

Ohio Chapter

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American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



June 7th, 2023

Testimony of Melissa Wervey Arnold

Senate Finance Committee Hearing on House Bill 33

Chairman Dolan, Vice Chair Cirino, Ranking Member Sykes and members of the Senate Finance Committee, thank you for the opportunity to provide testimony today in on HB 33. My name is Melissa Wervey Arnold and I am the Chief Executive Officer of the Ohio Chapter of the American Academy of Pediatrics. I am here today on behalf of our 2,900 members to offer some comments on the Senate Substitute Bill for HB 33 that was adopted earlier this week.

I am concerned over the inclusion of language modifying section 4729.41 of the Revised Code (PRXCD3 in Comp Doc) related to the administration of vaccines to minors in pharmacies. This is a major scope of practice change that will adversely impact Ohio's well child visit rates and result in fewer children visiting their primary care physician. These annual visits are important as they allow for the opportunity to conduct developmental assessments and behavioral health screenings; they also allow pediatricians to provide guidance to parents on milestones that their child may be reaching.

Less than a decade ago, the Ohio Chapter of the American Academy of Pediatrics reached an agreement with organizations representing retail pharmacies and pharmacists to allow pharmacists, pharmacy interns, and pharmacy technicians to provide vaccines to children under certain circumstances. Under this compromise, which was codified in House Bill 394 (130th), pharmacies could offer vaccines to any child 13 years of age and older. For children between the ages of 7 and 12, pharmacies could offer flu vaccines. For other vaccines recommended for children ages 7 to 12, a pharmacy could administer a vaccine with a prescription.

This compromise ensured greater access to vaccines for Ohio families while also ensuring parents were encouraged to bring their children to their well child visits until their teenage years. Under the Senate Substitute Bill, pharmacies may now offer any vaccination to children as young as 5 with no prescription. This completely undermines what was previously agreed to and will have a detrimental impact on well child visit rates in Ohio. Further, I do not believe that this will result in more children receiving vaccines or Ohio's rates improving. Vaccine hesitancy has been on the rise since the COVID-19 pandemic and pharmacy vaccinations will do little to address it.

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The substitute bill also includes language allowing pharmac technicians and interns to administer vaccinations in the same manner as pharmacists. We are not concerned with this provision so long as the age of administration or requirements for vaccination are not changed. Further, we have no objection to pharmacists administering flu and COVID vaccines to children as young as 5 as these are not tied to well child visits. As a compromise, we would encourage HB 33 to be amended to allow for flu and COVID vaccines for children as young as 3, which mirrors emergency authority granted to pharmacies during the COVID pandemic. Further, we have no objection to the language around pharmacy techs and interns remaining in the bill. However, we ask that the Senate retain the requirement that any vaccines for children under age 13 (besides flu and COVID) be prescribed by a physician. Anything less represents a substantial change that should be discussed outside of the state budget process.

Additionally, we are also opposed to changes in section 3729.05 of the Revised Code contained in the substitute bill that would create new vaccine exemptions for students attending a public or private university in Ohio (BORCD113 in Comp Doc). While there is no statewide vaccine requirement for students entering an institution of higher education, some universities do require certain vaccines (most notably HepB and Meningitis) for students attending campus or residing in residence halls. Ohio has seen fatal outbreaks of meningitis in recent years on college campuses, and we strongly object to universities losing their ability to keep their students safe. Many universities already make accommodations or grant exemptions for students on medical or religious grounds. Much like we've seen with nonmedical exemptions in the K-12 space, these exemptions will result in more vaccine-preventable disease outbreaks. We ask that this language be removed and our public and private colleges retain the power to keep our students healthy.

The Ohio Chapter of the American Academy of Pediatrics is also seeking funding and support for our *Store It Safe* program. Started in 2015 with the support of Buckeye Firearms Association, law enforcement agencies, and child safety experts, this program seeks to educate parents on the importance of safe storage of firearms as a way to reduce unintentional firearm injuries and suicides. The program offers education for providers, free lock boxes for parents, and awareness materials that have been developed. Most importantly, we have been able to show that this program works as an intervention to reduce gun-related injury and suicide. We are seeking a budget amendment to create a statewide *Store It Safe* program modeled on our existing campaign. Funding would be included to purchase lockboxes, promote training for healthcare providers, and launch a public awareness campaign. We hope that this amendment is included in the Senate's omnibus amendment.

In closing, I want to thank you for your support of Ohio's pediatricians and the extraordinary amount of work you are putting into HB 33. I would be happy to answer questions at this time.

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