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## HB2037 would allow pharmacists to administer more v----- to children.

Last week, you received a PCIC action alert for HB2037— to call committee members requesting they vote no. On Wednesday, June 5, 2024, HB2037 was voted out of the Children and Youth Committee. Prior to the committee meeting, the bill was amended by Rep. Bullock, the prime sponsor of HB2037 and chairwoman of the Children and Youth committee. With the new amendments, this bill will allow pharmacists and pharmacy interns to administer any of v---- on the CDC recommended schedule to children ages 5 and up with a script for the v---- from a medical professional (a suggestion from a previous PCIC Lobby Day); it will also allow pharmacy technicians to v---- children ages 8 and up with the influenza and C---D 19 v---- .The bill passed out of the committee with a vote of 15-10, with Rep. Joe Hogan (R) voting along with the democrat majority to amend and pass the bill.

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head to the House floor for a 2nd consideration before it would be voted on after a 3rd consideration. Bills can move quickly and unexpectedly if the House leadership desires for it to move. This is why we are issuing this next action alert.

## We are asking you to call your state representative today and ask them to vote NO on this bill. To find your representative, click here.

Please use their Capitol phone number. If that mailbox is full, you could try their district number(s). Every single phone call emphasizes to legislators that this bill poses real risks! A phone call is preferred (and leaving a voice mail is okay!), and an email is second best. Below are some talking points. Remember - if you have a personal v----- injury story, this is a great time to share it!

Finally, there is an enormous national push to authorize pharmacists and technicians to administer v----.

While we would have preferred this bill never even move from its committee, we recognize the reality of the situation is that the bill may continue to move forward. We are actively working with legislators to advocate for informed consent, and we want to recognize that the amendments added so far are a win.

## **ACTION ALERT TALKING POINTS**

- The American Medical Association issued a statement in 2020 which opposed expanding pharmacists' ability to administer childhood v----. They advocated for pharmacies to have important protocols in place before allowing pharmacy access. They stated, "We urge HHS to reconsider the negative health repercussions of funneling children away from their primary care physicians and rescind this declaration."
- State agencies such as PIERS (formerly knowns as PA-SIIS) collect data on v---- administration, without providers clearly explaining to patients that they are being included in a state database.
   There is an opt-out option; however, most people do not know that this exists. If this is a concern for you, let your legislator know!
- Pharmacist CEUs are focused on v----- hesitancy instead of educating about v---- reactions. Additionally, 80 accredited U.S. pharmacy schools responded to a recent survey and the mean "contact hours" dedicated to v----- in the curriculum was only 8.4 hours. With children receiving over 80 doses of 17 different v---- and 57 unique v---- on the market, 8.4 hours is not enough education to responsibly administer them!
- For examples of reported side effects, see <u>medAlerts.org</u>. As with any medication, v---- can have adverse side effects. Some individuals can have serious adverse reactions, such as seizures, severe allergic reactions (anaphylaxis), and sometimes death. As of May 1, 2024, the United States Government has paid out 5.22 billion dollars to v---- through the National V---- Injury Compensation Program (VICP). Over 2.6 million adverse events and almost 48,000 deaths have been reported to the V---- Adverse Events Reporting System (VAERS).
- The CDC's V---- Information Statements (VIS) list numerous contraindications to receiving v-----,
   and it is highly unlikely that a pharmacist has the time to adequately review that information with the