2b - EHEA - SB 736 - BON - LOS.pdf

Uploaded by: Bennardi, Maryland Department of Health /Office of Governmen
Position: FAV

Maryland
DEPARTMENT OF HEALTH

Board of Nursing

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

March 2, 2021

The Honorable Paul G. Pinsky
Chair, Education, Health, and Environmental Affairs Committee
2 West Miller Office Building
Annapolis, MD 21401-1991

RE: SB 736 – Health Occupations – Pharmacists – Administration of Vaccinations – Letter of Support

Dear Chair Pinsky and Committee Members:

The Maryland Board of Nursing ("the Board") respectfully submits this letter of support for Senate Bill (SB) 736 – Health Occupations – Pharmacists – Administration of Vaccinations. This bill authorizes a pharmacist to administer certain vaccinations to individuals in a certain age group. Additionally, this bill repeals 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.

The Board believes that by further allowing pharmacists to administer vaccines, access to care is increased in the State in a reasonable manner. Individuals who may visit a physician for their vaccine may experience prolonged waiting periods in a crowded lobby. As a result, this may deter individuals from keeping up to date with their vaccine schedules. Pharmacists, under COMAR 10.34.32, are already professionally trained to administer vaccines in a clean and safe environment. They have been an incredible asset for the administration of the influenza vaccination, amongst others. Allowing pharmacists the continued ability to administer vaccines to adults and children (within a certain age range) will be essential in fortifying the community's herd immunity against preventable infectious and chronic diseases.

For the reasons discussed above, the Board of Nursing respectfully submits this letter of support for SB 736.

I hope this information is useful. For more information, please contact Iman Farid, Health Policy Analyst, at (410) 585 – 1536 (iman.farid@maryland.gov) or Rhonda Scott, Deputy Director, at (410) 585 – 1953 (rhonda.scott2@maryland.gov).

COMAR 10.34.32 Pharmacist Administration of Vaccinations.
http://www.dsd.state.md.us/COMAR/SubtitleSearch.aspx?search=10.34.32.*

Sincerely,

Gary N. Hicks
Board President

The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.

2021 ACNM SB 736 Senate Side.docx.pdf
Uploaded by: Elliott, Robyn
Position: FAV

Committee:	**Senate Education, Health, and Environmental Affairs**
Bill Number:	**Senate Bill 736**
Title:	**Health Occupations – Pharmacists – Administration of Vaccinations**
Hearing Date:	**March 2, 2021**
Position:	**Support**

The Maryland Affiliate of the American College of Nurse Midwives (ACNM) supports *Senate Bill 736 – Health Occupations – Pharmacists – Administration of Vaccinations.* This bill would lower the age by which pharmacists may administer vaccines from 11 to 9 years of age. It also removes the requirement for a prescription. The bill does not affect requirements for parental consent.

Pharmacists have administered vaccinations safely under current Maryland law. This bill increases access in two important ways:

- Removes the requirement for a prescription from another health care practitioner. All providers, including health care practitioners, are supposed to follow the Centers for Disease Control's schedule for vaccination. This, in essence, removes the requirement for a prescription;
- Lowers the age at which parents may bring a child directly to a pharmacist for a vaccination from 11 to 9 years of age.

All providers, including pharmacists, are now required to enter information about vaccinations into a statewide system called Immunet. With this system, pharmacists can determine if vaccinations have been given, and primary care providers can check if vaccinations have been administered elsewhere.

ACNM supports this legislation because it will expand access to vaccines; and as we have seen an increase in outbreaks of measles in parts of the United States, we know that there is a need to continue to increase access to vaccinations.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

2021 MNA SB 736 Senate Side.docx.pdf
Uploaded by: Elliott, Robyn
Position: FAV

Committee:	**Senate Education, Health, and Environmental Affairs Committee**
Bill Number:	**SB 736**
Title:	**Health Occupations – Pharmacists – Administration of Vaccinations**
Hearing Date:	**March 2, 2021**
Position:	**Support**

The Maryland Nurses Association (MNA) supports *Senate Bill 736 – Health Occupations – Pharmacists – Administration of Vaccinations.* This bill would lower the age by which pharmacists may administer vaccines to children from 11 to 9 years of age. It also removes the requirement for a prescription. The bill does not affect requirements for parental consent.

MNA supports efforts to increase access to vaccinations, and pharmacists are an important part of that access since they administer vaccinations safely to adults and children 11 years of age and older under current Maryland law. This bill expands that access by lowering the age to 9 years old at which parents may bring a child directly to a pharmacist for a vaccination.

In addition, the bill removes the requirement for a prescription from another health care practitioner. This makes practical sense since all providers are supposed to follow the Center's for Disease Control's schedule for vaccination. In addition, since all providers, including pharmacists, must enter vaccination information into ImmuNet, a statewide immunization registry, both pharmacists and primary care providers can determine if vaccinations have been given elsewhere.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

SB0736-FAV-DTMG-3-2-21.pdf
Uploaded by: Jones, Samantha
Position: FAV

Olivia Bartlett, DoTheMostGood Maryland Team

Committee: Education, Health, and Environmental Affairs

Testimony on: SB0736 – Health Occupations – Pharmacists – Administration of Vaccinations

Position: Favorable

Hearing Date: March 2, 2021

Bill Contact: Senator Malcolm Augustine

DoTheMostGood (DTMG) is a progressive grass-roots organization with more than 2500 members who live in a wide range of communities in Montgomery and Frederick Counties, from Bethesda near the DC line north to Frederick and from Poolesville east to Silver Spring and Olney. DTMG supports legislation and activities that keep its members healthy and safe in a clean environment and which promote equity across all of our diverse communities. Overcoming health disparities is an important DTMG goal and promoting children's access to vaccinations using pharmacies would help achieve that goal.

One of the best ways to increase herd immunity and protect the population from preventable diseases, particularly for children, the elderly, and underserved communities, is to increase the availability of vaccines and the ease of getting them. SB0736 will help support these vital efforts by allowing any CDC-recommended vaccination to be administered to patients age nine and above by pharmacists without a prescription or prior doctor visit, maintaining current requirements that primary care physicians be notified. Pharmacists are trained to provide vaccines to children nine and over and are already giving flu shots to children. Pharmacists in eleven other states administer all vaccines without a prescription.

SB0736 will help families by providing more convenient ways to seek immunizations, while still maintaining communication with providers' offices who may then contact patients regarding upkeep of wellness visits. SB0736 will particularly help the 20% of kids who don't regularly go to well-child visits. These children are likely to be low-income, racial minorities, immigrants, or living in rural areas. Administration of vaccines by pharmacists will also makes booster shots more convenient for parents with work schedule or transportation issues. This bill is especially critical during the coronavirus pandemic and the urgent need to vaccinate our children as soon as possible after the vaccine becomes available for them.

SB0736 does not reduce the requirement for parental consent. It just increases access for parents who choose vaccines, by eliminating 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 – and having to pay another co-pay.

For all of these reasons, DTMG strongly supports HB1040 and urges a **FAVORABLE** report on this bill.

Respectfully submitted,

Olivia Bartlett
Co-lead, DoTheMostGood Maryland Team
oliviabartlett@verizon.net
240-751-5599

SB 736 testimony immunization written final[1].pdf
Uploaded by: locklair, cailey
Position: FAV

MARYLAND ASSOCIATION OF CHAIN DRUG STORES

NACDS NATIONAL ASSOCIATION OF CHAIN DRUG STORES

On behalf of the nearly 800 chain pharmacies and more than 2800 pharmacists we represent that provide patient care in Maryland, the Maryland Association of Chain Drug Stores (MACDS) and the National Association of Chain Drug Stores (NACDS) appreciate the opportunity to testify in support of SB 736. Pharmacy's experience on the front-line of the COVID-19 pandemic has clearly demonstrated that access to convenient and quality vaccines for Marylanders at their neighborhood community pharmacies is imperative. We applaud the Committee for recognizing the valuable impact in making these services permanently available to your constituents.

By broadening pharmacists' authority to administer childhood vaccines, Senate Bill 736 would permanently align Maryland state law with **current practices both in the state and nationally**. In August 2020, the US Department of Health and Human Services recognized the adverse impact COVID-19 was continuing to have on access to the healthcare system and the qualifications and experience of pharmacist vaccinators. With the Third Amendment to the Federal PREP Act, the HHS declaration superseded state laws andauthorized pharmacists and pharmacy interns to order and administer any CDC or FDA-authorized vaccinations to children aged 3 and older (following the vaccine schedule). Following this, the Maryland Department of Health recognized both the substance of the amendment and that it pre-empts state law and allows pharmacies to administer childhood vaccines, however further action is needed to expand this authority permanently.

Well before the COVID-19 pandemic and prior to the PREP Act, pharmacy-based immunizations were a well-established practice both in Maryland and nationwide. *Since 2015, Maryland pharmacies* ***have safely*** *provided* ***more than 3 million vaccines*** *to Marylanders, including children and adolescents*. Given the severity of COVID-19 and the continuous strain it has on the healthcare system, now is the time to fully utilize the skillset of pharmacists to deliver quality patient care and support the larger healthcare team.

It is important to note that since pharmacists have given millions of vaccines to patients in Maryland for many years, we have well-established protocols in place to ensure the patient is a good candidate for the vaccine they seek. As standard practice and per Maryland law, pharmacies collect physician contact information from patients and must make at least one attempt to notify physicians when one of their patients has been vaccinated. This notification gives the physician a unique opportunity to reconnect with their patient. This also includes standard use of a patient questionnaire and screening tool and following the same evidence-based protocols and guidelines other providers use. For example, our protocols would not allow us to provide a vaccine to a seriously ill patient or a patient with a condition that makes the vaccine unadvisable. Thus, many of the one-off anecdotes often touted by the opposition to call patient safety into question are highly unrealistic, "straw man" examples.

Pharmacists have proven time and again that they have the knowledge and know-how to bring accessible and convenient healthcare into communities. With 90% of Americans living within 5 miles of their neighborhood pharmacy, community pharmacists are able to serve more patients across the country at multiple locations with extended evening and weekend hours; thus, offering an unparalleled opportunity

to truly improve access to care, especially for those without a primary care provider or those living in medically underserved and rural areas.

Despite some of the objections routinely raised by the medical lobby, pharmacists are both highly educated and trained in these services, having earned a Doctor of Pharmacy (PharmD) in a rigorous 6-year program that focuses greatly on patient assessments, screenings, and direct patient care. Pharmacists also are quite literally *the* medication experts of the healthcare professions and have in-depth knowledge of vaccinations, identifying patients in need of the service, preventing medication side effects, and avoiding contraindications -- as well as providing emergency care in the rare case of an adverse reaction.

In addition to being highly trained, pharmacists are highly trusted. Community pharmacies present places that many individuals consider to be comfortable and trusted for receiving their vaccines. The community pharmacy is most often the first point of contact where patients tend to visit their pharmacist more times per year than their other providers. Through trusted, well-established relationships with patients, pharmacists can help bridge gaps in patient care as they are experienced in communicating with patients, their primary care providers, offering referrals, and counseling patients on the importance of both routine and follow-up medical care, including educating parents on the importance of well-child visits. All of which is essential to helping guide patients without a primary care doctor back into the system.

In closing, we urge the Committee to pass this bill to fully align immunization options for patients in Maryland with the PREP Act which is now standard practice. We believe that without mirroring current federal pharmacy authority, issues with future patient expectations around access to these services will arise. This will be especially apparent if a COVID-19 vaccine is approved for children in the future.

Again, MACDS and NACDS extend our appreciation to Senator Augustine, Chairman Pinsky, and the Committee for recognizing the opportunity to offer patients more options for safe and professional vaccine services.

We thank you for your consideration of this legislation and urge a favorable report.

2.26.2021 - SB736 - OPPOSE.pdf
Uploaded by: Ausiello-Rosenthal, Jennifer
Position: UNF

OPPOSE SB736 – Health Occupations – Pharmacists – Administration of Vaccines Act

Dear honorable members of the Education, Health, and Environmental Affairs Committee,
Thank you for serving our community. I am writing to strongly oppose SB736, Health Occupations-Pharmacists-Administration of Vaccines Act. While pharmacists' role in vaccination has been expanding for some time now, as a parent, I find this to be a troubling trend. Children are best served when parents are involved in their children's healthcare and make decisions with trusted pediatricians. Pharmacists are not trained to properly assess a child for risks and/or contraindications. Further, allowing pharmacists to vaccinate children as young as 3 years old without a doctor's prescription will likely lead to fewer visits to the pediatrician for wellness care. Additionally, while I'm sure expanding the role of pharmacists to administer vaccines was initially well-intentioned, it seems this trend is now being pushed for financial reasons rather than justified public health concerns (i.e. pediatrician access or lack thereof). Putting children at risk for increased pharmacy profit is unacceptable.

The following article, titled, "How to Make Immunizations a Pharmacy Profit Center" blatantly states (and almost boasts) about how implementing an immunization program can generate an extra **$40,000-90,000 per year in pure profit** and how this is a "golden opportunity" and how implementation is as "easy as 1-2-3": This is troubling. https://www.pbahealth.com/how-to-make-immunizations-a-pharmacy-profit-center/?fbclid=IwAR2h1fCobBWU8jpQpnjvgx-lF689FxiGmApv9hWrEpgYjd3dOv0t5eA9gdY

It is clear this is about profits, not people. Pharmacies are looking for additional revenue streams and immunizations are a guaranteed way to achieve that outcome. Because of the high profit margin pharmacies enjoy from offering this service, they can and do offer incentives for getting vaccinations.

Some snippets to demonstrate the motive is profits and not public health:

"If you want to add profit to your bottom line, increase the number of immunizations that you're doing," Schaefer said. "Every single immunization that you do adds to your bottom line. There are no exceptions."

"It's another added component to bring in another revenue stream," Feltner said. "When you look at pharmacies today, they're pretty much breakeven pharmacies. So in order to be positive, as far as revenue stream, you've got to think outside the box."

They both believe immunizations have become essential to compete in today's world, especially as a way to differentiate from online and mail-order pharmacies that are capturing more and more of the market share.

Around 100 million Americans get the flu shot every year, which produces around $4 billion to $5 billion in revenue. That's just influenza. Each year, the national chain pharmacies and big-box stores battle to snatch up patients to their immunization programs with aggressive marketing and significant discounts.

