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January 30, 2024

To: The Honorable Joseline A. Pena-Melnyk Chair, Health and Government Operations Committee

From: Heather Forsyth, Deputy Director, Health Education and Advocacy Unit

Re: House Bill 76 – Health Occupations – Pharmacists – Administration of Vaccines – LETTER OF CONCERN

The Health Education and Advocacy Unit of the Office of the Attorney General submits the following concerns in response to House Bill 76.

Legislation has been introduced in at least each of the last three years that attempts to permanently expand the ability of pharmacists to *order and administer* vaccines to children. Current law allows a pharmacist to administer flu vaccines to anyone 9 years or older, and to administer CDC recommended immunizations for children 11-18 if prescribed by an authorized provider. During the COVID-19 pandemic, emergency federal and state orders temporarily allowed pharmacists to administer without prescriptions COVID-19 vaccines and childhood vaccinations for 3–18-year-olds. Those temporary orders expired June 30, 2023. HB 76 makes permanent the ability of a pharmacist who completes specialized training to order and administer any vaccines listed on the CDC's recommended immunization schedule or approved by the FDA to children ages 5-18.

Along with dozens of other individuals and organizations, the HEAU opposed a substantially similar bill in 2022 that sought to make the temporary orders permanent before they expired. We objected because the emergency changes were not intended to be permanent, and proper study and analysis of the pandemic data should be conducted by subject matter experts in

pediatric medicine and pediatric vaccines before pharmacy-administered vaccines to very young children is made permanent. Last year, the issue was brought up, and there were again dozens of voices in opposition, including parents and health care providers. Of particular concern is that pharmacy lobbyists are attempting to advance legislation to increase pharmacists' scope of work amidst production quotas, staffing shortages, and a paucity of reporting. The 2023 bill passed the House but was not passed in the Senate.

Since then, there have been news reports about the lack of safety in pharmacies (see, e.g., <u>https://www.usatoday.com/story/news/investigations/2023/10/26/pharmacy-chains-dangerous-conditions-medication-errors/71153960007/</u>) and other states (CA, VA, OH) have proposed or have passed bills with an eye toward increasing public safety by prohibiting pharmacy production quotas, ensuring appropriate staffing, and making certain reporting mandatory. While the HEAU has long advocated for accessible, affordable health care for families in Maryland, and we are cognizant of the argument that expanding pharmacist ordered and administered vaccines might be convenient, particularly for rural families, we believe passing HB 76 without additional consumer protections poses potential risks.

We urge this Committee not to make these pandemic-induced changes permanent without full consideration of the public health risks that doing so might create. While pharmacists could have the potential to play a role in increasing access to vaccines, their role should not be expanded without protections to ensure that vulnerable children and low-income families are not disadvantaged just for the sake of profits.