

SUBJECT: Allowing pharmacists to immunize, vaccinate children three years and up

COMMITTEE: Public Health — committee substitute recommended

VOTE: 10 ayes — Klick, Guerra, Allison, Coleman, Collier, Jetton, Oliverson,
Price, Smith, Zwiener

0 nays

1 absent — Campos

WITNESSES: For — Jeff Loesch, NACDS, TFDS, and Kroger; Mia McCord, Texas Conservative Coalition; Debbie Garza, Texas Pharmacy Association; Casey Nicholas, Walgreens; (*Registered, but did not testify*: David White, Baylor Scott and White; Allison Greer, CHCS; Chase Bearden, Coalition of Texans with Disabilities; Allen Horne, CVS Health; Leticia Van de Putte, Davila Pharmacy and Medical, Inc.; Austin Holder, H-E-B Pharmacy; Justin Keener, Libre Initiative; Christine Yanas, Methodist Healthcare Ministries of South Texas, Inc.; Matthew Lovitt, National Alliance on Mental Illness Texas; Nicole Kralj, National Association of Chain Drug Stores; Bruce Scott, Pfizer; Hope Osborn, Texas 2036; Megan Herring, Texas Association of Business; Janis Carter, Texas Federation of Drug Stores; Duane Galligher and Keith Strama, Texas Pharmacy Association; Jerry Valdez, Texas Pharmacy Business Council; George Kelemen, Texas Retailers Association; Aimee Lusson, Walgreens; Mark Vane, Walmart; Katherine Bennett; Susana Carranza; Lauren Clark; Shelby Humpert; Lacy Waller)

Against — Dawn Richardson, National Vaccine Information Center; Seth Kaplan, Texas Pediatric Society, Texas Medical Association, and Texas Academy of Family Physicians; (*Registered, but did not testify*: David Reynolds, Texas Chapter of the American College of Physicians; Dan Finch, Texas Medical Association; Jill Sutton, Texas Osteopathic Medical Association; Bonnie Bruce, Texas Society of Anesthesiologists; Kathryn Rightmyer)

BACKGROUND: Occupations Code sec. 554.052(c-1) allows a pharmacist to administer an influenza vaccination to a patient over seven years old without an established physician-patient relationship.

DIGEST: CSHB 678 would allow a pharmacist to order or administer an immunization or vaccination to a patient who was at least three years of age without an established physician-patient relationship if the immunization or vaccination was:

- authorized or approved by the U.S. Food and Drug Administration or listed in the routine immunization schedule recommended by the federal Advisory Committee on Immunization Practices published by the federal Centers for Disease Control and Prevention; and
- ordered or administered in accordance with the federal Advisory Committee on Immunization Practices vaccine-specific recommendations.

The Texas State Board of Pharmacy (TSBP) would have to specify conditions under which a pharmacist could order or administer an immunization or vaccination. The conditions for such an order would have to ensure that:

- the pharmacist possessed the necessary skills, education, and certification to order or administer the immunization or vaccination;
- within a reasonable time after administering an immunization or vaccination prescribed by a licensed health care provider, the pharmacist notified the patient's health care provider that the immunization or vaccination was administered; and
- the authority of a pharmacist to administer an immunization or vaccination could be delegated to a certified pharmacy technician.

The bill would remove certain requirements for the conditions under which a pharmacist could order or administer an immunization, vaccination, or medication and make conforming changes to reflect the bill's provisions.

The bill would specify that for pharmacists administering a vaccine or immunization to children younger than three, instead of 14 as under current law, supervision by a physician would be considered adequate if the delegating physician had an established relationship with the patient and referred the patient to the pharmacist.

The bill would modify the deadline by which a pharmacist had to notify a physician who prescribed an immunization or vaccination from 24 hours to 14 days after administering an immunization or vaccination.

The bill would include pharmacists who ordered an immunization or vaccination in the list of individuals for whom TSBP would have to establish minimum education and continuing education standards.

The bill would update the definition of the “practice of pharmacy” in the Texas Pharmacy Act to reflect changes made by the bill.

The bill would take effect September 1, 2021.

**SUPPORTERS
SAY:**

CSHB 678 would expand access to critical preventive health services for Texas children by allowing pharmacists to order and administer immunizations and vaccinations to children three years old and older. Pharmacists are the most accessible health care providers for Texans and could provide crucial services to the large percentage of Texas children without a primary care physician. Enabling pharmacists to provide the full range of crucial childhood immunizations and vaccinations on a permanent basis by codifying the temporary authorization under the federal Public Readiness and Emergency Preparedness Act would help the state fight infectious diseases and expand access to vaccinations for underserved and needy populations.

The bill would not interfere in the doctor-patient relationship but would provide greater flexibility in accessing vaccinations and immunizations to Texas children. Pharmacists are trained and qualified to order and administer vaccines, and have been doing so successfully during the

COVID-19 pandemic when many doctors' offices have been closed.

The bill would not put children at greater risk of adverse vaccine reactions, as these reactions are no more likely to occur in a pharmacy than in a doctor's office. Pharmacists are trained to identify adverse vaccine reactions and to respond accordingly. Pharmacists also have access to the state's immunization registry and would be equipped to properly update a child's records and space immunizations.

CRITICS
SAY:

CSHB 678 could undermine the relationship between young children and their primary care providers by fragmenting child health care services. When patients come to their primary care doctor for a required or recommended immunization, physicians use the opportunity to assess other areas of a child's health, including potential mental health issues and school readiness. If parents were able to immunize their children at neighborhood pharmacies, they could forgo trips to their child's primary care physician and removing opportunities for a doctor to regularly assess a child's health.

Doctors know a child's medical and family history and can warn of contraindications to a vaccine and space vaccinations appropriately. Pharmacists do not have this information or the complete context of a child's medical background and could inadvertently administer a vaccine a child should not receive. This could be deadly in the case of certain adverse reactions, as standalone and grocery store pharmacies likely would not have life-saving defibrillators handy in the case of cardiac arrest.