Yet the immunization market is still largely untapped….And pharmacies can be the prime beneficiaries of this growing demand.

And the flu shot is only the tip of the immunization iceberg. There's a glacial immunization opportunity beyond influenza waiting to be uncovered. For example, flu shots bring in roughly $20 of profit a pop. Compare that to meningococcal group B vaccine at $48, human papillomavirus at $50, and hepatitis B at $80, according to one estimate. An independent pharmacy in Louisiana earned nearly $6,000 in profit from only 70 shots of hep B in the first year of offering the vaccine.

Schaefer said the least amount of profit you'll ever make on a vaccine is $15 to $20. You essentially get paid twice, once for the product and once for the service itself. "How many prescriptions do you make fifteen to twenty dollars on?"

After the entire article discusses profit, it then discusses approaching a provider for scripts, this time encouraging the reader to disingenuously imply that it is (all-of-a-sudden) all about the patient:

If you need an agreement or protocol, Schaefer recommends coming up with a plan to approach a provider. Choose your provider carefully, maybe starting with the health department. And when you go to make your case, make it all about the patient. "Always, always take the high road," she said. "It's about giving patients easy access to preventive care."

This bill comes at a time where it is also clear that pharmacies are already under pressure to do more with less. This very relevant article describes the chaotic nature of working in a pharmacy and how pharmacists are reporting themselves as a "danger" to the public: https://www.nytimes.com/2020/01/31/health/pharmacists-medication-errors.html?fbclid=IwAR2d7CQCVP0Bur3JVdvkxE50LbRAl3Gn2vkJQo_kb-8t4msU1ZXtBD4LE1Y

As the article describes, *"They struggle to fill prescriptions, give flu shots, tend the drive-through, answer phones, work the register, counsel patients and call doctors and insurance companies, they said — all the while racing to meet corporate performance metrics that they characterized as unreasonable and unsafe in an industry squeezed to do more with less.*

Again, while well-intentioned, we are now bordering on irresponsible vaccination practices with the lowered age limits and ever-expanding role of pharmacists. Vaccines are a product and medical intervention with risk; they need to be treated as such. Please also keep in mind that as a result of the 1986 National Vaccine Compensation Injury Act, vaccine manufacturers are NOT liable for injury or death after administration of a vaccine. Instead, the Vaccine Injury Compensation Program (VICP) was set up to adjudicate these claims (paid for by a 75-cent tax that the taxpayer pays per antigen in each vaccine). Please vote against this bill. Thank you for your time.

Kindly,

Jenn Ausiello-Rosenthal

District 39

SB736 - Against - Bress.pdf
Uploaded by: Bress, Steve
Position: UNF

My name is Steve Bress. I have been a Maryland resident for much more than 50 years. I urge you to vote no on this bill. It is not in the best interests of Maryland residents. A similar bill came up in the not too distant past. It was a bad idea also. I wrote the following for that one, and it applies virtually unchanged today.

SB736 has as its basic premise that a Pharmacist should take the place of a highly trained and experience medical professional when it comes to administering vaccines, and the local pharmacy is an appropriate venue for such administration. I must, therefore, assume that the sponsors have never actually set foot in a commercial pharmacy, such as CVS, or a pharmacy within a grocery store, such as might be found in a Shoppers Food Warehouse.

Given that, I would be pleased to share my experiences with both types of pharmacies. I won't be naming names, but my experiences have been similar amongst a wide variety of retail pharmacy locations.

- The Pharmacist gave me a prescription that required refrigeration. It was in the massive pile of other prescriptions and nowhere near the fridge. I was asked if I wanted it anyway. I suggested that I felt more comfortable with a properly maintained prescription. In the case of this particular prescription, it would simply have been ineffective. If a vaccine had been cared for in this manner, it could be deadly.
- I had to intervene in a dispute between a patient and the pharmacist. She was berating and threatening the staff. For some reason, they were unable or unwilling to have the woman removed. Had I allowed her to continue to harass my pharmacists, I would not have expected to get the right medication. I certainly would not have wanted one of them to give me a vaccine at that time, given the high levels of agitation that she caused.
- Pharmacies have no ability to understand medically complex individuals. No matter how many times I explain allergies to the inactive ingredients in the drugs, they still will make a substitution, often without informing me, with a drug to which one of my family members is allergic.
- On that topic, since pharmacists cannot track and do not care about allergies, they certainly cannot be trusted to inquire, understand, and act on allergy information provided by a potential patient. Which assumes that the patient, who may be a minor under this bill, is capable of understanding that it is their responsibility to inform the pharmacist about allergies and other embarrassing personal information. The patient's doctor, of course, should already know and take proper precautions.
- Bounties for medical procedures are unacceptable, but they are commonplace at pharmacies. False advertising is rampant as well. The shots aren't "free" unless the

pharmaceutical companies have all suddenly gotten very generous. (While there is usually an asterisk that says the pharmacist will explain how it is free, it is still not free.)

- I have witnessed many, many vaccinations given at local pharmacies and given the small amount of square footage allocated to the medical procedure section, I have heard the interaction between the pharmacist and the patient. I have NEVER, not once, as in it hasn't happened, heard the pharmacist give the patient the information that would allow for informed consent.
- Speaking of lack of space, I have never seen a bed for a patient to lie down upon for when he or she is about to pass out after vaccination. This would be uncomfortable and dangerous.
- On that topic, drive through vaccinations sound like a great idea until someone passes out while driving.
- One pharmacist substituted a generic drug for a name brand drug, for which I paid a significant amount of money. It did not do its job. When I found out what had happened and talked to the pharmacist, he would not check inventory to prove my claim. Later on, after a change in management, I found out that I wasn't the only one. There is no reason to believe that this wouldn't happen with vaccines. A saline solution is far cheaper than the actual vaccine. Should a patient get sick, it would just be assumed to be a simple vaccine failure.

There is no such thing as a 100% safe medical procedure. No matter how often the phrase "safe and effective is repeated," it does not suddenly become true. Without a parental consent requirement for medical procedures, a minor has no advocate that understands the details of the minor's health and the risks posed by the procedure. Contests, bounties and other forms of manipulation are not reasonable when it comes to invasive medical procedures. What is reasonable is informed consent and parental involvement. I urge you to vote against this bill that weakens parental rights and endangers children.

Steve Bress

Germantown, MD

SB736-OPPOSE.pdf
Uploaded by: Butler, Jenna
Position: UNF

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) 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
Annapolis, Maryland

Unfavorable SB0736.pdf
Uploaded by: Carr, Christie
Position: UNF

February 26, 2021

Dear Senator Pinsky and Education, Health, and Environmental Affairs Committee Members,

I am writing to request that you kindly oppose Senate Bill 0736: Health Occupations – Pharmacists - Administration of Vaccines.

I am concerned about the number of bills that I have seen which attempt to broaden those who can administer childhood vaccinations. As a parent of a child with a complicated medical history, I would only wish for my children to be administered a vaccine by their pediatrician who has followed them since birth. I do not believe it is safe nor necessary to allow pharmacists or dentists to administer shots to children. Children need to be seen by their pediatrician. What will happen if parents stop taking their child to the doctor? They will be able to get their child's vaccine while shopping at Target and skip their child's wellness check.

I ask that you please oppose this unnecessary bill and keep the job of children's health in the hands of pediatricians.

Sincerely,

Christie Carr

1210 Corbett Rd

Monkton, MD 21111

443-421-7837

sb 0736.pdf
Uploaded by: Couch, Lindsay
Position: UNF

I strongly oppose SB0736. To allow pharmacists to administer vaccines is unethical. They are not trained in vaccination administration nor do they have the means to properly assess any medical concerns after the vaccine is administered should there be an adverse effect.

SB736_Oppose_Cusack.pdf
Uploaded by: Cusack, Sarah
Position: UNF

SB736: Health Occupations - Pharmacists - Administration of Vaccinations
OPPOSE

Dear Chair Pinsky, Vice Chair Kagan, and Distinguished Members of the Education, Health, and Environmental Affairs Committee,

I reached out to a friend who has been a Pharmacist for 15 years and asked her what she thought of this bill. She said, "Sarah… Some Pharmacists do not like children."

Her comment ripped through me. I am a Pediatric Physical Therapist and I know that Pediatrics is a difficult specialty that takes a special person and skill set.

Pharmacists, who are smart enough to have gone through Medical School, chose a profession that does not require them to do direct patient care. They certainly did not choose to do specialized direct patient care with pediatrics. Vaccinating a 3-year-old child is nothing like vaccinating an adult who sits patiently for a shot that they want to receive. Pharmacists are not pediatric specialists, and 3-year-olds will run, cry, and scream, especially if a provider does not know how to work with them.

According to the CDC's Recommended Child Immunization Schedule, children between ages 4-6 are recommended to get vaccinations for Measles, Mumps, Rubella, Chicken Pox, Diphtheria, Tetanus, Pertussis, Polio, and Influenza. If the child is found to be appropriate, these can all be given in a single visit. Often 2 nurses assist a parent to hold a young child down to receive these shots. My friend, who works in a Wal Mart Pharmacy said she has two chairs with pull down tables to vaccinate people in. This is completely inappropriate. Young children are going to be half-dressed and screaming in the middle of Wal Mart, Target, and CVS.

This is not fair to Pharmacists who are busy filling prescriptions and will have to stop every time a child gets in line for some shots.

When children are vaccinated at the Pediatrician, they receive a full physical examination and assessment for vaccine readiness and appropriateness. The CDC recommended "schedule" is ONLY A RECOMMENDATION. It is not a checklist. Pharmacists do not have this level of expertise.

Please, I ask that the Committee give this bill an UNFAVORABLE report.

Sarah Cusack, MPT
Ashton, MD 20861
District 14

2021 MCHS SB 736 Senate Side.pdf
Uploaded by: Elliott, Robyn
Position: UNF

Maryland Community Health System

Committee: **Senate Education, Health, and Environmental Affairs Committee**

Bill Number: **Senate Bill 736 – Health Occupations – Pharmacists – Administration of Vaccines**

Hearing Date: **March 2, 2021**

Position: **Oppose**

Maryland Community Health System (MCHS) opposes *Senate Bill 736 – Health Occupations – Pharmacists – Administration of Vaccines.* The bill would lower the age that pharmacists can provide vaccine to children from 11 to 3 years old. The bill would also eliminate the requirement that pharmacists have a prescription from a provider before administering a vaccine to children.

As a network of federally qualified health centers, we serve a large number of children who are uninsured or covered through Medicaid. Well-child visits are one of our most critical services for children. These visits are important because they allow the family provider "to establish a relationship with the parents or caregivers."[i] Immunizations are often the primary reason why parents make well-child appointments. At these visits, providers also render critical services such as developmental assessments, vision testing, lead screening, and fluoride varnishes. We are greatly concerned that parents will not bring children in for well-visits if they obtain vaccinations from pharmacists.

We ask for an unfavorable report on this bill. If we can provider further information, please contact Salliann Alborn at salborn@mchsmd.com.

5850 Waterloo Road, Suite 140, Columbia, Maryland 21045
410-761-8100

[i] Turner, Katherine. "Well-Child Visits for Infants and Young Children". American Family Physician. September 15, 2018. https://www.aafp.org/afp/2018/0915/p347.html

SB0736_Unfavorable_KFisher.pdf
Uploaded by: Fisher, Kara
Position: UNF

SB0736: Health Occupations - Pharmacists - Administration of Vaccinations

Oppose

Kara Fisher

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

I oppose SB 736, which would permit pharmacists and pharmacy techs to administer vaccines. An immunization is a medical procedure that should be completed after a history and physical has been completed in a physician's office. This bill would allow children as young as three years old to receive a childhood vaccination in an open, hectic and germy CVS pharmacy.

What are the motives of this bill? Who is going to profit when the immunization location moves from the physician office visit to the pharmacy? The pharmacy benefits, and the patient loses out.

It is an admirable goal to increase health care access and health status of the underserved. However, this bill will not achieve that goal. Don't we owe it to all of Maryland's children to increase access to primary care visits that will include immunizations and patient evaluations that occur during check-ups?

Thank you,

Kara Fisher

Rockville, District 19

SB 736- Health Occupations - Pharmacists - Admini
Uploaded by: Fitzgerald, Jo
Position: UNF

SB 736: Health Occupations - Pharmacists - Administration of Vaccinations

OPPOSE

Good Afternoon Chair Pendergrass, Vice Chair Pena-Melnyk, and the Members of the Committee. Thank you for letting me testify today.

My name is Jo Fitzgerald. I come to you as a registered nurse, and a concerned grandmother. If this bill passes, my three grandsons will be affected.

There is an injury called SIRVA (Shoulder Injury Related to Vaccine Administration), this injury has dramatically increased since adults started receiving vaccines in pharmacies. Inappropriate placement of a needle into the shoulder ligaments, tendons, bursae, or even the brachial nerve can cause nerve damage that can lead to paralysis and chronic pain.

If this injury is happening to adults who are willing participants and who sit peacefully while the vaccine is being administered, what is going to happen to a squirming, uncooperative child as young as 3? Also, this bill reflects that a physicians order for this invasive procedure is not needed - call me old fashion, but I believe that if an invasive procedure is being done then a medical physician should be doing an assessment and then writing an order for the administration of same.

Vaccines are an invasive medical procedure and should be treated as such by being performed in a medical facility and not a retail business. Physicians complete the assessment on a “well visit” which also includes an assessment for appropriateness of administering a vaccine that is on the CDC guidelines that are recommendations only.

An experience that I had with my own children serves as a perfect example to support vaccines being in a medical office. When my 5 year old received a vaccine in the the doctors office he passed out, fell on the floor, knocked his 3 year old brother down, chop blocking him in his legs which appeared to be a possible broken leg. Meanwhile the 5 year old was passed out on the floor, it took 40 minutes for his blood pressure to recover, while at the same time consoling a screaming 3 year old. The physician and staff were available to manage the medical issues of both the children.

Jo Fitzgerald

818 Winchester Drive

Westminster, MD. 21157

Oppose SB 736.pdf
Uploaded by: Hartman , Nicole
Position: UNF

Oppose SB 736

Dear Mr. Pinsky,

As you are aware this bill was opposed and defeated last year and rightfully so.

