

February 22, 2019

To: Public Health Committee of the CT General Assembly

From: Neal Lustig, MPH, Director of Health, Pomperaug Health District, Southbury

Re: **SB#94 - AN ACT ALLOWING PHARMACISTS TO ADMINISTER THE INFLUENZA VACCINE TO CHILDREN TWELVE YEARS OF AGE AND OLDER.**

Members of Public Health Committee – As a long time serving local Director of Health in the State of CT, I request that the members of the Committee consider long and hard the implications of adding one more provider of childhood vaccines in the State of CT. At present we have Private Pediatricians, Community Health Centers, School Based Health Centers, Visiting Nurse Agencies, School Nurses, Family Practice Physicians, Advanced Practice Nurse Practitioners, and Local Health Departments all providing influenza vaccine to children in a variety of settings. As Co-Chair of the CT Immunization Coalition, I observed the impact in 2010, of pharmacists entering into the administration of seasonal flu vaccine to adults, 18 and over. Many of the Visiting Nurse Agencies and Local Health Departments that had previously served the adult population, along with private physicians, experienced a large shift in the delivery of seasonal flu vaccine at that time. The Visiting Nurse agencies, Local Health Departments and even Private Practice Physicians, experienced a dramatic loss of patients served, while the pharmacies, entering this new field of medical practice gained. While one might say that’s “competition”, that’s the shifting health care “situation”, the impact on the delivery of “prevention services” in CT should be considered. Many of those public health nurses whether working for a VNA or a Health Department were no longer needed as the distribution of seasonal flu vaccine providers changed. Those public health professionals were no longer available to work in the prevention of cardiovascular diseases, i.e. Blood Pressure Control or Diabetes Prevention/Education work. Most importantly, and one concern that the Public Health Committee should not forget, is that those entities were experienced and trained in the delivery of mass vaccinations. That ability is now being lost in CT, and the process of getting ready for the next pandemic-flu outbreak (H1N1), the next Ebola Epidemic, the next epidemic in CT, will be severely strained.

In the last year, as Co-Chair of the CT Immunization Coalition I have observed several large Health Departments including Danbury, New Haven, Meriden and East Shore Health District return to mass influenza vaccination of children in a greatly enhanced manner. This is significant in that it improves access to parents who wish to have their children vaccinated for seasonal influenza. In regards to “expanding access” the stated purpose of this proposal, I wish to remind the Committee of a **crucial important fact**. In the State of CT, under present law, all influenza vaccine to children up to age 18, insured by **CT Medicaid or Husky**, is provided by the CT Vaccine Program (CVP), administered by the State Department of Health. That cohort of children is now **greater than 50% of all the children** in the State, and exceeds 318,000 children. To receive the mandated free vaccine from the state for Medicaid recipients, the healthcare entity must be **certified and approved** by the CVP, and meet all the necessary standards for vaccine monitoring, refrigeration, inspection/reporting protocols, etc.

It involves a yearly inspection by CVP Inspectors, suitable and approved equipment, and constant monitoring of vaccine temperature technology. All private pediatricians, most local health departments who vaccinate children, Federally Qualified Health Centers (FQHC), are registered participants in the CVP program. To the best of my knowledge **not one single pharmacy in CT** is a participant in the **CVP**, and therefore will be unable to access the State Supplied Influenza Vaccine. Since the provision of seasonal flu vaccine is a required no cost vaccine under the ACA, the only children that the pharmacy can vaccinate are children, age 12 and older, **who are insured by private insurance**.

Therefore, this bill will be actually restricting “access” to the seasonal flu vaccine to only the 45% of children in CT who are covered by private insurance, and further restricted to those 12 years and older. The provision of vaccine to this reduced cohort will, by its nature, impact the delivery of flu vaccine by the other providers mentioned above. This is a significant, **unintended consequence** of this proposal, that the Public Health Committee may want to seriously consider.

Thank you again for your time and consideration of this matter and available for questions.