SB18.Vacc.MPhA.pdf
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MPhA
MARYLAND PHARMACISTS ASSOCIATION

Date: February 13, 2024
To: The Honorable Pamela Beidle, Chair
From: Aliyah N. Horton, FASAE, CAE, Executive Director, MPhA, 240-688-7808
Cc: Members, Senate Finance Committee
Re: **FAVORABLE SB 18 –** Health Occupations - Pharmacists - Administration of Vaccines

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The Maryland Pharmacists Association (MPhA) urges a favorable report for **SB 18 – Health Occupations – Pharmacists – Administration of Vaccines.**

- SB 18 would essentially codify the authorization of pharmacists to order and administer pediatric vaccinations without a prescription and based on the Advisory Committee on Immunization Policies (ACIP) immunization schedule, as included in amendments to the federal PREP Act.

- The PREP Act amendments were made in recognition of pharmacy accessibility, history of safe administration of vaccinations in pharmacies and decreased vaccination rates among children during the COVID-19 pandemic, which continue.

- As introduced, the bill raises the minimum age from three-years old to five years-old. The age increase is a <u>compromise</u> from bills offered in previous years to address the concerns of the physician community.

- The bill is simply an opportunity to finalize what has been in practice for nearly four years.

- The study by the Maryland Department of Health (MDH) presented to the committee reported on the impact of pharmacists engaging in the practice; including responses to research points specifically requested by the physician community. MDH has not made recommendations to roll back the authorizations.

- Failure to pass SB 18 will result in a decrease in expectation of healthcare access for Marylanders.

- MPhA recognizes that it is crucial for children to be routinely evaluated by their physicians. <u>The bill creates and entry point, not an end point.</u>

- 11 Maryland counties are designated health professional shortage areas (HPSA); another 12 communities are designated as HPSA.

- More than 40% of children in Maryland are without a "medical home." They do not have a consistent relationship with a healthcare provider for well child visits and checkups.

- SB 18 addresses broad public health concerns by providing more flexibility and opportunities for families to meet their medical needs and the **<u>requirement of pharmacists to counsel on the importance of well-child visits and the need for patients to follow-up with a health care provider.</u>**

- Pharmacists will provide a linkage to healthcare providers and the opportunity for creating new patient-physician relationships.

- Pharmacists/pharmacies have clear protocols in place for patient screenings to ensure vaccinations are appropriate. These protocols and training support:
    - identification and assessment of patients in need of service.
    - mitigation of medication side effects
    - avoidance of contraindications
    - administration of vaccinations; and
    - provision of emergency care, if required

- The provision of emergency care is no different in a pharmacy than in a physician's office (not located in a hospital system).

- Additional safeguards are in place. Maryland law requires practitioners to report all immunizations into the ImmuNet system, so all physicians and pharmacists have access to a patient's records.

Pharmacy Workforce Concerns

Until the General Assembly fixes the Medicaid MCO payment model, lack of reimbursements will continue to put a strain on pharmacy services. Maryland pharmacists should be supported in practicing at the top of their education and on par with their colleagues around the country. They should not be penalized for seeking to provide services that support public health goals and may aid in the sustainability of their businesses.

All segments of the health care workforce are under stress including primary care and pediatricians, making it even more important that legislators work to:

1) reduce barriers to care for consumers;
2) support processes for efficiencies; and
3) make evidence-informed decisions so that pharmacists may provide care those in need and meet patients where they are.

A few laws and regulations, focused on pharmacy technicians, have been approved in the last year that address workforce and operational efficiencies in pharmacies. They are expected to have particular impact in the community chain pharmacy setting.

Pharmacists have been given authority to delegate additional technical tasks to technicians, which leave pharmacists more time to focus on patient counseling and other clinical activities. Please note all of these went into effect in within the last year.

- Technician remote entry of prescription data
- Technician administration of influenza, COVID-19, pneumonia vaccines to individuals at least 18 years old; and RSV or shingles vaccination to individuals at least 50 years-old
- Establishment of a new pharmacy technician category - *Validated Pharmacy Technician* . The regulation permits a validated pharmacy technician to perform final product verification of prescription and medication orders, as well as of medications selected for stocking into medication distribution systems. (eff. January 28, 2024)

MARYLAND PHARMACISTS ASSOCIATION - Founded in 1882, MPhA is the only state-wide professional society representing all practicing pharmacists, pharmacy technicians and student pharmacists in Maryland. Our mission is to strengthen the profession of pharmacy, advocate for all Maryland pharmacists and promote excellence in pharmacy practice.

A FAVORABLE report is also supported by the Maryland Pharmacy Coalition of which MPhA is a member.

Full members:

- Maryland Pharmacists Association
- American Society of Consultant Pharmacists - Maryland Chapter
- Maryland Pharmaceutical Society
- Maryland Society of Health System Pharmacists
- University of Maryland Baltimore School of Pharmacy Student Government Association
- University of Maryland Eastern Shore School of Pharmacy Student Government Association
- Notre Dame of Maryland University School of Pharmacy Student Government Association

Affiliate members:

- Maryland Association of Chain Drug Stores
- University of Maryland Baltimore School of Pharmacy
- University of Maryland Eastern Shore School of Pharmacy
- Notre Dame of Maryland University School of Pharmacy

Maryland Pharmacists Association | 10440 Little Patuxent Parkway, Suite 300 | Columbia, Maryland 21044 | 443-583-8000 | 443-583-8006 fax
www.marylandpharmacist.org

2024-02-13 SB 18 Immunization Expansion EPIC Testi

Uploaded by: Caitlin McDonough

Position: FAV

Testimony offered on behalf of:

EPIC PHARMACIES, INC.

IN SUPPORT OF:

SB0018 – Health Occupations – Pharmacists – Administration of Vaccines

Hearing 2/13 at 1:00PM

EPIC Pharmacies Supports SB0018 – Health Occupations – Pharmacists – Administration of Vaccines.

EPIC Pharmacies are positioned in hundreds of communities across the state and represent the front line of healthcare providers caring for Maryland communities and your constituents. As the most accessible members of the healthcare team, pharmacists are uniquely positioned to influence public health efforts to improve childhood vaccination rates and have demonstrated this ability when called on to fill the gaps left by other providers during the COVID-19 pandemic.

Current law has allowed pharmacists to safely and effectively administer flu vaccinations to patients age 9 and above without a prescription for many years. While these patients have easy access to vaccines for influenza, we receive many requests from parents to provide additional CDC recommended vaccinations to this age group and their younger siblings. Adult patients have made pharmacists their provider of choice for vaccinations because of the convenience that we provide and they want the same convenience when providing vaccinations for their children. This bill would allow any CDC recommended vaccinations to be administered to patients age 5 and above without a prescription, and would maintain the current requirement that primary care physicians be notified upon each instance.

Snice the pandemic, many states across the nation have codified the provisions of Public Readiness and Emergency Preparedness (PREP) Act which allowed pharmacists to administer vaccinations to patients 3 years and older. The pandemic has demonstrated in no uncertain terms that pharmacists are proven ready to fill in the vaccination gaps of this important patient population. I urge you to follow the lead of these states and make vaccinations easier and more convenient for these young Marylanders and their parents by passing SB0018.

Sincerely,

Brian M. Hose, PharmD
EPIC PharmPAC Chairman
brian.hose@gmail.com

SB18_Letter of support_Testimony_clw_final.pdf
Uploaded by: Cherokee Layson-Wolf
Position: FAV

February 12, 2024

The Honorable Pamela G. Beidle
Chair, Senate Finance Committee
Miller Senate Office Building, 2 East Wing
11 Bladen St., Annapolis, MD

RE: Support SB 18 - Pharmacists-Administration of Vaccinations-Expanded Authority and Reporting Requirements

Dear Chairperson Beidle and Members of the Committee:

Thank you for allowing me the opportunity to provide testimony in support of SB 18.

Maryland pharmacists have provided routine immunizations since 2005. I have personally supported immunization efforts in our state by providing immunization certificate training to pharmacists and student pharmacists for almost 20 years. I have also provided annual continuing education to ensure that pharmacists have the most up to date information on vaccinations, Advisory Committee on Immunization Practices recommendations, and any regulatory updates impacting immunization delivery.

In addition to training, I implemented various immunization clinics serving Maryland's communities. In Fall 2021, the University of Maryland, Baltimore partnered with the Baltimore City Health Department, Maryland Partnership for Prevention, and practitioners from the University of Maryland Midtown Medical Center to host a pediatric vaccination clinic to help children meet school vaccination requirements. The event was a success with two full days of vaccinations provided to children and their families. The most challenging aspect of the clinic was limited vaccine availability. We had to turn many families away. We referred them to other resources when available, but it was apparent that families needed more sites where they could easily access immunizations for their children.

While the clinic I just described helped many families, it required significant coordination between multiple organizations to conduct the event. It was evident that a more efficient method for meeting childhood vaccination needs is needed to supplement existing vaccination services at pediatric offices and health departments. Maryland pharmacists were authorized during the COVID-19 pandemic to administer routine childhood vaccinations. With more than 1,200 pharmacy sites in Maryland, pharmacies provide families with even more options for receiving vaccines for their children and at convenient times that meet their life schedules. Pharmacists are often the most accessible health care provider. In addition, through the required entry of immunization records via Immunet, pharmacists will be able to view vaccination records and meet the documentation requirements set forth in regulations to ensure complete vaccination records are accessible by all providers.

As of April 2023, at least 40 states allow pharmacists to administer vaccinations to children age 7 and older. It is important to continue allowing Maryland pharmacists to support the public health needs of their communities by helping keep children up to date with their vaccinations. Regular engagement with pharmacists will also provide the opportunity to remind families of the need for regular checkups with a pediatrician or primary care provider.

Thank you to this committee for their review of SB 18. Maryland pharmacists like myself appreciate your support in allowing the continued administration of vaccinations to children ages 5 and up.

Sincerely,

Cherokee Layson-Wolf, PharmD, FAPhA, BCACP
Professor of Practice, Sciences, and Health Outcomes Research
University of Maryland School of Pharmacy

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Position: FAV

Maryland
DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

February 13, 2024

The Honorable Pamela Beidle
Chair, Senate Finance Committee
, House Office Building
Annapolis, Maryland 21401

RE: Senate Bill 18 – Health Occupations – Pharmacists – Administration of Vaccines – Letter of Support

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of support for Senate Bill (SB) 18 – Health Occupations – Pharmacists – Administration of Vaccines, which authorizes pharmacists to order and administer certain vaccinations to children aged five and older, subject to certain requirements. The bill expands the types of vaccinations pharmacists can administer to this age group and adjusts the circumstances under which pharmacists may administer them.

Pharmacists have taken on an increasingly critical role in advancing vaccination coverage, having safely administered over 12.6 million vaccinations to Maryland residents since 2020. Notably, more than 1 million of these vaccinations were provided to children under 18 years old, as reported by ImmuNet, the Maryland statewide vaccine registry.

Enabling pharmacists to administer vaccines to children can reduce various barriers faced by Maryland families, enhancing vaccination coverage among Maryland children. Given the broad geographic distribution and hours of operation of pharmacies, making vaccines available to children via pharmacists helps to promote health equity.

SB 18 proactively addresses concerns about children missing routine pediatric care by requiring pharmacists administering vaccines to children to inform parents/guardians about the importance of well-child visits with a pediatric primary care provider. Additionally, as required by HB 1040/SB 736 (2021), MDH recently submitted a report to the House Health and Government Operations Committee and the Senate Education, Energy, and the Environment Committee of the General Assembly highlighting the critical role Maryland pharmacists have played in vaccinating children. Recognizing the importance of vaccination and of the ability of Maryland pharmacists to safely and effectively administer vaccines to children, MDH strongly supports this bill.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov.

Sincerely,

Laura Herrera Scott, M.D., M.P.H.
Secretary

Health Occupations - Pharmacists - Administration

Uploaded by: Malcolm Augustine

Position: FAV

Maryland
DEPARTMENT OF HEALTH

Health Occupations - Pharmacists - Administration of Children's Vaccines - Study and Temporary Authority

As required by HB 1040/SB 736 (Chapters 792 and 793 of the Acts of 2021)

Wes Moore
Governor

Aruna Miller
Lt. Governor

Laura Herrera Scott, M.D., M.P.H.
Secretary of Health

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Acknowledgements

The Maryland Department of Health would like to offer special thanks to the University of Maryland School of Pharmacy for their assistance in the development of this report. The research and expertise provided by the University of Maryland School of Pharmacy team was invaluable in the completion of this report.

Introduction

Chapters 792 and 793 (HB 1040/SB 736) of the Acts of 2021 authorized a licensed pharmacist, from July 1, 2021 to June 30, 2023, to administer a vaccine approved by the U.S. Food and Drug Administration (FDA) to an individual age 3 to 17 if (1) the vaccination is ordered and administered in accordance with the U.S. Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) immunization schedules and (2) the pharmacist meets additional requirements, as specified in the legislation.

Additionally, the legislation required the Maryland Department of Health (MDH) to report on the following items, which are discussed in this report:

- the capacity of the health care system to administer vaccines to children;
- vaccination rates for children; and
- community access to the administration of vaccines for children.

In completing this report, MDH was required to evaluate data from Maryland and other states that authorize pharmacists to administer vaccines, study the effectiveness and efficiency of ImmuNet, and consider public health models in which pharmacists can support and facilitate families in obtaining well-child visits from pediatric primary care providers. This report also addresses, as required by the legislation, specified implementation recommendations and recommendations regarding if the temporary authority established under the bill should be made permanent and ways to further integrate the use of ImmuNet in electronic health records to facilitate communication between pharmacists and pediatric primary care providers.

Background

The ImmuNet program, established by Health-General Article §18–109, was implemented in 2010 as an immunization information system/registry to capture and record an individual's vaccination records and provide a web-based tool for health care providers and schools to keep their patient and/or student vaccinations up-to-date. Health-General Article §18-109 and Health Occupations Article §12-508 require specified health care providers and pharmacists administering vaccinations in Maryland to report all vaccinations to ImmuNet.

In addition, Health Occupations Article §12–508 authorizes pharmacists in Maryland to administer influenza vaccines to children 9 years and older, and vaccines recommended by the CDC to children ages 11-17 with a prescription and to adults without a prescription. On August 19, 2020, the U.S. Department of Health and Human Services (HHS) issued an amendment to the declaration under the federal Public Readiness and Emergency Preparedness (PREP) Act authorizing state-licensed pharmacists to order and administer COVID-19 and other vaccines to individuals ages 3-18 years without a prescription. This HHS amendment superseded Maryland's law on the authority of pharmacists to administer vaccines to children through the duration of the federal COVID-19 public health emergency (PHE).

Capacity of the Health Care System to Administer Vaccines to Children

The federal PREP Act created an additional avenue within the health care system to administer vaccines to children during the PHE. Table 1 (next page) shows data on pharmacy- and non-pharmacy-provided immunizations for a year before the pandemic (July 2018 to June 2019) and a year following the pandemic when more regular daily life activities had resumed, and more businesses were open (July 2021 to June 2022). This time frame allows for a comparison of access before and after the federal PREP Act amendment allowing pharmacists and pharmacy technicians in Maryland to provide vaccinations to children without a physician's prescription, which went into effect in 2020.

Overall, significantly more vaccines were administered to children in non-pharmacy settings than in pharmacy settings. In addition, the overall numbers of vaccines administered to children decreased during the pandemic period despite the population numbers remaining roughly the same.[1] However, the proportion of vaccines administered to children in pharmacy settings increased for each of the vaccines from the pre-pandemic to the pandemic period. As illustrated in Table 1, the number of human papillomavirus (HPV) vaccines administered in Maryland by pharmacists doubled from 217 in the 2018-2019 timeframe to 486 in the 2021-2022 timeframe, but the number given by non-pharmacy providers decreased from 171,155 in the 2018-2019 timeframe to 141,447 in the 2021-2022 timeframe. Similarly, influenza vaccinations increased from 28,037 in the 2018-2019 timeframe to 73,529 in the 2021-2022 timeframe for pharmacy providers. Pharmacists administered 127 MMR (Measles, Mumps, and Rubella) vaccines in the 2021-2022 timeframe. While the overall numbers of vaccines given by pharmacists are currently lower, providing vaccines at community pharmacies increases the number of physical locations where families can access critical vaccinations.

[1] Childhood vaccination rates have rebounded to pre-pandemic levels. The latest data can be found at:https://health.maryland.gov/phpa/OIDEOR/IMMUN/Pages/Kindergarten_Immunization_Rates_by_County.aspx

Table 1. Maryland Vaccine Doses Administered by Setting, for certain timeframes

YEAR		JULY 2018-JUNE 2019			JULY 2021-JUNE 2022		
SOURCE		Pharmacy	Non-Pharmacy	Total	Pharmacy	Non-Pharmacy	Total
VAX	AGES						
MMR	3-6	0	24,249	24,249	23	14,930	14,953
	7-10	1	2,945	2,946	9	2,216	2,225
	11-15	5	6,158	6,163	26	5,280	5,306
	16-18	31	4,652	4,683	69	5,024	5,093
	Total	37	38,004	38,041	127	27,450	27,577
HPV	3-6	0	58	58	1	18	19
	7-10	1	10,233	10,234	17	11,593	11,610
	11-15	84	132,397	132,481	284	112,209	112,493
	16-18	132	28,467	28,599	184	17,627	17,811
	Total	217	171,155	171,372	486	141,447	141,933
Flu	3-6	29	146,113	146,142	8,961	110,577	119,538
	7-10	3,791	128,265	132,056	15,193	98,208	113,401
	11-15	13,975	130,408	144,383	28,485	105,304	133,789
	16-18	10,242	48,836	59,078	20,890	47,358	68,248
	Total	28,037	453,622	481,659	73,529	361,447	434,976
Inactivated Poliovirus vaccine (IPV)	3-6	0	84,880	84,880	7	73,707	73,714
	7-10	1	6,062	6,063	1	4,712	4,713
	11-15	4	8,145	8,149	5	7,077	7,082
	16-18	3	5,198	5,201	4	5,191	5,195
	Total	8	104,285	104,293	17	90,687	90,704
Tetanus, Diphtheria, Pertussis (Tdap)	3-6	0	86,902	86,902	6	75,544	75,550
	7-10	2	10,830	10,832	14	6,269	6,283
	11-15	102	79,481	79,583	588	76,014	76,602
	16-18	184	10,182	10,366	220	9,649	9,869
	Total	288	187,395	187,683	828	167,476	168,304
Diphtheria, Tetanus, Pertussis (DTaP)	3-6	0	87,017	87,017	6	75,664	75,670
	7-10	3	12,494	12,497	17	7,255	7,272
	11-15	102	82,577	82,679	597	77,982	78,579
	16-18	187	12,728	12,915	233	11,901	12,134
	Total	292	194,816	195,108	853	172,802	173,655
Varicella	3-6	0	86,422	86,422	24	75,413	75,437
	7-10	0	8,049	8,049	19	6,515	6,534
	11-15	10	9,628	9,638	38	8,659	8,697
	16-18	98	6,281	6,379	58	6,593	6,651
	Total	108	110,380	110,488	139	97,180	97,319

Source: Maryland Department of Health, Data reported to ImmuNet retrieved November 2022

Vaccination Rates for Children

The CDC's Childhood Immunization Schedule recommends specified vaccinations throughout childhood to protect children from preventable illnesses such as MMR, tetanus, polio, and hepatitis.[1] Rates for childhood vaccines for kindergarteners are generally 98 percent or higher for DTaP (Diphtheria, Tetanus, Pertussis), Polio, MMR, Varicella, and Hepatitis B in Maryland. In 2020-2021, during the first year of the COVID-19 pandemic, kindergarteners' vaccine rates dropped to 90 percent for DTaP, Polio, and Hepatitis B and dropped even lower (about 88 percent) for MMR and Varicella.[2] The decreased rate in MMR doses equals about 10,000 fewer children vaccinated in 2020-2021. The rates rebounded in 2021-2022.

Per America's Health Rankings, 66.8 percent of adolescents in Maryland ages 13-17 received all recommended doses of the HPV vaccine in 2020.[3] The CDC reports 2021 vaccination coverage in Maryland for adolescents ages 13-17 as follows: Tdap 89.5 percent, HPV 79.1 percent, and MenACWY (Meningococcal conjugate) 93.7 percent.[4]

Community Access to the Administration of Vaccines for Children

Within the Maryland health care system, physicians and pharmacists are among the entities that can administer vaccines to children. Benefits of physicians administering vaccines include the convenience of completing vaccinations during routinely scheduled well child visits, and the established history between the patient and physician. For pharmacists, nearly 90 percent of Americans in 2018 lived within 2 miles of a community pharmacy, which means pharmacists often work directly in the communities they serve.[7] Additionally, the ability of local pharmacists to answer questions and provide free health advice makes them important public health liaisons.

Table 2 summarizes available avenues for children ages 3-18 to receive pediatric immunizations in Maryland. Researchers found that "over 51 percent of children in 2017 did not have a medical home, meaning they do not have a primary care doctor that manages their care."[7, 8] In most jurisdictions, especially on the Eastern Shore and in Western Maryland, there are more pharmacies than pediatricians. This greater community presence by pharmacies allows for increased opportunities for children to stay up-to-date on their vaccinations, offering an additional 1,266 locations where childhood vaccinations could be provided. Community pharmacies also offer flexibility to families by offering evening and weekend hours.

Table 2: Number of Pediatricians, Pharmacies, and Children Ages 3-17 in Maryland by Jurisdiction

Jurisdiction	Pediatricians (2020-2021)	Pharmacy Facilities*	Population Ages 3-17 years
Allegany	5	19	10,599
Anne Arundel	100	106	109,801
Baltimore City	251	184	98,578
Baltimore	180	368	157,225
Calvert	15	18	18,434
Caroline	0	6	6,552
Carroll	19	32	32,063
Cecil	8	18	19,262
Charles	18	31	33,970
Dorchester	4	8	5,679
Frederick	43	60	54,785
Garrett	1	9	4,324
Harford	32	57	49,236
Howard	175	59	68,119
Kent	5	5	2,792
Montgomery	573	164	201,134
Prince George's	127	147	178,429
Queen Anne's	2	7	9,018
Somerset	4	5	4,021
St. Mary's	10	18	23,094
Talbot	11	10	5,684
Washington	20	36	28,044
Wicomico	16	28	20,781
Worcester	3	18	7,728
Total	**1,622**	**1,266**	**~ 1.1 million**

Source: Population data are from the Maryland Department of Planning based on 2021 population estimates
**Pharmacist Facilities as of 11/2022; a facility may have more than one pharmacist.*

Pharmacists' Authority to Administer Vaccines to Children across the United States

When the federal PREP Act amendment is not in effect, pharmacists' authority to administer other vaccines to children varies from state to state. Excluding seasonal influenza and COVID-19 immunization authority, eight states do not allow pharmacists to administer routine childhood vaccines for children ages 7-18. They include: Connecticut, Florida, Maine, New Hampshire, New Jersey, New York, Pennsylvania, and Rhode Island.[9] Data for doses administered by pharmacists vs. non-pharmacists in Maryland are listed in Table 1.

Input from Pediatric Health Care Providers on the Effectiveness and Efficiency of ImmuNet

To allow pharmacists, pediatricians, nurse practitioners, and physician assistants to share feedback about the effectiveness and efficiency of ImmuNet, a survey (Appendix A) was disseminated to members of the: Maryland Pharmacists Association, Maryland Society of Health-System Pharmacists, Maryland Association of Chain Drug Stores, Maryland Chapter of the American Academy of Pediatrics (AAP), Maryland Academy of Family Physicians, and Nurse Practitioner Association of Maryland. The survey was available for two weeks to allow members to respond. In total, 106 pharmacists and 26 providers (23 physicians and 3 nurse practitioners) responded to the survey. Survey findings are summarized below.

- 57 percent of pharmacists and 44 percent of pediatric primary care providers indicated that ImmuNet is very or extremely effective for tracking pediatric vaccines.
- 83 percent of pharmacists and 77 percent of pediatric primary care providers reported using automated file transfer to enter data in ImmuNet.
- 70 percent of pharmacists and 67 percent of pediatric primary care providers found automated file transfer of vaccine records to be accurate.
- 42 percent of responding pharmacists and 45 percent of responding pediatric primary care providers thought that it is somewhat or extremely easy to manually enter data into ImmuNet.
- When pharmacists were asked about what percentage of caregivers with children who received vaccines at their pharmacy site reported having a medical home or assigned primary care provider:
    - 29% of responding pharmacists, said 75%-89% report having a medical home
    - 29% of responding pharmacists, said greater than 90% report having a medical home
    - 25% of responding pharmacists said fewer than 50% report having a medical home
    - 18% of responding pharmacists, said 50-74% report having a medical home.
- 38 percent of responding pharmacists thought it was somewhat difficult or extremely difficult to find a pediatric primary care provider to provide families with a referral.
- 73 percent of responding pharmacists felt a State-maintained pediatric provider registry would be helpful.

Additionally, Table 4 provides data from Immunet on the timeliness of data entry of vaccine information into ImmuNet for pharmacists and non-pharmacists.

Table 4: Timeliness of Data Entered into ImmuNet, 2021-2022

	% Reporting within 24 hours	% Reporting within 2-7 days	% Reporting > 7 days
Pharmacists	88	10	2
Non-Pharmacists	82	4	14

Source: Maryland Department of Health, Data reported to ImmuNet retrieved November 2022

Ways Pharmacists can Support and Facilitate Families in Obtaining Well-Child Visits

Opportunities exist for more collaborative relationships between pharmacies and local health departments, pediatric primary care providers, and school systems, to meet the vaccination needs of children. Pharmacists are required by the PREP Act amendment to remind families of the importance of well-child visits with their pediatric primary care providers, and to refer the patient to a pediatric primary care provider when appropriate.[11]

Implementation Recommendations

Pursuant to Chapters 792 and 793 (HB 1040/SB 736) of the Acts of 2021, MDH is tasked with addressing implementation recommendations for: (1) tracking multidose vaccines; (2) optimal physical space configurations to protect the privacy and safety of patients; (3) staffing requirements; and (4) processes for responding to adverse reactions.

Tracking Multidose Vaccines

ImmuNet was established to, among other purposes, track multidose vaccines. The ImmuNet system currently has the capacity to track multidose vaccines and does so. This includes tracking multidose vaccines where some of the required doses are given in physician offices and other doses are given in pharmacies. Stakeholders surveyed also indicated that they believe ImmuNet is an effective database to track multidose vaccines. Therefore, MDH recommends increased outreach to vaccinators via a variety of media, including communications from the professional boards and professional associations, to ensure that they are aware of the mandatory reporting requirements set forth in Health-General Article §18–109. MDH will reach out via clinician letter and ensure that the boards send the letter to their members. MDH will also communicate to MedChi and various professional organizations, including the Maryland Chapter of AAP, Maryland College of Physicians, and others.

Physical Space Configurations to Protect the Privacy and Safety of Patients

A safe private or semi-private area for patient consultation and immunization increases patient trust and decreases perceived stigma.[12] The Americans with Disabilities Act (ADA) standards require adequate entry and exit points and accessibility for the elderly as well as those with disabilities and mobility issues.[13] The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires pharmacists to make reasonable efforts and have physical safeguards in place to protect the privacy of protected health information in areas where patient-staff communications routinely occur.[14] Several sources suggest approximately 50 square feet per patient as the ideal spacing in consultation or patient-care settings, with flexibility depending on the function and facility.[13]

Based on the current federal standards and safeguards, MDH recommends a designated immunization area where patients can have confidential conversations, and injection and emergency supplies are pre-assembled.[15] Smaller pharmacies without private consultation rooms should use the most private section of the patient waiting area. There are several creative options to further protect the privacy and safety of patients, as well as to increase vaccination capabilities. Recommendations include: asking waiting patients to stand a few feet back from the

counseling area;[14] using permanent or movable barriers (e.g., cubicles, dividers, shields, curtains, screens);[16] using white noise machines;[12] and using non-pharmacy spaces (e.g., offices, break rooms, stockrooms).[17]

Staffing Requirements

Optimal staffing is situational and depends on overall facility capacity, number of patients, type of services, and other criteria. Research indicates that additional staffing is not required for walk-up immunizations, but is required for immunization clinics held both on- or off-site.[15] Therefore, MDH recommends facilities assess their overall capacity and objectives to determine staffing requirements.

Processes for Responding to Adverse Reactions

The process for pharmacists responding to adverse immunization reactions is the same as for any other health care professional. Licensed pharmacists, pharmacy interns, and pharmacy technicians are required by both the federal PREP Act amendment and Maryland statute (Health Occupations Article §12–508) to complete immunization training that includes the recognition and treatment of emergency reactions to vaccines. These pharmacy professionals must have a current certificate in basic cardiopulmonary resuscitation. In addition, they must complete (during the relevant State licensing period(s)) a minimum of two hours of immunization-related continuing pharmacy education approved by the Accreditation Council for Pharmacy Education.[18,19] Furthermore, the pharmacy permit holder is required to maintain documentation in the pharmacy from which the vaccine was administered that includes: the nature and outcome of an adverse reaction, and that the adverse reaction was reported to both the primary care provider and the Vaccine Adverse Event Reporting System (VAERS). This documentation must be maintained for a minimum of five years.[18]

Overall Recommendations

In accordance with Chapters 792 and 793 (HB 1040/SB 736) of the Acts of 2021, MDH is required to make recommendations regarding (1) whether the temporary authority for pharmacists to order and administer vaccinations to children ages 3-18 should be made permanent; and (2) ways to further integrate the use of ImmuNet in electronic health records to facilitate communication between pharmacists and pediatric primary care providers.

Permanency of Temporary Authority

Given the overall benefit of illness prevention, the documentation that vaccinations are one of the most effective public health tools available, the recognition that lack of easy access to preventive services like vaccinations increases health inequities, and the demonstration that Maryland pharmacists can effectively vaccinate children, MDH strongly recommends making permanent the authority for pharmacists to order and administer CDC recommended vaccinations to children ages 3-18. MDH recognizes the importance of a medical home for all children, and recommends that any extension of this authority ensures that pharmacists inform parents of the need for routine well child care through the primary care provider or medical home.

ImmuNet Integration

Substantial progress has been made in recent years to increase the reporting of vaccinations into ImmuNet and to make vaccination information available to Maryland providers, regardless of who provided the vaccination. As an increasing proportion of outpatient practices use certified electronic health records (EHRs), this allows for more integration of care between different providers. To further enhance access and improve communication between pharmacists and providers, MDH recommends communications to the providers that are not currently using EHRs to adopt an EHR system with bidirectional capabilities to integrate ImmuNet data into their health systems. Providers currently using EHRs that do not support bidirectional capability or the ability to integrate ImmuNet data should be encouraged to request their EHR vendor to add on or upgrade their EHR system.Other opportunities to enhance usability by pharmacists and providers include:

- Adding ImmuNet messaging to:
    - Inform users whether the automatic file transfer was successful or whether there were issues during the upload process; and
    - Easily identify records with errors; and
- Simplifying submission templates to ease the manual reporting burden.

In conclusion, MDH remains committed to increasing the use and versatility of ImmuNet, and supporting efforts at making vaccinations more easily available to Maryland residents, ultimately reducing the morbidity and mortality of vaccine-preventable diseases.

Appendix A

Pharmacists' Survey

We are collecting feedback from stakeholders as requested by the Maryland legislature in order to prepare a report on HB1040 / SB736 (Pharmacist - Administration of Childrens' Vaccines).

1. I am a Maryland pharmacist at a site that provides vaccinations to children 3-18 years old and I agree to participate in the survey.
   - o Yes
   - o No

2. Please select which best describes your site.
   - o Independent pharmacy
   - o Retail chain pharmacy
   - o Outpatient clinic
   - o Other

3. I primarily practice in: (insert county)

4. Who at your site regularly administers pediatric vaccines? Select all that apply.
   - o Pharmacist
   - o Pharmacy intern
   - o Pharmacy technician
   - o Other

5. How does your site most often enter data into ImmuNet?
   - o Staff manually enter vaccine data
   - o Our site performs automated file transfer
   - o I don't know
   - o Other

6. How does your site most often enter data into ImmuNet?
   - o Staff manually enter vaccine data
   - o Our site performs automated file transfer
   - o I don't know
   - o Other

7. How easy is it for you or staff to manually enter new vaccine records into ImmuNet?
   - o Extremely difficult
   - o Somewhat difficult
   - o Neither easy nor difficult
   - o Somewhat easy
   - o Extremely easy
   - o Not applicable

8. Have you found the automated file transfer of vaccine records to be accurate?

- o Yes
- o No
- o Unsure
- o Not applicable

9. How effective do you feel ImmuNet is for tracking pediatric vaccines?

- o Not effective at all
- o Slightly effective
- o Moderately effective
- o Very effective
- o Extremely effective

10. Do you have any specific recommendations on how to improve the efficiency or effectiveness of the ImmuNet database?

11. In your experience, what percentage of caregivers with kids 3-18 years old who received vaccines at your site report having a medical home (assigned primary care provider)?

- o Greater than 90%
- o 75-89%.
- o 50-74%
- o Less than half
- o I don't know

12. For kids without a medical home (assigned primary care provider), how easy is it to find pediatric providers when making a referral?

- o Extremely difficult
- o Somewhat difficult
- o Neither easy nor difficult
- o Somewhat easy
- o Extremely easy

13. If the state maintained a pediatrician registry for referrals would you use it as a resource for referrals?

- o Yes
- o No
- o Unsure

14. Does your site have a partnership with a school, pediatrician's office, or health department to provide vaccines to kids 3-18 years old? If yes, please describe your model.

- o Yes
- o No

Health Care Providers' Survey

1. I am a Maryland healthcare worker at a facility/office that regularly sees children 3-18 years old and I agree to participate in the survey.

- o Yes
- o No

2. Please select your credentials.

- o DO
- o MD

- o NP
- o PA
- o RN
- o Other

3. I primarily practice in (insert county)

4. Who at your site regularly administers pediatric vaccines? Select all that apply.
   - o Medical Assistant
   - o Nurse Practitioners
   - o Nurse
   - o Physician Assistant
   - o Physician
   - o Other

5. How does your site most often enter data into Immunet?
   - o Staff manually enter vaccine data
   - o Our site performs automated file transfer
   - o I don't know
   - o Other

6. How easy is it for you or staff to manually enter new vaccine records into ImmuNet?
   - o Extremely difficult
   - o Somewhat difficult
   - o Neither easy nor difficult
   - o Somewhat easy
   - o Extremely easy
   - o Not applicable

7. Have you found the automated file transfer of vaccine records to be accurate?
   - o Yes
   - o No
   - o Unsure
   - o Not applicable

8. How effective do you feel ImmuNet is for tracking pediatric vaccines?
   - o Not effective at all
   - o Slightly effective
   - o Moderately effective
   - o Very effective
   - o Extremely effective

10. Do you have any specific recommendations on how to improve the efficiency or effectiveness of the ImmuNet database?

11. If the state maintained a pediatrician registry for referrals would your site be willing to be listed?
   - o Yes
   - o No
   - o Unsure

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SB 18 - Pharmacists Vaccine Sponsor Testimony - Au

Uploaded by: Malcolm Augustine

Position: FAV

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PRESIDENT PRO TEMPORE

Executive Nominations Committee

Education, Energy and the Environment Committee

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February 13, 2024

Senate Bill 18 - Health Occupations – Pharmacists – Administration of Vaccines

Dear Colleagues,

I am pleased to present **Senate Bill 18 - Health Occupations – Pharmacists – Administration of Vaccines**, which seeks to safeguard the health of our youngest constituents in Maryland.

Since August of 2020, Maryland pharmacies have been at the forefront of public health by permitting pharmacists to administer routine vaccinations to children aged 3 to 17, aligning with the CDC's recommended schedule. Senate Bill 18 seeks to make permanent this practice, with a slight adjustment, by raising the minimum age to 5 in response to Pediatricians feedback on 3 year old well visits.

The federal government, through addendums to the Public Readiness and Emergency Preparedness (PREP) Act, empowered licensed pharmacists to administer FDA-approved vaccinations to children ages 3-17. This measure, initially a response to the pandemic, has proven effective and beneficial to our communities. However, this provision of the PREP Act is set to expire on December 31, 2024, and Senate Bill 18 endeavors to make this change permanent, following the lead of 43 other states.

The impact of this initiative is particularly noteworthy in areas characterized by high social vulnerability. According to the Government Accountability Office, half of the pharmacies that collaborated on COVID-19 vaccines were situated in such vulnerable areas. These pharmacies played a crucial role in delivering not only COVID-19 vaccinations but also protecting vulnerable populations against other childhood illnesses covered by the CDC schedule of vaccines.

Moreover, Senate Bill 18 addresses the accessibility gap in rural counties, where the availability of family physicians may be limited. Pharmacies, often more accessible, serve as a vital point of healthcare for many, with nearly 90% of the entire US population residing within 2 miles of a community pharmacy.

Our constituents have grown reliant on this accessibility, and it's worth noting that Maryland is among the minority, being one of only seven states yet to make this change permanent. Notably, a recent Morning Consult Poll indicates that 85% of Marylanders support empowering pharmacists to provide routine vaccinations.

MALCOLM AUGUSTINE
Legislative District 47
Prince George's County

PRESIDENT PRO TEMPORE

Executive Nominations Committee

Education, Energy and the Environment Committee

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Senate Bill 18 not only codifies this practice but also establishes stringent guidelines to ensure the competence and preparedness of pharmacists. Pharmacists must complete at least 20 hours of training, covering adverse reactions to vaccines, hands-on injection techniques, and CPR certification. Additionally, pharmacists are required to upload vaccine information to ImmuNet, Maryland's HIPAA-compliant vaccine database.

This legislation reinforces the relationship between child patients, their caretakers, and pediatricians. Pharmacists are mandated to discuss the importance of well-child visits and, if necessary, refer the child to a primary care physician. With only 48.5% of Maryland children having a medical home, this provision becomes critical not only for vaccinations but also for fostering discussions about the necessity of routine well visits.

The Maryland Department of Health, in a report **supporting the permanent codification of pharmacists' authority to administer vaccines to children**, highlights the overall benefits of illness prevention, the effectiveness of vaccinations, and the importance of addressing health inequities. The report underscores the need for pharmacists to inform parents about routine well-child care through primary care providers.

This bill facilitates partnerships between pharmacies and primary care pediatricians, ensuring that parents receive essential immunizations for their children and are seamlessly connected with primary care providers for ongoing medical care. Senate Bill 18 simply extends a practice that our residents have come to rely on by permanently empowering pharmacists to provide FDA-approved vaccines to children aged 5 to 17. This initiative ensures the continued protection of our youngest residents from vaccine-preventable diseases.

Thank you for your attention to this critical matter. I urge the committee to give a **favorable** report for **Senate Bill 18 - Health Occupations – Pharmacists – Administration of Vaccines.**

Sincerely,

Malcolm Augustine

Senator Malcolm Augustine

2024_MD_SB18_S_FIN.pdf
Uploaded by: Michael Murphy
Position: FAV

American Pharmacists Association

February 8, 2024

[submitted electronically via: mgaleg.maryland.gov]

The Honorable Pamela Beidle
Chair, Finance Committee
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Annapolis, Maryland 21401

RE: SB18 (Augustine & Lam) – Pharmacists - Administration of Vaccines– SUPPORT

Dear Chair Beidle, Vice Chair Klausmeier, and members of the Finance Committee:

The American Pharmacists Association (APhA) appreciates the opportunity to submit proponent testimony on **Senate Bill (SB) 18** (Senators Augustine and Lam). This bill will codify pharmacists' authority to administer immunizations to patients aged five years or older. Pharmacists currently have this authority in Maryland due to Declarations under the federal Public Readiness and Emergency Preparedness (PREP) Act. However, some of the federal authorities under the PREP Act expired on May 11, 2023, and other authorities will be expiring under the Eleventh Amendment in December 2024,[1] which will interrupt access for patients who have come to rely on pharmacy personnel to administer immunizations.

APhA is the largest association of pharmacists in the United States advancing the entire pharmacy profession, including 12,228 licensed pharmacists in Maryland. APhA represents pharmacists in all practice settings, including community pharmacies, hospitals, long-term care facilities, specialty pharmacies, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and government facilities. Our members strive to improve medication use, advance patient care, and enhance public health. APhA represents pharmacists, students, and pharmacy technicians who practice in numerous settings and provide care to many of your constituents. As the voice of pharmacy, APhA leads the profession and equips members for their role as the medication expert in team-based, patient-centered care. APhA inspires, innovates, and creates opportunities for members and pharmacists worldwide to optimize medication use and health for all.

Maryland pharmacists, pharmacy technicians, and pharmacy interns under the supervision of a pharmacist have been administering vaccines for the past several years after the U.S. Department of Health and Human

[1] U.S. Department of Health and Human Services (HHS). Eleventh Amendment to Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID-19. Published March 12, 2023. Available at: https://www.federalregister.gov/documents/2023/05/12/2023-10216/eleventh-amendment-to-declaration-under-the-public-readiness-and-emergency-preparedness-act-for

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Services (HHS) issued a declaration under the PREP Act for medical countermeasures against COVID-19[2] and then the Third,[3] Fourth,[4] Eighth,[5] and Tenth[6] Amendments. HHS' declarations and amendments authorized the following:

- Pharmacists (order and administer) and pharmacy technicians and pharmacy interns under the supervision of a pharmacist, to administer to persons ages three or older COVID-19 vaccinations and seasonal influenza vaccines that have been authorized or licensed by the Food and Drug Administration (FDA).
- Pharmacists (order and administer) and pharmacy technicians and pharmacy interns under the supervision of a pharmacist, to administer any vaccine that the Advisory Committee on Immunization Practices (ACIP) recommends to persons ages three through 18 according to ACIP's standard immunization schedule.

The federal authority under the PREP Act preempts state law and Marylanders have been receiving expanded access to vaccines provided by local pharmacy personnel for nearly four years. While pharmacists (order and administer) and pharmacy technicians' and pharmacy interns' authority to administer to persons ages three or older COVID-19 vaccinations and seasonal influenza vaccines will continue until December 2024, pharmacy personnel's authority to administer other ACIP-recommended vaccines to persons ages three through 18 ended on May 11, 2023. SB 18 makes part of this temporary federal authority permanent under pharmacists' state scope of practice from the Maryland Board of Pharmacy by maintaining access to lifesaving vaccinations for patients aged five years or older. SB 18 is vital to minimize interruptions to Marylanders' access to necessary vaccinations and to ensure Maryland can meet its public health needs while saving thousands of lives and millions in preventable health care costs.

For these reasons, APhA respectfully requests your "AYE" vote on SB 18. If you have any questions or require additional information, please don't hesitate to contact E. Michael Murphy, PharmD, MBA, APhA Advisor for State Government Affairs by email at mmurphy@aphanet.org.

Sincerely,

Michael Baxter

Michael Baxter
Vice President, Federal and State Government Affairs

cc: Senator Katherine Klausmeier, Vice Chair

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Senator Arthur Ellis
Senator Dawn Gile
Senator Antonio Hayes
Senator Stephen S. Hershey, Jr.
Senator Benjamin F. Kramer
Senator Clarence K. Lam
Senator Johnny Mautz
Senator Justin Ready
Senator Alonzo T. Washington

SB0018-FIN-SUPP.pdf
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Position: FAV

BRANDON M. SCOTT
MAYOR

Office of Government Relations
88 State Circle
Annapolis, Maryland 21401

SB0018

February 13, 2024

TO: Members of the Senate Finance Committee

FROM: Nina Themelis, Director of Mayor's Office of Government Relations

RE: Senate Bill 18 – Health Occupations - Pharmacists - Administration of Vaccines

POSITION: SUPPORT

Chair Beidle, Vice Chair Klausmeier, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** Senate Bill (SB) 18.

SB 18 allows pharmacists to vaccinate children between the ages of five and 18 with recommended immunizations. This bill continues a Department of Health and Human Services decision from early in the COVID-19 pandemic to allow pharmacists in all 50 states to administer the full schedule of immunizations for children of these ages. This announcement came in response to declining childhood immunization rates nationwide.[i] As more than 90% of the U.S. population lives within two miles of a community pharmacy, pharmacists are in an excellent position to improve pediatric vaccination rates by administering vaccines.[ii]

Baltimore City faces persistent challenges in achieving optimal childhood vaccination rates. Pharmacists play an important role in augmenting services offered through private doctor's offices, pediatric practices, or health department clinics – offering convenient locations, extended hours, and sometimes no need for appointments. Our statewide immunization registry, ImmuNET, is accessible by pharmacies and will provide the necessary information to doctor's offices and health department clinics on patients' vaccination history, allowing pharmacies and those clinics to work in partnership smoothly.

Allowing pharmacists to administer immunizations to children between the ages of five and 18 will improve pediatric vaccination rates and make our communities healthier. For these reasons, the BCA respectfully requests a **favorable** report on SB 18.

[i] KFF. (2024). Headed Back To School in 2023: A Look at Children's Routine Vaccination Trends. Retrieved from https://www.kff.org/coronavirus-covid-19/issue-brief/headed-back-to-school-in-2023-a-look-at-childrens-routine-vaccination-trends/

[ii] "Implementation of pharmacist-administered pediatric vaccines in the United States: major barriers and potential solutions for the outpatient setting," Pharmacy Practice, v.17 (2) Apr-June2019 PmC6594428

SB0018_UNF_MDAAP, MedChi_Health Occs. - Pharmacist

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

FROM: Christine K. Krone
Pamela Metz Kasemeyer
Danna L. Kauffman
J. Steven Wise
Andrew G. Vetter
410-244-7000

DATE: February 13, 2024

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

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**.

SB18 Senate Finance Committee - Pharmacists - Admi
Uploaded by: Sarah Michel
Position: FAV

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Feb. 12, 2024

VIA EMAIL
The Honorable Pamela G. Beidle
Chair, Senate Finance Committee
Miller Senate Office Building, 2 East Wing
11 Bladen St., Annapolis, MD

RE: Support SB 18 - Pharmacists-Administration of Vaccinations-Expanded Authority and Reporting Requirements

Dear Chairperson Beidle and Members of the Committee:

The University of Maryland School of Pharmacy appreciates the opportunity to comment on SB 18. As drafted, SB 18 expands the ability of pharmacists to provide vaccinations to patients age 5 and up who meet the specific requirements stated in the bill.

Since the approval of pharmacist-provided influenza vaccinations during the 2006 legislative session, pharmacists in Maryland have contributed to the public health of the citizens in the state by providing convenient access to vaccines. Maryland pharmacists were instrumental in administration of vaccines during H1N1, and pharmacists administered more than 270 million doses of COVID-19 vaccines nationally through September 2022. (Grabenstein J. Essential services: quantifying the contributions of America's pharmacists in COVID-19 clinical interventions. J Am Pharm Assoc (2003). 2022 November-December; 62(6): 1929–1945.e1. Published online 2022 Aug 18. doi:10.1016/j.japh.2022.08.010).

Pursuant to HB 1040 /SB 736 Health Occupations-Pharmacists Administration of Children's Vaccines-Study and Temporary Authority, the Maryland Department of Health (MDH) was asked to complete an evaluation of the ability of the health care system to provide vaccines to children, current vaccination rates for children, and the ability of the community to access vaccine administration for children (attached).

The federal PREP Act allowed for administration of pediatric vaccines during the COVID-19 emergency, and the MDH report demonstrated pharmacists administering these vaccines to children age 3 and up, resulting in these children having adequate protection against vaccine preventable diseases. The report stated there were more than 1,200 pharmacies in Maryland, greatly increasing the needed accessibility of vaccine services to families at convenient dates and times, and significantly increasing the number of available sites to receive vaccines within Maryland. With many pharmacies offering evening and weekend hours, this greatly increases accessibility for families to receive vaccine services. From July 2021 to June 2022, more than 82,000 vaccine doses were administered to children ages 3-18 in pharmacies. At the conclusion of its report, MDH "strongly recommends making permanent the authority for pharmacists to order and administer CDC recommended vaccinations to children ages 3-18," thus supporting the intent of SB 18 to expand scope of pharmacist-provided vaccines to children age 5 and up. The increased age (3 years to 5 years old) from previous proposed legislation to address concerns from prior legislative hearings.

The University of Maryland School of Pharmacy is committed to supporting the education and training needs of immunizing pharmacists and has actively conducted Accreditation Council for Pharmacy Education (ACPE)-approved certificate training to pharmacists since 2006 that meets the requirements set forth in current regulations and redefined in SB 18. In addition to providing this training to student pharmacists, several faculty members at the School provide vaccine continuing education to Maryland pharmacists on a regular basis. During these trainings, faculty members reinforce Maryland specific vaccination rules, including any stipulations of Maryland regulations, such as reinforcing the importance of well-child visits and referrals to primary care provider when needed.

Approval of SB 18 will allow pharmacists to support the efforts of pediatricians and health departments to meet the vaccination needs of children and help families meet vaccination requirements for primary and secondary schools.

We thank the members of the Senate Finance Committee for their consideration of this letter and the testimony of our colleagues in support of SB 18.

Sincerely,

Sarah L.J. Michel,
PhD Dean and
Professor

SB0018 Testimony.pdf
Uploaded by: Sarah Paul
Position: FAV

Statement of Maryland Rural Health Association (MRHA)
To the Senate Finance Committee
Chair: Senator Pamela Beidle
February 12, 2024
Senate Bill 0018: Health Occupations - Pharmacists - Administration of Vaccines

Chair Beidle, Vice Chair Klausmeier, and members of the committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of Senate Bill 0018: Health Occupations - Pharmacists - Administration of Vaccines.

Vaccination administration is a primary level of prevention that is essential in stopping disease outbreaks before they can occur. Pharmacies proved to be a useful line of defense throughout the COVID-19 pandemic, as they were able to administer vaccinations and provide general health counseling to concerned patients. Since the pandemic, over 60% of flu vaccinations have taken place in pharmacies. The vaccination for HPV in pharmacies has increased by 15% from 2018 to 2021 alone. This is a trend seen across the board for many vaccinations (Gallagher, 2023). Although the adult population is well served in this capacity, children under the age of 9 remain vulnerable. Residents are more likely to seek out a means of healthcare that is cost-effective and is convenient. Many members of our rural communities take at least one prescribed medication, which requires frequent visits to their local pharmacy. Instead of visiting a primary care provider, patients can get themselves and their families vaccinated while picking up medication. Doing so will allow both adults and children to receive preventative care without having to sacrifice time away from work and school. There has been an uptick in Respiratory Syncytial Virus (RSV) over the last few years, and although RSV can affect anyone, it is particularly severe in children. Authorizing pharmacists to extend vaccinations to children ages 5-9 will prevent unnecessary medical costs, hospitalizations, and will further protect residents from future outbreaks of disease.

On behalf of the Maryland Rural Health Association,
Jonathan Dayton, MS, NREMT, CNE, Executive Director
jdayton@mdruralhealth.org

Gallagher, A. (2023). *Pharmacist-administered vaccinations show increase since onset of COVID-19 pandemic.* Pharmacy Times. https://www.pharmacytimes.com/view/pharmacist-administered-vaccinations-show-increase-since-onset-of-covid-19-pandemic

SB18_MACDS_FAV.pdf
Uploaded by: Sarah Price
Position: FAV

MARYLAND ASSOCIATION OF CHAIN DRUG STORES

SB18 Health Occupations - Pharmacists - Administration of Vaccines
Finance Committee
February 13, 2024

Position: Favorable

Background: SB18 would codify in Maryland law the existing federal authorization for pharmacists to administer vaccines to children aged five and older without a physician's prescription.

