

HB1040/926281/1

BY: Health and Government Operations Committee

AMENDMENTS TO HOUSE BILL 1040

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, at the top of the page, strike “EMERGENCY BILL”; in line 2, strike “**Vaccinations**” and substitute “**Children’s Vaccines – Study and Temporary Authority**”; in line 3, after “authorizing” insert “, for a certain period of time,”; in line 4, after “group” insert “if certain requirements are met”; strike beginning with “altering” in line 4 down through “measure,” in line 11 and substitute “requiring the Prevention and Health Promotion Administration within the Maryland Department of Health, in consultation with the State Board of Pharmacy, to report to certain committees of the General Assembly on or before certain dates; establishing certain requirements for the reports; authorizing the Administration to use certain funding to contract with a certain institution to complete a certain report; requiring the Administration to consult certain stakeholders when completing a certain report; providing for the termination of a certain provision of this Act, subject to a certain contingency;”; and in line 12, strike “vaccinations” and substitute “children’s vaccines”.

AMENDMENT NO. 2

On page 1, in line 22, strike “[A” and substitute “**SUBJECT TO SUBSECTION (C) OF THIS SECTION, A**”.

On page 2, in line 1, strike the first bracket; in the same line, strike “(I)”; in the same line, strike “**SUBPARAGRAPH (II) OF THIS PARAGRAPH**” and substitute “**SUBSECTION (C) OF THIS SECTION**”; in lines 2, 4, 7, 15, 22, 24, and 27, in each instance, strike the bracket; strike beginning with “TO” in line 2 down through “VACCINE” in line 3; strike beginning with “OR” in line 7 down through “DEPARTMENT” in line 14; in lines 15 and 27, strike “(2)” and “(3)”, respectively; and in line 24, strike “MEETS”.

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AMENDMENT NO. 3

On page 3, in lines 2 and 3, in each instance, strike the bracket; strike beginning with “**EXCEPT**” in line 3 down through “**SUBSECTION**” in line 4; after line 18, insert:

“(C) FROM JULY 1, 2021, TO JUNE 30, 2023, INCLUSIVE, A PHARMACIST MAY ADMINISTER A VACCINE TO AN INDIVIDUAL WHO IS AT LEAST 3 YEARS OLD BUT UNDER THE AGE OF 18 YEARS IF:

(1) THE VACCINE IS APPROVED BY THE U.S. FOOD AND DRUG ADMINISTRATION;

(2) THE VACCINATION IS ORDERED AND ADMINISTERED IN ACCORDANCE WITH THE CENTERS FOR DISEASE CONTROL AND PREVENTION’S ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES IMMUNIZATION SCHEDULES;

(3) THE PHARMACIST HAS COMPLETED A PRACTICAL TRAINING PROGRAM OF AT LEAST 20 HOURS THAT IS APPROVED BY THE ACCREDITATION COUNCIL FOR PHARMACY EDUCATION AND INCLUDES:

(I) HANDS-ON INJECTION TECHNIQUES;

(II) CLINICAL EVALUATION OF INDICATIONS AND CONTRAINDICATIONS OF VACCINES; AND

(III) THE RECOGNITION AND TREATMENT OF EMERGENCY REACTIONS TO VACCINES;

(4) THE PHARMACIST HAS A CURRENT CERTIFICATE IN BASIC CARDIOPULMONARY RESUSCITATION;

(5) THE PHARMACIST HAS COMPLETED A MINIMUM OF 2 HOURS OF CONTINUING PHARMACEUTICAL EDUCATION RELATED TO IMMUNIZATIONS THAT IS APPROVED BY THE ACCREDITATION COUNCIL FOR PHARMACY EDUCATION AS PART OF THE LICENSE RENEWAL REQUIREMENTS UNDER § 12-309 OF THIS TITLE;

(6) THE PHARMACIST COMPLIES WITH THE RECORD-KEEPING AND REPORTING REQUIREMENTS IN SUBSECTION (A)(4) OF THIS SECTION AND THE CORRESPONDING REGULATIONS; AND

(7) THE PHARMACIST INFORMS EACH CHILD VACCINATION PATIENT AND ADULT CAREGIVER WHO IS ACCOMPANYING THE CHILD OF THE IMPORTANCE OF WELL-CHILD VISITS WITH A PEDIATRIC PRIMARY CARE PROVIDER AND REFERS THE PATIENT TO A PEDIATRIC PRIMARY CARE PROVIDER WHEN APPROPRIATE.

SECTION 2. AND BE IT FURTHER ENACTED, That:

(a) On or before December 1, 2021, the Prevention and Health Promotion Administration within the Maryland Department of Health, in consultation with the State Board of Pharmacy, shall report 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, information the Administration determines is important for setting policies for authorizing pharmacists to administer vaccines 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

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(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.

(b) (1) On or before December 1, 2022, the Prevention and Health Promotion Administration within the Maryland Department of Health, in consultation with the State Board of Pharmacy, shall report 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:

(i) the capacity of the health care system to administer vaccines to children;

(ii) vaccination rates for children; and

(iii) community access to the administration of vaccines for children.

(2) In completing the report required under paragraph (1) of this subsection, the Administration shall:

(i) evaluate data from Maryland and other states that authorize pharmacists to administer vaccines to children on school-required vaccines and other vaccines administered to children; and

(ii) study the effectiveness and efficiency of ImmuNet, including by obtaining input from all health care providers that administer vaccines to children.

(3) In completing the report required under paragraph (1) of this subsection, the Administration shall consider public health models in which pharmacists, in both chain and independent pharmacies, can support and facilitate

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families in obtaining well-child visits from pediatric primary care providers, including partnerships with:

(i) local health departments;

(ii) pediatric primary care providers, including private practices and community health centers; and

(iii) school systems, including school-based health centers.

(4) The report shall address implementation recommendations, including:

(i) tracking multidose vaccines;

(ii) optimal physical space configurations to protect the privacy and safety of patients;

(iii) staffing requirements; and

(iv) processes for responding to adverse reactions.

(5) The Administration shall make recommendations regarding:

(i) whether the temporary authority established under Section 1 of this Act should be made permanent; and

(ii) ways to further integrate the use of ImmuNet in electronic health records to facilitate communication between pharmacists and pediatric primary care providers.

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(c) In completing the report required under subsection (b) of this section, the Administration:

(1) may use available funding to contract with a public health research institution to complete the report; and

(2) shall consult with interested stakeholders, including:

(i) pediatric primary care providers;

(ii) pharmacists;

(iii) managed care organizations;

(iv) local health departments; and

(v) consumers.

SECTION 3. AND BE IT FURTHER ENACTED, That:

(a) If the Third Amendment to Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID–19 issued by the Office of the Secretary of the Department of Health and Human Services is repealed or otherwise expires before January 1, 2022, on April 30, 2022, with no further action required by the General Assembly, Section 1 of this Act shall be abrogated and of no further force and effect.

(b) The Prevention and Health Promotion Administration within the Maryland Department of Health shall notify the Department of Legislative Services within 5 days after receiving notice of the repeal or expiration of the amendment described in subsection (a) of this section.”;

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and strike in their entirety lines 19 through 23, inclusive, and substitute:

“SECTION 4. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2021.”