



**HB-1040: Health Occupations - Pharmacists - Administration of Vaccinations  
SUPPORT  
March 2, 2021**

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 HB 810. 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.

House Bill 810 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 With the Third Amendment to the Federal PREP Act, the HHS declaration superseded state laws and authorized pharmacists and pharmacy interns to order and administer any CDC or FDA-authorized vaccinations to children aged 3 and older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 inadvisable. 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



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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.