Comments: The Maryland Association of Chain Drug Stores (MACDS) strongly supports passage of SB18 Health Occupations - Pharmacists - Administration of Vaccines. Families in Maryland have benefited greatly from expanded access to childhood vaccines since the federal Public Readiness and Emergency Preparedness (PREP) Act was amended in August, 2020 to authorize pharmacists throughout the United States to administer vaccines to children aged three and older without a physician's prescription. Before the expansion of the PREP Act, pharmacists in Maryland were authorized to administer influenza vaccines to children aged nine and older without a prescription, and to administer vaccinations listed in the Centers for Disease Control and Prevention's (CDC) recommended immunization schedule to children aged eleven to seventeen years old with a physician's prescription. The PREP Act was passed under the Trump administration in response to the COVID-19 pandemic and is not a permanent piece of federal policy. Its expiration date has been extended several times during the Biden administration and the vaccination authorization is currently in place through December 31, 2024. Unfortunately, patients' access to vaccines in Maryland will be greatly reduced after that date if the legislature fails to pass HB76/SB18, returning families in the state to the previous age and prescription restrictions.

The 2022 National Survey of Children's Health (NSCH), which measures the share of children who receive coordinated, ongoing, comprehensive care within a medical home, found that 51.5% of children in Maryland do not have a "medical home". The survey defined the percent of children with a medical home as the "percentage of children ages 0-17 who received health care that meets criteria of having a medical home: child had a personal doctor/nurse; had a usual source for sick care; received family-centered care from all health care providers; had no problems getting needed referrals; and received effective care coordination when needed".[i] The PREP Act has guaranteed that though over 50% of children in Maryland may not have an ongoing relationship with a physician, 100% of children aged three and older do have access to immunizations without having to depend on public resources such as clinics organized by the Department of Health.

Since 2019, Marylanders have received more than twenty-six million vaccines at their local community pharmacies, including nearly one and a half million vaccines administered to children under age eighteen. This clearly demonstrates that patients trust pharmacists to care for children and adults, that families enjoy having the option to obtain immunizations in their community settings, and that pharmacies have the capacity to continue to offer these services. Moreover, community pharmacies have successfully expanded healthcare access and equity in both rural and urban communities that have been traditionally underserved. In 2018, nearly 90% of Americans lived within two miles of a community pharmacy[ii], and the study conducted by the Department of Health as mandated by 2021's HB1040 identified nineteen out of twenty-four jurisdictions in Maryland as having more pharmacists than pediatricians during the 2020-2021 period.

The COVID-19 pandemic exposed the challenges within the traditional healthcare system, but it also proved that pharmacies could provide Marylanders with patient-driven access to care that is safe and convenient. To keep up with patient demand during the pandemic, Maryland pharmacies quickly pivoted and set up new infrastructure and equipment needed in every community to perform mass COVID immunizations and testing, as well as administering the full range of childhood vaccines.

MACDS is aware of concerns regarding the impact of vaccine access in pharmacies on children's relationship with pediatricians in Maryland and agrees that a child's continued relationship with a physician is of the utmost importance. To that end, SB18 mandates that pharmacists remind families of the importance of attending annual check-ups and make recommendations for pediatricians when appropriate. The language in SB18 has also been updated from previous iterations of this proposal to raise the base age for vaccines in pharmacies from three to five, in order to address concerns about pediatricians' access and ability to identify major health issues in children from a young age.

The public health policy that would be codified by SB18 has received overwhelming public support. A survey commissioned by the National Association of Chain Drug Stores and conducted by Morning Consult between December 7th through December 12th, 2022, found that 84% of Marylanders support pharmacists administering routine vaccinations. **SB18 does not impose any new vaccine mandates on Marylanders, and it honors the need for a guardian's consent while providing flexibility to account for children who may not be living with their parents at the time of immunization**. **Should SB18 pass, Maryland law would still explicitly prohibit a non-parent from consenting to the immunization of a child if the parent's refusal of consent has been expressed**. SB18 is ultimately a proposal to codify patient choice and healthcare access for those who desire additional vaccine options for their own family within their community.

We are extremely grateful for the Committee's thoughtful leadership and continued dedication to patient healthcare access. SB18 will protect your constituents' option to receive immunizations at their local pharmacy and maintain expanded

healthcare access and equity in all Maryland communities. We would respectfully urge your favorable vote on this proposal.

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[i] *Percent of Children with a Medical Home | KFF*. (2023c, December 7). KFF. https://www.kff.org/other/state-indicator/children-with-a-medical-home/

[ii] *Pharmacist-administered pediatric vaccination services in the United States: major barriers and potential solutions for the outpatient setting*. Pharm Pract (Granada) [Internet]. 2019 Jun. 18; 17(2):1581. https://www.pharmacypractice.org/index.php/pp/article/view/1581

SB18_NACDS_FAV.pdf
Uploaded by: Sarah Price
Position: FAV

NACDS and MACDS Testimony to the Maryland General Assembly House Health and Government Operations Committee

Tuesday, February 13th, 2024

Support SB18 – Health Occupations - Pharmacists - Administration of Vaccines

Chair Beidle and members of the Finance Committee, thank you for the opportunity to testify in support of SB18. Senators Augustine and Lam, thank you for sponsoring this important bill restoring access to many childhood vaccines at neighborhood pharmacies. Especially for the 51.5% of Maryland children who do not have an established medical home, this bill will help fill gaps in care and improve access to vital vaccine services.[i]

When the federal government acted under the PREP Act in 2020 to temporarily authorize pharmacists in every state to administer flu, COVID and other ACIP (Advisory Committee on Immunization Practices) recommended vaccines to children aged 3-17 years old, this action remedied the regional disparities that once prevented Maryland families from receiving the same access to childhood vaccine services that families in other states could seek out at pharmacies. Because some of the original, temporary federal vaccine allowances for pharmacists have expired, Maryland families are again limited in what types of vaccines their children can receive at a pharmacy.

Consistent with the recommendations of the Maryland Department of Health (MDH) study on pharmacist administration of children's vaccines,[ii] SB18 restores Maryland pharmacists' ability to order and administer all ACIP recommended vaccines to children 5 years and older, thereby improving the accessibility of vaccine services for the many children in Maryland who do not have an establish medical home or who otherwise face obstacles in seeking vaccine services from a pediatrician or other primary care provider. In doing so, the bill also leverages pharmacists to educate families about the importance of a well child visit with a pediatric care provider - which as the MDH study notes, helps to encourage parents of children who do not currently have a medical home or who may be delayed in seeking this care to schedule such an appointment. Moreover, because pharmacies would be required to report administered childhood vaccines to patients' primary care provider (where one exists), physicians can use this information to identify and encourage children who may be late in scheduling annual wellness visits to do so.

Pharmacists are highly experienced and qualified vaccine providers who have been safely administering vaccines to Marylanders for the last 20 years, and to children specifically since 2011 when the law was first changed to improve families' access to the seasonal flu vaccine. Since 2020, Maryland pharmacies have provided 192,028 flu, COVID and routine childhood vaccines to children ages 16 and younger in the state – compared to 16,262 vaccines administered to children in 2019.[iii] As evidenced by the increased number of childhood vaccines at neighborhood pharmacies (more than a 1,000% increase in demand), many Maryland parents have welcomed this option. In fact, 84% of Marylanders believe it's important for state lawmakers to update policies to ensure that patients permanently have the same access to pharmacy vaccination (among other services) that were available during the COVID-19 pandemic.[iv]

With 90 percent of Americans living within 5 miles of a pharmacy, and 86 percent of adults in Maryland saying pharmacists are easy to access[v], restoring access to the full portfolio of childhood pharmacy vaccines in pharmacy settings will help to ensure Maryland's families have vaccine access options that work best for their own families. Especially considering the broader public health benefits of vaccinations, making it easier for parents to access vaccines for their children will help to support healthier communities across the state – a goal that we all share. **For all of these reasons, NACDS and its members urge Maryland lawmakers to advance SB18.**

[i] https://www.kff.org/other/state-indicator/children-with-a-medical-home/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

[ii] Health Occupations - Pharmacists - Administration of Children's Vaccines - Study and Temporary Authority As required by HB 1040/SB 736 (Chapters 792 and 793 of the Acts of 2021). Maryland Department of Health. July 31, 2023.

[iii] Metys Health; Data drawn January 8, 2024

Vaccines administered in pharmacy setting to individuals 16 yrs & younger	2019	2020	2021	2022	2023
	16,262	24,796	80,890	56,418	29,924

[iv] https://accessagenda.nacds.org/dashboard/
[v] https://www.nacds.org/pdfs/Opinion-Research/NACDS-OpinionResearch-Maryland.pdf

3b - SB 18 - FIN - PHARM - SWA.pdf
Uploaded by: State of Maryland (MD)
Position: FWA

Maryland
DEPARTMENT OF HEALTH
Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

MARYLAND BOARD OF PHARMACY

2024 SESSION
POSITION PAPER

BILL NO.: **SB 18 – Health Occupations – Pharmacists – Administration of Vaccines**
COMMITTEE: **Finance**
POSITION: **Letter of Support with Amendments**

TITLE: **Health Occupations – Pharmacists – Administration of Vaccines**

POSITION & RATIONALE:

The Maryland Board of Pharmacy (Board) submits this letter of support with amendments for SB 18 – Health Occupations – Pharmacists – Administration of Vaccines (SB 18).

current statutory authority to administer – Md. Code Ann., Health Occ. § 12-508

Vaccine	Age Restriction	Is a prescription required?	Is ImmuNet reporting required?
Influenza	9 – adult.	No.	Yes.
Those listed in the Centers for Disease Control and Prevention's (CDC) recommended immunization schedule[1]	11 – 18.	Yes.[2]	Yes.
Those listed in the CDC's recommended immunization schedule[3]	Adult.	No.[2]	Yes.
Those recommended in the CDC's Health Information for International Travel[4]	Adult.	No.[2]	Yes.

[1] CDC, website, accessed February 7, 2024, https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html.
[2] A pharmacist who administers a vaccine in accordance with a prescription is required to document one effort to inform the prescribing practitioner. If the prescribing practitioner is not the patient's primary care provider, a pharmacist is also required to document one effort to inform the patient's primary care provider.
[3] CDC, website, accessed February 7, 2024, https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html.
[4] CDC, website, accessed February 7, 2024, https://wwwnc.cdc.gov/travel.

The opinion of the Board expressed in this document does not necessarily reflect that of the Maryland Department of Health or the Administration.

current statutory registration and training requirements – Md. Code Ann., Health Occ. § 12-508

Prior to administering a vaccine, a pharmacist is required to submit a registration form to the Board. On the form, a pharmacist must document (1) proof of completion of a Board-approved course[5] that includes instruction in the guidelines and recommendations of the CDC regarding vaccinations, and (2) certification in basic cardiopulmonary resuscitation obtained through in-person classroom instruction.

current regulatory requirements to administer a vaccine – COMAR 10.34.32

A pharmacist must complete ***4 hours of continuing education credit*** per renewal period to maintain the ability to administer a vaccine.

A pharmacist must provide a patient with a ***vaccine information statement*** issued by the CDC.

A pharmacist must obtain signed ***informed consent*** from a patient, or the patient's custodial parent, prior to administering a vaccine.

A pharmacist must ***observe a patient*** for a period of at least 15 minutes after administering a vaccine to detect any adverse effects, including syncope.

A pharmacist must ***maintain records*** regarding a vaccination for a minimum of 5 years.

A pharmacist must maintain a ***written protocol*** for any vaccine the pharmacist administers.

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[5] Board-approved programs cover, at a minimum, responses to an emergency situation, administration technique (intramuscular, subcutaneous, and intranasal), record-keeping, and ACIP and CDC guidelines for vaccines. COMAR 10.34.32.04.

expiring federal authority – PREP Act

Authorization for a pharmacist to order and administer any vaccine approved or authorized by the Food and Drug Administration (FDA) that the Advisory Council on Immunization Practices (ACIP) recommends to patients aged 3 – 18.[6]

The authorization is dependent on completion of a training program, possession of a CPR certificate, completion of continuing education hours, maintenance of appropriate records, compliance with reporting requirements, compliance with notification requirements, and receipt of informed consent.

- Completing a 20-hour training program that has received approval from the Accreditation Council for Pharmacy Education (ACPE) which provides instruction on:
  - hands-on injection technique,
  - clinical evaluation of indications and contraindications of vaccines, and
  - the recognition and treatment of emergency reactions to vaccines.
- Maintaining a current certificate in basic cardiopulmonary resuscitation.
- Certifying 2 hours of ACPE-approved continuing education credit per renewal cycle.
- Informing the primary care provider of a patient, when available.
- Reporting vaccine administration to ImmuNet.
- Informing a minor patient and the adult caregiver of a minor patient of the importance of a well-child visit with a pediatrician.
- Referring a patient to a higher level of care as appropriate.

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[6] Third Amendment to the Declaration under the PREP Act for Medical Countermeasures Against COVID-19, 85 Fed. Reg. 52138 (Aug. 24, 2020) (amending the Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID-19).

responses to concerns expressed by stakeholders and citizens

signed consent – required

Prior to administering a vaccine, a pharmacist shall obtain a signed consent form from the patient or custodial parent. COMAR 10.34.32.03. Pharmacists are not authorized to administer a vaccine without obtaining consent.

vaccine information statement

A pharmacist is required to provide a vaccine information statement produced by the CDC that explains both the benefits and risks of a specific vaccine to the vaccine recipient, their parent, or their legal guardian. COMAR 10.34.32.02, .06. Pharmacists provide patients with the information necessary to make an informed decision regarding their healthcare.

Vaccines for Children – voluntary participation

Participation in the Vaccines for Children Program (VFC) is voluntary for all eligible providers. A pharmacist may enroll in the VFC program if state law grants them the authority to administer vaccines by prescription, vaccine protocol, or prescribing authority.[7] SB 18 increases the number of eligible providers who may participate in the VFC program; therefore, more children may benefit from the VFC program.

designated spaces – not necessarily required for safe administration

As stated in the Third Amendment to the Declaration under the PREP Act for Medical Countermeasures Against COVID-19 (Third Amendment):

> Administering vaccinations to children age three and older is less complicated and requires less "training and resources than administering vaccinations to younger children. That is because ACIP generally recommends administering intramuscular injections in the deltoid muscle for individuals age three and older. For individuals less than three years of age, ACIP generally recommends administering intramuscular injections in the anterolateral aspect of the thigh muscle. Administering injections in the thigh muscle often presents additional complexities and requires additional training and resources including additional personnel to safely position the child while another

[7] CDC, website, accessed February 7, 2024, https://www.cdc.gov/vaccines/programs/vfc/downloads/operations-guide-508.pdf.

healthcare professional injects the vaccine.[6]

notice – well-child visits

An administering pharmacist is required to inform each minor vaccination patient and the minor vaccination patient's adult caregiver who is accompanying the minor of the importance of well-child visits with a pediatric primary care provider. Md. Code Ann., Health Occ. § 12-508.

appropriate referral – pediatrician

An administering pharmacist is required to refer a minor vaccination patient and the minor vaccination patient's adult caregiver who is accompanying the minor to a pediatric primary care provider when appropriate. Md. Code Ann., Health Occ. § 12-508. A pharmacist who notices a potential health care issue while screening a minor patient for indications, precautions, contraindications, and allergies is well-situated to refer the minor patient and the minor patient's accompanying legal guardian to a pediatrician for appropriate care. A recommendation to obtain additional care and a referral to a pediatrician may alert the minor patient and the minor patient's accompanying legal guardian of the seriousness of certain symptoms and behaviors. A referral from a pharmacist may increase the likelihood that symptomatic lapsed pediatric patients will resume annual well-child visits.

bill position – support with amendments

SB 18 permits licensed pharmacists to continue the life-saving work they have been successfully performing since the Secretary of the Department of Health and Human Services published the Third Amendment on August 19, 2020. The Third Amendment authorized Maryland-licensed pharmacists to order and administer any FDA-approved or FDA-authorized vaccine that the ACIP recommended to persons ages three through eighteen, COVID-19 vaccines, and COVID-19 tests.

The impact of pharmacist administration of vaccines has been documented in Health Occupations – Pharmacists – Administration of Children's Vaccines – Study and Temporary Authority[8]. The Maryland Department of Health stated:

> Given the overall benefit of illness prevention, the documentation that vaccinations are one of the most effective public health tools available, the recognition that lack of easy

[8] Study required by HB 1040/SB 736 (Chapters 792 and 793 of the Acts of 2021).

access to preventative services like vaccinations increases health inequities, and the demonstration that Maryland pharmacists can effectively vaccinate children, MDH strongly recommends making permanent the authority for pharmacists to order and administer CDC recommended vaccinations to children ages 3-18.[9]

The Board concurs with the recommendations put forth in the report, and urges the committee to submit a favorable report for SB 18.

SB 18 will increase the number of qualified healthcare professionals who can administer vaccines to children and adults, and thus make vaccines more accessible. This accessibility is imperative to the goal of public health — promoting and improving the health and safety of all Marylanders through disease prevention, access to care, quality management, and community engagement.

It is important to note that receiving a vaccine from a pharmacist is merely an option for a patient, not a substitution for an annual visit or routine screenings. A patient presented with multiple convenient options to obtain preventative care is more likely to obtain such care. Pharmacists have strong relationships with medical providers and hospitals, and refer patients as appropriate. Services provided by a pharmacist complement, but do not compete with, services provided by physicians, nurse practitioners, physician assistants, and pediatricians.

Amendment 1

Proposed language requires a pharmacist to obtain "a current certificate in basic cardiopulmonary resuscitation" prior to administering a vaccine to an individual who is at least five years old, while current language requires the Board to adopt regulations that require a pharmacist to verify certification "in basic cardiopulmonary resuscitation through in-person classroom instruction" for children and adults. *Compare* § 12-508(a)(1)(iii) with § 12-508(b)(2)(ii). As training obtained through "in-person classroom instruction" is more robust than "a current certificate in basic cardiopulmonary resuscitation," the Board recommends adoption of an amendment designed to remove the conflicting statutory provision.

On page 2, strike lines 17 – 18 beginning with "THE PHARMACIST HAS" and ending with "RESUSCITATION," and then insert, "THE PHARMACIST IS CERTIFIED IN BASIC

[9] Health Occupations – Pharmacists – Administration of Children's Vaccines – Study and Temporary Authority, Page 12.

CARDIOPULMONARY RESUSCITATION AND OBTAINED THE CERTIFICATION THROUGH IN-PERSON CLASSROOM INSTRUCTION."

Amendment 2

Proposed language appears to exclude the administration of vaccines to adults from certain statutory requirements. *Compare* § 12-508(a)(1) with § 12-508(a)(2). To ensure a pharmacist adheres to statutorily mandated immunization practices, trainings, certifications, continuing education, record keeping, and notice requirements, the Board recommends adoption of an amendment designed to apply all statutory requirement administration of both adult and child vaccines.

On page 1, line 21, insert "(2) AND" between "PARAGRAPH" and "(3)."

With the proposed amendments, the Board respectfully requests a favorable report on SB 18.

If you would like to discuss this further, please do not hesitate to contact Deena Speights-Napata, MA, Executive Director, at deena.speights-napata@maryland.gov or (410) 764-4753.

Sincerely,

Deena Speights-Napata, MA
Executive Director
Maryland Board of Pharmacy

SB0018_UNF_MDAAP, MedChi_Health Occs. - Pharmacist
Uploaded by: Christine Krone
Position: UNF

MedChi

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

FROM: Christine K. Krone
Pamela Metz Kasemeyer
Danna L. Kauffman
J. Steven Wise
Andrew G. Vetter
410-244-7000

DATE: February 13, 2024

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

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**.

Kijesky_Unfavorable_SB0018.pdf
Uploaded by: CRYSTAL KIJESKY
Position: UNF

Dear Senator,

Please OPPOSE SB0018- Vaccination of minors in pharmacies.

I have trouble receiving quality pharmacy service in Southern Maryland. We do not currently have a 24 hour pharmacy even!

Our pharmacists are over worked already- I cannot imagine how adding to their workload would be beneficial for children's health.

Pharmacies are places that are not private, nor are they places that are as detail-oriented on a scale that could accommodate more vaccinations- especially of minors.

My children have had reactions before at the pediatricians office. Thankfully there is a record of history with their primary care doctor to continue with them as they age.

If health is really the goal, vaccinations in pharmacies is not a solution.

Sincerely,

Crystal Kijesky
11980 Provident Dr
LaPlata, MD 20646
301-392-0830
Scwacke1@hotmail.com

SB 18 Unfavorable .pdf
Uploaded by: Daniela D’Orazio
Position: UNF

Hello,

Senate Finance Committee,

As a mother I strongly oppose SB 18!

I am opposed to expanding vaccination privileges for pharmacists to administer all vaccines to 5-year-olds and up. According to my pharmacist husband, Pharmacists are already too busy to comply with mandatory counseling regulations, much less keep up with the constant interruption of vaccination.

Moreover are you aware that "On July 29, 2020, after months of false claims and objections, the CDC finally conceded that it could not find a single study comparing health outcomes between vaccinated and unvaccinated children and that it "has not conducted a study of health outcomes in vaccinated vs unvaccinated populations." therefore we don't know if vaccines improve one's health or damage it. You can find the letter of concession from CDC on icandecide.org

https://icandecide.org/article/cdc-concedes-it-has-never-conducted-study-of-vaccinated:vs-unvaccinated-children/

Please vote unfavorable on bill SB 18 In the future we shouldn't talk about where to administer vaccines until the CDC conducts a proper study comparing health outcome of vaccinated vs
unvaccinated and until the Vaccines Industry can be held legally liable for vaccine injuries and deaths.

https://icandecide.org/wp-content/uploads/2020/08/2020 08 03-20-02002-Final-Response-No-Records1.pdf

Until the CDC decides to perform a study comparing health outcomes in vaccinated vs unvaccinated children, I recommend reading Vax-Unvax Let the science speak by Dr Brian Hooker.

Thank you,

Daniela DOrazio

UNFAV-SB18Feeney.pdf
Uploaded by: Donna Feeney
Position: UNF

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

My name is Donna Feeney and I’m writing in opposition to SB 18.

Vaccinating young kids will be an unnecessary and dangerous distraction to the work the pharmacists already do. Pharmacists can't afford the time to be taken away from serving the population they were already hired to serve who are picking up or dropping off their meds and need their meds filled properly.

I am dealing with a mistake that the major chain pharmacy I use has made, even after I personally spoke with the pharmacist a few weeks ago asking him not to fill my former prescription. My doctor doubled my mg. dose since recent blood work showed a needed dose increase BUT they have still filled my old dose for 2 weeks and I get emails, multiple times a week, to pick it up as well as my current higher dose which is problematic! This could be serious if I wasn't so careful and aware!! Many others would not be so aware and be confused!

People depend on their pharmacies as a crucial part of their healthcare network. An already busy pharmacy’s top priority and focus needs to be on filling prescriptions accurately, not on added responsibilities. Lives depend on it.

Thank you for your time,

Donna Feeney
Glen Burnie, Maryland

Thompson-UNFAV-SB18.pdf
Uploaded by: Donna Thompson
Position: UNF

Mrs. Donna S. Thompson, RN, BSN
Churchville, Maryland 21028

Maryland General Assembly Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

RE: UNFAV Bill SB 18

Dear Chair Beidle, Vice Chair Klausmeier, and Members of the Finance Committee:

My name is Donna S. Thompson. I have been a nurse for 26 years, many of which were spent in a critical care setting. I am writing in opposition to Bill SB18.

Changes in nursing are making it more difficult to remain at the bedside. Due to increased nurse-patient ratios as well as an overwhelming amount of required documentation, many nurses and I have verbalized safety concerns. These concerns include patient safety, the inability to answer call lights promptly, ***and safe medication administration***. Errors in healthcare not only endanger the lives of the patients but also subject healthcare workers to criminal and civil liability and losing one's license.

Similar concerns are now being voiced in the pharmacy industry. The demands placed on pharmacists are becoming known among many of us in the healthcare industry. It only stands to reason, that the more one is stretched when trying to perform their duties, the more likely one is to make a mistake.

While working at an in-patient facility for children with behavioral and psychiatric problems, one child was ordered **hydroxyzine**. This medication is **given for its calming effect**. Inside the box was a month's supply of individually wrapped pills. I noticed the medication in the box was **hydralazine, a medication used for treating high blood pressure**. The box was labeled correctly; the contents were wrong.

While working on the Oncology Floor, one of my co-workers was preparing to administer chemotherapy to a cancer patient. Before its administration, the patient was to be premedicated with **Decadron**. The generic name for that is **dexamethasone**. In the hospital setting, there are many safety checks in place. The medication is withdrawn from the Diebold or Pyxis dispensing machine. These medications are entered into the patient's profile and dispensed accordingly. However, the premedication this patient was to receive came in a premixed IV bag from the pharmacy.

The patient's wristband and the bag containing the IV fluid were scanned. Shortly after the drip was started, the patient was noted to be more lethargic and was becoming difficult to arouse. When the patient became unresponsive the nurse immediately stopped the IV drip and called a Code Blue.

The results of the investigation revealed a major pharmacy error. The pharmacy tech withdrew **dexmedetomidine, also known as Precedex, from the vial and injected it into the IV solution**. This **medication is used for conscious sedation**. Fortunately, the patient survived due to the exceptional competence of the seasoned nurse at the bedside. A flaw in the system revealed the pharmacy tech was not required to scan the medication before drawing it up and adding it to the IV fluid bag. Other sound-alike medications such as Zosyn and Zofran are other examples of how mistakes can be made.

Because of my experience, I routinely check the contents of pill bottles we receive from retail pharmacies. On one occasion I found my mother's blood pressure medication bottle contained the wrong medication. This was reported to the pharmacy.

There is a distinct parallel between these two professions, nursing, and pharmacy. We are all human, and no one is immune from making a mistake. The common thread is increased demands and responsibilities, being pulled in too many directions, and the inability to focus on a task without being constantly interrupted.

One retail pharmacist recently shared his thoughts. "I am leaving my retail pharmacy job because of the ridiculous workload. We're expected to work 12-hour shifts, fill thousands of prescriptions, answer phones, test for Covid, and give immunizations to adults. Now they're talking about having us work in a clinic doing vitals and helping with patient care. That was the last straw for me." We must do all of this with extremely short staffing. He went on to say, "Retail pharmacy is on the brink of collapse."

One of the medical assistants in my pediatrician's office drew up the wrong vaccine and administered it to a child. We all know errors occur. I cannot imagine how adding more responsibilities, i.e., administering immunizations to children to already short-staffed pharmacy personnel is safe.

I encourage everyone to verify the contents of any pill bottles they receive from retail pharmacies. This can be done online using a pill identifier application. Healthcare dollars are being stretched. One cost-saving strategy is to put more responsibilities on staff, stretching them too thin. **The dispensing of medication is something that requires concentration**. **I believe this is a public health and patient safety issue. The passage of this bill is a recipe with disastrous consequences**.

Thank you for your time and attention to this matter.

Sincerely,

Donna S. Thompson, RN, BSN
Churchville, Maryland

SB 0018 Pharmacist Administered Vaccines - UNF 202

Uploaded by: Ella Ennis

Position: UNF

Ella Ennis, Legislative Chairman
Maryland Federation of Republican Women
PO Box 6040, Annapolis MD 21401
Email: eee437@comcast.net

February 12, 2024

Senator Pamela Beidle, Chair
And Members of the Finance Committee
Senate of Maryland
Annapolis, Maryland

Re: **SB 0018** – Health Occupations – Pharmacist Administered Vaccines – **UNFAVORABLE**

Dear Chair Beidle and Committee Members,

Parents and legal guardians are legally responsible for their children, and must be involved in every health care decision. No child should receive a vaccine without a parent's knowledge and consent.

The Maryland Federation of Republican Women opposes SB 0018 that would allow pharmacists to administer vaccines approved by the Centers for Disease Control (CDC) or authorized by the Food and Drug Administration (FDA) to children ages 5-17.

Not all vaccines approved by the CDC or authorized by the FDA are appropriate for every child.

The bill does not require parental consent or parental notification for a minor to receive a vaccine. If the child were to suffer an adverse reaction to the vaccine, a parent who has not been notified of the administration of the vaccine may not recognize the need for medical intervention. They would be at a disadvantage when evaluating the problem, and unable to accurately convey the seriousness of the situation to emergency medical personnel. The child's health could be in grave danger.

Is this needed to facilitate vaccinations for unaccompanied and undocumented minor immigrant children? Circumventing the rights and obligations of parents and legal guardians is not the answer.

Please give **SB 0018** an **UNFAVORABLE** Report.

Sincerely,
Ella Ennis
Legislative Chairman

testimony opposing SB18 pharmacists - 2024.pdf
Uploaded by: Emily Tarsel
Position: UNF

Emily Tarsell, LCPC

2314 Benson Mill Road
Sparks, Maryland 21152
February 13, 2024

Unfavorable SB 18 (HB76)

Dear Chair Beidle and Finance Committee Members,

I am Emily Tarsell, a mother, licensed therapist and founder of Health Choice Maryland, a large grassroots non-profit organization that advocates for health choice and informed consent. We oppose **SB 18** (HB76) which violates parental rights and the right to informed medical consent.

SB18 seeks to extend emergency use authorizations for a pandemic that no longer exists. There is no need for this bill. Childhood vaccination rates in Maryland have been and continue to be among the highest in the nation. [1] So doctors are meeting the need and we don't need pharmacists to call the shots.

Busy pharmacists will not know the child's health history and they don't have the time or training to treat children. But youth and adolescents are the real target of this bill because they might be in a pharmacy without parents and could be enticed by sugar coated bribes or fear into being vaccinated when they are not able to evaluate the risks.

For example, consumers are poorly informed and misled about the risk/benefit of the HPV vaccine, Gardasil. I know from personal experience. Several years ago my daughter Christina and I were told that Gardasil was "safe effective and would prevent cervical cancer". Chris got the shots and died 18 days after her last injection. We were not told about the risks. It took my experts and attorney 8 years to overcame denial by the CDC but finally they conceded that Chris died from her Gardasil shots. Chris was one of thousands of Gardasil victims.[2]

There were only 300 each of boys and girls 9-15 in the clinical trials for Gardasil. That is not comforting news. Young teens are more highly reactive to the neurotoxic aluminum in the vaccine which can induce autoimmune disorders. Weighing the risks and benefits should clearly be made on an individual basis with informed discussions between the parent/caretaker, child and the doctor.

By law, Pharma, doctors and pharmacists cannot be sued or held accountable for vaccine injuries and deaths. Gardasil is a very expensive vaccine at $500 to $700 for the series, so pharmacists find it a lucrative market especially if the pesky need for informed parental consent is eliminated. While this might be great for provider **liability free profits**, it is bad for children's health. Please vote **UNFAVORABLE for SB 18. Thank you.**

Emily Tarsell, LCPC

[1] https://worldpopulationreview.com/state-rankings/vaccination-rates-by-state
[2] More documented information regarding the HPV vaccine, Gardasil, can be found here: https://www.gardasilHPVtruths.com

OPPOSE 2024 Senate Bill 0018.pdf
Uploaded by: Eszter Szabo
Position: UNF

OPPOSE 2024 Senate Bill 0018

Eszter Szabo
Bethesda, MD 20817
February 12, 2024

This bill would open the door for pharmacists to administer influenza vaccine or HPV vaccine permanently to children at least 5 years of age without parental consent and true informed consent prior to vaccination. A 5-year-old has no capacity to decide if they need influenza or other vaccines, nor do they know their own health history or contraindications to vaccination. Most 5-year-olds have good immune system and don't need an influenza vaccine or HPV vaccine. Parents and legal guardians should decide what vaccinations their children should receive in consultation with their primary health care provider who is a doctor. If a doctor prescribes a vaccine, and parents agree to that, the doctor should administer the vaccine.

The bill would allow pharmacists to order and inoculate children age 5 and over certain authorized vaccines recommended by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices or vaccines approved or authorized by the US FDA, including possibly temporarily Emergency Use Authorized vaccines such as the COVID19 vaccine was for a long time, without parental consent/knowledge prior to vaccination. This is dangerous and a serious breach of parental rights.

Another major issue with this bill is that pharmacists are not doctors or nurses. They are not the doctor of the children who know their medical history. In addition, pharmacists have a lot of responsibilities already, adding this vaccination to their busy schedule is not a good idea. 2 years ago, I received a medication from my pharmacy which my doctor prescribed. At home when I wanted to take the medication, I noticed that the information didn't contain instruction on how many tablets to take per day. Since I couldn't reach the pharmacy nor my doctor that night, I myself needed to find the proper dosing information on the internet. This was a simple case with a drug. What if an already busy pharmacist now is administering a vaccine to a screaming 5-year-old who doesn't want to get a vaccine? We must admit it that generally kids do not want to get a vaccine. Any small mistake can cause serious harm for that child. Pharmacists are not trained to handle children. And the child is not in a doctor's office to be taken care of if anything goes wrong.

We don't actually need this bill since we do not have an emergency when we need to vaccinate children quickly.

Please vote against this bill which is trying to open the door for children being inoculated outside of doctor's offices and without parental consent.

OPPOSE SB18 Helms Jr., James.pdf
Uploaded by: James Helms Jr
Position: UNF

OPPOSE SB18

James Helms

Capitol Heights, MD

I oppose SB18 as it is bad for parents and their children. This bill undermines the parent – pediatrician relationship and should not pass.

SB 18 UNFAV Herrick.pdf
Uploaded by: Jason Herrick
Position: UNF

SB 18 UNFAV

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

Thank you for your time. My name is Jason Herrick and I'm writing in opposition to SB 18. I've never testified on a bill before but when a friend told me about this, I thought- this is insane and I just have to take the time to come say as much here. I myself as an adult have run into a pharmacy for a flu shot but that is totally different than children's vaccines. Any pediatric medical care should be with a pediatric specialist, not done in a 5 minute pharmacy visit in the corner of the store.

I know with my personal health journey-the biggest factor was trust, knowing the physician, and feeling safe in that relationship to ask direct questions and share intimate details about what I'm going through. The pediatrician provides that relationship for parents, to feel safe and empowered and we don't want to accidentally erode that over time by shortcutting the relationships between doctor and family.

This information is everywhere that pharmacies are in crisis mode. Then we're going to add screaming kids to the mix? This makes no sense. SB 18 should stop here.

Jason Herrick
Ellicott City, MD

SB 18-Butler-UNFAV.pdf
Uploaded by: Jenna Butler
Position: UNF

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

SB18-INFO-MDHreport1-studyperiod.pdf
Uploaded by: Jenna Butler
Position: UNF

Maryland
DEPARTMENT OF HEALTH
Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

March 16, 2022

The Honorable Paul G. Pinsky, Chair
Education, Health and Environmental Affairs Committee
Miller Senate Office Building, 2 West
Annapolis, MD 21401

The Honorable Shane E. Pendergrass, Chair, Health and Government Operations Committee
House Office Building, Room 241
Annapolis, MD 21401

Re: SB 736/HB 1040 (Chapters 792 and 793 of the Acts of 2021) - Health Occupations - Pharmacists - Administration of Children's Vaccines - Study and Temporary Authority

Dear Chairs Pinsky and Pendergrass:

Pursuant to Health Occupations - Pharmacists - Administration of Children's Vaccines - Study and Temporary Authority (HB 1040/SB 736) (2021), the Maryland Department of Health (MDH) is directed to produce a report, in consultation with the State Board of Pharmacy, to the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee. In accordance with § 2–1257 of the State Government Article, MDH must include information it determines is important for setting policies for authorizing pharmacists to administer vaccinations to children, including: (1) the number of vaccines administered to children by pharmacists in accordance with the requirements of Section 1 of this Act; (2) the effectiveness and efficiency of ImmuNet; and (3) whether the option for children to be administered vaccines by pharmacists has led to changes in well-child visits with pediatric primary care providers.

Md. Ann. Code Health-General Article §18–109 requires an ImmuNet program. The current ImmuNet platform was implemented in 2010 as a database to capture and record an individual's vaccination records and provide a web-based tool for healthcare providers and schools to keep their patient and/or student vaccinations up-to-date. Health-General Article §§12-508 and 18–109, respectively, require pharmacists and local health departments to report all vaccinations to ImmuNet. In October 2019, HB 316 (2019) amended the law to require vaccinations administered by all providers in Maryland be reported to ImmuNet with the exception of those administered in nursing facilities, assisted living programs, continuing care retirement communities, or medical day care programs. Since its inception, ImmuNet has captured over 74 million vaccinations and has nearly 8,000 registered organizations throughout the state. Additionally, providers in the federal Vaccines for Children (VFC) program are required to order vaccinations for their VFC eligible population in ImmuNet. Since the capability to support this was developed, VFC providers have ordered over 16 million vaccinations. ImmuNet serves

as the primary source for COVID-19 vaccination data, and all doses of COVID-19 vaccinations are ordered through ImmuNet.

Table 1 provides the following data from all time as measurements of ImmuNet's overall efficiency and effectiveness in surveilling vaccinations in the state: the total number of vaccinations administered by pharmacists to children, vaccinations recorded in ImmuNet, organizations registered with ImmuNet, vaccinations ordered in ImmuNet, and the percentage of providers reporting to ImmuNet. In accordance with Health-General Article §12–508, pharmacists are required to report all vaccinations administered to ImmuNet.

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%

MDH's Prevention and Health Promotion Administration and Maryland Medicaid worked together to provide data on well-child visits with pediatric primary care providers prior to and after the enactment of this legislation. This data is presented in Table 2.

Table 2: Medicaid Enrollees Well-Care Visits and Vaccinations, Maryland, 2018-2020

Indicator	CY 18	CY 19	CY 20*
Total Enrollees	564,000	565,922	564,057
Enrollees with a Well-Care Visit	338,510	345,143	295,786
Enrollees with a Vaccination from a Non-Pharmacy Provider	231,551	230,044	206,086
Enrollees with a Well-Care Visit and a Vaccination from a Non-Pharmacy Provider	208,685	208,894	185,732
Enrollees with a Vaccination from a Pharmacy	5,701	5,108	10,913
Enrollees with a Well-Care Visit and a Vaccination from a Pharmacy	3,739	3,398	6,138
Enrollees with Any Vaccination	234,938	233,343	213,800
Enrollees with a Well-Care Visit and Any Vaccination	210,364	210,633	188,981

**Service utilization in CY20 may be impacted by the COVID-19 pandemic*

The results of an analysis of Medicaid data conducted by The Hilltop Institute show that enrollees receiving vaccinations from a pharmacy increased in number while those receiving vaccinations in other settings declined during the study period. However, it is important to note that providers may submit fee-for-service (FFS) claims for up to 12 months after the date of service. Therefore, an insufficient period has passed to gather all claims and encounters rendered

for the entire measurement period. Data for this period are considered preliminary at this time. Additionally, service utilization in calendar year 2020 may be impacted by the COVID-19 pandemic.

If you have questions about this report, please contact Heather Shek, Director, Office of Governmental Affairs, at 410-767-5282 or heather.shek@maryland.gov.

Sincerely,

Dennis R. Schrader
Secretary

cc: Jinlene Chan, MD, MPH, FAAP, Deputy Secretary, Public Health Services
Steven R. Schuh, MA, Deputy Director for Health Care Financing Administration and Medicaid Director
Heather Shek, JD, MS, Director, Office of Governmental Affairs
Donna Gugel, MHS, Director, Prevention and Health Promotion Administration
Deena Speights-Napata, MA, Executive Director, Maryland Board of Pharmacy
David Blythe, MD, MPH, Director, Infectious Disease Epidemiology and Outbreak Response Bureau
Sarah Albert, Department of Legislative Services, 5 copies (MSAR # 13347)

SB18-INFO-MDHreport2-studyperiod.pdf
Uploaded by: Jenna Butler
Position: UNF

Maryland
DEPARTMENT OF HEALTH

Health Occupations - Pharmacists - Administration of Children's Vaccines - Study and Temporary Authority

As required by HB 1040/SB 736 (Chapters 792 and 793 of the Acts of 2021)

Wes Moore
Governor

Aruna Miller
Lt. Governor

Laura Herrera Scott, M.D., M.P.H.
Secretary of Health

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Acknowledgements

The Maryland Department of Health would like to offer special thanks to the University of Maryland School of Pharmacy for their assistance in the development of this report. The research and expertise provided by the University of Maryland School of Pharmacy team was invaluable in the completion of this report.

Introduction

Chapters 792 and 793 (HB 1040/SB 736) of the Acts of 2021 authorized a licensed pharmacist, from July 1, 2021 to June 30, 2023, to administer a vaccine approved by the U.S. Food and Drug Administration (FDA) to an individual age 3 to 17 if (1) the vaccination is ordered and administered in accordance with the U.S. Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) immunization schedules and (2) the pharmacist meets additional requirements, as specified in the legislation.

Additionally, the legislation required the Maryland Department of Health (MDH) to report on the following items, which are discussed in this report:

- the capacity of the health care system to administer vaccines to children;
- vaccination rates for children; and
- community access to the administration of vaccines for children.

In completing this report, MDH was required to evaluate data from Maryland and other states that authorize pharmacists to administer vaccines, study the effectiveness and efficiency of ImmuNet, and consider public health models in which pharmacists can support and facilitate families in obtaining well-child visits from pediatric primary care providers. This report also addresses, as required by the legislation, specified implementation recommendations and recommendations regarding if the temporary authority established under the bill should be made permanent and ways to further integrate the use of ImmuNet in electronic health records to facilitate communication between pharmacists and pediatric primary care providers.

Background

The ImmuNet program, established by Health-General Article §18–109, was implemented in 2010 as an immunization information system/registry to capture and record an individual's vaccination records and provide a web-based tool for health care providers and schools to keep their patient and/or student vaccinations up-to-date. Health-General Article §18-109 and Health Occupations Article §12-508 require specified health care providers and pharmacists administering vaccinations in Maryland to report all vaccinations to ImmuNet.

In addition, Health Occupations Article §12–508 authorizes pharmacists in Maryland to administer influenza vaccines to children 9 years and older, and vaccines recommended by the CDC to children ages 11-17 with a prescription and to adults without a prescription. On August 19, 2020, the U.S. Department of Health and Human Services (HHS) issued an amendment to the declaration under the federal Public Readiness and Emergency Preparedness (PREP) Act authorizing state-licensed pharmacists to order and administer COVID-19 and other vaccines to individuals ages 3-18 years without a prescription. This HHS amendment superseded Maryland's law on the authority of pharmacists to administer vaccines to children through the duration of the federal COVID-19 public health emergency (PHE).

Capacity of the Health Care System to Administer Vaccines to Children

The federal PREP Act created an additional avenue within the health care system to administer vaccines to children during the PHE. Table 1 (next page) shows data on pharmacy- and non-pharmacy-provided immunizations for a year before the pandemic (July 2018 to June 2019) and a year following the pandemic when more regular daily life activities had resumed, and more businesses were open (July 2021 to June 2022). This time frame allows for a comparison of access before and after the federal PREP Act amendment allowing pharmacists and pharmacy technicians in Maryland to provide vaccinations to children without a physician's prescription, which went into effect in 2020.

Overall, significantly more vaccines were administered to children in non-pharmacy settings than in pharmacy settings. In addition, the overall numbers of vaccines administered to children decreased during the pandemic period despite the population numbers remaining roughly the same.[1] However, the proportion of vaccines administered to children in pharmacy settings increased for each of the vaccines from the pre-pandemic to the pandemic period. As illustrated in Table 1, the number of human papillomavirus (HPV) vaccines administered in Maryland by pharmacists doubled from 217 in the 2018-2019 timeframe to 486 in the 2021-2022 timeframe, but the number given by non-pharmacy providers decreased from 171,155 in the 2018-2019 timeframe to 141,447 in the 2021-2022 timeframe. Similarly, influenza vaccinations increased from 28,037 in the 2018-2019 timeframe to 73,529 in the 2021-2022 timeframe for pharmacy providers. Pharmacists administered 127 MMR (Measles, Mumps, and Rubella) vaccines in the 2021-2022 timeframe. While the overall numbers of vaccines given by pharmacists are currently lower, providing vaccines at community pharmacies increases the number of physical locations where families can access critical vaccinations.

[1] Childhood vaccination rates have rebounded to pre-pandemic levels. The latest data can be found at:https://health.maryland.gov/phpa/OIDEOR/IMMUN/Pages/Kindergarten_Immunization_Rates_by_County.aspx

Table 1. Maryland Vaccine Doses Administered by Setting, for certain timeframes

YEAR		JULY 2018-JUNE 2019			JULY 2021-JUNE 2022		
SOURCE		Pharmacy	Non-Pharmacy	Total	Pharmacy	Non-Pharmacy	Total
VAX	AGES						
MMR	3-6	0	24,249	24,249	23	14,930	14,953
	7-10	1	2,945	2,946	9	2,216	2,225
	11-15	5	6,158	6,163	26	5,280	5,306
	16-18	31	4,652	4,683	69	5,024	5,093
	Total	37	38,004	38,041	127	27,450	27,577
HPV	3-6	0	58	58	1	18	19
	7-10	1	10,233	10,234	17	11,593	11,610
	11-15	84	132,397	132,481	284	112,209	112,493
	16-18	132	28,467	28,599	184	17,627	17,811
	Total	217	171,155	171,372	486	141,447	141,933
Flu	3-6	29	146,113	146,142	8,961	110,577	119,538
	7-10	3,791	128,265	132,056	15,193	98,208	113,401
	11-15	13,975	130,408	144,383	28,485	105,304	133,789
	16-18	10,242	48,836	59,078	20,890	47,358	68,248
	Total	28,037	453,622	481,659	73,529	361,447	434,976
Inactivated Poliovirus vaccine (IPV)	3-6	0	84,880	84,880	7	73,707	73,714
	7-10	1	6,062	6,063	1	4,712	4,713
	11-15	4	8,145	8,149	5	7,077	7,082
	16-18	3	5,198	5,201	4	5,191	5,195
	Total	8	104,285	104,293	17	90,687	90,704
Tetanus, Diphtheria, Pertussis (Tdap)	3-6	0	86,902	86,902	6	75,544	75,550
	7-10	2	10,830	10,832	14	6,269	6,283
	11-15	102	79,481	79,583	588	76,014	76,602
	16-18	184	10,182	10,366	220	9,649	9,869
	Total	288	187,395	187,683	828	167,476	168,304
Diphtheria, Tetanus, Pertussis (DTaP)	3-6	0	87,017	87,017	6	75,664	75,670
	7-10	3	12,494	12,497	17	7,255	7,272
	11-15	102	82,577	82,679	597	77,982	78,579
	16-18	187	12,728	12,915	233	11,901	12,134
	Total	292	194,816	195,108	853	172,802	173,655
Varicella	3-6	0	86,422	86,422	24	75,413	75,437
	7-10	0	8,049	8,049	19	6,515	6,534
	11-15	10	9,628	9,638	38	8,659	8,697
	16-18	98	6,281	6,379	58	6,593	6,651
	Total	108	110,380	110,488	139	97,180	97,319

Source: Maryland Department of Health, Data reported to ImmuNet retrieved November 2022

Vaccination Rates for Children

The CDC's Childhood Immunization Schedule recommends specified vaccinations throughout childhood to protect children from preventable illnesses such as MMR, tetanus, polio, and hepatitis.[1] Rates for childhood vaccines for kindergarteners are generally 98 percent or higher for DTaP (Diphtheria, Tetanus, Pertussis), Polio, MMR, Varicella, and Hepatitis B in Maryland. In 2020-2021, during the first year of the COVID-19 pandemic, kindergarteners' vaccine rates dropped to 90 percent for DTaP, Polio, and Hepatitis B and dropped even lower (about 88 percent) for MMR and Varicella.[2] The decreased rate in MMR doses equals about 10,000 fewer children vaccinated in 2020-2021. The rates rebounded in 2021-2022.

Per America's Health Rankings, 66.8 percent of adolescents in Maryland ages 13-17 received all recommended doses of the HPV vaccine in 2020.[3] The CDC reports 2021 vaccination coverage in Maryland for adolescents ages 13-17 as follows: Tdap 89.5 percent, HPV 79.1 percent, and MenACWY (Meningococcal conjugate) 93.7 percent.[4]

Community Access to the Administration of Vaccines for Children

Within the Maryland health care system, physicians and pharmacists are among the entities that can administer vaccines to children. Benefits of physicians administering vaccines include the convenience of completing vaccinations during routinely scheduled well child visits, and the established history between the patient and physician. For pharmacists, nearly 90 percent of Americans in 2018 lived within 2 miles of a community pharmacy, which means pharmacists often work directly in the communities they serve.[7] Additionally, the ability of local pharmacists to answer questions and provide free health advice makes them important public health liaisons.

Table 2 summarizes available avenues for children ages 3-18 to receive pediatric immunizations in Maryland. Researchers found that "over 51 percent of children in 2017 did not have a medical home, meaning they do not have a primary care doctor that manages their care."[7, 8] In most jurisdictions, especially on the Eastern Shore and in Western Maryland, there are more pharmacies than pediatricians. This greater community presence by pharmacies allows for increased opportunities for children to stay up-to-date on their vaccinations, offering an additional 1,266 locations where childhood vaccinations could be provided. Community pharmacies also offer flexibility to families by offering evening and weekend hours.

Table 2: Number of Pediatricians, Pharmacies, and Children Ages 3-17 in Maryland by Jurisdiction

Jurisdiction	Pediatricians (2020-2021)	Pharmacy Facilities*	Population Ages 3-17 years
Allegany	5	19	10,599
Anne Arundel	100	106	109,801
Baltimore City	251	184	98,578
Baltimore	180	368	157,225
Calvert	15	18	18,434
Caroline	0	6	6,552
Carroll	19	32	32,063
Cecil	8	18	19,262
Charles	18	31	33,970
Dorchester	4	8	5,679
Frederick	43	60	54,785
Garrett	1	9	4,324
Harford	32	57	49,236
Howard	175	59	68,119
Kent	5	5	2,792
Montgomery	573	164	201,134
Prince George's	127	147	178,429
Queen Anne's	2	7	9,018
Somerset	4	5	4,021
St. Mary's	10	18	23,094
Talbot	11	10	5,684
Washington	20	36	28,044
Wicomico	16	28	20,781
Worcester	3	18	7,728
Total	**1,622**	**1,266**	**~ 1.1 million**

Source: Population data are from the Maryland Department of Planning based on 2021 population estimates
**Pharmacist Facilities as of 11/2022; a facility may have more than one pharmacist.*

Pharmacists' Authority to Administer Vaccines to Children across the United States

When the federal PREP Act amendment is not in effect, pharmacists' authority to administer other vaccines to children varies from state to state. Excluding seasonal influenza and COVID-19 immunization authority, eight states do not allow pharmacists to administer routine childhood vaccines for children ages 7-18. They include: Connecticut, Florida, Maine, New Hampshire, New Jersey, New York, Pennsylvania, and Rhode Island.[9] Data for doses administered by pharmacists vs. non-pharmacists in Maryland are listed in Table 1.

Input from Pediatric Health Care Providers on the Effectiveness and Efficiency of ImmuNet

To allow pharmacists, pediatricians, nurse practitioners, and physician assistants to share feedback about the effectiveness and efficiency of ImmuNet, a survey (Appendix A) was disseminated to members of the: Maryland Pharmacists Association, Maryland Society of Health-System Pharmacists, Maryland Association of Chain Drug Stores, Maryland Chapter of the American Academy of Pediatrics (AAP), Maryland Academy of Family Physicians, and Nurse Practitioner Association of Maryland. The survey was available for two weeks to allow members to respond. In total, 106 pharmacists and 26 providers (23 physicians and 3 nurse practitioners) responded to the survey. Survey findings are summarized below.

- 57 percent of pharmacists and 44 percent of pediatric primary care providers indicated that ImmuNet is very or extremely effective for tracking pediatric vaccines.
- 83 percent of pharmacists and 77 percent of pediatric primary care providers reported using automated file transfer to enter data in ImmuNet.
- 70 percent of pharmacists and 67 percent of pediatric primary care providers found automated file transfer of vaccine records to be accurate.
- 42 percent of responding pharmacists and 45 percent of responding pediatric primary care providers thought that it is somewhat or extremely easy to manually enter data into ImmuNet.
- When pharmacists were asked about what percentage of caregivers with children who received vaccines at their pharmacy site reported having a medical home or assigned primary care provider:
    - 29% of responding pharmacists, said 75%-89% report having a medical home
    - 29% of responding pharmacists, said greater than 90% report having a medical home
    - 25% of responding pharmacists said fewer than 50% report having a medical home
    - 18% of responding pharmacists, said 50-74% report having a medical home.
- 38 percent of responding pharmacists thought it was somewhat difficult or extremely difficult to find a pediatric primary care provider to provide families with a referral.
- 73 percent of responding pharmacists felt a State-maintained pediatric provider registry would be helpful.

