The Maryland State Medical Society
1211 Cathedral Street
Baltimore, MD 21201-5516
410.539.0872
Fax: 410.547.0915
1.800.492.1056
www.medchi.org

TO: The Honorable Paul G. Pinsky, Chair
Members, Senate Education, Health, and Environmental Affairs Committee
The Honorable Malcolm Augustine

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

DATE: March 2, 2021

RE: **OPPOSE** – Senate Bill 736 – *Health Occupations – Pharmacists – Administration of Vaccinations*

On behalf of the Maryland State Medical Society, the Maryland Chapter of the American Academy of Pediatrics, and the Mid-Atlantic Association of Community Health Centers, we submit this letter of **opposition** for Senate Bill 736.

Senate Bill 736 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 3 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 3 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, many of which require multiple doses.

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. MDAAP understands that at the federal level, in August of 2020, in the midst of the COVID-19 public health crisis, the U.S. Department of Health and Human Services changed its policy and recognizes pharmacists to vaccinate children 3 years and older. However, that change was reflective of a survey which indicated many States' immunization rates were not nearly as high as Maryland's and influenced by the current public health emergency. Senate Bill 736 is not necessary in Maryland. There is no evidence of an unmet need given the State's extraordinarily high vaccination rate and may have unintended negative consequences for the health of Maryland's children.

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, Senate Bill 736 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. These well-child visits are especially critical for children entering preschool and elementary school, not because of vaccination requirements but for school readiness screening and the identification of services that may be needed as the child enters school. Furthermore, with the added focus on behavioral health challenges faced by children and 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 Senate Bill 736 will ultimately produce poorer outcomes and increased health care expenditures.

Furthermore, Immunet, 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 Immunet, 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 Immunet 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.

MDAAP appreciates that there has been loosening of vaccination administration authority during the COVID-19 public health crisis. However, for permanent changes in vaccine administration policy for children, Senate Bill 736 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. An unfavorable report is requested.

For more information call:
Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
410-244-7000