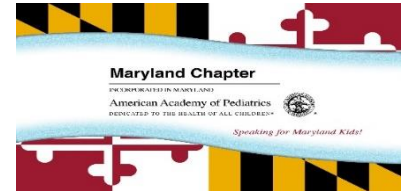


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TO: The Honorable Shane E. Pendergrass, Chair
Members, House Health and Government Operations Committee
The Honorable Ariana B. Kelly

FROM: Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
Richard A. Tabuteau

DATE: February 18, 2020

RE: **OPPOSE** – House Bill 530 – *Health Occupations – Pharmacists – Administration of Vaccinations*

On behalf of the Maryland State Medical Society (MedChi) and the Maryland Chapter of the American Academy of Pediatrics (MDAAP), we submit this letter of **opposition** for House Bill 530.

House Bill 530 authorizes a pharmacist to administer a vaccination listed in the U.S. Centers for Disease Control and Prevention's (CDC) recommended immunization schedule to minors age 9 and older without a prescription. Current law permits a pharmacist to administer a vaccination to a minor age 11 and older only with a prescription from an authorized prescriber. CDC's 2019 recommended immunization schedule for persons 7 through 18 years old includes vaccinations for diphtheria, tetanus, and acellular pertussis (DTap); diphtheria and tetanus (DT); haemophilus influenza type B; hepatitis A; hepatitis B; human papillomavirus (HPV); influenza; measles, mumps, and rubella (MMR); meningococcal; pneumococcal; poliovirus; tetanus, diphtheria, and acellular pertussis (Tdap); tetanus and diphtheria (Td); and varicella.

Immunizations are an integral component of the delivery of pediatric services. Vaccines are essential to the health and well-being of our children and to the public health of the community. Maryland has an outstanding record of immunization rates, one of the highest in the country, and while there is always room for improvement, there is no evidence that children now face access challenges for vaccines. House Bill 530 is not necessary to meet an unmet need and may have unintended negative consequences for the health of adolescents.

Fragmentation of comprehensive medical care will be the outcome of the implementation of this legislation. There is a continuing and appropriate push to create "medical homes" and enhance the coordinated provision of comprehensive services with a focus on prevention, House Bill 530 moves in the opposite direction. A pharmacist will have no access to information about the child, no awareness of health conditions that may place the child at risk for the immunization, such as allergy or asthma and no means to know if there are other services that a child needs that will not be provided because a parent believes immunizations were the only service a child required.

Pediatricians regularly use visits scheduled for immunizations to provide other critical preventative services. Parents often do not schedule visits for routine well-child care but may bring their child to the office

for vaccines. At those visits a pediatrician will often provide additional services such as developmental screenings, hearing and vision assessments, or counseling and updates on management of chronic health concerns like asthma and obesity. With the added focus on behavioral health challenges faced by adolescents, as well as the recognition that sexual activity may also commence during adolescence, those visits also provide an opportunity for pediatric providers to screen for and discuss those issues with the adolescent. If a parent can simply take a child to a pharmacy for a vaccine, the opportunity for more comprehensive care will be lost. The fragmentation of care that will result from House Bill 530 will ultimately produce poorer outcomes and increased health care expenditures.

Furthermore, ImmuneNet, the database that provides information on what immunizations have been administered is continually improving as a reliable tool, but it is still not without technical complications and lacks complete information. While all pharmacists and providers are to enter all immunizations administered into ImmuneNet, the database does not always reflect data entered and/or compliance with the mandate to report is not consistently adhered to. Aside from the arguments already raised, it is strongly recommended that before any consideration be given to authorize pharmacists to administer immunizations to minors without a prescription that functionality and completeness of ImmuneNet be addressed collectively by all affected stakeholders. Absent a reliable and comprehensive database, a provider would not know if a minor received a vaccination from a pharmacist and parents' knowledge and recollection of what has been administered is not always complete, again leading to a fragmentation of the delivery of preventative care.

House Bill 530 is a solution in search of a problem. Its enactment will only create problems, not address deficiencies in the current provision of immunizations for children. The focus should be shifted to enhance and improve ImmuneNet. An unfavorable report is requested.

For more information call:

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