Additionally, Table 4 provides data from Immunet on the timeliness of data entry of vaccine information into ImmuNet for pharmacists and non-pharmacists.

Table 4: Timeliness of Data Entered into ImmuNet, 2021-2022

	% Reporting within 24 hours	% Reporting within 2-7 days	% Reporting > 7 days
Pharmacists	88	10	2
Non-Pharmacists	82	4	14

Source: Maryland Department of Health, Data reported to ImmuNet retrieved November 2022

Ways Pharmacists can Support and Facilitate Families in Obtaining Well-Child Visits

Opportunities exist for more collaborative relationships between pharmacies and local health departments, pediatric primary care providers, and school systems, to meet the vaccination needs of children. Pharmacists are required by the PREP Act amendment to remind families of the importance of well-child visits with their pediatric primary care providers, and to refer the patient to a pediatric primary care provider when appropriate.[11]

Implementation Recommendations

Pursuant to Chapters 792 and 793 (HB 1040/SB 736) of the Acts of 2021, MDH is tasked with addressing implementation recommendations for: (1) tracking multidose vaccines; (2) optimal physical space configurations to protect the privacy and safety of patients; (3) staffing requirements; and (4) processes for responding to adverse reactions.

Tracking Multidose Vaccines

ImmuNet was established to, among other purposes, track multidose vaccines. The ImmuNet system currently has the capacity to track multidose vaccines and does so. This includes tracking multidose vaccines where some of the required doses are given in physician offices and other doses are given in pharmacies. Stakeholders surveyed also indicated that they believe ImmuNet is an effective database to track multidose vaccines. Therefore, MDH recommends increased outreach to vaccinators via a variety of media, including communications from the professional boards and professional associations, to ensure that they are aware of the mandatory reporting requirements set forth in Health-General Article §18–109. MDH will reach out via clinician letter and ensure that the boards send the letter to their members. MDH will also communicate to MedChi and various professional organizations, including the Maryland Chapter of AAP, Maryland College of Physicians, and others.

Physical Space Configurations to Protect the Privacy and Safety of Patients

A safe private or semi-private area for patient consultation and immunization increases patient trust and decreases perceived stigma.[12] The Americans with Disabilities Act (ADA) standards require adequate entry and exit points and accessibility for the elderly as well as those with disabilities and mobility issues.[13] The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires pharmacists to make reasonable efforts and have physical safeguards in place to protect the privacy of protected health information in areas where patient-staff communications routinely occur.[14] Several sources suggest approximately 50 square feet per patient as the ideal spacing in consultation or patient-care settings, with flexibility depending on the function and facility.[13]

Based on the current federal standards and safeguards, MDH recommends a designated immunization area where patients can have confidential conversations, and injection and emergency supplies are pre-assembled.[15] Smaller pharmacies without private consultation rooms should use the most private section of the patient waiting area. There are several creative options to further protect the privacy and safety of patients, as well as to increase vaccination capabilities. Recommendations include: asking waiting patients to stand a few feet back from the

counseling area;[14] using permanent or movable barriers (e.g., cubicles, dividers, shields, curtains, screens);[16] using white noise machines;[12] and using non-pharmacy spaces (e.g., offices, break rooms, stockrooms).[17]

Staffing Requirements

Optimal staffing is situational and depends on overall facility capacity, number of patients, type of services, and other criteria. Research indicates that additional staffing is not required for walk-up immunizations, but is required for immunization clinics held both on- or off-site.[15] Therefore, MDH recommends facilities assess their overall capacity and objectives to determine staffing requirements.

Processes for Responding to Adverse Reactions

The process for pharmacists responding to adverse immunization reactions is the same as for any other health care professional. Licensed pharmacists, pharmacy interns, and pharmacy technicians are required by both the federal PREP Act amendment and Maryland statute (Health Occupations Article §12–508) to complete immunization training that includes the recognition and treatment of emergency reactions to vaccines. These pharmacy professionals must have a current certificate in basic cardiopulmonary resuscitation. In addition, they must complete (during the relevant State licensing period(s)) a minimum of two hours of immunization-related continuing pharmacy education approved by the Accreditation Council for Pharmacy Education.[18,19] Furthermore, the pharmacy permit holder is required to maintain documentation in the pharmacy from which the vaccine was administered that includes: the nature and outcome of an adverse reaction, and that the adverse reaction was reported to both the primary care provider and the Vaccine Adverse Event Reporting System (VAERS). This documentation must be maintained for a minimum of five years.[18]

Overall Recommendations

In accordance with Chapters 792 and 793 (HB 1040/SB 736) of the Acts of 2021, MDH is required to make recommendations regarding (1) whether the temporary authority for pharmacists to order and administer vaccinations to children ages 3-18 should be made permanent; and (2) ways to further integrate the use of ImmuNet in electronic health records to facilitate communication between pharmacists and pediatric primary care providers.

Permanency of Temporary Authority

Given the overall benefit of illness prevention, the documentation that vaccinations are one of the most effective public health tools available, the recognition that lack of easy access to preventive services like vaccinations increases health inequities, and the demonstration that Maryland pharmacists can effectively vaccinate children, MDH strongly recommends making permanent the authority for pharmacists to order and administer CDC recommended vaccinations to children ages 3-18. MDH recognizes the importance of a medical home for all children, and recommends that any extension of this authority ensures that pharmacists inform parents of the need for routine well child care through the primary care provider or medical home.

ImmuNet Integration

Substantial progress has been made in recent years to increase the reporting of vaccinations into ImmuNet and to make vaccination information available to Maryland providers, regardless of who provided the vaccination. As an increasing proportion of outpatient practices use certified electronic health records (EHRs), this allows for more integration of care between different providers. To further enhance access and improve communication between pharmacists and providers, MDH recommends communications to the providers that are not currently using EHRs to adopt an EHR system with bidirectional capabilities to integrate ImmuNet data into their health systems. Providers currently using EHRs that do not support bidirectional capability or the ability to integrate ImmuNet data should be encouraged to request their EHR vendor to add on or upgrade their EHR system.Other opportunities to enhance usability by pharmacists and providers include:

- Adding ImmuNet messaging to:
    - Inform users whether the automatic file transfer was successful or whether there were issues during the upload process; and
    - Easily identify records with errors; and
- Simplifying submission templates to ease the manual reporting burden.

In conclusion, MDH remains committed to increasing the use and versatility of ImmuNet, and supporting efforts at making vaccinations more easily available to Maryland residents, ultimately reducing the morbidity and mortality of vaccine-preventable diseases.

Appendix A

Pharmacists' Survey

We are collecting feedback from stakeholders as requested by the Maryland legislature in order to prepare a report on HB1040 / SB736 (Pharmacist - Administration of Childrens' Vaccines).

1. I am a Maryland pharmacist at a site that provides vaccinations to children 3-18 years old and I agree to participate in the survey.
   - o Yes
   - o No

2. Please select which best describes your site.
   - o Independent pharmacy
   - o Retail chain pharmacy
   - o Outpatient clinic
   - o Other

3. I primarily practice in: (insert county)

4. Who at your site regularly administers pediatric vaccines? Select all that apply.
   - o Pharmacist
   - o Pharmacy intern
   - o Pharmacy technician
   - o Other

5. How does your site most often enter data into ImmuNet?
   - o Staff manually enter vaccine data
   - o Our site performs automated file transfer
   - o I don't know
   - o Other

6. How does your site most often enter data into ImmuNet?
   - o Staff manually enter vaccine data
   - o Our site performs automated file transfer
   - o I don't know
   - o Other

7. How easy is it for you or staff to manually enter new vaccine records into ImmuNet?
   - o Extremely difficult
   - o Somewhat difficult
   - o Neither easy nor difficult
   - o Somewhat easy
   - o Extremely easy
   - o Not applicable

8. Have you found the automated file transfer of vaccine records to be accurate?

- o Yes
- o No
- o Unsure
- o Not applicable

9. How effective do you feel ImmuNet is for tracking pediatric vaccines?

- o Not effective at all
- o Slightly effective
- o Moderately effective
- o Very effective
- o Extremely effective

10. Do you have any specific recommendations on how to improve the efficiency or effectiveness of the ImmuNet database?

11. In your experience, what percentage of caregivers with kids 3-18 years old who received vaccines at your site report having a medical home (assigned primary care provider)?

- o Greater than 90%
- o 75-89%.
- o 50-74%
- o Less than half
- o I don't know

12. For kids without a medical home (assigned primary care provider), how easy is it to find pediatric providers when making a referral?

- o Extremely difficult
- o Somewhat difficult
- o Neither easy nor difficult
- o Somewhat easy
- o Extremely easy

13. If the state maintained a pediatrician registry for referrals would you use it as a resource for referrals?

- o Yes
- o No
- o Unsure

14. Does your site have a partnership with a school, pediatrician's office, or health department to provide vaccines to kids 3-18 years old? If yes, please describe your model.

- o Yes
- o No

Health Care Providers' Survey

1. I am a Maryland healthcare worker at a facility/office that regularly sees children 3-18 years old and I agree to participate in the survey.

- o Yes
- o No

2. Please select your credentials.

- o DO
- o MD

- o NP
- o PA
- o RN
- o Other

3. I primarily practice in (insert county)

4. Who at your site regularly administers pediatric vaccines? Select all that apply.
   - o Medical Assistant
   - o Nurse Practitioners
   - o Nurse
   - o Physician Assistant
   - o Physician
   - o Other

5. How does your site most often enter data into Immunet?
   - o Staff manually enter vaccine data
   - o Our site performs automated file transfer
   - o I don't know
   - o Other

6. How easy is it for you or staff to manually enter new vaccine records into ImmuNet?
   - o Extremely difficult
   - o Somewhat difficult
   - o Neither easy nor difficult
   - o Somewhat easy
   - o Extremely easy
   - o Not applicable

7. Have you found the automated file transfer of vaccine records to be accurate?
   - o Yes
   - o No
   - o Unsure
   - o Not applicable

8. How effective do you feel ImmuNet is for tracking pediatric vaccines?
   - o Not effective at all
   - o Slightly effective
   - o Moderately effective
   - o Very effective
   - o Extremely effective

10. Do you have any specific recommendations on how to improve the efficiency or effectiveness of the ImmuNet database?

11. If the state maintained a pediatrician registry for referrals would your site be willing to be listed?
   - o Yes
   - o No
   - o Unsure

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SB18 UNFAVORABLE HELMS.pdf
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Position: UNF

SB18 UNFAVORABLE

Jessica Helms

Capitol Heights, MD

I am writing to urge an unfavorable report on SB18. This bill removes all safe guards for the children it would affect.

First, it removes the need for a prescription. Without one, parents would be able to skip well visits to get whatever shots the kids needed for school or sports. While this sounds like a good thing it, it isn't. Pediatricians are trained to see things in children that a hurried pharmacist might miss. A pharmacist won't be checking to see if the child already has a fever and recommend delaying a vaccine until the child is healthy as a pediatrician would. Giving a vaccine in a pediatrician's office also means that nurses who are used to working with children and give hundreds of shots a day can make the experience as stress free for the child as possible. Imagine how much more horrifying it would be for a child to be given a vaccine in Walmart in front of a line of strangers who, quite frankly, aren't going to want to hear their screaming or know what to do with the awkwardness of the situation.

Second, the bill allows for literally *anyone* accompanying the child to get the child vaccinated for *anything* the person with the child decides they need. This allows even a babysitter to take the kids she's watching to the CVS on the corner and get them flu shots during the $20 gift card incentives we see each year and walking away with one for each child in her care without ever even needing to consult the parent or legal guardian of the child. For people who have to rely on babysitting sites like care.com, this is a terrifying thing to have to add to that list of worries moms already have when leaving their child with someone new. No one other than the parent or legal guardian of a child should be able to make a medical decision for that child.

What the bill fails to do is protect kids from people who would prey on them for extra cash in their pocket, from a parent with limited visitation who doesn't actually know what vaccines the child has received taking them down to get them vaccinated a second time "just in case" (notice that the flu shot doesn't need to be reported to their primary care doctor), or from a parent who doesn't want to bother with a well visit. Children need to see a doctor BEFORE a vaccine is administered to ensure they are healthy enough to receive it, not after.

I know that with my children I have to watch pharmacists to ensure they have checked each medication we pick up against their allergen list. Nine times out of ten they haven't and on several occasions I've had to turn a medication away due to it containing lactose or another milk component. If pharmacists are already overwhelmed with their current load and making errors like these, what other errors will occur when more work is added to their pile?

Add to this the number of injuries currently on the rise due to pharmacists incorrectly giving a vaccine and we are going to see children with shoulder injuries that last a life time like we do with some adults, my grandmother included. She has vowed to never again get a vaccine in a

pharmacy after a pharmacist injured her with a flu shot. It's been nine years now and she still does not have full use of her arm. She gets them with her doctor and no one else.

https://www.pharmacytimes.com/view/compensation-growing-for-botched-vaccine-administration states, "Dr, Bodor noted that patients who receive vaccines at a pharmacy may be pulling their shirt down just a little, which could lead the pharmacist to administer the vaccine higher up on the shoulder. In contrast, patients receiving vaccinations in a physician's office may be dressed in a gown, which would allow for more space to administer the vaccine." With pharmacists already overworked, having them rush to give a five-year-old up to seven shots at once (see CDC recommendations for 4-6 year olds) while others are waiting in line is going to cause more injuries and more trauma for the child. I don't want MY child fearing going to Walmart or Target with me because she's afraid she'll get a shot there the first time she sees another child getting one.

Please return an UNFAVORABLE report on SB18.

Jessica Helms

Capitol Heights, MD

www-fox13news-com-news-pharmageddon-hundreds-of-ph
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Position: UNF

'Pharmageddon': Hundreds of pharmacists organize walkouts at major chains calling for workload changes

By Jordan Bowen | **Published** October 31, 2023 | FOX 13 News

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Pharmacists protest unbearable workloads

Jordan Bowen reports.

TAMPA, Fla. - It's a movement being dubbed "Pharmageddon" and involves pharmacists at big chains like CVS and Walgreens. They say they're upset and overworked pharmacists walking out of the job in protest of what they call unbearable workloads that could impact patient safety.

Filling prescriptions can sometimes take time – maybe days and sometimes just an hour. Now, it could take a lot longer depending on if your local pharmacists feel like a lot of others are overworked and understaffed.

"What we have going on here, I believe, is a crisis not only in pharmacy but pretty much across the healthcare system," said Michael Jackson, the Florida Pharmacy Association's interim executive vice president and CEO.

READ: CVS pulls popular cold medicines from store shelves

As Jackson explained, any time pharmacists provide prescription services to a patient it's typically covered by an insurance plan, which reimburses the pharmacy.

"The reimbursements are not going up," Jackson said. "They're going down, and it's creating a situation where there is tremendous pressure on pharmacies to continue to provide these services but at lower costs."

It means there's less money to go around to pay for additional staff. Jackson said that has translated into heavier work loads for pharmacists, increasing the chances of mistakes when filling prescriptions.

The concerns have led hundreds of pharmacists across the country to organize walkouts at major chains like Walgreens and CVS on Monday, Tuesday and Wednesday of this week.

HEALTH: FDA issues warning over several eyedrop products due to infection risk

"Patient safety is the utmost thing that's most important to these frontline pharmacists," Jackson said. "They're not saying we need more dollars. They're saying we need more support, more help to do the things that we're being asked to do. And I think that's not an unfair ask."

Walgreens have since responded to the reports of walkouts.

"We recognize the incredible work our pharmacists and technicians do every day and have taken a number of steps in our pharmacies to ensure that our teams can concentrate on providing optimal patient care," a Walgreens spokesperson wrote in a statement.

CVS also responded to the reports.

"We're making targeted investments to address their key concerns, including enabling teams to schedule additional support as needed, enhancing pharmacist and technician recruitment and hiring, and strengthening pharmacy technician training," a spokesperson for CVS wrote in a statement.

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Compensation Growing for Botched Vaccine Administration

September 10, 2015
Meghan Ross, Associate Editor

Article

The US Department of Health and Human Services (HHS) is making it easier for patients with shoulder injury related to vaccine administration (SIRVA) to be compensated for their pain.

The US Department of Health and Human Services (HHS) is making it easier for patients with shoulder injury related to vaccine administration (SIRVA) to be compensated for their pain.

HHS recently made revisions to its vaccine injury table, which lists and explains potential injuries presumed to be caused by vaccines.

Citing scientific evidence demonstrating a causal relationship between a vaccine injection and deltoid bursitis, HHS Secretary Sylvia Mathews Burwell suggested adding “a more expansive injury of SIRVA” to the table.

There is also evidence of patients experiencing shoulder pain

after getting vaccinated against tendonitis, impingement syndrome, frozen shoulder syndrome, and adhesive capsulitis, HHS noted.

"In order to capture the broader array of potential injuries, the Secretary proposes to add SIRVA for all tetanus toxoid-containing vaccines that are administered intramuscularly through percutaneous injection into the upper arm," the agency stated.

With these changes, patients diagnosed with SIRVA may receive compensation 12 to 18 months faster, according to a report published in *Wired*.

How to Prevent SIRVA

SIRVA is thought to occur when a vaccine is incorrectly injected too high on the shoulder. Patients diagnosed with SIRVA have an onset of pain within 48 hours, limited mobility in the shoulder, and no prior history of shoulder pain.

In 2006, a pair of researchers published their findings in *Vaccine* on shoulder pain and weakness following influenza and pneumococcal vaccine injections administered high into the deltoid muscle. They posited that the injections caused periarticular inflammatory response, subacromial bursitis, bicipital tendonitis, and adhesive capsulitis.

"We conclude that the upper third of the deltoid muscle should not be used for vaccine injections, and the diagnosis of vaccination-related shoulder dysfunction should be considered in patients presenting with shoulder pain following a vaccination," they wrote.

One of the researchers involved in the study, Marko Bodor, MD, told *Wired* that vaccine administrators must "feel where the needle is."

"You feel it pop through the skin," Dr. Bodor said. "The fat is like butter, and the muscle like steak."

Dr, Bodor noted that patients who receive vaccines at a pharmacy may be pulling their shirt down just a little, which could lead the pharmacist to administer the vaccine higher up on the shoulder. In contrast, patients receiving vaccinations in a physician's office may be dressed in a gown, which would allow for more space to administer the vaccine.

However, SIRVA cases have popped up in all settings, including well-regarded medical centers, *Wired* noted.

In an article titled "Vaccine Administration: Preventing Serious Shoulder Injuries," authors Stephan Foster, PharmD, FAPhA, FNAP, and McLisa V. Davis, PharmD, recommended that pharmacists make injections at a 90-degree angle in the thickest and most central part of the deltoid muscle to prevent injury.

"Health professionals need to remain knowledgeable about the anatomy of the shoulder to avoid injecting too high," the authors noted. "Further, reviewing current recommendations for intramuscular injections helps ensure that proper technique is used."

Patients Compensated for SIRVA

Since 2011, $18 million has been awarded to 12 individuals with SIRVA, and half of them were paid in the last year, according to *The Wall Street Journal*. Twenty more claims are also pending.

Both increased awareness of SIRVA and more individuals receiving immunizations may be contributing to this rise in patient claims.

SIRVA is the first condition compensated by the government that relates to vaccine technique instead of the substance within the vaccine, *The Wall Street Journal* noted.

Recently, a nurse named Latasha George was awarded $1.04 million because of her SIRVA diagnosis from a flu shot. The shot, which was administered in 2010, caused George to lose mobility in her arm, so she could not pick up a cup of coffee or wash her hair.

"I will never get a flu shot again," George told *The Wall Street Journal*.

Elisabeth Cassayre said a flu shot administered at her local pharmacy caused pain that prevented her from lifting her right arm.

"I remember thinking: I'll never be able to make an apple pie for my grandchildren," she told *Wired*.

Almost 10 years later, Cassayre said her injury is better now and she still gets flu shots, though she cautions people to be

more careful about vaccinations.

Vaccine Injury Compensation Program

While all of these vaccine injury cases come before the Office of Special Masters of the US Court of Federal Claims for judgment, it's the National Vaccine Injury Compensation Program (VICP) that doles out the funds.

VICP allows patients to file claims for financial compensation due to an adverse event, though it maintains that receiving compensation does not necessarily mean that the vaccine caused the alleged injury.

"Over 80% of all compensation awarded by the VICP comes as result of a negotiated settlement between the parties in which HHS has not concluded, based upon review of the evidence, that the alleged vaccine(s) caused the alleged injury," VICP stated.

The program also noted that the United States has the safest and most effective vaccine supply in history and adverse effects occur very rarely.

For every 1 million doses of vaccine distributed, 1 individual was compensated between 2006 to 2014, according to VICP.

Looking at VICP claims in that time period, the most common vaccines involved in an alleged injury that led to compensation were influenza (1188), Tdap (141), and DTaP (113).

There were 325 petitions filed with the program in 2006, but

this number has climbed to 690 in 2015, according to a VICP September 2015 report.

In 2006, 68 individuals were compensated for a petitioners' award amount totaling around $48.7 million. With additional attorneys' fees/costs payments, including those for dismissed payments, plus fees and costs for interim attorneys, the total outlay in 2006 was $52.5 million.

In 2015, 481 individuals received a total compensation of around $198 million. With the various attorneys' fees, the total outlay in 2015 was around $218 million.

Since 1989, the government has paid more than $3.2 billion related to VICP claims.

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What Makes Pharmacist Mistakes More Likely?

September 22, 2015
Meghan Ross, Associate Editor

Article

The more orders pharmacists have to verify, the more likely they are to make mistakes.

The more orders pharmacists have to verify, the more likely they are to make mistakes.

To gain more insight on pharmacist medication errors, researchers recently monitored 1,887,751 medication orders, 92 medication error events, and 50 pharmacists at a large tertiary care medical center in Houston, Texas.

They looked for potential risk factors related to workload, work environment, and the number of pharmacists per shift, and they also considered factors such as the type of pharmacy degree, age, experience, and number of years at the institution.

Noting that pharmacists are one of the final safeguards before a patient receives a medication, the researchers highlighted the

importance of identifying factors that affect pharmacist error rates.

They determined that the error rate was 2.58 errors per 100 shifts when the number of orders verified per shift was in the 100 to 200 range, 8.44 when the number of verified orders was in the 201 to 400 range, and 11.11 when the number of verified orders exceeded 400. Overall, the error rate was 4.87 errors per 100,000 verified orders.

The evening shift had the highest error rate, followed by the day shift and then the night shift. In addition, there was a higher medication error rate during the weekdays compared with the weekends, the researchers found.

"My take-home message from the study was how remarkably safe the order entry verification process was overall, but also our finding that the number of orders verified per shift increased the potential for errors," study author Kevin W. Garey, PharmD, MS, professor at the University of Houston College of Pharmacy, told *Pharmacy Times*. "It confirms that this part of the order verification process is safe and also gives us actionable items to continue to improve."

The pharmacist errors reported in the study were collected through a voluntary reporting system known as the University HealthSystem Consortium Patient Safety Net (PSN). The fact that these error reports were voluntary was one of the study's limitations, the researchers noted.

Using PSN's harm score classification, the medication errors were judged by a hospital safety committee on a scale from 1 to 9, with 9 representing death. These scores were divided into

3 categories: near miss (1-2), reached the patient (3-5), and harm (6-9).

The researchers found that the highest rate of error was 3.76 for the middle category, followed by 1.01 for the near-miss category and 0.11 for the harm category.

The most common error types were wrong dose or wrong drug or substance.

The 5 medications most commonly involved in an error were:

· Pneumococcal vaccine (duplicate order): 13%

· Piperacillin/tazobactam 3.375 g vial (allergy or wrong dose): 4%

· Influenza virus vaccine (duplication): 3%

· Warfarin sodium 5 mg tablet (wrong dose): 2%

· Dexamethasone injection 4 mg (of dexamethasone phosphate) per mL (wrong dose): 2%

The authors noted that adverse events related to medication errors cost around $37.6 billion to $50 billion each year. In addition, it is estimated that between 44,000 and 98,000 patients die in US hospitals each year due to medical errors.

They compared the high-pressure tasks that pharmacists perform with the job of a pilot.

“The health care industry, specifically pharmacy operations,

resembles the high-acuity, high-stress work environment seen in aviation," the researchers wrote. "A pharmacist is at great risk to commit a medication error due to the intricacies of the medication dispensing process, which includes verifying that the order is appropriate for the patient."

In the study, there was not a statistically significant difference in error rate between more experienced workers and younger workers. The most commonly held pharmacy degree was a Bachelor of Science (64%).

The study results were published in the *American Journal of Health-System Pharmacy*.

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The looming pharmacy crisis in America

47:21

December 04, 2023

By Paige Sutherland and Meghna Chakrabarti

Merchandise aisle and Pharmacy Sign at Walgreens, Queens, New York. (Photo by: Lindsey Nicholson/UCG/Universal Images Group via Getty Images)

Pharmacists at major chain stores like CVS and Walgreens are at a breaking point.

Many workers have staged walkouts, saying they are overworked, understaffed and risking patient safety.

Today, *On Point*: The looming pharmacy crisis in America.

Guests

Shane Jerominski, practicing pharmacist. Advocate who helped organize the recent walkouts at big chain pharmacies.

Sara Sirota, policy analyst at the American Economic Liberties Project, with a focus on monopoly power in health care.

Also Featured

Dr. Craig Cox, president of the American Association of Colleges of Pharmacy.

Transcript

Part I

NEWS BRIEF: Across the country, pharmacy workers are walking off the job to protest what they call unsafe working conditions at some of the biggest retail chains.

MEGHNA CHAKRABARTI: Earlier this year, thousands of workers walked off the job at CVS and Walgreens stores in 15 states, including New York, Pennsylvania, Connecticut, Florida, Texas, and Illinois.

The action was dubbed 'pharmageddon.' A protest by pharmacists against what they say are unreasonable and unsafe working conditions at the biggest chain

pharmacies in the United States. One of their major concerns, understaffing. Protesters say the issue isn't a shortage of pharmacists or pharmacy techs.

But a shortage of workers who want to do these jobs at big chain retail stores, where they say workers are already burning out. According to the American Pharmacists Association, the industry has approximately 7,500 job openings for pharmacists and 25,000-plus openings for pharmacy tech. Now, pharmacists are highly educated and highly trained specialists who provide medications to just about everyone in the United States, which means the shortage of qualified workers could also have an impact on just about everyone in the United States.

So how did we get here? What's driving the changes that pharmacists say they're experiencing in the nation's largest corporate and retail pharmacies? That's what we're going to look at today.

And we'll start with Shane Jerominski. He's been a practicing pharmacist in Southern California for 16 years, has worked at the big chain stores like Walgreens and CVS, and now works for an independent pharmacy.

He also helped organize the walkouts earlier this year. Shane, welcome to On Point.

SHANE JEROMINSKI: Thank you for having me, Meghna.

CHAKRABARTI: Can you describe to me the worst day or one of the worst days that you had as a pharmacist when you were working at CVS or Walgreens?

JEROMINSKI: Oh, for sure. I started my career with Walgreens back in 2007.

And at that time, there was an actual real shortage of pharmacists in Southern California. So there were new pharmacists from all over the country, but all of them were immediately thrown into roles of pharmacy managers, where essentially, you're responsible for everything. You're responsible for maybe another pharmacist, as well as multiple technicians.

And during one of my first years there, during the swine flu epidemic, we, myself and one other pharmacist, did over 2,000 flu shots in the course of a few months. But that first day, we did about 150 flu shots, with 50 pneumonia vaccines, with one technician and two pharmacists there, with overlap for just a couple hours.

So we had lines throughout the door. This was in a busy pharmacy in Southern California, two lanes of drive-through. A golf cart drive-through lane. So when you have that many extra duties, along with just safely and accurately checking prescriptions, anyone can feel overwhelmed. And you just feel like a mistake is imminent.

CHAKRABARTI: Wow. That is a lot for a single day. But couldn't one come back and say that was under sort of a potential epidemic scenario, and there was this, a huge spike in demand from people who wanted vaccinations? And how does that compare to what was the norm for you at CVS or Walgreens?

JEROMINSKI: For sure.

So during those first few years, there was a flu shot season, and even during the swine flu epidemic, which did see an increase in demand, the business model has changed to all vaccinations, all day, every time. You can make appointments, you can have walk ins, and that seems to be the central focus of most of these pharmacies now, because the margins are so much better on vaccinations.

It's almost like filling prescriptions safely and accurately is now an afterthought. Because these chain pharmacies are in love with the margins associated with vaccinating.

CHAKRABARTI: Okay. Wow. Actually, now that you mentioned that, Shane, I'm just thinking on my neighborhood chain pharmacies. And there are sort of "Get your vaccine now" posters up year-round, which I guess, several years ago, I hadn't noticed that. But what about if there's a steady increase in demand or even a sharp temporary increase? I guess the real question is, did the company adjust staffing to keep up with the increase in demand?

JEROMINSKI: No. I think that the company is doing a terrible job at really staffing appropriately. And as you mentioned, there's lots of open jobs out there. And it's not a shortage of pharmacists or a shortage of pharmacy technicians, but a shortage of pharmacists and technicians willing to practice in these settings. There's a lot at risk for a pharmacist when a medication error occurs.

And after all of that education, you don't want to put your license at risk working

for a company where you don't feel like you're supported.

CHAKRABARTI: We did reach out to CVS and Walgreens and several other big pharmacy companies across the United States, and CVS sent us back a response to some detailed questions that we emailed them. And first of all, they did say that they employ more than 30,000 pharmacists and 70,000 pharmacy technicians and that revenues for the company from their pharmacy business comprised about 77% of CVS's overall revenue. So there's indication that it's a huge or the biggest part of their business.

I'm going to add another little wrinkle here for context. And those were revenue percentages I gave you. In terms of actual dollars, CVS Pharmacy and Consumer Wellness, that segment of their business, in 2022 brought in about $28 billion in revenue. So that's a dollar figure. But when you take into account their costs, their overall profit was $1.4 billion, when adjusted again for operating income.

So a significant part of CVS's business, which is why they told us in their statement, Shane, that they're committed to providing access to consistent, safe and high-quality health care to patients, and they are making targeted investments to address pharmacy teams' key concerns. What's your response to that?

JEROMINSKI: I'm sorry, Meghna. I actually lost you there for a few minutes, but I did get the end of that. So it's great. It's most of the talking points that we hear pretty regularly. That they're making these investments, but that doesn't really set well with a lot of pharmacists who are there combating this every single day.

You have, CVS has taken overlap almost out of every store. So in most places, there's a pharmacist, one pharmacist behind the counter working a 12- or 14-hour shift and everything that leaves that pharmacy is squarely on their shoulders, whether it's right or wrong. And they will not close a store if they have three call outs of technicians.

So there's a lot of scenarios in this country. And the reason why the walkout started in Kansas City was because pharmacists were working alone. It's essentially like running a McDonald's by yourself.

CHAKRABARTI: Shane are you still with us?

JEROMINSKI: Yes.

CHAKRABARTI: Okay, good. I just wanted to be sure. So no matter what's been happening, just to clarify what's happening on staffing on a given day, they keep the pharmacy open.

That's what you're saying.

JEROMINSKI: Yeah. Okay. Yes. There's no scenario where they would want that store to close, even if no one shows up except for the pharmacist. Because a pharmacist has to be there in order for the pharmacy to open. So the only way a store is closed is if that pharmacist doesn't show up.

Everyone else can call out, but they'll still stay open. We've had a ton of images of pharmacists that they decided to close the store and just have drive-through only because they were working by themselves.

CHAKRABARTI: Oh, okay. And is part of this that we have reached a place in American health care where people do expect to get a, if their doctor's calling in a prescription to the pharmacy or putting it in online, people do expect to get it in an hour or so.

So there's no imaginable scenario, which I think Americans would accept, that because of low staffing, their local CVS or Walgreens pharmacy has closed down for the day, right?

JEROMINSKI: For sure, and I think there's just a misunderstanding of what filling a prescription entails, like you hear that so often, people joke about it, that you're just putting pills from one bottle into another bottle, slapping a label on it and handing it to a patient.

But the adjudication process is not easy, when you're billing something. There's lots of things that could go wrong. Even if you get the prescription from the doctor's office, whether it's sent in electronically or a patient brings it in, you have to decipher that. You have to make sure it's correct.

You have to make sure that all the necessary details are on a prescription to be able to fill it. You have to check it against the patient's profile, bill that to the insurance.

You may find out that it's not covered. You can call the doctor's office, try to do a prior authorization, or it's a formulary switch, something that's covered by their insurance.

So there are many steps, and you can imagine that in between those steps, if you're doing COVID testing, vaccinations, counseling patients on over the counter medications, it's required to counsel on all new prescriptions, as well. So there's only one pharmacist that can do most of those tasks. That's the reason why we're being drawn in so many directions, and sometimes it takes more than an hour to fill your prescription.

CHAKRABARTI: Can you tell me a little bit more about how much time you had to spend, again, focusing on your time with the corporate pharmacies. How much time did you have to spend on the phone on average with insurance companies?

JEROMINSKI: Oh yeah. You're spending a lot of time on the phone, not just with insurance companies, but transferring prescriptions.

I'm in the Palm Springs market out here, so ... lots of snowbirds and seasonal visitors to the area. So every time you have to transfer a prescription from another pharmacy, if it's not within your own chain, you have to get on the phone and ask the pharmacist to give you a verbal transfer or fax it over.

So you're constantly on the phone, not just answering questions for patients. And then when a patient is expecting something, they might be calling 20 times a day, just to see if it's ready, as well. So there's a lot of time spent on the phone and there's a lot of things drawing you in every direction.

CHAKRABARTI: Yeah. Can you tell me what was it that finally led you to leave your jobs with the corporate pharmacies and take up work at an independent pharmacy?

JEROMINSKI: Sure, so I worked for Walgreens right out of school. I ended up in the Palm Springs area because there were sign-on bonuses to come out here.

I liked working for Walgreens, but after about five years as a pharmacy manager, I got a cold call from Target Pharmacy. Target Pharmacy was an excellent place to work for. Their business model was a little different because they didn't derive

those 70% revenues from the pharmacy, like you had mentioned. So it was more of an afterthought for guests in the store.

Plus, it was a really great working environment. You could kill an hour in Target way easier than you could kill an hour in CVS. You didn't have people staring at you and demanding that they need to get it done as quickly as possible. Halfway through my time at Target, CVS came in and acquired the Target pharmacies.

So now when you walk into Target, it's a CVS pharmacy inside there. Change the culture, change the model. At this time, I started my social media account called The Accidental Pharmacist, now has about 125,000 followers on Facebook. But we have a presence on all the social media platforms. At that time, it was my creative outlet, but I did start talking about working conditions and safety concerns. And that's when CVS said basically, "Find another job or shut the page down." So I decided to find another job.

Part II

CHAKRABARTI: Shane, hang on here for just a second because I want to introduce Sara Sirota into the conversation.

Sara is a policy analyst at the American Economic Liberties Project with a focus on monopoly power in health care. Sara, welcome to the program.

SARA SIROTA: Hey, thanks for having me.

CHAKRABARTI: So what does the monopoly have to do with this issue that pharmacists are raising about their working conditions?

SIROTA: Yeah, so the monopoly issue really exists all over the place.

It's important to look at the way that pharmacies buy drugs, and the way that they get reimbursed for drugs. And how that is driving a lot of the financial troubles that we're seeing, not just at the big retail chains, but also at the small independent pharmacies across the country. So on the buying side, that market is driven by really three major wholesalers, McKesson, AmerisourceBergen and Cardinal that dominate the industry and are driving up costs for pharmacies that are acquiring the medications.

And then on the other end is the way that they get reimbursed through entities called pharmacy benefit managers that represent the insurance industry. And they, too, are represented by three major companies. Express Scripts, Caremark, and OptumRx. And they, too, hold monopoly power and are systemically under reimbursing pharmacies, potentially even below their costs.

And so this is creating a situation where pharmacies are stuck in the middle, and they're not able to generate enough revenue and profit margin to stay in business, and that's manifesting differently depending on the kind of pharmacy you have. So the small independent pharmacies simply can't stay in business.

We see studies showing that they are being driven out. Thousands of independent small pharmacies have been forced to close, and that's driving a lot of the distress that you alluded to. At the large pharmacy chains, the way they're dealing with that is by cutting staff, by closing down stores. I think it's interesting that you said CVS responded to an email saying that they are so invested in their pharmacies, and yet they are pledging to close hundreds of their pharmacies over the next few years.

So this is part of the problem that we're seeing, this issue of monopoly and consolidation across the supply chain of the pharmacy business that are creating all of these economic problems.

CHAKRABARTI: Interesting. Just to read a little bit more from CVS's response to our questions, they said, "We're making targeted investments to address there being the pharmacy employees' key concerns, including enabling teams to schedule additional support as needed, enhancing pharmacist and technician recruitment and hiring and strengthening pharmacy tech training." They say they're rolling out these changes or they started rolling out them last month in November and will continue through to next year. So repeatedly in their statement, they assured or tried to assure us that they're listening to the concerns coming from the pharmacy employees.

As you heard Shane a little bit earlier, Shane just doesn't see evidence of that, but do you think that some of the changes that CVS, for example, says it's making are going to make a meaningful difference, Sara, in these underlying drivers?

SIROTA: Yeah, I don't see them addressing those underlying issues of the

wholesalers, the pharmacy benefit managers and also this issue generally of CVS and Walgreens closing down pharmacies and relying more on their mail order pharmacy and more on their other subsidiaries as highly diversified companies.

CHAKRABARTI: So let me ask you one quick thing. Just to be clear, because the world of pharmacy services, anything related to American health care is extremely confusing. I'm a visual learner, so I want to be sure I understood what you said. So that we've been seeing a consolidation in the endpoint pharmacies, right?

The corporate pharmacies, because as you said, they're driving the smaller independent ones out of business. Then regarding the pharmacy benefit managers, you said there's only, did I hear you right, when you said there's only three companies there?

SIROTA: There's three companies that pretty much own about 80% of the market.

CHAKRABARTI: Okay, across the United States.

SIROTA: Across the United States.

CHAKRABARTI: Repeat to me again what you said about wholesalers as well.

SIROTA: Similarly, that there are three major companies that control the majority of that market, and they're driving up costs, PBMs are driving down the reimbursements, and pharmacies are getting squeezed in the middle.

CHAKRABARTI: So there's been an overall like narrowing of the pipeline from the beginning, where wholesalers are receiving the medications, all the way to the end point, which is you, me, Shane, everyone who needs drugs.

SIROTA: Yes.

CHAKRABARTI: Okay. Wow. One more question about details here. You mentioned Caremark, right? Which I understand is actually CVS Caremark.

SIROTA: Yes. And great to point that out. So part of this whole problem is that all of these companies are very vertically integrated, as we call them. And Caremark is the largest pharmacy benefit manager, and it is owned by CVS, which is the largest

pharmacy chain. So that means that independent pharmacies are getting reimbursed by Caremark, which also has an interest in driving them out of business so that its CVS Pharmacy stores can have more business.

This is a pretty blatant conflict of interest that would not really stand in any other industry. Because health care is rather corrupt, if I must say, we allow this to happen here.

CHAKRABARTI: Oh, because I was wondering. Is Caremark also, they must be having differential pricing based on the end pharmacies that they're selling the drugs to, right?

Because I was wondering, like, why would they want to drive out their own CVS pharmacies out of business?

SIROTA: Yeah, I think part of this is also that they own a large mail order pharmacy, so that's part of the problem, too, is that through their pharmacy benefit manager, in addition to excluding independent pharmacies from their networks, they can also basically force insurance members to go to their mail order pharmacies and rely less on their brick-and-mortar stores.

CHAKRABARTI: Okay, Shane, thank you for listening along with me. Because like I said, the web here, it's hard to keep track of all of it. So I wanted to get Sara to explain stuff a couple of different times.

These are things that you already know well, I'm sure, about Shane. What did this sort of narrowing of the pipeline look like from your perspective as a pharmacist?

JEROMINSKI: I see the product of this every day, working in an independent pharmacy. Independent pharmacies are dying across the country because of reimbursements, predatory audits and the pharmacy benefits managers.

A lot of drugs, especially brand name drugs, get reimbursed below cost. So that's an unsustainable business model for any small business owner. Usually, the only way that these independent pharmacies can survive is to find a specialty niche market. The independent I work for currently services skilled nursing facilities, personal care homes, does hospice patients, some of those things that the regular chain pharmacies do not want to be involved with.

But it's very difficult to have an independent pharmacy. And that's the reason why I would say if we don't have wide scale PBM reform, 10 years from now, there'll be very little independent pharmacies left.

CHAKRABARTI: Yeah. Pharmacy benefit managers are one of the sort of less understood parts of the American health care system that I haven't gotten my head fully around yet, so I'm thinking we need to do some explainer shows about that.

But let me just play some feedback that we got from one On Point listener. Karen Hendricks of Charleston, South Carolina. Now she told us she was a pharmacy intern, a pharmacy tech, and a professional pharmacist for 37 years, and that over the past decade, working conditions at the big chain pharmacies where she was at got progressively worse, and in her opinion, it all came down to money.

KAREN HENDRICKS: Worked 12-hour days, nights, weekends, holidays. I was lucky if during the day I had time to sit, eat, or even use the bathroom. The constant barrage of prescriptions, phone calls, audits, customer questions, vaccines, and insurance problems never stopped. If I had any tech help, I was lucky. I was so burned out I left five years ago and never looked back.

It feels as if I did 30-years hard time in prison. I'm now an insurance adjuster with my husband and I live a very free and happy life.

CHAKRABARTI: Shane, can I just turn that back to you quickly? How does that land with you, what Karen said?

JEROMINSKI: That's a standard line that we hear a lot. We get thousands of direct messages to The Accidental Pharmacist page on a regular basis, whether they're pharmacists who've done 30 years, or pharmacists right out of school that don't realize that they just feel very trapped with hundreds of thousands of dollars' worth of student loans and a job that they just don't understand.

They can't even see what life is going to be like for the next 30 years, working in these conditions. And a lot of it has to do with the ancillary support staff, that the one thing that I think we haven't talked about yet is technicians are the backbone of every pharmacy in America.

And the biggest problem, why there's so many openings, is that the pay scale just is not commensurate with their skillset. And they're the ones who are, they really are the true frontline workers, pharmacy professionals. They're the ones that are dealing with angry patients. They're the ones taking in prescriptions and really putting out fire after fire.

And when you're only making 17, the Bureau of Labor and Statistics has the average pharmacy technician in America making $18.12 an hour. And it's a very stressful job for that, when you could work down the street somewhere else for the same amount of pay.

CHAKRABARTI: Now, my personal experiences with pharmacies are purely anecdotal to me.

I'm not saying that they're representative at all of larger trends in America, but over the past few years, every time I've walked into my local pharmacy, happens to be a CVS, I'm seeing a lot of tired faces behind the counter, more and more. And some of those folks just have to stay on the phone while the line for people waiting for their prescriptions gets ever longer.

But the professionals behind the counter just on the phone dealing with insurance companies or the kinds of other things you described, Shane, and even, I would say we're somewhat fortunate in my neighborhood because there are many techs and the pharmacists like working on prescriptions while all this is going on, and it's still a painful process for everyone.

Now Shane, you mentioned something which I want to just pick up on, about future pharmacists, right? And looking at working conditions right now, because, as you mentioned, it takes a ton of education to become qualified to be a pharmacist in the United States. And it just so happens that between 2011 and 2021, the number of students applying to pharmacy schools has declined by more than a third, by 36%.

Dr. Craig Cox is president of the American Association of Colleges of Pharmacy, and he says it's very concerning, and this is what he identified as the biggest driver of the decline.

DR. CRAIG COX: There really are high stress workplace conditions, and staffing

shortages in corporate community pharmacies that are discouraging young people from considering a career in pharmacy in general.

And the reason for that is that this really is the most visible sector of our profession, community pharmacy. People do this often. And I think because of it being the most visible sector, that's what our future students see. And when they see these high stress workplace conditions, I think that's having an impact on them.

And it's discouraging them from picking this career.

CHAKRABARTI: Dr. Cox told us that in 2018, There were about 15,000 pharmacy graduates in the United States, and the projection for 2026, so just a couple of years from now, is about 9,000 graduates, so a 6,000 drop for future pharmacists. Sara Sirota, I just wanted to get a sense from you, your response of this kind of downstream effect that apparently we're seeing in terms of people wanting to go into the business.

SIROTA: Yeah, I think it's very telling. Pharmacy schools were booming 20 years ago now people are not interested in going to pharmacy school. Because they see the kinds of conditions that are imposed. Both at the retail chains and also the inability of small pharmacies to survive under the current economic problems that they're facing.

And this is a huge problem. It's important to emphasize that for a lot of communities, their pharmacists are their first line of access to the health care system. Many communities don't have doctors nearby, but they do have pharmacists. And those are really important and trusted health care advisors to them, providers to them.

And they're being neglected right now. And it's important to note this.

CHAKRABARTI: Once again, we did reach out to many of the biggest pharmacies in the United States. Rite Aid did not respond to our request for comment or answers to questions. Costco did not respond either. Walmart did return our calls and told us that Walmart does not break out revenues from the 5,000 pharmacies it has.

They say most of their pharmacies are in rural areas. And Walmart also told us that their company's health and wellness business are about 11% of Walmart's total

U.S. revenue last year. So that's an interesting comparison compared to the 76%, 77% of revenues that we see from CVS.

Now, Walgreens did respond to us, sent us a statement talking about how much they're trying to they value pharmacists and what they are trying to do to assist their concerns about working conditions. They also answered a question that we had about whether there are quotas that pharmacy, pharmacists are expected to have and before I get to their response, Shane, did you experience quotas or a minimum number of prescriptions that you had to fill every day when you're working at CVS and Walgreens?

JEROMINSKI: Yes. So when I worked for the company, quotas were still tied to your pay, to your evaluation, to the bonus that you might receive. And they always had really high vaccination quotas. I worked at a store that did 2,300 vaccines, and the next year my goal was 6,000. So that gives you the perspective of how much they've ramped up what's expected and these quotas.

California just recently passed ... SB 62, two years ago, which took quotas being attached to pay and bonuses. But it's not that they don't have these metrics anymore. The metrics are used more so to put pressure on the front of the store and dangle hours, technician hours and budget hours.

So they don't tie it specifically to pay and bonuses, but those metrics are used, and quotas are used to determine how many hours you're going to get in the pharmacy. So everyone's concerned about hitting these anyway, because they want to make sure that they have enough tech support and hours attached to their pharmacy.

CHAKRABARTI: Interesting. Because Walgreens in their response to our questions about this said that in October of 2022, Walgreens announced that, quote, "We are removing task-based metrics from performance reviews for all retail pharmacy staff. A significant step is. Because we are the first and only retail pharmacy to do which helps create a differentiated working environment while supporting pharmacists' ability to focus on patient care," end quote.

And as for CVS, when we asked them about quotas, CVS said in a statement, quote, "It is inaccurate to characterize them as quotas. While we've reduced the number of metrics we measure in recent years, the information gleaned from safety and quality metrics provides us with a clearer picture of what's working and where

improvements may be needed."

And then they went on to say, "Our use of metrics mirrors what's commonly used throughout the health care industry." So we're going to talk more about what the pharmacy crisis says about the health care industry overall. And of course, we're going to try and see. Or at least explore what the potential fixes are.

Part III

CHAKRABARTI: Sara, what I'm wondering now is, we're not just talking about going to the pharmacy and buying Ibuprofen, obviously, we're talking about prescription medications. And a concern that I immediately have when I hear about the conditions that Shane and the listener Karen and other people who actually reached out to us, when they're talking about the kinds of working conditions they're experiencing is, does it not increase the probability of a mistake happening, right? And these are mistakes with prescription medications. So what kind of regulations, if any, do these major companies have to follow in order to help prevent that, if any?

SIROTA: Yeah, I think this is a good question, and I think speaks to an inherent problem of having a giant retail chains where basically executives view workers as just another cog in the machine, as opposed to the kind of personalized care that you're going to get at small, independent stores.

Certainly, there are the safety risks that we've heard about are not just about workers, but trickle to patients that are going and picking up their very necessary prescriptions. And why it's so important to protect those small independent ones, as well.

CHAKRABARTI: But so beyond that, then, can you describe if there are any federal regulations at all over the pharmacy retail business that might apply to the situation that we're seeing now. That you described that major consolidation of the business from top to bottom?

SIROTA: Sure, there are safety standards, but as we've seen across the country of CVS and Walgreens, reducing the number of staff that they have, reducing the number of hours, and then also forcing these pharmacists to take on more patients than they previously did, that creates higher concerns that are just going

overlooked.

Fortunately, there are state regulators, especially, that have been looking into this problem, especially in Ohio. I would say there's been a lot of investigations into understaffing and safety problems at the CVS pharmacies.

CHAKRABARTI: Shane, since you're there in California, you probably know this very interesting story that the LA Times had back in September.

Where they said that in a survey of California licensed pharmacists back in 2021, so a couple of years ago, 91% of pharmacists working at chain pharmacies said staffing wasn't high enough to provide patients with adequate care. And then on top of that, the state's board of pharmacy found that there are an estimated 5 million errors a year in California. And pharmacists themselves are attributing that to the staffing situation.

First of all, tell us your thoughts about that.

JEROMINSKI: For sure. I was just going to mention that the five million, and they estimated it, because there's no centralized reporting mechanism for pharmacies. So they are under no obligation to report a medication error to any regulatory body.

That just changed in California, AB 1286, which is the Stop Dangerous Pharmacies Act, was passed and signed, which now requires pharmacists, it hasn't been implemented fully yet, requires pharmacies to report those medication errors. And I think this is really important. I know everyone doesn't want to have regulation, but we need to have change here, because what's on the line for retail pharmacies versus the individual pharmacist who makes that medication error and patients, is there's a huge disparity there.

When a medication error occurs, they document it internally, but since there's no reporting mechanism right now, the only way the Board of Pharmacy finds out about a medication error is when a patient reports it.

So should a patient report a medication error, whether it's a small one or an extremely serious one, the Board of Pharmacy will come and do an investigation. After that investigation, they find out the error occurred. They might issue a fine to

the pharmacy itself for 10,000 or 50,000 on the high end if it's a serious error.

But that pharmacist, the pharmacy manager who's ultimately responsible for every prescription that goes out, could lose their license, could be on probation with the Board of Pharmacy for five years. So what's at risk for that pharmacist is so much more. And to the patients, that's why we need to have some kind of regulation here to make sure that they take it as seriously as we do.

CHAKRABARTI: Even to your point about having to document it internally, again, the LA Times reports that only 62% of chain pharmacists said the stores they were working at were following even those rules, meaning 40% of them said that those internal documentation rules weren't being followed, which is, it's quite something. Now, Sara, let me come back to you here. Because we're not strictly speaking, we're not talking about a monopoly, right?

Because there still are a couple of companies that are of major interest here, plus the remaining independent pharmacists in the United States. But given the percentage of the market that these three or four huge corporate and retail pharmacy companies have. Do you say that they're skirting some antitrust violations here or antitrust laws?

SIROTA: Certainly, and certainly in the situation of this vertical integration that I described before of having these conflicts of interest where CVS, for example, owns a pharmacy, as well as a pharmacy benefit manager, as well as a large insurer, Aetna. And we've seen cases of PBMs using their power over insurance formularies and pharmacy networks to steer patients towards their own pharmacies at the expense of independent ones.

And that certainly raises antitrust concerns.

CHAKRABARTI: It raises the concerns. Have there been any legal actions that you know of?

SIROTA: Right now, the Federal Trade Commission is conducting a sweeping investigation into the pharmacy benefit manager industry, specifically looking at those conflicts of interests.