As a mom, I take the relationship between my children's doctor, child, and myself very seriously. Their doctor knows my children and their medical history. The pharmacist does not. I believe this bill will have some unintended harms to children...What if a child has an allergy to vaccine ingredients? What if a child has had a negative reaction to vaccines? The pharmacist doesn't know this information and rightfully so. After all, they went to pharmacy school to become a pharmacist. Not a pediatrician.

Unfortunately, we know, pharmacy conglomerates are chaotic environments where childhood immunizations should not be administered. We know that medical error is already the third leading cause of death in the United States. Let's not do anything further to increase that statistic.

Thank you for your time in listening to the voices from this great state of Maryland!

All the best,

Nicole Hartman

OPPOSE_SB736_Helms.pdf
Uploaded by: Helms, Jessica
Position: UNF

OPPOSE SB736 Health Occupations - Pharmacists - Administration of Vaccinations

I am writing to oppose SB736. I do not think pharmacists should be administering vaccinations to minors. Permitting this will reduce the number of pediatric visits a child attends meaning that the quality of their care will decline. I also have major concerns with repealing the need for a prescription. Allowing vaccination without a prescription could easily result in double vaccination or in a person receiving the wrong vaccination. This seems to be a dangerous gamble to make. Doctors should be kept involved with the vaccination process since they have records of family history and what a person has or has not received readily available. I do not support this bill.

Jessica Helms

623 Elfin Ave.

Capitol Heights, MD 20743

SB736.pdf
Uploaded by: Kapper, Jill
Position: UNF

OPPOSE HB1040/SB0736: Health Occupations - Pharmacists - Administration of Vaccinations.

Hello,

I strongly oppose HB1040/SB0736 for several reasons. The best healthcare outcomes for children occur when the full doctor, parent, patient relationship is respected. It's imperative that these all remain. I question how the dentist and or doctor would even be informed whether or not the child has already had their vaccine through the other provider. I envision duplicate vaccines which could be life threatening. Vaccines are not candy, they can cause catostophicharm therefore should be treated as so. If this bill passes, getting shots at the pharmacy will become the normal thing to do and no longer the exception because parents are busy and it'll just be more convenient. Pharmacies will likely create incentives, as they do now and children will stop seeing their regular physician. This is a terrible bill and I strongly encourage you to veto it.

Thank you,

SB0736_UNF_MedChi, MDAAP, MACHC_Health Occs - Phar
Uploaded by: Kasemeyer, Pam
Position: UNF

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

Please oppose SB0736.pdf
Uploaded by: McCullough, Karen
Position: UNF

Please oppose SB0736.

There is a reason why doctor's have specialized fields because they have specialized training. Pediatricians have specialized training to deal with children's issues including the vaccination schedule. They are aware of the child's full medical history and contraindications.
What training does a pharmacist have to deal with a child who has a bad reaction to a vaccine?

Vaccines are not skittles and should not be passed out in the middle of a Walmart, CVS or Walgreens. Vaccines caused serious health conditions which they have been harming children and the government keeps allowing this to happen without any civil liability from these pharmaceutical companies. Please don't tell me vaccinations are safe because the federal vaccine injury compensation program has paid over $5 BILLION to children and adults for injuries and DEATHS caused by vaccinations.

Vaccine makers and the healthcare providers who administer them bear zero liability for vaccine injuries and deaths. Vaccine makers have no incentive to make vaccines safe.

I'm not sure of the reason for this bill and I pray it is not for greed. Children should have access to pediatricians and if that is the motive then come up with a bill that helps have more access to pediatricians not put a vaccine into an un -trained hand to put a bandaid on the issue.

I am a CARING AND LOVING PARENT and a registered voter and I will be watching this bill closely.

Thank you
Karen

Immunizations a Pharmacy Profit Center.pdf
Uploaded by: Montgomery, Megan
Position: UNF

How to Make Immunizations a Pharmacy Profit Center

March 15, 2019

When Beverly Schaefer became one of the first pharmacists to administer flu shots in 1996, she could never have guessed that twenty years later she'd be administering nearly thirteen thousand immunizations per year.

Schaefer says her pharmacy was the first in the U.S. to offer mass immunizations administered by a pharmacist, and the reason she pioneered the idea came down to a business problem. She had turned down a contract from a major payer and all at once she lost 300 patients. Searching for a way to retain

their business even while they were getting their prescriptions somewhere else, she ordered the flu vaccine and posted a sign on her door.

“We were hoping to do 300 flu shots the first year,” she said. “We did 1,200. The biggest problem is that we had to go to the bank twice a day because we had so many tens and twenties in the till.”

At that time they gave the shots out of a backroom with a table and a couple of chairs. When people came in to get the shots, they kept asking what else the pharmacy was going to offer back there. “It was like a light bulb went off,” Schaefer said. “What people want is access to healthcare.” Now her pharmacy, Katterman’s Sand Point Pharmacy, has become a true immunization destination, offering 28 vaccines year-round. They account for nearly 20 percent of her business and 30 percent of her profit.

“If you want to add profit to your bottom line, increase the number of immunizations that you’re doing,” Schaefer said. “Every single immunization that you do adds to your bottom line. There are no exceptions.”

Marty Feltner, director of immunization services for Kohll’s Pharmacy, also pioneered immunization in his home state of Nebraska. As the first pharmacy in the state to offer immunizations, Kohll’s has become the immunization leader in the region. “It’s another added component to bring in another revenue stream,” Feltner said. “When you look at pharmacies today, they’re pretty much breakeven pharmacies. So in order to be positive, as far as revenue stream, you’ve got to think outside the box.” Among its eight locations, Kohll’s administers 50,000 to 80,000 flu immunizations per year.

Both Katterman’s and Kohll’s specialize in travel immunizations, which in itself has been a boon for business. People travel from hours away to get travel shots from their pharmacies. Around half of Schaefer’s total immunization revenue comes from travel vaccines.

They both believe immunizations have become essential to compete in today’s world, especially as a way to differentiate from online and mail-order pharmacies that are capturing more and more of the market share. “You know that [Bezos] family that sends boxes to every house every day across the country?” Schaefer said, whose pharmacy is in Seattle, the location of Amazon’s headquarters. “They have to come to my store to get travel immunizations. Because you can’t do that by mail. So why not offer a service that mail order will never be able to compete with?”

A Golden Opportunity

Around 100 million Americans get the flu shot every year, which produces around $4 billion to $5 billion in revenue. That’s just influenza. Each year, the national chain pharmacies and big-box stores battle to snatch up patients to their immunization programs with aggressive marketing and significant discounts.

Yet the immunization market is still largely untapped. A 2017 report from the Centers for Disease Control and Prevention stated that vaccination rates have a long way to go to meet the Healthy People 2020 goals. And pharmacies can be the prime beneficiaries of this growing demand. Surveys show that patients find pharmacies to be more accessible and convenient than physicians’ offices and health

clinics. And the majority of people in the U.S. now prefer getting vaccinated at the pharmacy, according to
a survey by PrescribeWellness.

Many independent pharmacies have already caught on to this trend. The 2018 NCPA Digest shows 70 percent of pharmacies offering immunizations. However, that number includes pharmacies that only offer the flu shot. Another estimate says less than a quarter of independents offer immunizations beyond influenza. And the flu shot is only the tip of the immunization iceberg. There's a glacial immunization opportunity beyond influenza waiting to be uncovered. For example, flu shots bring in roughly $20 of profit a pop. Compare that to meningococcal group B vaccine at $48, human papillomavirus at $50, and hepatitis B at $80, according to one estimate. An independent pharmacy in Louisiana earned nearly $6,000 in profit from only 70 shots of hep B in the first year of offering the vaccine.

"IF YOU WANT TO ADD PROFIT TO YOUR BOTTOM LINE, INCREASE THE NUMBER OF IMMUNIZATIONS THAT YOU'RE DOING. EVERY SINGLE IMMUNIZATION THAT YOU DO ADDS TO YOUR BOTTOM LINE. THERE ARE NO EXCEPTIONS."

Multiple pharmacy experts say pharmacies that offer expanded immunizations can expect a minimum $40K per year in additional revenue, but more likely closer to $90K. One independent pharmacy in Oklahoma gave 1,800 vaccines in one year, earning $40K in pure profit. Another independent pharmacy in Pennsylvania averaged more than 700 immunizations in its second year, resulting in more than $16K in profit.

"You do two or three new consultations a day, your profit on just those consultations could potentially pay for that pharmacist just to be there that day," Feltner said. "There are times where we'll get five or seven consultations in one day and have profitability of three or four hundred dollars on just that one-hour appointment depending on the patient's travel designation."

Schaefer said the least amount of profit you'll ever make on a vaccine is $15 to $20. You essentially get paid twice, once for the product and once for the service itself. "How many prescriptions do you make fifteen to twenty dollars on?"

Immunizations also provide additional business benefits to indirectly increase revenue and profitability. "What we're finding is that pharmacies and pharmacists who are engaging in immunizations are being

approached for other patient care activities," said Mitch Rothholz, chief strategy officer for the American Pharmacists Association (APhA). "Coming in for immunizations is an opportunity to talk about other healthcare services they might need that the pharmacy can provide."

That has been true in Feltner's experience, especially for the shingles vaccine, which is suffering shortages because demand is so high. "You're going to have lots of patients come into the pharmacy who may not be a regular customer and by offering the service you get them in the door," he said. "If we say we offer the shingles vaccine, we may be able to transfer their prescription business over to our pharmacy just by having an immunization program. It just opens more doors."

A broad and lasting benefit, immunizations move your pharmacy in the direction the profession is headed: from medication-focused to patient-focused care. "It's a demonstration of pharmacists as a healthcare provider," Rothholz said. "Because pharmacists are trying to move and expand their services into a more quality patient care delivery activity versus just providing a product. Pharmacists' value to patients and the healthcare team is recognized when patients receive the appropriate medication or healthcare service and achieve the optimal benefit from those services."

The addition of patient-centered services not only sets you up to survive the future of pharmacy, it also helps nurture patient loyalty. It's one of the few opportunities pharmacists have to meet face-to-face with patients. "You'll have a patient for life once you start immunizing," Feltner said. "It's been a very rewarding experience."

Easy as 1, 2, 3

Many pharmacies don't offer immunizations because the thought of an immunization program is overwhelming. After all, it's a whole new addition that requires you to spend time and money ordering and storing new inventory, marketing new services, and most importantly, fitting it into your already busy workflow.

But Feltner and Schaefer said the difficulty of offering immunizations is a major misconception that keeps too many pharmacies away. In fact, adding an immunization program is really easy, they said.

You simply treat immunizations like prescriptions. When someone asks for an immunization, your process follows just as if they handed you a prescription. You give them a consent form, enter their insurance info, ring them up, and when they get to the front of the queue, the pharmacist brings them to the consultation room and administers the vaccine. "Doing an immunization takes about as much time as filling a new prescription," Schaefer said. "It's like entering a new patient."

Vaccines are ordered from your primary wholesaler (or possibly direct from the manufacturer) and stored in your refrigerator with your insulins and other refrigerated medicine, or they're stored in your freezer. In other words, they fit right in alongside all your other prescription medicines.

But the only way to make the integration seamless is to utilize your employees well. Every part of the process should be conducted by technicians except for reviewing the documentation and administering

the vaccine, which doesn't take more than a couple of minutes of the pharmacist's time. If you have a pharmacist who's a recent graduate, consider letting them take the reins. "They've been trained in college to do this," Schaefer said. "Give it to the youngest one and let them be in charge of it if you trust them."

Feltner suggests starting out slow, with the flu, shingles, and pneumonia vaccines, and working your way up from there. "You can get a vaccine program up and running very, very quickly," he said. He and Schaefer both grew their immunization programs gradually, adding vaccines to their repertoire as patients requested them. She suggests trying to expand your program by 10 percent each year, which she promises is achievable. Eventually you may grow your pharmacy into a complete immunization destination. "It just has a way of continuing to grow if you're doing a good job at it," she said.

Before you get started, reach out to other health providers and public health staff in your community, Rothholz said. "Identify what are their and their patients' needs and challenges related to immunizations that your pharmacy could help address."

Six Steps to Get Your Program Off the Ground

1. Check laws and regulations
2. Get trained and certified
3. Talk to other providers to get buy-in, discover needs, and establish a CPA if necessary
4. Prepare the pharmacy: create a private space, train staff, order supplies, and put a sign on the door
5. Establish workflow
6. Market the service

Potential Challenges

The biggest obstacle to getting an immunization program off the ground will likely be the legal aspect. Although every state allows pharmacists to administer vaccines, scope of authority varies widely. "The variability in what pharmacists can administer is typically dependent upon the age of the patient, the type of antigens or vaccine, and some other procedural modifications," Rothholz said.

In many states, you have to establish standing protocols or collaborative practice agreements to be able to vaccinate. Most states require pharmacists to complete training on pharmacy-based immunizations. Pharmacies and pharmacists can check with their state pharmacy association or state board of pharmacy to identify the requirements and restrictions related to immunizations before getting started, Rothholz said.

If you need an agreement or protocol, Schaefer recommends coming up with a plan to approach a provider. Choose your provider carefully, maybe starting with the health department. And when you go to make your case, make it all about the patient. “Always, always take the high road,” she said. “It’s about giving patients easy access to preventive care.”

Another potential hurdle you’ll want to be ready for is billing. Coverage for vaccines in pharmacies varies from plan to plan, including some under Medicare Part B and others through Part D. Some plans cover the total cost of the vaccine, others require a copay, and others don’t cover it at all. If a vaccine is not covered under the patient’s pharmacy benefit, Feltner and Schaefer have the patient pay out-of-pocket and self-submit the claim to their medical insurance. However, pharmacies can enroll as a mass-immunization provider and be compensated at the same level as physicians and other providers under Medicare Part B, Rothholz said.

For pharmacies feeling overwhelmed by the thought of starting a program, there are all kinds of resources to help. Start with the APhA’s certification program, which has trained more than 340,000 pharmacists. “The program is now considered the gold standard for pharmacy-based immunizations. It’s updated, it’s in line with CDC recommendations, it’s reviewed by immunization experts, and it’s recognized by individuals outside of the profession for its quality and content,” Rothholz said. In addition, APhA provides access to products and resources to keep up with current recommendations and vaccine information.

