



Rhode Island Pharmacists Association

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6 March 2025

[submitted electronically via: HouseHealthandHumanServices@rilegislature.gov]

The Honorable Susan Donovan Chair, House Committee on Health & Human Services

State House - 82 Smith Street, Room 101

Providence, RI 02903

RE: (H7934 and H7625)– An Act Relating to Businesses & Professions – Pharmacies - SUPPORT

Dear Chair Donovan and members of the Committee:

Rhode Island Pharmacists Association (RIPA) is writing to express **support** for H7934, to allow administration of **all immunizations** by a pharmacist down to age three (3) years of age, which is already allowed, and authorized Federally by the [PREP Act](#).

H7934

Currently, many other states in New England, have more accessible vaccine options by pharmacists

MA: 5+ y/o

NH: No age restrictions

Maine: 3+

VT: 5+

Additionally, below are some of the states without ANY age restrictions, either independently or through a physician-approved protocol: AK, AL, CA, CO, ID, MS, NE, NM, NV, SD, TN, WA

More details on nationwide authority here (Figures 1 & 2):

<https://naspa.us/blog/resource/2024-pharmacist-immunization-authority/>

Many often cite that this could delay Child Well Visits.

Below is an article which notes that this is not occurring and may be an opportunity to identify patients who need to be referred to follow-up care, such as a pediatrician.

[Pediatric vaccination in pharmacies is not associated with delayed well-child visits among commercially insured children](#) Health Affairs Scholar, Volume 3, Issue 2, February 2025, qxaf028,

Below is a summary:

"We divided our study population into 2 age groups, 4–8 years and 9–17 years, based on the ACIP vaccine recommendations. Using ACIP's 2017 and 2018 immunization schedules, we identified target vaccines routinely given for each age group, as follows: (1) influenza, varicella, MMR (measles, mumps, and rubella), IPV (inactivated poliovirus), and DTaP (diphtheria, tetanus, and acellular pertussis) vaccines for ages 4–8 years and (2) influenza, Tdap (tetanus, diphtheria, and acellular pertussis), meningococcal, and HPV (human papillomavirus) vaccines for ages 9–17 years" ...

Our analyses of more than 80 000 children **did not show any differences in timeliness of well-child visits based on whether they received vaccinations in pharmacies or primary care settings**. We did not find any differences in association by age group or influenza vs non-influenza vaccines. As well-child visits are

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recommended annually, many patients may schedule their annual visit 1 to 2 months before or after 12 months from their previous visit. A slight change in schedule is unlikely to have any clinical significance and may be desired by some patients for practical purposes or to align their visit with ACIP immunization schedules. When we accounted for this by expanding the definition of timely well-child visits as those that occurred within 15 months of the qualifying visit, **we saw that children who received a pharmacy-based vaccination were more likely to have a timely well-child visit compared with those who received their vaccines in a primary care setting.**"

PREP Act language:

"qualified persons who order or administer a routine childhood vaccination that CDC/ACIP recommends to persons ages three through 18 according to CDC's/ACIP's standard immunization schedule, liability protections began on August 24, 2020), and last through (a) the final day the Declaration of Emergency is in effect, or (b) December 31, 2029, whichever occurs first"

"Liability protections for Qualified Persons authorized under Guidance issued by this Department as an Authority Having Jurisdiction to respond to a declared emergency, incorporated into this Declaration by reference, who are pharmacies when their staff pharmacists order and administer, or their pharmacy interns and pharmacy technicians administer **CDC/ACIP recommended vaccines for persons aged three through 18 (other than seasonal influenza vaccines and COVID-19 vaccines)** and countermeasures identified in section VII(c) of the Declaration begin October 29, 2020.

H7625 would offer vaccines without cost sharing. Language should be updated in the bill to ensure, and/or statements are clear when referring to clinical guidelines. Statements using the words, "or" and "may" help to provide flexibility when aligning with different clinical recommendations. We agree with the other medical associations observation and feel this minor change is necessary to avoid assumptions when crafting final language and implementation of passed legislation.

