

# MedChi

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TO: The Honorable Pamela Beidle, Chair  
Members, Senate Finance Committee  
The Honorable Malcolm Augustine

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DATE: February 13, 2024

RE: **OPPOSE UNLESS AMENDED** – Senate Bill 18 – *Health Occupations – Pharmacists – Administration of Vaccines*

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On behalf of the Maryland Chapter of the American Academy of Pediatrics (MDAAP), and the Maryland State Medical Society (MedChi), we **oppose** Senate Bill 18, **unless the legislation is amended**.

Senate Bill 18 permanently authorizes a licensed pharmacist to order and administer vaccinations to an individual as young as 5 years old. In 2021 and in response to the COVID-19 public health crisis, legislation was implemented which authorized 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. Prior to this change in law, a pharmacist was authorized to administer a vaccination to a minor age 11 and older only with a prescription from an authorized prescriber.

Proponents of this bill will argue the legislation will facilitate and increase access to youth immunizations. There is no question that 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. Before the pandemic and currently, Maryland has historically had an outstanding record of immunization rates, one of the highest in the country. **There is no evidence of an unmet need, given the State's extraordinarily high vaccination rate that preceded the pandemic, and of which continues.**

Furthermore, the assertion of increased access to immunizations by proponents of this bill could not be meaningfully achieved **unless pharmacists enroll as Vaccine for Children (VFC) providers**. The VFC program provides vaccines to be administered to children who are covered by **Medicaid or who are uninsured**. It is a critical program to ensure all children have access to vaccines, regardless of insurance coverage or an ability to pay. Unless pharmacists are VFC providers, **they are only facilitating access to vaccines for children with private insurance or those who pay out of pocket** and will not in any way address asserted access challenges for Maryland's most disadvantaged and minority communities, thereby increasing already existing health care disparities for this population.

As this Committee is aware, there is a continuing and appropriate push to create “medical homes” and enhance the coordinated provision of comprehensive services with a focus on prevention. Pediatricians regularly use visits scheduled for immunizations to provide other critical preventative services. Parents often do not schedule visits for routine well-child visits but may bring their child to the office for vaccinations. At those visits, a pediatrician will often provide additional services, such as developmental screenings, behavioral health screenings or counseling, hearing and vision assessments, 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. If a parent can simply take a child to a pharmacy for a vaccine, the opportunity for more comprehensive care will be lost. **For these reasons we recommend authorizing pharmacists to only administer vaccines down to age seven.**

Finally, ImmuNet, is Maryland’s immunization information system. It’s a database that provides information on what immunizations have been administered. While all pharmacists and providers are required to enter all immunizations administered into ImmuNet, the database does not always reflect data entered. Additionally, the mandate to report is not consistently adhered to, resulting in a lack of compliance. It is **strongly recommended that before any consideration be given to authorize pharmacists to administer immunizations to minors without a prescription that the functionality of ImmuNet and the accuracy of the data 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 a parent’s knowledge and recollection of what has been administered is not always complete. Further, a **pharmacist will not have access to the health record of the child, no awareness of health conditions that may place the child at risk for the immunization**, such as allergies or asthma, and no means to know if there are other services that a child needs, which will not be provided because a parent believes immunizations were the only service a child required.

Subsequently, MDAAP and MedChi urge the Committee to consider our recommendations wholly and not individually. An unfavorable report is requested unless the legislation is **amended** to require pharmacies to register as **VFC providers, increase the minimum age to seven**, and address issues with **ImmuNet**.