For clinical and logistical resources, visit the Immunization Action Coalition (IAC) website (www.immunize.org), which provides protocols, vaccine information statements, consent forms, and a host of other free documents as well as complete guidelines for offering immunizations at the pharmacy. Further resources for everything you need can be found from the APhA, CDC, and the Advisory Committee on Immunization Practices (ACIP).

More Than Profit

One of Feltner’s favorite parts of immunizations is the opportunity they provide to interact with patients. It’s one of the few things that frees him from behind the counter to get that personal touch.

Same goes for Schaefer. “Doing an immunization, it’s a very intimate and private moment,” she said. “You actually get to know these patients in a different way than you do transacting over the counter.”

Immunizations live in that sweet spot of pharmacy practice where healthier patients and a healthier business meet. Research overwhelmingly shows that when pharmacies vaccinate, uptake increases, outcomes improve, and healthcare costs decrease.

“The more often we vaccinate, the more chances we have to decrease disease,” Feltner said. “And that’s the whole goal is to vaccinate as many people as we can. And it’s a great feeling as a pharmacist to immunize someone against a potentially deadly disease.”

20 Tips to Make Your Immunization Program a Profit Center

Maximize your profit by increasing immunization sales with smart strategies from pharmacy owners who have been doing it for decades. Independent pharmacy owner Beverly Schaefer and director of immunization services Marty Feltner provide tens of thousands of immunizations every year, and their independent pharmacies have become immunization destinations. Use these tips compiled from their expertise and current research to get most money from your immunization program.

1. Start the Conversation

Starting the conversation is the most important part of increasing immunizations, Schaefer said. “There’s lots of topics that you can choose to start a conversation about immunization—travel, staying healthy, new vaccines. Even if people don’t do it right then, it plants a seed in their brain. And it gets word-of-mouth going.”

2. Put a Sign on the Door

For Schaefer, a simple sign is the first and most important step in marketing your services. This has been her single most successful strategy for increasing immunizations. On the sign, list all the immunizations you offer. “When we did this, people were totally amazed that we were doing all these shots,” she said.

3. Educate Patients

According to the CDC, education remains the largest barrier to immunization coverage. Simply informing patients about the preventable diseases and the vaccines that prevent them is an easy way to increase immunization rates. Use in-store signage, brochures from manufacturers, bag inserts, or a conversation.

4. Make Specific Recommendations

Asking the right patients about the right vaccines will give you a higher conversion rate. That involves identifying eligible patients and recommending the specific vaccine to them directly. For example, if the patient is over 50, simply let them know: Nearly 40 percent of people who have had chickenpox will get shingles. Offer to give them the vaccine right then and there.

5. Target Flu Shot Patients

Patients who get the flu shot have already shown an openness to immunizations, which means they’ll be much more inclined to accept further vaccines, according to a 2018 study published in

Psychological Science in the Public Interest (PSPI). When patients come in for flu shots, have them fill out an intake form and ask about the last time they received other recommended vaccines.

6. Make Strong Recommendations

The PSPI study also discovered that a strong recommendation from the provider is the single most powerful way to motivate someone to get vaccinated. Instead of asking if they would like the vaccine, tell them they're eligible and that they can get it before they leave the pharmacy.

7. Identify Eligible Patients

Most pharmacy systems allow you to create an alert for patients when their profile matches a vaccine need, which most often is based on age. Feltner relies on his employees to know which patients to look for and when to recommend vaccines. "The big key is to delegate and to train your staff on how to recognize someone who is eligible," he said. "Train your staff. Train your staff. Train your staff."

8. Utilize Entire Staff

After a visit to a national chain, Feltner realized how effective it is to have every single staff member, no matter their role, ask patients if they've gotten a vaccine. The store's cashier asked every patient at checkout if they had gotten the flu shot. If they said no, she directed them to the pharmacy. "I thought that was eye opening," he said. "That's part of the whole idea of delegating to your entire staff."

9. Zero Copay Tactic

This trick has been wildly successful for Feltner: He keeps track of which insurance and government plans offer patients a zero copay for a vaccine. Any time his staff sees a patient with one of those plans, they make the recommendation and let the patient know the vaccine is completely free. At that point, it's an easy sell.

10. Co-administration

Co-administering vaccines can also cause an uptick in vaccinations. Patients will be much more likely to receive multiple immunizations if they get them all in one stop rather than returning at another time. As long as the vaccines don't have contraindications, you can safely administer multiple vaccines in one visit. Also consider ordering combination vaccines that contain multiple vaccines in one shot, which are even more convenient for patients and reduce your storage costs.

11. Offsite Events

"Pharmacists who are successful in immunizations are not limiting provision of vaccines to the walls of their practice," said Mitch Rothholz, chief strategy offer at APhA."They're going out to businesses and doing immunizations in the community, whether it be an event or in private businesses." Offsite events not only generate money from vaccines given at the event, they're also a perfect opportunity to recruit

new patients to your pharmacy for good. Good offsite opportunities include school systems, health fairs, local businesses, assisted-living communities, apartment-complex communities, police departments, churches, and colleges.

12. Employer Partnerships

A huge source of immunization revenue for Feltner's practice site is corporate partnerships. He's developed relationships with several corporations who send their employees overseas. All of those employees go to Kohll's Pharmacy for travel immunizations, which usually involve multiple vaccines.

13. On-Air Advertising

Go live on the radio or TV and give flu shots. "Just make it fun," Feltner said. "The big thing I tell pharmacists is make it fun. Then you're having fun immunizing and preventing disease."

14. Helping with Costs

The second biggest barrier to immunizations, according to the CDC, is cost. The agency recommends pharmacies consult with local and state public health vaccination programs to learn about publicly funded programs that could help patients with the cost of vaccines. You can also enroll in the Vaccines for Children Program, which provides pharmacies federally purchased vaccines to fully vaccinate eligible children.

15. Offer Coupons

Take a page from the national chain pharmacies and big-box stores. Give patients a small voucher or coupon to your front end when they get an immunization from you. The profit you earn from them will outweigh the gift.

16. Fax Physicians

After immunizing a patient, Schaefer sends a fax to the provider. The fax includes the entire list of vaccines she offers, with an X next to the vaccine she administered. That way, the physician will know every vaccine she offers and can refer patients to her in the future.

17. Word-of-Mouth

If you offer a top-notch immunization program, your patients and physicians will do the advertising for you. Both Schaefer and Feltner attributed their most successful marketing to word-of-mouth. In fact, Schaefer spends zero dollars on advertising.

18. Answering Machine

Use your answering machine to highlight your immunization services. “When you call my store, it’s ‘Hello, you’ve reached Katterman’s pharmacy, your immunization destination,’” Schaefer said. “That way they’re thinking about immunizations whether they want to or not.”

19. Incentivize Your Pharmacists

Schaefer said the high margins on immunizations allow you to pay a bonus to your pharmacists for each immunization they administer. For an immunization that earns $20, let your pharmacists take two to five bucks of that to give them extra motivation.

20. Travel Tricks

Travel vaccinations come with their own bag of tricks—all of which genuinely help the health of patients.

- Hold a consultation with patients to ask where they’re going, review their immunization history, and offer them everything they’ll need.
- Use Travax, an online resource, to identify every vaccine a patient will need for the area they’re visiting.
- Create a “travel checklist” with OTC items patients may need for the trip, which they can purchase in your front end.
- Compile a section in the front end dedicated solely to travel products and walk your patient through it after each consultation. Schaefer said it’s not uncommon for patients to spend an extra one to two hundred dollars on her OTC travel products.
- Put a sign on your front door: “Are you traveling out of the country? Have you had your hep A, yellow fever, and typhoid shots?”
- If a patient comes in asking for a specific travel vaccination, ask where they’re traveling. You may be able to offer additional immunizations or travel products.
- Get a standing order or collaborative practice agreement to administer prescription travel medicine, like antimalarial drugs.

- This pharmacy dramatically expanded its business through telepharmacy
- How to hire the best people for your pharmacy
- A new weight loss program that helps patients lose pounds

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OPPOSE HB1040/SB736

Prevent Unintended Harm to Maryland's Children

PROTECT THE PARENT-DOCTOR-PATIENT RELATIONSHIP

BEST HEALTH OUTCOMES

The best health outcomes for children occur when the parent and the physician work as a team and consider health history, precautions and contraindications before making any medical decisions. Children are not vaccinated like adults and have a very complicated recommended schedule, receiving multiple shots at once.

TRAINING

Pediatricians are specifically trained to assess children for vaccine appropriateness and readiness. Immunizations are pharmaceutical products that come with warnings, precautions, and contraindications. A child must be properly assessed prior to administration to reduce risk for serious harm and/or death. A pharmacist does not have this training.

LIABILITY

The Federal 1986 National Childhood Vaccine Injury Act removed liability from vaccine makers as well as the provider that administers the vaccine. Pharmacists have not been properly trained in assessment for childhood vaccines and will not be liable for mistakes leaving children at risk.

PHARMACIES ARE CHAOTIC

Pharmacies have a reputation for being chaotic. Pharmacist's jobs are harder than ever as so many people are on multiple pharmaceutical products. It is dangerous to have pharmacists stop filling a prescription every time they have to give shots. A toddler should not be assessed for vaccine appropriateness in the middle of a crowded Walmart.

IMPROPER INJECTIONS

SIRVA (Shoulder Injury Related to Vaccine Administration) Injuries are on the rise since pharmacies started giving immunizations. A skyrocketing number of cases have been compensated by the Federal Government as people are getting their immunizations outside of the the doctor's office.

lovemarylandpac.org

Love Maryland PAC testimony SB736 2.26.21.pdf
Uploaded by: Montgomery, Megan
Position: UNF

SB736: Health Occupations - Pharmacists - Administration of Vaccinations
OPPOSE
Love Maryland PAC

Dear Chair Pinsky, Vice Chair Kagan, and Distinguished Members of the Education, Health, and Environmental Affairs Committee,

Our organization is very concerned about this bill and its potential impacts on the safety of children in our state and citizens that get prescriptions filled at pharmacies.

This bill came before the committee last session (SB355), with a minimum age of 9. It received an Unfavorable Report from the committee. We are very concerned to see that it is resubmitted with an even younger age of 3-years-old.

In the hearing on SB355 last session, the bill's sponsor, Senator Augustine, testified that there are pharmacies in our state that are struggling financially and that this bill would help to give them more income. We disagree with any bill that would reduce safety for children just to make a business more money.
https://www.nytimes.com/2020/01/31/health/pharmacists-medication-errors.html

- Young children are not vaccinated like adults. They have a complicated "recommended" schedule by the CDC that requires an assessment to determine actual vaccine appropriateness. Issues such as allergies, diagnoses (autoimmunity, immune system dysfunction, immune system suppressing drugs), current health status, and previous adverse reactions to vaccinations are just some of the things that pediatricians consider before determining what vaccine a child should have in a visit. They do not go by a checklist. At well-visits, pediatricians perform a full physical examination and medical history prior to determining vaccine readiness. Pharmacists do not have this expertise.

- No one is liable if a pharmacist gives an inappropriate vaccine, or if they administer it incorrectly into a tiny 3-year-old arm. The Federal 1986 National Childhood Vaccine Injury Act removed liability from vaccine makers as well as the provider that administers the vaccine.

- If this bill were to become law, some children would never go to see the pediatrician again. Pediatric well visits include a thorough physical exam and screenings for physical, mental and developmental milestones. These screenings allow referrals to help children who are showing signs of developmental struggles or other health diagnoses.

- Last year, the New York Times profiled the chaos that is occurring in American pharmacies. It is dangerous to have pharmacists stop filling a prescription every time a child gets in line for vaccinations. https://www.nytimes.com/2020/01/31/health/pharmacists-medication-errors.html

- SIRVA (Shoulder Injury Related to Vaccine Administration) injuries have increased since people have started getting vaccines in pharmacies. This is a huge risk for a 3-year-old child who will not sit still and has a very small arm.

  We respectfully ask the Committee for an Unfavorable report, especially this session when it is so difficult for citizens to testify.

  Love Maryland PAC
  Silver Spring, MD

NYT Chaos at Pharmacies Puts Patients at Risk.pdf
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Position: UNF

The New York Times

How Chaos at Chain Pharmacies Is Putting Patients at Risk

Pharmacists across the U.S. warn that the push to do more with less has made medication errors more likely. “I am a danger to the public,” one wrote to a regulator.

By Ellen Gabler

Jan. 31, 2020

For Alyssa Watrous, the medication mix-up meant a pounding headache, nausea and dizziness. In September, Ms. Watrous, a 17-year-old from Connecticut, was about to take another asthma pill when she realized CVS had mistakenly given her blood pressure medication intended for someone else.

Edward Walker, 38, landed in an emergency room, his eyes swollen and burning after he put drops in them for five days in November 2018 to treat a mild irritation. A Walgreens in Illinois had accidentally supplied him with ear drops — not eye drops.

For Mary Scheuerman, 85, the error was discovered only when she was dying in a Florida hospital in December 2018. A Publix pharmacy had dispensed a powerful chemotherapy drug instead of the antidepressant her doctor had prescribed. She died about two weeks later.

The people least surprised by such mistakes are pharmacists working in some of the nation’s biggest retail chains.

In letters to state regulatory boards and in interviews with The New York Times, many pharmacists at companies like CVS, Rite Aid and Walgreens described understaffed and chaotic workplaces where they said it had become difficult to perform their jobs safely, putting the public at risk of medication errors.

They struggle to fill prescriptions, give flu shots, tend the drive-through, answer phones, work the register, counsel patients and call doctors and insurance companies, they said — all the while racing to meet corporate performance metrics that they characterized as unreasonable and unsafe in an industry squeezed to do more with less.

“I am a danger to the public working for CVS,” one pharmacist wrote in an anonymous letter to the Texas State Board of Pharmacy in April.

“The amount of busywork we must do while verifying prescriptions is absolutely dangerous,” another wrote to the Pennsylvania board in February. “Mistakes are going to be made and the patients are going to be the ones suffering.”

[Read how you can protect yourself against medication errors.]

State boards and associations in at least two dozen states have heard from distraught pharmacists, interviews and records show, while some doctors complain that pharmacies bombard them with requests for refills that patients have not asked for and should not receive. Such refills are closely tracked by pharmacy chains and can factor into employee bonuses.

