

ARIANA KELLY
Legislative District 16
Montgomery County

DEPUTY MAJORITY WHIP

Health and Government
Operations Committee

Subcommittees

Chair, Health Occupations
and Long Term Care

Insurance and Pharmaceuticals

House Chair, Joint Committee on
Children, Youth, and Families

President Emeritus
Women Legislators of Maryland



The Maryland House of Delegates
6 Bladen Street, Room 425
Annapolis, Maryland 21401
410-841-3642 · 301-858-3642
800-492-7122 Ext. 3642
Fax 410-841-3026 · 301-858-3026
Ariana.Kelly@house.state.md.us

THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

Statement of Delegate Ariana Kelly
HB 530 - Vaccine Access - Support
February 18, 2020

Madam Chairman and Members of the Committee

Thank you for allowing me to present HB 530, a bill that builds on this Committee's ongoing bipartisan work to increase access to vaccines.

This legislation **does not address parental consent**. It is a measure to increase access for parents who choose vaccines. Parents who choose not to vaccinate, or who choose to vaccinate only in a doctor's office because of allergies or immune disorders will still be able to do so.

What it does is eliminate an unnecessary barrier in Maryland law that prevents families from getting their older children vaccinated at the pharmacy- without first stopping by the doctor's office for a prescription.

The current law requires a prescription for vaccines- except for the flu shot. Pharmacists can already administer the flu shot vaccine for children nine and up without a prescription. This has been the law in Maryland since 2011. This would put the TDAP shot, the meningitis vaccine, and the HPV vaccine in the same category as flu shots. We are discussing only five of the 35 immunizations children get from birth to 18.

Getting a prescription is not as easy as it sounds for families who don't have a regular primary care provider. 80% of older kids can get their vaccines at their annual well-child visit. This bill is for the other 20% of kids, who don't go to well-child visits. These children are likely to be low-income, racial minorities, immigrants, or living in rural areas.

This bill is also for the one in three families who have chosen the HPV vaccine for their children but because of logistical barriers do not complete the two or three dose series. That's right, one in three children who get their first HPV shot at a well child visit don't

return six months later for the next dose. It's not part of a regular checkup schedule. Studies show the vast majority of these patients wanted to finish the vaccine, but problems like work schedules and transportation issues made it too difficult.

This bill is personal for me. When I was a kid, we were poor. My own kids are growing up so differently, and I'm thankful for that. They have never missed a well-child visit.

Me? I don't remember ever being in a pediatrician's office during my childhood.

Kids growing up like I did can't always make it to annual well-child visits. And they have a really hard time getting to a second or third follow up for a vaccine.

Some parents can't afford to take time off work. They don't have reliable transportation. In many cases there are also language barriers, and cultural competency issues, and provider shortages to consider. Especially in rural areas.

I'm proposing we look at this the same way we look at other healthcare decisions. How can we get the most access for the most people in the least burdensome and costly way- without risking public health.

This bill balances these needs. It includes several provisions that create a feedback loop with primary care providers - encouraging patients to go in for well-child visits, and providing notice to trigger potential outreach from pediatricians. so clinicians are working efficiently and effectively as a healthcare team.

In eleven other states, pharmacists administer all of these vaccines without a prescription.

You will hear from the pediatricians, who have some concerns about this proposed change. They believe that this may result in fewer well-child checkups. The 11 states that have this in place have not seen this result. And I can understand why. For families that love their pediatrician, like mine does, we will keep going to those annual checkups. But for the 20% of families with children in this age range who do not go to annual well child visits (28% of rural families), this provides another option that might be easier, less costly, more conveniently located, and with better hours.

Last year our Committee overwhelmingly approved a bill to expand ImmuNet, the state database that allows clinicians to access vaccination records.

Pediatricians and pharmacists joined together to make this happen. Our Committee should be proud of this tremendous success. Like with any new users of technology it

will take a few months for doctors to get used to using the system. If passed, by the time this law goes is implemented, the doctors who started using the system last year will be familiar with the technology.

My colleague Dounia Benahmed is a recent graduate from the University of Maryland. Dounia will also talk about how this bill could reduce the burden faced by local school systems and health centers as they work to vaccinate children in time for the first day of school. We are also joined by Dr. Raegan McDonald-Mosley, the Medical Director of Planned Parenthood of Maryland to speak about the value of the HPV vaccine.

US Department of Health and Human Services set a Healthy People 2020 goal of 80% HPV vaccination rate for states. It's 2020 and Maryland is only at 60%, so we have serious catchup work to do.

On the second panel you will hear about how our pharmacists are trained to provide vaccines to children nine and over, and how this access works in other states to improve public health. They will also discuss the safeguards in place to ensure that pharmacies that choose to do this will protect against errors, which is a concern shared by all on this committee when we discuss potentially expanding the workload of pharmacists.

I would like to draw your attention to letters of support from the the Maryland Nurses Association, the Maryland Affiliate of the American College of Nurse Midwives and Baltimore County and City governments. Epic Pharmacies supports this bill and reports that many parents specifically request pharmacists in their stores to provide additional CDC vaccinations to this age group. The Board of Pharmacy also supports this bill, and believes streamlining the process for vaccinations will expand access to necessary care.

As I mentioned before, there is opposition to this bill from the pediatricians, and we are interested in working with the sub-committee to find a solution that is in the best interest of public health.

I urge a favorable report.