Ohio Chapter

April 2, 2014

Dear Members of the Ohio House of Representatives:

On behalf of the 2,900 members of the Ohio Chapter of the American Academy of Pediatrics (AAP), I am writing you today to express our thoughts and concerns over House Bill 394, which will be debated on the House floor today.

First let me express our appreciation for the interest that the bill’s sponsors and other members of the Ohio House of Representatives have taken in childhood vaccination rates. Immunizations are a key component of the health and wellness of Ohio’s kids, and we are grateful for the opportunity to work with you on finding ways to improve access to vaccines and other important primary care services.

Over the last few years, Ohio and other states have been promoting the patient-centered medical home (PCMH) model, wherein a patient’s health and wellness needs are addressed through a collaborative, team-based approach. This approach reduces fracturing in the healthcare system and ensures that a patient receives all recommended vaccines, screenings, and preventive services.

HB 394 contradicts this trend and could lead to fewer Ohio children receiving much needed comprehensive primary care services. In the medical home model, immunizations are coupled with screenings and other services that are delivered by a pediatrician; allowing pharmacists to administer vaccines outside of the medical home creates seams in a system we are striving to make seamless. Outcomes are improved when primary care is delivered in a coordinated, physician-led environment.

Ohio’s immunization rates among children seven years of age or older are on the rise, thanks in part to evidence-based strategies and recent policy changes requiring certain vaccines be administered. HB 394 is a solution in search of a problem. Our latest Tdap rate in Ohio is 88.8% since becoming a school vaccine requirement. A closer examination of Ohio’s immunization rates shows that large gaps exist between children above the poverty line and below the poverty line:

<table>
<thead>
<tr>
<th>Population</th>
<th>MMR</th>
<th>Heb B</th>
<th>Varicella</th>
<th>Tdap</th>
<th>Meningitis</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;100% FPL</td>
<td>76.7%</td>
<td>78.4%</td>
<td>76.5%</td>
<td>65.5%</td>
<td>61.9%</td>
</tr>
<tr>
<td>&lt;100% FPL</td>
<td>89.5%</td>
<td>91.4%</td>
<td>94.2%</td>
<td>75.1%</td>
<td>67.0%</td>
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Any discussion on increasing Ohio’s vaccine rates should start by focusing strategies on kids who are eligible for Medicaid or the Vaccines for Children program. Without any safeguards, pharmacists will be able to target only those kids with private insurance, many of whom already have a primary care physician. HB 394 threatens the progress we’ve made on Ohio vaccine rates and could lead to those rates actually declining.

We know that Representatives Smith, Antonio, and other members are exploring strategies to improve the coverage of vaccines in Medicaid, and we are eager to help. Additionally, we are encouraging legislators to restore Ohio’s daycare immunization requirement; since it was removed in 2010 there has been a marked decline in vaccine rates for that age group.

With more time, we would able to discuss compromises and other policy ideas that would have a positive benefit on Ohio children and improving Ohio’s immunization rates and rankings. We appreciate your time and efforts on this important issue, and thank you for your consideration.

Warmest regards,

Melissa Wervey Arnold
Executive Director