

HB76: Health Occupations- Pharmacists- Administration of Vaccines

UNFAVORABLE

Love Maryland PAC

Dear Chair Pena-Melnyk, Vice Chair Cullison, and Distinguished Members of the House HGO Committee,

The Love Maryland PAC asks for an UNFAVORABLE report on HB76 for the following reasons:

1. Best Health Outcomes- The best health outcomes for children occur when the parent and the physician work as a team and consider health history, precautions, and contraindications before making any medical decisions. Children are not vaccinated like adults and have a very complex recommended schedule, receiving multiple shots at once. Should this bill ever pass, children will miss out on important well child visits with their pediatricians. Pediatricians perform a comprehensive assessment of the whole child including screening for growth issues, heart irregularities, neurodevelopmental delays and in the adolescent years screening for signs of abuse, mental health concerns, and scoliosis. If childhood vaccines are given in a pharmacy in our state, parents will stop taking their children for pediatric well visits.

2. Pharmacies Today Are Dangerous- National media as well as State Board of Pharmacy surveys from across the nation are verifying that pharmacies are understaffed and overburdened by overwhelming workloads and production quotas. Pharmacist's jobs are harder than ever as so many people are on multiple pharmaceutical products. It is dangerous to have pharmacists stop filling a prescription every time they have to give shots. A screaming 5-year-old should not be assessed for vaccine appropriateness in the middle of a hectic pharmacy.

3. Training- Pediatricians are specifically trained to assess children for vaccine appropriateness and readiness. Immunizations are pharmaceutical products that come with warnings, precautions, and contraindications. A child must be properly assessed prior to administration to reduce risk for serious harm and/or death. A pharmacist does not have this training and will not acquire it with the hours of education that the bill proposes. Pharmacists have been working under quotas from higher ups. This is an unethical way to practice and no child should ever be vaccinated to fulfill a quota.

4. Immunet- Inconsistent reporting to Immunet by Pharmacists means incomplete medical records for children in our state.

5. Liability- The Federal 1986 National Childhood Vaccine Injury Act removed liability from vaccine makers as well as the provider that administers the vaccine for any shot on the Childhood Schedule. Pharmacists have not been trained in assessment for childhood vaccines and will not be liable for any mistakes that they make with children. This puts children at risk.

6. Improper Injections- SIRVA (Shoulder Injury Related to Vaccine Administration) have risen dramatically since pharmacies started giving vaccinations. A skyrocketing number of cases have been compensated by the Federal Government as people are getting their shots outside of their

doctor's offices.

7. Pediatric Care- People who become Pharmacists are smart enough to have gone to Medical School, Physician Assistant training, and/or Nursing School. Many chose the pharmacy profession because they did not have an interest in direct patient care. They certainly did not choose to go into Pediatrics which requires a level of patience and an ability to make a child feel safe and comfortable that cannot be taught. Not all Pharmacists want to do direct patient care with screaming children.

We ask the committee for an UNFAVORABLE report. This bill is a solution looking for a problem, as children can already receive their vaccinations in an urgent care setting where they will also getting basic vital signs and assessment by a Pediatric caregiver.