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TESTIMONY OF THE MAINE CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS

IN OPPOSITION TO

L.D. 1223, AN ACT TO ALLOW PHARMACISTS TO ADMINISTER CERTAIN IMMUNIZATIONS

Joint Standing Committee on
Business, Research and Economic Development
Room 208, Cross State Building
Thursday, April 9, 2009

Thank you for the opportunity to discuss ***LD 1223, An Act To Allow Pharmacists To Administer Certain Immunizations***. I am appearing before you as a pediatrician who has practiced in Brunswick since 1979 and I am representing the Maine Chapter of the American Academy of Pediatrics and as a member of the Maine Immunization Coalition.

We welcome the pharmacists' many contributions to the health and well-being of our patients and our communities. They are a key part of the healthcare system. We applaud their desire to expand the professional services in order to further their contributions. Immunizations are a cornerstone of public health care.

The role of annual influenza immunizations is being expanded year to year. For this year's influenza season, the recommendations are being significantly broadened to include healthy children from six to eighteen years of age. This is happening because a proven way to prevent influenza from harming the most fragile, vulnerable members of society (the very old, very young, and the frail of all ages) is to keep influenza from spreading through a community. Those most likely to spread influenza are the children in settings such as school and daycare. We have been struggling with how organize a program that would allow us to immunize all of the children in our practices annually for influenza, and realize that a new approach is needed. Additional hands and resources are mandatory if this challenge is to be met. This bill represents a welcome addition of hands and resources, and we support that aspect of it.

There are aspects of LD 1223 that are troubling, also. Much time, effort, and money are being invested in a concept for healthcare called the Medical Home. This is a concept that each person deserves a place at the center of their health care.

This home works with each person in their care to coordinate with them what care is necessary and appropriate for them and maintains their medical records and works individually with them to implement a comprehensive care plan. LD 1223 unfortunately places a major threat to this comprehensive care coordination. It removes from the patients' medical home the key element of immunizations and fragments their care so that the primary care provider may be unaware of what immunizations have been received and additional immunizations may be duplicated. This will result in additional health care costs through duplication of immunization services and modest additional patient risk from the increased reactions to extra immunizations being provided. Specifically, as an example, if a tetanus immunization is given sooner than the recommended five year interval, there is more likely to be a reaction with pain, redness and swelling at the injection site, with accompanying fever.

We feel there is a distinct difference between administration of influenza vaccine and the other routinely recommended vaccines. Influenza vaccine requires an annual dose. We need more ways of providing it to the massive numbers of persons needing it every fall. Currently many pharmacies are using other contracted providers to administer "flu clinics" at their sites. Allowing the pharmacists the ability to participate in this program is an excellent expansion of their scope of practice.

Expansion to immunizations other than influenza we find problematic and oppose. These immunizations ought to be part of a person's comprehensive medical care and require appropriate integration into their personal health history, record-keeping to prevent duplication and incorporation into their individualized plan for wellness.

Thank you, members of the committee for your consideration.

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