



NATIONAL ASSOCIATION OF
CHAIN DRUG STORES



Testimony on Maryland SB 355

**Education, Health, and Environmental Affairs Committee
Maryland General Assembly**

February 13, 2020

**Submitted by:
Maryland Association of Chain Drug Stores
and
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On behalf of the 931 pharmacies and nearly 3,400 pharmacists operating and providing patient care in Maryland, the Maryland Association of Chain Drug Stores (MACDS) and the National Association of Chain Drug Stores (NACDS) appreciate the opportunity to support SB 355 and its companion, HB 530. We applaud the leadership of the bill sponsors and this committee for considering this legislation to expand access to healthcare in the state by permitting pharmacists to administer influenza vaccines to individuals at least nine years of age but under 18 years of age, in accordance with regulations adopted by the Board of Pharmacy, in consultation with the Department and to administer other vaccines listed in the Centers for Disease Control and Prevention's (CDC's) Recommended Immunization Schedule to individuals 9 years of age but under 18 years of age under a written protocol. Accordingly, pharmacists have been safely providing vaccination services to adults in the state beginning with influenza vaccines in 2004. Additionally, in 2011, the law to permit pharmacists to administer the influenza vaccine to individuals nine years of age and older was enacted. Two years later, in 2013, the law was expanded to allow pharmacist to administer other vaccines on CDC's Recommended Immunization Schedule pursuant to a prescription to individuals 11 to 17 years of age. SB 355 and HB 530 will remove burdensome, unnecessary restrictions and increase access to vaccines across the state.

I. Increase access to pharmacist vaccination service to address patient needs.

As the most accessible and most frequently visited^{1,2,3} member of the healthcare team, pharmacists are particularly well positioned to continue expanding access to vaccination assessment, education, and delivery in neighborhoods across Maryland. Graduating with a Doctor of Pharmacy degree, pharmacists are highly educated and well-prepared to provide patient care services, including vaccination services, to individuals of all ages. Additionally, pharmacies offer expanded hours, many even 24 hours a day 7 days a week with a pharmacist on site. The reach of community pharmacies across rural and urban, including underserved areas, can greatly support efforts in Maryland to reach immunization goals for catch-up childhood vaccinations and vaccines indicated for preteens and

¹ Manolakis PG, Skelton JB; "Pharmacists' Contributions to Primary Care in the United States Collaborating to Address Unmet Patient Care Needs: The Emerging Role for Pharmacists to Address the Shortage of Primary Care Provider"; *Am J Pharm Educ*; Dec 2010.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3058447/>

² Hemberg N, Huggins D, et al.; "Innovative Community Pharmacy Practice Models in North Carolina"; *North Carolina Medical Journal*; June 2017.
<http://www.ncmedicaljournal.com/content/78/3/198.full>

³ Wright, D, Twigg, M. (2016); "Community pharmacy: an untapped patient data resource"; *Integrated Pharmacy Research and Practice*; 5:19-25

teens. At the same time, pharmacies can help close the gap of disparities in immunization rates across different locales, populations, and cultural groups.

According to an article published in the Journal of the American Academy of Pediatrics, the current healthcare system has not adequately met the vaccination needs of the adolescent population in the United States; however, overall vaccine rates could potentially be increased through complementing the efforts of primary care physicians with efforts to deliver vaccines in other healthcare settings that adolescents tend to frequent, like pharmacies.⁴ In fact, patients have benefited from pharmacist-delivered vaccines in the United States for more than two decades, but there is more work to be done to maximize pharmacies as innovative healthcare destinations. On February 8, 2020, Ali S. Khan, MD, MPH, Dean and Professor, College of Public Health, University of Nebraska, and Retired Assistant Surgeon General, USPHS, stated in an opinion editorial in the *Omaha World Herald* the importance of pharmacists as public health partners and states' progress "in expanding pharmacists' vaccination authority and allowing them to screen and even help to treat an array of illnesses".⁵ (See Attachment A.)

Studies have shown that increased availability of pharmacist-administered vaccines increases immunization rates overall and may lead to a greater number of physician-administered vaccinations.⁶ In 2018, the CDC reported that 32.2% of all influenza vaccinations were administered at a pharmacy.⁷ Additionally, studies show that community pharmacies are convenient care settings for receiving immunizations, and that pharmacists are not shifting patient populations from medical clinics into pharmacies, but are instead identifying new, previously unvaccinated populations for immunization.⁸ Therefore, pharmacists complement the efforts of other healthcare professionals to fill gaps and support collaborative vaccine access strategies.

