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

FROM: Joseph A. Schwartz, III
Pamela Metz Kasemeyer
J. Steven Wise

DATE: March 9, 2011

RE: OPPOSE – Senate Bill 845 – Health Occupations – Pharmacists – Administration of Vaccinations, Epinephrine, and Diphenhydramine

The Maryland State Medical Society (MedChi), which represents over 7,300 Maryland physicians and their patients, opposes Senate Bill 845.

Senate Bill 845 dramatically expands the authority of pharmacists to administer vaccines. It will permit a pharmacist to administer vaccines to all individuals, including children who are at least 7 years of age, without the prescription from a physician, and in the event of an allergic reaction to the vaccine, authorizes the administration of epinephrine and diphenhydramine. This expansion in scope of practice raises serious patient safety concerns and runs counter to the current efforts to better coordinate the care of patients.

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. Senate Bill 845 will move the delivery system in the opposite direction and will result in further fragmentation of primary care services.

Senate Bill 845 removes the requirement for a physician prescription when administering vaccines. This provision is vitally important for patient safety and appropriate communication between physician, patient and pharmacist. Without a prescription, a pharmacist does not know whether a patient may have already been immunized, if there are other health conditions present that may create a contraindication to its administration. There is no basis to justify the elimination of the requirement for a physician prescription.
Passage of Senate Bill 845, with its expansion to enable pharmacists to vaccinate children, potentially jeopardizes the health and well-being of those children. Pharmacies are not equipped to respond to adverse reactions to vaccines and children’s sensitivities to various substances may not be known at the time of vaccination. Furthermore, as with adults, a pharmacist would not be aware of underlying medical conditions such as asthma that may contraindicate the provision of a particular type of vaccine. For instance, a child with asthma should not be administered “flu mist.” Authorizing a pharmacist to administer epinephrine and diphenhydramine do not account for the range of issues that may arise related to adverse reactions and contraindications.

There is no indication that Maryland’s children lack adequate access to immunizations through pediatricians. We should be encouraging parents to establish a relationship with a pediatrician for the provision of comprehensive primary care services including vaccines. We should not be encouraging the development of a delivery system that encourages parents to access health care services in a piecemeal, uncoordinated manner. MedChi urges an unfavorable report.

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