AMA Statement On "Test To Treat" Does Not Align Well With Patients' Interests

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Should the COVID drug Paxlovid be available without a prescription? Some argue that pharmacists should be able to distribute the drug to people who have tested positive for COVID while others, including the AMA, believe that only physicians should be able to prescribe the drug because of some potentially dangerous drug-drug interactions. Cato Institute's Dr. Jeffrey Singer weighs in.

During his State of the Union Address last week, President Biden announced a plan to make it easier for people to get access to the new antiviral drug Paxlovid. This drug, if taken during the first 3 to 5 days of a symptomatic COVID infection, is 89 percent effective in preventing the case from progressing to hospitalization or death. Under the plan, dubbed "test to treat," people with symptoms may go to a designated pharmacy, community health center, nursing home, or supermarket, where a pharmacist can perform the test for COVID and, if it returns positive, prescribe the antiviral drug to the patient at the same time. This is a positive move.

As Josh Bloom of the American Council on Science and Health and I wrote last January, when the Food and Drug Administration granted Emergency Use Authorization to the drug, it required patients to get a prescription for the drug from a health care practitioner once they test positive on a COVID test. It can be very difficult for patients to get the test result and the doctor appointment within the critical 3 to 5 day window after symptoms commence in order to ensure the drug will work. By allowing patients "one stop shopping" where they can get the test and the prescription from a pharmacist, the new policy works around that problem.

Unfortunately, the American Medical Association (AMA) poured cold water on the idea in a statement it released on March 4:

The AMA is pleased the administration is ramping up supply of antivirals so in the near future they will be broadly available. But, in the meantime, establishing pharmacy-based clinics as one stop shopping for COVID-19 testing and treatments is extremely risky. Pharmacy-based clinics typically treat simple illnesses such as strep throat. Yet, COVID-19 is a complex disease and there are many issues to consider when prescribing COVID-19 antiviral medications. Leaving prescribing decisions this complex in the hands of people without knowledge of a patient's medical history is dangerous in practice and precedent. We urge patients who test positive for

COVID-19 to contact their physician to discuss treatment options. COVID-19 is not strep throat—it is a complicated disease that has killed nearly 1 million people in the United States.

The AMA understandably worries about "scope creep," i.e., expansions in the scope of practice of the various adjunct and/or competing licensed health professions. For example, state chapters of the AMA frequently fight attempts by nurse practitioners and physician assistants to deliver primary care and other services to patients. They always claim to be concerned about patient safety but are arguably concerned about the competition as well. As I have written here and here, it is in the best interest of patients for states to expand the scope of practice of the various health professions to enable them to practice to the full extent of their training. This gives patients greater choice and access to health care.

The AMA points out that Paxlovid can interact with many other drugs a patient may be taking. For example, Paxlovid can interact with statin drugs (used to treat high cholesterol) and several sedatives and blood thinners. The AMA claims people should consult a physician if they get a positive test.

As a doctor, I don't want to discourage people from consulting physicians for medical advice. But pharmacists are experts at recognizing and avoiding drug-drug interactions. In fact, we doctors frequently consult pharmacists for that very reason when we prescribe medications to patients who are taking multiple other medications. And it is not uncommon for prescribing physicians to get phone calls from pharmacists informing them that a drug they prescribed interacts with another drug their patient is taking and suggesting an alternative medication. Pharmacists have the training—and the software—to identify drug-drug interactions.

Multiple states permit pharmacists to prescribe oral contraceptives and pre-and post-exposure prophylaxis for HIV. Every state permits pharmacists to give vaccinations for various illnesses. I wrote this policy analysis with Courtney Joslin of the R Street Institute that argues for expanding pharmacists' scope of practice to greatly improve access to and the affordability of health care for millions of consumers.

Sadly, at times, the goals of the AMA don't align with the goals of patients. Its continuing battle against "scope creep" can be seen as just another form of protectionism.

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