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TO: The Honorable Shane E. Pendergrass, Chair
Members, House Health and Government Operations Committee
The Honorable Herb McMillan

FROM: Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman

DATE: March 10, 2017

RE: **OPPOSE** – House Bill 1481 – *Public Health – Immunizations of Adolescents – Recommendations*

On behalf of the Maryland State Medical Society, the Maryland Chapter of the American Academy of Pediatrics (MDAAP), and the Mid-Atlantic Association of Community Health Centers, we submit this letter of **opposition** for House Bill 1481.

As strong advocates of immunizations, including adolescent immunizations, the above-named organizations regret the need to oppose this legislation as the sponsor's intention appears to be to increase the immunization rates of adolescents, a goal we also embrace. However, the language of the bill creates a number of unintended consequences and may in fact run counter to the intended objective.

First, the bill requires the Statewide Advisory Commission on Immunizations to develop and make available to each primary care provider a notice regarding the recommendations of the U.S. Centers for Disease Control and Prevention (CDC) related to immunizations of adolescents and guidance for making a strong recommendation that the adolescent receive all recommended immunizations for which the adolescent is eligible. The work of the Commission is a vital component of the State's commitment to maximize access to immunizations and the work toward the goal of 100% immunization rates. We do not believe that requiring the Commission to gather and distribute information to providers regarding immunizations is a wise use of the Commission's limited resources. Moreover, the development of guidance on what a "strong recommendation" includes places the Commission in the role of defining clinical practice, an expertise they do not encompass and should not be legislated. Further, there is no definition of primary care provider or a means to identify which providers are to get the information as neither the Board of Physicians nor the Board of Nursing identify their providers by specialty so the distribution would need to be to all providers even if they do not treat adolescents. Again, not a wise use of Commission resources.

The bill also requires that a primary provider, during each "nonemergent" medical encounter with an adolescent, assess eligibility for and strongly recommend that the adolescent receive all CDC-recommended immunizations for which the adolescent is eligible. Again, there is no definition of primary care provider or non-emergent and therefore it is not clear the scope of the mandate to "strongly" recommend adolescent vaccines. While we are strong advocates of provider's evaluation of eligibility for and recommendation of all immunizations on the CDC list of recommended vaccines, the mandate reflected in the bill creates confusion and could result in a requirement for the provision of recommended information even when a provider's

judgement indicates that a different setting or patient encounter would be more appropriate for the discussion.

Finally, the bill has specific requirements for documentation by the primary care provider, if the parent or guardian declines to receive a recommended vaccine. While it is our understanding that the sponsor has submitted amendments that remove this language from the bill, it should be noted that once again the bill would have codified clinical practice without achieving any identifiable objective.

Each of our organizations and its members have been actively involved in concerted efforts to increase vaccination rates in adolescents over the last several years, most recently the human papillomavirus (HPV) vaccine. In 2014, the MDAAP posted on its website (and disseminated to its membership through emails) a multi-series newsletter on HPV updates referencing useful materials available through the CDC. An HPV CME program for clinicians was held in Columbia (2014) and provided valuable perspectives from a pediatrician, a public health and infectious disease specialist, and a gynecologist. Most recently MDAAP has enrolled over twenty clinicians from practices across the state to participate in an AAP District-wide quality improvement project to improve HPV immunization rates. This project which is currently underway, is novel in that it involves the members of the AAP District 3 (MD, PA, NJ, WV, DC, and DE) to share best practices regarding promotion of HPV vaccination.

Major gains have been made in rates of HPV vaccination in our state. Part of our success has been the recent public awareness campaigns through social media and television. The compelling data on cancer prevention is key to engaging families to vaccinate their children. We definitely have room to improve, but we are clearly getting the message out to clinicians, families, and patients about the importance of early HPV vaccination in preventing disease and cancers in our youth and young adults. The provisions of House Bill 1481 do not meaningfully advance those objectives and could actually undermine the progress made to date. An unfavorable report is respectfully requested.

For more information call:

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