Ariana Kelly
Legislative District 16
Montgomery County

Deputy Majority Whip

Health and Government
Operations Committee

Subcommittees

Chair, Health Occupations
and Long Term Care

Insurance and Pharmaceuticals

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

THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

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

Delegate Ariana Kelly Statement
HB 1040 Health Occupations - Pharmacists - Administration of Vaccinations
March 4, 2021

Madam Chairman and Members of the Committee,

Thank you for allowing me to present HB 1040, a bill that builds on this Committee's bipartisan work to increase access to vaccines that protect Marylanders from harmful diseases. This bill is of greater relevance today as the effects of the COVID-19 pandemic have contributed to a significant dropoff in routine pediatric vaccination coverage and wellness visits.

HB 1040 is an emergency bill that authorizes pharmacists to administer all FDA-approved vaccinations to patients between the ages of three and 18 years old. Current emergency guidance from the federal government allows pharmacists to administer vaccines to children over age three without a doctor's prescription. However, this emergency order is expected to be rescinded once the pandemic is over. HB 1040 makes permanent the ability of Maryland's pharmacists to offer this service to parents and families.

Current Maryland law requires a prescription from a primary care physician in order for pharmacists to vaccinate patients ages 11-17, with the exception of the flu shot, and does not allow pharmacists to administer <u>any</u> vaccinations to patients under age nine. Since 2011, pharmacists have been administering the flu shot to children ages nine and up without a prescription. HB 1040 would allow pharmacists to administer childhood vaccinations to anyone over age 3 without a prescription- just as current temporary federal guidance allows.

Getting a prescription is not as easy as it sounds for families who don't have a regular primary care provider. 80% of older kids can get their vaccines at their annual wellness visit. This bill is for the other 20% of kids who <u>during normal times</u> don't go to wellness visits. These children are

likely to be low-income, racial minorities, immigrants, or living in medically underserved rural areas and lack the means to regularly visit a doctor.

But as we all know all too well, these are not normal times. The CDC released data in May 2020 indicating a troubling drop in routine pediatric vaccine ordering and doses administered, a drop attributed to families staying at home to prevent exposure to the coronavirus. These findings, and a continued downward trend in the summer, directly led to an order issued by the U.S. Department of Health and Human Services in August that allows pharmacists to administer childhood vaccinations. You may recall that I introduced similar legislation last session. We were ahead of the curve - but now we must act to ensure that pharmacists retain this ability even if the emergency federal order is rescinded.

A BlueCross Blue Shield report issued in November 2020 estimated a 26% decline in DTaP vaccines administered between January and September 2020. This key vaccination rate was already falling below the herd immunity threshold but is even more so now, risking a whooping cough crisis. This poses a dangerous threat not only to immuno-compromised kids but to all people, even those who have received DTaP vaccinations in the past. If this trend continues, we are in danger of reversing considerable progress of community protections against disease outbreaks.

Importantly, scientists are studying whether the immunizations given in childhood, particularly those given between ages 6 and 10, are responsible for the fact that children tend to have a less severe response to COVID infections. As children under age 16 are not yet eligible for the COVID vaccine, it may prove even more important to keep children on schedule for their routine immunizations, not only to halt the spread of vaccine-preventable diseases such as whooping cough and measles but to keep children safe from the more serious effects of COVID.

Given the decline in routine vaccine administration, we are going to see an incredible need to get students caught up as they return to the classroom over the coming months. Right now, the majority of our overburdened and underfunded county health departments that hold clinics for childhood immunizations are offering them by appointment only and at far more limited times, some only once a week during working hours or on specific days of the month. Some counties, including Prince George’s, Alleghany, and Harford counties, have terminated their clinics entirely. If children in these areas do not have a primary care doctor, where are they supposed to turn? Thankfully, for now, they are able to turn to their local pharmacy because of the temporary federal emergency order.

Like with access to telehealth, this is an example of a genie we simply can’t put back into the bottle. We knew before COVID that we had to modernize our restrictive and paternalistic state policies in this area. When the emergency order is lifted, we need a plan in Maryland for continuing to provide childhood vaccines directly through pharmacies.

Pharmacies, which have extended evening and weekend hours, can eradicate these issues and offer an unparalleled opportunity to improve access to vaccines. Pharmacists have a safe and effective vaccine track record. Between 2018-2020, they safely provided over 1.2 million vaccines to Marylanders without incident. Pharmacists are trained and trusted professionals and should be utilized at their full skillset to help protect our communities from vaccine-preventable diseases.

Both the federal order and HB 1040 require pharmacists and pharmacist interns to be trained to administer immunizations, trained in recognizing and treating adverse reactions, and to have communication with primary care providers when they exist.

Our outdated state policy imagines a world where kids always make it to well-child visits because that's the world many of us want to exist– a world where every parent is fully insured and has paid time off of work and transportation access and lives in an area with no pediatrician shortage. Since that's NOT the world we live in, we then depend heavily on our underfunded and overloaded County Health Departments to vaccinate everyone who can't make it to well-child visits and then follow-ups for second and third shots.

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

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

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

You will hear from the pediatricians, who have some concerns about this proposed change. They believe that this may result in fewer well-child checkups. The 11 states that currently have this measure in place have not seen this result. And I can understand why. For families that love their pediatrician, as mine does, we will keep going to those annual checkups. But for the 20% of families with children in this age range who do not go to annual well-child visits (28% of rural families), this provides another option that might be easier, less costly, more conveniently located, and with better hours. It also provides a more convenient and potentially cheaper alternative to a second doctor visit for those vaccinations that require a second dose. We know that the uptake rate of the second dose of the HPV vaccine is very low. Pharmacy access to this

and other vaccines, particularly in the teenage years when well visits are required less frequently, can help to close this gap.

In 2019, our Committee overwhelmingly approved a bill to expand ImmuNet, the state database that allows clinicians to access vaccination records.

Pediatricians and pharmacists joined together to make this happen. Our Committee should be proud of this tremendous success. This technology is an essential safeguard in the process, for it will provide a patient's complete vaccination record to pharmacists.

As the pandemic continues, and immunization rates worsen, we must take preemptive action to protect Marylanders from more life-threatening disease outbreaks by passing HB 1040. I urge a favorable report on HB 1040. Thank you.