

SB773
Unfavorable
Alliance for Science Based Policy

Good Afternoon Chair Bagnall, Vice Chair Cullison, and members of the Health Committee,

My name is Megan Montgomery, and I am submitting comments on behalf of The Alliance for Science Based Policy. We write to oppose the bill as written.

This bill's companion bill, HB1135, was amended several times, and we fully support those amendments. Thank you to amendment sponsors and subcommittee members for changing "Caregiver" to "Parent/ Guardian" and defining the products as "intranasal vaccination".

We strongly urge this committee to also amend SB773, and to add an amendment that this bill would only apply to intranasal **Influenza** vaccines. As SB773 is written today, the liability for administration is unclear. We do NOT want untrained medical laypeople to be administering vaccines to minor children. We request the following three amendments:

1. "Caregiver" is amended to "Parent/ Guardian"
2. An amendment to define the order is for "intranasal vaccination"
3. An amendment to clarify that the bill is for "intranasal **Influenza** vaccination"

We want to remind the committee that this bill is not about whether or not children should have access to intranasal vaccines in their home. This bill is about whether a **Pharmacist** should be the one ordering the intervention. This bill is being framed as necessary for access, but the truth is that every Physician, Physicians Assistant and Nurse Practitioner in the state of Maryland can order these products and they have a better knowledge of the patient and their medical history. Citizens also have access to these vaccines through pediatricians, urgent cares and vaccination clinics as well as most vitally IN PERSON visits to a pharmacy where the children would be able to be assessed by a licensed pharmacist before any vaccine is administered by a trained professional. This bill will NOT expand actual access to these vaccines, this bill will only allow a pharmacist to order vaccines to be sent in the mail to be administered at home by an untrained 'caregiver'.

Delegate Lopez noted during one of the subcommittee meetings on HB1135 that this bill was intended to cover Influenza, Covid, and 'other Public Health Emergency Vaccines'. Currently, **only intranasal Influenza vaccine is approved and available for public use** (*despite itself having been pulled from the market by the FDA for multiple flu seasons from 2016-18*). The intranasal Influenza vaccine is **also the only one of these three types of vaccinations that is covered under the VICP (Vaccine Injury Compensation Program)**.

Covid, and any other future public health vaccines, ARE NOT covered in the VICP. They were in fact purposely excluded from the VICP. The Covid vaccine is currently covered under a different emergency liability program called the Countermeasures Injury Compensation Program (CICP), established by the PREP Act. Information on CICP can be found here: <https://www.hrsa.gov/cicp> This program has a sunset provision in 2029, and after that we have no idea what liability for administration of this vaccine will look like. In 2029, we will still be under the Trump Administration. This committee should not pass legislation without a full scope and picture of the potential future impact.

We have absolutely no idea what any potential future vaccine injury compensation programs or claims may look like, particularly under the current Administration. The Alliance for Science Based Policy strongly urges this subcommittee not to pass legislation without a full picture and scope of liability coverage for minor children in the state of Maryland. That is dangerous.

At a minimum, please amend the bill to only cover "intranasal influenza vaccination", which is the only product that actually exists and is currently approved and covered by the VICP.

Thank you,

Megan Montgomery