Michael Jackson, chief executive of the Florida Pharmacy Association, said the number of complaints from members related to staffing cuts and worries about patient safety had become “overwhelming” in the past year.

CVS Health ranks eighth on the Fortune 500 list and has nearly 10,000 pharmacies across the United States. Jeenah Moon for The New York Times

The American Psychiatric Association is particularly concerned about CVS, America’s eighth-largest company, which it says routinely ignores doctors’ explicit instructions to dispense limited amounts of medication to mental health patients. The pharmacy’s practice of providing three-month supplies may inadvertently lead more patients to attempt suicide by overdosing, the association said.

“Clearly it is financially in their best interest to dispense as many pills as they can get paid for,” said Dr. Bruce Schwartz, a psychiatrist in New York and the group’s president.

A spokesman for CVS said it had created a system to address the issue, but Dr. Schwartz said complaints persisted.

Regulating the chains — five rank among the nation's 100 largest companies — has proved difficult for state pharmacy boards, which oversee the industry but sometimes allow company representatives to hold seats. Florida's nine-member board, for instance, includes a lawyer for CVS and a director of pharmacy affairs at Walgreens.

Aside from creating potential conflicts of interest, the industry presence can stifle complaints. "We are afraid to speak up and lose our jobs," one pharmacist wrote anonymously last year in response to a survey by the Missouri Board of Pharmacy. "PLEASE HELP."

Officials from several state boards told The Times they had limited authority to dictate how companies ran their businesses. Efforts by legislatures in California and elsewhere have been unsuccessful in substantially changing how pharmacies operate.

A majority of state boards do not require pharmacies to report errors, let alone conduct thorough investigations when they occur. Most investigations focus on pharmacists, not the conditions in their workplaces.

In public meetings, boards in at least two states have instructed pharmacists to quit or speak up if they believe conditions are unsafe. But pharmacists said they feared retaliation, knowing they could easily be replaced.

The industry has been squeezed amid declining drug reimbursement rates and cost pressures from administrators of prescription drug plans. Consolidation, meanwhile, has left only a few major players. About 70 percent of prescriptions nationwide are dispensed by chain drugstores, supermarkets or retailers like Walmart, according to a 2019 Drug Channels Institute report.

CVS garners a quarter of the country's total prescription revenue and dispenses more than a billion prescriptions a year. Walgreens captures almost 20 percent. Walmart, Kroger and Rite Aid fall next in line among brick-and-mortar stores.

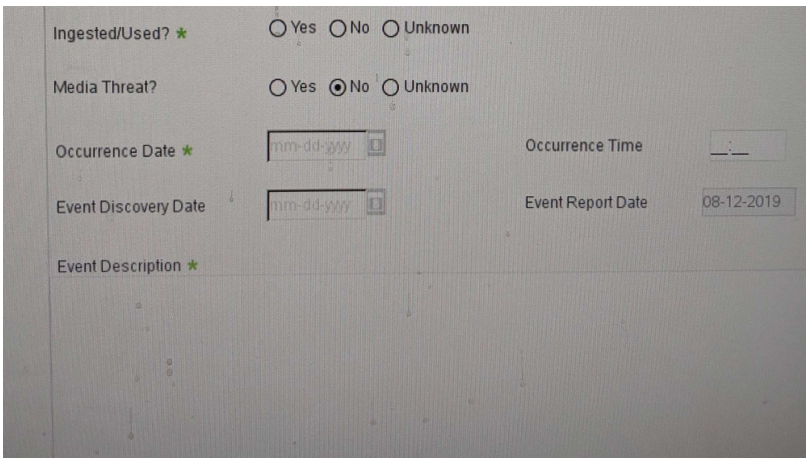
In statements, the pharmacy chains said patient safety was of utmost concern, with staffing carefully set to ensure accurate dispensing. Investment in technology such as e-prescribing has increased safety and efficiency, the companies said. They denied that pharmacists were under extreme pressure or faced reprisals.

"When a pharmacist has a legitimate concern about working conditions, we make every effort to address that concern in good faith," CVS said in a statement. Walgreens cited its confidential employee hotline and said it made "clear to all pharmacists that they should never work beyond what they believe is advisable."

Errors, the companies said, were regrettable but rare; they declined to provide data about mistakes.

The National Association of Chain Drug Stores, a trade group, said that "pharmacies consider even one prescription error to be one too many" and "seek continuous improvement." The organization said it was wrong to "assume cause-effect relationships" between errors and pharmacists' workload.

The specifics and severity of errors are nearly impossible to tally. Aside from lax reporting requirements, many mistakes never become public because companies settle with victims or their families, often requiring a confidentiality agreement. A CVS form for staff members to report errors asks whether the patient is a "media threat," according to a photo provided to The Times. CVS said in a statement it would not provide details on what it called its "escalation process."



A CVS form for pharmacy staff members to report errors asks whether the patient is a "media threat."

The last comprehensive study of medication errors was over a decade ago: The Institute of Medicine estimated in 2006 that such mistakes harmed at least 1.5 million Americans each year.

Jonathan Lewis said he waited on hold with CVS for 40 minutes last summer, after discovering his antidepressant prescription had been refilled with another drug.

Mr. Lewis, 47, suspected something was wrong when he felt short of breath and extremely dizzy. Looking closely at the medication — and turning to Google — he figured out it was estrogen, not an antidepressant, which patients should not abruptly quit.

"It was very apparent they were very understaffed," Mr. Lewis said, recalling long lines inside the Las Vegas store and at the drive-through when he picked up the prescription.

Pharmacists have written to state regulatory boards about their safety concerns.

"Something needs to be done about this before lives are lost. Our patients depend on us for their safety and wellness. We have to live up to their expectations."

North Carolina pharmacist

Too Much, Too Fast

The day before Wesley Hickman quit his job as a pharmacist at CVS, he worked a 13-hour shift with no breaks for lunch or dinner, he said.

As the only pharmacist on duty that day at the Leland, N.C., store, Dr. Hickman filled 552 prescriptions — about one every minute and 25 seconds — while counseling patients, giving shots, making calls and staffing the drive-through, he said. Partway through his shift the next day, in December 2018, he called his manager.

Wesley Hickman, who now runs an independent pharmacy, left a job at CVS because of conditions he described as unsafe. Jeremy M. Lange for The New York Times

“I said, ‘I am not going to work in a situation that is unsafe.’ I shut the door and left,” said Dr. Hickman, who now runs an independent pharmacy.

Dr. Hickman felt that the multitude of required tasks distracted from his most important jobs: filling prescriptions accurately and counseling patients. He had begged his district manager to schedule more pharmacists, but the request was denied, he said.

CVS said it could not comment on the “individual concerns” of a former employee.

With nearly 10,000 pharmacies across the country, CVS is the largest chain and among the most aggressive in imposing performance metrics, pharmacists said. Both CVS and Walgreens tie bonuses to achieving them, according to company documents.

Nearly everything is tracked and scrutinized: phone calls to patients, the time it takes to fill a prescription, the number of immunizations given, the number of customers signing up for 90-day supplies of medication, to name a few.

The fact that tasks are being tracked is not the problem, pharmacists say, as customers can benefit from services like reminders for flu shots and refills. The issue is that employees are heavily evaluated on hitting targets, they say, including in areas they cannot control.

In Missouri, dozens of pharmacists said in a recent survey by the state board that the focus on metrics was a threat to patient safety and their own job security.

“Metrics put unnecessary pressure on pharmacy staff to fill prescriptions as fast as possible, resulting in errors,” one pharmacist wrote.

Of the nearly 1,000 pharmacists who took the survey, 60 percent said they “agree” or “strongly agree” that they “feel pressured or intimidated to meet standards or metrics that may interfere with safe patient care.” About 60 percent of respondents worked for retail chains, as opposed to hospitals or independent pharmacies.

Surveys in Maryland and Tennessee revealed similar concerns.

The specific goals are not made public, and can vary by store, but internal CVS documents reviewed by The Times show what was expected in some locations last year.

Staff members were supposed to persuade 65 percent of patients picking up prescriptions to sign up for automatic refills, 55 percent to switch to 90-day supplies from 30-day, and 75 percent to have the pharmacy contact their doctor with a “proactive refill request” if a prescription was expiring or had no refills, the documents show.

Prescriptions at Dr. Hickman's pharmacy. When he worked at CVS, he said, longtime patients sometimes signed up for automatic refills as a favor to help him meet corporate metrics. Jeremy M. Lange for The New York Times

Pharmacy staff members are also expected to call dozens of patients each day, based on a computer-generated list. They are assessed on the number of patients they reach, and the number who agree to their requests.

Representatives from CVS and Walgreens said metrics were meant to provide better patient care, not penalize pharmacists. Some are related to reimbursements to pharmacies by insurance companies and the government. CVS said it had halved its number of metrics over the past 18 months.

But dozens of pharmacists described the emphasis on metrics as burdensome, and said they faced backlash for failing to meet the goals or suggesting they were unrealistic or unsafe.

“Any dissent perceived by corporate is met with a target placed on one’s back,” an unnamed pharmacist wrote to the South Carolina board last year.

In comments to state boards and interviews with The Times, pharmacists explained how staffing cuts had led to longer shifts, often with no break to use the restroom or eat.

“I certainly make more mistakes,” another South Carolina pharmacist wrote to the board. “I had two misfills in three years with the previous staffing and now I make 10-12 per year (that are caught).”

Much of the blame for understaffing has been directed at pressure from companies that manage drug plans for health insurers and Medicare.

Acting as middlemen between drug manufacturers, insurers and pharmacies, the companies — known as pharmacy benefit managers, or P.B.M.s — negotiate prices and channel to pharmacies the more than $300 billion spent on outpatient prescription drugs in the United States annually.

The benefit managers charge fees to pharmacies, and have been widely criticized for a lack of transparency and applying fees inconsistently. In a letter to the Department of Health and Human Services in September, a bipartisan group of senators noted an “extraordinary 45,000 percent increase” in fees paid by pharmacies from 2010 to 2017.

While benefit managers have caused economic upheaval in the industry, some pharmacy chains are players in that market too: CVS Health owns CVS Caremark, the largest benefit manager; Walgreens Boots Alliance has a partnership with Prime Therapeutics; Rite Aid owns a P.B.M., too.

Walgreens draws nearly 20 percent of the United States’ total prescription revenue. Jeenah Moon for The New York Times

The Pharmaceutical Care Management Association, the trade group representing benefit managers, contends that they make prescriptions more affordable, and pushes back against the notion that P.B.M.s are responsible for pressures on pharmacies, instead of a competitive market.

Pharmacists have written to state regulatory boards about their safety concerns.

"I am currently a pharmacist working at CVS. I am writing to you anonymously today as I fear for losing my job should my identity be known; however, I feel it is my duty to bring our current conditions to the board of pharmacy."

North Carolina pharmacist

Falling Through the Cracks

Dr. Mark Lopatin, a rheumatologist in Pennsylvania, says he is inundated with refill requests for almost every prescription he writes. At times Dr. Lopatin prescribes drugs intended only for a brief treatment — a steroid to treat a flare-up of arthritis, for instance.

But within days or weeks, he said, the pharmacy sends a refill request even though the prescription did not call for one. Each time, his office looks at the patient's chart to confirm the request is warranted. About half are not, he said.

Aside from creating unnecessary work, Dr. Lopatin believes, the flood of requests poses a safety issue. "When you are bombarded with refill after refill, it's easy for things to fall through the cracks, despite your best efforts," he said.

Pharmacists told The Times that many unwanted refill requests were generated by automated systems designed in part to increase sales. Others were the result of phone calls from pharmacists, who said they faced pressure to reach quotas.

In February, a CVS pharmacist wrote to the South Carolina board that cold calls to doctors should stop, explaining that a call was considered "successful" only if the doctor agreed to the refill.

"What this means is that we are overwhelming doctor's office staff with constant calls, and patients are often kept on medication that is unneeded for extended periods of time," the pharmacist wrote.

CVS says outreach to patients and doctors can help patients stay up-to-date on their medications, and lead to lower costs and better health.

Dr. Rachel Poliquin, a psychiatrist in North Carolina who says she constantly gets refill requests, estimates that about 90 percent of her patients say they never asked their pharmacy to contact her.

While Dr. Poliquin has a policy that patients must contact her directly for more medication, she worries about clinics where prescriptions may get rubber-stamped in a flurry of requests. Then patients — especially those who are elderly or mentally ill — may continue taking medication unnecessarily, she said.

The American Psychiatric Association has been trying to tackle a related problem after hearing from members that CVS was giving patients larger supplies of medication than doctors had directed.

While it is common for pharmacies to dispense 90 days' worth of maintenance medications — to treat chronic conditions like high blood pressure or diabetes — doctors say it is inappropriate for other drugs.

For example, patients with bipolar disorder are often prescribed lithium, a potentially lethal drug if taken in excess. It is common for psychiatrists to start a patient on a low dose or to limit the number of pills dispensed at once, especially if the person is considered a suicide risk.

But increasingly, the psychiatric association has heard from members that smaller quantities specified on prescriptions are being ignored, particularly by CVS, according to Dr. Schwartz, the group's president.

CVS has created a system where doctors can register and request that 90-day supplies not be dispensed to their patients. But doctors report that the registry has not solved the problem, Dr. Schwartz said. In a statement, CVS said it continued to “refine and enhance” the program.

Dr. Charles Denby, a Rhode Island psychiatrist, said CVS ignored his explicit directions not to dispense 90-day supplies of medication to patients. Tony Luong for The New York Times

Even after he began stamping the instructions on prescriptions, he said, CVS would tell him the "baldfaced lie" that his patients were asking for 90-day supplies. Dr. Denby's D.E.A. number has been redacted. Tony Luong for The New York Times

Dr. Charles Denby, a psychiatrist in Rhode Island, became so concerned by the practice that he started stamping prescriptions, "AT MONTHLY INTERVALS ONLY." Despite those explicit instructions, Dr. Denby said, he received faxes from CVS saying his patients had asked for — and been given — 90-day supplies.

Dr. Denby, who retired in December, said it was a "baldfaced lie" that the patients had asked for the medication, providing statements from patients saying as much.

"I am disgusted with this," said Dr. Denby, who worries that patients may attempt suicide with excess medication. "There are going to be people dead only because they have enough medication to do the deed with."