That began last year. Right now, on Capitol Hill in Congress, there are many

different pieces of legislation that are being debated to try and rein in the excesses of pharmacy benefit managers. So there's certainly a lot of investigations going on. There's also been a number of lawsuits filed against pharmacy benefit managers.

CHAKRABARTI: Okay.

SIROTA: And pharmacies.

CHAKRABARTI: Yeah. I've read many parts from the CVS statement that they sent back to us. I just want to add something that Walgreens also told us in their response to our requests. Walgreens said, quote, "We understand the immense pressures felt across the U.S. in retail pharmacy right now.

We are engaged in listening to the concerns raised by some of our team members. We are fully committed to ensuring their contributions. And that they are acknowledged and rewarded, including competitive pay and benefits."

And they also talked about advancing their recruitment strategies and taking steps to address staffing in order to meet the needs of customers, pharmacists, experience, and to advance the profession to enable them to deliver the high value care they were trained to provide. End quote. That is from Walgreens. But Shane, you clearly don't think that is enough, that the current changes that these companies are saying are adequate. What other steps would you take, either from the company's perspective or from the perspective of workers at these pharmacies?

JEROMINSKI: So workers are taking a bold move. We just rolled out pharmacyguild.org, which is the first national push to unionize retail pharmacy workers. After the walkouts, people were looking to some of these online social media personalities in the health care field to say, "What's next? Are we going to have another walkout?

How are we going to keep?" What happens is it goes in this news cycle, and you get media attention. All these stories come out about how dangerous the working conditions are, how unsafe it is for patients. And then these companies are large enough that they just let the cycle go through and they continue with business as usual.

We decided that we were going to push for national unionization. We have the

backing of an established national international union. IAM, which is the International Association of Machinists and Aerospace Workers. They have 600,000 members. IAM health care, which is their health care component. In the past has really just been for allied medical field, hospital pharmacists, speech pathologists, but they've given us the backing and it put resources into building the pharmacy guild. The day that we launched, which was about two weeks after 'pharmageddon,' we had 30,000 pharmacy technicians and pharmacists go to the page that actually crashed the website on its first day. And the same thing happened the second day. It briefly went down. We've had thousands of people fill out the interest form, and we're about ready to start launching campaigns across the country to unionize stores.

CHAKRABARTI: So it sounds like there's a lot of business. Have you, when I say business, sorry, a lot of interest is what I meant to say. Have you received any pushback from the pharmacy companies themselves as the desire for unionization seems to grow?

JEROMINSKI: They didn't seem to think that the walkouts had that much of an impact.

So a lot of the stories that were run said, minimal disruptions in normal operations in the pharmacy. So we thought that they would respond to this. And right now, everything, it's not like the classic unionization model. Because we have this network that reaches almost every pharmacist in America. I'm working with not just The Accidental Pharmacist page, but RXcomedy.

It's another online social media advocate. Pizza's Not Working and Bled Tanoe who started that, it has a network across the country. So we're utilizing online social media to constantly engage these pharmacists and technicians. And we're just compiling data right now and making sure that we reach critical levels in every area of the country before we launch campaigns and file to have elections.

And we're just a few months out from having the first ones right now.

CHAKRABARTI: In response to our question to CVS about the efforts for pharmacists and pharmacy techs to unionize. CVS simply said, quote, "We have productive relationships with unions who represent thousands of our colleagues across the country and respect our employees right to either unionize or refrain

from doing so," end quote.

Now we wanted to, I just want to spend a minute or two talking about a really unique example of a completely different way of doing pharmacy business. And it comes from North Dakota. Because North Dakota is the only state that requires only licensed pharmacists or groups of pharmacists owning and operating a pharmacy.

Or in other words, chain pharmacies like CVS and Walgreens simply cannot exist in North Dakota, because it's all about independent pharmacies there. 171 independent and locally owned pharmacies, to be exact. Now, according to the Institute for Local Self Reliance, North Dakota prescription drug prices are more affordable than two thirds of all the other states.

They have more pharmacies per capita than their neighbor in South Dakota or in Minnesota or nationally. The law, now this is because of a state law. Which dates back to 1963. That law has been challenged several times, including in 1973, a different chain store, which is now owned by Walgreens. And in that year, the challenge made it all the way up to the Supreme Court.

So let's listen to a little bit of oral argument from this 1970s case. This is lawyer William Lucas arguing in favor of preserving North Dakota's law.

WILLIAM LUCAS: We want the people in the position of making policy to be professionals. A pharmacist has to yield to a non professional if that non professional owns the place.

He either says you do this, or you lose your job. And we don't want a professional yielding and being in that position. And we want the policymakers to be professionals so that they will offer all these services that we think are necessary.

CHAKRABARTI: So that was from a 1970s Supreme Court case that challenged North Dakota's law preventing corporate or retail pharmacies from existing in that state.

And obviously the Supreme Court ruled in favor of North Dakota. Another challenge came, interestingly, in 2014. That was brought by Walmart and put on the ballot in North Dakota. And North Dakotans defeated the ballot measure by

59%. So 59% or roughly 60/40 they wanted to keep their independent pharmacies.

Now, Sara, it's interesting to me that this law was first passed in 1963. I'm not sure I see the possibility of states taking similar action now or am I mistaken, Sara?

SIROTA: Yeah, I think that the current structure is pretty systemic, and it is difficult to imagine states copying this model, though it certainly has worked very well for North Dakota.

As you said, they have a higher number of pharmacies per capita and various metrics as shown in studies from the Institute of Local Self Reliance has shown that it works very well there. I also think that if we were to copy this model across other states and somehow get past the large corporate chains, we would still have these underlying economic problems that I spoke about earlier, that are important to address, as well.

CHAKRABARTI: The underlying economic problems of the vertical integration.

SIROTA: The vertical integration, the under reimbursement, the high cost of acquisition, these are all bigger problems throughout the supply chain that need to be addressed.

CHAKRABARTI: I see, because no matter how many independent pharmacies you have, they still have to go through the pipeline that exists now.

Okay. To that point we'll see what happens with the bill currently working its way through Congress. It seems to have bipartisan support to tackle some of these things about the pharmacy benefit management companies specifically. But in the last 30 seconds or so that we have, Shane, I'm going to give you the last word today.

What do you think the future might look like if some of these fundamental changes you've both been talking about do not happen to the pharmacy industry?

JEROMINSKI: If we don't have serious PBM reform, independent pharmacies will be a thing of the past. And just like North Dakota, independent pharmacies have a storied history of being the most accessible health care professionals in the country.

Genuine health care is going there. You have a great relationship with your pharmacist. We're trying to preserve that. So I implore every lawmaker to champion anything that deals with PBM reform. And to let patients know that we're trying our best out there, and that the situations, and when you see those long lines in the pharmacies, it's not the people behind the counter that have created this situation.

This program aired on December 4, 2023.

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HB76.pdf
Uploaded by: Jill Kapper
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Jill Kapper
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Good afternoon! HB76 (SB18)- UNF

My name is Jill Kapper and I'm a lifelong resident of Maryland who has become more involved in the legislative process over the last few years. I'm here to oppose Bill HB76 because it's dangerous, which is why I'm urging you all to oppose it as well. The article I've linked describes why bills similar to this have become a huge issue. "Vaccinate more people" they say. In this article, the CVS district leader had threatened discipline and staff cuts unless pharmacists convinced at least five customers that week to get flu shots, before flu season had even officially started. "If you get your goal, nobody will come after you". Pharmacists jobs are to persuade patients to get their shots, according to this higher up.

I know at this point, regardless of what any article states, that any business associated with the pharmaceutical industry, like his one, operates in a similar way. Bonuses. More, more and more is never enough. Pharmacists take an oath to uphold patient safety in the highest regard when preparing and dispensing medication. They've complained that it has become impossible to meet demands without cutting corners and of course, once corners are cut, patients (like our children in Maryland) get hurt. Pharmacists are under immense pressure to reach quota and meet corporate goals that are unrealistic.

Despite the thirty minutes worth of education they may receive, pharmacists aren't properly trained when it comes to vaccine injury, to them, such a thing doesn't even exist. 'Journey' is the name of my five year old and I can't imagine her babysitter (or my sixteen year old) taking her into the store to be aided in receiving any medication, let alone a vaccine where the industry has no liability. The fact that it's become so easy for predators to prey on our children is why we need your help. We all need to strongly oppose this bill so that our children here in Maryland can be as protected as possible from what's nothing short of a drug cartel.

Thank you for listening

Prescription for disaster: America's broken pharmacy system in revolt after burnout and errors:

https://www.usatoday.com/story/news/investigations/2023/10/26/pharmacy-chains-dangerous-conditions-medication-errors/71153960007/?fbclid=IwAR3e1fswPqF0LHVDQlOVpdoDidGgNmoTSwlVHeuH2qowbz6f62liJdXQgcs

SB0018 Pharmacist Administering Vaccines.pdf
Uploaded by: Jolie McShane
Position: UNF

Dear Representative:

I am 100% against the proposal to allow Pharmacist to administer vaccines to children as young as 5 years old.

Please apply these questions when considering this new law to allow Pharmacists to administer vaccines to children.

A Pharmacists is not a licensed medical doctor, there is zero reason a Pharmacist should be administering vaccines to children without a prescription from a licensed medical doctor.

1) Does the Pharmacist have the child's health records? NO
2) Does the Pharmacist know which vaccines have already been administered? NO
3) Does the Pharmacist have any reason to administer vaccines to children? NO

This is the responsibility of the licensed pediatrician, not the pharmacist!

Jolie McShane

Krista Newgent-testimony SB 18.pdf
Uploaded by: Krista Newgent
Position: UNF

Madame Chair, members of the Senate Finance Committee, thank you for allowing me to testify today.

My name is Krista Newgent, and I'm testifying today to urge the committee to vote unfavorably on SB 18 which would allow for children under the age of 5 to be vaccinated at a pharmacy.

As a mom of three children and a nurse with a master's in health care administration and policy, I am aware of the stress pharmacists are currently under due to quotas, increasing work demands and needs of the communities they serve. With an ever-shrinking workforce and corporate demands placed on employees with Key Performance Indicators, quotas and additional health care responsibilities, this is a recipe for medication errors and ultimately loss of life for Marylanders. Every time I walk into my local CVS Pharmacy, I see a long line of customers along with very stressed employees working behind the glass. I've witnessed pharmacists having to leave their computers to administer vaccines to adults and the impact that this has on wait times for customers and stress this task seems to have on the employee.

According to an October 2023 article in USA Today entitled ***Prescription for Disaster: America's Broken Pharmacy System in Revolt Over Burnout and Errors***, "corporations like CVS, Rite Aid, Walgreens and Walmart have consistently slashed pharmacy staffing levels while simultaneously saddling their frontline workers with a burgeoning list of additional duties". A pharmacist, Bled Tanoe, who quit her job at Walgreen's in August of 2021 due to concerns over unsafe staffing levels and increasing demands on hitting quotas stated, "The incidents of error are multiplied by infinity". USA Today interviewed four dozen current and former retail pharmacists from different chains and the response was unanimous, the "dangerous workload imperils patient safety."

https://www.usatoday.com/story/news/investigations/2023/10/26/pharmacy-chains-dangerous-conditions-medication-errors/71153960007/

In an interview from Medpage Today's November 2023 issue, Pharmacist Shane Jerminski, PharmD shared that 'every time the pharmacist steps away from their normal job -- the job of a pharmacist is to safely and accurately check prescriptions. When you work at a high-volume, or even a medium-volume Walgreens or CVS, you are tasked with filling a lot of prescriptions and making sure those prescriptions are typed accurately and making sure there are no drug interactions. But every time you step away to give a vaccine, to do any of these other ancillary duties that they've added, you introduce the opportunity for a medication error to occur".

https://www.medpagetoday.com/opinion/faustfiles/107478

Axios published an article last week on this very issue entitled ***Pharmacies are Struggling to Refill their own Ranks*** including the "steady drop in applications to pharmacy schools, falling 64% from nearly 100,000 in 2012 to about 36,000 in 2022. The number of graduates from four-year university have also dropped to a 40 year low. Recent walkouts due to increased workload demands".

https://www.axios.com/2024/02/06/pharmacy-staffing-shortage-burnout

CNN reported in a December of 2023 publication, ***Mistakes at Work Happen. For Pharmacists, It Can End their Career*** between 7,000 to 9,000 people die in the United States as a result of a medication error each year, according to a recent National Institutes of Health study. Hundreds of thousands of other patients experience but often do not report an adverse reaction or other medication complications, the study found. The cost of looking after patients with medication-associated errors is more than $40 billion each year, according to the study".

https://www.cnn.com/2023/12/17/economy/pharmacists-cvs-walgreens-errors/index.html

According to the US Bureau of Labor and Statistics the central region of Maryland where I reside has a high concentration of pediatricians with a location quotient of 1.80 as compared to the national average. The pharmacist data is a lower location quotient at 1.1.

https://www.bls.gov/oes/current/oes291221.htm#(9)

Finally, it is no secret that pharmacists' increasing scope of practice including the delivery of vaccines is big business for pharmacies. According to PBA Health, an entrepreneurial pharmacy solutions organization in an article entitled ***How to Make Immunizations a Pharmacy Profit Center***, Pharmacist Beverly Schaefer states "if you want to add profit to your bottom line, increase the number of immunizations that you're doing. Every single immunization that you do adds to your bottom line. There are no exceptions." With what is known about the current crisis in our community pharmacies both large and small, do we want to put further stress on those delivering care for the sake of profit centers and increasing revenues? CVS Health's total revenue in 2023 increased to $357.8 billion, up 10.9% compared with 2022, and fourth quarter sales in the Walgreen's U.S. health-care division also grew. Walgreens noted in a release that it is "intently focused on accelerating" that segment's profitability moving forward despite earning that fell short of analysts' predictions for two consecutive quarters.

https://www.cnbc.com/2023/10/12/walgreens-wba-earnings-q4-2023.html

Please consider an unfavorable report for this bill that could cause further harm to the pharmacy profession with untenable workloads and unrealistic job requirements and to Marylanders who depend on pharmacists to accurately and safely dispense medications for their health. The practice of delivering health care, to include vaccines, belongs with our clinicians, both pediatricians and family practice practitioners.

I thank you for your time,

Krista Newgent MHA, MS, BSN

Krista Newgent-testimony SB 18.pdf
Uploaded by: Krista Newgent
Position: UNF

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According to an October 2023 article in USA Today entitled ***Prescription for Disaster: America's Broken Pharmacy System in Revolt Over Burnout and Errors***, "corporations like CVS, Rite Aid, Walgreens and Walmart have consistently slashed pharmacy staffing levels while simultaneously saddling their frontline workers with a burgeoning list of additional duties". A pharmacist, Bled Tanoe, who quit her job at Walgreen's in August of 2021 due to concerns over unsafe staffing levels and increasing demands on hitting quotas stated, "The incidents of error are multiplied by infinity". USA Today interviewed four dozen current and former retail pharmacists from different chains and the response was unanimous, the "dangerous workload imperils patient safety."

https://www.usatoday.com/story/news/investigations/2023/10/26/pharmacy-chains-dangerous-conditions-medication-errors/71153960007/

In an interview from Medpage Today's November 2023 issue, Pharmacist Shane Jerminski, PharmD shared that 'every time the pharmacist steps away from their normal job -- the job of a pharmacist is to safely and accurately check prescriptions. When you work at a high-volume, or even a medium-volume Walgreens or CVS, you are tasked with filling a lot of prescriptions and making sure those prescriptions are typed accurately and making sure there are no drug interactions. But every time you step away to give a vaccine, to do any of these other ancillary duties that they've added, you introduce the opportunity for a medication error to occur".

https://www.medpagetoday.com/opinion/faustfiles/107478

Axios published an article last week on this very issue entitled ***Pharmacies are Struggling to Refill their own Ranks*** including the "steady drop in applications to pharmacy schools, falling 64% from nearly 100,000 in 2012 to about 36,000 in 2022. The number of graduates from four-year university have also dropped to a 40 year low. Recent walkouts due to increased workload demands".

https://www.axios.com/2024/02/06/pharmacy-staffing-shortage-burnout

CNN reported in a December of 2023 publication, ***Mistakes at Work Happen. For Pharmacists, It Can End their Career*** between 7,000 to 9,000 people die in the United States as a result of a medication error each year, according to a recent National Institutes of Health study. Hundreds of thousands of other patients experience but often do not report an adverse reaction or other medication complications, the study found. The cost of looking after patients with medication-associated errors is more than $40 billion each year, according to the study".

https://www.cnn.com/2023/12/17/economy/pharmacists-cvs-walgreens-errors/index.html

According to the US Bureau of Labor and Statistics the central region of Maryland where I reside has a high concentration of pediatricians with a location quotient of 1.80 as compared to the national average. The pharmacist data is a lower location quotient at 1.1.

https://www.bls.gov/oes/current/oes291221.htm#(9)

Finally, it is no secret that pharmacists' increasing scope of practice including the delivery of vaccines is big business for pharmacies. According to PBA Health, an entrepreneurial pharmacy solutions organization in an article entitled ***How to Make Immunizations a Pharmacy Profit Center***, Pharmacist Beverly Schaefer states "if you want to add profit to your bottom line, increase the number of immunizations that you're doing. Every single immunization that you do adds to your bottom line. There are no exceptions." With what is known about the current crisis in our community pharmacies both large and small, do we want to put further stress on those delivering care for the sake of profit centers and increasing revenues? CVS Health's total revenue in 2023 increased to $357.8 billion, up 10.9% compared with 2022, and fourth quarter sales in the Walgreen's U.S. health-care division also grew. Walgreens noted in a release that it is "intently focused on accelerating" that segment's profitability moving forward despite earning that fell short of analysts' predictions for two consecutive quarters.

https://www.cnbc.com/2023/10/12/walgreens-wba-earnings-q4-2023.html

Please consider an unfavorable report for this bill that could cause further harm to the pharmacy profession with untenable workloads and unrealistic job requirements and to Marylanders who depend on pharmacists to accurately and safely dispense medications for their health. The practice of delivering health care, to include vaccines, belongs with our clinicians, both pediatricians and family practice practitioners.

I thank you for your time,

Krista Newgent MHA, MS, BSN

2024 SB18 LOO unless amended MDNAPNAP.pdf
Uploaded by: Lindsay Ward
Position: UNF

National Association of Pediatric Nurse Practitioners℠
MD: CHESAPEAKE

Opposition unless amended: SB18Health Occupations - Pharmacists - Administration of Vaccines

2/11/2024

Maryland Senate
Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

Dear Honorable Chair, Vice-Chair and Members of the Committee:

On behalf of the pediatric nurse practitioners (PNPs) and fellow pediatric-focused advanced practice registered nurses (APRNs) of the National Association of Pediatric Nurse Practitioners (NAPNAP) Chesapeake Chapter, I am writing to express our opposition of **SB18 Health Occupations-Pharmacists - Administration of Vaccines unless amended.**

This legislation would allow pharmacists to be able to administer vaccines approved and licensed by the FDA and administered according to the schedule established by the CDC's Advisory Committee on Immunization Practices to children as young as 5 years old. We know that pharmacies have consistently increased annual influenza vaccination rates and most recently significantly supported the uptake of COVID-19 vaccines. We are grateful that the bill includes language that discusses the importance of well visits with patients and adult caregivers.

We understand the need for vaccinations to be available across many health care locations to increase access to care and vaccination rates. However we are concerned with the minimum age requirement and the required reporting documentation to IMMUNET. **We suggest amending the bill to reflect the following:**

- **Increasing the minimum age to 7 years**.
- **Requiring all vaccinations including influenza vaccination to be entered into IMMUNET in the same time frame that providers are required to document the administration of vaccines.**

We do not want to miss opportunities to see patients for vaccinations at their annual child visits under 7 years of age as significant developmental surveillance is completed. In addition to routine immunizations, providers routinely perform preventive screening, routine exam updates, counseling and anticipatory guidance. We also address vaccination questions and hesitancy. By shifting routine vaccination to pharmacies patients will miss out on these important components of health. Vaccinating a five year old can be very challenging and often requires vaccinations to be administered into the thigh muscles exposing the child.. It also usually requires more than one support staff to hold down the child to administer the vaccines. These make it challenging for privacy and safety iif vaccination occurs in a pharmacy without a specific location, exam table and support staff to make vaccination as quick as possible. In addition, the immunization schedule is very detailed and intervals are very specific and must be followed to be considered fully immunized. There are age specific doses for adults versus

National Association of Pediatric Nurse Practitioners℠
MD: CHESAPEAKE

children. Influenza vaccination requires two separate doses the first year a child is immunized to be considered fully vaccinated. Failure to upload these vaccinations to IMMUNET could leave a child not fully vaccinated. Additionally, requiring pharmacists to enter all vaccinations including influenza into Immunet will ensure seamless record keeping and prevent incorrect vaccine intervals, duplicate doses or missed opportunities for vaccinations in either the primary care office or the pharmacy setting.

Also of note currently pharmacies are not able to vaccinate children who receive vaccinations from the Vaccines for Children (VFC) supply. The Vaccines For Children (VFC) program is a federally funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay. We understand that federal legislation is needed to allow pharmacies to become eligible to administer VFC vaccines, however this is a significant barrier to the uptake of vaccinations. Pharmacies must be able to administer VFC vaccines to promote health equity work towards improving social determinants of health.

For these reasons the Maryland Chesapeake Chapter of NAPNAP extends their opposition to **SB18 Health Occupations-Pharmacists - Administration of Vaccines unless the bill is amended to:**

- **Increasing the minimum age to 7 years**
- **Requiring all vaccinations <u>including influenza vaccination</u> to be entered into IMMUNET in the same time frame that providers are required to document the administration of vaccines.**

The pediatric advanced practice nurses of your state are grateful to you for your attention to these crucial issues. The members of Chesapeake Chapter of the National Association of Pediatric Nurse Practitioners memberships includes over 200 primary and acute care pediatric nurse practitioners who are committed to improving the health and advocating for Maryland's pediatric patients. If we can be of any further assistance, or if you have any questions, please do not hesitate to contact Lindsay J. Ward, the Chesapeake Chapter President at 410-507-3642 or MDChesNAPNAPLeg@outlook.com .

Sincerely,

Lindsay J. Ward

Lindsay J. Ward CRNP, RN, IBCLC, MSN, BSN
Certified Registered Nurse Practitioner- Pediatric Primary Care
International Board-Certified Lactation Consultant
National Association of Pediatric Nurse Practitioners (NAPNAP)
Chesapeake Chapter President

Evgenia Ogordova

Evgenia Ogordova-DNP
National Association of Pediatric Nurse Practitioners (NAPNAP)
Chesapeake Chapter Legislative Chair

National Association *of*
Pediatric Nurse Practitioners℠
MD: CHESAPEAKE

Oppose SB 18.pdf
Uploaded by: Mark Meyerovich
Position: UNF

Oppose SB 18

Position: <u>UNFAVORABLE</u>

Pharmacists have less training and experience administering vaccines, especially to small children. Pharmacies are busy places where a patient may not have sufficient attention from the administering pharmacist. It is well known that many injuries associated with receipt of vaccines are due to improper administration.

The bill does state that a pharmacist must give informed consent. The NCVIA requires the vaccine administrator to give informed consent to the patient or child's parent or guardian. Only being informed about risks and benefits can a patient make a conscious choice about the vaccine, rather than being coerced into receiving it. How does properly providing informed consent work in a pharmacy environment?

The bill does not state that a child must be accompanied by a parent or guardian. Can anyone bring a child to a pharmacy for vaccination? How would people actually responsible for a child's well-being know that the child is vaccinated?

Administration of vaccines to children without reviewing the child's medical chart, assessing contraindications, or evaluating the condition of the patient following the administration of the vaccine significantly increases the risk. Adverse reactions may be undetected and unreported to their primary care provider.

There is no evidence that expanding the scope of providers licensed to administer vaccines improves health outcomes, while conversely there is apparent risk in doing so. Furthermore, there is no emergency that necessitates expanding the ranks of providers that can give vaccines. There is strong evidence that the bill will do harm, thus it must be rejected.

Thank you for the opportunity to testify,
Mark Meyerovich
Gaithersburg, MD
District 15

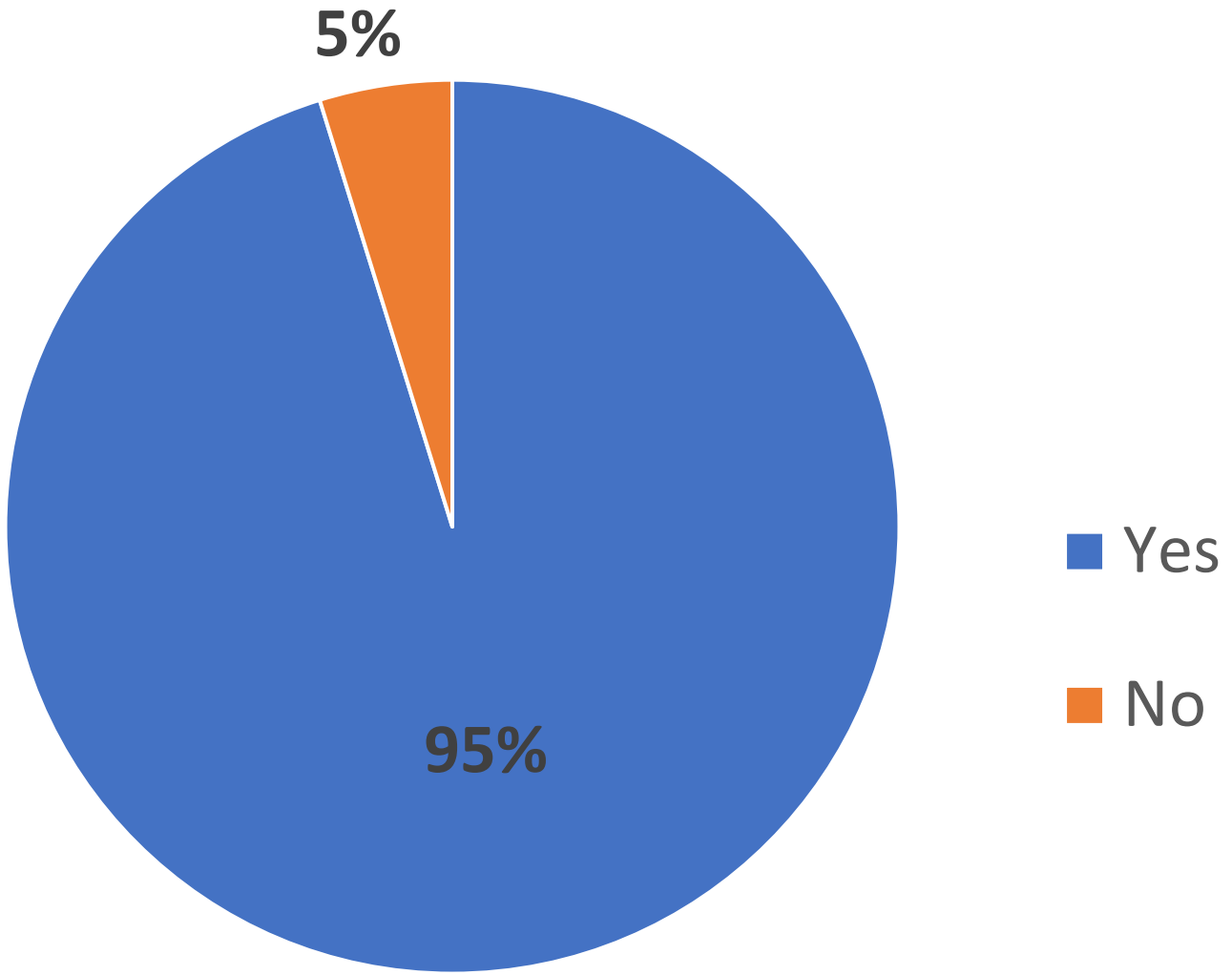
CA Board of Pharmacy study.pdf
Uploaded by: MEGAN MONTGOMERY
Position: UNF

Workforce Survey

CA Board of Pharmacy

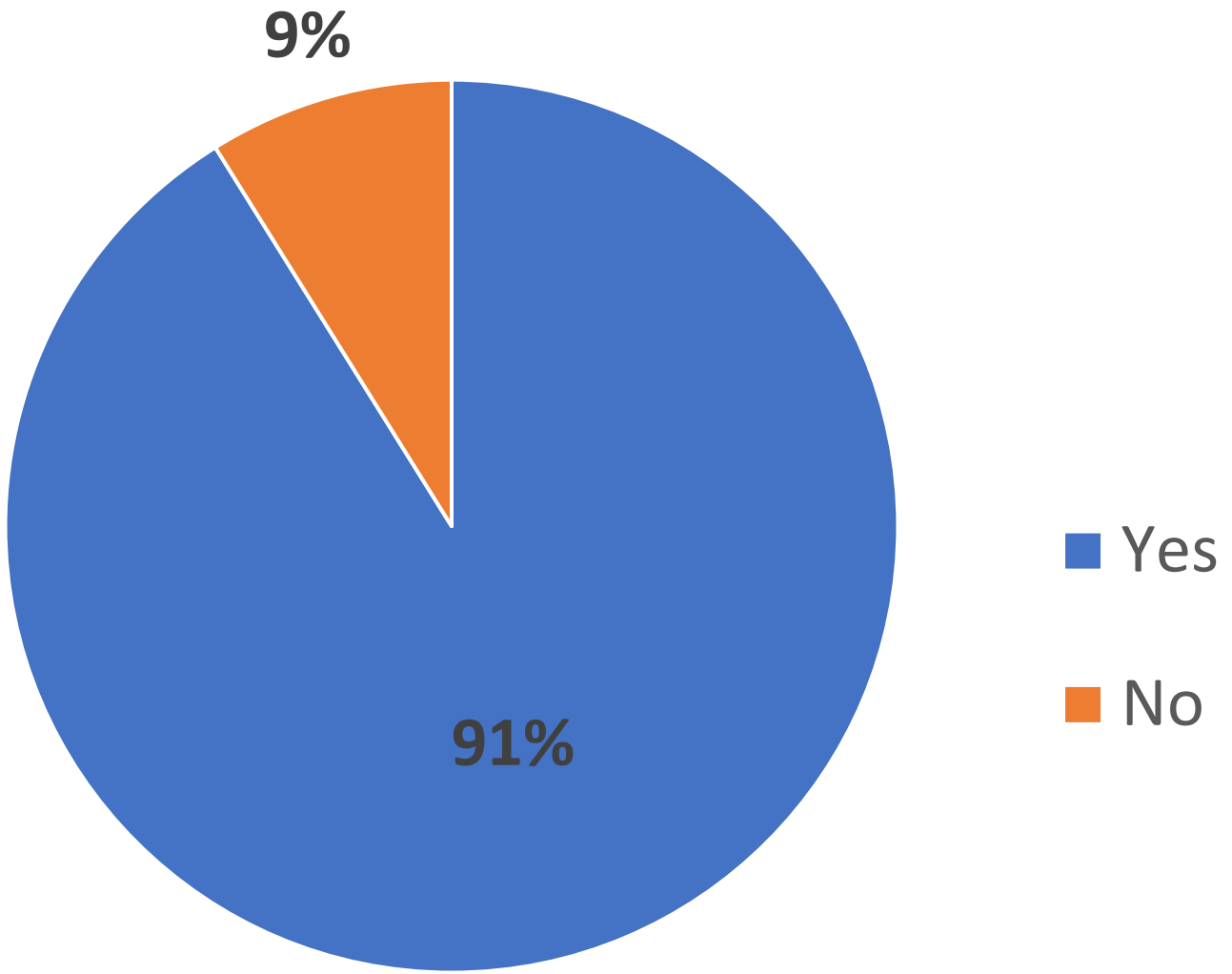
Department of Consumer Affairs

Q1 Are you currently licensed as a pharmacist in CA?



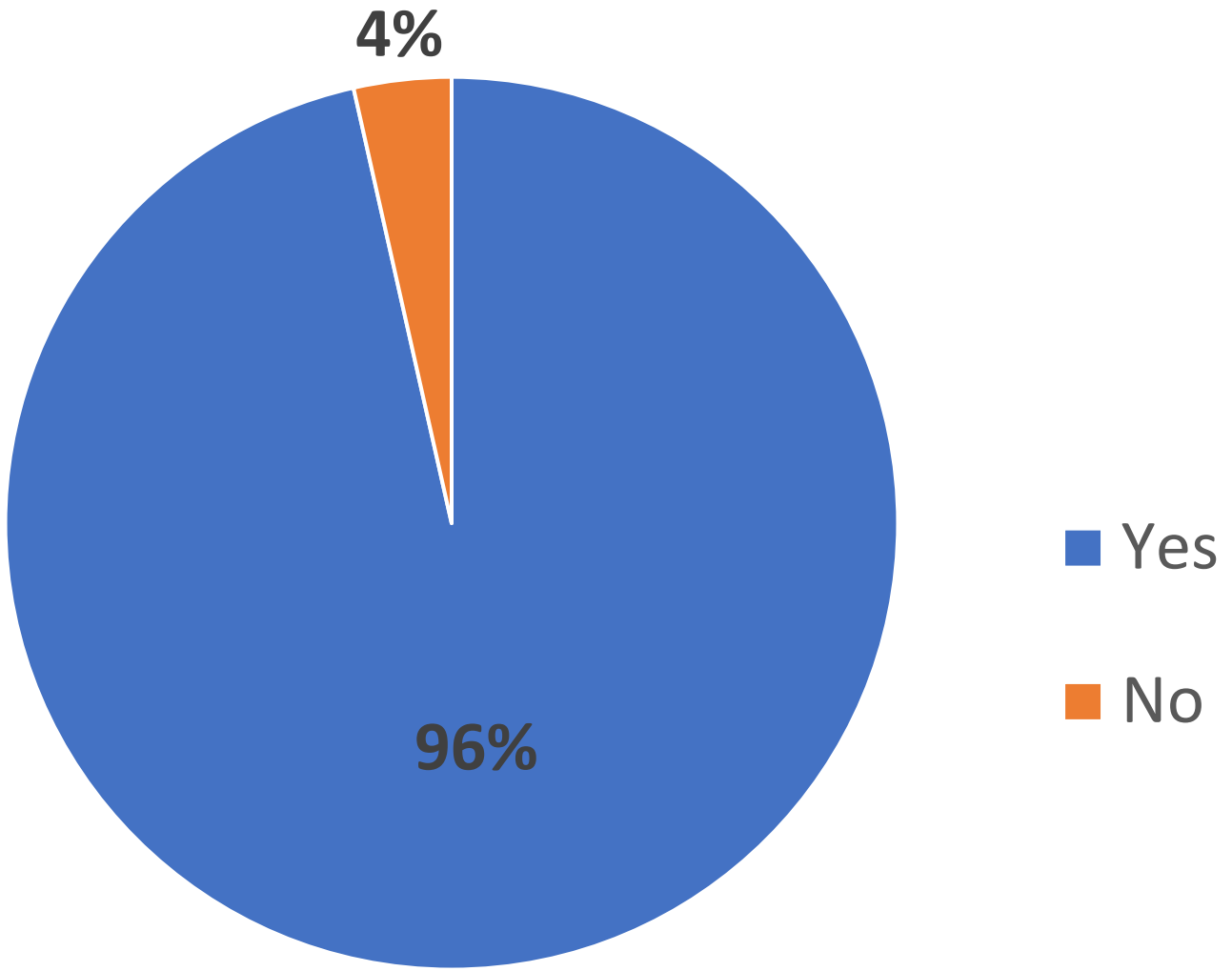
Total Respondents: 4,253/4,270

Q2 Are you actively practicing as a pharmacist in CA?



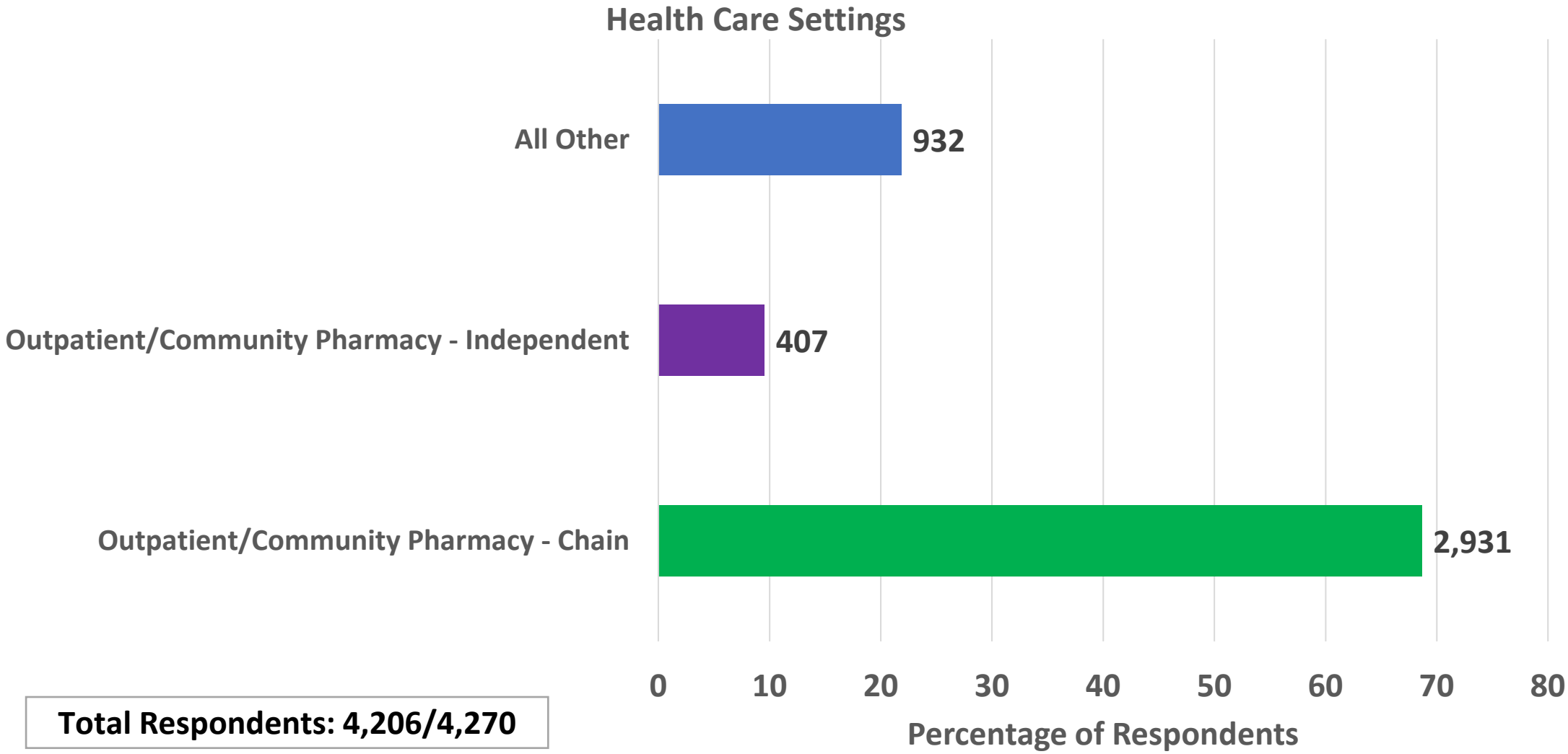
Total Respondents: 4,247/4,270

Q3 Is your primary practice setting located in CA?



Total Respondents: 4,245/4,270

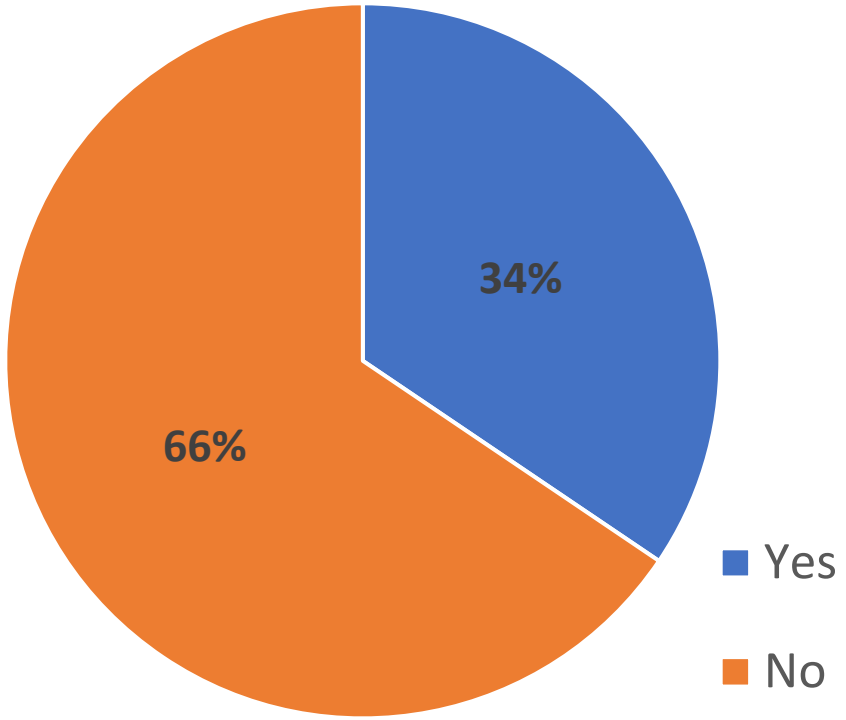
Q4 Which of the following best describes your primary practice setting?



Total Respondents: 4,206/4,270

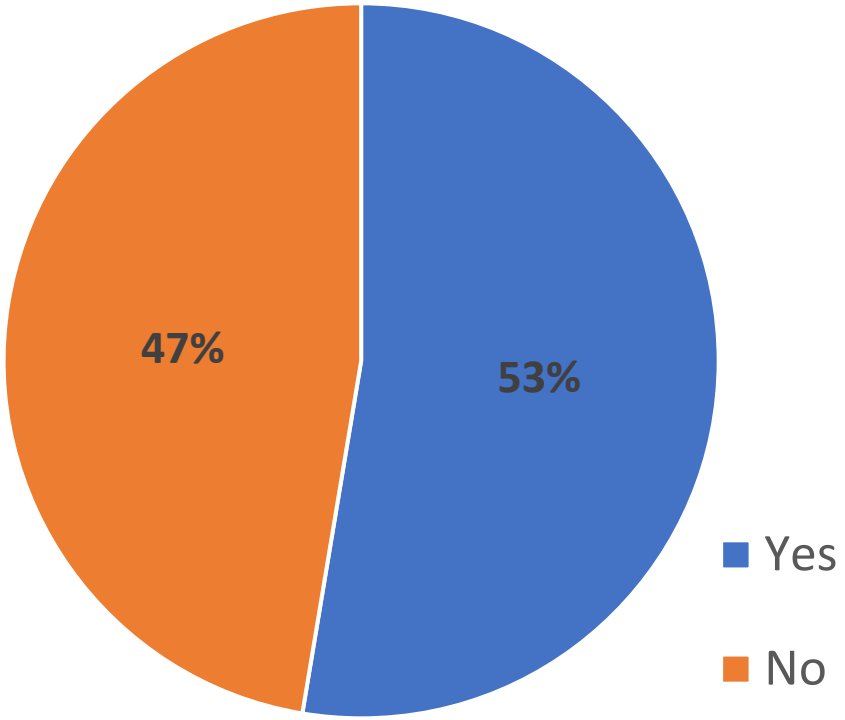
Q5 Are you the designated pharmacist-in-charge (PIC)?

Community Chain Pharmacy



Total Respondents: 2,699

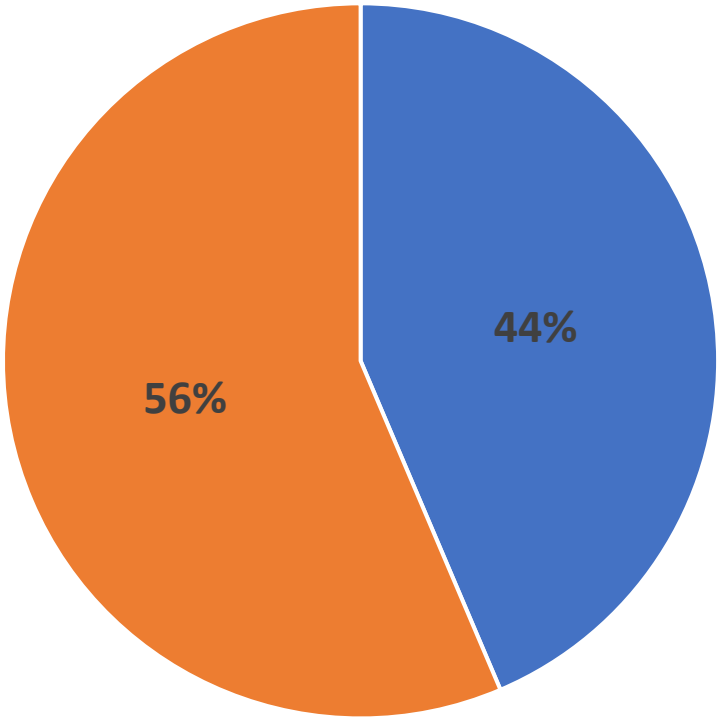
Community Independent Pharmacy



Total Respondents: 361

Q6 As the designated PIC, do you feel you have sufficient autonomy and power to fulfill the necessary requirements?

Community Chain Pharmacy

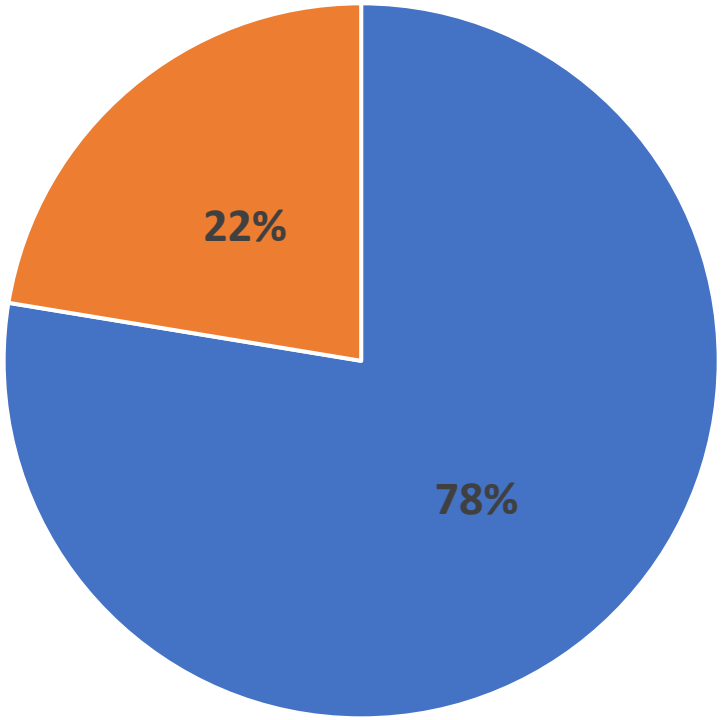


Total Respondents: 883

Yes

No

Community Independent Pharmacy

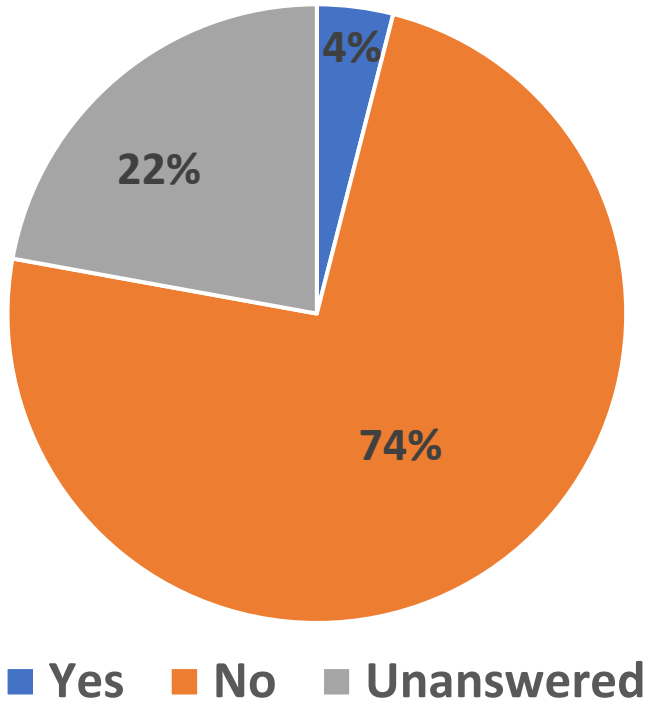


Total Respondents: 182

Q8 Do you work at multiple worksites for a single employer or through a relief agency?

Community Chain Pharmacy

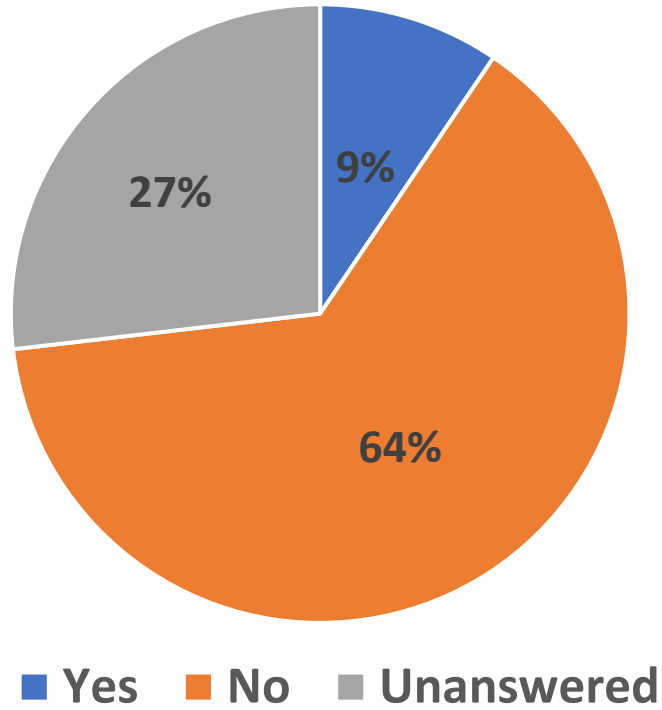
Only answers by PIC are shown



Total Respondents: 930

Community Independent Pharmacy

Only answers by PIC are shown

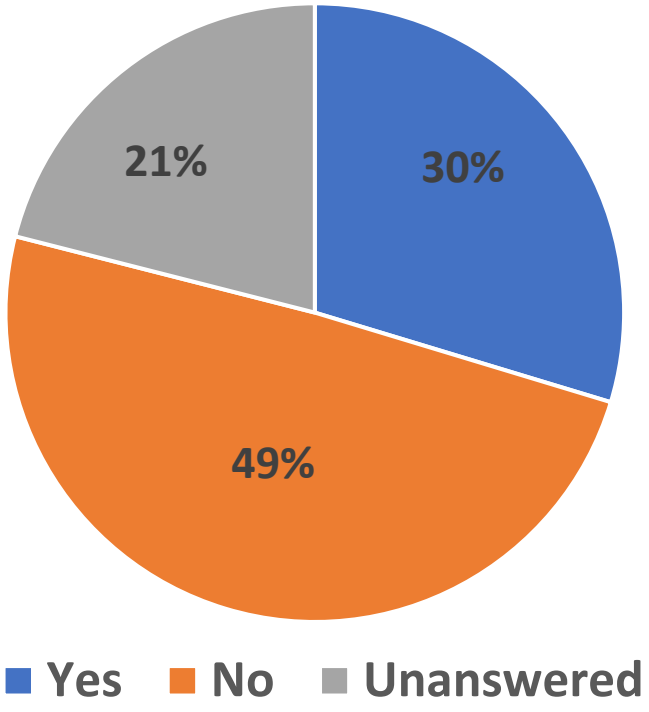


Total Respondents: 190

Q8 Do you work at multiple worksites for a single employer or through a relief agency?

