

### Testimony on House Bill No 5129

My name is Elsa Stone. I am a pediatrician, speaking on behalf of the CT Chapter of the AAP. I speak in **opposition to allowing pharmacists to administer influenza vaccine** to children under the age of 18, but in **favor of granting administration authority to appropriately trained and credentialed medical assistants.**

This legislation to permit pharmacists to vaccinate children, if enacted, would serve to fragment care and to undermine the concept of the patient-centered medical home, which is the linchpin of Connecticut's State Innovation Model to improve health outcomes while containing costs. Pediatric practices are responsible for tracking the medical needs of their children, reaching out to families to ensure that their children are appropriately vaccinated and cared for, and documenting those vaccinations. Appropriately trained and credentialed Medical Assistants are active members of the care team; their ability to administer vaccines within the pediatric practice under direct supervision would permit practices to provide more services in a shorter period of time while maintaining the same high standards for care quality.

CDC data indicate that the highest rates of flu immunization occur in the age groups that are most frequently seen in their medical home. If we want to increase our flu immunization rate, we need to encourage families to have annual preventative visits.

Not uncommonly, the need for a vaccination is the impetus which brings a child into the office, thereby enabling an assessment of the child's physical and developmental well-being, screening for depression, school problems, domestic violence, drug abuse, or other potential threats to the continued health of the child, and for the provision of anticipatory guidance to the family. **NONE OF THIS WOULD BE ACCOMPLISHED DURING VACCINATION BY A PHARMACIST.**

Schools and daycare rely on the immunization records from the pediatric offices. If the immunization occurs outside the office, there is a risk it may not get documented, interfering with a child's entry into daycare.

Influenza vaccination of children is more complicated than that of adults. There are 2 different types of vaccines and multiple variables: age, medical history, allergies, previous immunizations, that determine which vaccine is best suited for a particular child. If a child is under 8 and has never received a flu shot, they need 2 doses in the current season. Pediatric practices review each child's medical record, provide information to the family about the options for their child, and make sure those needing 2 doses receive them. So there is significant medical decision making that goes into the choice. And by the way, children have been known to change their mind about which vaccine they want when the moment is upon them, which could lead to more confusion if they have a prescription for 1 vaccine and now want an different one.

As a pediatrician, if I am responsible for this process of shared decision making with the family, I am uncomfortable with not completing the process, actually giving the medication and entering it into the record. If there is a problem and the vaccine was given outside the office, whose responsibility is it?

In addition, there may be a fiscal note for DPH if pharmacies want to vaccinate children under age 5.

In summary, authorizing pharmacists to vaccinate children fragments care, imposes a burden on primary care practices, may impose costs on DPH, and does not provide any benefit.

Allowing credentialed medical assistants to administer vaccines under direct supervision of a physician, APRN, or PA, enhances the functioning of the pediatric medical home.