Good afternoon Senator Patrick, Representative Herbig, and members of the committee. I am Gordon Smith, of East Winthrop, Maine testifying today on behalf of both the Maine Medical Association and the Maine Chapter of the American Academy of Pediatrics. The medical association represents the interests of more than 3800 physicians, medical students, and residents in training in the state and the chapter represents more than 200 pediatricians practicing in the state. We are disappointed in having to oppose L.D. 148 as we know it is well intended and we work very closely with pharmacists and their professional association on a variety of issues. In fact, bills on the issue of pharmacists’ administering vaccines has been considered in the 124th and 125th legislatures and, earlier this session in L.D. 32. In each case, we think a reasonable compromise was reached. It is very premature to have the proposal come back so quickly before there has been time to fully examine the results of the existing law.

This committee recently considered L.D. 32, an Act to Expand the Types of Vaccines That May Be Administered by Pharmacists. Because these were adult vaccines, we did not ultimately
oppose this limited expansion. And in the hearing on the bill, we noted our enthusiastic support for pharmacists providing flu shots. But the bill you are considering today, L.D.148, is very different and let me tell you why.

First of all, as our pediatricians are very fond of saying, children are not just small adults. They are very different than we are, and until they reach adult status and their full growth potential, they are very vulnerable and deserving of society’s protection. We have many laws that recognize this and I will not take the time today to note all of those for you.

Secondly, children 9 to 17, whom during those later years we consider adolescents, are among the most challenging patients and yet have some of highest health care needs. Prior legislatures have recognized this by passing several laws since the 1970’s which encourage teenagers to see a physician by allowing them to self-consent to care for many different conditions and diseases. We have a difficult time thinking about a fifteen year old male or female approaching a pharmacist to discuss the difficult issues of Gardasil, for instance. A pediatric office or student health clinic would be a more appropriate venue to discuss the risks and benefits of the vaccine and spend time counseling the patient regarding related issues of reproductive health and safety.

And lastly, L.D. 148 threatens the need for all patients, but especially children, to have a medical home. We are very fortunate that the physicians of our state have embraced the need to transform healthcare by emphasizing prevention and primary care. We have seventy-six (76) primary care practices in the patient centered medical home pilot, in which most payers, MaineCare, and Medicare are participating. The most important characteristic of a patient centered medical home is consolidating care of the patient at one site, in one practice, with appropriate support through care management and community care teams. immunizing children
at a pharmacy represents a fragmentation of care and will result in fewer records transferred to the state’s immunization information system, ImmPact maintained at the Centers for Disease Control and Prevention as pharmacies do not report to the registry as it is currently structured. Failure to record the shots in the registry could result in repeated shots, adding to health care costs and putting the child through the trauma of another shot, or two or three. Further, because pharmacies cannot report to ImmPact they cannot participate in the state’s new universal Childhood Immunization Program. Under this program, the Maine Vaccine Board assesses a fee on payers based on the number of children they cover and then distributes vaccines to physicians, clinics and hospitals at no charge. It is unclear if payers would be willing to reimburse pharmacists for any of the vaccine administered to children outside of this new structure, or if families would be left footing the entire bill.

At one time, Maine had some of the highest immunization rates in the nation. Currently, we are below the national average. There are several reasons for this, but one way to improve the percentage of children who receive all of the recommended childhood vaccines is to link each child to a medical practice reporting to the ImmPact. At the practice level, the vaccines are provided through the new universal vaccine program so that the cost to the family is greatly reduced.

Let me also point out a technical objection to the bill. While it may seem reasonable to you because there will be a prescription from the child’s physician or other health care provider, if the family does not report they have an existing relationship with a primary care provider, the immunization can be authorized through a standing protocol with any practitioner in the state. We learned during a previous debate of this issue that the intent was to have a corporate medical
director at central office serve as the practitioner for all the sites in the state. Perhaps that plan has changed this year. We certainly hope so as we do not believe that having a single physician; physician assistant or nurse practitioner employed by a chain pharmacy authorizing immunizations for children across the state is an appropriate standard of practice.

Finally, please also consider carefully the second section of the bill which would allow a pharmacy intern to administer the vaccine to the child. I think it probably goes without saying that if we are not comfortable with pharmacists giving childhood immunizations, we are certainly not comfortable with interns giving them.

Thank you for the opportunity to present our concerns regarding this proposal and I would be happy to answer any questions you may have.