'We Already Have Systems in Place'

Alton James never learned how the mistake came about that he says killed his 85-year-old mother, Mary Scheuerman, in 2018.

He knows he picked up her prescription at the pharmacy in a Publix supermarket in Lakeland, Fla. He knows he gave her a pill each morning. He knows that after six days, she turned pale, her blood pressure dropped and she was rushed to the hospital.

Mary Scheuerman died in December 2018 after taking a powerful chemotherapy drug mistakenly dispensed by a Publix pharmacy. Her son said she was supposed to have received an antidepressant.

Mr. James remembers a doctor telling him his mother's blood had a toxic level of methotrexate, a drug often used to treat cancer. But Mrs. Scheuerman didn't have cancer. She was supposed to be taking an antidepressant. Mr. James said a pharmacy employee later confirmed that someone had mistakenly dispensed methotrexate.

Five days after entering the hospital, Mrs. Scheuerman died, with organ failure listed as the lead cause, according to medical records cited by Mr. James.

The Institute for Safe Medication Practices has warned about methotrexate, listing it as a "high-alert medication" that can be deadly when taken incorrectly. Mr. James reported the pharmacy's error to the group, writing that he wanted to raise awareness about the drug and push Publix, one of the country's largest supermarket chains, to "clean up" its pharmacy division, according to a copy of his report provided to The Times.

Trexall, a brand name for the drug methotrexate, can be used to treat cancer.

The company acknowledged the mistake and offered a settlement, Mr. James wrote, but would not discuss how to avoid future errors, saying, “We already have systems in place.”

Last September, Mr. James told The Times that Publix wanted him to sign a settlement agreement that would prevent him from speaking further about his mother’s death. Mr. James has since declined to comment, saying that the matter was “amicably resolved.”

A spokeswoman for Publix said privacy laws prevented the company from commenting on specific patients.

It can be difficult for patients and their families to decide whether to accept a settlement.

Last summer, CVS offered to compensate Kelsey and Donavan Sullivan after a pediatrician discovered the reflux medication they had been giving their 4-month-old for two months was actually a steroid. To be safely weaned, the baby had to keep taking it for two weeks after the error was discovered.

“It was like he was coming out of a fog,” Mrs. Sullivan recalled.

Kelsey and Donavan Sullivan with their son, Finnegan. Last year, a CVS mistakenly dispensed a steroid for the baby in place of reflux medication. Nina Robinson for The New York Times

The couple, from Minnesota, are still considering a settlement but haven’t agreed to anything because they don’t know what long-term consequences their son might face.

The kinds of errors and how they occur vary considerably.

The paper stapled to a CVS bag containing medication for Ms. Watrous, the Connecticut teenager with asthma, listed her correct name and medication, but the bottle inside had someone else’s name.

Directions on the prescription for Mr. Walker, the Illinois man who got ear drops instead of eye drops from Walgreens, were clear: “Instill 1 drop in both eyes every 6 hours.” He later saw the box: “For use in ears only.”

In September, Stefanie Davis, 31, got the right medicine, Adderall, but the wrong dose. She pulled over on the interstate after feeling short of breath and dizzy with blurred vision. The pills, dispensed by a Walgreens in Sun City Center, Fla., were each 30 milligrams instead of her usual 20. She is fighting with Walgreens to cover a $900 bill for her visit to an emergency room.

Fixes That Fall Short

State boards and legislatures have wrestled with how to regulate the industry. Some states have adopted laws, for instance introducing mandatory lunch breaks or limiting the number of technicians a pharmacist can supervise.

But the laws aren't always followed, can be difficult to enforce or can fail to address broader problems.

The National Association of Chain Drug Stores says some state boards are blocking meaningful change. The group, for instance, wants to free up pharmacists from some tasks by allowing technicians, who have less training, to do more.

It also supports efforts to change the insurance reimbursement model for pharmacies. Health care services provided by pharmacists to patients, such as prescribing birth control, are not consistently covered by insurers or allowed in all states. But it has been difficult to find consensus to change federal and state regulations.

While those debates continue, some state boards are trying to hold companies more accountable.

For Mrs. Sullivan's infant to safely wean off the high-dose steroid he was given by mistake, he had to keep taking it for two weeks after the error was discovered. Nina Robinson for The New York Times

Often when an error is reported to a board, action is taken against the pharmacist, an obvious target. It is less common for a company to be scrutinized.

The South Carolina board discussed in November how to more thoroughly investigate conditions after a mistake. It also published a statement discouraging quotas and encouraging "employers to value patient safety over operational efficiency and financial targets."

California passed a law saying no pharmacist could be required to work alone, but it has been largely ignored since taking effect last year, according to leaders of a pharmacists' union. The state board is trying to clarify the law's requirements.

In Illinois, a new law requires breaks for pharmacists and potential penalties for companies that do not provide a safe working environment. The law was in response to a 2016 Chicago Tribune investigation revealing that pharmacies failed to warn patients about dangerous drug combinations.

Some states are trying to make changes behind closed doors. After seeing results of its survey last year, the Missouri board invited companies to private meetings early this year to answer questions about errors, staffing and patient safety.

CVS and Walgreens said they would attend.

Research was contributed by Susan C. Beachy, Jack Begg, Alain Delaquérière and Sheelagh McNeill.

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March 2, 2021

To: The Honorable Delores G. Kelley
Chair, Finance Committee

From: The Office of the Attorney General, Health Education and Advocacy Unit

Re: Senate Bill 736 (Health Occupations- Pharmacists- Administration of Vaccinations): Oppose

The Office of the Attorney General's Health Education and Advocacy Unit (HEAU) submits the following written testimony in opposition to Senate Bill 736. For the duration of the pandemic, no statutory changes are required to authorize pharmacists and pharmacist interns to administer adult Covid-19 vaccines and childhood vaccines approved by the U.S. Food and Drug Administration (FDA) and recommended by the Centers for Disease Control and Prevention (CDC) for children 3-18 years old, without prescriptions, because those services are expressly authorized by federal orders issued by the Secretary of the U.S. Department of Health and Human Services and state orders issued by the Secretary of Health (attached). The temporary orders supersede current § 12-508 of the Health Occupations Article which only allows pharmacist-administration of a childhood vaccination approved by the FDA and recommended by the CDC to children 11-18 years old, if prescribed by an authorized prescriber, and adult vaccination of CDC recommended prevention and travel immunizations.

The federal order's expanded childhood vaccine authority is directly linked to the pandemic-induced decline in national vaccination rates resulting from stay-at-home orders, provider practice restrictions, and urgent concerns about outbreaks of preventable diseases secondary to the pandemic:

> A May 2020 [CDC] report found a troubling drop in routine childhood immunizations as a result of families staying at home. While families

> followed public health warnings about going out, an unfortunate result was many missed routine vaccinations. This decrease in childhood-vaccination rates is a public health threat and a collateral harm caused by the COVID-19 pandemic.
>
> "As a pediatric critical care physician who has treated critically ill children suffering from vaccine preventable diseases, I know first-hand the devastation to the child – and to the family and community – of a death or severe brain damage that could have been avoided by a safe and effective vaccine," said HHS Assistant Secretary for Health Brett P. Giroir, M.D. "The cornerstone of public health, vaccines, makes these dreaded diseases preventable. **As we expand options during the COVID-19 response, we are also reminding parents, grandparents, and caretakers that there is no substitute for a critically important well-child visit with a pediatrician or other licensed primary care provider when available.**"
>
> HHS is expanding access to childhood vaccines to avoid preventable diseases in children, additional strains on the healthcare system, and any further increase in avoidable adverse health consequences—particularly if such complications coincide with an additional resurgence of COVID-19.

https://www.hhs.gov/about/news/2020/08/19/hhs-expands-access-childhood-vaccines-during-covid-19-pandemic.html (August 19, 2020 press release from HHS, emphasis added).

These changes were never intended to be permanent and should remain temporary until after proper study and analysis of the pandemic data has been conducted by subject matter experts in pediatric medicine and pediatric vaccines with oversight by the Department of Health, home to the state's Vaccination Program, occupational health boards and the Maryland Health Care Commission.

The federal order's expanded authority to administer FDA authorized or approved vaccinations is also directly linked to the urgency to vaccinate for COVID-19 and likewise is not intended to be permanent.

The HEAU has long advocated for accessible, affordable health care for families in Maryland, many of whom now have improved access to pediatricians and preventive care. We urge the General Assembly to not make these pandemic-induced changes permanent without full consideration of the consequences, including insurance coverage related issues.

This bill does not conform to the provisions of the federal and state orders currently in effect, and if enacted now could cause confusion and thus patient harm for the remainder

of the pandemic. For instance, without prescriptions, pharmacists could administer to children or adults any vaccines "approved or authorized by the [FDA]." (p. 2, l. 7-8; 17-18) Exhibit A is a list of FDA approved vaccines, including vaccines to protect against rabies, dengue fever, ebola, anthrax and HPV.

We would not oppose the bill if it is amended to mirror federal and state orders currently in effect and includes a December 31, 2022 sunset date. Otherwise, we urge an unfavorable report on the bill.

cc: Sponsor

EXHIBIT A

- Adenovirus Type 4 and Type 7 Vaccine, Live, Oral
- Anthrax Vaccine Absorbed (Trade name: Biothrax)
- BCG Live (Trade name: BCG Vaccine or TICE BCG)
- Cholera Vaccine Live Oral (Trade name: Vaxchora)
- Dengue Tetravalent Vaccine, Live (Trade name: DENGVAXIA)
- Ebola Zaire Vaccine, Live (Trade name: ERVEBO)
- Human Papillomavirus Quadrivalent (Types 6, 11, 16, 18) Vaccine, Recombinant (Trade name: Gardasil)
    - ***Note: Gardasil 9 is on both lists***
- Human Papillomavirus Bivalent (Types 16, 18) Vaccine, Recombinant (Trade: Cervarix)
- Japanese Encephalitis Virus Vaccine, Inactivated, Absorbed (Trade name: Ixiaro)
- Meningococcal Polysaccharide Vaccine, Groups A, C, Y, and W-135 Combined (Trade name: Menomune-A/C/Y/W-135)
- Plague Vaccine
- Poliovirus Vaccine Inactivated (Human Diploid Cell) (Trade name: Poliovax)
    - ***Note: IPOL, the more commonly used poliovirus vaccine is on both lists***
- Rabies Vaccine (Trade name: Imovax and RabAvert)
- Smallpox and Monkeypox Vaccine, Live, Non-Replicating (Trade name: JYNNEOS)
- Smallpox (Vaccinia) Vaccine, Live (Trade name: ACAM2000)
- Typhoid Vaccine Live Oral Ty21a (Trade name: Vivotif)
- Typhoid Vi Polysaccharide Vaccine (Trade name: Typhim Vi)
- Yellow Fever Vaccine (Trade name: YF-Vax)

FOR IMMEDIATE RELEASE
August 19, 2020

Contact: HHS Press Office
202-690-6343
media@hhs.gov

HHS Expands Access to Childhood Vaccines during COVID-19 Pandemic

The U.S. Department of Health and Human Services (HHS) issued a third amendment - PDF* to the Declaration under the Public Readiness and Emergency Preparedness Act (PREP Act) to increase access to lifesaving childhood vaccines and decrease the risk of vaccine-preventable disease outbreaks as children across the United States return to daycare, preschool and school.

"Today's action means easier access to lifesaving vaccines for our children, as we seek to ensure immunization rates remain high during the COVID-19 pandemic," said HHS Secretary Alex Azar. "The Trump Administration has worked to allow pharmacists—alongside all of America's heroic healthcare workers—to practice at the top of their license, empowering the public with more options to protect their health and well-being."

The amendment authorizes State-licensed pharmacists (and pharmacy interns acting under their supervision to administer vaccines, if the pharmacy intern is licensed or registered by his or her State board of pharmacy) to order and administer vaccines to individuals ages three through 18 years, subject to several requirements:

- The vaccine must be approved or licensed by the Food and Drug Administration (FDA).
- The vaccination must be ordered and administered according to the CDC's Advisory Committee on Immunization Practices (ACIP) immunization schedules.
- The licensed pharmacist must complete a practical training program of at least 20 hours that is approved by the Accreditation Council for Pharmacy Education (ACPE). This training program must include hands-on injection technique, clinical evaluation of indications and contraindications of vaccines, and the recognition and treatment of emergency reactions to vaccines.
- The licensed or registered pharmacy intern must complete a practical training program that is approved by the ACPE. This training program must include hands-on injection technique, clinical evaluation of indications and contraindications of vaccines, and the recognition and treatment of emergency reactions to vaccines.
- The licensed pharmacist and licensed or registered pharmacy intern must have a current certificate in basic cardiopulmonary resuscitation.

- The licensed pharmacist must complete a minimum of two hours of ACPE-approved, immunization-related continuing pharmacy education during each State licensing period.

- The licensed pharmacist must comply with recordkeeping and reporting requirements of the jurisdiction in which he or she administers vaccines, including informing the patient's primary-care provider when available, submitting the required immunization information to the State or local immunization information system (vaccine registry), complying with requirements with respect to reporting adverse events, and complying with requirements whereby the person administering a vaccine must review the vaccine registry or other vaccination records prior to administering a vaccine.

- The licensed pharmacist must inform his or her childhood-vaccination patients and the adult caregivers accompanying the children of the importance of a well-child visit with a pediatrician or other licensed primary care provider and refer patients as appropriate.

The above requirements are consistent with many States that already permit licensed pharmacists to order and administer vaccines to children.

A May 2020 Centers for Disease Control and Prevention (CDC) report found a troubling drop in routine childhood immunizations as a result of families staying at home. While families followed public health warnings about going out, an unfortunate result was many missed routine vaccinations. This decrease in childhood-vaccination rates is a public health threat and a collateral harm caused by the COVID-19 pandemic.

"As a pediatric critical care physician who has treated critically ill children suffering from vaccine preventable diseases, I know first-hand the devastation to the child – and to the family and community – of a death or severe brain damage that could have been avoided by a safe and effective vaccine," said HHS Assistant Secretary for Health Brett P. Giroir, M.D. "The cornerstone of public health, vaccines, makes these dreaded diseases preventable. As we expand options during the COVID-19 response, we are also reminding parents, grandparents, and caretakers that there is no substitute for a critically important well-child visit with a pediatrician or other licensed primary care provider when available."

