

SB 18 / UNFAV

Chair Beidle, Vice Chair Klausmeier, and Members of the Finance Committee-

Thank you for your time. I'm a Maryland parent and small business owner submitting this testimony to urge you to give SB 18 an unfavorable report.

I would like to start by briefly expressing my frustration to see this bill introduced yet again, and to **state for the record that I have seen at least eight hearings of this bill take place in the MD House and Senate in previous years, and I cannot recall EVER- not once- seeing an average Maryland parent, consumer, or resident come to testify in support of this bill.** While consumer advocates, concerned pharmacy customers, parents, and pediatricians appear year after year to oppose this bill, **the only people I have EVER seen come up to the support table are folks who would PROFIT from it.** During the 2020 Senate hearing, Senator Augustine frankly stated that supporting pharmacies profits was part of the purpose of the bill.

I feel that makes enough of a statement by itself, but **I would also like to review several issues in regards to the data and the 2 MDH reports required by the 2021 study version of this legislation (HB 1040/SB 736).** The original intention of the study bill was to gather all of the necessary information needed to see if this policy was beneficial or harmful for children.

The first required report [*please see attached highlighted copy*], from March 2022, **reveals that the percentage of providers reporting to ImmuNet dropped from 66% to 47% in two years:**

Table 1: Total Vaccinations, Providers, and Organizations Reported to ImmuNet, Maryland, 2018-2020

Indicator	CY 18	CY 19	CY 20
Vaccinations administered to children by pharmacists (<18 years of age)	33,519	33,507	70,016
Vaccinations recorded in ImmuNet	4,667,683	4,885,797	4,733,823
Organizations in ImmuNet	3,924	4,154	6,138
Vaccinations ordered in ImmuNet	1,072,708	1,168,669	1,172,299
Percent of providers reporting to ImmuNet	66%	69%	47%

Timely and correct reporting to ImmuNet is ESSENTIAL for immunization safety and accuracy. The whole intent of that system is to avoid under- AND over- vaccination. It is Maryland law that all vaccines administered be reported to ImmuNet. It is extremely unwise (to say the least) to be expanding the network of immunizers for children, while leaving gaps in ImmuNet unknown or unaddressed at the same time.

In the second required report [*please see attached highlighted copy*], MDH does not provide an “apples to apples” update on the ImmuNet reporting numbers. Is it still at 47%?!?! We don’t know from this report. Instead, they provided “survey findings” on the effectiveness and efficiency of ImmuNet. This is **self-reported information from just 106 pharmacists**, when there are THOUSANDS of pharmacists employed in the state, and 26 pediatric care providers. This is not a statistically valid sample and the selection bias alone is disqualifying. **Where is the actual full scale report and detailed data from MDH that examines every pharmacy in the state?**

Consumers in Maryland want and *need* a study- like the ones that are being done in other states around the country- asking more than 106 pharmacists useful questions such as: do they have the time to perform their clinical duties? Do they get enough breaks and do they have adequate staffing? Do they feel like they are going to cause anyone harm? Other states are asking these questions, and the answers are alarming. **The MDH study we have didn’t adequately address any of the issues that have been brought up on this bill over the years. Maryland is better than this.** It would be reckless to move forward without this data.

This study is supposed to be the critical information that we need to decide if this measure is necessary and needs to be permanent practice in Maryland. But there weren’t many childhood immunizations even given at pharmacies while this policy was in place- while Maryland’s vaccination rates have always been and remain high, just .5% of total MMR and DTap doses were given in pharmacies from July 2021 to June 2022. It is even lower for total polio doses at .02% and varicella at .1%. With these percentages, not only do we NOT have a significant sample to tell us if pharmacies can handle this- **these numbers make it beyond clear that implementing this bill is unneeded and completely irrelevant from an immunization rate and public health perspective. Why do we need it then?!**

Additionally, the 2021 study legislation required MDH to **consult with interested stakeholders, including consumers**, in completing this second report. I was disappointed but not surprised to see NO consumer input in the report. However, there is a special thanks to the University of Maryland School of

Pharmacy team for their “research and expertise” that was “invaluable in the completion of this report.” The report concludes with MDH’s support of this measure. The enrollment of the University of Maryland School of Pharmacy is approximately 900 potential pharmacists. Please refer back to my opening paragraph.

In summary- **Maryland’s children are owed EVERY due diligence** before this body acts on any legislation that would directly affect their lives. **That has not come close to being done, and this unneeded, incautious policy brings nothing to the table but a profit boost to pharmacies.** Passing this bill would be a true and great affront to the responsibilities and intentions of this General Assembly.

Please do not let SB 18 move forward. Thank you.

- Jenna DeCesaris Butler
Anne Arundel County, Maryland