Community Chain Pharmacy

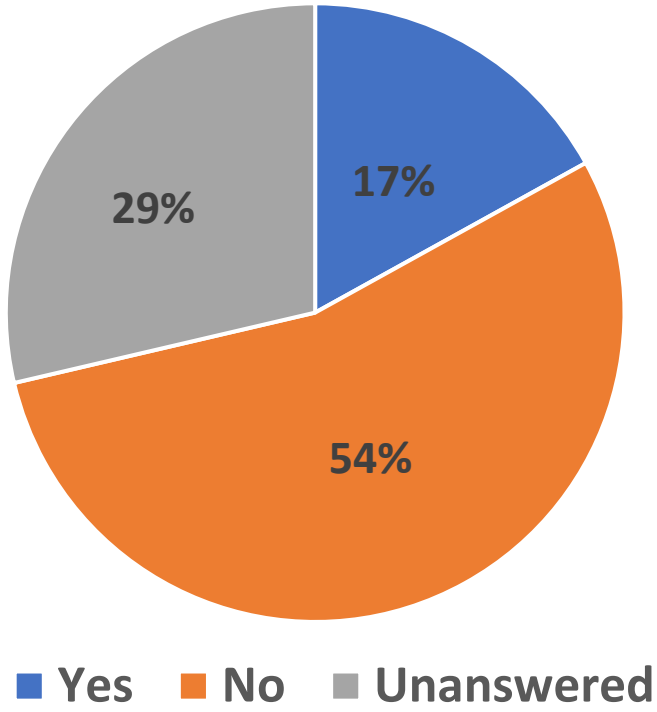
Only answers by non-PIC are shown



Total Respondents: 1,769

Community Independent Pharmacy

Only answers by non-PIC are shown



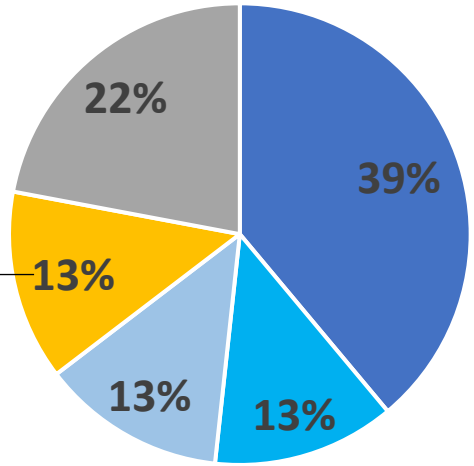
Total Respondents: 171

Q10 How long is a typical work shift at your primary work site?

Community Chain Pharmacy

Only answers by PIC are shown

119 of 124 respondents indicated their shifts vary between 4 and 12 hours.
5 of 124 respondents indicated they work more than 12-hour shifts and/or they work “off the clock” for multiple hours outside of their regular shift.



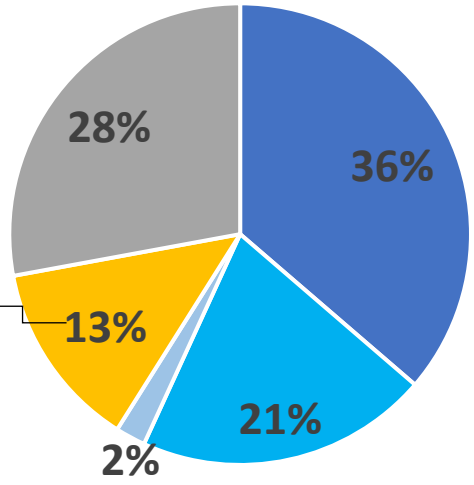
8 hours
10 hours
12 hours
Other
Unanswered

Total Respondents: 930

Community Independent Pharmacy

Only answers by PIC are shown

24 of 25 respondents indicated their shifts vary between 4 and 12 hours.
1 of 25 respondents declined to state.



8 hours
10 hours
12 hours
Other
Unanswered

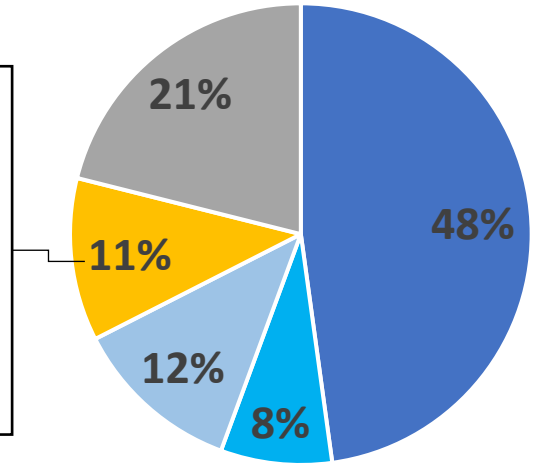
Total Respondents: 190

Q10 How long is a typical work shift at your primary work site?

Community Chain Pharmacy

Only answers by non-PIC are shown

198 of 202 respondents indicated their shifts vary between 4 and 12 hours. 4 of 202 respondents indicated they work more than 12-hour shifts and/or they work "off the clock" for multiple hours outside of their regular shift.



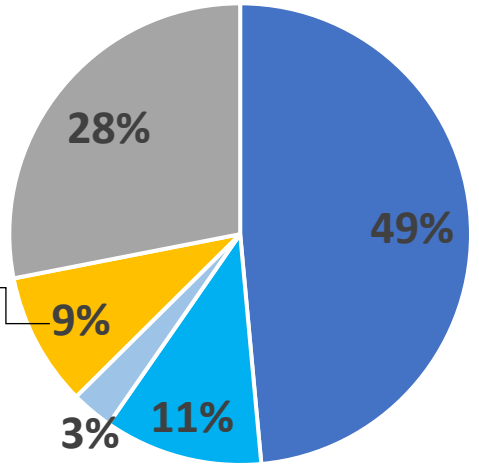
8 hours
10 hours
12 hours
Other
Unanswered

Total Respondents: 1,769

Community Independent Pharmacy

Only answers by non-PIC are shown

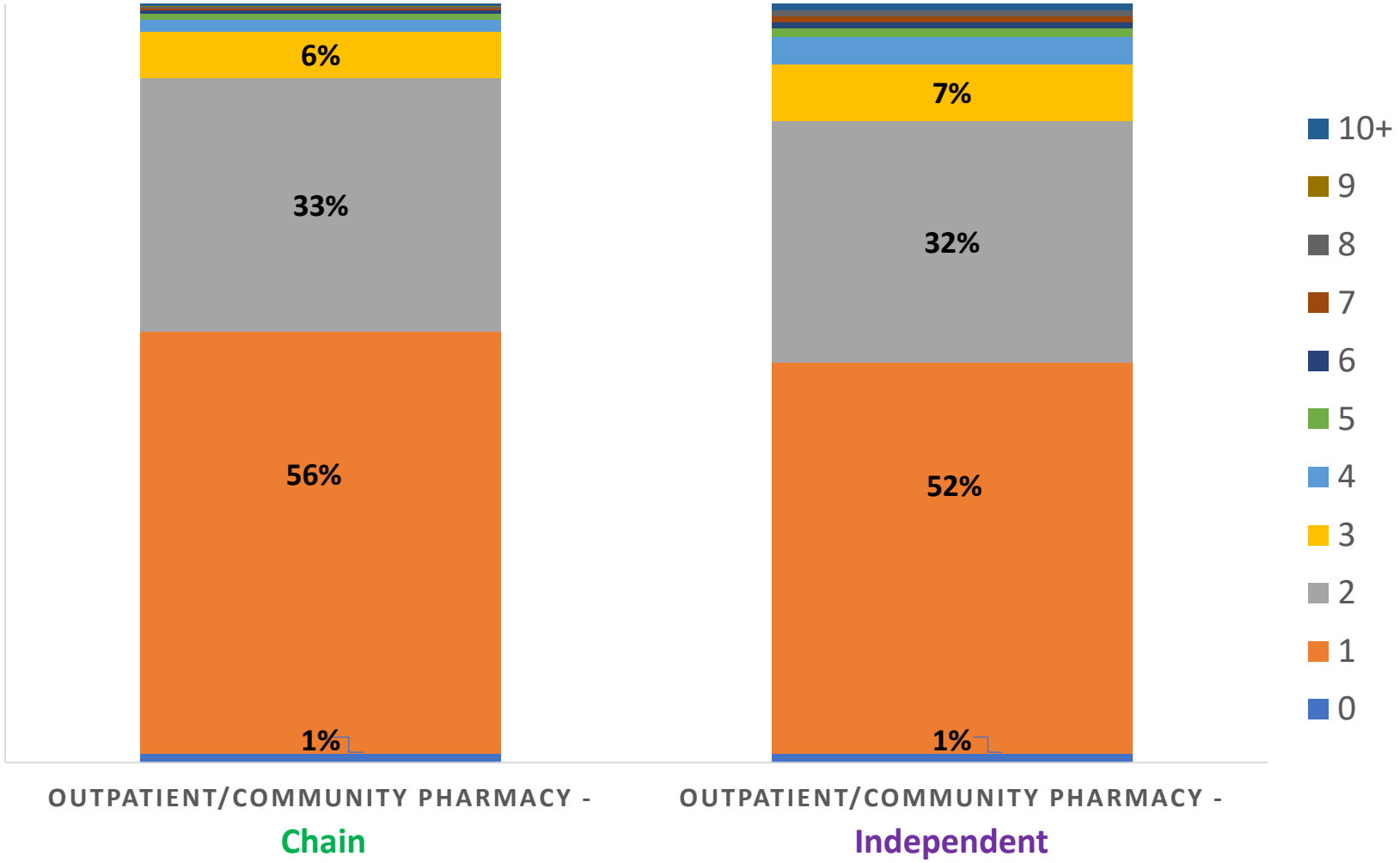
16 of 16 respondents indicated their shifts vary between 4 and 12 hours.



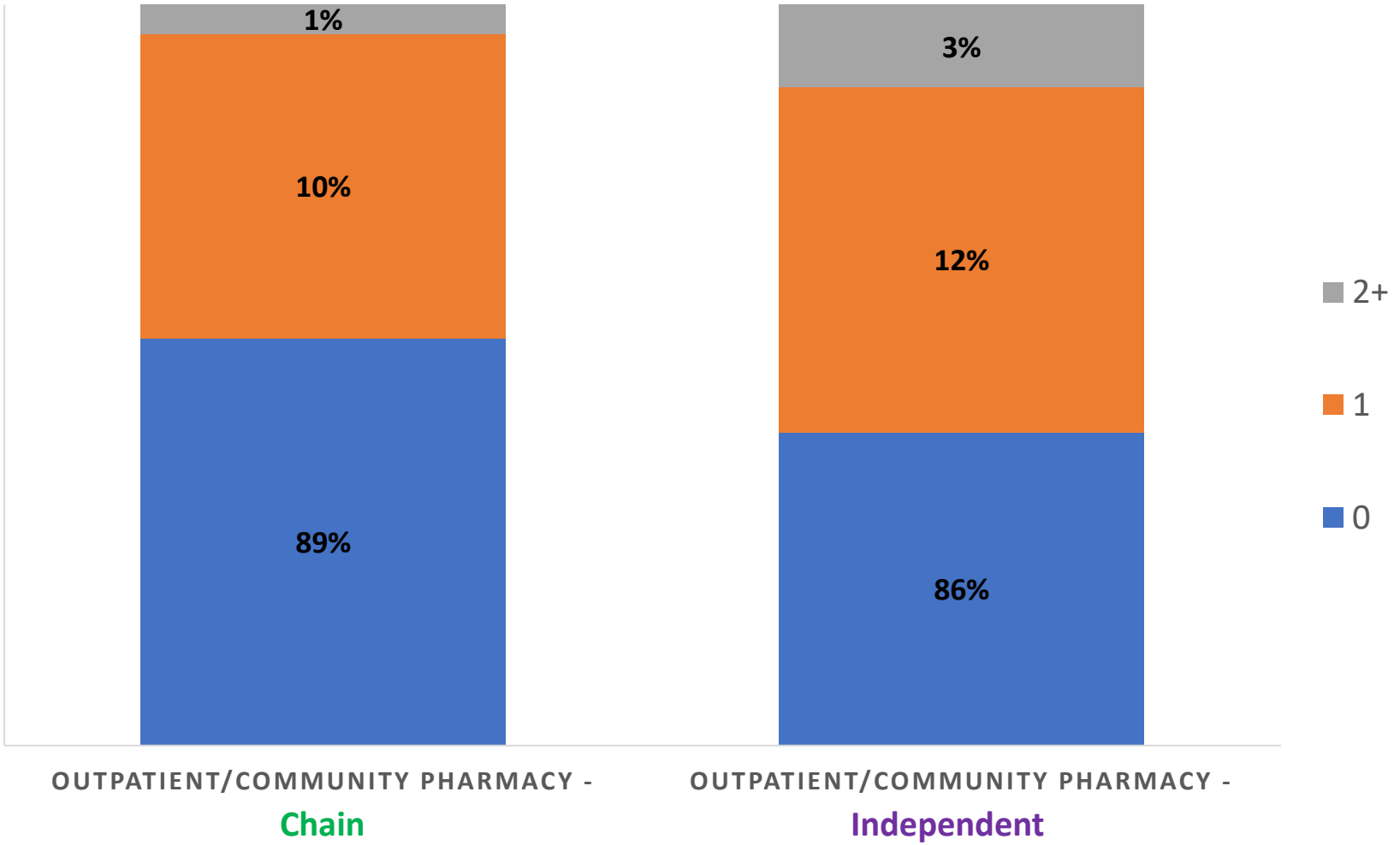
8 hours
10 hours
12 hours
Other
Unanswered

Total Respondents: 171

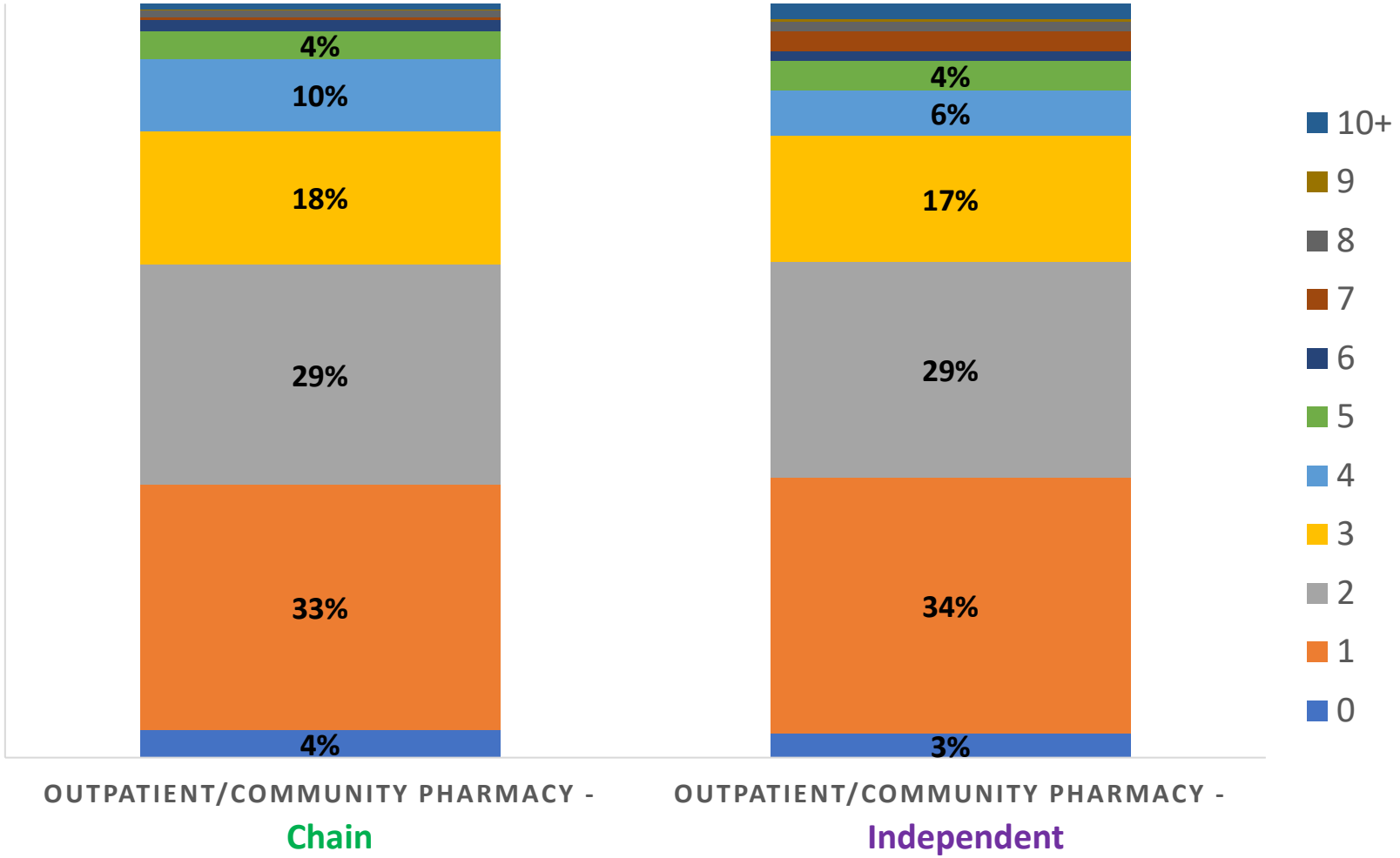
Q11 Provide the number of **pharmacists** that work during a typical shift.



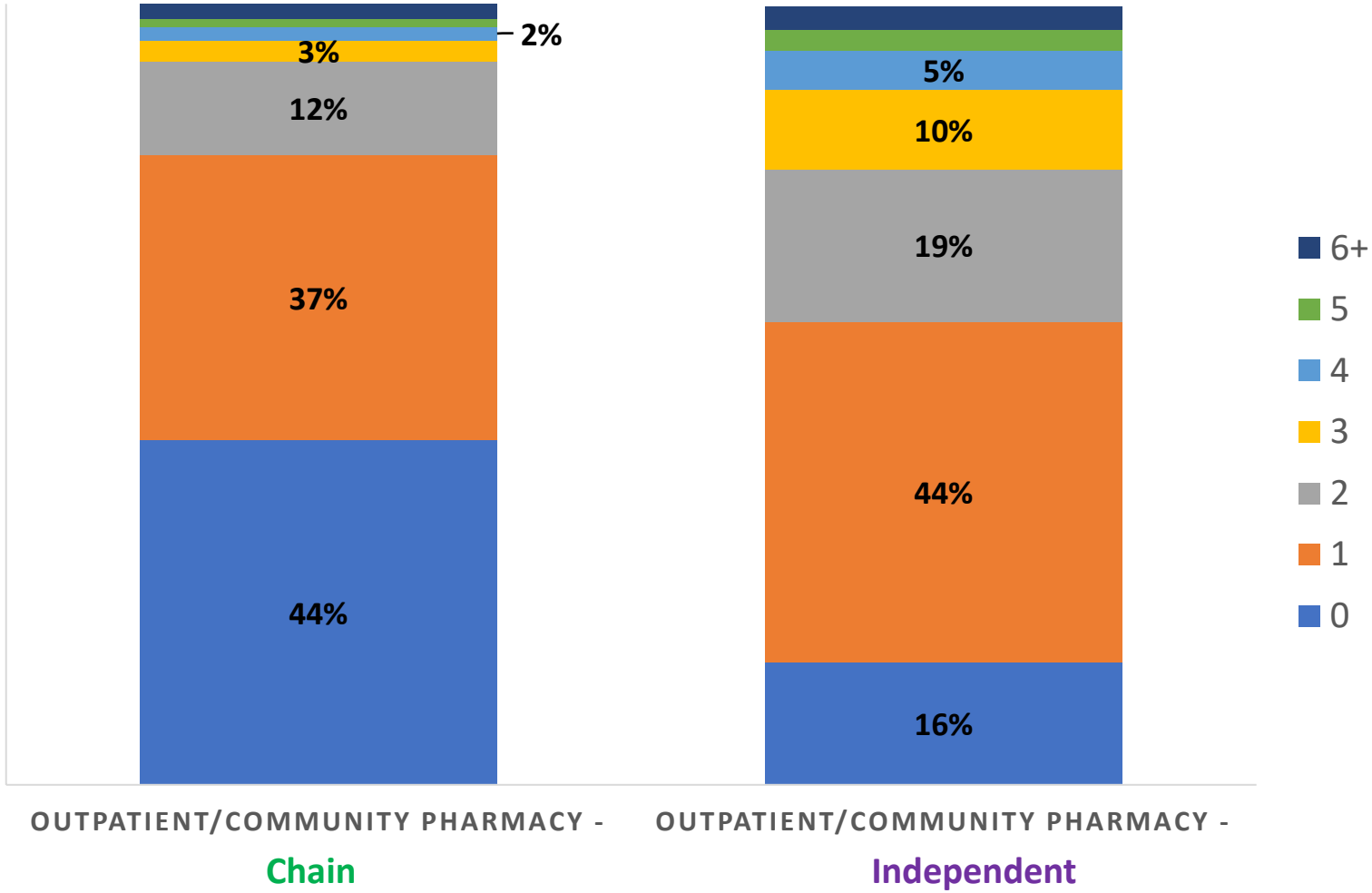
Q11 Provide the number of **interns** that work during a typical shift.



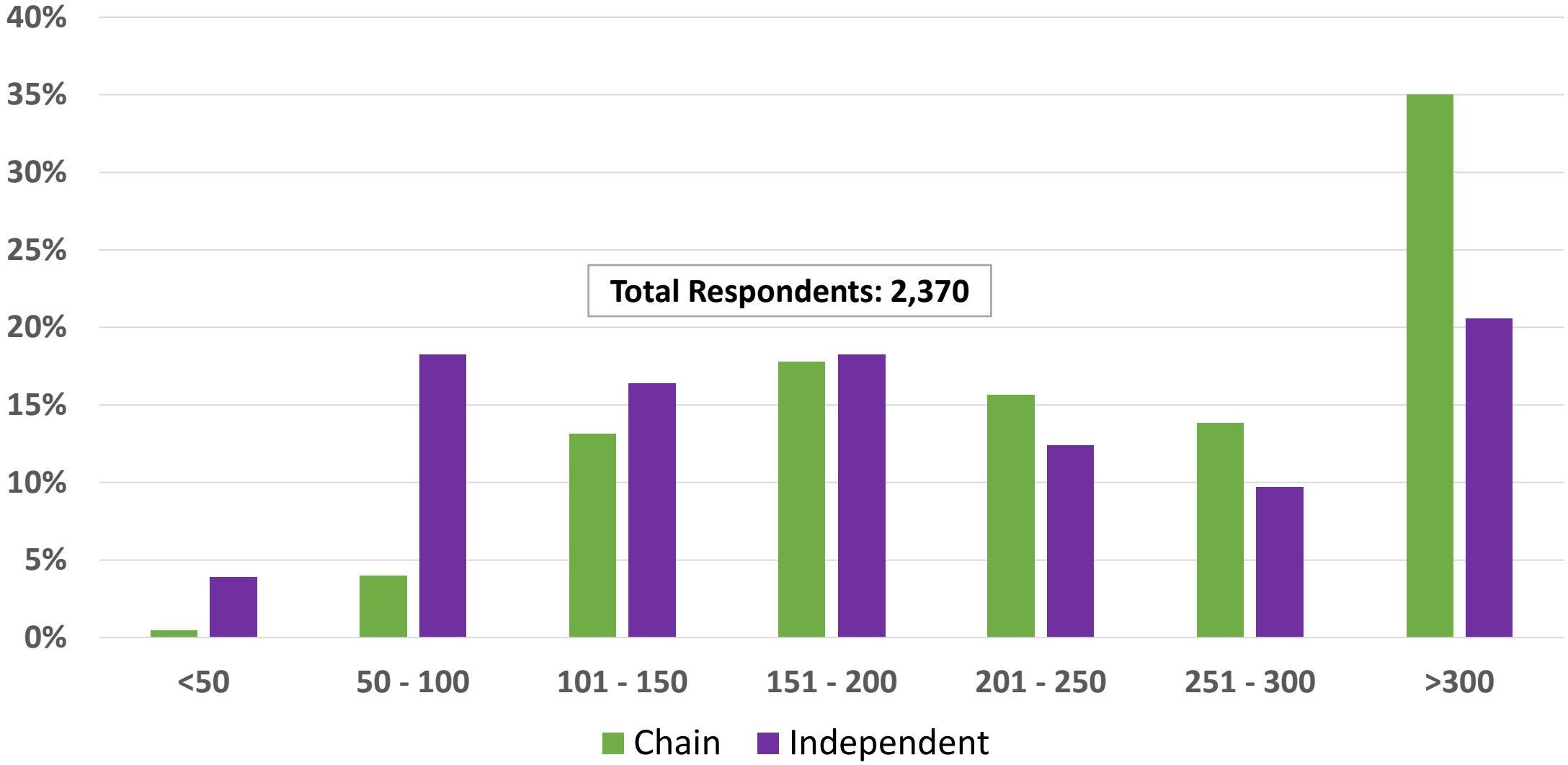
Q11 Provide the number of **pharmacy technicians** that work during a typical shift.



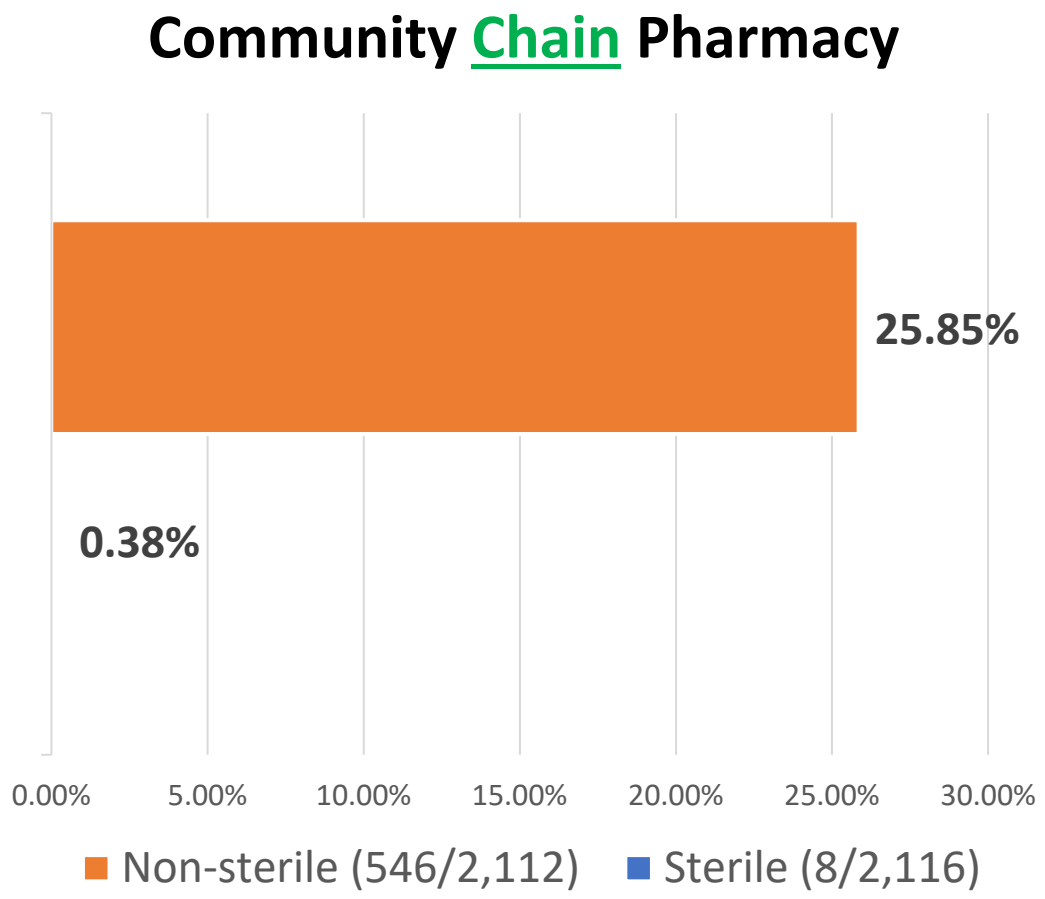
Q11 Provide the number of **unlicensed clerks/typists** that work during a typical shift.

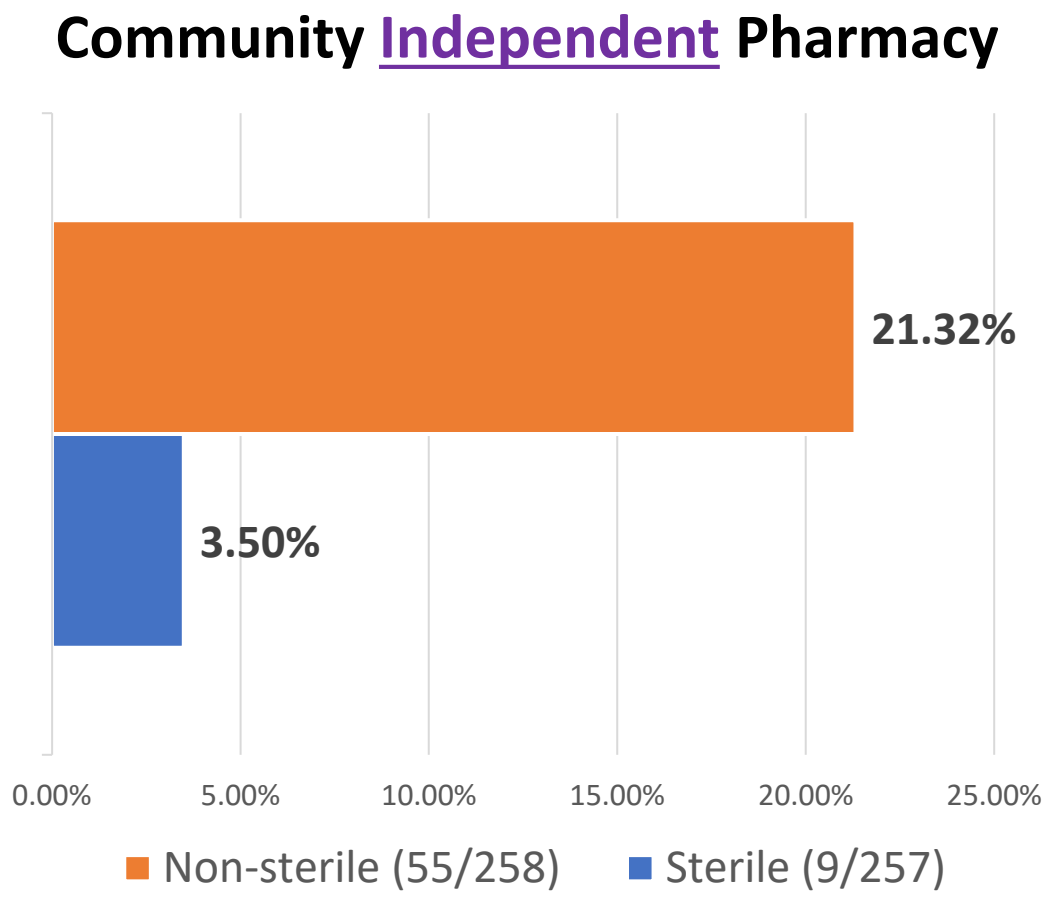


Q12 What is the average prescription volume during a typical shift?



Q13-14 Does your primary worksite perform sterile or non-sterile compounding?

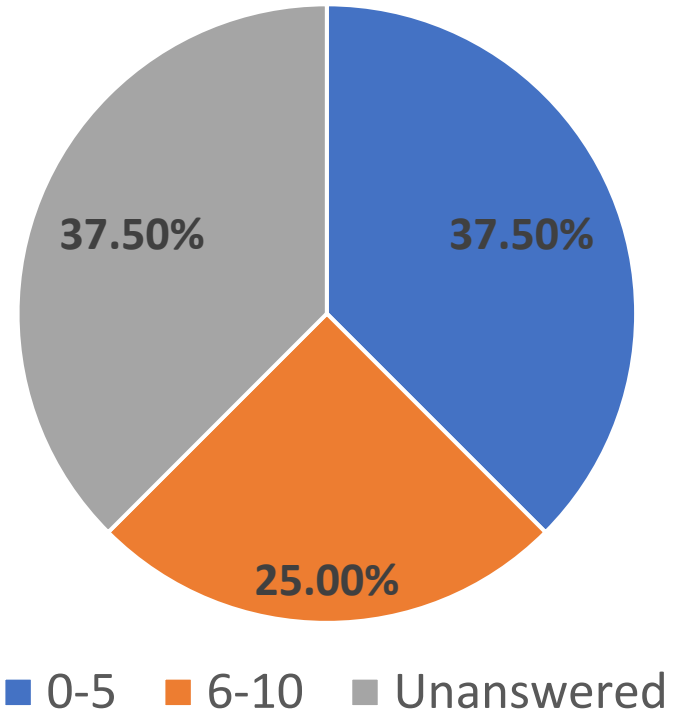




Q13-14 If yes, what is the average number prepared in a typical shift?

Community Chain Pharmacy

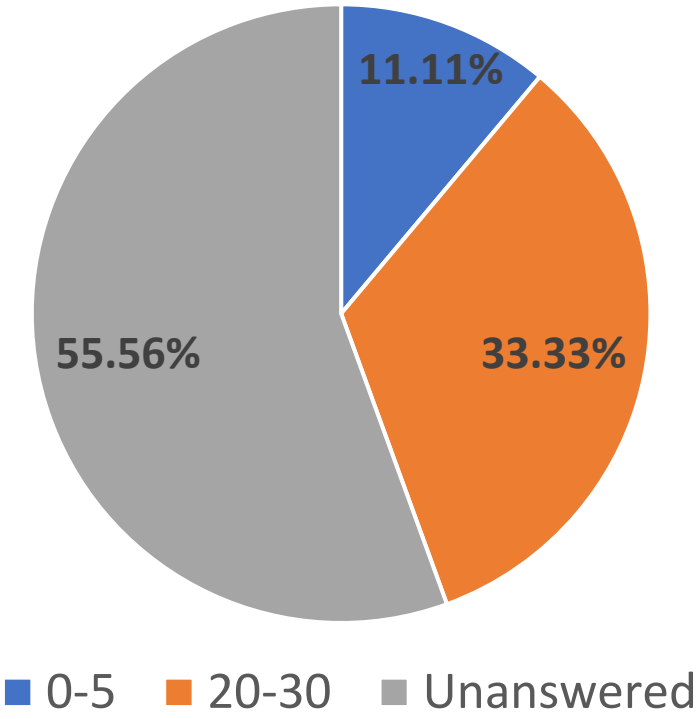
Sterile Compounding



Total Respondents: 8

Community Independent Pharmacy

Sterile Compounding

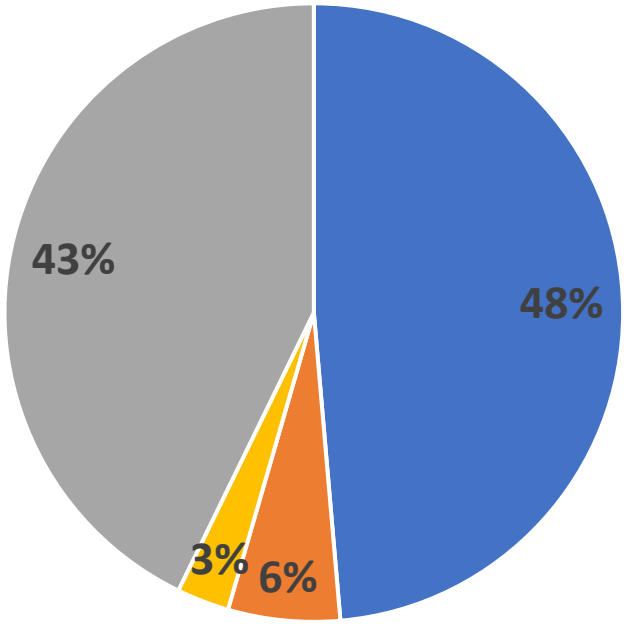


Total Respondents: 9

Q13-14 If yes, what is the average number prepared in a typical shift?

Community Chain Pharmacy

Non-sterile Compounding

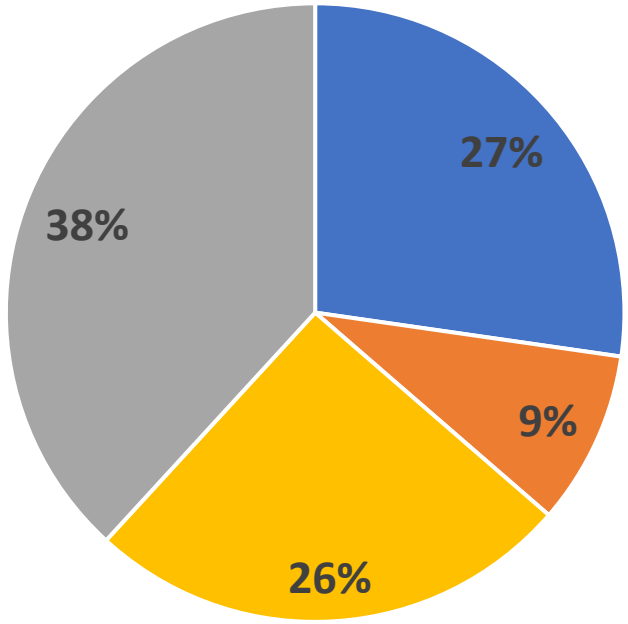


0-5 6-10 >10 Unanswered

Total Respondents: 546

Community Independent Pharmacy

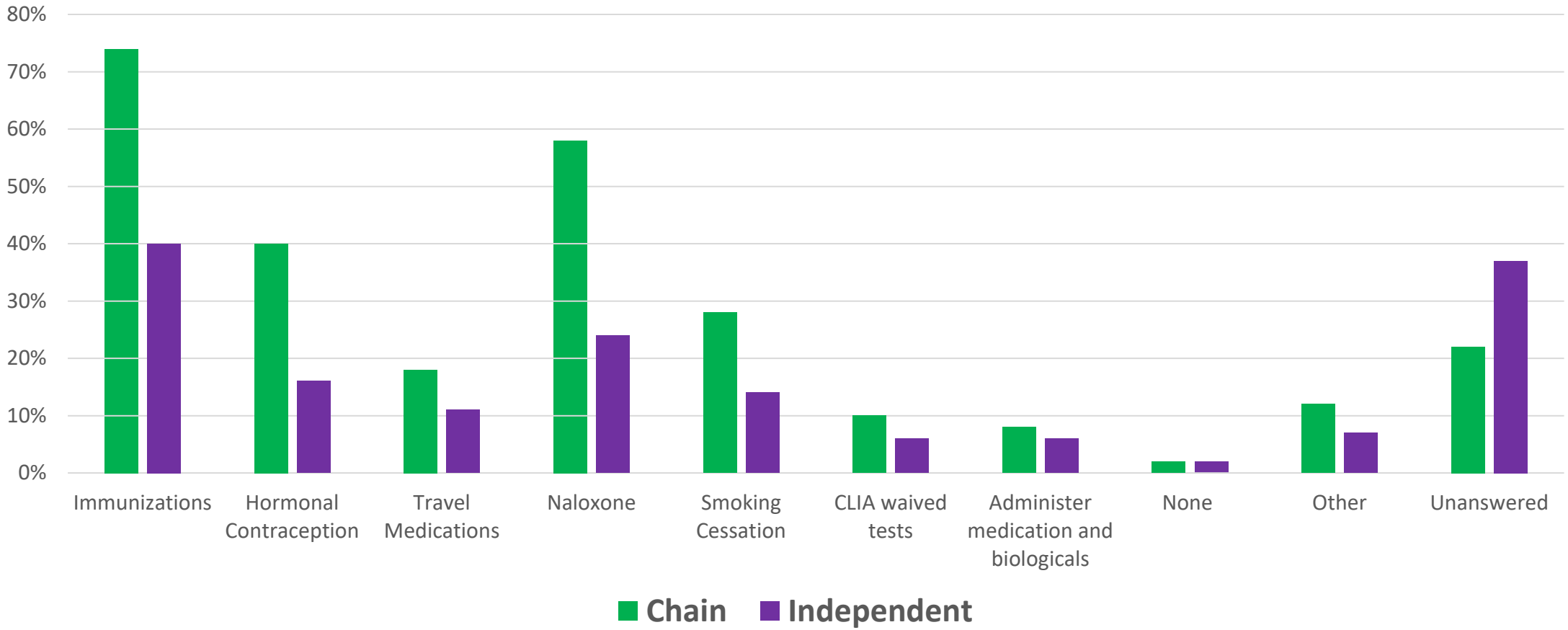
Non-sterile Compounding



0-5 6-10 >10 Unanswered

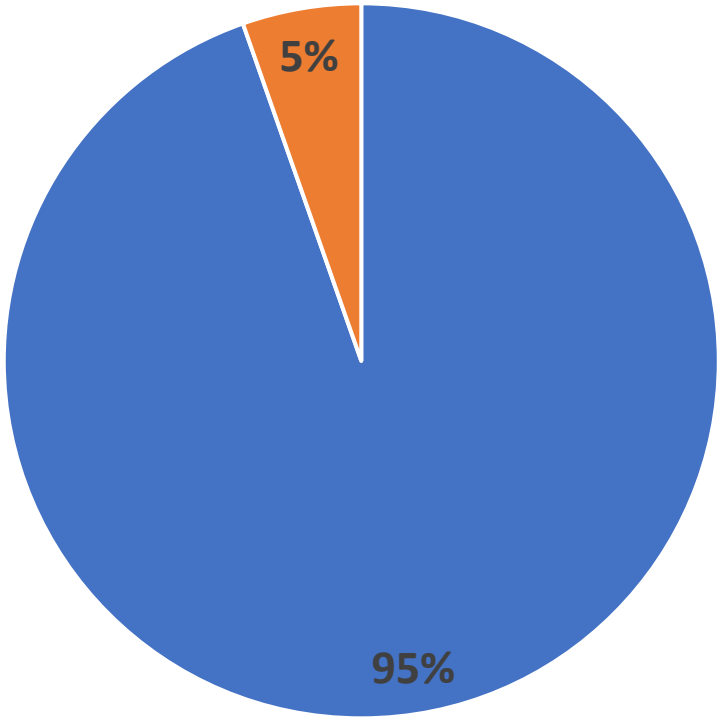
Total Respondents: 55

Q15 Which of the following services are provided at your primary worksite?



Q16 As a pharmacist, are you required to perform these services?

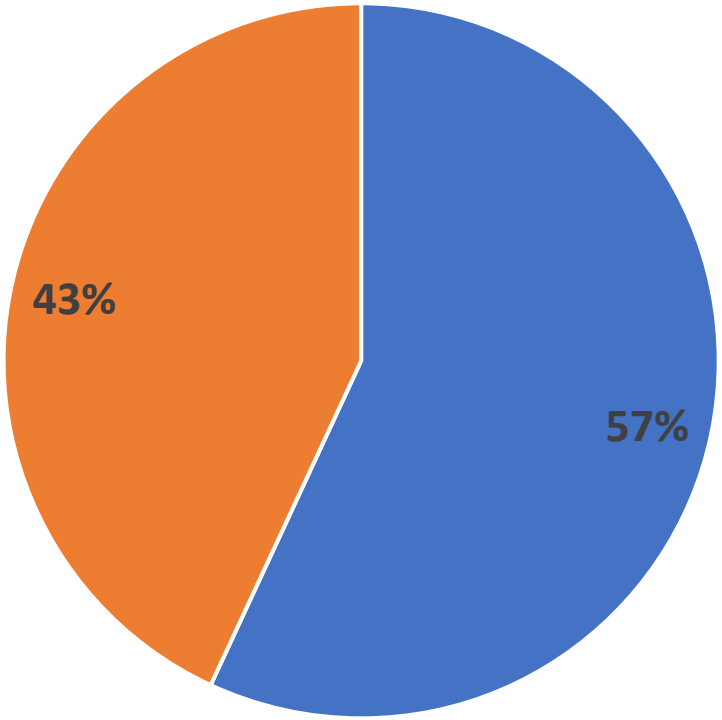
Community Chain Pharmacy



Total Respondents: 2,103

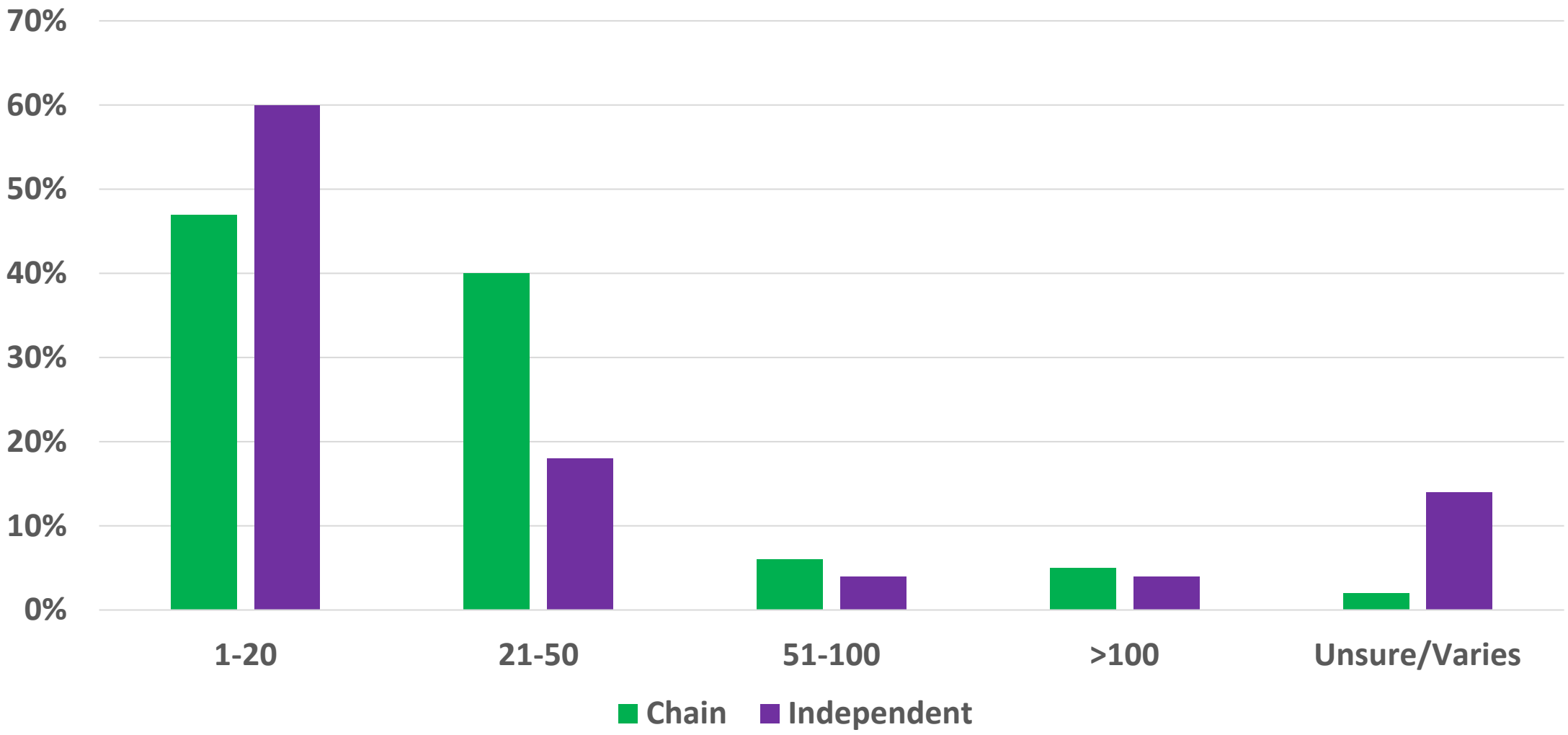
Yes
No

Community Independent Pharmacy



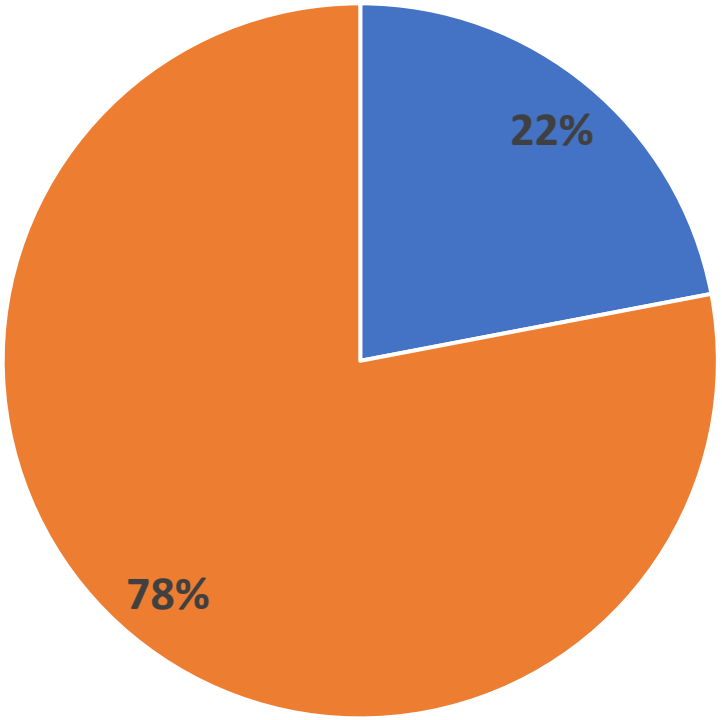
Total Respondents: 253

Q17 Indicate the average number of immunizations administered in a typical work shift.



Q18 Do you believe you have sufficient time to provide adequate screening prior to the administration of immunization?

