

Chair Pinsky, Vice Chair Kagan, and members of the EHEA Committee,

I'm writing to strongly oppose SB 736. Quite frankly, I am shocked that this legislation has been proposed again after the opposition to it last legislative session. Concerned Maryland parents, doctors, and healthcare provider advocates were adamant that this bill did NOT make sense last year and it does NOT suddenly make sense this year either.

I can only assume that this legislation was rewritten to fall in line with the federal emergency guidance allowing pharmacists to administer vaccines to age 3+. It's surprising to see Maryland legislators support this careless Trump administration policy, to say the least. If we are concerned with access during a pandemic, that federal EMERGENCY allowance not only covers that but also limits it to the duration of the emergency. **We do not need to make dangerous emergency measures permanent practice in Maryland.**

While I appreciate the intention of expanding access behind this bill, we have to carefully consider how this permissive, expansive legislation would actually play out in reality.

The **reality** is children receiving vaccines in a chaotic store pharmacy, where the "struggle to fill prescriptions, give flu shots, tend the drive-through, answer phones, work the register, counsel patients and call doctors and insurance companies..." caused one pharmacist to admit: "I am a danger to the public..." ([nytimes.com/2020/01/31/health/pharmacists-medication-errors.html](https://www.nytimes.com/2020/01/31/health/pharmacists-medication-errors.html)) Children's vaccines should remain in a pediatric specialist's scope of practice, where history and contraindications should be carefully considered.

The **reality** is that the only CLEAR benefit to this legislation would be to pharmacies' bottom line- did you know that flu shots bring in an estimated \$20 in profit a pop? Meningitis B- \$48 profit, HPV- \$50 profit, and Hepatitis B \$80 profit? This legislation cannot move forward just because it is economically favorable to one profession, especially when the risks and unintended consequences are what they are.

The **reality** is "running in" your toddler in to get a medical procedure with your shopping list- how is this helping children receive the quality care that they need and deserve?

There are numerous alternate ways that we can actually improve children's access to healthcare. Let's focus on finding those, not on enabling pharmacy conglomerates' access to profit and to our children.

I urge the committee to reject this legislation.

Respectfully,

Jenna Butler  
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