

OPPOSE HB1040 – Health Occupations – Pharmacists – Administration of Vaccines Act

Dear honorable members of the Health and Government Operations Committee,
Thank you for your service to our community. I am writing to strongly oppose HB1040, 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=IwAR2h1fCobBWU8jpQpnjvqx-IF689FxiGmApv9hWrEpgYjd3dOv0t5eA9gdY>

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=IwAR2d7CQCVP0Bur3JVdvkxE50LbRAI3Gn2vkJQo_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 Childhood Vaccine 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