

## Chapter 792

## (House Bill 1040)

AN ACT concerning

**Health Occupations – Pharmacists – Administration of ~~Vaccinations~~ Children’s Vaccines – Study and Temporary Authority**

FOR the purpose of authorizing, for a certain period of time, a pharmacist to administer certain vaccinations to an individual in a certain age group if certain requirements are met; altering the age of an individual to whom a pharmacist may administer certain vaccinations; requiring a pharmacist to administer certain vaccinations under a written protocol; repealing the requirement that individuals in a certain age group have a certain prescription in order for a pharmacist to be allowed to administer a certain vaccination to the individual; authorizing a pharmacist to administer certain vaccinations to an adult; repealing the requirement that a certain written protocol be vaccine specific; making this Act an emergency measure; requiring the Prevention and Health Promotion Administration within the Maryland Department of Health, in consultation with the State Board of Pharmacy, to report to certain committees of the General Assembly on or before certain dates; establishing certain requirements for the reports; authorizing the Administration to use certain funding to contract with a certain institution to complete a certain report; requiring the Administration to consult certain stakeholders when completing a certain report; providing for the termination of a certain provision of this Act, subject to a certain contingency; making a conforming change; and generally relating to the administration of ~~vaccinations~~ children’s vaccines by pharmacists.

BY repealing and reenacting, with amendments,  
 Article – Health Occupations  
 Section 12–508  
 Annotated Code of Maryland  
 (2014 Replacement Volume and 2020 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,  
 That the Laws of Maryland read as follows:

**Article – Health Occupations**

12–508.

(a) (1) ~~¶A~~ **SUBJECT TO SUBSECTION (C) OF THIS SECTION,** A pharmacist may administer an influenza vaccination to an individual who is at least 9 years old, in accordance with regulations adopted by the Board, in consultation with the Department.

~~(2)~~ ~~(1)~~ [A] ~~SUBJECT TO SUBPARAGRAPH (II) OF THIS PARAGRAPH SUBSECTION (C) OF THIS SECTION,~~ A pharmacist may administer a vaccination ~~that~~ ~~TO AN INDIVIDUAL WHO IS AT LEAST 3 YEARS OLD BUT UNDER THE AGE OF 18 YEARS IF THE VACCINE~~ is listed in the Centers for Disease Control and Prevention's Recommended Immunization Schedule ~~to~~ to an individual who:

(i) Is at least 11 years old but under the age of 18 years; and

(ii) Has a prescription from an authorized prescriber ~~OR APPROVED OR AUTHORIZED BY THE U.S. FOOD AND DRUG ADMINISTRATION.~~

~~(H) A PHARMACIST SHALL:~~

~~1. ADMINISTER A VACCINATION UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH UNDER A WRITTEN PROTOCOL; AND~~

~~2. ADMINISTER AN INFLUENZA VACCINATION UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH IN ACCORDANCE WITH REGULATIONS ADOPTED BY THE BOARD, IN CONSULTATION WITH THE DEPARTMENT.~~

~~(3)~~ ~~(2)~~ (i) Subject to subparagraph (ii) of this paragraph, a pharmacist may administer to an adult a vaccination that is:

1. Listed in the Centers for Disease Control and Prevention's Recommended Immunization Schedule; or

2. Recommended in the Centers for Disease Control and Prevention's Health Information for International Travel.

(ii) A pharmacist shall administer a vaccination under subparagraph (i) of this paragraph under a written protocol that~~:~~:

1. Is vaccine specific; and

2. Meets ~~MEETS~~ criteria established by the Department, in consultation with the Board, the Board of Physicians, and the Board of Nursing, in regulation.

~~(4)~~ ~~(3)~~ A pharmacist shall:

(i) Report all vaccinations administered by the pharmacist to the ImmuNet Program established under § 18-109 of the Health – General Article;

(ii) If the vaccination has been administered in accordance with a prescription, document at least one effort to inform the individual’s authorized prescriber that the vaccination has been administered; and

(iii) ~~¶~~For a vaccination administered under paragraph (2) or (3) of this subsection ~~EXCEPT FOR AN INFLUENZA VACCINATION ADMINISTERED UNDER PARAGRAPH (1)(I) OF THIS SUBSECTION~~, if the authorized prescriber is not the individual’s primary care provider or if the vaccination has not been administered in accordance with a prescription, document at least one effort to inform the individual’s primary care provider or other usual source of care that the vaccination has been administered.

(b) The Board shall:

(1) Set reasonable fees for the administration of vaccinations under this section; and

(2) Adopt regulations that require a pharmacist to submit a registration form to the Board that includes verification that the pharmacist:

(i) Has successfully completed a certification course approved by the Board that included instruction in the guidelines and recommendations of the Centers for Disease Control and Prevention regarding vaccinations; and

(ii) Is certified in basic cardiopulmonary resuscitation and obtained the certification through in-person classroom instruction.

