



State Senator Mark Romanchuk  
Senate Bill 144 Sponsor Testimony  
Ohio Senate Health Committee  
September 20, 2023

Chairman Huffman, Vice Chairman Johnson, Ranking Member Antonio, and my distinguished colleagues on the Senate Health Committee, I am pleased to provide sponsor testimony on Senate Bill 144.

The bill before you today is identical to language we adopted in the Senate version of the budget bill but was removed in conference committee. The bill would adopt language from the federal PREP (Public Readiness and Emergency Preparedness) Act, allowing Ohio families the option to access the full range of childhood vaccines at a pharmacy. This provision was federal law for the last three years until it expired on May 11, 2023, when the Public Health Emergency (PHE) expired.

As you know, pharmacists have been administering vaccines to adults and children in Ohio for many years, however, until the pandemic Ohio law arbitrarily limited the types of vaccines pharmacists could administer to children by age. What was the result?

At five years of age, Jane was too young to get any vaccines at the pharmacy. Nine-year-old Johnny could get his flu vaccine at the pharmacy but needed an appointment with his doctor to get the measles shot or a prescription to get one at a pharmacy. Similarly, twelve-year-old Jack could get his tetanus shot at the pharmacy but only with a prescription from a prescriber. Then, he could return to the pharmacy for the shot. This system was not at all helpful to parents, especially given the difficulty of getting an appointment to see a prescriber.

Those limitations changed when the COVID pandemic hit. Under the Trump Administration and with bipartisan support from the U.S. Congress, the Health and Human Services Department adopted several PREP Act Declarations, one of which allowed families the option to get the full range of routine childhood vaccines at their local pharmacy from a pharmacist or from a pharmacy technician who completed nationally accredited immunization training.

Pharmacies were on the front line of the state's and nation's vaccine response. They provided more than 14 million vaccines to Ohioans, including 756,000 to Ohio's children in only 2.5

years. The numbers prove that there was a need for more vaccine providers and that our constituents leveraged that access to protect their children from a wide variety of illnesses.

That was the good news. The bad news is that the federal provision that included the administration of routine childhood vaccines by pharmacists and pharmacy technicians ended on May 11, 2023, with the expiration of the PHE. So we are back to the Jane, Johnny, and Jack scenarios--unless we pass this bill to reinstate what was standard practice for three years.

We all know there is a lack of health care access. In fact, 182 areas in Ohio are designated as primary care shortage areas. According to the Kaiser Family Foundation, in 2021, 48.8% of Ohio's children did not have a medical home. That is roughly 1.25m kids. This is an unacceptable statistic.

It goes without saying that we all want equal access to health care across Ohio's communities. To do that, patients must have options that are available at the places they frequent. By nature of their location, patients visit pharmacies twelve times more often than other health care providers. There is a pharmacy within five miles of every American household. They are open evenings and weekends, when it is most convenient for busy families to receive care. SB 144 provides us with an opportunity to preserve the option for Ohio families to receive their vaccinations at their local pharmacy.

In closing, I want to point out that this bill includes a provision intended to help address the access statistics I pointed out earlier. Current law requires pharmacists to report all immunizations administered to a patient's primary care provider—if the patient has one. If a pharmacist learns that a child has no primary care provider during this process, the bill requires the pharmacists to counsel the parent on the importance of child well-visits and make a referral to a pediatrician, if appropriate. In this way, pharmacies and prescribers can partner to simultaneously fill the gaps in vaccine access while helping drive patients without a primary care provider or pediatrician into the system. These provisions mirror requirements in the PREP Act, so pharmacists and pharmacy technicians are already accustomed to doing this.

About half of the states have already adopted this language or had it in place before COVID-19, including Kentucky, Michigan, Virginia, and West Virginia, to name a few.

Thank you very much for your thoughtful consideration of this important bill which will protect and promote our constituents access to vaccines. I will be happy to answer any questions you may have.