

Statement of Dounia Benahmed
February 18, 2020
Health and Government Operations Committee
HB 530 - Vaccine Access - Support

Thank you Madame Chairman and members of the committee. My name is Dounia Benahmed and I am honored to be working with Delegate Kelly this session and speaking in support of HB 530.

As you know, Maryland law requires certain vaccines in order for children to attend school - MMR, polio, Hepatitis B, Dtap, PCV and Varicella. In addition, adolescents between 9 and 18 are required to have Tdap and Meningitis before 7th grade. While Maryland schools do not require the multi-dose HPV vaccine series or the second dose of Meningitis at age 16, they are both CDC recommended immunizations.

Access to vaccines through pediatricians is limited for children ages 10-18. As you have heard, 20% of this age group does not have an annual well-child visit, these children are disproportionately low income, racial minorities, or immigrants. In rural areas where we face provider shortages, the percentage of children ages 10-18 rises to 28%.

Children who don't get immunizations at well-child visits are often vaccinated by public health clinics but these clinics are typically only offered at limited locations with limited hours. Anytime a student is enrolled in school, school officials must ensure vaccination compliance. However the summer before a cohort enters 7th grade is particularly labor intensive. School officials must check for compliance with the adolescent vaccine requirements (Tdap and Meningitis), inform parents of missing immunizations and work with local health departments to run special clinics. This compliance effort involves teacher-level staff members, pupil personnel workers, parent community coordinators, school- and central office-based administrators, as well as local health department staff members. Each year, I'm sure you see newspaper articles detailing the numbers of students who show up to school without all the required vaccines. In Prince George's County in 2018, a reported 4,000 students were not up to date! Other counties regularly report that hundreds of students are not in compliance. Increasing convenient access to crucial vaccinations and thereby, potentially reducing the number of children who show up without the required immunization can only reduce this enormous administrative burden on school officials.

HB 530 also empowers low-income and rural families who lack access to vaccines either due to affordability or a shortage of providers. Teens living in rural areas were 15% less likely to have completed their HPV series. And it's no wonder, for example,

there are only two Vaccines For Children providers in Somerset County . Clinics that require an appointment and possibly long distance travel. In contrast, an informal web search found at least twenty pharmacies where Somerset County residents could take their teenagers for immunizations. With more convenient hours and greater accessibility, it only follows that immunization rates will rise.

In Maryland, only 60% of teen girls and only 55% of teen boys are up to date with their first HPV vaccination, despite the fact that it prevents over 90% of cancers such as cervical, throat and penile cancers. Because it can require three doses split over a 6 month schedule, a full third of young people never get the necessary second or third shot. One recent study found that of 37 girls who did not finish the series, only four had changed their minds. The other 33 who wanted the protection cited logistical and financial barriers. They didn't complete the vaccine because we make it too hard to do so.

HB 530 is an easy, safe solution that will increase access to lifesaving vaccines and help our teenagers lead long, productive healthy lives. I urge a favorable report of HB 530. Thank you.

