



HB530 Health Occupations – Pharmacists – Administration of Vaccinations

ImmuNet Dependability

- As was noted by both the proponents and opponents at the hearing, ImmuNet programming will continue to improve over time, particularly as more medical practitioners report into the system as is mandated by Maryland law. Some current issues are due to technical errors in reporting systems or the types of files used by reporting entities, but these problems are expected to be resolved as systems continue to update. The Maryland Board of Pharmacy has not received complaints relating to pharmacists not reporting into ImmuNet.

Pharmacists' ability to balance tasks

- This legislation would not require pharmacists to administer vaccines. Pharmacies that cannot support an increased workload would not be mandated to do so.

Risks including reaction upon vaccination

- Pharmacists already have the authorization to provide immunizations to adults, and to certain minors with a doctor's prescription. As such, they are already prepared to respond to possible reactions a patient could have upon receipt of a vaccination.

Pharmacist response to a patient who faints or has an adverse reaction

- Patients are seated when receiving vaccinations in a pharmacy setting, and protocol states that they are requested to remain in the pharmacy for 15 minutes so they may be monitored for reaction. If a reaction occurs, the pharmacy has a first aid kit that includes epinephrine and Benadryl, and pharmacists are trained to respond with these resources and to contact an emergency medical response team.
- States requiring training (more specific requirements than or not mentioning "ACPE"): Alaska, Arizona, Colorado, Connecticut, Georgia, Idaho, Illinois, Iowa, Kansas, Louisiana, Maine, Maryland, Massachusetts, Missouri, Montana, New York, North Dakota, Ohio, Oklahoma, Pennsylvania, Vermont, West Virginia, Wyoming





Shoulder Injury Related to Vaccine Administration (SIRVA)

- SIRVA is a rarely-occurring side effect to improper administration of vaccinations, and is reported less frequently in children than in adults. Proper training of pharmacists who administer vaccinations can decrease the risks of patients contracting SIRVA after receiving a vaccination in a pharmacy setting.

Wellness visits

- This legislation is primarily designed to expand access for patients who are already incapable of attending a wellness visit with a pediatrician. Maryland Code mandates that pharmacists must inquire about the patient's primary care physician (PCP) upon administration of an immunization, and must then report that immunization to the PCP's office. Pharmacies would contact the PCP for all minors who report having one, and it will then be up to the PCP to contact the patient to ensure attention to wellness visits.

Cost of vaccinations

- The average cost of fully vaccinating an 18-year-old with private insurance in the United States is over \$2,000. The rising costs of immunizing drugs is largely due to increasing trends in pharmaceutical companies patenting their products or product developments, and a lack of general regulation of drug prices. Private insurance companies often do not reimburse for the full cost of a vaccination, and many medical practitioners actually lose money on administering vaccines. Programs like Vaccines For Children can provide vaccinations at no cost for certain patients who meet specific criteria, but even those immunizations can be accompanied by an administrative cost usually capped at about \$15.

HPV Vaccination Safety

- HPV vaccines administered in the US are supported and recommended by the CDC. Upwards of 90% of reported side effects from the HPV vaccine are non-lethal and considered expected/normal based on clinical trials. The CDC also cites a recent study that found that recipients of the HPV vaccine still had high protection against HPV 10 years after the vaccine's administration.