HHS is expanding access to childhood vaccines to avoid preventable diseases in children, additional strains on the healthcare system, and any further increase in avoidable adverse health consequences—particularly if such complications coincide with an additional resurgence of COVID-19.

For CDC guidance on Routine Vaccination during the COVID-19 Outbreak, click here.

For more information on National Immunization Awareness Month, click here.

For the latest CDC Immunization Schedule, click here.

For clinical resources on vaccines, including continuing education training on best practices, click here.

To view the Notice of Amendment, click here - PDF.*

* This content is in the process of Section 508 review. If you need immediate assistance accessing this content, please submit a request to digital@hhs.gov. Content will be updated pending the outcome of the Section 508 review.

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Note: All HHS press releases, fact sheets and other news materials are available at https://www.hhs.gov/news.

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Last revised: August 19, 2020

Maryland
DEPARTMENT OF HEALTH

DIRECTIVE AND ORDER REGARDING VARIOUS VACCINATION MATTERS

Pursuant to the Governor's Executive Order Relating to Various Healthcare Matters

No. MDH 2020-12-08-01

I, Dennis R. Schrader, Acting Secretary of Health, finding it necessary for the prevention and control of 2019 Novel Coronavirus ("SARS-CoV-2" or "2019-NCoV" or "COVID-19"), and for the protection of the health and safety of patients, staff, and other individuals in Maryland, hereby authorize and order the following actions for the prevention and control of this infectious and contagious disease under the Governor's Declaration of Catastrophic Health Emergency.

1. **Definitions**

   A. "Vaccination Site" means any location at which COVID-19 vaccinations are offered to the public in accordance with the State of Maryland's Vaccination Plan and includes, but is not limited to, facilities as defined in the Order of the Governor of the State of Maryland No. 20-11-17-02 Establishing Alternate Care Sites and Authorizing Regulation of Patient Care space in Health Care Facilities, the offices of health care practitioners, local health departments, pharmacies, urgent care centers, and any event at which vaccinations are offered in accordance with the State of Maryland's Vaccination Plan.

   B. "COVID-19 Vaccine(s)" means any COVID-19 vaccine that has U.S. Food and Drug Administration (FDA) approval or has been granted an Emergency Use Authorization from the FDA.

<u>Administration of COVID-19 Vaccines</u>

2. **Personnel Who May Administer Vaccines**

   The following individuals may administer COVID-19 vaccines at vaccination sites:

   A. Health care practitioners licensed, certified, or registered under the provisions of the Health Occupations Article whose scope of practice includes the administration of vaccines;

   B. Health care practitioners licensed, certified, or registered under the provisions of the Health Occupations Article whose scope of practice does not include the administration of vaccines provided that:

i. The health care practitioner has successfully completed training on the administration of COVID-19 vaccines;

ii. Qualified supervisory personnel at the vaccination site reasonably determine that said health care practitioner is able to administer COVID-19 vaccines under appropriate supervision; and

iii. The health care practitioner administers the COVID-19 vaccine at the vaccination site under reasonable supervision of qualified supervisory personnel.

C. Paramedics as authorized by the Emergency Medical Services (EMS) Board under EMS Board Public Order #6; and

D. Other individuals provided that:

i. Each individual has successfully completed training on the administration of COVID-19 vaccines;

ii. Qualified supervisory personnel at the vaccination site reasonably determine that each individual is able to administer COVID-19 vaccines under appropriate supervision; and

iii. The individual administers the COVID-19 vaccine at the vaccination site under the reasonable supervision of qualified supervisory personnel.

3. **Personnel Who May Prepare Vaccines for Administration**

The following individuals may prepare, as necessary when directed by the manufacturer, COVID-19 vaccines for administration at vaccination sites:

i. Health care practitioners licensed, certified, or registered under the provisions of the Health Occupations Article who have received appropriate training in the preparation and dilution of COVID-19 vaccines.

4. **Penalties**

Persons who violate this Order and Directive may face administrative and criminal sanctions to include imprisonment not exceeding one year or a fine not exceeding $5,000 or both.

5. **Severability**

If any provision of this Directive and Order or its application to any person, entity, or circumstance is held invalid by any court of competent jurisdiction, all other provisions or applications of this Directive and Order shall remain in effect to the extent possible without the invalid provision or application. To achieve this purpose, the provisions of this Directive and Order are severable.

THESE DIRECTIVES AND ORDERS ARE ISSUED UNDER MY HAND THIS 8TH DAY OF DECEMBER 2020 AND ARE EFFECTIVE IMMEDIATELY.

Dennis R. Schrader
Secretary (Acting)

Oppose SB0736.pdf
Uploaded by: Pladna, Heather
Position: UNF

Oppose SB0736
I am in opposition of this bill for several reasons:

-Many parents, particularly those who may be single and/or working multiple jobs, lack transportation, etc. are very unlikely to make the necessary yearly visits to their child's pediatrician if this bill goes through. While it may seem very convenient to have vaccinations administered at a grocery store pharmacy during a routine shopping trip, it negates the very significant act of a thorough medical examination by a specialized medical professional. During a typical well-visit, doctors consider the patient's medical history, perform a hands-on exam of the child, conduct an interview with parent and child to determine any underlying health concerns, and recommend any necessary interventions or lab-visits. A pharmacist has neither the training nor the time to go through this thorough process. Missing this step could cause unnecessary adverse reactions since not every vaccine is appropriate for every child. The childhood immunizations schedule is recommended assuming a healthy patient. Pharmacists don't have the time to consider all the pieces necessary to determine if a child is a candidate for each specific vaccination (citation: https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html).

-Since this bill would inadvertently discourage regular visits to the pediatrician, the relationship between pediatrician and parent will be affected negatively. There may be a lack of trust that develops between the parent and pediatrician in that the pediatrician feels their level of expertise is being overlooked and the parent feels there is no need to depend on the pediatrician for the health-needs of their children. Then, if/when the child is ill and needs the pediatrician to intervene, there will be a lot of gaps in the healthcare relationship making it harder from diagnosis through treatment.

-Early intervention has become a hallmark in the diagnostic process for autism spectrum disorder. Having an autistic brother-in-law myself, I have been made aware of the struggle my mother-in-law encountered in getting services for her son, decades ago, when he was a child. Thankfully, things have changed drastically between then and now and there are so many resources available to parents with concerns regarding autism. This early intervention relies on regular visits to a pediatrician though. While autism can be diagnosed as early as age 2, it is most commonly diagnosed at after the age of 4 (citation: https://www.autismspeaks.org/autism-statistics) . If parents begin bypassing the yearly well-visits, believing that immunization is the main purpose for attending those appointments, I fear that there will be an unnecessary and potentially damaging decrease in the necessary early intervention protocols.

-There is a lack of compassion and sympathy for a child's privacy and emotional well-being in a pharmacy-environment. Young children are generally very hesitant to be given shots, even when made aware of the reasoning behind them. Because of this, it is important for there to be a level of rapport between the person administering the vaccine and the child. Additionally, there is a level of privacy that a patient should expect when undergoing a medical procedure, even something as presumably benign as a routine vaccination. Children often cry and become

distressed during the vaccination-process and typically require being physically restrained by a parent. Children (and their parents) deserve more than to experience this level of emotion in a bustling pharmacy where the privacy, time, and consideration for their stress-level and emotions cannot be provided.

-The National Childhood Vaccine Injury Act of 1986 disallows liability to be placed on a medical professional who injures a patient through vaccine-administration. Therefore, if pharmacists are allowed to administer vaccines, there is no legal recourse if a child is injured in the process.

-Pharmacies are already busy and often have long waiting-times for consumers. Adding vaccination-service/administration will only serve to make waiting-times longer and will cause an influx of customers at certain times of year (right before the beginning of the school year for instance). This means pharmacists will have less time and patience to consult with and counsel consumers who are there to pick up medications.

SB736_oppose_sharpe.pdf
Uploaded by: Sharpe, Julie
Position: UNF

SB736

I am opposed to this bill.

I'm a mom of four school-aged kids. I'm writing to ask that you oppose the bill that allows pharmacists to give shots to kids.

It seems like a dangerous thing to ask a pharmacist to do, to carry out regular tasks and add on something as important as childhood vaccines. Pharmacists are already busy doing their jobs (and not always without error as I've been witness to). It is too much to have them multitask the chaos of kids and vaccines along with consulting patients and filling prescriptions.

Besides, there is a benefit to having parents and kids establish a relationship with a doctor who can focus entirely on the kids, can refer to a chart to recall medical history, and can keep from being distracted by other responsibilities and possibly make a mistake.

We have been in virtual school, like most kids. I think of the teachers who are just this week starting simultaneously to teach hybrid and virtual and how exhausting for them to double their responsibility. Education is important, so I'm not delighted that our teachers have this extra load. Health care is all the more important. We should leave the care where it has been, not stretch thin another worker and risk compromising safety in the process.

Thank you for voting no to SB736.

Julie Sharpe
3980 Hunting Creek Rd
Huntingtown MD 20639

443-968-8149

SB736 Testimony.pdf
Uploaded by: Stoklosa, Margaret
Position: UNF

Dear Committee Members,

I am writing to voice my concerns about SB736 (which would allow pharmacists to vaccinate children as young as 3).

I firmly believe in a trusting and close relationship with my pediatrician and the opportunity to discuss any concerns with her, whether it relates to our yearly check-up or acute conditions that may arise. Given that I am blessed to have healthy kids and do not utilize a pharmacy at all, I have no relationship with any pharmacists, however, I have been to many pharmacies in the course of my life and I find them to be chaotic environments, where errors can easily occur. A relatively recent article outlines this concern and the burnout that many pharmacists face: https://www.nytimes.com/2020/01/31/health/pharmacists-medication-errors.html.

Why then is there a bill to burden pharmacists further and perhaps create more errors? Yes, the flu shots are profitable for pharmacies (https://www.fdsrx.com/how-vaccinations-help-pharmacies/?fbclid=IwAR2bTu3kPtMBASF6ATSVQlWyXkl3fgdTsBiajbpCYleNlxSSpD9xz3lrggU), but I would not like any children's lives potentially jeopardized by a haphazard shot (*potentially the wrong one*) given by an overworked and potentially unconcerned pharmacist. Additionally, the CDC schedule is a "recommended" schedule, whose timeframes may need to be tweaked based upon physician assessment – pharmacists are not qualified to make this assessment.

If the root driver of this bill is access to reliable care via pediatricians, that is an issue that needs to be addressed directly and separately.

I do not believe that SB736 is the right answer for any child. Please provide an unfavorable vote on SB736.

Thank you,
Margaret Stoklosa
Gaithersburg, MD
Gosia2200@yahoo.com

HPV article - Dr.Lee.pdf
Uploaded by: Tarsel, Emily
Position: UNF

who are involved in meal preparation—choosing foods and recipes, adding seasonings, etc.—consume more calories than those who have their meals prepared for them. Improving the ambiance of your dining area with good lighting and a pleasant table setting also will encourage you to eat more.

☐ **Dine with others.** People who eat alone may consume up to 50% fewer calories than those who eat with company. When people make eating a social event, they spend more time at the table, enjoy their food more and consume more calories.

☐ **Stop smoking.** Smoking suppresses the appetite and allows people to satisfy the normal "mouth function" with a cigarette rather than from eating. People who quit smoking typically gain an average of five to eight pounds within a few months.

☐ **Treat depression.** It's among the main causes of weight loss in adults of all ages. Those who are depressed lose interest in many of life's pleasures, including eating.

My advice: Get professional help if you experience any of the signs of depression, which include changes in eating or sleeping habits, difficulty concentrating or feelings of hopelessness or other mood changes.

☐ **Start moving.** Exercise is among the most powerful strategies for weight gain. Even though exercise burns calories, you'll make up for it with increased appetite, improvement in mood (which also increases calorie intake) and greater muscle and bone mass.

My advice: Start slowly by throwing a ball for your dog or just flexing your muscles when you sit in a chair. Work up to walking at least 30 minutes daily and, if possible, add strength and flexibility exercises a few times a week. Quite often, people will start eating more and gaining weight within a few weeks of beginning regular exercise.

TITLE PHOTO: © CORBIS CORPORATION/OLIX WIR TINGER

Sin Hang Lee, MD
Milford Hospital

The Truth About HPV

The vaccine that so many people now are talking about may not be necessary to prevent cervical cancer.

Each year in the US, 55 million women receive a Pap test to check for abnormal cells that might be an early sign of cervical cancer. Of these, 3.5 million tests show abnormalities that require medical follow-up, and about 12,000 women are diagnosed as having cervical cancer.

Recent development: Since 2006, when the pharmaceutical company Merck began TV and print advertisements for Gardasil, a vaccine against the mainly sexually transmitted *human papillomavirus* (HPV), which is present in up to 99% of cervical cancer cases, many women have been increasingly confused about their real risks for the disease and what role a vaccine may play in preventing it.

Gardasil is also FDA-approved for preventing certain vulvar and vaginal cancers in females and for preventing genital warts in males and females. It was recently approved to prevent anal cancer in males and females. Cervarix, another HPV vaccine, was approved by the FDA in 2009.

For the facts that every woman should know about HPV and cervical cancer, *Bottom Line/Health* spoke with renowned HPV expert Sin Hang Lee, MD, a pathologist who has studied cervical cancer for more than 50 years and trained in the laboratory of Dr. Georgios Papanicolaou, the scientist who developed the "Pap" test (formerly called the "Pap smear") to detect cervical cancer. *His most important insights…*

FACT 1: There is no cervical cancer crisis. Thanks to regular use of the Pap test, the incidence of cervical cancer has been dramatically reduced. Of the Pap tests performed annually in the US, only about 0.02% result in a diagnosis of cervical cancer when a biopsy is performed.

If all women got annual Pap tests—and the tests were analyzed properly (not all HPV tests distinguish between benign HPV strains, or genotypes, and those that may cause cancer)—death from cervical cancer would be extremely rare. The disease is highly preventable if lesions are detected in a precancerous stage. *Note:* The American College of Obstetricians and Gynecologists (ACOG) revised its recommendations for Pap tests in 2009. For women ages 21 to 30 without symptoms or risk factors, the ACOG recommends the test every two years…and every three years for women age 30 and older and who had three consecutive normal tests. Discuss the frequency of your Pap tests with your doctor.