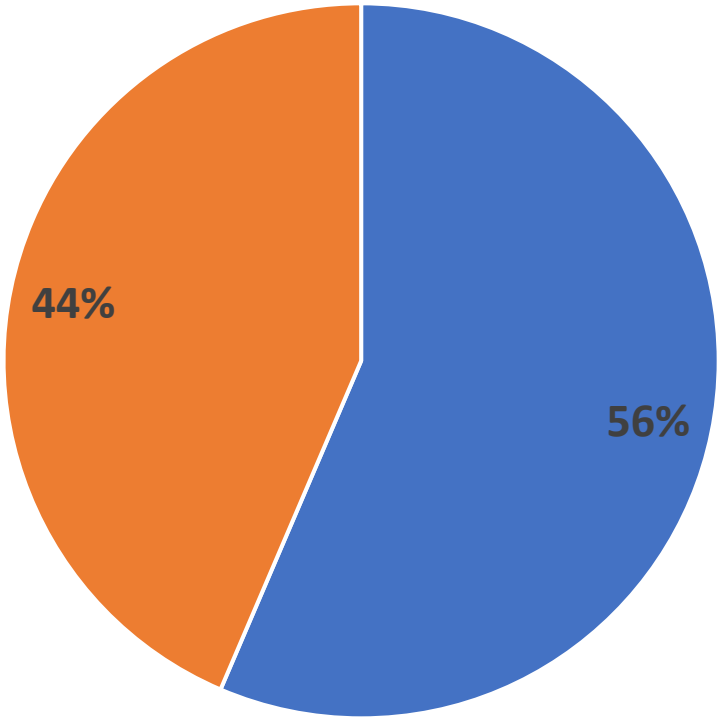
Community Chain Pharmacy



Total Respondents: 2,024

Yes
No

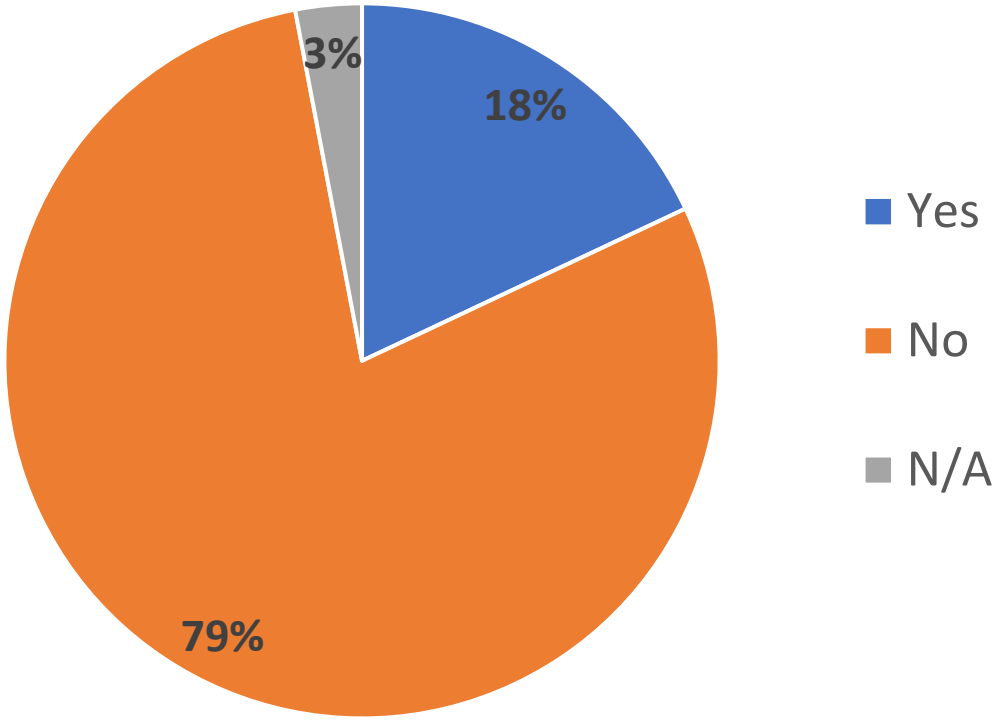
Community Independent Pharmacy



Total Respondents: 164

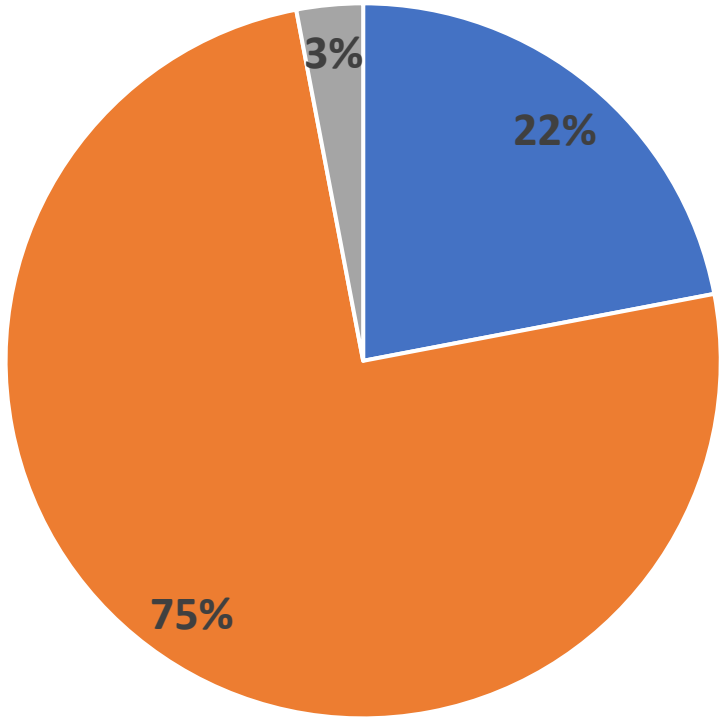
Q19 Does your primary worksite use an automated drug delivery system?

Community Chain Pharmacy



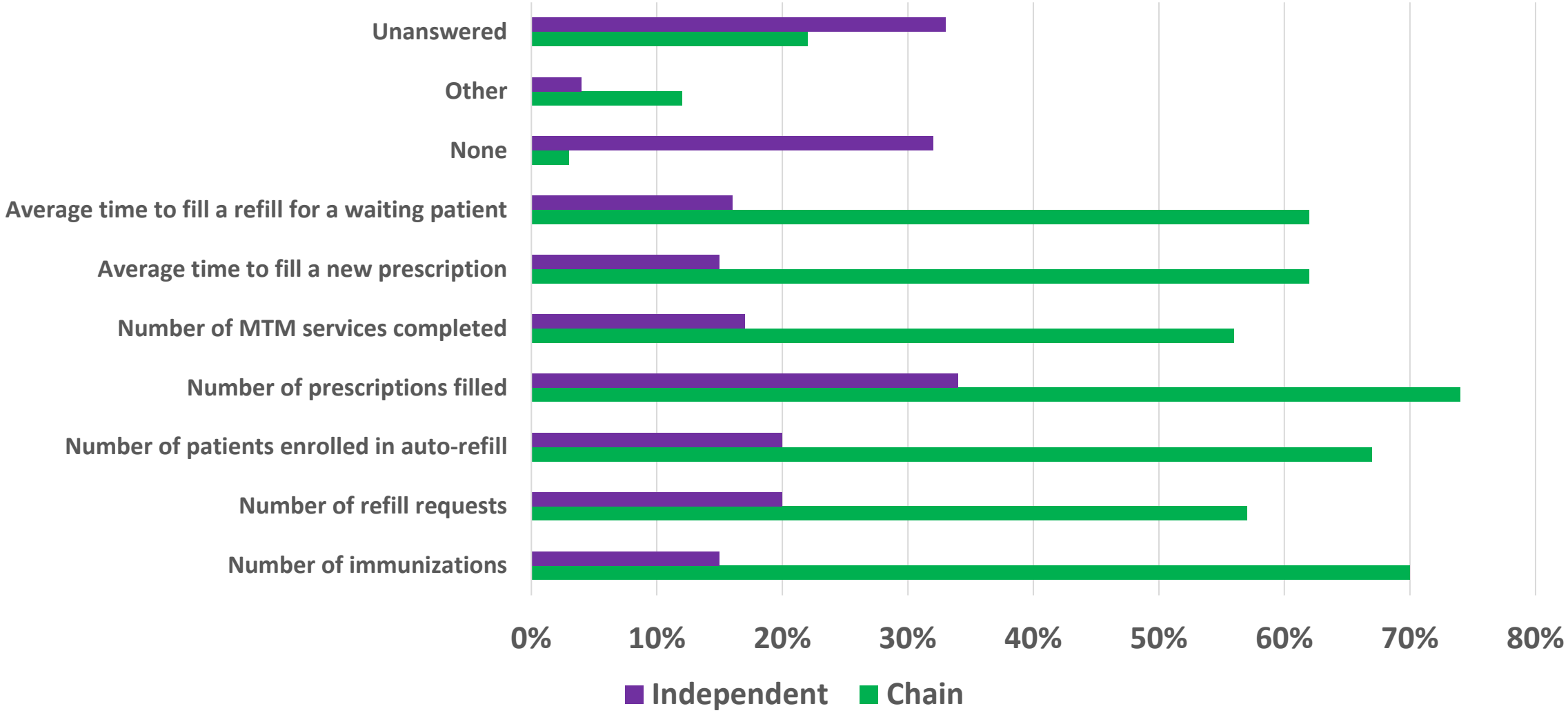
Total Respondents: 2,109

Community Independent Pharmacy



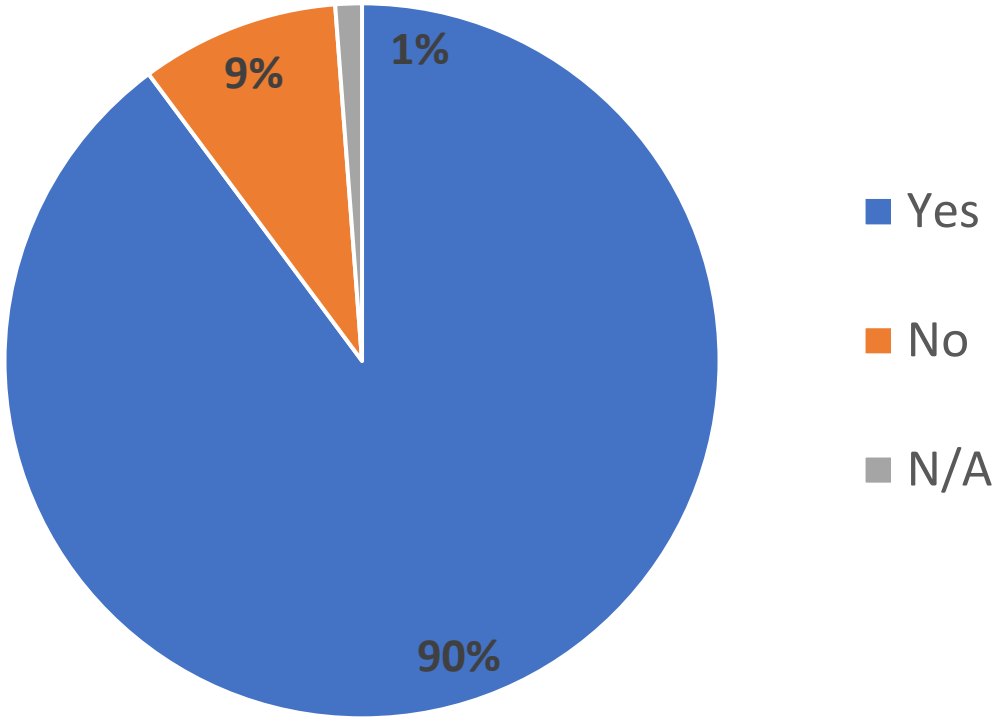
Total Respondents: 254

Q20 Does your primary worksite employer use workload metrics in the following areas?



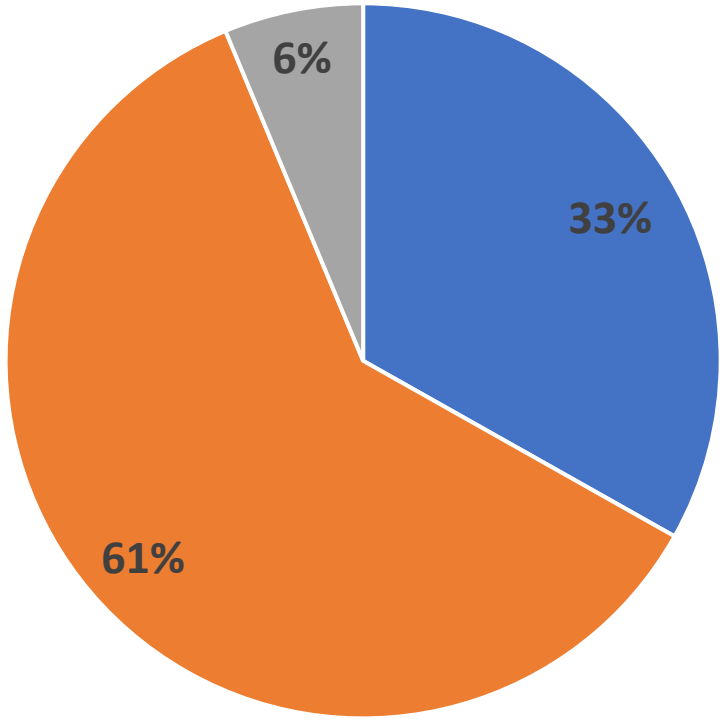
Q21 Does your primary worksite have a work queue that monitors the wait time for a prescription?

Community Chain Pharmacy



Total Respondents: 2,104

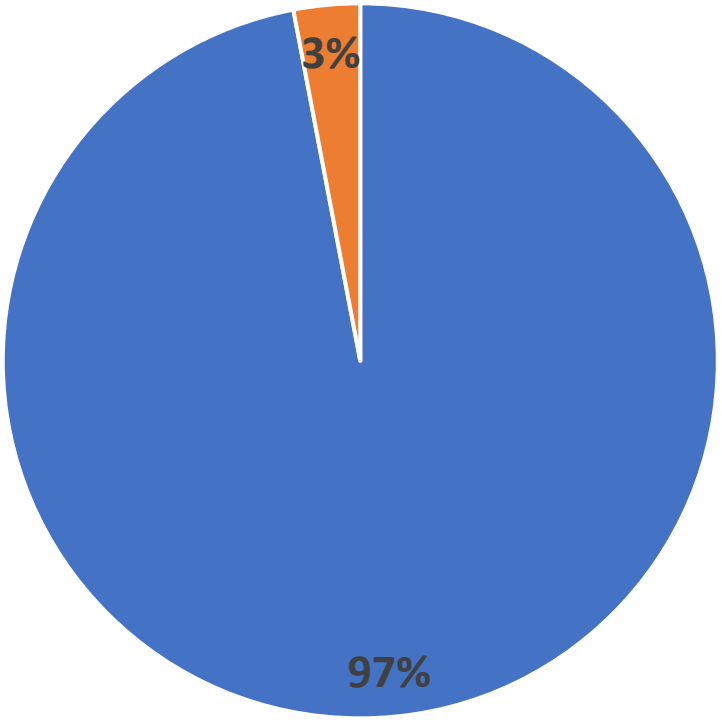
Community Independent Pharmacy



Total Respondents: 256

Q22 Does your employer require non-dispensing related duties?

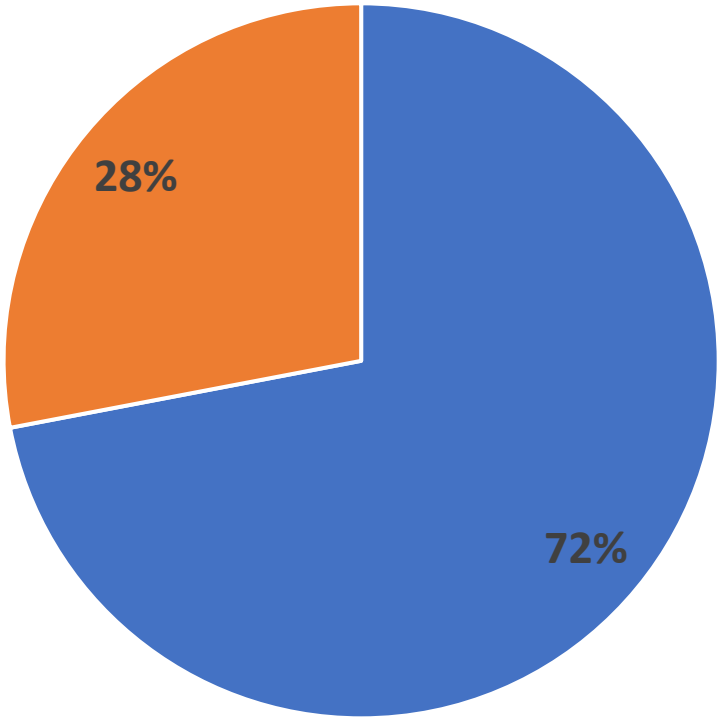
Community Chain Pharmacy



Total Respondents: 2,111

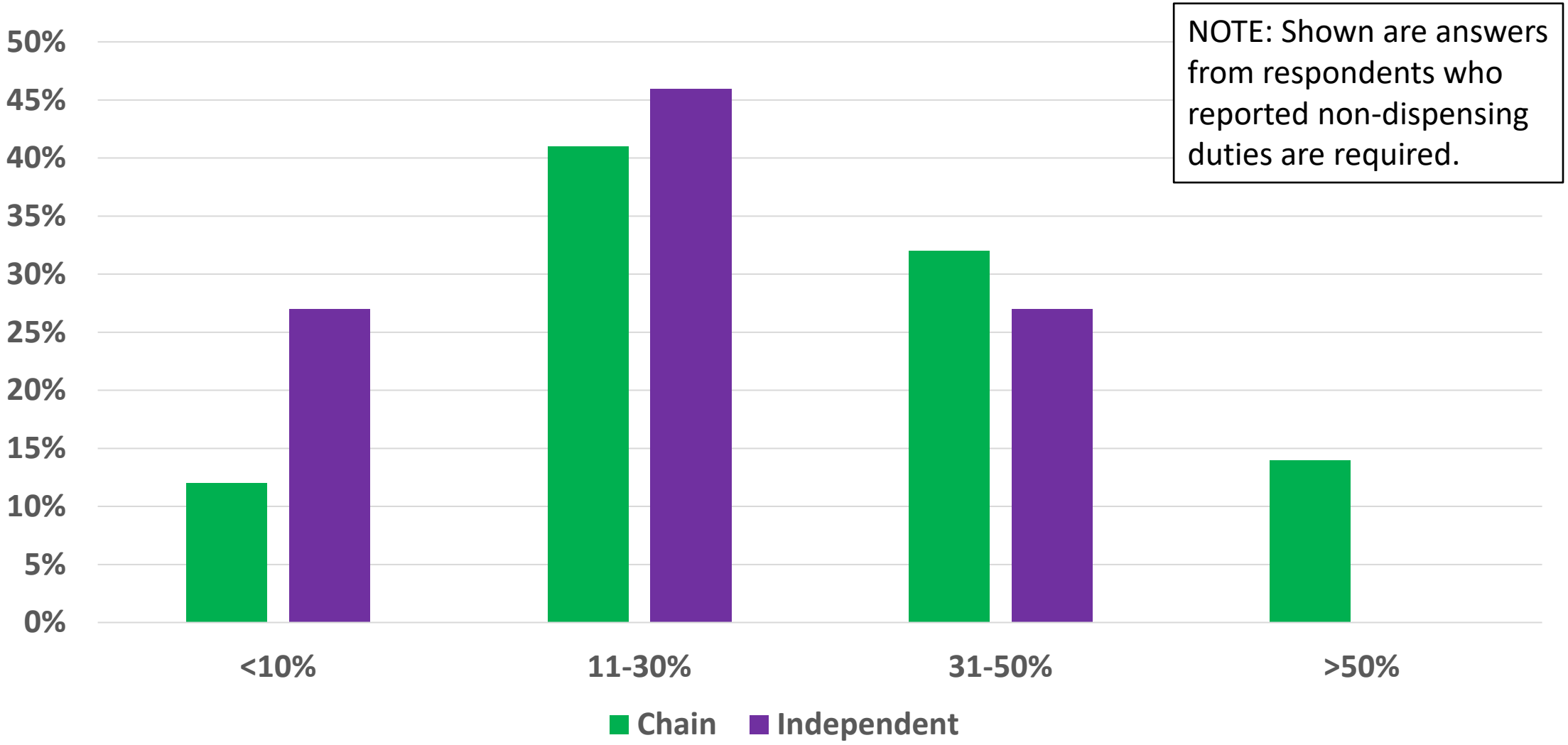
Yes
No

Community Independent Pharmacy



Total Respondents: 257

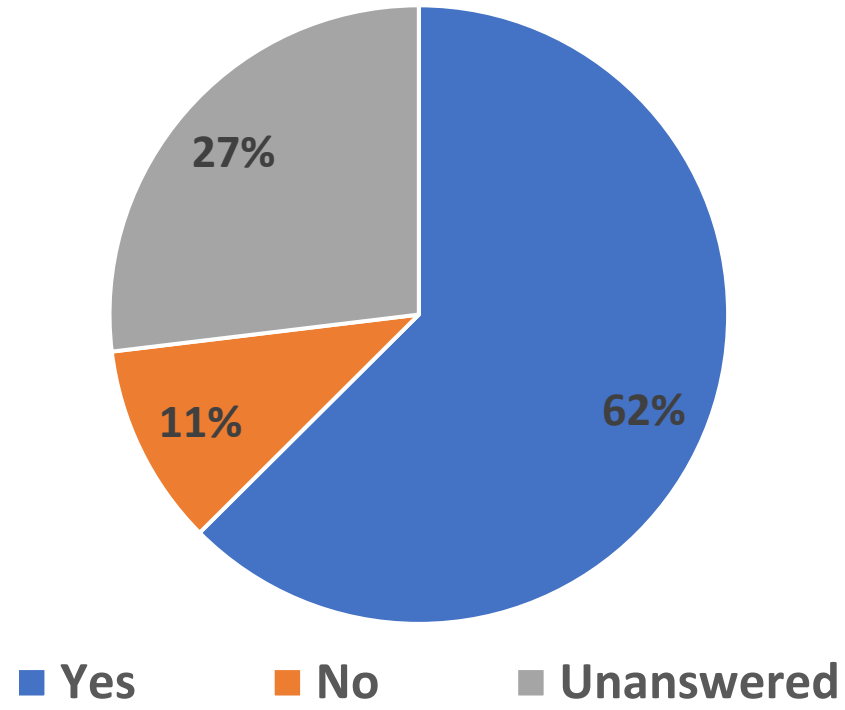
Q22 On average, what percentage of your time is spent on non-dispensing duties?



Q23 Are medication errors appropriately documented and evaluated consistently with the Board's quality assurance requirements?

Community Chain Pharmacy

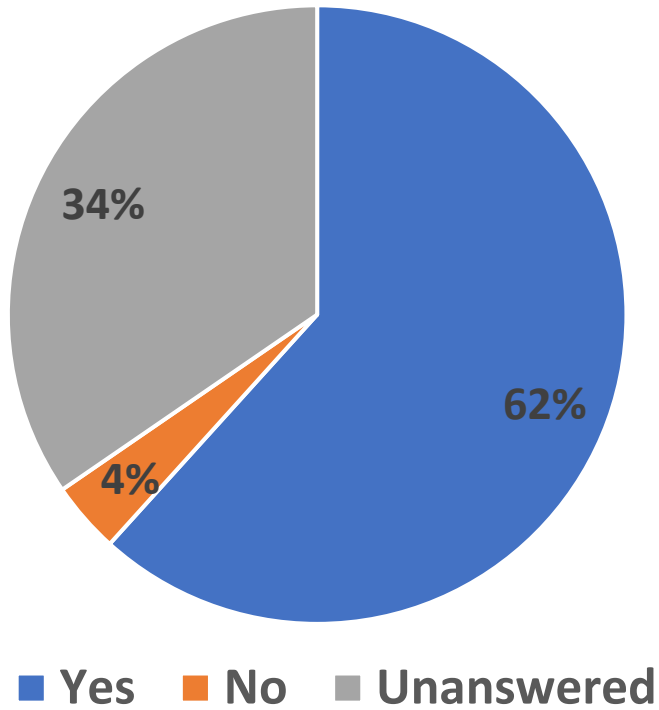
Only answers by PIC are shown



Total Respondents: 930

Community Independent Pharmacy

Only answers by PIC are shown

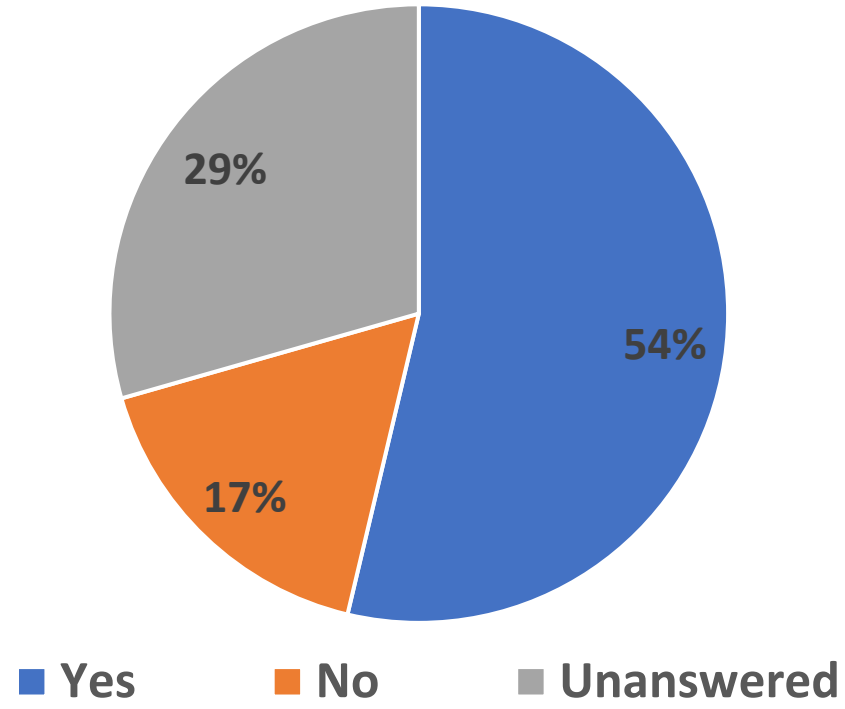


Total Respondents: 190

Q23 Are medication errors appropriately documented and evaluated consistently with the Board's quality assurance requirements?

Community Chain Pharmacy

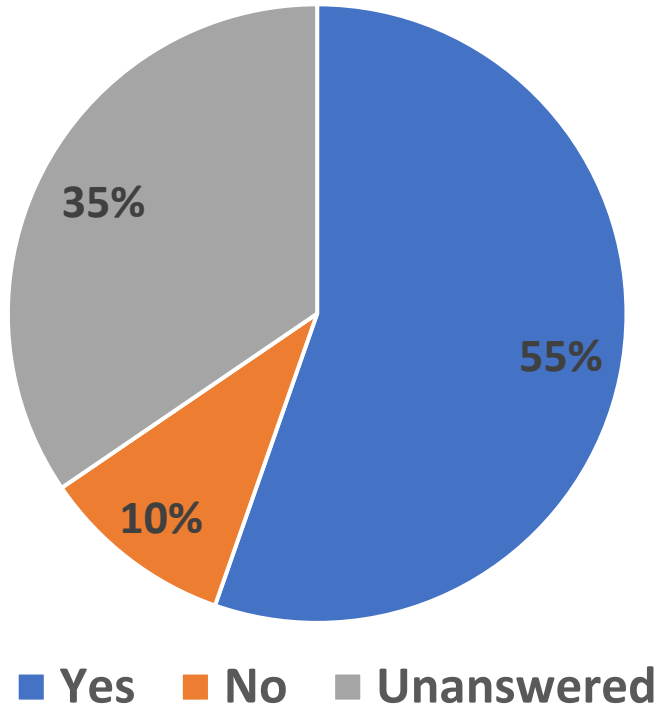
Only answers by non-PIC are shown



Total Respondents: 1,769

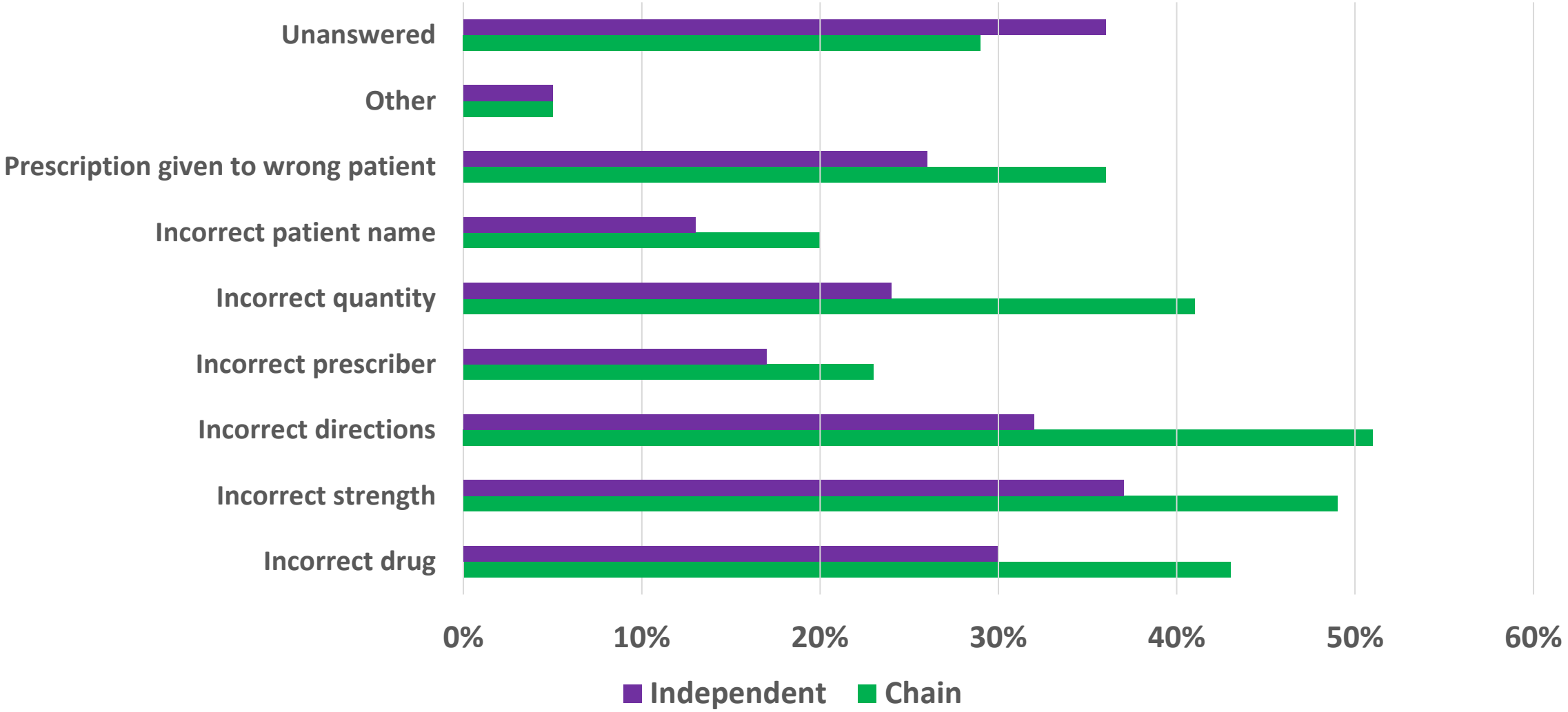
Community Independent Pharmacy

Only answers by non-PIC are shown

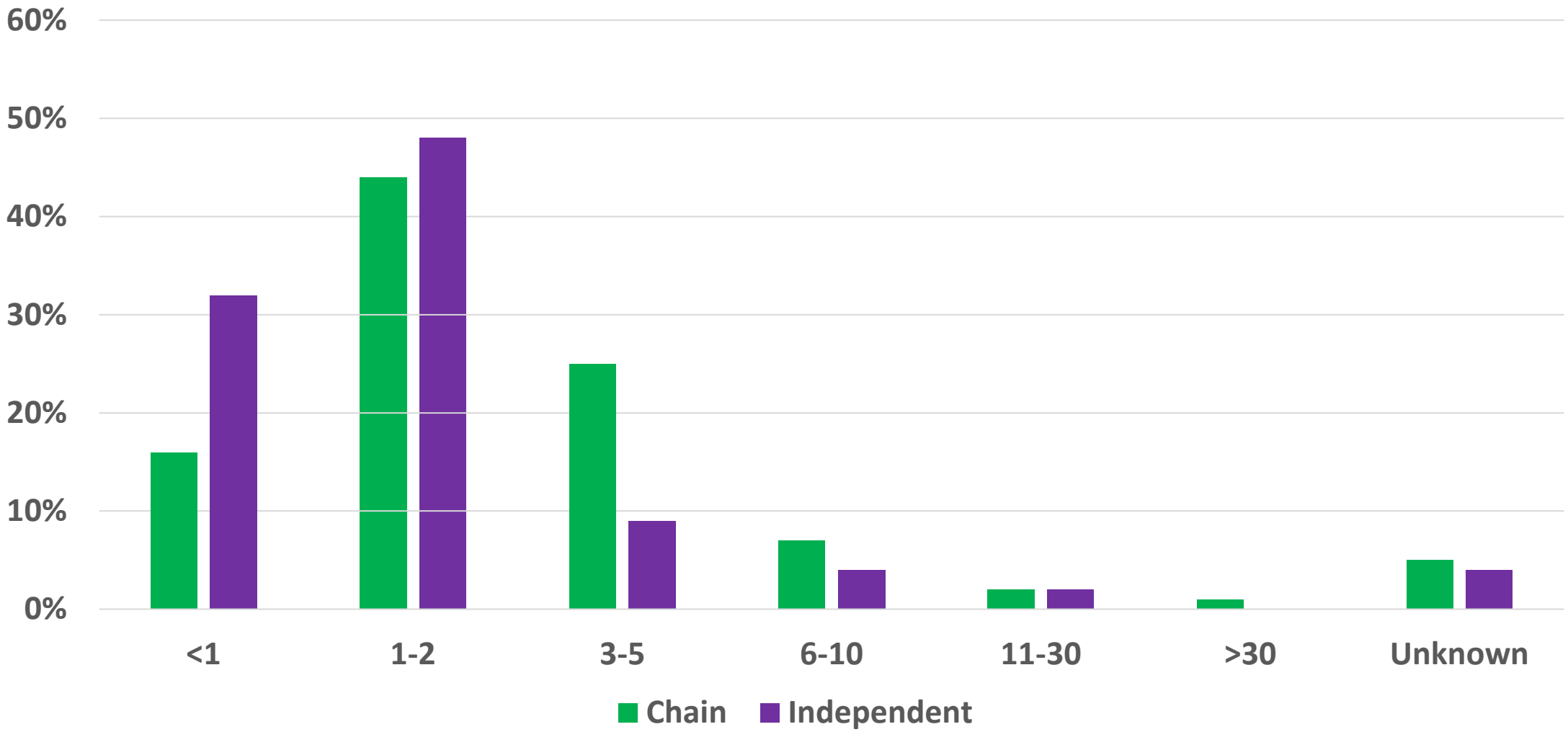


Total Respondents: 171

Q24 What was the cause for errors documented at your primary work site?



Q25 What is the average number of medication errors that occur in a month at your primary worksite?



Regarding medication errors:

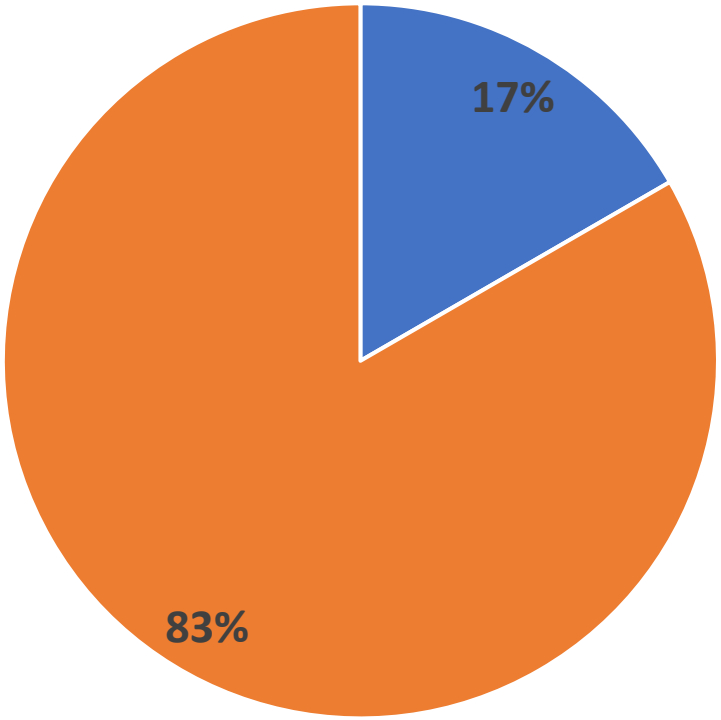
A slight correlation between prescription volume and medication errors was found.

That is, the greater the volume, the more errors.

Further analysis is needed to determine strength of correlation.

Q26 Do you believe you have sufficient time to provide appropriate patient consultation?

Community Chain Pharmacy

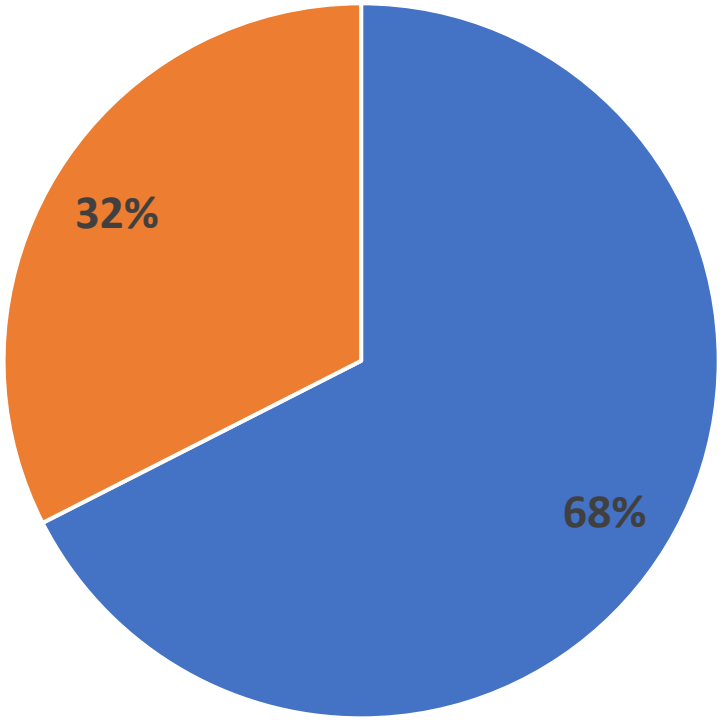


Total Respondents: 1,933

Yes

No

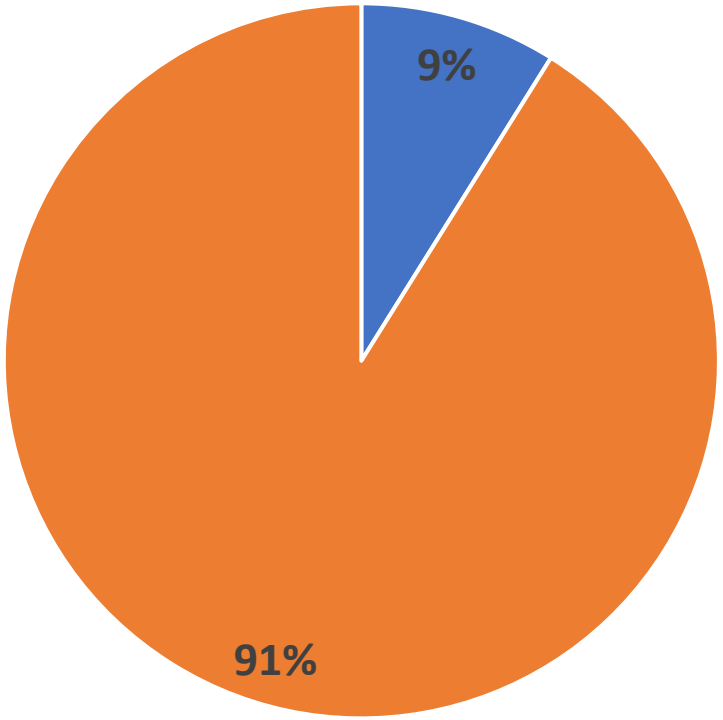
Community Independent Pharmacy



Total Respondents: 237

Q27 Do you believe the pharmacy staffing in your primary worksite is appropriate to ensure adequate patient care?

Community Chain Pharmacy

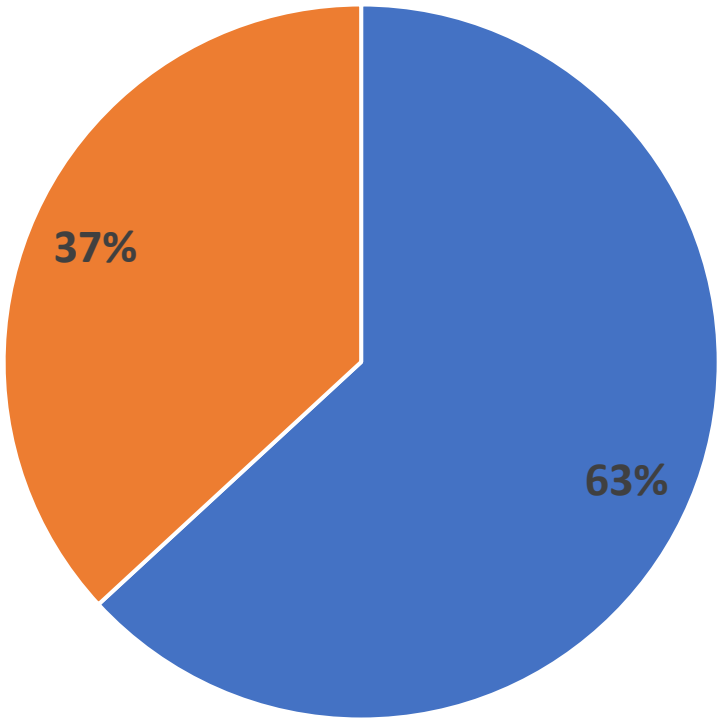


Total Respondents: 1,932

Yes

No

Community Independent Pharmacy



Total Respondents: 236

SB18 Unfavorable Montgomery.pdf
Uploaded by: MEGAN MONTGOMERY
Position: UNF

Unfavorable

SB18- to allow pharmacists to permanently vaccinate children 5 and up

Montgomery

Chair, Vice-Chair and members of the Senate Finance Committee,

My name is Megan Montgomery, and I write to you today to testify on bill SB18- that would allow children 5 and older to be permanently vaccinated at a pharmacy. I am very opposed to this bill.

Children need pediatricians. Period. Children also need SAFE health care. The data shows that there is absolute chaos in the chain pharmacy environment, and that this is no place for children to be getting health care. California completed a study in 2023 (full report here: https://www.pharmacy.ca.gov/meetings/agendas/2021/workforce_presentation.pdf) That shows the following scary realities about the lack of safety in the average chain pharmacy:

1. Of the 4,270 respondents, 2.931 were pharmacists in a chain pharmacy and the majority work as the only pharmacist on duty during a shift.
2. Almost 50% fill more than 250 prescriptions during a typical 8 hour shift- a rate of at least 31 prescriptions per hour, with no time carved out for breaks or lunch.
3. Over 70% of chain pharmacists also provide immunizations, and of those approximately 50% provide more than 20 immunizations per day, a rate of at least almost 3 per hour on top of filling prescriptions at the rate of at least 31 prescriptions per hour.
4. **Q18 Do you believe you have sufficient time to provide adequate screening prior to the administration of immunization? 78% of Chain Pharmacists answered NO!**
5. More than 50% of chain pharmacists answered that they are subject to "workplace metrics" also known as QUOTAS and 'shift goals' including:
    a. Number of immunizations
    b. Number of prescriptions filled
    c. Various wait times

6. Almost 90% of chain pharmacists admit to more than one *known* medication error per month, with a correlation being found between prescription volume and the number of errors.
7. 83% of chain pharmacists do not have time to provide appropriate patient consultation, and 91% believe that the staffing at their chain pharmacy is inappropriate to ensure adequate patient care.

These are very sobering statistics, and until the chain pharmacy industry can ensure adequate patient safety and care, children should not be added to a dysfunctional, broken, unsafe system.

Thank you for your time today, and please deliver an unfavorable report on SB18.

SB0018_HB0076 2024.pdf
Uploaded by: Melissa Burns
Position: UNF

As the family member of a child that was vaccine injured, losing the ability to walk and talk at the age of 13, I oppose HB0076 and SB0018. People need to be in a doctor's care for medical procedures. Vaccines may have serious side effects that pharmacists are not qualified to screen for, recognize, or treat.

It is reckless to allow pharmacists to prescribe vaccines, especially when they do not have access to a person's medical history.

As recognized by the U.S. Supreme Court – and evidenced by the more than $5.1 billion that the federal government has paid to victims – vaccines can injure and kill an individual.

I urge you to oppose these bills.

1. Pharmacists do not have enough training about all the vaccines, risks, prescreening, contraindications, and emergency interventions for reactions, nor are they instructed on reporting reactions to the Vaccine Adverse Events Reporting System and on advising parents and patients about the statute of limitations and instructions for filing a claim with the National Vaccine Injury Compensation Program.
2. When pharmacists are allowed to prescribe vaccines, it diminishes the doctor/patient relationship and removes critical health history screenings prior to vaccination. Pharmacists do not have the necessary medical history of an infant or child or the time to screen for contraindications based on a child's personal and family history and unique health needs prior to vaccination.
3. Most pharmacies and grocery stores don't have lifesaving defibrillators as they do in doctors' offices to save the lives of infants and children who have an immediate life-threatening reaction to vaccines. Will pharmacists have the equipment and training to be able to tell the difference between cardiac arrest, anaphylaxis, and fainting and act accordingly to save the lives of children who react at the time of vaccination?
4. Vaccine Information Statements list many reasons why patients shouldn't be vaccinated. It is highly unlikely that a pharmacist has the time to ask about all the reasons not to vaccinate them.
5. Allowing pharmacists to prescribe vaccines without access to a person's medical records means that a person may receive unintended or duplicate vaccines.
6. Pharmacy groups will support these bills, but it presents a serious conflict of interest because of the financial benefits they will receive if these bills pass.

America's biopharmaceutical research companies are developing 258 vaccines. The U.S. Vaccine Market alone was $36.45 billion in 2018 and is expected to reach $149 billion by 2026 and pharmacies stand to increase their profits substantially by allowing pharmacy technicians to put those shots into customers.

7. Pharmacists will not have liability for the injuries and deaths caused by the vaccines they administer to children. Vaccine administrators are shielded from liability for vaccine injuries and deaths through the combination of the law passed by Congress in 1986 establishing the National Vaccine Injury Compensation Program and the 2011 Supreme Court Decision BRUESEWITZ ET AL. v. WYETH LLC, FKA WYETH, INC., ET AL.
8. Vaccine package inserts warn of the risk of brain damage, life-threatening allergy, and death, and no one knows in advance whom a vaccine will harm. Pharmacists are not equipped to recognize nor handle serious adverse reactions.
9. Vaccines are medical procedures that carry a risk of serious injury. Hundreds of thousands have reported an adverse reaction to vaccination to the Vaccine Adverse Event Reporting System (VAERS). The U.S. Government has paid out nearly $5.1 billion dollars to vaccine victims, per VICP Data Reports. https://www.hrsa.gov/sites/default/files/hrsa/vicp/vicp-stats-01-01-24.pdf

2-12-24 SB18 - unfavorable .pdf
Uploaded by: Melissa Idleman
Position: UNF

Greetings,

I am writing to ask you to vote for an Unfavorable on SB18. This will completely make pharmacies unsafe.

As I have seen myself pharmacies are not the same after covid. They already have a workload that is too much. You are going to add providing vaccinations of children as young as 5. Also, how are they going to prove that the person bringing such a child in for this Vaccination has the legal right to make that decision for that child? I have been a product of someone representing themselves as my child's mother when they were not for a health appt. I could not imagine how a pharmacy will deal with the outrage if this happen to them and then such child was vaccinated and then ended up with a Vax injury. This bill doesn't make any sense to me

Thank,

Melissa Idleman.

SB18 Senate Finance Committee.pdf
Uploaded by: Peter DOrazio
Position: UNF

Senate Finance Committee,

As a pharmacist I strongly oppose SB 18!

I am opposed to expanding vaccination privileges for pharmacists to administer all vaccines to 5-year-olds and up. Pharmacists are already too busy to comply with mandatory counseling regulations, much less keep up with the constant interruption of vaccination. Most of our dispensing errors occur just before or after an interruption. With limited staffing, constant noise, telephone calls, vaccinations, deliveries, etc. we are at a breaking point. Look at all of the protests around the country demanding better working environments in pharmacies.

The Pharmacy owners want this income source, but retail sites are not outfitted with the equipment to manage an anaphylactic/immediate adverse vaccine reaction.

I also believe the pharma industry must be held civilly liable for vaccine injuries and deaths as they are for all other drugs. We need a culture of safety, and removing liability and responsibility does not foster reliable attitudes towards safety. Until pharma is liable, I will not inject anyone with these products.

Thank you,

Peter D'Orazio, RPh.

SB 18- Pharmacists say they can't do their jobs sa

Uploaded by: Sarah Cusack

Position: UNF

START THE DAY HERE

Chiefs win back-to-back Super Bowls. Israeli forces rescue two hostages in Gaza. Senate moves closer to passing package with aid to Ukraine and Israel.

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AQ	15,990.66	1.25% ▲	CLSK	Cleanspark, Inc.	13.95	+ 3.45	32.86% ▲

Fear & Greed

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Business / Economy

Mistakes at work happen. For pharmacists, it can end their career

pharmacists, it can end their career

By Nicole Goodkind, CNN

8 minute read · Published 9:01 AM EST, Sun December 17, 2023

The ramifications of pharmacy errors can extend well beyond moral consequences for pharmacists.
stevecoleimages/E+/Getty Images

New York (CNN) — It's every pharmacist's worst fear: To come home from a busy day at work and realize that they failed to consult with a patient about a potentially dangerous interaction, or filled a prescription incorrectly.

Workers at chain pharmacies across the US have told CNN that increased demand for prescriptions, shots and other services without sufficient staff to fulfill those orders has made it nearly impossible for the workers to do their jobs properly and has created potentially unsafe conditions for customers.

Mistakes happen, especially when workers are burnt out and busy. But when a pharmacist errs, the implications can be both legal – pharmacists can be sued for malpractice – and lethal. Errors can cost lives, tie pharmacists up in prolonged court battles and cost them their livelihoods.

A safe workplace

A 2022 National Community Pharmacists Association survey showed that nearly 75% of respondents felt they did not have enough time to safely perform clinical duties and patient care.

It's worries like these that led some pharmacists to walk out of CVS and Walgreens stores pharmacies this autumn, workers told CNN.

Stores increasingly operate with just one pharmacist behind the counter for a 12-hour shift. "They didn't feel confident that they could provide care in a safe environment," said Michael Hogue, CEO of the American Pharmacists Association.

"Pharmacists are so overwhelmed and worried that they're going to make a mistake. It's so easy to make a mistake under those conditions," said Shane Jerominski, a pharmacist and labor advocate who spent a decade working at chain pharmacies including Walgreens and CVS.

CVS and Walgreens pharmacy staff begin 3-day walkout

There's a general misconception about what it takes to correctly fill a prescription — the work goes beyond just putting pills into a bottle.

Pharmacists check prescriptions they receive from doctor's offices for possible errors, match details on prescriptions to patient profiles, check for possible drug interactions, bill insurance companies and counsel patients.

If a particular medication isn't covered by insurance, pharmacists call doctor's offices to try to get prior authorization or switch medications. All of that is done in between giving vaccines, ringing up and counseling customers and answering questions about over-the-counter medications.

There's a lot of room for error and the repercussions are stark.

Between 7,000 to 9,000 people die in the United States as a result of a medication error each year, according to a recent National Institutes of Health study. Hundreds of thousands of other patients experience but often do not report an adverse reaction or other medication complications, the study found.

The cost of looking after patients with medication-associated errors is more than $40 billion each year, according to the study.

“It’s the nightmare for a pharmacist who’s had a busy shift and then goes home and processes what’s happened,” said Karl Williams, a professor of pharmacy law, ethics and counseling at the Wegmans School of Pharmacy at St. John Fisher University. “To wake up and think ‘did i remember to tell a patient about a particular risk?’ It drives people to leave the practice whether there are legal ramifications or not. If a patient has been harmed, it’s just a horrible outcome.”

Legal consequences

The ramifications of pharmacy errors can extend well beyond moral consequences for pharmacists.

Pharmacists, said Williams, can be held responsible legally for any injuries that result from a medication error. Even if the pharmacist works for a large company with access to insurance protection and top lawyers, he said, “there’s still joint liability.”

That’s because a pharmacist is a licensed professional, he said. “The pharmacist doesn’t become immune from that just because the employer is hiring an attorney. The pharmacist is still on the hook for those kinds of things.”

Walgreens is cancelling corporate bonuses as big pharmacies face increasing difficulties

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When mistakes are reported to state boards, it’s usually the individual pharmacists who face punishment rather than the large pharmacy chains because they’re easier targets, he said.

Still, he said, it’s rare that a large company doesn’t stand behind an individual pharmacist.

“We defend and indemnify our pharmacists in nearly all instances,” said Fraser Engerman, a spokesperson for Walgreens. “Walgreens has a multi-step prescription filling process with numerous safety checks to minimize the chance of human error. However, when errors do occur, we also have a robust mandatory reporting system in place that allows us to quickly identify root causes and to implement process improvements to prevent future errors.”

Representatives from CVS and Walgreens told CNN that patient safety is their top priority.

“We foster what’s known in the health care industry as a ‘Just Culture,’ a framework that treats colleagues fairly, encouraging the reporting of errors within a protected environment without fear of punitive action,” said Amy Thibault, a spokesperson for CVS Pharmacy, told CNN.