Thank you,

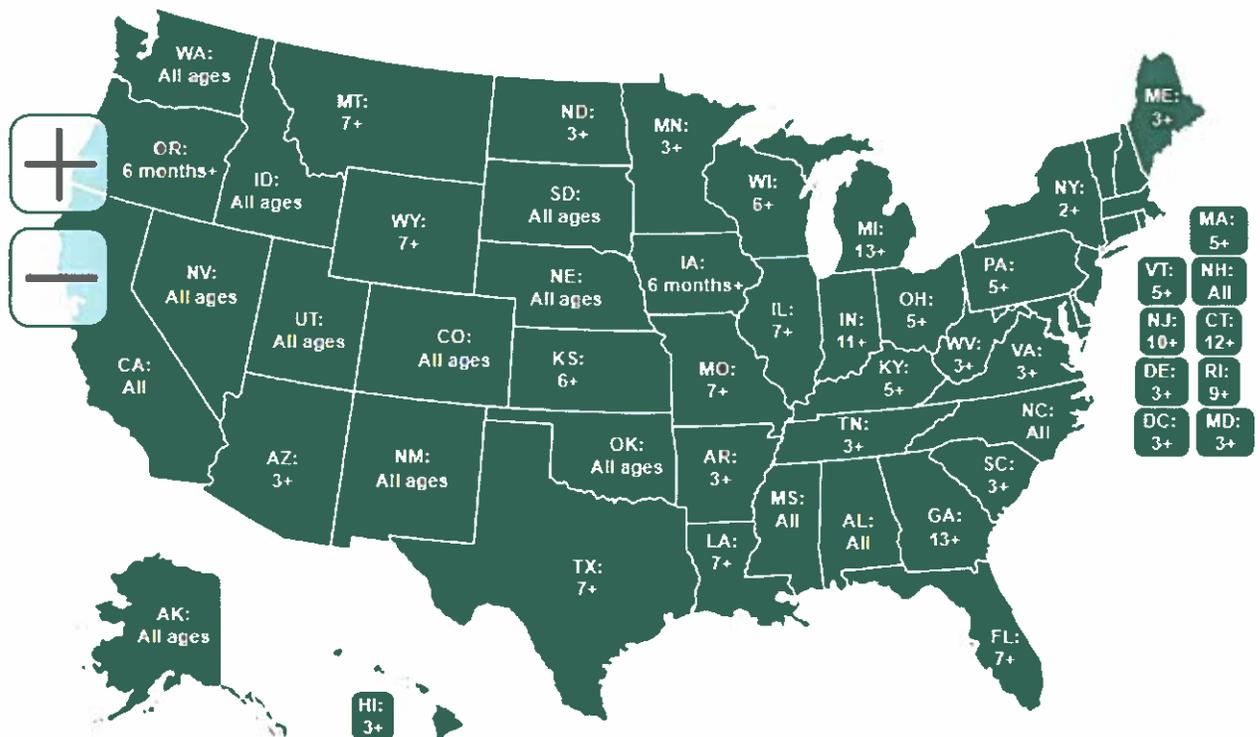
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Appendix.

Figure 1.

Influenza Vaccine Administration

Updated August 2024



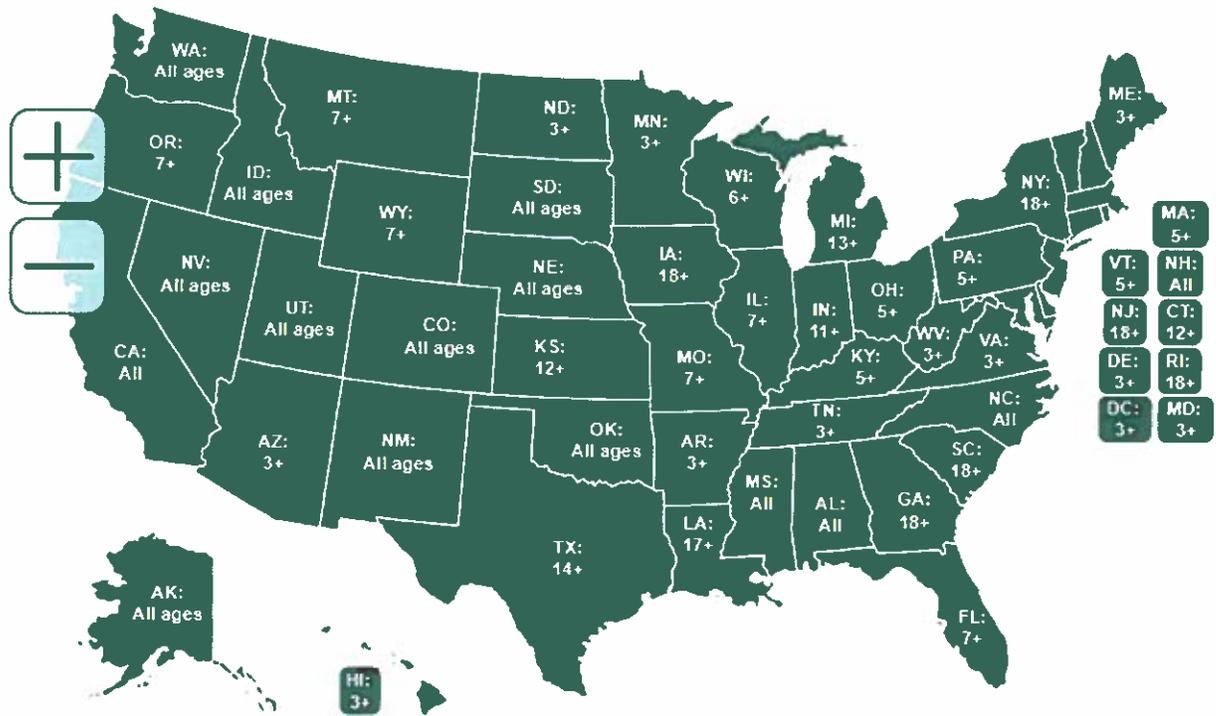
<https://naspa.us/blog/resource/2024-pharmacist-immunization-authority/>

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Figure 2.

COVID-19 Vaccine Administration

Updated August 2024



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