



# MASSACHUSETTS MEDICAL SOCIETY

*Every physician matters, each patient counts.*

**TESTIMONY IN OPPOSITION TO H.1091/S.800  
AN ACT RELATIVE TO PHARMACISTS AS HEALTHCARE PROVIDERS  
BEFORE THE JOINT COMMITTEE ON FINANCIAL SERVICES**

**April 29, 2025**

**The Massachusetts Medical Society (MMS) wishes to be recorded in opposition to H.1091/S.800, *An Act relative to pharmacists as healthcare providers*.**

The Massachusetts Medical Society (MMS) is a professional association of over 24,000 physicians, residents, and medical students across all clinical disciplines, organizations, and practice settings. The Medical Society is committed to advocating on behalf of patients, for a better health care system, and on behalf of physicians, to help them provide the best care possible.

The MMS supports physician-led teams of health care professionals who collaborate with each other and their patients to deliver coordinated, high-quality, patient-centered care. Physician-led team-based care ensures that all health care professionals contribute to patient care based on their unique set of skills, coordinated under the guidance of a physician. H.1091/S.800 proposes expanding pharmacists' scope of practice to include testing, diagnosing, and treating influenza, streptococcal infections, and COVID-19—services that fall squarely within the practice of medicine and require a depth of clinical training that pharmacists are not qualified to provide.

This proposal eliminates critical supervisory safeguards that protect patients and ensure they receive the highest quality care. This bill would inappropriately allow pharmacists to diagnose and treat certain illnesses without the benefit of the substantial education and residency training that physicians undergo. With 7 years or more of postgraduate education and at least 10,000 hours of clinical experience through training, physicians are uniquely qualified to diagnose illnesses, manage complex conditions, and lead interprofessional care teams. While we greatly value the role of pharmacists as medication experts within physician-led teams, their training is not equivalent to that of physicians. Most of the Doctor of Pharmacy curriculum across the country consists of instruction in applied sciences and therapeutics. Pharmacists' training in patient care is limited, and they are not trained to diagnose illness or manage

treatment plans, particularly in atypical cases. Residency is not required, and the vast majority of pharmacists in community settings have not completed residency training.

Diagnostic accuracy involves more than administering a test; it requires evaluating clinical presentation, considering differential diagnoses, and making treatment decisions based on a holistic understanding of the patient. Under this proposal, the potential for misdiagnosis and overtreatment is significant. This is particularly concerning in pediatric medicine where inappropriate use of antibiotics for strep throat or respiratory illness can lead to long-term resistance and reduced treatment options for life. Furthermore, permitting the same individual to both prescribe and sell medication introduces a potential conflict of interest that could undermine safeguards built into the current health care system.

According to a 2020 national pharmacists workforce study, pharmacists working in community settings have expressed that their workload is already overwhelming, and that the sheer volume of tasks they are responsible for makes it difficult to perform everything at the highest standard. This issue is systemic: 71 percent of all pharmacists, and 91 percent of pharmacists in community pharmacies, reported that their workload is either high or excessively high. Additionally, pharmacists identified three key aspects of their jobs as 'highly stressful': 'having so much work to do that everything cannot be done well' (43 percent), 'working at current staffing levels' (37 percent), and 'fearing that a patient will be harmed by a medication error' (35 percent). Expanding pharmacists' scope of practice, as proposed by this legislation, would only add to the already heavy responsibilities of an overburdened workforce. This not only risks further stress for pharmacists but also undermines patient safety, as they are not adequately trained to diagnose and treat illnesses. Given these factors, it is inappropriate to authorize pharmacists to take on roles outside their area of expertise, especially when patient safety could be compromised.

Of additional concern, the bill delegates to the Department on Public Health the authority to authorize pharmacists to test and treat "any other emerging and existing public health threats," without specifying educational or competency requirements. This open-ended language raises serious concerns about patient safety and quality assurance. Public health threats, while requiring swift responses, do not automatically justify weakening scope of practice laws that are designed to promote both patient safety and the best possible outcomes. In times of crisis, it is crucial that we maintain these safeguards to prevent missteps or inadequate care. While flexibility and adaptability are essential to addressing public health threats, they should not come at the expense of compromising the standards that guarantee qualified professionals are delivering the appropriate care in their respective roles.

H.1091/S.800 risks fragmenting care and distancing patients from their physicians, jeopardizing the integrated care framework that Massachusetts has long worked to cultivate. The legislature has wisely

established a robust set of standards to safeguard patient care in medical practice, but this bill would circumvent those critical protections, potentially leading to significant disparities in quality of care across the Commonwealth.

For these reasons, we urge further study of this proposal. We appreciate your thoughtful consideration of our concerns and remain committed to working collaboratively toward policies that expand access while preserving quality, safety, and coordinated care for all Massachusetts residents.