**(C) FROM JULY 1, 2021, TO JUNE 30, 2023, INCLUSIVE, A PHARMACIST MAY ADMINISTER A VACCINE TO AN INDIVIDUAL WHO IS AT LEAST 3 YEARS OLD BUT UNDER THE AGE OF 18 YEARS IF:**

**(1) THE VACCINE IS APPROVED BY THE U.S. FOOD AND DRUG ADMINISTRATION;**

**(2) THE VACCINATION IS ORDERED AND ADMINISTERED IN ACCORDANCE WITH THE CENTERS FOR DISEASE CONTROL AND PREVENTION’S ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES IMMUNIZATION SCHEDULES;**

**(3) THE PHARMACIST HAS COMPLETED A PRACTICAL TRAINING PROGRAM OF AT LEAST 20 HOURS THAT IS APPROVED BY THE ACCREDITATION COUNCIL FOR PHARMACY EDUCATION AND INCLUDES:**

**(I) HANDS-ON INJECTION TECHNIQUES;**

(II) CLINICAL EVALUATION OF INDICATIONS AND CONTRAINDICATIONS OF VACCINES; AND

(III) THE RECOGNITION AND TREATMENT OF EMERGENCY REACTIONS TO VACCINES;

(4) THE PHARMACIST HAS A CURRENT CERTIFICATE IN BASIC CARDIOPULMONARY RESUSCITATION;

(5) THE PHARMACIST HAS COMPLETED A MINIMUM OF 2 HOURS OF CONTINUING PHARMACEUTICAL EDUCATION RELATED TO IMMUNIZATIONS THAT IS APPROVED BY THE ACCREDITATION COUNCIL FOR PHARMACY EDUCATION AS PART OF THE LICENSE RENEWAL REQUIREMENTS UNDER § 12-309 OF THIS TITLE;

(6) THE PHARMACIST COMPLIES WITH THE RECORD-KEEPING AND REPORTING REQUIREMENTS IN SUBSECTION (A)(4) OF THIS SECTION AND THE CORRESPONDING REGULATIONS; AND

(7) THE PHARMACIST INFORMS EACH CHILD VACCINATION PATIENT AND ADULT CAREGIVER WHO IS ACCOMPANYING THE CHILD OF THE IMPORTANCE OF WELL-CHILD VISITS WITH A PEDIATRIC PRIMARY CARE PROVIDER AND REFERS THE PATIENT TO A PEDIATRIC PRIMARY CARE PROVIDER WHEN APPROPRIATE.

SECTION 2. AND BE IT FURTHER ENACTED, That:

(a) On or before December 1, 2021, the Prevention and Health Promotion Administration within the Maryland Department of Health, in consultation with the State Board of Pharmacy, shall report to the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee, in accordance with § 2-1257 of the State Government Article, information the Administration determines is important for setting policies for authorizing pharmacists to administer vaccines to children, including:

(1) the number of vaccines administered to children by pharmacists in accordance with the requirements of Section 1 of this Act;

(2) the effectiveness and efficiency of ImmuNet; and

(3) whether the option for children to be administered vaccines by pharmacists has led to changes in well-child visits with pediatric primary care providers.

(b) (1) On or before December 1, 2022, the Prevention and Health Promotion Administration within the Maryland Department of Health, in consultation with the State Board of Pharmacy, shall report to the Senate Education, Health, and Environmental

Affairs Committee and the House Health and Government Operations Committee, in accordance with § 2–1257 of the State Government Article:

(i) the capacity of the health care system to administer vaccines to children;

(ii) vaccination rates for children; and

(iii) community access to the administration of vaccines for children.

(2) In completing the report required under paragraph (1) of this subsection, the Administration shall:

(i) evaluate data from Maryland and other states that authorize pharmacists to administer vaccines to children on school–required vaccines and other vaccines administered to children; and

(ii) study the effectiveness and efficiency of ImmuNet, including by obtaining input from all health care providers that administer vaccines to children.

(3) In completing the report required under paragraph (1) of this subsection, the Administration shall consider public health models in which pharmacists, in both chain and independent pharmacies, can support and facilitate families in obtaining well–child visits from pediatric primary care providers, including partnerships with:

(i) local health departments;

(ii) pediatric primary care providers, including private practices and community health centers; and

(iii) school systems, including school–based health centers.

(4) The report shall address implementation recommendations, including:

(i) tracking multidose vaccines;

(ii) optimal physical space configurations to protect the privacy and safety of patients;

(iii) staffing requirements; and

(iv) processes for responding to adverse reactions.

(5) The Administration shall make recommendations regarding:

(i) whether the temporary authority established under Section 1 of this Act should be made permanent; and

(ii) ways to further integrate the use of ImmuNet in electronic health records to facilitate communication between pharmacists and pediatric primary care providers.

(c) In completing the report required under subsection (b) of this section, the Administration:

(1) may use available funding to contract with a public health research institution to complete the report; and

(2) shall consult with interested stakeholders, including:

(i) pediatric primary care providers;

(ii) pharmacists;

(iii) managed care organizations;

(iv) local health departments; and

(v) consumers.

SECTION 3. AND BE IT FURTHER ENACTED, That:

(a) If the Third Amendment to Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID-19 issued by the Office of the Secretary of the Department of Health and Human Services is repealed or otherwise expires before January 1, 2022, on April 30, 2022, with no further action required by the General Assembly, Section 1 of this Act shall be abrogated and of no further force and effect.

(b) The Prevention and Health Promotion Administration within the Maryland Department of Health shall notify the Department of Legislative Services within 5 days after receiving notice of the repeal or expiration of the amendment described in subsection (a) of this section.

~~SECTION 2. AND BE IT FURTHER ENACTED, That this Act is an emergency measure, is necessary for the immediate preservation of the public health or safety, has been passed by a ye and nay vote supported by three fifths of all the members elected to each of the two Houses of the General Assembly, and shall take effect from the date it is enacted.~~

SECTION 4. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2021.

**Enacted under Article II, § 17(c) of the Maryland Constitution, May 30, 2021.**