

HB 1232 / UNFAVORABLE

Chair Peña-Melnyk, Vice Chair Cullison, and Members of the HGO Committee-

Thank you for your time. I'm a Maryland parent and small business owner submitting this testimony to urge you to give HB 1232 an unfavorable report. While there are many other issues with this legislation that I won't go into here, I would like to walk through the history of this legislation in the MD General Assembly as I think it is extremely relevant to your decision on whether or not it should move forward.

I would also like to note that the website states that oral testimony for HB 1232 will be sponsor only, which is why I'm only submitting written testimony in opposition and didn't sign up to speak. For the record, many speakers with strong opposition testimony attended the hearing when HB 1232's crossfile bill (SB 372) was heard in the Senate a few weeks ago.

A version of this bill has come up for years. It has never passed out of committee. During the 2020 session, the proposed age was 9+ without a prescription and even then it did not have the support to pass. It was obvious from the supporting testimony that it was the potential financial gain, not the benefits for children's health, that was most attractive to pharmacies. During the Senate hearing, Senator Augustine frankly stated that supporting pharmacies was part of the purpose of the bill. It did not move forward.

In August 2020, as part of the response to Covid-19, the federal PREP Act was amended by the Trump Administration to allow pharmacists to vaccinate children ages 3 and up. As with all emergency measures, it was intended for only a limited time. During the 2021 legislative session, legislation modeled after the PREP Act was submitted here as HB 1040/SB 736, intending to make pharmacists vaccinating children ages 3+ permanent in Maryland. Again the support for it was not there, and instead of passing outright, it was turned into a study so that the state could collect data while the federal emergency was allowing it anyway, and see if this was working or not working.

The 2021 study legislation *[please see attached highlighted copy]* **required that TWO reports** be completed by MDH and be submitted to the appropriate legislative committees.

The first report, due by December 1, 2021, was to include the following information:

- The number of vaccines administered to children by pharmacists;
- the effectiveness and efficiency of ImmuNet; and
- Whether the option for children to be administered vaccines by pharmacists has led to changes in well-child visits with pediatric primary care providers.

That report was submitted and is dated March 2022 *[please see attached highlighted copy of the one submitted report]*. While it is not as detailed as it should be, and ironically does not include any data from 2021 at all, there are few clearly concerning figures here- **the number of vaccines received by Medicaid enrolled minors at a pharmacy doubled from 2019 to 2020, while the number of well-child visits for the same group dropped by almost 50,000 in that time period.** Of course this may be impacted by Covid closures or missing data, but it definitely tells us that we NEED more information.

This report also revealed that since 2018, the % of providers that report to ImmuNet has declined from almost 70% to less than half. This is an extremely dangerous and inefficient percentage. 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 be expanding the network of immunizers for children, while leaving gaps in ImmuNet unknown or unaddressed at the same time.

There was also a second report that was due by December 1, 2022.

This more expansive report was to include, among other information: the capacity of the health care system to administer vaccines to children; community access to the administration of vaccines for children; evaluate data from Maryland and other states that authorize pharmacists to administer vaccines to children; AND study the effectiveness and efficiency of ImmuNet. MDH

was instructed to consult with interested stakeholders, including consumers, in order to complete this report.

THIS REPORT HAS NOT, to date, been submitted and made publicly available by MDH as it was required to do. If we haven't evaluated that information yet, and in fact DO NOT EVEN HAVE THAT INFORMATION yet, how can the legislature move forward with this bill? The study report we do have is extremely concerning and does not at all support moving HB 1232 forward to permanent policy. **In 2021, this body decided that this concept needed to be studied, not passed. We STILL DO NOT have the results of that study. The Maryland state of emergency has ended, the federal emergency is ending. What is the need for this?**

I know that all of you take your commitment and responsibility as Delegates very seriously. There is an opportunity here for you, as the committee hearing this bill, to help ensure that Maryland's children are getting the thoughtful, beneficial legislation that they deserve from their state. **Allowing an emergency measure- with so many clear issues- to become permanent Maryland law does not align with that goal.** Please do not let HB 1232 move forward. Thank you.

- Jenna DeCesaris Butler

Anne Arundel County, Maryland