

Testimony to Senate Health & Welfare
S.71 – An act relating to the administration of immunizations by pharmacists
Thursday, February 23, 2017

My name is Wendy Davis and I am a pediatrician here today on behalf of the Vermont Chapter of the American Academy of Pediatrics and the Vermont Medical Society, for which I currently serve as President.

Our organizations have a number of concerns with S.71 and the administration of immunizations to children in a pharmacy setting, as follows:

Our primary concern is the significant potential for this activity to undermine the concept of a strong connection to a medical home for every child and family in Vermont. Beginning almost 50 years ago, pediatricians and family physicians have worked hard to develop and implement this concept. We have made great strides in Vermont to assure that every infant, child and adolescent in Vermont is connected to a patient-centered medical home, and the Vermont Blueprint for health has adopted this concept as a centerpiece of their program to improve the quality of health care delivered to Vermonters. The medical home is also a centerpiece of the *Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents*, edited by 3 Vermonters and the 4th edition of which has just been published. While I am pleased to say that the vast majority of Vermont children **are** connected to a medical home, and parents report that over 90% of Vermont children received a preventive visit in the past year, we know that these numbers fall off significantly as children and youth proceed through their school-age years, when have a comprehensive annual visit with the opportunity to address risks and strengths for adolescents is especially critical.

To further delineate our concerns:

1. *Bright Futures* specifically recommends yearly physicals for children and adolescents. The reasons are many:
 - a. Evaluation of growth and development
 - b. Counseling about nutrition and exercise
 - c. Evaluation of school success and behavior
 - d. Review of chronic common medical issues including asthma, ADHD, depression, and
 - e. **Immunizations** – previous work has shown that both youth and their parents and caregivers believe that completing a "sports physical" for athletic participation constitutes an annual checkup, yet we know these visits

do not include comprehensive screening, referral and follow up as recommended by national guidelines. The pediatric and family medicine communities have worked hard to describe and demonstrate the value of these comprehensive visits. Thus, as written this bill has great potential to add to that confusion and negatively impact the rate of annual adolescent well visits in Vermont. Yet, in Vermont, the rate adolescent annual well-care visits is a quality measure both in the current ACO environment and for the Blueprint for Health. Thus, we must be doing all that we can at this point in time to assure that that rate continues to increase.

2. This bill does not require pharmacists to sit down face-to-face with each and every parent and patient to conduct a thorough discussion, again based on national guidelines and a complex body of scientific evidence, to discuss the recommendations of the CDC's Advisory Committee on Immunization Practices, and the associated benefits and risks of each immunization.
3. Childhood vaccines have an outstanding record of safety and efficacy, but in the event of an adverse reaction, pharmacists may not be prepared to provide treatment (other than immediate first aid at the very moment that the vaccine is administered, for which they may or may have adequate training). More importantly, pharmacists may not be able to provide the health care professionals responding to the emergency or a subsequent event with the information they need in a timely manner, as they are not required to be available to the patient after the injection has been completed. Pediatric and family medicine practices have well-established protocols for vaccine administration and remain on-call 24 hours/day, 7 days/week, to address concerns that might arise well after vaccine administration.
4. It is not clear in the bill as written how (or whether there would be a requirement for) information to be transferred to the patient's medical record in their medical home. Primary care providers already spend inordinate amounts of time trying to assure that they maintain a complete medical record for their patients when care has been delivered in other settings. Having a complete immunization record that is readily accessible when needed is one of the most crucial elements of a patient's medical history. Primary care practices achieve this by maintaining records in their own office systems and by optimizing use of the Vermont Immunization Registry.
5. Perhaps more importantly 7-year old children (and older) often react negatively to medical procedures, even when delivered in their medical home. Child health care professionals and their office staff are well-trained to respond to these situations and support children and families through what may be perceived (especially by

the child) as a traumatic experience. Even a single but significantly negative experience, especially at these younger ages, can disrupt the trusting relationship with the child or youth that primary care providers work hard to establish with their patients. Pharmacies are simply not designed to be an ideal venue for the vaccine administration to children and adolescents: the physical environment is often one in which shots are administered in plain view of busy shopping activities; and staffing would rarely include child-focused caregivers with the knowledge and skills to respond to the myriad situations that might arise.

6. While we applaud efforts to consider novel strategies to improve immunization rates among Vermont's pediatric population, we believe strongly that this is best done by health care professionals in the patient's medical home, which represents a far more appropriate physical environment for vaccine administration, and by health care professionals with the content expertise and specific knowledge necessary to provide the best care to every individual patient.

Thank you and I would be happy to answer any questions.