



February 8, 2021

Dear Sponsor Knudsen and House Human Services Committee:

My name is Vicky Byrd, MSN, RN. I am a Montana Registered Nurse (RN) of 32 years and the CEO of the Montana Nurses Association (MNA). MNA is the recognized leader and advocate for the professional nurse in Montana. MNA is the nonprofit state professional nurses association representing the voice of nearly 18,000 Registered Nurses (RNs) in Montana including more than 1000 licensed as Advanced Practice Registered Nurses (APRNs). MNA is the recognized professional organization, which lobbies for nursing practice issues to protect the practice of professional nurses and also protect the public in all areas of health care. MNA promotes professional development, nursing practice, standards, and education; represents professional nurses; and provides nursing leadership in promoting high quality healthcare, safety, and overall public health.

MNA OPPOSES House Bill 250 “AN ACT REVISING IMMUNIZATION REQUIREMENTS FOR PHARMACISTS; PROVIDING THAT PHARMACISTS, INTERNS, AND PHARMACY TECHNICIANS MAY ADMINISTER ROUTINE IMMUNIZATIONS OR COVID-19 IMMUNIZATIONS TO INDIVIDUALS 3 YEARS OF AGE OR OLDER” for the following reasons as submitted by Montana APRNs from across our state:

- Pharmacies are not obligated to participate in the Vaccines For Children (VFC program), which is administratively burdensome but is the way that pediatric providers practice immunizations in the Medicaid population -- this sets up inequities in access and puts the financial burden on pediatric practices.
 - The 2019 VFC provider list has 203 VFC Providers in the state of MT. These providers include local health departments, Family Practice and Pediatric offices, hospitals, family planning clinics, Community Health Centers, FQHCs, Critical Access Hospitals, and Indian Health Services...but there is NOT one pharmacy on the list. For the past several years, pharmacies have been included in the MT VFC program as “specialty providers” under the VFC rules similar to those of Birthing Hospitals and Family Planning clinics, meaning they don’t have to stock the full array of ACIP recommended vaccines. What this means is that children who are eligible for VFC flu shots have not been able to access services at any pharmacy in MT thus exposing a disparity toward equity.
 - Professions and Occupations MCA, Chapter 2: General Provisions Relating to Health Care Practitioners: 1: Dispensing of Drugs 37-2-101 (line 7) defines “medical practitioner” as any person licensed by the state of Montana to engage in the practice of medicine, dentistry, osteopathy, podiatry, optometry, or a nursing specialist as described in 37-8-202 and that is licensed practice to administer or prescribe drugs. Pharmacists are not included in this list of medical practitioners.
 - This now brings us back to 37-7-105 where the current rule is stating pharmacists may “prescribe” immunizations **without a collaborative practice agreement in**

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place: (influenza > 12, pneumococcal, tetanus/diphtheria to >18 and shingles). Further, can administer immunizations to individuals 7 years of age or older as provided by the most recent guidelines by vaccine and age group published by the United States centers for disease control and prevention and as determined **within a collaborative practice agreement.**