⁴ Schaffer, S., Fontanesi, J., Rickert, D., Grabenstein, J., Rothholz, M., Wang, S., et al. (2008); "How Effectively Can Health Care Settings Beyond the Traditional Medical Home Provide Vaccines to Adolescents?"; *Pediatrics* (Vol. 121, pp. S35-S45).

⁵ https://www.omaha.com/opinion/midlands-voices-let-s-bolster-public-health-preparation-against-the/article_19686af8-9e59-5b91-96c0-18ab9971bc65.html?utm_medium=social&utm_source=email&utm_campaign=user-share

⁶ Field RI.; "Pharmacists set to become more active clinicians in Pennsylvania"; *P & T*; 2006;31:100,105; Jelesiewicz E.; "Pennsylvania pharmacists could soon be "calling the shots.""

⁷ CDC; "Influenza: General Population Early Season Vaccination Coverage"; 2018; <https://www.cdc.gov/flu/fluview/nifs-estimates-nov2018.htm>

⁸ Steyer TE, Ragucci KR, Pearson WS, Mainous AG 3rd; "The role of pharmacists in the delivery of influenza vaccinations"; *Vaccine*; 2004;22(8): 1001-1006.

As members of the healthcare team who are supportive of public health surveillance, pharmacists in Maryland are required by law report all vaccines administered to the ImmuNet Program.⁹ Additionally, there are other requirements for pharmacists to document outreach to patients' prescribers, primary care providers, or other usual sources of care for the administration of vaccinations in accordance with a prescription. Additionally, pharmacies maintain records of vaccines administered for a minimum of 5 years.¹⁰

II. Pharmacy Vaccination Services are convenient and cost-effective.

Community pharmacies play a key role in providing easily accessible, convenient, and cost-effective vaccination services. Approximately 89% of Americans live within five miles of a pharmacy and evidence has shown that patients visit pharmacies ten times more frequently than other healthcare providers,⁵ signifying that pharmacists can fill gaps in patient care and support the healthcare team. Expanding pharmacist vaccination services, offers a choice of providers and locations for busy parents to access immunizations and may consequently serve to reduce the number of inadequately vaccinated children.

Pharmacies have also been shown to be a cost-effective healthcare setting for providing immunization services.¹¹ A 2018 study that modeled the clinical and economic impacts of using pharmacies to administer influenza vaccinations estimated that including pharmacies in addition to other locations for vaccination (e.g. clinics, physician offices, urgent care centers) could prevent up to 16.5 million symptomatic influenza cases and 145,278 deaths at an estimated cost savings of \$4.1 to \$11.5 billion.¹² For these reasons, the CDC has supported pharmacists as fully recognized vaccine-providers.¹³ Furthermore, the CDC's Advisory Committee on Immunization Practices (ACIP) has three specific recommendations for vaccination based on shared clinical decision-making, and the first of those recommendations related to a vaccine for adolescents and young adults – Meningococcal B

⁹ Established under §18—109 of the Health – General Article.

¹⁰ COMAR 10.34.32.05

¹¹ Burson, R., Buttenheim, A., Armstrong, A. et al. (2016); "Community Pharmacies as Sites of Adult Vaccination: A systematic review," *Human Vaccines & Immunotherapeutics*; 12:12, 3146-3159.

¹² Bartsch SM et al.; [Epidemiologic and economic impact of pharmacies as vaccination locations during an influenza epidemic](#); Vaccine (2018)

¹³ https://stacks.cdc.gov/view/cdc/50403/cdc_50403_DS1.pdf

(MenB) vaccination. In recently released FAQs on shared decision making, the CDC names pharmacists among other providers who should implement these practices.¹⁴

III. Foster healthier communities in Maryland.

Considering that improving adolescent vaccination rates throughout Maryland serves the important public health goal of fostering healthier communities, it is critical that unnecessary obstacles to vaccination be eliminated. Notably, Maryland's existing requirement for individuals younger than 18 years old to have a patient-specific prescription in order to obtain an immunization, other than the influenza vaccine, at a pharmacy is such a barrier. This prescription requirement makes it impractical for pharmacists to provide vitally important vaccine services to most adolescents at a time when increased access to vaccines is crucial. Allowing pharmacists to administer vaccinations to those aged 9 and older without a prescription would ensure that these patients have increased access to vaccines – particularly vaccines that need to be administered between the ages of 11 and 18 to fully protect preteens and teens from serious diseases and cancers, including: Tdap, HPV, MenACWY, Meningitis B, and influenza. To improve the health and wellness of preteen and teen Marylanders, and expand access and choice to vaccination destinations, pharmacist authority to provide this vital preventive care should be broadened.