FACT 2: The concern over HPV infection is overblown. While HPV can cause cervical cancer, the story

Bottom Line/Health interviewed Sin Hang Lee, MD, a pathologist at Milford Hospital and director of Milford Medical Laboratory (a subsidiary of the hospital that provides comprehensive testing), both in Milford, Connecticut. Dr. Lee is an internationally recognized expert in the area of human papilloma virus and has developed a DNA sequencing test to identify specific HPV genotypes.

CHARLES B. INLANDER

Have You Done Your "Medical Inventory"?

A woman I know lost 80 pounds in 10 months from dieting and then began having memory problems. Because she was taking six prescription drugs for ailments that included heartburn and anxiety but hadn't seen her doctor since the weight loss, I suggested that she ask her doctor if her medication dosages needed to be adjusted due to her weight loss. She saw her doctor, and he lowered the dosages for four of the drugs. Lo and behold, her memory problems disappeared within a matter of days.

We all know that financial advisers recommend that even small investors review their stocks, bonds, real estate and other assets each year with a financial planner. This kind of check-in allows for a person's holdings to be adjusted to reflect his/her current financial condition. But what about your health? You probably get an annual physical, but to get the most out of it, I recommend that you start thinking of your physical as a "medical inventory" to update your physician on your health habits and life changes. This practice helps prevent serious problems from occurring—and can be done sooner than your annual physical if necessary.

What you should discuss during a medical inventory…

Life changes. You may not think to tell your doctor about nonmedical events that have occurred in your life, but they can have a dramatic impact on your health. Have your children left home so you are now living alone? Are you under extreme stress at work? Such situations can trigger depression or anxiety. Have you traveled anywhere (domestic or international) that could expose you to regional germs? Tell your health professional about any life events and any symptoms you may be having—no matter how mild they may be.

Falls and injuries. Falls are the number-one cause of serious injuries to older adults. Even if you're not injured, had only one fall or simply feel that your balance is not what it used to be, tell your doctor. It could be a reaction to drugs, an inner-ear infection or a sign of something more serious. Your doctor can talk about strategies and therapies that may help prevent further falls.

***All* medications and supplements.** Your doctor will see in your medical file what he's prescribed, but he won't know what any of your other doctors have prescribed—and may not even ask for a list of everything you're taking. This issue is critical because so many people—especially older adults—take medications and/or supplements. When you make your list, be sure to include *all* the prescription and nonprescription drugs you take as well as any vitamins and herbal supplements. It can be dangerous to combine some supplements with certain drugs. And don't forget to include the dosages—weight changes, new medications that might interact with ones you're currently taking or even a recent or planned surgery all can affect how much you should be taking.

Charles B. Inlander is a consumer advocate and health-care consultant based in Fogelsville, Pennsylvania. He was the founding president of the nonprofit People's Medical Society, a consumer advocacy organization credited with key improvements in the quality of US health care in the 1980s and 1990s, and is the author of 20 books, including *Take This Book to the Hospital With You: A Consumer Guide to Surviving Your Hospital Stay* (St. Martin's). Please send comments and suggestions for future columns to Mr. Inlander in care of *Bottom Line/Health*, Box 10702, Stamford, CT 06904-0702…or via e-mail at **Inlander@BottomLineHealth.com**.

is more nuanced than people are led to believe from public service announcements and vaccine ads.

There are about 200 known genotypes of HPV, but only 13 are considered "high risk" for causing cervical cancer—HPV-16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59 and 68. Of these, HPV-16 and HPV-18 are believed to cause 70% of all cervical cancers. That means that you can have any of the 187 other genotypes without having an increased risk of developing cervical cancer. The prevalence of high-risk genotypes varies world-wide and depends in part on a woman's level of sexual activity. *Important:* Nearly all cases of genital warts are caused by two low-risk genotypes, HPV-6 and HPV-11. This means that warts you can see and feel are annoying but usually not dangerous.

Even better news: Even though there is no treatment for HPV infection, women's immune systems are typically effective at fighting HPV. More than 90% of HPV infections disappear on their own and do not progress to precancerous stages or cancer. In fact, the average HPV infection lasts only about six months. This means that a woman who receives testing when the infection is active may be HPV-negative within a matter of months.

The women who should be most concerned about cervical cancer are those infected with a high-risk genotype and in which the infection is *persistent* (lasting more than six months). Women typically undergo repeat testing every six months until the infection clears, and a biopsy may be recommended if an infection of the same genotype persists while the Pap test is still abnormal or questionable.

FACT 3: HPV vaccines don't guarantee cancer prevention. Gardasil prevents infection with four genotypes—the high-risk HPV-16 and HPV-18 and the low-risk-for-cancer, genital wart–causing HPV-6 and HPV-11. (Cervarix prevents only HPV-16 and HPV-18.)

Some women consider it useful to be protected against two of the 13

cancer-causing genotypes. However, most women are unaware that there is no evidence showing how long the vaccine will remain effective.

Important: I recommend that women who want to get the HPV vaccine ask their gynecologists to make sure that they are not already infected with HPV 16 or HPV 18. There is some evidence that women who get the vaccine when they are infected with HPV—especially HPV-16 and HPV-18—have an *increased* risk of developing cervical cancer.

Reported side effects of the Gardasil and Cervarix vaccines include temporary pain and swelling at the injection site and headache. As of September 2010, the CDC reported 30 confirmed deaths of females who received Gardasil, though it is not proven that the vaccine caused these deaths. The agency did not publish data on reported deaths from Cervarix.

FACT 4: Not all HPV testing is adequate. Historically, HPV tests have not distinguished between benign and specific cancer-causing genotypes. Newer HPV tests, including Cervista HPV HR, are designed to detect when any of the 13 cancer-causing genotypes or the intermediate-risk genotype HPV-66 is present, but it does not identify the specific genotype. To identify the specific HPV genotype—with virtually no risk for false-positive results or misidentification—physicians can request a *DNA sequencing test*. This test is available from the nonprofit organization SaneVax, Inc., *www.SaneVax.org*. The cost is $50.

coming soon in Bottom Line/Health

- **Heart attack and stroke:** The red flags that too many people ignore.
- **Diabetes self-defense:** Holistic strategies you should know about.
- **When your body makes noises:** What does it mean when your joints creak, etc.?
- **Low vision:** How to cope when nothing seems to help.

Peter T. Scardino, MD
Memorial Sloan-Kettering Cancer Center

The Laser Cure for Prostate Troubles

New advances make prostate enlargement more treatable than ever before.

TK

If you're a man over age 50, chances are you spend a fair amount of time running to the bathroom. Prostate enlargement—also known as *benign prostatic hyperplasia* (BPH)—is among the most common problems men face as they age. It affects about 40% of American men in their 50s and 90% of those in their 80s.

Fortunately, BPH is not cancer, nor does it raise cancer risk. But it can cause extremely bothersome symptoms, including frequent and/or urgent urination (which can wake men at night and interfere with sleep)…a weak urine stream…and sometimes urine leakage.

Good news: An increasing number of highly effective treatments now are available for BPH. The question is, which is best for you? *What you need to know…*

NONSURGICAL APPROACHES

If you're a man who is concerned about BPH or already suffers from the condition, it's wise to focus on your diet. One recent study found diets low in fat and high in vegetables (five-plus servings daily, especially of vitamin C–rich bell peppers, cauliflower, Brussels sprouts and tomato juice) to be associated with lower BPH risk.

For men who experience urine leakage due to BPH, Kegel (pelvic-strengthening) exercises can help. Do 10 repetitions of starting and stopping the urine stream each morning, afternoon and evening. Be sure to keep the abdominal, thigh and gluteus (buttocks) muscles relaxed. Otherwise, you won't get the benefits of Kegel exercises.

Saw palmetto, an herb, is used by millions of men to treat BPH, but research is mixed as to its effectiveness.

When such nondrug approaches don't work, medication is usually the next step. Two-thirds of all men treated with medication have shown improvement in BPH symptoms and are able to delay or avoid surgery.

Among the most widely used BPH drugs are *alpha-blockers*, such as *terazosin* (Hytrin) and *tamsulosin* (Flomax), which relax the prostate and bladder wall muscles to improve urine flow…and *5-alpha reductase inhibitors*, such as *finasteride* (Proscar) and *dutasteride* (Avodart)—these drugs block formation of the hormone *dihydrotestosterone*, which fuels prostate growth.

Latest development: Recent research, including a 2010 Mayo Clinic study of more than 1,000 men,

Bottom Line/Health interviewed Peter T. Scardino, MD, chairman of surgery at Memorial Sloan-Kettering Cancer Center in New York City. He has written many articles and book chapters and edited the *Comprehensive Textbook of Genitourinary Oncology* (LippincottWilliams & Wilkins). An editorial board member and reviewer for several peer-reviewed medical journals, Dr. Scardino is also the author of *Dr. Peter Scardino's Prostate Book: The Complete Guide to Overcoming Prostate Cancer, Prostatitis, and BPH* (Avery).

TK

HPV vac symposium-incentives.pdf
Uploaded by: Tarsel, Emily
Position: UNF

Physician Incentives

- Competition
- Wine
- Quality Bonus Structure

ORLANDO HEALTH

HPV vaccine caution- Hopkins 2017.pdf
Uploaded by: Tarsel, Emily
Position: UNF

HOPKINSMEDICINE

Winter 2017

Caution on Mass HPV Vaccination

One reason for the relatively low uptake of the HPV vaccine, as Dr. Krishna Upadhya suggests, may be that parents and pediatricians want to avoid the subject of sex (Second Opinion, Fall 2016). There are, however, cogent reasons why HPV vaccination is not in the best interests of children.

Fourteen million people may be infected with HPV in the United States annually, as Dr. Upadhya says, but vaccination is being promoted not to prevent HPV infection itself but to prevent cervical cancer, with which some strains of HPV are associated. From 2008 to 2012, the average annual number of cervical cancers diagnosed in the United States was 11,771 (or 7.4 of every 100,000 females). That may seem high—actually, it's about the same as the number of infants with phenylketonuria detected by newborn screening in the U.S. annually—but in 1975, 30 years before HPV vaccination began, the incidence was twice as high, at 14.8 of every 100,000 females.

This drop is attributable primarily to Pap screening of women, beginning in their 20s. Unfortunately, HPV vaccination cannot replace Pap screening because the vaccines do not protect against all cervical cancer-related strains of HPV. Since vaccinated women should continue to have Pap smears, those cases prevented by vaccination would have been detected anyway. There is, unfortunately, evidence that HPV vaccination has lowered the rate of Pap screening.

Nor is HPV vaccination without harm. Associations with primary ovarian failure and other autoimmune disorders have been reported. Until more data are collected, caution is needed in promoting mass vaccination.

Neil A. Holtzman, M.D., M.P.H.

House Staff, Pediatrics, 1959–62 | Emeritus Professor of Pediatrics

http://www.hopkinsmedicine.org/news/publications/hopkins_medicine_magazine/letters/winter-2017

testimony for 2021 -SB 736 oppose.pdf
Uploaded by: Tarsel, Emily
Position: UNF

Emily Tarsell, LCPC, LCPAT

2314 Benson Mill Road
Sparks, Maryland 21152

Opposed to SB 736

March 2, 2021

Good afternoon Chair, Vice Chair and Senators,

I am Emily Tarsell and I oppose SB736 because it is unnecessary and dangerous. Unnecessary because childhood and teen vaccination rates are already between 90 and 99%, except for the HPV vaccine. Dangerous because it irresponsibly disregards a child's unique health history, disregards parental consent, disregards the primary care provider, disregards informed consent and disregards responsible administration of vaccines.

Regarding the HPV vaccine, it is one about which I know a lot since researching it following my sweet daughter's death-by-Gardasil vaccination in 2008. I learned too late that there is no evidence that the vaccine prevents any cancer cervical or otherwise, that hpvs clear on their own 95% of the time, that rates of all hpv related cancers in the US are extremely low (less than 1%) and that my daughter never was at risk of getting cervical cancer as long as she did regular pap screening. She was the 23rd death reported and now there are more than 525 deaths and 10,000 seriously injured youth. Think about that. Thousands of youth who were misled to believe they were going to protect themselves who ended up with crippling disabilities or death from a vaccine with no proven benefit.

In March 2018 I attended a meeting called *"HPV Vaccination Symposium, Providers are the Key."* The message presented there by the MD DOH was NOT about safety or effectiveness, but all about increasing uptake for this lucrative vaccine. Providers were coached how to assertively and deceptively push the vaccine and bribe or shame staff into increasing uptake for bonuses.

It seems pharmacists want in on the Gardasil gravy train, consequences be dammed. Please protect our children and veto this reckless bill. Thank you.

Emily Tarsell

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SB736 OPPOSE written.pdf
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SB736 UNFAVORABLE

This bill lowers the age a pharmacist can give a shot to a child from 9 yrs of age (for flu only) and would allow a child **THREE** YEARS OF AGE to receive the COVID vaccine!!!!!*). This is abhorrent! It increases the possibility that multiple vaccines will be given without PRIOR discussion with a child's physician and there are no studies on synergistic reactions with multiple vaccines given. Also no prescription is needed and it does not say anything about parental consent. I OPPOSE this bill.

Thank you.

Peggy Williams

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*The COVID vaccine is an "experimental vaccine approved for emergency use," which has NEVER BEEN TESTED ON CHILDREN.

Oppose_SB736.pdf
Uploaded by: Yefimov, Olga
Position: UNF

Dear Senators,

I urge you to OPPOSE bill SB736, which would allow pharmacists vaccinate children as young as 3, without a script from a physician. SB 808 will be heard at the same time (on 03/02), and it would allow dentists to vaccinate kids. Both are reckless. Children should see a pediatrician for shots!

Children have a complicated immunization schedule that requires a trained professional (pediatrician) to assess appropriateness and readiness. The CDC recommended schedule is just a recommendation. Child's pediatrician needs to perform an assessment every time before vaccination.
https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html

The best health outcomes for children occur when the full doctor, parent, patient relationship is respected. None of these can be removed!

Thank you so much for your work!
Olga Yefimov,
Gaithersburg, MD