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November 15th, 2023

The Honorable Stephen A. Huffman, MD Chairman, Health Committee Ohio Senate Ohio Statehouse Columbus, Ohio 43215

Dear Chairman Huffman and Members of the Senate Health Committee—

On behalf of the nearly 3,000 members of the Ohio Chapter, American Academy of Pediatrics (OhioAAP), I am writing today to share our thoughts on Senate Bill 144, sponsored by State Senator Mark Romanchuk. This legislation modifies the scope of practice for pharmacists as it relates to childhood vaccines.

First, I want to provide some historical context. We previously modified the ability of pharmacists to provide vaccines to kids nearly a decade ago. House Bill 394 (130th) was enacted in December 2014; the bill was sponsored by then-State Representatives Ryan Smith and Nickie Antonio. Prior to 2014, pharmacists were only able to administer flu vaccines to children aged 14 and older. HB 394 included language allowing pharmacists to administer flu vaccines to children as young as 7. Additionally, pharmacists were given the ability to administer CDC-recommended vaccines to children 13 years of age and older. For children aged 7 to 12, HB 394 allowed CDC-recommended vaccines to be administered by pharmacists if a physician prescribed them. HB 394 also restored Ohio's vaccine requirements for state-licensed childcare centers. This was a top priority for OhioAAP and was essential to finding a compromise on the issue of pharmacy vaccines.

At the time, OhioAAP was working hard to boost Ohio's vaccine rates; since 2006, Ohio has had some of the worst childhood vaccine rates in the nation. This is attributable to Ohio's inclusion of a philosophical opt-out for school-based vaccine requirements. Like most other states, Ohio used to only accept exemptions to our vaccine requirements for medical or religious reasons. HB 394 was an important bill in terms of reversing this trend. The bill also ensured that parents were still encouraged to bring their children in for annual checkups, which are important not only for vaccines and physical health, but also for behavioral and developmental screenings and anticipatory guidance.

During the COVID-19 pandemic, pharmacies were essential frontline providers working to ensure children and adults were immunized against coronavirus and influenza. Despite current state law, federal guidance temporarily modified the scope of practice for pharmacists to help meet the demand. We are supportive of allowing pharmacists, pharmacy techs and pharmacy interns to administer COVID and flu vaccines to children as young as three, which is consistent with temporary authority granted during the COVID-19 pandemic.



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While I appreciate the attention given by the bill sponsor and proponents to healthcare access, we do not feel that Ohio's lagging vaccination rates are the result of access issues. The larger issue with vaccine rates is the result of vaccine hesitancy, which is driven by misinformation that only accelerated during the COVID-19 pandemic. Vaccines are safe and effective, and we should be exploring ways to boost our rates. SB 144 will not accomplish this, unfortunately. We are concerned that parents who would otherwise bring their children in for wellchild visits will instead skip those visits and instead go to the pharmacy. This is not the outcome we want as it denies these children access to other preventive services and screenings.

Over the past decade, we have not heard any issues with the compromise reached in HB 394 in 2014. Pediatricians greatly appreciate the role of pharmacies in the care of children and we want to continue this important collaboration. In our experience, pharmacies often will not accept Vaccines for Children (VFC), which is a program aimed at providing vaccines to children on Medicaid. Further, pharmacies are not required to report administered vaccines to ImpactSIIS, the state vaccine registry.

In closing, I would encourage the committee to retain current law that allows pharmacists, pharmacy techs, and pharmacy interns to administer CDC-recommended vaccines to children 7 and older with a prescription and 13 and older without. Further, allowing these providers to administer flu and COVID vaccines to children as young as 3 is something we support. Finally, the committee should explore other policy solutions to address our childhoold vaccine rates, including creating a uniform process for exemptions and repealing the philosophical exemption.

Thank you for your time and consideration.

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Sincerely,

Melissa Wervey Arnold Chief Executive Officer

Ohio Chapter, American Academy of Pediatrics