



**Texas House Public Health Committee
House Bill 2049 by Representative Donna Howard
Testimony by Seth Kaplan, MD, FAAP**

April 14, 2021

Testimony Submitted on behalf of:
Texas Pediatric Society
Texas Medical Association
Texas Academy of Family Physicians

Chairman Klick, Vice Chair Guerra, and committee members,

I am Dr. Seth Kaplan and I am a practicing pediatrician from Frisco. Thank you for the opportunity to testify on behalf of the Texas Pediatric Society, Texas Medical Association, and the Texas Academy of Family Physicians. We are testifying in respectful opposition to HB 2049, which would allow pharmacists to furnish certain prescription medications. While the bill might be referred to as “test and treat” and appear to be narrowly focused, we believe that it is “diagnose and prescribe” and constitutes the practice of medicine.

Physicians treat the patient, not the test. Strep and flu tests have a high rate of false negatives and this proposal will not allow the detection of a secondary problem (like an ear infection or COVID). If, for example, a patient presented at a pharmacy with a problem the patient believed to be strep or flu and the test came back negative, then what? How would the patients underlying, and unaddressed problem be handled?

Further, this proposal does not account for an individual patient’s past medical history, the severity of that patient’s health issues or if that patient has one or more chronic conditions that make care decisions problematic and require a physician’s expertise. For example, I have a patient who once presented to my office with complaints of a sore throat. His record noted that he was a strep carrier and would always test positive on a rapid strep test. From my years of caring for him, I could tell that something more than a sore throat was bothering him. His throat was indeed sore and red, but he was really concerned about the possibility of an STD, and indeed, gonorrhea manifested by gonococcal pharyngitis. If he had presented to a pharmacy under the circumstances of this bill, he would have been tested for strep, tested positive, and been treated for the wrong disease.

Additionally, we have concerns that this bill could lead to the over-prescribing antibiotics and the under-consideration of other potential and beneficial treatments.

If this care model becomes established and accepted, it will create a path for patients to bypass the need for a physician visit for a host of conditions and will become another step in increasing the fragmentation of care. Physicians and pharmacists already participate in collaborative care models that utilize the education and training of pharmacists to monitor, advise and adjust patient medication management, particularly in the

treatment of chronic conditions. Protocols for this level of engagement are more than proper and are consistent with a broad team-based approach to care. However, such a protocol for an acute first diagnosis is not supportable.

There are many avenues of care available to patients from the traditional physician's office, to urgent care centers, to retail health clinics based in pharmacies to Telemedicine services. This proposal going forward is unnecessary and will further fragment care provided to our patients.

Thank you for the opportunity to provide testimony today in opposition to HB 2049. For any questions or follow-up please contact Clayton Travis, Director of Advocacy and Health Policy with the Texas Pediatric Society at Clayton.Travis@txpeds.org.