

**2026 SPECIAL SESSION
JANUARY 21, 2026**

TESTIMONY OPPOSING SENATE BILL 2402

Chair Lee, Chair Ruby and Members of the Joint Policy Committee,

My name is Joan Connell. Every day I appreciate the knowledge and unique skill set that has resulted from my undergraduate education as a pharmacy major, followed by my experience working as a licensed pharmacist while attending medical school, and now working as a board-certified pediatrician. This currently affords me a unique perspective regarding this bill that would give prescriptive authority and therapeutic substitution privileges to licensed pharmacists.

I would like to share an experience that really shaped my job as a pharmacist as well as my formation as a physician. While working as a hospital pharmacist during medical school, I was processing some orders for blood thinning medication. I called the physician to “school” him and modify his orders based on what I had learned in pharmacy school. Post phone call, not only did his orders stand, but I was taught how my suggested prescription modification, which was based on the limited history that was available to me and no real capacity for physical exam, would have likely killed our patient.

I will never forget that experience. As I look through this bill, I wonder how pharmacists will discern the 1/3 of patients with a sore throat who carry Strep in the back of their throats but have a viral explanation for their symptoms versus those whose sore throats are caused by Strep. I then wonder who will attend to the phone calls, MyChart messages, and back and forth communications from the patients with viral illness who were treated for Strep throat by the pharmacist and now have a rash caused by the antibiotic reacting with the virus. I then wonder what the patient will do when they really do have a sore throat caused by Strep but are no longer allowed to take amoxicillin because “it caused a rash” when they were inappropriately prescribed that medication for their viral sore throat. This does not seem in line with what is best for our patient. The truth is, as in Strep throat, for quality health care, a provider must combine the patient’s history with their physical exam to make an accurate diagnosis, which is necessary for appropriate treatment. My experience tells me that a 4-hour credit one semester class in pharmacy school that covers interviewing, physical exam, *and* pathophysiology of the human body is inadequate to get it right much of the time.

My mind then wanders to wondering what will happen with infants and children, who may exhibit different symptoms for a given illness compared with an adult, and have a completely different set of “normals” for physical exam- starting with the very basic vital signs in physical exam- heart rate, respiratory rate, blood pressure.

With that, I would like to oppose Senate Bill 2402, support the amendments brought by the Board of Medicine. I would also suggest that outcomes of this legislation be monitored regarding the obvious conflict of interest in doing what is best for the patient versus ordering tests and prescribing medications that increase the bottom line of the pharmacist owned pharmacies. Finally, I urge you as policy makers to assure that we, as a collective group of patient providers, First, Do No Harm.