

MedChi

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TO: The Honorable Joan Carter Conway, Chairman
Members, Senate Education, Health & Environmental Affairs Committee
The Honorable Roy Dyson

FROM: Joseph A. Schwartz, III
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J. Steven Wise

DATE: February 20, 2013

RE: **OPPOSE UNLESS AMENDED** – Senate Bill 401 – *Pharmacists – Administration of Vaccines – Expanded Authority and Reporting Requirements*

The Maryland State Medical Society (MedChi), which represents over 7,500 Maryland physicians and their patients, opposes Senate Bill 401 unless amended to address the concerns as discussed below.

Senate Bill 401 expands the authority of pharmacists to administer vaccines. It will enable pharmacists to administer all vaccines listed in the Centers for Disease Control and Prevention's (CDC) *recommended immunization schedule* and CDC's *health information for international travel* to individuals 11 years and older. Immunizations on CDC's *Recommended Immunization Schedule for Persons Aged 7 Through 18 Years – United States, 2012* include tetanus, diphtheria, and pertussis (Tdap); human papillomavirus vaccine (HPV); meningococcal; influenza; pneumococcal; Hepatitis A; Hepatitis B; inactivated poliovirus; measles, mumps, and rubella (MMR); and varicella (chicken pox). CDC's *Recommended Adult Immunization Schedule – United States, 2012* includes influenza; Tdap; varicella; HPV; zoster; MMR; pneumococcal; meningococcal; Hepatitis A; and Hepatitis B. The CDC *health information for international travel* is too complicated to delineate in this statement.

Last year this Committee considered similar legislation and rejected this expansion of authority except for the provision of the flu vaccine. Issues relative to the flu vaccine are very different than the immunizations proposed in this bill. MedChi appreciates the efforts of the Committee Chair and Committee staff to work with stakeholders over the interim to develop a proposal on vaccine administration which all stakeholders support. While Senate Bill 401 is significantly improved from previous iterations, it nonetheless contains two provisions which MedChi continues to strongly oppose.

First, MedChi objects to the elimination of a requirement for a physician prescription for adult vaccine administration. Under current law, a prescription is required for the administration of the pneumococcal pneumonia and herpes zoster vaccines by a pharmacist. Senate Bill 401 proposes to authorize the Department of Health and Mental Hygiene, in consultation with the professional boards, to develop protocols for adult vaccine administration. As stated previously, the vaccines under consideration are not analogous to the flu vaccine. Significant medical evaluation is involved in the decision to authorize and administer a vaccine including, but not limited to, existing medical conditions; timing of the administration of other vaccines or medications and their interaction; and other contraindications to the administration of a given vaccine. It is inconceivable that a “protocol” could be developed which comprehensively evaluates the appropriateness of administration of a vaccine in the same manner a physician evaluates administration utilizing the patient’s medical record and history.

Furthermore, much of the dialogue surrounding health system reform has focused on the need to establish a “medical home” for each individual and the benefit of providing comprehensive primary care as well as the coordination of other medical services through the primary care physician serving as that medical home. Elimination of a requirement for a prescription for adult vaccines undermines the medical home concept and further fragments health care delivery. MedChi opposes this legislation unless amended to require a prescription prior to administration of an adult vaccine as the bill proposes for adolescents between the ages of 11 and 18.

MedChi also strongly objects to the “sunset” of the requirements to report back to the prescribing physician and/or primary care physician following administration. The “reporting back” requirements are only proposed to be in place until 2015 when presumably “Immunet,” the State’s newly developed vaccine registry, is expected to be fully operational. First, entering data in a registry should not supplant communication with the physician who treats the patient. MedChi fully supports the registry development and believes, if successfully implemented as designed, it will be a very useful tool from both a clinical and public health perspective. However, Immunet is a long way from being operational and will not provide all the information a physician may need relative to vaccine administration that would occur under “reporting back” requirements.

Even more troubling, the sunset data is based on the expected time for full Immunet implementation without any assurance that it will be successful. This is not the State’s first attempt at implementing an immunization registry. While MedChi hopes the State is successful and strongly supports its efforts, it remains a work in progress. Consequently,

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MedChi is opposed to the legislation unless the bill is amended to permanently require a pharmacist to report administration of a vaccine to the person's prescribing or primary care doctor.

MedChi recognizes the significant progress that has been made in appropriately crafting an immunization administration policy for the State but respectfully requests an unfavorable report if prescription requirements for adults and "reporting back" requirements for individuals of all ages are not incorporated into the bill.

For more information call:

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