American Academy of Pediatrics
HEZEKIAH BEARDSLEY CONNECTICUT CHAPTER

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I am Sandra Carbonari, a primary care pediatrician and the medical director of the Connecticut Chapter of the American Academy of Pediatrics. I am testifying on behalf of our nearly 1000 pediatrician members against SB 94 AN ACT ALLOWING PHARMACISTS TO ADMINISTER THE INFLUENZA VACCINE TO CHILDREN TWELVE YEARS OF AGE AND OLDER.

We do not think it is appropriate for pharmacists to administer flu vaccine to anyone under the age of 18. This season there are 10 different vaccines in 17 different presentations with a variety of age indications, specific precautions and contraindications. There are 2 different delivery systems, intramuscular by needle (not jet injector) and intranasal, again with different contraindications and precautions. Determining the appropriate vaccine for a pediatric age patient is not simple and requires accurate information about the medical history and current state of health. Documentation of the date and type of vaccine must get into the child's medical record in their Medical Home which, as many of you know is a team-based health care delivery model led by a health care provider to provide comprehensive and continuous medical care to patients with a goal to obtain maximal health outcomes. This model of care is the linchpin of Connecticut's State Innovation Model to improve health outcomes while containing costs.

If the goal is to expand access and reduce costs of immunizing children, pharmacies must be required to accept Medicaid patients. The CT Vaccine Program requires that providers of vaccine for VFC (Vaccines for Children) eligible children (which includes those on HUSKY) get the vaccines through the CVP (CT Vaccine Program). These vaccines must be kept separately from purchased vaccine. This program has many regulations and extensive required record keeping. As pediatricians can attest, this program has increased the cost of immunizing children. We are concerned that this increased cost would lead to flu vaccine being available only to non-Medicaid adolescents who self-pay or are covered by commercial insurance. Also, it is not clear that the DPH vaccine program, with its current staffing, could handle a large increase in the number of providers in the CVP.

Often it is the need for a vaccine that causes the parent to seek medical care. Children with asthma are a priority to get the vaccine. Getting it outside the medical home misses a chance to assess their asthma control and update the individualized treatment plan. The great advantage to adolescents getting flu vaccine in the medical home is the opportunity to engage them in preventive, well care. In this age group, this care includes important vaccines other than flu, assessment of physical health along with mental health and oral health, screening for depression, screening for nicotine, alcohol, or other drug use, as well as for school problems and exposure to violence or bullying, etc., as well as anticipatory guidance for the teen and the family. A PHARMACIST WOULD ACCOMPLISH NONE OF THIS DURING VACCINATION.

The pediatric office is prepared for adverse reactions to immunizations with the training, medications and equipment appropriate for the varying sizes of children and adolescents if it occurs in the office. We also have vast experience dealing with the resistant adolescent, as well as the fainting episode that can follow immunization, both of which occur more frequently than most would expect. The primary care pediatrician would be the one called by parents with questions or possible immunization reactions that may occur.

Several studies have definitively shown that the primary care provider is the most important influencer for parents in making the decision to vaccinate. Pediatricians understand the needs of their patients and families and offer flu vaccine in the parameters of the medical home that includes care available after traditional office hours. This includes practices in both urban and non-urban areas.

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.