



**House Public Health Subcommittee on Health Professions
House Bill 3458 by Rep. Senfronia Thompson
Testimony by Ben Raimer, MD
April 4, 2019**

Testimony Submitted on behalf of:
Texas Pediatric Society
Texas Medical Association
Texas Academy of Family Physicians

Chairman Sheffield and committee members,

Thank you for the opportunity to provide testimony today. I am Dr. Ben Raimer, a pediatrician from Galveston and President of the Texas Pediatric Society. I am testifying on behalf of our organization as well as the Texas Medical Association and the Texas Academy of Family Physicians. We are testifying in respectful opposition to House Bill 3458.

We understand and appreciate the intent of Chairman Dutton's bill, but want to ensure we maintain comprehensive, best practice health care within the medical home for Texas children. The bill allows pharmacists to provide all vaccinations to children between the ages of 7 and 14. Currently, only immunization against influenza is allowed to be administered by a pharmacist for children ages 7 through 14. This is because of public health concerns because our immunization rates are so low and the vaccine is required annually. The best practice provision of health care for children is provided within a medical home with a physician team lead so each of the child's unique health needs can be addressed in a holistic approach. Fragmenting their care via one-off visits at a pharmacy can leave children vulnerable to missed screenings, diagnoses, and care otherwise not caught by a child's primary care physician.

Vaccines are best delivered in the medical home, and the strongest connection between a medical home and a pharmacy already exists as part of our current system of care.

Physicians can currently enter into agreements with pharmacists and refer patients to them for vaccination if necessary. This is the best way to ensure proper care, and there is no reason to expect that a referral from a pharmacist to an unspecified medical home would result in follow-up for appropriate services. This legislation would erode the medical home and jeopardize the quality of care that children receive.

Because adolescents are less likely to seek preventive care, or visit their primary care physician for a well-child exam, often immunizations are what bring children of this age to see their doctor. Tdap and meningococcal vaccines are required for seventh grade entry in Texas, and the visit for vaccination provides physicians with the opportunity to evaluate the comprehensive health care needs at this critical juncture in an adolescent's life.

Example: One of our primary care physician members recently saw a child who came in for his 11-year-old vaccines. He was obese, so during his visit several screening labs were performed. Two weeks later he was sent to the endocrinologist where he began treatment for the Type II diabetes diagnosed as a result of the screening. Had this child received his vaccines at a pharmacy, treatment for this life-threatening illness would have been delayed. This is just one example of the important evaluation physicians perform during a routine exam. In addition to thoroughly examining the child, physicians provide anticipatory guidance on a wide variety of topics on anything from puberty to mental health. The opportunity to examine and discuss these topics with kids during this important period in their development is a critical aspect of comprehensive preventive care – and a process that should be encouraged, as opposed to fragmented.

Physicians have experience in providing vaccines as well as a clinical knowledge on the diseases that can result from choosing not to vaccinate.

This expertise and firsthand experience in treating vaccine preventable disease is often necessary to communicate the benefits and risks with parents – and a perspective that a pharmacist cannot provide at the same level. While families may seek care for one vaccination due to a school requirement, physicians may be aware of other vaccinations the child may need to ensure they are fully-protected against infectious diseases.

Physicians have the equipment and processes in place to deal with storage and maintenance of vaccines.

This is particularly important because vaccines administered to private pay patients, and those delivered to Medicaid patients through the Texas Vaccines for Children Program, must be handled separately. Though most pharmacies are unwilling to participate in the Medicaid program because of this extra layer of complexity, physicians are willing to undertake the additional burden – often at a financial loss – because they believe so strongly in the benefit of vaccination for their patients, and want to take care of ALL of our kids. Though the retail pharmacies claim that this bill is designed to improve access to vaccines in their communities, without participating in the Medicaid and Vaccine for Children programs they are not reaching those children most in need of access, or providing services to a significant portion of our population. In addition, it is unclear whether pharmacists have the processes in place to participate in ImmTrac – the statewide immunization registry.

There is no infrastructure in place at pharmacies to deal with adverse reactions.

Adverse reactions range from mild to serious, but regardless of the intervention necessary – physicians are medically qualified to manage the various situations that may arise. Physician offices contain the necessary medical equipment as well as the private rooms to counsel patients and parents who have questions or concerns about vaccines. Furthermore, if there is an adverse reaction to a vaccine given in the medical home, the patient will likely return to the physician – who will have details on the specific product administered. For an adverse reaction to a vaccine given in the pharmacy setting, a patient would not go back to the pharmacy, but to a physician, potentially in the emergency room, who would then have no background on the immunization given. Without access to details on the vaccination provided to the child, appropriate treatment and reporting on the adverse reaction will be significantly more difficult.

Catch-up vaccination schedules can be clinically complex

For kids of this age who have delayed vaccination, it may be necessary to administer shots based on the CDC's catch-up schedule – which is more complex than the typical vaccination schedule. Physicians are uniquely qualified to understand the complexity of their patient's medical needs, as well as the intricacies of the different

vaccination products available – and ensure their patients are receiving the maximum protection at the appropriate time.

No group appreciates the importance of vaccines more than physicians; however, sacrificing quality for a system that will not meaningfully increase access and will only serve to create further complexities in the health care delivery system is not a good decision. The data clearly shows that we are already doing an exceptional job of delivering vaccines to the 7 to 14-year-old population in the most beneficial setting – the medical home – and expanding the place of service to pharmacies will not improve upon our current system, nor will it benefit the children most in need of access to vaccine services.

The current system is working well and ensures high vaccination rates

Proponents state this bill’s purpose is to promote convenience and access to immunizations, but Texas data shows that our children are already receiving their vaccinations at high rates at this age range. The data demonstrates that immunizations rates under our current system for this age group are already significantly better than the ideal standards established by Healthy People 2020.

Immunization objective	Healthy People 2020 Target	Texas Rate	
		DSHS, School Survey, 7 th grade 2017-2018 School Year ¹	National Immunization Survey, 13–17 years ²
Adolescents Routine vaccination coverage levels for adolescents	Tdap 80 percent	96.7 percent	83.2 ± 2.6 percent
	Meningococcal 80 percent	96.26 percent	85.1 ± 2.5 percent

There is no evidence to suggest the small percentage of those who are unvaccinated would seek services at pharmacies – or have the resources to pay out of pocket for the vaccinations administered at a pharmacy.

Thank you for the opportunity to provide testimony today. We appreciate Chairman Dutton’s intent and leadership promoting access to vaccinations.

¹ DSHS. 2017-2018 Annual Report of Immunization Status. Immunization Branch. Retrieved from: <https://www.dshs.texas.gov/immunize/coverage/schools>

² CDC. 2017 National Immunization Survey-Teen (NIS-Teen) Data. Retrieved from: <https://www.cdc.gov/vaccines/imz-managers/coverage/teenvaxview/data-reports/td-tdap/dashboard/2017.html>
<https://www.cdc.gov/vaccines/imz-managers/coverage/teenvaxview/data-reports/menacwy/dashboard/2017.html>