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Title: Vaccinations and Pharmacists

Introduced by: Domenic Federico, MD, for the Kent County Delegation

Original Author: Jayne Courts, MD

Referred to: Reference Committee D

House Action: **DISAPPROVE**

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Whereas, vaccinations have traditionally been provided by primary care physicians (PCPs) in their office or at local Public Health Departments, and

Whereas, the need for obtaining zoster vaccine (Zostavax) at a pharmacy due to inadequate Medicare Part D coverage led to market demand for injection services by pharmacists, and

Whereas, pharmacists have continued to encroach on the services provided by PCPs by expanding their scope of practice to include advice about medications for other medical conditions even though pharmacists do not have a license to practice medicine in the state of Michigan, and

Whereas, the state Legislature has allowed the continued expansion of the scope of practice for pharmacists, and

Whereas, pharmacists are not adequately trained to address any emergent side effects of vaccinations, relying on emergency medical services for this care, and

Whereas, pharmacies can obtain reduced costs for vaccines, while PCPs cannot bargain for these same reduced costs, and some third-party payers are requiring vaccinations to be administered only by a pharmacist if the patient does not wish to incur this expense, and

Whereas, Michigan’s Public Health Code does not require pharmacists or other providers to report administered vaccinations to the Michigan Care Improvement Registry (MCIR) for persons over the age of 19, and

Whereas, pharmacists do not participate in electronic health records or the sharing of medical information even though they are now providing medical care, and

Whereas, this increasing fragmentation of health care potentially leads to reduced patient compliance and worse health outcomes, and

Whereas, pharmacists are not being held responsible for the overall quality of each patient’s care, while the PCP is being held responsible for the overall quality of each patient’s care, including the need to meet any quality metrics for vaccinations, even though the PCP can no longer assure patient compliance with the recommended vaccinations, and

Whereas, the provision of vaccinations in the PCP’s office (or a local Public Health Department) with cost-effective access to vaccines through the MICHild program, combined with accurate reporting to MCIR, has led to a significant improvement in vaccination rates for the children of the state of Michigan, and

53           Whereas, a similar program has not been enacted for persons in the state of Michigan over the  
54 age of 19 who also require vaccinations to maintain good personal health and good community  
55 health through the benefit of herd immunity, and  
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57           Whereas, this change in vaccination cost coverage is now leading some hospitals to consider  
58 no longer providing vaccinations for influenza or pneumonia prior to discharge for patients admitted  
59 for any diagnosis, including pneumonia or chronic obstructive pulmonary disease, potentially  
60 resulting in increased readmission rates for those patients who did not receive a vaccination in a  
61 timely manner when the patient was readily accessible; therefore be it  
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63           RESOLVED: That MSMS work with the Michigan Department of Health and Human Services to  
64 determine whether legislation prohibiting the administration of vaccinations by pharmacists is  
65 necessary since this approach has led to a lower level of reporting, a lower level of patient compliance,  
66 a lower level of quality health care monitoring by the primary care physician, and, potentially, a lower  
67 level of health and safety for the people of the state of Michigan.  
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70   WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE

**Relevant MSMS Policy:**

**Administration of Immunizations**

The immunization of children and adults for prophylaxis against infectious diseases is best performed at the direction of physicians involved in continuing care of the individual, taking into account the risks and benefits accruing to the individual. A concerted effort should be made by physicians to ensure that patients begin pediatric immunizations at the earliest medically appropriate time and that patients finish their series. Guidelines and schedules produced by scientific groups and/or governmental agencies, while often helpful, should not be regarded as overriding the exercise of informed decision-making by the physician where the welfare of his or her patient is involved.

Recognizing that circumstances occur in which immunization should be given under other auspices, the common good should be served with due regard for the concerns of the individual. Immunization programs thus carried out under other auspices should be developed with appropriate input from physicians and in concert with the laws regulating medical practice.

Mass programs should, to the greatest possible degree, defer to successful and affordable approaches to immunization, which do not remove individuals from regular sources of care and should not scatter the individual's immunization record.

A uniform statewide record should be utilized and the parent/guardian should be provided with a cumulative copy of the record. An entry should be made into this record at the time of each immunization. (Prior to 1990)

**Report Immunizations to Primary Care Physicians and MCIR**

MSMS supports the requirement that pharmacies and other entities providing immunizations to patients report such action and enter all immunizations administered to patients into the Michigan Care Improvement Registry and, if feasible, to the patient's primary care physician either electronically or via fax. (Res03-15)