- HB 250 is requesting that a pharmacist may prescribe and administer the following immunizations (or intern or technician) **without a collaborative practice agreement** in place TO INDIVIDUALS 3 YEARS OF AGE OR OLDER as provided by board rule and based on the board's adoption by rule of the most recent guidelines by vaccine and age group published by the United States centers for disease control and prevention.
- Now, let's quickly define a collaborative agreement. As defined by 37-7-101 (line 6) "Collaborative pharmacy practice" means the practice of pharmacy by a pharmacist who has agreed to work in conjunction with one or more prescribers, on a voluntary basis and under protocol, and who may perform certain patient care functions under certain specified conditions or limitation authorized by the prescriber.
- The bill does specify that the pharmacists, licensed pharmacist interns and pharmacy technicians need to have completed a practical/educational training program that is approved by the accreditation council for pharmacy education or the board and that includes instruction in hands-on injection technique, clinical evaluation of indications and contraindications of immunizations, and the recognition and treatment of emergency reactions to vaccines and, further, who holds a current basic cardiopulmonary resuscitation certification, not to mention Pediatric Advanced Life Support(PALS) as children under 12 especially are NOT little adults. There are needed safeguards and educational assurances prior to changing any healthcare scope of practice.
- The bill does address that "A pharmacist who administers an immunization identified under subsection (1)(a) to a patient who is under 18 years of age shall inform the patient and the patient's adult caregiver of the importance of a well child visit with a pediatrician or other licensed primary care provider and shall refer the patient as appropriate", however, what would address the delegation and liability of this task to a pharmacy intern or technician that doesn't have the proper educational or training background to do so.
- I definitely oppose this bill and opposed it last time due to the age and the elimination of the collaborative agreement piece and as an equity issue. Pharmacists have been able to be a VFC provider for years for flu shots but none of them have signed up because the storage and handling requirements are too cumbersome. If they can give vaccines, they are increasing their profit margin while creating more disparity for underinsured and uninsured children by not being a VFC provider. I work in public health and we vaccinate all ages across the life span, not just the ones who pay. Well-child visits are so important too for all the reasons stated. I would recommending holding the line with 12 years and up. It is about accessibility and equity, however safety in priority. One of their platforms last session was accessibility, when I actually broke down the numbers by county, the

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only impact they would make were with cities/towns with the big chain pharmacies exist. Pharmacies, aren't supported in small rural towns where there are limited healthcare providers.

- Many APRNs feel that children should be immunized by a Public Health RN or at a medical clinic (Primary care (APRNs, Physicians, Physician Assistants or Pediatricians), especially under 12 years of age.
- Pharmacists and technicians should not be able to give immunizations to children under 12 years of age, however, influenza vaccines are another issue but still not to children under age of 12.
- It undermines the medical home model of health care. This creates more risk of missing or doubling up on immunizations, especially because *our* state has an opt-in immunization registry, which MANY pharmacies do not upload to - often they will fax a sheet to the medical home to upload, if anything, and that increases workload for the medical home.
- It can hurt child health because of missed physician/provider visits:
 - Developmental screening for kindergarten readiness at ages 4-6, as well as important medical exams/screenings
 - Screenings for suicidal ideation and mental health issues especially at ages 11-13, medical screenings, anticipatory guidance for puberty and sexual activity, and substance use.
- A relationship with the patient can often increase uptake of the less "accepted" vaccines, such as HPV (Human Papilloma Virus).
- Although pharmacies say they can administer meds to treat anaphylaxis, they do not really have training in recognizing/assessing when this is happening, making it is less safe than the provider's office or with Public Health nurse,
- It's not really effective at reaching people (access) or improving immunization rates
- How well do the family practice physicians and APRNs do with well child care? I heard many times during my working experience from parents: "That was the most complete exam my child has ever had!" An example of primary care providers, in addition to Pediatric MDs and APRNs, contributing to our young populations' healthcare needs.
- Upon initial read, I oppose this bill. Vaccines are very important, but by allowing unskilled pharmacy techs (patient safety) to give vaccines, we are missing a key interaction between parents/child and skilled, knowledgeable healthcare provider.
- Agree totally with the age 12 and older. Vaccine/immunization recommendations for young children are constantly changing and well child visits are very important.
- These providers do not know the patients and in Pediatrics that can be huge. Especially with delegation to pharmacy technicians, safety is of concern.



As nurses, we all recognize the importance of immunizations. If there is any method for ensuring that children have easy safe access to and perhaps increase in compliance with immunization/vaccine schedules, nurses are absolutely for that. However, having Pharmacists' perform immunizations/vaccines on those 12 years old and up, can contribute to the opportunity perhaps for increased compliance. Pharmacists' administering vaccines/immunization are only "convenient" in communities with pharmacies (especially for the influenza vaccine, however Covid-19 vaccine has NOT been approved for any person under 16 years of age, and only one vaccine "Moderna", is authorized for ages 16 years and up) and perhaps missed immunizations to those children 12 years and older, and should be in collaboration with the provider that has supplied a prescription for that specific immunizations/vaccines.

Please VOTE NO on HB 250

Respectfully,

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