“It’s critically important to support a protected environment for our colleagues, encouraging

reporting of errors and other patient safety events, ultimately improving the care we provide to our patients," she said.

Chain pharmacies grow

About 70% of prescriptions in the country come from chain retailers like Walgreens, CVS and Walmart, according to a 2019 Drug Channels Institute report. CVS provided about 25% of all prescriptions, while Walgreens accounted for another 20%.

Large pharmacies typically have liability insurance that they extend to their employees, said Gina Moore, a professor at the Skaggs School of Pharmacy and Pharmaceutical Sciences at University of Colorado.

When a pharmacist is "particularly negligent" they might be held individually responsible, but those cases are very rare, she said.

But pharmacists also face what Williams calls "administrative liability."

Once a pharmacist gets sued, the information becomes public. At that point, the pharmacy licensing agency gets notified and can take action against the pharmacist by removing their license — thus effectively ending their career.

Still, while many pharmacies track medication errors internally, there is no federal agency that requires them to report those errors.

If a pharmacy or patient does report an issue, a group called the National Practitioner Data Bank also collects information about civil liability and administrative liability cases.

That information then becomes available to employers, insurance companies and other interested parties. That means pharmacists who are sued can be excluded from participating in federal government healthcare programs, Medicaid and Medicare, "which ends their career basically, even if they retain their license," said Williams. "If they're excluded from participation in Medicaid and Medicare, they can't be employed by a pharmacy anymore."

It typically takes about four years of post-undergraduate study to become a pharmacist which can cost students more than $200,000.

No wiggle room

Tony Bertolino, managing partner at Texas-based Bertolino LLP, a law firm that specializes in

defending pharmacies and pharmacists, says his clients often make mistakes because of fatigue from working long hours.

“Any simple mistake: the counting of medication, or even issuing the wrong type of medication could have serious impacts and even cause a death,” he said. “There’s so much pressure on pharmacists to get prescriptions filled and to get patients in and out.”

But it doesn’t matter if a pharmacist is overworked and overburdened, he added. The language of liability for pharmacy regulations is strict.

“There’s really no need for the element of intent to be proven. If you break the law or violate a rule, you’re on the hook. There’s no wiggle room,” said Bertolino. “The pharmacy board will reprimand everyone involved: the pharmacy, pharmacist and pharmacy techs. They’ll go after everyone.”

Strikes and union action

Now a formal unionization effort, backed by the International Association of Machinists and Aerospace Workers (IAM) and pharmacy labor activists, is underway.

Organizers said their efforts will target employees at CVS and Walgreens pharmacies and also extend to workers at all US retail pharmacies.

IAM Healthcare launches campaign to unionize retail pharmacy workers

“We want to find ways to help these pharmacists and pharmacy technicians to make the change that they want to see in their industry, specifically in the corporate retail giants where the problems are most acute,” said a senior official at IAM Healthcare.

A representative from Walgreens added that “we are engaged and listening to the concerns raised by some of our team members. We are committed to ensuring that our entire pharmacy team has the support and resources necessary to continue to provide the best care to our patients while taking care of their own wellbeing.”

CVS told CNN that executives were “focused on developing a sustainable, scalable action plan that can be put in place in markets where support may be needed so we can continue delivering the high-quality care our patients depend on.”

Change is coming

Change is coming

While there's no federal requirement for reporting medication errors, some states are implementing regulations.

Virginia passed regulations banning quotas and increasing pharmacy staffing this year that remain in effect until March 2025. Ohio has proposed rules that would also require pharmacies to adequately staff their stores.

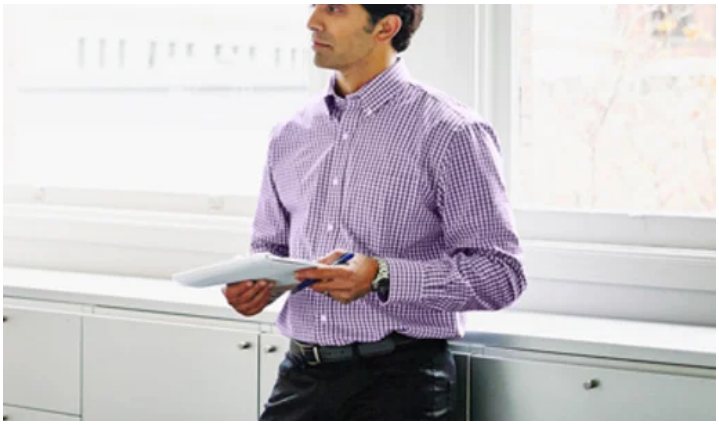
California passed AB 1286, the Stop Dangerous Pharmacies Act in October. The bill requires corporate chain pharmacies to report all medication errors and provide adequate pharmacy staffing.

California's Board of Pharmacy estimates that pharmacies in the state make about five million errors per year.

But change is slow and in the meantime, the problems could be resulting in a labor shortage for pharmacists.

In 2022, the healthcare industry saw the graduation of 13,323 new pharmacists, according to the American Association of Colleges of Pharmacy (AACP). That number fell from 14,223 the year prior — the largest drop in new graduates since 1983.

At the same time, there were 60,882 job postings for pharmacists in the first three quarters of 2023, according to the AACP. That's about an 18% increase from the same period in 2022.



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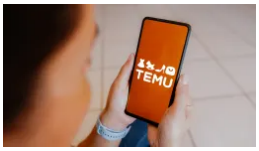

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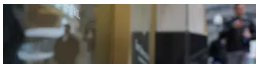

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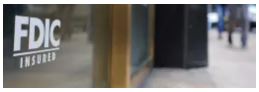

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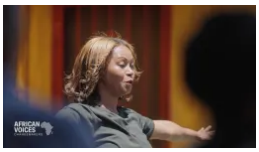

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SB18- How Chaos at Chain Pharmacies is Putting Pat

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How Chaos at Chain Pharmacies Is Putting Patients at Risk

Pharmacists across the U.S. warn that the push to do more with less has made medication errors more likely. “I am a danger to the public,” one wrote to a regulator.

Published Jan. 31, 2020Updated Oct. 13, 2021

Video by Jeremy M. Lange For The New York Times

For Alyssa Watrous, the medication mix-up meant a pounding headache, nausea and dizziness. In September, Ms. Watrous, a 17-year-old from Connecticut, was about to take another asthma pill when she realized CVS had mistakenly given her blood pressure medication intended for someone else.

Edward Walker, 38, landed in an emergency room, his eyes swollen and burning after he put drops in them for five days in November 2018 to treat a mild irritation. A Walgreens in Illinois had accidentally supplied him with ear drops — not eye drops.

For Mary Scheuerman, 85, the error was discovered only when she was dying in a Florida hospital in December 2018. A Publix pharmacy had dispensed a powerful chemotherapy drug instead of the antidepressant her doctor had prescribed. She died about two weeks later.

The people least surprised by such mistakes are pharmacists working in some of the nation's biggest retail chains.

In letters to state regulatory boards and in interviews with The New York Times, many pharmacists at companies like CVS, Rite Aid and Walgreens described understaffed and chaotic workplaces where they said it had become difficult to perform their jobs safely, putting the public at risk of medication errors.

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.

"I am a danger to the public working for CVS," one pharmacist wrote in an anonymous letter to the Texas State Board of Pharmacy in April.

"The amount of busywork we must do while verifying prescriptions is absolutely dangerous," another wrote to the Pennsylvania board in February. "Mistakes are going to be made and the patients are going to be the ones suffering."

[Read how you can protect yourself against medication errors.]

State boards and associations in at least two dozen states have heard from distraught pharmacists, interviews and records show, while some doctors complain that pharmacies bombard them with requests for refills that patients have not asked for and should not receive. Such refills are closely tracked by pharmacy chains and can factor into employee bonuses.

Michael Jackson, chief executive of the Florida Pharmacy Association, said the number of complaints from members related to staffing cuts and worries about patient safety had become "overwhelming" in the

past year.

CVS Health ranks eighth on the Fortune 500 list and has nearly 10,000 pharmacies across the United States.Jeenah Moon for The New York Times

The American Psychiatric Association is particularly concerned about CVS, America's eighth-largest company, which it says routinely ignores doctors' explicit instructions to dispense limited amounts of medication to mental health patients. The pharmacy's practice of providing three-month supplies may inadvertently lead more patients to attempt suicide by overdosing, the association said.

"Clearly it is financially in their best interest to dispense as many pills as they can get paid for," said Dr. Bruce Schwartz, a psychiatrist in New York and the group's president.

A spokesman for CVS said it had created a system to address the

issue, but Dr. Schwartz said complaints persisted.

Regulating the chains — five rank among the nation's 100 largest companies — has proved difficult for state pharmacy boards, which oversee the industry but sometimes allow company representatives to hold seats. Florida's nine-member board, for instance, includes a lawyer for CVS and a director of pharmacy affairs at Walgreens.

Aside from creating potential conflicts of interest, the industry presence can stifle complaints. "We are afraid to speak up and lose our jobs," one pharmacist wrote anonymously last year in response to a survey by the Missouri Board of Pharmacy. "PLEASE HELP."

Officials from several state boards told The Times they had limited authority to dictate how companies ran their businesses. Efforts by legislatures in California and elsewhere have been unsuccessful in substantially changing how pharmacies operate.

A majority of state boards do not require pharmacies to report errors, let alone conduct thorough investigations when they occur. Most investigations focus on pharmacists, not the conditions in their workplaces.

In public meetings, boards in at least two states have instructed pharmacists to quit or speak up if they believe conditions are unsafe. But pharmacists said they feared retaliation, knowing they could easily be replaced.

The industry has been squeezed amid declining drug reimbursement rates and cost pressures from administrators of prescription drug plans. Consolidation, meanwhile, has left only a few major players. About 70 percent of prescriptions nationwide are dispensed by chain

drugstores, supermarkets or retailers like Walmart, according to a 2019 Drug Channels Institute report.

CVS garners a quarter of the country's total prescription revenue and dispenses more than a billion prescriptions a year. Walgreens captures almost 20 percent. Walmart, Kroger and Rite Aid fall next in line among brick-and-mortar stores.

In statements, the pharmacy chains said patient safety was of utmost concern, with staffing carefully set to ensure accurate dispensing. Investment in technology such as e-prescribing has increased safety and efficiency, the companies said. They denied that pharmacists were under extreme pressure or faced reprisals.

"When a pharmacist has a legitimate concern about working conditions, we make every effort to address that concern in good faith," CVS said in a statement. Walgreens cited its confidential employee hotline and said it made "clear to all pharmacists that they should never work beyond what they believe is advisable."

Errors, the companies said, were regrettable but rare; they declined to provide data about mistakes.

The National Association of Chain Drug Stores, a trade group, said that "pharmacies consider even one prescription error to be one too many" and "seek continuous improvement." The organization said it was wrong to "assume cause-effect relationships" between errors and pharmacists' workload.

The specifics and severity of errors are nearly impossible to tally. Aside from lax reporting requirements, many mistakes never become public because companies settle with victims or their families, often requiring

a confidentiality agreement. A CVS form for staff members to report errors asks whether the patient is a “media threat,” according to a photo provided to The Times. CVS said in a statement it would not provide details on what it called its “escalation process.”

A CVS form for pharmacy staff members to report errors asks whether the patient is a “media threat.”

The last comprehensive study of medication errors was over a decade ago: The Institute of Medicine estimated in 2006 that such mistakes harmed at least 1.5 million Americans each year.

Jonathan Lewis said he waited on hold with CVS for 40 minutes last summer, after discovering his antidepressant prescription had been refilled with another drug.

Mr. Lewis, 47, suspected something was wrong when he felt short of breath and extremely dizzy. Looking closely at the medication — and turning to Google — he figured out it was estrogen, not an antidepressant, which patients should not abruptly quit.

“It was very apparent they were very understaffed,” Mr. Lewis said, recalling long lines inside the Las Vegas store and at the drive-through when he picked up the prescription.

Pharmacists have written to state regulatory boards about their safety concerns.

Too Much, Too Fast

The day before Wesley Hickman quit his job as a pharmacist at CVS, he worked a 13-hour shift with no breaks for lunch or dinner, he said.

As the only pharmacist on duty that day at the Leland, N.C., store, Dr.

Hickman filled 552 prescriptions — about one every minute and 25 seconds — while counseling patients, giving shots, making calls and staffing the drive-through, he said. Partway through his shift the next day, in December 2018, he called his manager.

Wesley Hickman, who now runs an independent pharmacy, left a job at CVS because of conditions he described as unsafe.Jeremy M. Lange for The New York Times

“I said, ‘I am not going to work in a situation that is unsafe.’ I shut the door and left,” said Dr. Hickman, who now runs an independent pharmacy.

Dr. Hickman felt that the multitude of required tasks distracted from his most important jobs: filling prescriptions accurately and counseling patients. He had begged his district manager to schedule more pharmacists, but the request was denied, he said.

CVS said it could not comment on the “individual concerns” of a former employee.

With nearly 10,000 pharmacies across the country, CVS is the largest chain and among the most aggressive in imposing performance metrics, pharmacists said. Both CVS and Walgreens tie bonuses to achieving them, according to company documents.

Editors’ Picks

[Sarah Polley Is OK With Oversharing]

[Feb. 17, 2022]

[‘The Batman’ Review: Who’ll Stop the Wayne?]

Nearly everything is tracked and scrutinized: phone calls to patients, the time it takes to fill a prescription, the number of immunizations given, the number of customers signing up for 90-day supplies of medication, to name a few.

The fact that tasks are being tracked is not the problem, pharmacists say, as customers can benefit from services like reminders for flu shots and refills. The issue is that employees are heavily evaluated on hitting targets, they say, including in areas they cannot control.

In Missouri, dozens of pharmacists said in a recent survey by the state board that the focus on metrics was a threat to patient safety and their own job security.

“Metrics put unnecessary pressure on pharmacy staff to fill prescriptions as fast as possible, resulting in errors,” one pharmacist wrote.

Of the nearly 1,000 pharmacists who took the survey, 60 percent said they “agree” or “strongly agree” that they “feel pressured or intimidated to meet standards or metrics that may interfere with safe patient care.” About 60 percent of respondents worked for retail chains, as opposed to hospitals or independent pharmacies.

Surveys in Maryland and Tennessee revealed similar concerns.

The specific goals are not made public, and can vary by store, but internal CVS documents reviewed by The Times show what was expected in some locations last year.

Staff members were supposed to persuade 65 percent of patients picking up prescriptions to sign up for automatic refills, 55 percent to

switch to 90-day supplies from 30-day, and 75 percent to have the pharmacy contact their doctor with a “proactive refill request” if a prescription was expiring or had no refills, the documents show.

Prescriptions at Dr. Hickman's pharmacy. When he worked at CVS, he said, longtime patients sometimes signed up for automatic refills as a favor to help him meet corporate metrics.Jeremy M. Lange for The New York Times

Pharmacy staff members are also expected to call dozens of patients each day, based on a computer-generated list. They are assessed on the number of patients they reach, and the number who agree to their requests.

Representatives from CVS and Walgreens said metrics were meant to provide better patient care, not penalize pharmacists. Some are related to reimbursements to pharmacies by insurance companies and the government. CVS said it had halved its number of metrics over the past 18 months.

But dozens of pharmacists described the emphasis on metrics as burdensome, and said they faced backlash for failing to meet the goals or suggesting they were unrealistic or unsafe.

“Any dissent perceived by corporate is met with a target placed on one’s back,” an unnamed pharmacist wrote to the South Carolina board last year.

In comments to state boards and interviews with The Times, pharmacists explained how staffing cuts had led to longer shifts, often with no break to use the restroom or eat.

“I certainly make more mistakes,” another South Carolina pharmacist wrote to the board. “I had two misfills in three years with the previous

staffing and now I make 10-12 per year (that are caught)."

Much of the blame for understaffing has been directed at pressure from companies that manage drug plans for health insurers and Medicare.

Acting as middlemen between drug manufacturers, insurers and pharmacies, the companies — known as pharmacy benefit managers, or P.B.M.s — negotiate prices and channel to pharmacies the more than $300 billion spent on outpatient prescription drugs in the United States annually.

The benefit managers charge fees to pharmacies, and have been widely criticized for a lack of transparency and applying fees inconsistently. In a letter to the Department of Health and Human Services in September, a bipartisan group of senators noted an "extraordinary 45,000 percent increase" in fees paid by pharmacies from 2010 to 2017.

While benefit managers have caused economic upheaval in the industry, some pharmacy chains are players in that market too: CVS Health owns CVS Caremark, the largest benefit manager; Walgreens Boots Alliance has a partnership with Prime Therapeutics; Rite Aid owns a P.B.M., too.

Walgreens draws nearly 20 percent of the United States' total prescription revenue.Jeenah Moon for The New York Times

The Pharmaceutical Care Management Association, the trade group representing benefit managers, contends that they make prescriptions more affordable, and pushes back against the notion that P.B.M.s are responsible for pressures on pharmacies, instead of a competitive

market.

Pharmacists have written to state regulatory boards about their safety concerns.

Falling Through the Cracks

Dr. Mark Lopatin, a rheumatologist in Pennsylvania, says he is inundated with refill requests for almost every prescription he writes. At times Dr. Lopatin prescribes drugs intended only for a brief treatment — a steroid to treat a flare-up of arthritis, for instance.

But within days or weeks, he said, the pharmacy sends a refill request even though the prescription did not call for one. Each time, his office looks at the patient's chart to confirm the request is warranted. About half are not, he said.

Aside from creating unnecessary work, Dr. Lopatin believes, the flood of requests poses a safety issue. "When you are bombarded with refill after refill, it's easy for things to fall through the cracks, despite your best efforts," he said.

Pharmacists told The Times that many unwanted refill requests were generated by automated systems designed in part to increase sales. Others were the result of phone calls from pharmacists, who said they faced pressure to reach quotas.

In February, a CVS pharmacist wrote to the South Carolina board that cold calls to doctors should stop, explaining that a call was considered "successful" only if the doctor agreed to the refill.

"What this means is that we are overwhelming doctor's office staff with

constant calls, and patients are often kept on medication that is unneeded for extended periods of time," the pharmacist wrote.

CVS says outreach to patients and doctors can help patients stay up-to-date on their medications, and lead to lower costs and better health.

Dr. Rachel Poliquin, a psychiatrist in North Carolina who says she constantly gets refill requests, estimates that about 90 percent of her patients say they never asked their pharmacy to contact her.

While Dr. Poliquin has a policy that patients must contact her directly for more medication, she worries about clinics where prescriptions may get rubber-stamped in a flurry of requests. Then patients — especially those who are elderly or mentally ill — may continue taking medication unnecessarily, she said.

The American Psychiatric Association has been trying to tackle a related problem after hearing from members that CVS was giving patients larger supplies of medication than doctors had directed.

While it is common for pharmacies to dispense 90 days' worth of maintenance medications — to treat chronic conditions like high blood pressure or diabetes — doctors say it is inappropriate for other drugs.

For example, patients with bipolar disorder are often prescribed lithium, a potentially lethal drug if taken in excess. It is common for psychiatrists to start a patient on a low dose or to limit the number of pills dispensed at once, especially if the person is considered a suicide risk.

But increasingly, the psychiatric association has heard from members that smaller quantities specified on prescriptions are being ignored,

particularly by CVS, according to Dr. Schwartz, the group's president.

CVS has created a system where doctors can register and request that 90-day supplies not be dispensed to their patients. But doctors report that the registry has not solved the problem, Dr. Schwartz said. In a statement, CVS said it continued to "refine and enhance" the program.

Dr. Charles Denby, a Rhode Island psychiatrist, said CVS ignored his explicit directions not to dispense 90-day supplies of medication to patients.Tony Luong for The New York Times

Even after he began stamping the instructions on prescriptions, he said, CVS would tell him the "baldfaced lie" that his patients were asking for 90-day supplies. Dr. Denby's D.E.A. number has been redacted.Tony Luong for The New York Times

Dr. Charles Denby, a psychiatrist in Rhode Island, became so concerned by the practice that he started stamping prescriptions, "AT MONTHLY INTERVALS ONLY." Despite those explicit instructions, Dr. Denby said, he received faxes from CVS saying his patients had asked for — and been given — 90-day supplies.

Dr. Denby, who retired in December, said it was a "baldfaced lie" that the patients had asked for the medication, providing statements from patients saying as much.

"I am disgusted with this," said Dr. Denby, who worries that patients may attempt suicide with excess medication. "There are going to be people dead only because they have enough medication to do the deed with."

'We Already Have Systems in Place'

Alton James never learned how the mistake came about that he says killed his 85-year-old mother, Mary Scheuerman, in 2018.

He knows he picked up her prescription at the pharmacy in a Publix supermarket in Lakeland, Fla. He knows he gave her a pill each morning. He knows that after six days, she turned pale, her blood pressure dropped and she was rushed to the hospital.

Mary Scheuerman died in December 2018 after taking a powerful chemotherapy drug mistakenly dispensed by a Publix pharmacy. Her son said she was supposed to have received an antidepressant.

Mr. James remembers a doctor telling him his mother's blood had a toxic level of methotrexate, a drug often used to treat cancer. But Mrs. Scheuerman didn't have cancer. She was supposed to be taking an antidepressant. Mr. James said a pharmacy employee later confirmed that someone had mistakenly dispensed methotrexate.

Five days after entering the hospital, Mrs. Scheuerman died, with organ failure listed as the lead cause, according to medical records cited by Mr. James.

The Institute for Safe Medication Practices has warned about methotrexate, listing it as a "high-alert medication" that can be deadly when taken incorrectly. Mr. James reported the pharmacy's error to the group, writing that he wanted to raise awareness about the drug and push Publix, one of the country's largest supermarket chains, to "clean up" its pharmacy division, according to a copy of his report provided to The Times.

Trexall, a brand name for the drug methotrexate, can be used to treat cancer.

The company acknowledged the mistake and offered a settlement, Mr. James wrote, but would not discuss how to avoid future errors, saying, "We already have systems in place."

Last September, Mr. James told The Times that Publix wanted him to

sign a settlement agreement that would prevent him from speaking further about his mother's death. Mr. James has since declined to comment, saying that the matter was "amicably resolved."

A spokeswoman for Publix said privacy laws prevented the company from commenting on specific patients.

It can be difficult for patients and their families to decide whether to accept a settlement.

Last summer, CVS offered to compensate Kelsey and Donavan Sullivan after a pediatrician discovered the reflux medication they had been giving their 4-month-old for two months was actually a steroid. To be safely weaned, the baby had to keep taking it for two weeks after the error was discovered.

"It was like he was coming out of a fog," Mrs. Sullivan recalled.

Kelsey and Donavan Sullivan with their son, Finnegan. Last year, a CVS mistakenly dispensed a steroid for the baby in place of reflux medication. Nina Robinson for The New York Times

The couple, from Minnesota, are still considering a settlement but haven't agreed to anything because they don't know what long-term consequences their son might face.

The kinds of errors and how they occur vary considerably.

The paper stapled to a CVS bag containing medication for Ms. Watrous, the Connecticut teenager with asthma, listed her correct name and medication, but the bottle inside had someone else's name.

Directions on the prescription for Mr. Walker, the Illinois man who got ear drops instead of eye drops from Walgreens, were clear: "Instill 1

drop in both eyes every 6 hours." He later saw the box: "For use in ears only."

In September, Stefanie Davis, 31, got the right medicine, Adderall, but the wrong dose. She pulled over on the interstate after feeling short of breath and dizzy with blurred vision. The pills, dispensed by a Walgreens in Sun City Center, Fla., were each 30 milligrams instead of her usual 20. She is fighting with Walgreens to cover a $900 bill for her visit to an emergency room.

Fixes That Fall Short

State boards and legislatures have wrestled with how to regulate the industry. Some states have adopted laws, for instance introducing mandatory lunch breaks or limiting the number of technicians a pharmacist can supervise.

But the laws aren't always followed, can be difficult to enforce or can fail to address broader problems.

The National Association of Chain Drug Stores says some state boards are blocking meaningful change. The group, for instance, wants to free up pharmacists from some tasks by allowing technicians, who have less training, to do more.

It also supports efforts to change the insurance reimbursement model for pharmacies. Health care services provided by pharmacists to patients, such as prescribing birth control, are not consistently covered by insurers or allowed in all states. But it has been difficult to find consensus to change federal and state regulations.

While those debates continue, some state boards are trying to hold

companies more accountable.

For Mrs. Sullivan's infant to safely wean off the high-dose steroid he was given by mistake, he had to keep taking it for two weeks after the error was discovered.Nina Robinson for The New York Times

Often when an error is reported to a board, action is taken against the pharmacist, an obvious target. It is less common for a company to be scrutinized.

The South Carolina board discussed in November how to more thoroughly investigate conditions after a mistake. It also published a statement discouraging quotas and encouraging "employers to value patient safety over operational efficiency and financial targets."

California passed a law saying no pharmacist could be required to work alone, but it has been largely ignored since taking effect last year, according to leaders of a pharmacists' union. The state board is trying to clarify the law's requirements.

In Illinois, a new law requires breaks for pharmacists and potential penalties for companies that do not provide a safe working environment. The law was in response to a 2016 Chicago Tribune investigation revealing that pharmacies failed to warn patients about dangerous drug combinations.

Some states are trying to make changes behind closed doors. After seeing results of its survey last year, the Missouri board invited companies to private meetings early this year to answer questions about errors, staffing and patient safety.

CVS and Walgreens said they would attend.

Research was contributed by Susan C. Beachy, Jack Begg, Alain

SB18- How to Make Immunizations a Pharmacy Profit

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How to Make Immunizations a Pharmacy Profit Center

March 15, 2019

When Beverly Schaefer became one of the first pharmacists to administer flu shots in 1996, she could never have guessed that twenty years later she'd be administering nearly thirteen thousand immunizations per year.

Schaefer says her pharmacy was the first in the U.S. to offer mass immunizations administered by a pharmacist, and the reason she pioneered the idea came down to a business problem. She had turned down a contract from a major payer and all at once she lost 300 patients. Searching for a way to retain their business even while they were getting their prescriptions somewhere else, she ordered the flu vaccine and posted a sign on her door.

"We were hoping to do 300 flu shots the first year," she said. "We did 1,200. The biggest problem is that we had to go to the bank twice a day because we had so many tens and twenties in the till."

At that time they gave the shots out of a backroom with a table and a couple of chairs. When people came in to get the shots, they kept asking what else the pharmacy was going to offer back there. "It was like a light bulb went off," Schaefer said. "What people want is access to healthcare." Now her pharmacy, Katterman's Sand Point Pharmacy, has become a true immunization destination, offering 28 vaccines year-round. They account for nearly 20 percent of her business and 30 percent of her profit.

"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."

Marty Feltner, director of immunization services for Kohll's Pharmacy, also pioneered immunization in his home state of Nebraska. As the first pharmacy in the state to offer immunizations, Kohll's has become the immunization leader in the region. "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." Among its eight locations, Kohll's administers 50,000 to 80,000 flu immunizations per year.

Both Katterman's and Kohll's specialize in travel immunizations, which in itself has been a boon for business. People travel from hours away to get travel shots from their pharmacies. Around half of Schaefer's total immunization revenue comes from travel vaccines.

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. "You know that [Bezos] family that sends boxes to every house every day across the country?" Schaefer said, whose pharmacy is in Seattle, the location of Amazon's headquarters. "They have to come to my store to get travel immunizations. Because you can't do that by mail. So why not offer a service that mail order will never be able to compete with?"

A Golden Opportunity

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. A 2017 report from the Centers for Disease Control and Prevention stated that vaccination rates have a long way to go to meet the *Healthy People 2020* goals. And pharmacies can be the prime beneficiaries of this growing demand. Surveys show that patients find pharmacies to be more accessible and convenient than physicians' offices and health clinics. And the majority of people in the U.S. now prefer getting vaccinated at the pharmacy, according to
a survey by PrescribeWellness.

Many independent pharmacies have already caught on to this trend. The 2018 *NCPA Digest* shows 70 percent of pharmacies offering immunizations. However, that number includes pharmacies that only offer the flu shot. Another estimate says less than a quarter of independents offer immunizations beyond influenza. 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.

"If you want to add profit to your bottom line, increase the number of immunizations that you're doing. Every single immunization that you do adds to your bottom line. There are no exceptions."

Multiple pharmacy experts say pharmacies that offer expanded immunizations can expect a minimum $40K per year in additional revenue, but more likely closer to $90K. One independent pharmacy in Oklahoma gave 1,800 vaccines in one year, earning $40K in pure profit. Another independent pharmacy in Pennsylvania averaged more than 700 immunizations in its second year, resulting in more than $16K in profit.

"You do two or three new consultations a day, your profit on just those consultations could potentially pay for that pharmacist just to be there that day," Feltner said. "There are times where we'll get five or seven consultations in one day and have profitability of three or four hundred dollars on just that one-hour appointment depending on the patient's travel designation."

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?"

Immunizations also provide additional business benefits to indirectly increase revenue and profitability. "What we're finding is that pharmacies and pharmacists who are engaging in immunizations are being approached for other patient care activities," said Mitch Rothholz, chief strategy officer for the American

Pharmacists Association (APhA). “Coming in for immunizations is an opportunity to talk about other healthcare services they might need that the pharmacy can provide.”

That has been true in Feltner’s experience, especially for the shingles vaccine, which is suffering shortages because demand is so high. “You’re going to have lots of patients come into the pharmacy who may not be a regular customer and by offering the service you get them in the door,” he said. “If we say we offer the shingles vaccine, we may be able to transfer their prescription business over to our pharmacy just by having an immunization program. It just opens more doors.”

A broad and lasting benefit, immunizations move your pharmacy in the direction the profession is headed: from medication-focused to patient-focused care. “It’s a demonstration of pharmacists as a healthcare provider,” Rothholz said. “Because pharmacists are trying to move and expand their services into a more quality patient care delivery activity versus just providing a product. Pharmacists’ value to patients and the healthcare team is recognized when patients receive the appropriate medication or healthcare service and achieve the optimal benefit from those services.”

The addition of patient-centered services not only sets you up to survive the future of pharmacy, it also helps nurture patient loyalty. It’s one of the few opportunities pharmacists have to meet face-to-face with patients. “You’ll have a patient for life once you start immunizing,” Feltner said. “It’s been a very rewarding experience.”

Easy as 1, 2, 3

Many pharmacies don’t offer immunizations because the thought of an immunization program is overwhelming. After all, it’s a whole new addition that requires you to spend time and money ordering and storing new inventory, marketing new services, and most importantly, fitting it into your already busy workflow.

But Feltner and Schaefer said the difficulty of offering immunizations is a major misconception that keeps too many pharmacies away. In fact, adding an immunization program is really easy, they said.

You simply treat immunizations like prescriptions. When someone asks for an immunization, your process follows just as if they handed you a prescription. You give them a consent form, enter their insurance info, ring them up, and when they get to the front of the queue, the pharmacist brings them to

the consultation room and administers the vaccine. “Doing an immunization takes about as much time as filling a new prescription,” Schaefer said. “It’s like entering a new patient.”

Vaccines are ordered from your primary wholesaler (or possibly direct from the manufacturer) and stored in your refrigerator with your insulins and other refrigerated medicine, or they’re stored in your freezer. In other words, they fit right in alongside all your other prescription medicines.

But the only way to make the integration seamless is to utilize your employees well. Every part of the process should be conducted by technicians except for reviewing the documentation and administering the vaccine, which doesn’t take more than a couple of minutes of the pharmacist’s time. If you have a pharmacist who’s a recent graduate, consider letting them take the reins. “They’ve been trained in college to do this,” Schaefer said. “Give it to the youngest one and let them be in charge of it if you trust them.”

Feltner suggests starting out slow, with the flu, shingles, and pneumonia vaccines, and working your way up from there. “You can get a vaccine program up and running very, very quickly,” he said. He and Schaefer both grew their immunization programs gradually, adding vaccines to their repertoire as patients requested them. She suggests trying to expand your program by 10 percent each year, which she promises is achievable. Eventually you may grow your pharmacy into a complete immunization destination. “It just has a way of continuing to grow if you’re doing a good job at it,” she said.

Before you get started, reach out to other health providers and public health staff in your community, Rothholz said. “Identify what are their and their patients’ needs and challenges related to immunizations that your pharmacy could help address.”

Six Steps to Get Your Program Off the Ground

1. Check laws and regulations
2. Get trained and certified
3. Talk to other providers to get buy-in, discover needs, and establish a CPA if necessary
4. Prepare the pharmacy: create a private space, train staff, order supplies, and put a sign on the door
5. Establish workflow
6. Market the service

Potential Challenges

The biggest obstacle to getting an immunization program off the ground will likely be the legal aspect. Although every state allows pharmacists to administer vaccines, scope of authority varies widely. “The variability in what pharmacists can administer is typically dependent upon the age of the patient, the type of antigens or vaccine, and some other procedural modifications,” Rothholz said.

In many states, you have to establish standing protocols or collaborative practice agreements to be able to vaccinate. Most states require pharmacists to complete training on pharmacy-based immunizations. Pharmacies and pharmacists can check with their state pharmacy association or state board of pharmacy to identify the requirements and restrictions related to immunizations before getting started, Rothholz said.

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.”

Another potential hurdle you’ll want to be ready for is billing. Coverage for vaccines in pharmacies varies from plan to plan, including some under Medicare Part B and others through Part D. Some plans cover the total cost of the vaccine, others require a copay, and others don’t cover it at all. If a vaccine is not covered under the patient’s pharmacy benefit, Feltner and Schaefer have the patient pay out-of-pocket and self-submit the claim to their medical insurance. However, pharmacies can enroll as a mass-immunization provider and be compensated at the same level as physicians and other providers under Medicare Part B, Rothholz said.

For pharmacies feeling overwhelmed by the thought of starting a program, there are all kinds of resources to help. Start with the APhA’s certification program, which has trained more than 340,000 pharmacists. “The program is now considered the gold standard for pharmacy-based immunizations. It’s updated, it’s in line with CDC recommendations, it’s reviewed by immunization experts, and it’s recognized by individuals outside of the profession for its quality and content,” Rothholz said. In addition, APhA provides access to products and resources to keep up with current recommendations and vaccine information.

For clinical and logistical resources, visit the Immunization Action Coalition (IAC) website (*www.immunize.org*), which provides protocols, vaccine information statements, consent forms, and a host of other free documents as well as complete guidelines for offering immunizations at the pharmacy. Further resources for everything you need can be found from the APhA, CDC, and the Advisory Committee on Immunization Practices (ACIP).

More Than Profit

One of Feltner's favorite parts of immunizations is the opportunity they provide to interact with patients. It's one of the few things that frees him from behind the counter to get that personal touch.

Same goes for Schaefer. "Doing an immunization, it's a very intimate and private moment," she said. "You actually get to know these patients in a different way than you do transacting over the counter."

Immunizations live in that sweet spot of pharmacy practice where healthier patients and a healthier business meet. Research overwhelmingly shows that when pharmacies vaccinate, uptake increases, outcomes improve, and healthcare costs decrease.

"The more often we vaccinate, the more chances we have to decrease disease," Feltner said. "And that's the whole goal is to vaccinate as many people as we can. And it's a great feeling as a pharmacist to immunize someone against a potentially deadly disease."

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20 Tips to Make Your Immunization Program a Profit Center

Maximize your profit by increasing immunization sales with smart strategies from pharmacy owners who have been doing it for decades. Independent pharmacy owner Beverly Schaefer and director of immunization services Marty Feltner provide tens of thousands of immunizations every year, and their independent pharmacies have become immunization destinations. Use these tips compiled from their expertise and current research to get most money from your immunization program.

1. Start the Conversation

Starting the conversation is the most important part of increasing immunizations, Schaefer said. “There’s lots of topics that you can choose to start a conversation about immunization—travel, staying healthy, new vaccines. Even if people don’t do it right then, it plants a seed in their brain. And it gets word-of-mouth going.”

2. Put a Sign on the Door

For Schaefer, a simple sign is the first and most important step in marketing your services. This has been her single most successful strategy for increasing immunizations. On the sign, list all the immunizations you offer. “When we did this, people were totally amazed that we were doing all these shots,” she said.

3. Educate Patients

According to the CDC, education remains the largest barrier to immunization coverage. Simply informing patients about the preventable diseases and the vaccines that prevent them is an easy way to increase immunization rates. Use in-store signage, brochures from manufacturers, bag inserts, or a conversation.

4. Make Specific Recommendations

Asking the right patients about the right vaccines will give you a higher conversion rate. That involves identifying eligible patients and recommending the specific vaccine to them directly. For example, if the patient is over 50, simply let them know: Nearly 40 percent of people who have had chickenpox will get shingles. Offer to give them the vaccine right then and there.

5. Target Flu Shot Patients

Patients who get the flu shot have already shown an openness to immunizations, which means they’ll be much more inclined to accept further vaccines, according to a 2018 study published in Psychological Science in the Public Interest (PSPI). When patients come in for flu shots, have them fill out an intake form and ask about the last time they received other recommended vaccines.

6. Make Strong Recommendations

The PSPI study also discovered that a strong recommendation from the provider is the single most powerful way to motivate someone to get vaccinated. Instead of asking if they would like the vaccine, tell them they're eligible and that they can get it before they leave the pharmacy.

7. Identify Eligible Patients

Most pharmacy systems allow you to create an alert for patients when their profile matches a vaccine need, which most often is based on age. Feltner relies on his employees to know which patients to look for and when to recommend vaccines. "The big key is to delegate and to train your staff on how to recognize someone who is eligible," he said. "Train your staff. Train your staff. Train your staff."

8. Utilize Entire Staff

After a visit to a national chain, Feltner realized how effective it is to have every single staff member, no matter their role, ask patients if they've gotten a vaccine. The store's cashier asked every patient at checkout if they had gotten the flu shot. If they said no, she directed them to the pharmacy. "I thought that was eye opening," he said. "That's part of the whole idea of delegating to your entire staff."

9. Zero Copay Tactic

This trick has been wildly successful for Feltner: He keeps track of which insurance and government plans offer patients a zero copay for a vaccine. Any time his staff sees a patient with one of those plans, they make the recommendation and let the patient know the vaccine is completely free. At that point, it's an easy sell.

10. Co-administration

Co-administering vaccines can also cause an uptick in vaccinations. Patients will be much more likely to receive multiple immunizations if they get them all in one stop rather than returning at another time. As long as the vaccines don't have contraindications, you can safely administer multiple vaccines in one visit. Also consider ordering combination vaccines that contain multiple vaccines in one shot, which are even more convenient for patients and reduce your storage costs.

11. Offsite Events

“Pharmacists who are successful in immunizations are not limiting provision of vaccines to the walls of their practice,” said Mitch Rothholz, chief strategy offer at APhA.“They’re going out to businesses and doing immunizations in the community, whether it be an event or in private businesses.” Offsite events not only generate money from vaccines given at the event, they’re also a perfect opportunity to recruit new patients to your pharmacy for good. Good offsite opportunities include school systems, health fairs, local businesses, assisted-living communities, apartment-complex communities, police departments, churches, and colleges.

12. Employer Partnerships

A huge source of immunization revenue for Feltner’s practice site is corporate partnerships. He’s developed relationships with several corporations who send their employees overseas. All of those employees go to Kohll’s Pharmacy for travel immunizations, which usually involve multiple vaccines.

13. On-Air Advertising

Go live on the radio or TV and give flu shots. “Just make it fun,” Feltner said. “The big thing I tell pharmacists is make it fun. Then you’re having fun immunizing and preventing disease.”

14. Helping with Costs

The second biggest barrier to immunizations, according to the CDC, is cost. The agency recommends pharmacies consult with local and state public health vaccination programs to learn about publicly funded programs that could help patients with the cost of vaccines. You can also enroll in the Vaccines for Children Program, which provides pharmacies federally purchased vaccines to fully vaccinate eligible children.

15. Offer Coupons

Take a page from the national chain pharmacies and big-box stores. Give patients a small voucher or coupon to your front end when they get an immunization from you. The profit you earn from them will outweigh the gift.

16. Fax Physicians

After immunizing a patient, Schaefer sends a fax to the provider. The fax includes the entire list of vaccines she offers, with an X next to the vaccine she administered. That way, the physician will know every vaccine she offers and can refer patients to her in the future.

17. Word-of-Mouth

If you offer a top-notch immunization program, your patients and physicians will do the advertising for you. Both Schaefer and Feltner attributed their most successful marketing to word-of-mouth. In fact, Schaefer spends zero dollars on advertising.

18. Answering Machine

Use your answering machine to highlight your immunization services. “When you call my store, it’s ‘Hello, you’ve reached Katterman’s pharmacy, your immunization destination,’” Schaefer said. “That way they’re thinking about immunizations whether they want to or not.”

19. Incentivize Your Pharmacists

Schaefer said the high margins on immunizations allow you to pay a bonus to your pharmacists for each immunization they administer. For an immunization that earns $20, let your pharmacists take two to five bucks of that to give them extra motivation.

20. Travel Tricks

Travel vaccinations come with their own bag of tricks—all of which genuinely help the health of patients.

- Hold a consultation with patients to ask where they're going, review their immunization history, and offer them everything they'll need.
- Use Travax, an online resource, to identify every vaccine a patient will need for the area they're visiting.
- Create a "travel checklist" with OTC items patients may need for the trip, which they can purchase in your front end.
- Compile a section in the front end dedicated solely to travel products and walk your patient through it after each consultation. Schaefer said it's not uncommon for patients to spend an extra one to two hundred dollars on her OTC travel products.
- Put a sign on your front door: "Are you traveling out of the country? Have you had your hep A, yellow fever, and typhoid shots?"
- If a patient comes in asking for a specific travel vaccination, ask where they're traveling. You may be able to offer additional immunizations or travel products.
- Get a standing order or collaborative practice agreement to administer prescription travel medicine, like antimalarial drugs.

From the Magazine

This article was published in our quarterly print magazine, which covers relevant topics in greater depth featuring leading experts in the industry. Subscribe to receive the quarterly print issue in your mailbox. All registered independent pharmacies in the U.S. are eligible to receive a free subscription.

Read more articles from the March issue:

- How CPESN networks break pharmacies into the lucrative side of healthcare
- A classic retail tactic that boosts front-end sales
- Is pharmacist prescribing authority on the rise?
- This pharmacy dramatically expanded its business through telepharmacy
- How to hire the best people for your pharmacy
- A new weight loss program that helps patients lose pounds

A Member-Owned Company Serving Independent Pharmacies

PBA Health is dedicated to helping independent pharmacies reach their full potential on the buy-side of their business. Founded and owned by pharmacists, PBA Health serves independent pharmacies with group purchasing services, wholesaler contract negotiations, proprietary purchasing tools, and more.

An HDA member, PBA Health operates its own NABP-accredited secondary wholesaler with more than 6,000 SKUs, including brands, generics, narcotics CII-CV, cold-storage products, and over-the-counter (OTC) products — offering the lowest prices in the secondary market.

SB18 Immunet.pdf
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Position: UNF

Maryland
DEPARTMENT OF HEALTH
Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

March 16, 2022

The Honorable Paul G. Pinsky, Chair
Education, Health and Environmental Affairs Committee
Miller Senate Office Building, 2 West
Annapolis, MD 21401

The Honorable Shane E. Pendergrass, Chair, Health and Government Operations Committee
House Office Building, Room 241
Annapolis, MD 21401

Re: SB 736/HB 1040 (Chapters 792 and 793 of the Acts of 2021) - Health Occupations - Pharmacists - Administration of Children's Vaccines - Study and Temporary Authority

Dear Chairs Pinsky and Pendergrass:

Pursuant to Health Occupations - Pharmacists - Administration of Children's Vaccines - Study and Temporary Authority (HB 1040/SB 736) (2021), the Maryland Department of Health (MDH) is directed to produce a report, in consultation with the State Board of Pharmacy, to the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee. In accordance with § 2–1257 of the State Government Article, MDH must include information it determines is important for setting policies for authorizing pharmacists to administer vaccinations to children, including: (1) the number of vaccines administered to children by pharmacists in accordance with the requirements of Section 1 of this Act; (2) the effectiveness and efficiency of ImmuNet; and (3) whether the option for children to be administered vaccines by pharmacists has led to changes in well-child visits with pediatric primary care providers.

Md. Ann. Code Health-General Article §18–109 requires an ImmuNet program. The current ImmuNet platform was implemented in 2010 as a database to capture and record an individual's vaccination records and provide a web-based tool for healthcare providers and schools to keep their patient and/or student vaccinations up-to-date. Health-General Article §§12-508 and 18–109, respectively, require pharmacists and local health departments to report all vaccinations to ImmuNet. In October 2019, HB 316 (2019) amended the law to require vaccinations administered by all providers in Maryland be reported to ImmuNet with the exception of those administered in nursing facilities, assisted living programs, continuing care retirement communities, or medical day care programs. Since its inception, ImmuNet has captured over 74 million vaccinations and has nearly 8,000 registered organizations throughout the state. Additionally, providers in the federal Vaccines for Children (VFC) program are required to order vaccinations for their VFC eligible population in ImmuNet. Since the capability to support this was developed, VFC providers have ordered over 16 million vaccinations. ImmuNet serves

as the primary source for COVID-19 vaccination data, and all doses of COVID-19 vaccinations are ordered through ImmuNet.

Table 1 provides the following data from all time as measurements of ImmuNet's overall efficiency and effectiveness in surveilling vaccinations in the state: the total number of vaccinations administered by pharmacists to children, vaccinations recorded in ImmuNet, organizations registered with ImmuNet, vaccinations ordered in ImmuNet, and the percentage of providers reporting to ImmuNet. In accordance with Health-General Article §12–508, pharmacists are required to report all vaccinations administered to ImmuNet.

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%

MDH's Prevention and Health Promotion Administration and Maryland Medicaid worked together to provide data on well-child visits with pediatric primary care providers prior to and after the enactment of this legislation. This data is presented in Table 2.

Table 2: Medicaid Enrollees Well-Care Visits and Vaccinations, Maryland, 2018-2020

Indicator	CY 18	CY 19	CY 20*
Total Enrollees	564,000	565,922	564,057
Enrollees with a Well-Care Visit	338,510	345,143	295,786
Enrollees with a Vaccination from a Non-Pharmacy Provider	231,551	230,044	206,086
Enrollees with a Well-Care Visit and a Vaccination from a Non-Pharmacy Provider	208,685	208,894	185,732
Enrollees with a Vaccination from a Pharmacy	5,701	5,108	10,913
Enrollees with a Well-Care Visit and a Vaccination from a Pharmacy	3,739	3,398	6,138
Enrollees with Any Vaccination	234,938	233,343	213,800
Enrollees with a Well-Care Visit and Any Vaccination	210,364	210,633	188,981

**Service utilization in CY20 may be impacted by the COVID-19 pandemic*

The results of an analysis of Medicaid data conducted by The Hilltop Institute show that enrollees receiving vaccinations from a pharmacy increased in number while those receiving vaccinations in other settings declined during the study period. However, it is important to note that providers may submit fee-for-service (FFS) claims for up to 12 months after the date of service. Therefore, an insufficient period has passed to gather all claims and encounters rendered

for the entire measurement period. Data for this period are considered preliminary at this time. Additionally, service utilization in calendar year 2020 may be impacted by the COVID-19 pandemic.

If you have questions about this report, please contact Heather Shek, Director, Office of Governmental Affairs, at 410-767-5282 or heather.shek@maryland.gov.

Sincerely,

Dennis R. Schrader
Secretary

cc: Jinlene Chan, MD, MPH, FAAP, Deputy Secretary, Public Health Services
Steven R. Schuh, MA, Deputy Director for Health Care Financing Administration and Medicaid Director
Heather Shek, JD, MS, Director, Office of Governmental Affairs
Donna Gugel, MHS, Director, Prevention and Health Promotion Administration
Deena Speights-Napata, MA, Executive Director, Maryland Board of Pharmacy
David Blythe, MD, MPH, Director, Infectious Disease Epidemiology and Outbreak Response Bureau
Sarah Albert, Department of Legislative Services, 5 copies (MSAR # 13347)

SB18- Pharmacies are struggling to refill their ow

Uploaded by: Sarah Cusack

Position: UNF

Feb 6, 2024 - Health

Pharmacies are struggling to refill their own ranks

Tina Reed, author of Axios Vitals

Illustration: Sarah Grillo/Axios

Pharmacy retail chains staking their future on expanding the health care services they offer are running into a big problem: It's getting harder to draw the next generation of pharmacists amid turmoil in

the industry.

Why it matters: The pharmacies' ambitions to become go-to providers for vaccinations, patient monitoring and even prescribing are being threatened by workforce shortages and burnout, as well as a flagging talent pipeline from the nation's pharmacy schools.

Driving the news: Walgreens on Monday announced a partnership with pharmacy school deans at 17 universities to better align training with the changing pharmacy business model.

- But the goal is also, in part, to address the industry's image problem.

What they're saying: "We have got to evolve this to get people excited to get back in the industry," Rick Gates, chief pharmacy officer at Walgreens, told Axios.

The big picture: There's been a steady drop in applications to pharmacy schools, falling 64% from nearly 100,000 in 2012 to about 36,000 in 2022, according to the American Association of Colleges of Pharmacy.

- In 2022, there were 13,323 graduates from four-year pharmacy programs, down from 14,223 the previous year and the largest drop since 1983, per AACP data.

- Widely publicized staff walkouts in recent months have called attention to increased workload demands that pharmacists warned are making them more prone to errors.

- There's been a big shift from the time when pharmacists were revered members of their

community, said Frank Harvey, CEO of Surescripts and a pharmacist. Expanding the services that pharmacists provide, while cutting down other workloads, can help restore that respect, he said.

- "We've gone through this 20- or 30- or 40-year span where the pharmacists' job got diluted," he said. "If we could just get it back to what the perception was 50 years ago."

- "We were seen as the doc, you know? I had a ton of my patients who used to call me, 'Doc, can you help me out with this?'"

Zoom in: The University of North Carolina's Eshelman School of Pharmacy, which is part of the new Walgreens initiative, two years ago added more comprehensive education around the business of health care.

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- "They didn't really understand the business of health care in this country. How does a drug get from a manufacturer to a patient?" Angela Kashuba, the school's dean, told Axios.

- It's an example of the kind of updates that need to take place in pharmacy schools, she said.

Between the lines: In response to concerns about overwork, national retailers including Walgreens and CVS Health are trying to streamline and eliminate some tasks by investing heavily in automation and micro-fulfillment centers where robots do most of the work.

- They've also begun making headway in getting insurers to recognize pharmacies' ability to furnish care amid shortages of other providers and to pay for this work, said Walgreens' Gates.

- The industry's attempts to transform itself, he said, should ultimately help pharmacists prioritize what's usually the most fulfilling part of their job — helping patients.

A message from The American Cancer Society Cancer Action Network

Congress: Pass access to innovation in early cancer detection

Early cancer detection gave Carrie more time.

Multi-cancer early detection tests have the potential to screen for dozens of cancers with a simple blood test. Congress: Pass H.R. 2407 and S. 2085 and provide a pathway to access in Medicare once FDA-approved and clinical benefit is shown.

See more.

Go deeper

Erin Doherty
Updated 34 mins ago - Politics & Policy

RFK Jr. apologizes to family after Super Bowl ad

Screenshot: American Values 2024

Robert F. Kennedy Jr. apologized to his family Sunday night after a super PAC backing his presidential bid ran a Super Bowl ad that mirrored a 1960 presidential campaign ad for his uncle, former President John F. Kennedy.

Why it matters: The ad was an extraordinarily expensive investment and generated online buzz for the long-shot presidential candidate who is seeking to boost his national name recognition.

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Jason Millman
1 hour ago - Health

Pharma showed up for the big game

Illustration: Maura Losch/Axios

Menopause is in, toenail fungus is out.

The big picture: A 60-second ad for Astellas' new menopause treatment for hot flashes aired just before Super Bowl kickoff yesterday, while Pfizer had some of history's greatest scientists rocking out to Queen to promote its cancer work.