IV. Conclusion.

NACDS applauds the legislature's current efforts to enhance the delivery of healthcare and expand access to preventive care to adolescent patients across the state. Given the compelling evidence, NACDS strongly urges your support for SB 355 and its companion HB 530, legislation aimed at driving improved population health through expanded access to care by allowing pharmacists to administer influenza vaccines to individuals at least nine years of age but under 18 years of age in accordance with Board of Pharmacy regulations and to administer other vaccines listed in the CDC's Recommended Immunization Schedule to individuals ages 9 years but under 18 years of age under a written protocol.

¹⁴ <https://www.cdc.gov/vaccines/acip/acip-scdm-faqs.html#scdm>

Attachment A

Op-Ed from Ali S. Khan, MD, MPH, Retired Assistant Surgeon General, USPHS Lessons, Already, from novel coronavirus 2019

Our nation, once again, finds itself at the worst possible time to prepare for a public health threat: in the midst of a public health emergency of international concern.

Worries about the novel coronavirus have the public, and public servants, asking the predictable questions. They inquire about the nature and prevention of the disease, about the existence of an ample supply of facemasks and protective gear, and about the outlook for the development and deployment of a drug or vaccine.

We have seen this before – and recently. Many will remember the swine flu, or H1N1, that in 2009 sent more than a quarter-million Americans to the hospital, and claimed more than 12,000 lives in the U.S.

Regardless of whether the novel coronavirus will become a U.S. epidemic, the situation shines the light on barriers to preparedness across the country. This includes preparedness for outbreaks of the likes of this coronavirus, as well as for a particularly dangerous new flu strain. It also includes preparedness for a heinous act of bioterrorism.

Make no mistake, much has been done to improve readiness. Over the past two decades, lessons learned from the September 2001 attacks, from Hurricane Katrina, and from H1N1 have spurred remarkable public-health upgrades at the national, state and local levels. International collaboration has improved, too. Our nation is dramatically better prepared to detect and address emergencies.

Still, in key areas, progress is insufficient. The discussion in this area inevitably turns to the funding of state, territorial, local, and tribal health agencies, which all too often is the subject of political arguments, rather than practical needs. Local health agencies are operating with approximately 50,000 fewer personnel, compared with 2008. They also have seen steady declines in preparedness funding. However, healthcare preparedness is the critical gap in national preparedness.

Funding aside, not enough has been done to leverage the array of partners who extend the public face of public health. Retail clinics and community pharmacists come to mind quickly. Progress has been made in expanding pharmacists' vaccination authority and allowing them to screen and even help to treat an array of illnesses. However, many states lag behind, despite strong public desire for increased access to pharmacist-provided services.

A study published in 2018 in the *Journal of the American Pharmacists Association* found that approximately six million Americans per year who did not previously get the flu shot now do, as a result of public policy changes that have expanded pharmacists' authority to vaccinate. Vaccination against flu and pneumonia are also key public health messages for this epidemic. Much upside potential exists if needless state barriers are eliminated. Overcoming these barriers includes expanding consumers' access and coverage to recommended vaccines in community care settings, and establishing emergency standing orders that allow for needed medications to be furnished to a patient.

In any case, the optimum time to commit to public health preparedness is before a crisis is upon us. While time will tell if this coronavirus will be a serious threat in the United States, now is the right time to take action for this potential crisis, and for the next ones. While the nation has come a long way, more strides are needed.

Until then, public health partners like pharmacists will do whatever they can to answer the call. Let us not take them for granted, nor leave them underutilized.

Ali S. Khan, MD, MPH

Retired Assistant Surgeon General, USPHS

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Source: https://www.omaha.com/opinion/midlands-voices-let-s-bolster-public-health-preparation-against-the/article_19686af8-9e59-5b91-96c0-18ab9971bc65.html?utm_medium=social&utm_source=email&utm_campaign=user-share

(Accessed on Feb. 11, 2020)