney, MD, MBA
Chair, AUA State Advocacy Committee

