



**Texas House Public Health Committee
House Bill 678 by Representative Cortez
Testimony by Seth Kaplan, MD, FAAP**

April 14, 2021

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

Chairman Klick, Vice Chair Guerra, and committee members,

Thank you for the opportunity to provide testimony today. I am Dr. Seth Kaplan a pediatrician from Frisco. Thank you for the opportunity to testify on behalf of the more than 4,500 pediatrician, pediatric subspecialist, and medical student members of the Texas Pediatric Society, the Texas Chapter of the American Academy of Pediatrics. We are testifying in respectful opposition to HB 678.

We understand and appreciate the intent of Representative Cortez'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 down to the age of three. Currently, only immunization against influenza is allowed for children down to age seven for public health concerns because those specific 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 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 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 primary care physician. Tdap and meningococcal vaccines are required for 7th 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, physicians are required to submit information to ImmTrac – the statewide immunization registry. It is unclear whether pharmacists have the processes in place to participate in the registry or are required to do the same.

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 that are 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 3 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.

Administering the COVID-19 Vaccine to children will require awareness of when they are receiving other routine vaccines

Authorization of the COVID-19 vaccine for use in children will mean that this vaccine will need to be incorporated into CDC’s Advisory Council on Immunization Practices (ACIP) Recommended Child and Adolescent Immunization Schedule which considers the clinical importance of the spacing between all recommended vaccines. Currently, CDC recommends that the COVID-19 vaccine series be administered alone, with a minimum interval of 14 days before or after administration of any other vaccine¹. Depending on the specific disease risk to the child, this means that a physician may recommend administering one of the other routine vaccines first, such as Tdap, HPV, or Meningococcal vaccine, before waiting the recommended spacing period before receiving the COVID-19 vaccine. The coordination and communication required to make sure child and parents understand the appropriate spacing of routine vaccine, is most appropriate for the child’s medical home.

The current system is working well and ensures high vaccination rates

While we understand proponents state this bill’s purpose is to promote convenience and access to immunizations, 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 were significantly better than the ideal standards established by Healthy People 2020.

| Immunization objective | Healthy People 2020 Target | Texas Rate | |
|---|------------------------------------|---|---|
| Adolescents Routine vaccination coverage levels for adolescents | Tdap 80 percent | DSHS, School Survey, 7 th grade 2019-2020 School Year ² | National Immunization Survey 2019, 13–17 years ³ |
| | | 96.63 percent | 90.2 ± 1.0 percent |
| | Meningococcal 80 percent | 96.98 percent | 86.6 ± 1.0 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 in opposition to HB 678. We appreciate Representative Cortez’s intent and leadership promoting access to vaccinations. For any questions or follow-up please contact Clayton Travis, Director of Advocacy and Health Policy with the Texas Pediatric Society at Clayton.Travis@txpeds.org.

¹ CDC Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States. Retrieved from: <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>

² DSHS. 2019-2020 Annual Report of Immunization Status. Immunization Branch. Retrieved from: <https://www.dshs.texas.gov/immunize/coverage/schools>

³ CDC. 2019 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>