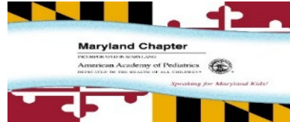

MID-ATLANTIC ASSOCIATION OF
COMMUNITY HEALTH CENTERS

The Maryland State Medical Society
63711 Cathedral Street
Baltimore, MD 263701-5516
410.539.0872
Fax: 410.547.0915
1.800.492.1056
www.medchi.org

TO: The Honorable Joseline A. Pena-Melnyk, Chair
Members, House Health and Government Operations Committee
The Honorable Lesley J. Lopez

FROM: Pamela Metz Kasemeyer
Danna L. Kauffman
J. Steven Wise
Andrew G. Vetter
Christine K. Krone
410-244-7000

DATE: March 15, 2023

RE: **OPPOSE UNLESS AMENDED** – House Bill 1232 – *Health Occupations – Pharmacists – Administration of Vaccines*

On behalf of the Maryland State Medical Society, the Maryland Chapter of the American Academy of Pediatrics, and the Mid-Atlantic Association of Community Health Centers, we **oppose** House Bill 1232, **unless the legislation is amended**.

House Bill 1232 removes the sunset date, implemented as a result of legislation in 2021 during the COVID-19 public health crisis, which authorizes a pharmacist to administer a vaccination listed in the U.S. Centers for Disease Control and Prevention's (CDC) recommended immunization schedule to minors age 3 and older without a prescription. Prior to this change in law, a pharmacist was authorized to administer a vaccination to a minor age 11 and older only with a prescription from an authorized prescriber. CDC's recommended immunization schedule for persons 3 through 18 years old includes vaccinations for diphtheria, tetanus, and acellular pertussis (DTap); diphtheria and tetanus (DT); haemophilus influenza type B; hepatitis A; hepatitis B; human papillomavirus (HPV); influenza; measles, mumps, and rubella (MMR); meningococcal; pneumococcal; poliovirus; tetanus, diphtheria, and acellular pertussis (Tdap); tetanus and diphtheria (Td); and varicella, many of which require multiple doses.

Immunizations are an integral component of the delivery of pediatric services. Vaccines are essential to the health and well-being of our children and to the public health of the community. Maryland has historically had an outstanding record of immunization rates, one of the highest in the country. The above-named organizations understand that at the federal level, in August of 2020, in the midst of the COVID-19 public health crisis, the U.S. Department of Health and Human Services changed its policy and recognized pharmacists to vaccinate children 3 years and older. Subsequently, Maryland changed its law to be consistent with federal law. However, that change was reflective of a survey, which indicated many States' immunization rates were not nearly as high as Maryland's and influenced by the current public health emergency. There is no evidence of an unmet need, given the State's extraordinarily high vaccination rate and may have unintended negative consequences for the health of Maryland's children if the policy if continued.

Fragmentation of comprehensive medical care will be the outcome of the implementation of this legislation. There is a continuing and appropriate push to create "medical homes" and enhance the coordinated provision of comprehensive services with a focus on prevention, House Bill 1232 moves in the opposite direction. A pharmacist will have no access to information about the child, no awareness of health conditions that may place the child at risk for the immunization, such as allergy or asthma, and no means to know if there are other services that a child needs that will not be provided because a parent believes immunizations were the only service a child required.

Pediatricians regularly use visits scheduled for immunizations to provide other critical preventative services. Parents often do not schedule visits for routine well-child care but may bring their child to the office for vaccines. At those visits, a pediatrician will often provide additional services, such as developmental screenings, behavioral health screenings, hearing and vision assessments, or counseling, and updates on management of chronic health concerns like asthma and obesity. These well-child visits are especially critical for children entering preschool and elementary school, not because of vaccination requirements but for school readiness screening and the identification of services that may be needed as the child enters school. Furthermore, with the added focus on behavioral health challenges faced by children and adolescents, as well as the recognition that sexual activity may also commence during adolescence, those visits also provide an opportunity for pediatric providers to screen for and discuss those issues with the adolescent. If a parent can simply take a child to a pharmacy for a vaccine, the opportunity for more comprehensive care will be lost. The fragmentation of care that will result from House Bill 1232 will ultimately produce poorer outcomes and increased health care expenditures.

Furthermore, ImmuNet, the database that provides information on what immunizations have been administered is continually improving as a reliable tool, but it is still not without technical complications and lacks complete information. While all pharmacists and providers are required to enter all immunizations administered into ImmuNet, the database does not always reflect data entered and/or compliance with the mandate to report is not consistently adhered to. Aside from the arguments already raised, it is strongly recommended that before any consideration be given to authorize pharmacists to administer immunizations to minors without a prescription that functionality and completeness of ImmuNet be addressed collectively by all affected stakeholders. Absent a reliable and comprehensive database, a provider would not know if a minor received a vaccination from a pharmacist and parents' knowledge and recollection of what has been administered is not always complete, again leading to a fragmentation of the delivery of preventative care.

It is also of note that pharmacists are not Vaccine for Children (VFC) providers. VFC provides vaccines for administration for children who are covered by Medicaid or are uninsured. It is a critical program to ensure all children have access to vaccines, regardless of insurance coverage or an ability to pay. Unless pharmacists are VFC providers, the access to critical immunizations will further exacerbate access to necessary health care services by disadvantaged and minority communities, thereby increasing already existing health care disparities for this population.

The above-named organizations appreciate that there has been a loosening of vaccination administration authority during the COVID-19 public health crisis. To that end, they would support amendment of the legislation to retain the authority of pharmacists to administer COVID-19, flu, and any other vaccine developed to address a public health emergency. However, for permanent changes in vaccine administration policy for children for all other recommended vaccines, House Bill 1232's enactment will only create problems, not address deficiencies in the current provision of immunizations for children and will further exacerbate the noted decline in well-child visits. An unfavorable report is requested unless the legislation is amended to limit the authorization only to COVID-19, flu, and vaccines developed to respond to a public health emergency.