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Emily Peck, author of Axios Markets
2 hours ago - Economy

Why rate cuts won't make buying a house much easier

Illustration: Shoshana Gordon/Axios

Interest rate cuts, now expected to happen this summer, won't solve the housing affordability crisis — in fact, prices may rise when rates come down.

Why it matters: High mortgage rates have pushed up the cost of financing a home, and constrained the supply — some lawmakers are even urging Federal Reserve chair Jerome Powell to lower rates to improve housing affordability.

Go deeper (2 min. read) ⟶

SB18- Pharmacy Chains ignored please to fix broken

Uploaded by: Sarah Cusack

Position: UNF

Deteriorating working conditions inside the nation's largest pharmacy chains have put patient safety at risk and plunged the profession into chaos. *Spencer Holladay, USA TODAY Network*

Pharmacies Add Topic

Prescription for disaster: America's broken pharmacy system in revolt over burnout and errors

Emily Le Coz
USA TODAY

Published 5:05 a.m. ET Oct. 26, 2023 | **Updated 3:38 p.m. ET Oct. 26, 2023**

Pharmacists with the nation's largest retail pharmacy chain felt dangerously burned out.

It was August 2020. The pandemic was in full swing, straining an already weary workforce hit by a decade of relentless budget cuts and rising demands.

One by one, the pharmacists dialed into a weekly conference call with their boss. He could have empathized with them or addressed the reality of their pressure-cooker environment – one that breeds medication errors and creates missed opportunities to prevent potentially deadly mistakes.

Instead, CVS District Leader Khalil Haidar turned up the heat. He harped on his Texas-and-Louisiana-based team to hit corporate quotas: Sell more store memberships. Push for more prescription pickups. Vaccinate more people. He threatened discipline and staff cuts unless pharmacists convinced at least five customers that week to get a flu shot before flu season had even officially started.

“If you get your goal, nobody will come after you," Haidar said on the call, one of several recorded and shared with USA TODAY. "And many patients, they are ignorant. They don’t know what the flu is ... How are you going to convince them? How can you persuade them? That’s your job as a pharmacist.”

Pharmacists take an oath to hold patient safety in the highest regard when preparing and dispensing medication. But rising pressures inside the nation’s largest retail chains have forced pharmacists to choose between that oath and their job.

The situation was bad before the pandemic. COVID-19 made it worse. It has only gone downhill since then. Frustrations boiled over this autumn in a series of high-profile walkouts that left a string of CVS and Walgreens pharmacies shuttered or short-staffed. Those actions might have caught consumers off guard. But inside the troubled industry, it was the clarion call of a beleaguered workforce pushed to the brink.

Corporations like CVS, Rite Aid, Walgreens and Walmart have consistently slashed pharmacy staffing levels while simultaneously saddling their frontline workers with a burgeoning list of additional duties.

Stores that a decade ago might have had two pharmacists and six pharmacy technicians filling an average of 500 prescriptions a day now may have half the staff and an even higher prescription volume – plus an endless crush of vaccine appointments, rapid tests and patient consultation calls.

Every task is timed and measured against corporate goals that reward speed and profits. Staff who do not fill prescriptions fast enough, answer the phones quickly enough or drum up enough vaccination business can face discipline, reassignment or termination.

Pharmacists said it’s nearly impossible to meet all the demands without cutting corners, and when corners get cut, patients can get hurt.

“The public’s health is in danger,” said Oklahoma City pharmacist Bled Tanoe, who quit her job at Walgreens in August 2021 over what she considered unsafe staffing levels and an emphasis on hitting corporate targets. “The incidents of error are multiplied by infinity.”

USA TODAY interviewed four dozen current and former retail pharmacists from different chains across the nation and spoke with industry leaders, patient advocates and patients harmed by pharmacy errors. Many pharmacists spoke to USA TODAY on the condition of anonymity to protect their jobs.

The media organization also reviewed more than 100 emails from chain pharmacists sharing their concerns; inspected internal emails, text messages, metric score sheets and coaching notes; and listened to more than five hours of recorded conference calls.

These interviews, audio recordings and documents – along with dozens of pharmacist workplace surveys, task force studies and state board of pharmacy reports – add up to a prescription for disaster.

“I could cry as to what’s happening in my profession,” said Daniel A. Hussar, a professor and dean emeritus at the Philadelphia College of Pharmacy, where he taught for 52 years before retiring in 2018 to focus on his family and his blog, The Pharmacist Activist.

Hussar lamented the transformation of a once-vaunted career into the equivalent of a fast-food job whose workers are pressured to upsell every customer and race through every order. Mistakes in that environment are not only common, he said, they’re potentially fatal.

“At corporations like CVS, Walgreens, Walmart, Rite Aid – the huge pharmacies – errors are a cost of doing business,” Hussar said. “I don’t think the boards of pharmacy or the colleges of pharmacy or the professional associations are doing enough to address the issues.”

For years, pharmacists have reported these problems to their state boards, complained to their professional organizations and warned the media. The New York Times wrote about how the dangerous workload imperils patient safety just before the pandemic hit U.S. shores.

Promises were made and broken – documented by pharmacists themselves in state surveys that followed.

In California, 91% of chain pharmacists surveyed by the state Board of Pharmacy in 2021 said they lacked the staff needed to ensure adequate patient care. More than half of pharmacists polled by the Kansas Board of Pharmacy in 2022 said they didn’t feel they could perform their jobs safely; the biggest reasons cited were a lack of adequate staffing and employer-imposed metrics, like filling a specific number of prescriptions a day or providing service to customers within a set time.

Hundreds of pharmacists in Ohio responded to a 2020 callout from their state board about the toll of their workload on patient safety in a report made public in the next year.

“I feel a mistake is breathing down my neck as I try to manage all the tasks that I am asked to perform,” one wrote. Another said they had left the profession because “the environment was set up for me to fail.”

State regulatory bodies overseeing pharmacies have for years refused to intervene. Their role is mainly to protect consumers, not pharmacists, and they traditionally considered many of these complaints – staffing, metrics, workload – outside their purview. They were seen as business decisions, not consumer safety issues, said Karen Winslow, interim executive director of the Virginia Pharmacy Association.

That’s starting to change, but not without a fight.

Ohio proposed a series of rules this year aimed at improving pharmacy working conditions. Among them: A ban on quotas and requirements for sufficient staffing. The rules are currently pending a vote amid overwhelming support from pharmacists and opposition from retail pharmacy chains, including Walgreens and CVS.

“The Board should stay focused on the regulation of the practice of pharmacy rather than the business of pharmacy,” wrote CVS Director of Regulatory Affairs John Long in opposing an early version of Ohio’s rules last year.

Virginia passed emergency regulations in late September also banning production quotas and bolstering pharmacy staffing. Those rules are in effect until March 2025, giving the state time to develop and pass more permanent measures.

Enforcing these rules could prove challenging. California, one of the first states to outlaw pharmacy production quotas and mandate minimum staffing, is coping with routine violations by retail pharmacies that then fail to provide records to inspectors seeking to verify complaints, state Board of Pharmacy minutes show.

Professional associations, meanwhile, have earned their members’ scorn for hosting workshops on resiliency rather than advocating for better working conditions. Many pharmacists told USA TODAY they feel like no one stands up for them.

That, too, is starting to change. In the wake of the CVS walkouts last month, the new head of the American Pharmacists Association, the industry’s largest professional organization, flew to Kansas City to meet with the organizers and committed to more aggressive leadership on these issues.

“The APhA has been focused on longer-term fixes, and what we’ve heard loud and clear is we need to focus on the acute problems,” said Michael Hogue, the association’s chief executive officer and executive vice president. “That’s what we’re going to do.”

USA TODAY reached out to CVS, Walgreens, Walmart and Rite Aid for comment.

Representatives of CVS and Walgreens generally acknowledged the challenges their pharmacists have faced in recent years but denied allegations of dangerous working conditions. They said goal-based metrics on measurable objectives such as quick prescription turnarounds, short telephone hold times and vaccination volumes are standard within the industry and meant to assess quality rather than penalize staff.

CVS, Rite Aid, Walgreens and Walmart all emphasized their commitments to patient safety and described their various efforts to continually reduce error rates.

“Patient safety is our highest priority,” Amy Thibault, CVS Pharmacy’s lead director of external communications, told USA TODAY. “Our more than 30,000 CVS pharmacists approach this responsibility with seriousness and dedication and we work hard to earn the trust of our pharmacy patients.”

CVS, Walgreens and Walmart also said they have invested in new technologies to streamline services, increased wages to better recruit and retain staff, and rolled out new initiatives to support their teams and reduce their workloads.

The major chains now provide half-hour lunch breaks for staff. Many also recently announced reduced pharmacy hours at locations nationwide. Walmart spokesman Tyler Thomason said reduced operating hours promote a "better work/life balance."

But pharmacists told USA TODAY their workloads remain the same and that they're pressured to work through lunch and stay late to finish everything. At locations where hours were cut, many pharmacists said, they've seen their salaries decrease accordingly.

"I've given the company thousands and thousands of dollars in free labor," said a CVS pharmacist who was on Haidar's team during the pandemic-era conference calls. "Our bosses can log into the computer any time and tell how far behind we are. They will send group texts and say, 'I see you're trending behind. What are your plans to finish it tonight?' Very intimidating comments. You fear for your job all the time."

Haidar, who now leads a different team, told USA TODAY the recordings must have been altered and that he never threatened staff with discipline for falling short of vaccination goals. He also said they are not an accurate depiction of his leadership. When asked if he would like to listen to the recordings, Haidar declined.

Michael DeAngelis, CVS' executive director of corporate communications, said it is not the company's "policy or practice to penalize pharmacy teams regarding the number of vaccinations they administer" and that it "is committed to compensating our colleagues appropriately for the hours they work."

DeAngelis also said CVS recently reduced its pharmacy metrics by 50%, but he declined to provide additional details.

Walgreens announced last year the complete elimination of performance-based metrics, the only major chain to have taken such a step. But interviews with pharmacists and documents provided to USA TODAY show the company continues to push staff to hit unrealistic goals.

One Walgreens pharmacist said she was reprimanded earlier this month for taking too long to verify prescriptions, even though her extra diligence had caught several serious mistakes.

According to notes from her coaching session, shared with USA TODAY, she should take less than 30 seconds to verify the accuracy and appropriateness of every prescription, in addition to checking for potential problems like drug allergies or interactions.

"I pray every day that I don't miss something or cause a patient harm," said the Tennessee-based pharmacist, who estimates she handles several hundred prescriptions daily. "I feel guilty knowing that I would want someone to double check the math on a prescription of antibiotics for my child, but I don't have time to do that for their child."

Medication errors: A pharmacist's worst nightmare

Medication errors are a pharmacist's worst nightmare. Many told USA TODAY they lie awake at night wondering if, in their haste, they made a mistake that might hurt or kill someone.

In May 2021, that someone was Brenden Fisher.

The Sarasota, Florida, child overdosed on a newly prescribed anti-seizure medication after the CVS pharmacy near his home dispensed the drug with the wrong instructions on the label.

By the third dose, Brenden was lethargic, dazed and struggling to breathe. His parents, Paris Bean and Jason Fisher, rushed their then-2-year-old to the hospital, thinking he was dying.

Hospital staff didn't know what was wrong with him, Bean recalled, until a nurse asked if he was taking his 1.2 ml of levetiracetam twice daily.

When Bean told her the instructions said to give him 7.5 ml, "you could almost hear her jaw drop," Bean recalled. "She said, 'Did you give that to him?' And I said, 'Yes. Is that why we're here?' She said, 'I wouldn't be surprised.'"

Brenden still suffers from a full-body tic he first developed during the incident, his parents said. Dozens of times a day, he will suddenly stop whatever he is doing, clasp his hands together, clench his jaw and tense every muscle in his body while staring off into space. Each episode lasts anywhere from 5-10 seconds.

His parents haven't been able to definitively link the tic to the overdose, but they said they have no other explanation for it.

Anti-seizure medications like levetiracetam depress the central nervous system, Hussar said. Because nerves tell muscles when to contract and relax, he said, there could be a connection between the overdose and Brenden's involuntary muscle contractions.

Bean said she blames CVS for the mistake but also herself: "I'm the one who physically administered it ... I could have killed him."

CVS declined to comment on the error.

Bean and her husband filed a lawsuit against CVS in February that was settled out of court for an undisclosed sum. But they said they did not file a complaint with the Florida Board of Pharmacy.

That means it's one of countless errors for which there's no official tally or public record.

Despite a widespread industry belief that medication errors are on the rise as a result of unsafe working conditions, there is no reliable or comprehensive public data to prove it.

No federal agency requires pharmacists to report medication errors, and few state boards of pharmacy mandate it. Many pharmacies and pharmacy chains track errors internally but do not share the numbers with the public. CVS and Walgreens both declined to share their data with USA TODAY.

"There really is no way of knowing how many errors are actually out there," said Larry Selkow, a retired California pharmacist who recently served on the American Public Health Association's task force on pharmacy medication safety issues.

The group estimated U.S. pharmacies annually make 54 million dispensing errors, of which 2.3 million are potentially harmful. It recommended the establishment of a national pharmacy reporting system to collect data on errors and their underlying causes. Having such information, Selkow said, would allow pharmacies to adopt practices to prevent future mistakes.

Numerous pharmacists told USA TODAY that errors are not consistently reported – even internally. Small mistakes and those caught early are routinely hidden.

“Some pharmacists don’t report it especially if they’ve already had, like, five errors that year," said Shane Jerominski, a California pharmacist who worked for both Walgreens and CVS. "For every error that gets found out, there will be an error that never gets caught."

Even when they do report potentially fatal errors, some pharmacists said, no one from their companies investigates how they occurred or makes changes to prevent them from repeating.

A former CVS pharmacy manager at a short-staffed, high-volume store in Georgia said he was horrified when one of his patients who was prescribed Bisoprolol for high blood pressure accidentally received a sleeping aid called Belsomra and got sick after she started taking it.

The pharmacist, who now works for Walmart, said he had hoped the error would be a wake-up call for higher-ups who might finally give his store adequate staffing. It didn’t work out that way.

“They had me do that little report, but my manager, nobody ever followed up,” he said. “They were like, ‘OK, cool, see if she would like a gift card, and we’ll handle it from here.’ And that was it. It’s like they could care less. Like it didn’t even happen.”

CVS did not comment on the incident, but Thibault said that the company’s first priority when it learns of any error is the patient’s safety. She said it then takes steps to correct the error and learn from it. Walgreens said in a statement that it’s mandatory for employees to report errors under the company’s “Continuous Quality Improvement Program.”

“We take any prescription error very seriously and have a multi-step prescription filling process with numerous safety checks to minimize the rare chance of human error,” said Marty Maloney, Walgreens’ senior manager of media relations.

Pharmacists are personally liable for medication errors and risk fines, discipline and loss of license if investigated and found responsible by their state board. Many told USA TODAY they get little or no support from their company when mistakes happen, even if the conditions imposed by those companies contributed to the error.

The Nevada Board of Pharmacy in September fined and suspended the licenses of two CVS pharmacists who accidentally gave a pregnant woman the abortion drug misoprostol instead of the fertility treatment she was prescribed. The mistake, which was first reported by 8NewsNow in Las Vegas, ended the woman’s pregnancy.

The Nevada board also fined CVS $10,000 over the objections of company attorney William Stilling who argued CVS itself did nothing wrong.

“The only allegation” against CVS, Stilling said, “is that they had these pharmacists.”

Pharmacy benefit managers played role in the current crisis

Retail pharmacy wasn’t always this bleak.

Twenty years ago the industry was thriving. CVS and Walgreens were opening new locations at a rapid clip. New pharmacy schools popped up to meet the needs of a profession in high demand. Meanwhile, Americans’ appetite for prescription drugs was soaring.

Independent and chain pharmacies alike were earning relatively healthy profits from drug sales and could afford to hire and retain enough staff to keep their operations humming.

A constellation of factors contributed to the industry’s downturn. They include rising drug costs, changing consumer habits and the emergence of online pharmacies.

But none looms larger than the outsized influence of pharmacy benefit managers. These third-party administrators of health insurers’ prescription drug programs have eroded the profits of retail pharmacies to the point where they now lose money on many sales.

“In today’s world, 7 out of 10 medicines dispensed by a pharmacy are dispensed at a loss,” Hogue said, referring to the non-generic drugs that represent pharmacies’ largest expense.

Pharmacy benefit managers, commonly referred to as PBMs, act as a middleman between the insurers, the drug manufacturers and the pharmacies. They negotiate drug prices with manufacturers, determine which drugs will be covered by insurance plans and set reimbursement rates for pharmacies that buy and sell the drugs.

As the power of PBMs rose over the years, they demanded bigger rebates from drug manufacturers and pocketed increasingly bigger shares of those savings instead of passing them along. They also lowered pharmacy reimbursement rates and tacked on hefty fees known as Direct and Indirect Remuneration.

The three largest PBMs – ExpressScripts, owned by Cigna; CVS Caremark, owned by CVS Health; and OptumRx, owned by the same company as UnitedHealthcare – control a majority of the market.

While PBMs’ collective profits skyrocketed over the past decade, their tactics plunged retail pharmacies into financial distress and left them scrambling for alternative sources of revenue, like vaccinations, to stay afloat.

The Federal Trade Commission launched an inquiry last year into PBM practices, which have already been the subject of several lawsuits.

Independent pharmacies have been hit especially hard. Not only are their reimbursement rates lower than those of chains, but their patients have been steered away by PBMs that insist they use a preferred chain pharmacy instead.

Charles Thompson, a pharmacist and independent owner of Grove Park Pharmacy in Orangeburg, South Carolina, said he has lost countless customers who were told by their PBMs to use CVS and Walgreens instead. Between that and the lower reimbursements, he said, Grove Park had to diversify to stay open. It now offers an in-store medical clinic, hospice services and medical equipment rentals.

“If I had to rely only on filling prescriptions,” Thompson said. “I would be out of business.”

Other independent pharmacies simply closed. The United States has lost more than 3,500 mom-and-pop pharmacies in the past decade, according to data from the National Community Pharmacists Association, which represents independent pharmacies.

“The independents have been the canaries in the coal mine,” said B. Douglas Hoey, chief executive officer of the National Community Pharmacists Association.

Now the chains are following suit. CVS, Walgreens and Rite Aid all recently announced the closure of hundreds of pharmacies as they face slumping revenues and the fallout from multiple lawsuits for their alleged roles in the nation’s opioid crisis. Rite Aid filed for bankruptcy earlier this month.

“It’s all coming home to roost,” Hoey said of the PBMs’ unchecked power and their practice of steering patients away from the independents and into the chains. “It has overloaded the system, and also that corporate mentally of just, ‘we’re going to work the workers to death,’ I think that’s coming home to roost, too.”

Pharmacists bleeding, crying, working alone

Like the metaphorical frog boiling in the pot, Wendy Lear said she didn’t realize how bad her job at CVS had gotten until there were so few staff left that she was forced to work alone, even when she had no business being behind the pharmacy counter.

Lear’s stint with CVS started in 2009 when the chain bought the independent pharmacy where she worked in Lexington, Kentucky. The transition was dramatic but initially tolerable, Lear said, because CVS retained enough pharmacists and technicians to meet the patients’ needs.

But that changed over the years as CVS whittled away its staff while heaping more work upon the few who remained.

One time, Lear recalled, she went to work while miscarrying her first child because her boss couldn’t find anyone to cover her overnight shift and begged her to go in. Bleeding, cramping and emotionally distraught, Lear said, she fielded phone calls and filled prescriptions until she had to lie down on the floor.

Another time when she was sick with norovirus and vomiting in a trash can behind the pharmacy counter, Lear said, she was asked to keep working until her boss could find someone to replace her. Lear toughed it out for two hours before texting her boss for an update.

“Any word???” she wrote. “I can’t stay here. I am so sick. I am going to have to close.”

Her boss texted back, instructing Lear to have the store manager take care of patients in her absence.

“That’s illegal,” Lear told USA TODAY of her boss’ request. “You have to have a pharmacist on premises to sell prescriptions. She was so frustrated I had to go home, and, it’s like, you have to have contingencies for when people fall ill during their shift.”

Eventually, Lear said, the demands of the job became too intense and the risk of errors too great – especially during solo shifts – that she quit CVS in 2021 and found a new job at an independent pharmacy, Remington Drug Co., in northern Virginia.

“Answering phone calls, taking prescriptions at drop off, entering those prescriptions, verifying once, filling those prescriptions, verifying twice, running the register, giving vaccinations, making metric-monitored phone calls, all fell on one person,” she said of her job at CVS. “In a double-check system, who’s checking me? This is when patient safety is most compromised.”

DeAngelis told USA TODAY it is not CVS’ policy or practice to require staff to work when they are ill.

But retail pharmacists from CVS and other chains across the country shared similar stories of corporate pressure and severe burnout:

> “All day long stuff’s blowing up and management is yelling at us because we can’t answer the phones fast enough and we’re not giving enough immunizations,” said a current Walgreens pharmacist in Arizona. “I’ve seen pharmacists cry back in the pharmacy because it’s so busy.”
>
> “This situation has slowly worsened, but the big turning point was when we started giving COVID shots,” said a current Walmart pharmacist in Iowa. “One day it was just me there, and I did 77 COVID shots.”
>
> “There was not a single week where I didn’t work 80 hours, but I was only paid 42,” said a former CVS pharmacist from Virginia. “We were behind on prescriptions the entire year. I was begging, ‘please can we get more hours?’ Instead, corporate would suggest we do these overnighters to get caught up.”

Thousands of retail pharmacists left the industry during the first two years of the pandemic, according to data from the Bureau of Labor Statistics, which reported a 6% drop in employment numbers between 2019 and 2021.

Although those numbers have rebounded to pre-pandemic levels, the latest data shows, overall interest in the profession has nosedived, raising questions about the future of pharmacy.

Applications to U.S. pharmacy schools plummeted nearly 70% from their peak in the fall of 2009 to the fall of 2021, according to the most recent data published by the American Association of Colleges of Pharmacy. Those schools, which graduated nearly 15,000 students a year at their peak, are expected to produce just 11,000 new pharmacists annually by 2025, Hogue said.

Stuart Beatty, dean of Ohio Northern University’s Raabe College of Pharmacy, said his school is facing the same enrollment slump despite efforts to recruit students and reassure them of a bright future.

If he and his academic peers can't reverse the tide, he said, the nation soon could face a severe pharmacist shortage.

"It makes sense. Why would you go into a doctoral degree when all this is happening?" said Janan Sarwar, a Louisville-based pharmacist, publisher and career coach. "They want to help patients. They don't want to enter a profession that oppresses their ability to help and do good in the world."

Mistakes like this are why pharmacists say they're leaving

Shelby Richards blames chronic pharmacy understaffing for the medication error that cost her thousands of dollars.

The Memphis Walgreens she frequented was always "busy, low staffed, lines out the door," Richards said, including the day in March 2021 when she retrieved a newly prescribed anti-anxiety medication to treat panic attacks after a car wreck.

Inside the bottle were two sizes of round, white pills. Richards said she assumed they were different doses of the same drug because her doctor had mentioned wanting to start her on 5 mg of Buspar before increasing it to 10 mg.

So she started taking the smaller of the two pills, not realizing it was a different drug altogether – a calcium channel blocker called amlodipine to treat high blood pressure.

Within days, Richards said, she began to feel nauseous, light-headed and her legs were swelling – all common side effects of amlodipine. Uninsured, she racked up $15,000 in bills from three hospital visits as doctors tried in vain to determine the cause, records show.

It wasn't until her boyfriend took a closer look at her medication and noticed the different-sized pills that she had an answer.

"I told her it ... should always be a separate bottle," said her now-husband Taylor Richards, who researched the two pills online and learned the one she had been taking was the highest dose of amlodipine available.

The couple called Walgreens to report the error and said they were dismissed without an apology. They tried to sue but missed the state statute of limitations, so they filed a complaint with the Tennessee Board of Pharmacy, which they provided to USA TODAY.

"It seems like their staff is working like slaves," Taylor Richards said. "There are usually two people back there, and it's probably one of the busiest pharmacies around. I imagine they're requiring them to fill so many prescriptions that it will continue to cause these types of errors."

Walgreens declined to comment on the error.

Pharmacists, meanwhile, said it's a prime example of how working conditions put patients at risk and why so many of them are quitting the profession altogether.

It’s also why dozens of pharmacists recently walked out recently in protest. Another walkout is planned for Oct. 30-Nov. 1. Pharmacists are calling it Pharmageddon.

“The primary reason is our concern for public safety,” said Corey Schneider, one of the CVS pharmacists who participated in the Kansas City walkout. “It’s also about basic decency. Pharmacists shouldn’t have to cry at work or go home worried that they made a mistake.”

A few, like Tanoe, have funneled their frustration into advocacy. The former Walgreens pharmacist launched a public campaign in 2021 around the hashtag #PizzaIsNotWorking to highlight the dangerous working conditions that gestures such as free pizza from corporate won’t fix.

Since then she has connected with thousands of retail pharmacy workers through her Facebook page, LinkedIn account and the online pharmacist advocacy community, RPhAlly, of which she is the vice president. She also helped organizers of the recent CVS and Walgreens walkouts share their messages and recruit participants and supporters.

Tanoe said it’s time the state pharmacy boards, professional organizations and corporate owners take these concerns seriously. If not, she said, the nation will see fewer pharmacies, fewer pharmacists and more incidents of patient harm.

“For so long we have been told our patients come first – no matter what you do, your patient comes first,” Tanoe said. “Now, we are saying, no. We come first. We hold our patients’ lives in our hands. If we’re not well, they’re not well.”

Emily Le Coz is a reporter on the USA TODAY investigations team. Contact her at elecoz@usatoday.com or @emily_lecoz.

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Half of All New Federal Vaccine Cases Allege Injury From Shots Given Incorrectly

By Jodie Fleischer, News4 I-Team Reporter, Rick Yarborough and Jeff Piper • Published May 1, 2018 • Updated on May 2, 2018 at 7:05 pm

An I-Team review found half of all the new federal vaccine injury cases allege “shoulder injury resulting from vaccine administration,” or SIRVA, and have little or nothing to do with what was in the syringe. Jodie Fleischer reports.

After months of questioning by the News4 I-Team, two federal agencies have vowed to study injuries from vaccines alleged to have been given incorrectly.

An I-Team review found half of all the new federal vaccine injury cases allege “shoulder injury resulting from vaccine administration,” or SIRVA, and have little or nothing to do with what was in the syringe.

Both the Centers for Disease Control and the Health Resources and Services Administration previously told the I-Team there were no comprehensive studies of SIRVA underway, despite the relevant information being filed into thousands of court cases alleging that injury. The influx of new SIRVA cases has further hampered an already backlogged court system riddled with delays.

Those cases allege the shots were administered incorrectly — usually too high on the arm — but the I-Team found the program has no mechanism to notify the shot-giver of the injury he or she likely caused. Thus, they would have no reason to seek additional training.

'The Most Excruciating Pain I've Ever Had'

Ann Wyborski didn't think twice when her OB-GYN suggested she get her flu shot in 2013. She was nine months pregnant at the time.

"They swabbed the whole area," she told the News4 I-Team. "But as soon as [the needle] went in I said, 'That's too high.'"

Wyborski says by the time she got to her car, she struggled to put on her seatbelt. She couldn't type on her keyboard at work or do anything around the house.

"It was a throbbing constant pain — the most excruciating pain I've ever had," she said.

About a week later she went into labor and gave birth to her baby boy. She had trouble nursing and even holding him.

"I realized there was a massive problem because I had just had major surgery and I was crying about the pain in my arm, not from my C-section," she said.

She went to her doctor and an orthopedic specialist, but they didn't know what was causing her pain. They even sent her to physical therapy, which Wyborski says worsened her condition.

She was suffering from SIRVA.

"The person administered the shot in the wrong spot, is basically what happens — usually too high on the arm," explained Renee Gentry, who runs the Vaccine Injury Law Clinic at George Washington University.

Gentry says SIRVA has become so common; it's now covered under the

National Vaccine Injury Compensation Program — a nearly $3.7 billion trust fund created and run by the federal government to take care of victims with catastrophic reactions to vaccines.

"Vaccines have been an extraordinary contribution to society," said Gentry, "but they're not magic. They are pharmaceuticals, and anyone can react to them."

To keep companies developing and producing vaccines, the government took on the liability back in the late 1980s, protecting vaccine-makers and those who give the shots from being sued.

The Vaccine Court

Instead, these cases go through a special vaccine court inside the U.S. Court of Federal Claims.

In a traditional lawsuit, the victim would usually have to show negligence, not just that the vaccine caused the injury within a certain timeframe.

More than 80 percent of all compensation awards in the vaccine court are negotiated settlements, which allows the government to include language stating it has not concluded, based on the review of the evidence, that the vaccine caused the injury.

A $0.75 tax on every shot given funds the vaccine compensation. Since the program started, about 6,000 victims have received nearly $4 billion.

"It has good intentions and it means well, it's just not being implemented correctly," said Martha Toomey, a parent of a vaccine-

injured child.

It took Toomey more than a decade to get compensated after her son, Jeffrey, started having seizures within 24 hours of getting a vaccine. She says he ended up with a traumatic brain injury and a lifetime of health problems.

"There are a lot of words in the English language," said Toomey, "but I can't think of anything that would describe that kind of hell."

Hers is the kind of family the Vaccine Court was designed to help, but the program now has five times the number of cases it had in 2011, and Congress has never increased the number of judges allowed to hear them.

"Right now, the earliest available hearing date is in 2020," said Gentry.

The U.S. Department of Health and Human Services declined the I-Team's request for an on-camera interview.

But after a month of questioning, the agency finally acknowledged half of all the new cases filed in the court last year were not vaccine reactions — they were SIRVA cases.

"It's frustrating, I think, for everyone involved in it, because it's preventable," said Gentry.

‘You Can't Make Informed Decisions If You Don't Have The Information’

And the I-Team discovered no one keeps data on how often SIRVA happens, where it's happening or even which shot-givers caused the injury. So they're never told to improve their technique, which Wyborski

calls ridiculous. She says a temporary nurse from her doctor's office gave her the shot.

"Once an injury happens, they need to follow up and make sure that person doesn't continually injure more people," Wyborski said.

In a statement to the News4 I-Team, HHS admitted it "does not track or monitor this data" — despite the info being filed in to the record with every vaccine court case.

"Somebody at HHS has to say, 'I'm going to take control of this and I'm going to fix it,'" said Toomey, who also serves on a vaccine advisory commission, which recommended Congress double the number of judges for the program in 2016.

HHS has asked for increased funding for the program each year but told the I-Team "as to the allocation of the requested funding, this is a question for the Congress."

"Yes, Congress should look at this," Maryland Sen. Chris Van Hollen told the I-Team.

Van Hollen pointed out that the benefits of getting vaccines still far outweigh the risks, but he says SIRVA is definitely something federal agencies should be tracking.

"We need to collect the data," said Sen. Van Hollen, "because you can't make informed decisions if you don't have the information to start with."

A review by the News 4 I-Team found the Vaccine Injury Compensation Program has paid 575 SIRVA patients more than $76 million while doing

little to fight the problem.

"If you don't inform the people who are doing it wrong, they're not going to learn to do it right," said Van Hollen.

Shot-Givers Aren't Told About Injuries They Likely Caused

The Health Resources and Services Administration is the HHS agency that oversees this program.

A HRSA spokesperson told the I-Team a confidentiality provision in the program prohibits the agency from notifying the vaccine administrator of the corresponding SIRVA case.

Because they are protected from liability, the shot-giver is not a party to the lawsuit, so each SIRVA victim would have to give written consent to allow them to be told about the vaccine injury they likely caused.

When the I-Team asked what's being done to combat the drastic rise in SIRVA cases, HRSA suggested contacting the Centers for Disease Control and Prevention. (Read our entire exchange of questions and answers with HRSA here.)

The CDC says the increase in the number of SIRVA cases could be because more people are getting shots or because more people are aware of SIRVA and reporting it.

Each state decides which medical professionals are allowed to administer vaccines and the training required; some have relaxed their rules over time to make vaccines readily accessible to the public.

The CDC has launched an educational campaign on the correct way to administer shots. They're supposed to be given in the deltoid muscle,

the thick part of the upper arm, but not too close to the shoulder.

In January, a representative from the CDC's Immunization Safety Office told the I-Team it had no comprehensive data on SIRVA occurrences and no immediate plans to do any further investigation.

He had conducted a partial study of voluntary reports submitted to a separate system called VAERS, the Vaccine Adverse Event Reporting System. The CDC found most of the SIRVA injuries reported happened after vaccines were administered at pharmacies or stores but cautioned that that system doesn't verify the injury or identify its cause.

Just last week, the CDC told the I-Team it will now work together with HRSA to conduct an epidemiologic review of the SIRVA claims in the Vaccine Injury Compensation Program, which they're hoping to complete by the end of 2019.

"I think it needs to be fixed," said Wyborski, who got a settlement from the program for her pain and suffering, medical costs, and lost wages.

She says no amount of money is worth what she went through.

"I spent over 18 months in excruciating pain," she said. "You can't get that back."

Reported by Jodie Fleischer, produced by Rick Yarborough, and shot and edited by Jeff Piper.

SB18_UNFAVORABLE_LoveMarylandPAC.pdf
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Position: UNF

SB18: Health Occupations- Pharmacists- Administration of Vaccines
UNFAVORABLE
Love Maryland PAC

Dear Chair Beidle, Vice Chair Klausmeier, and Distinguished Members of the Senate Finance Committee,

The Love Maryland PAC asks for an UNFAVORABLE report on SB 18 for the following reasons:

1. Best Health Outcomes- The best health outcomes for children occur when the parent and the physician work as a team and consider health history, precautions, and contraindications before making any medical decisions. Children are not vaccinated like adults and have a very complex recommended schedule, receiving multiple shots at once. Should this bill ever pass, children will miss out on important well child visits with their pediatricians. Pediatricians perform a comprehensive assessment of the whole child including screening for growth issues, heart irregularities, neurodevelopmental delays and in the adolescent years screening for signs of abuse, mental health concerns, and scoliosis. If childhood vaccines are given in a pharmacy in our state, parents will stop taking their children for pediatric well visits.

2. Pharmacies Today Are Dangerous- National media as well as State Board of Pharmacy surveys from across the nation are verifying that pharmacies are understaffed and overburdened by overwhelming workloads and production goals. Pharmacist's jobs are harder than ever as so many people are on multiple pharmaceutical products. It is dangerous to have pharmacists stop filling a prescription every time they have to give shots. A screaming 5-year-old should not be assessed for vaccine appropriateness in the middle of a hectic pharmacy.

3.Training- Pediatricians are specifically trained to assess children for vaccine appropriateness and readiness. Immunizations are pharmaceutical products that come with warnings, precautions, and contraindications. A child must be properly assessed prior to administration to reduce risk for serious harm and/or death. A pharmacist does not have this training and will not acquire it with the hours of education that the bill proposes. Pharmacists have been working under quotas/ production goals from higher ups. This is an unethical way to practice and no child should ever be vaccinated to fulfill a financial goal.

4.Immunet- Inconsistent reporting to Immunet by Pharmacists means incomplete medical records for children in our state.

5.Liability- The Federal 1986 National Childhood Vaccine Injury Act removed liability from vaccine makers as well as the provider that administers the vaccine for any shot on the Childhood Schedule. Pharmacists have not been trained in assessment for childhood vaccines and will not be liable for any mistakes that they make with children. This puts children at risk.

6.Improper Injections- SIRVA (Shoulder Injury Related to Vaccine Administration) have risen dramatically since pharmacies started giving vaccinations. A skyrocketing number of cases have been compensated by the Federal Government as people are getting their shots outside of their doctor's offices.

7.Pediatric Care- People who become Pharmacists are smart enough to have gone to Medical School, Physician Assistant training, and/or Nursing School. Many chose the pharmacy profession because they did not have an interest in direct patient care. They certainly did not choose to go into Pediatrics which requires a level of patience and an ability to make a child feel safe and comfortable that cannot be taught. Not all Pharmacists want to do direct patient care with screaming children.

We ask the committee for an UNFAVORABLE report. This bill is a solution looking for a problem, as children can already receive their vaccinations in an urgent care setting where they will also getting basic vital signs and assessment by a Pediatric caregiver.

2024 Maryland SB18 Pharmacists - Against -- Sterv
Uploaded by: Steve Bress
Position: UNF

My name is Steve Bress. I have been a Maryland resident for much more than 50 years. I urge you to vote no on SB18. It is not in the best interests of Maryland residents.

As to one of the many specific problem areas of SB18, it has no mandatory language for informed consent, nor is there a requirement that a parent/guardian consent to the child's medical procedure. An adult caregiver, per the bill's wording, could be construed as a relative, therapist, doctor, or even a teacher. Possibly even a neighbor taking a bunch of kids on a field trip. All of these people would suddenly have the ability to make potentially dangerous medical decisions on behalf of the child. These caregivers cannot possibly be informed enough about the child's medical history or even current medical condition to be able to make such a decision. This is one of the reasons that medical decisions are safest when it is a decision made in discussion between the parents/guardians and the child's doctor(s).

Additionally, there is no section for mandatory VAERS reporting, with associated consequences for non-compliance, such as loss of license, in the tragic case where an injury occurs or may have occurred. If the Pharmacist is going to replace the doctor, they should also be responsible for reporting the injuries that they cause. After all, the point of this bill is to move these procedures out of the doctor's office, which would make the pharmacist the likely first point of contact for any adverse event.

Informing the underaged recipient and their "caregiver" that they should go find a real doctor if there is a problem doesn't actually accomplish much, other than trying to shift the liability away from the pharmacist. In the scenario laid out in this bill, the unfortunate vaccine recipient would most likely end up in the emergency room. There is no actual language in this bill requiring that the minor's parents or guardians be informed of the medical procedure performed on their child. This presents a couple of problems. One is that the parents would not be aware of the nature of the injury while attempting to receive treatment. The second is that if the parents are not aware that the problem is a vaccine injury, the shortened statutory time limit on filing a claim with the NVICP would likely prevent compensation. This makes the parents solely responsible for the outcome of a procedure performed without their consent.

There is currently no emergency that requires this bill. Just because the pharmacies may have enjoyed some extra income during Covid does not mean that safety and the "integrity" of the vaccine program should be sacrificed in this manner.

There is no such thing as a 100% safe medical procedure. No matter how often the phrase "safe and effective is repeated," it does not suddenly become true. Without a parental consent requirement for medical procedures, a minor has no advocate that understands the details of the minor's health and the risks posed by the procedure. Contests, bounties and other forms of manipulation are not reasonable when it comes to invasive medical procedures. What is

reasonable is informed consent along with doctor and parental involvement. I urge you to vote against SB18 as it endangers children and their rights, along with parental rights.

I wrote the following for the last time a bill such of this was presented a couple of years ago, and it applies virtually unchanged today. (A couple of items have had to be updated from the past, as Shoppers Food Warehouse has gotten out of the Pharmacy business.)

SB732 has as its basic premise that a Pharmacist should take the place of a highly trained and experience medical professional when it comes to prescribing and administering vaccines, and the local pharmacy is an appropriate venue for such administration. I must, therefore, assume that the sponsors have never actually set foot in a commercial pharmacy, such as CVS, or a pharmacy within a grocery store, such as might be found in a Giant Foods.

Given that, I would be pleased to share my experiences with both types of pharmacies. I won't be naming names, but my experiences have been similar amongst a wide variety of retail pharmacy locations.

- The Pharmacist gave me a prescription that required refrigeration. It was in the massive pile of other prescriptions and nowhere near the fridge. I was asked if I wanted it anyway. I suggested that I felt more comfortable with a properly maintained prescription. In the case of this particular prescription, it would simply have been ineffective. If a vaccine had been cared for in this manner, it could be deadly.
- I had to intervene in a dispute between a patient and the pharmacist. She was berating and threatening the staff. For some reason, they were unable or unwilling to have the woman removed. Had I allowed her to continue to harass my pharmacists, I would not have expected to get the right medication. I certainly would not have wanted one of them to give me a vaccine at that time, given the high levels of agitation that she caused.
- Pharmacies have no ability to understand medically complex individuals. No matter how many times I explain allergies to the inactive ingredients in the drugs, they still will make a substitution, often without informing me, with a drug to which one of my family members is allergic.
- On that topic, since pharmacists cannot track and do not care about allergies, they certainly cannot be trusted to inquire, understand, and act on allergy information provided by a potential patient. Which assumes that the patient, who may be a minor under this bill, is capable of understanding that it is their responsibility to inform the pharmacist about allergies and other embarrassing personal information. The patient's doctor, of course, should already know and take proper precautions.
- Bounties for medical procedures are unacceptable, but they are commonplace at pharmacies. False advertising is rampant as well. The shots aren't "free" unless the

pharmaceutical companies have all suddenly gotten very generous. (While there is usually an asterisk that says the pharmacist will explain how it is free, it is still not free.)

- I have witnessed many, many vaccinations given at local pharmacies and given the small amount of square footage allocated to the medical procedure section, I have heard the interaction between the pharmacist and the patient. I have NEVER, not once, as in it hasn't happened, heard the pharmacist give the patient the information that would allow for informed consent.
- Speaking of lack of space, I have never seen a bed for a patient to lie down upon for when he or she is about to pass out after vaccination. This would be uncomfortable and dangerous.
- On that topic, drive through vaccinations sound like a great idea until someone passes out while driving.
- One pharmacist substituted a generic drug for a name brand drug, for which I paid a significant amount of money. It did not do its job. When I found out what had happened and talked to the pharmacist, he would not check inventory to prove my claim. Later on, after a change in management, I found out that I wasn't the only one. There is no reason to believe that this wouldn't happen with vaccines. A saline solution is far cheaper than the actual vaccine. Should a patient get sick, it would just be assumed to be a simple vaccine failure.

There is no such thing as a 100% safe medical procedure. No matter how often the phrase "safe and effective is repeated," it does not suddenly become true. Without a parental consent requirement for medical procedures, a minor has no advocate that understands the details of the minor's health and the risks posed by the procedure. Contests, bounties and other forms of manipulation are not reasonable when it comes to invasive medical procedures. What is reasonable is informed consent along with doctor and parental involvement. I urge you to vote against this bill that weakens parental rights and endangers children.

Steve Bress

Germantown, MD

02.08.24 LOO SB 0018 Joint.pdf
Uploaded by: Terry Hale
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February 8, 2024

The Honorable Pamela Beidle
The Honorable Katherine Klausmeier
Finance Committee
3 East
Miller Senate Office Building
Annapolis, MD 21401

RE: SB 0018 – Health Occupations - Pharmacists - Administration of Vaccines
Letter of Opposition

Dear Chairman Beidle, Vice Chair Klausmeier and Members of the Finance Committee,

The County Council and the County Executive of Cecil County unanimously opposes SB 0018 - Health Occupations - Pharmacists - Administration of Vaccines. The hearing on this legislation is scheduled for February 13, 2024.

It is our understanding that this legislation is authorizing a pharmacist to order and administer certain vaccinations to individuals in certain age groups if certain requirements are met; altering the vaccinations that a pharmacist can administer to individuals at least 5 years old; and altering the circumstances under which a pharmacist may administer certain vaccinations.

Supporting the rights of parents in the medical care of a minor is of the upmost importance to all our citizens and this bill will have an adverse impact on these rights. Cecil County strongly opposes this legislation.

The County Executive and County Council of Cecil County respectfully request that the Health and Government Operations Committee send an unfavorable report on SB 0018.

Sincerely,

Danielle Hornberger
County Executive

Jackie Gregory
President of County Council

Tibbals_ OPPOSE SB 18_ Health Occupations - Pharm
Uploaded by: Trudy Tibbals
Position: UNF

SB 18: Health Occupations - Pharmacists - Administration of Vaccines

Dear Chair Beidle, Vice Chair Klausmeier, and all other esteemed Committee Members:

I cannot urge all of you strongly enough to vote against HB 0076/SB 0018, OPPOSING this dangerous bill!!

I do not want the bill to leave the Finance Committee because:

This bill is too important to be rushed through. It needs to be given the full consideration of the legislature. In fact this bill has been in Maryland since 2012 and has never moved out of committee in either house.

**Also, this endangers our children, because almost anyone can claim to be a "caregiver" and have a child vaccinated without the parents' or legal guardians' knowledge or consent. What if the parents or legal guardians have knowledge of a medical condition or an allergy that a child has to any of the ingredients of a vaccine that may indicate that any particular vaccine is contraindicated for a child? If a "caregiver" then takes the child and gets them vaccinated, that child could have a fatal adverse reaction and DIE!!

This is dangerous legislation. Pharmacies are chaotic and inappropriate places for very young children to be vaccinated. If a pharmacist is overwhelmingly busy, (and, let's face it, when are they not overwhelmingly busy?), they could mistakenly give a child the incorrect vaccine or an incorrect dosage of a vaccine, which has happened at various pharmacies around the world with the Covid vaccine, as well as here in the United States! My very own pharmacy is chaotic, to say the very least, and has been, at times, three days “behind” in filling prescriptions that people need to maintain their life. Now, imagine having the pharmacist also have to give vaccines to screaming children who are with a person that is NOT their loving parent or legal guardian? That is a recipe for disaster!! I would not want, let alone TRUST, my

local pharmacist to vaccinate my children. I would want that to happen in my local pediatricians office or my Primary Care doctor's office. Those are the people that have been treating my child since birth and know my child the best. Pharmacists do not have anywhere near the same medical information on your child, and any and all specific medical conditions or allergies that come with your child, as your pediatrician's office does! Pharmacies do not have access to this private medical information. Pediatricians are specifically trained to assess children for vaccine appropriateness and readiness. Pharmacists will start making even more mistakes if they are giving pediatric vaccines. It is dangerous for the child and for the customers getting pharmaceuticals to have a pharmacist stop filling a prescription every time a child walks up for a shot. The best health outcomes for our children occur when the parents and the pediatrician work as a team and consider health history, prior medical conditions, precautions that should be taken, and any and all contraindications before making any medical decisions!

Now more than ever we need children to go to see their primary care provider for well visits. Because of the state's damaging Covid policies, statistics are showing a skyrocketing increase in speech and language delays and mental health problems. This bill will keep children from going to the primary care doctor or pediatrician, which could potentially significantly increase the number and severity of speech and language delays and mental health problems, as well as neurodevelopmental issues.

A few other points I would like to make are as follows:

Children cannot be vaccinated like adults and have a very complicated schedule, sometimes receiving multiple shots at once, which is another practice I would not recommend. Children have fragile immune systems and stand more of a chance of having a catastrophic adverse reaction if more than one vaccine is given at a time. Immunizations are pharmaceutical products that come with warnings, precautions, and contraindications, and a list of possible adverse side effects. A child must be properly medically assessed prior to administration of any vaccine or medication to

reduce the risk for serious harm and/or death. A pharmacist does not have this training. Only your pediatrician or a licensed medical doctor does.

The Federal 1986 National Childhood Vaccine Injury Act removed liability for vaccine makers, as well as from the provider that administers the vaccines. Pharmacists have not been trained in assessment for childhood vaccines and will NOT be liable for any mistakes, leaving our children at risk for potential catastrophic adverse side effects or adverse permanent conditions.

SIRVA (Shoulder Injury Related to Vaccine Administration) Injuries are on the rise since pharmacies started giving immunizations. A skyrocketing number of cases have been compensated by the federal government, as more people are getting their immunizations outside of the doctor's office.

Here are some articles that I implore you to read before voting on this bill:

https://www.usatoday.com/story/news/investigations/2023/10/26/pharmacy-chains-dangerous-conditions-medication-errors/71153960007/?fbclid=IwAR0R_qyUKQxRyeupT1_I6pob1cR-x7Lq_YoUwY9-wXX5ySYc2lI7Jxo1H14

https://www.msn.com/en-us/money/companies/what-s-gone-wrong-at-pharmacies-a-cvs-store-in-virginia-beach-holds-the-answer/ar-BB1i0N1F?ocid=msedgntp&pc=NMTS&cvid=bd0086755d7e4f0caa1e92fb99b90e48&ei=174&fbclid=IwAR2rVVtIiKUeENFIa8KHbJYkuF-gBS_x9b1TqXQo97TBoifSXRnLvmyG8W8

https://www.msn.com/en-us/money/careers/mistakes-at-work-happen-for-pharmacists-it-can-end-their-career/ar-AA1lD6zy?ocid=msedgntp&pc=NMTS&cvid=ce22038c735843ff8ea78934a14c55b2&ei=137A&fbclid=IwAR1no32_EV29cCvH08BgOCDg9DJuY7QVL47WjCZhK7RmP15RQTMKzb_K6qo

https://www.axios.com/2024/02/06/pharmacy-staffing-shortage-burnout?fbclid=IwAR1XGeifBeGPybpyDNjqxRoZrGx-jtDT9H4CIQJD-h3GCUpytPI27Zhk30o

We need a 3-legged stool approach for safe medical care for our children. This stool includes the physician, the parent, and the child. I will fight any bills that remove any part of this. This bill removes the physician, and I know that there also have been and there will be other bills that want minor consent to be the standard, thereby removing the parent, leaving the child completely open to the greedy pharmaceutical industry.

Please think really hard before you vote on this bill. This bill would be disastrous for our children and families in Maryland!

Thank you for your time and attention. I truly appreciate it.

Trudy Tibbals
A very concerned resident and mother residing in Maryland

SB18.LOC.hf.20240212.pdf
Uploaded by: Heather Forsyth
Position: INFO

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CONSUMER PROTECTION DIVISION

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February 12, 2024

To: Senator Pamela Beidle
Chair, Senate Finance Committee

From: Heather Forsyth, Deputy Director, Health Education and Advocacy Unit

Re: Senate Bill 18 – Health Occupations – Pharmacists – Administration of Vaccines – LETTER OF CONCERN

The Health Education and Advocacy Unit of the Office of the Attorney General submits the following concerns in response to Senate Bill 18.

Legislation has been introduced in at least each of the last three years that attempts to permanently expand the ability of pharmacists to *order and administer* vaccines to children. Current law allows a pharmacist to administer flu vaccines to anyone 9 years or older, and to administer CDC recommended immunizations for children 11-18 if prescribed by an authorized provider. During the COVID-19 pandemic, emergency federal and state orders temporarily allowed pharmacists to administer without prescriptions COVID-19 vaccines and childhood vaccinations for 3–18-year-olds. Those temporary orders expired June 30, 2023. SB18 makes permanent the ability of a pharmacist who completes specialized training to order and administer any vaccines listed on the CDC's recommended immunization schedule or approved by the FDA to children ages 5-18.

Along with dozens of other individuals and organizations, the HEAU opposed a substantially similar bill in 2022 that sought to make the temporary orders permanent before they expired. We objected because the emergency changes were not intended to be permanent, and proper study and analysis of the pandemic data should be conducted by subject matter experts in

pediatric medicine and pediatric vaccines before pharmacy-administered vaccines to very young children is made permanent. Last year, the issue was brought up again, and there were again dozens of voices in opposition, including parents and health care providers. Of particular concern is that pharmacy lobbyists are attempting to advance legislation to increase pharmacists' scope of work amidst production quotas, staffing shortages, and a paucity of reporting. The 2023 bill passed the House but was not passed in the Senate.

Since then, there have been news reports about the lack of safety in pharmacies (see, e.g., https://www.usatoday.com/story/news/investigations/2023/10/26/pharmacy-chains-dangerous-conditions-medication-errors/71153960007/) and other states (CA, VA, OH) have proposed or have passed bills with an eye toward increasing public safety by prohibiting pharmacy production quotas, ensuring appropriate staffing, and making certain reporting mandatory. While the HEAU has long advocated for accessible, affordable health care for families in Maryland, and we are cognizant of the argument that expanding pharmacist ordered and administered vaccines might be convenient, particularly for rural families, we believe passing SB18 without additional consumer protections poses potential risks.

We urge this Committee not to make these pandemic-induced changes permanent without full consideration of the public health risks that doing so might create. While pharmacists could have the potential to play an important role in increasing access to vaccines, their role should not be expanded without protections to ensure that vulnerable children and low-income families are not disadvantaged just for the sake of profits.