

HB1084: COVID-19 RESPONSE ACT OF 2022
FAVORABLE WITH AMENDMENTS
Love Maryland PAC

Dear Chair Pendergrass, Vice Chair Pena-Melnyk, and Distinguished Members of the Health and Government Operations Committee,

Our organization is supportive of several aspects of this bill, including coverage for access to COVID-19 testing for the uninsured, the commitment to keep schools open, adequate access to COVID-19 vaccines for all members of our statewide community who wish to be vaccinated against COVID-19, and especially identifying and distributing effective treatments both within health care settings and at home. These treatments are absolutely vital for us as a state to move forward from the pandemic and back to “normal”.

We do not, however, support ongoing incentives for COVID-19 vaccinations and remain very concerned about this bill and its potential impacts on the safety of children in our state and citizens children that get vaccinations at pharmacies. We are also completely against the use of state funding for the creation of a vaccine passport.

This bill in part received an unfavorable report from this committee last year (HB530) and that was with a minimum age of 9. 9-year-old children are bigger physically which minimizes their risk of injury and able to sit for a vaccination without restraint. Lowering the minimum age to 3-years-old only makes the bill more concerning and dangerous. This is a bill that the Trump administration pushed hard during the pandemic. It has no place here in Maryland.

- Young children are not vaccinated like adults. They have a complicated “recommended” schedule by the CDC that requires an assessment to determine actual vaccine appropriateness. Issues such as allergies, diagnoses (autoimmunity, immune system dysfunction, immune system suppressing drugs), current health status, and previous adverse reactions to vaccinations are just some of the things that pediatricians consider before determining what vaccine a child should have in a visit. They do not go by a checklist. At well-visits, pediatricians perform a full physical examination and have the child’s entire medical and vaccination history, which they use to determining vaccine appropriateness. Pharmacists do not have this expertise.
- No one is liable if a pharmacist gives an inappropriate vaccine, or if they administer it incorrectly into a tiny 3-year-old arm. The Federal 1986 National Childhood Vaccine Injury Act removed liability from vaccine makers as well as the provider that administers the vaccine.
- If this bill were to become law, many children would never go to see the pediatrician again. Pediatric well visits include a thorough physical exam and screenings for physical, mental and developmental milestones. These screenings allow referrals to help children who are showing signs of developmental struggles or other health diagnoses. This is a particularly worrisome reality for our BIPOC children in Maryland, and children who come from homes without adequate socioeconomic resources- they very families who need the support of a pediatrician the most and who can least afford to handle a vaccine injury.

- Last year, the New York Times profiled the chaos that is occurring in American pharmacies. It is dangerous to have pharmacists stop filling a prescription every time a child gets in line for vaccinations. This article can be found here: <https://www.nytimes.com/2020/01/31/health/pharmacists-medication-errors.html> I have also attached several other articles highlighting vaccination issues at pharmacies to this testimony.
- SIRVA (Shoulder Injury Related to Vaccine Administration) injuries have increased since people have started getting vaccines in pharmacies. This is a huge risk for a 3-year-old child who will not sit still and has a very small arm.
- Pharmacies want to give more vaccines to increase revenue. Per the attached article by pbahealth, “If you want to add profit to your bottom line, increase the number of immunizations that you’re doing.” Schaefer said. “Every single immunization that you do adds to your bottom line. There are no exceptions.” Currently, Pharmacists at major retail pharmacies, have quotas for the number of flu shots they must give and they are offered bonus incentives from their employers. Children’s healthcare must be based on examination, assessment, and diagnosis... not quotas and bonuses.
- This bill goes a step further than previous bills before this body by also allowing pharmacy technicians to vaccinate very young children **with only 6 hours of training**. This is dangerous. People who go into pharmacy practice are smart enough to choose clinical care specialties, but instead chose a profession where they do not have to do direct patient care. They certainly did not choose pediatrics. A pharmacy technician does not have the training that a pediatric nurse has. It often takes 2-3 pediatric nurses to vaccinate a 3-year-old child.

We respectfully ask the Committee to amend this bill to remove incentives for COVID-19 vaccination and to remove the ability of our pharmacists to vaccinate children aged 3 and above, as well as any reference of funding to a digital vaccine passport. We support the bill’s language as it relates to finding and distributing effective treatments for COVID-19.

Megan Montgomery

Chair

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