Testimony In Opposition of SB #1102

Dear General Law Committee,

I am a pediatrician who works in New Haven, CT and Chair of the Advocacy Committee for the CT Chapter of the American Academy of Pediatrics. These are my personal views and do not reflect those of my employer.

I am writing in opposition of SB #1102.

The American Academy of Pediatrics (AAP) released a statement <u>opposing the PREP Act</u> <u>amendments</u> permitting pharmacy-based childhood immunizations for ages 3-18. As pediatricians, we know that it is critical that children and adolescents receive comprehensive medical care in a pediatric medical home. During medical visits, pediatricians not only provide vaccinations, but perform developmental screenings, manage chronic diseases, discuss healthy behaviors, treat mood disorders, and so much more. The image below outlines the AAP recommendations for preventative care based on age.

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DEDICATED TO THE HEALTH OF ALL CHILD										Bright	t Future	s/Amer	rican Ac	aden	iy of F	'ediat	rics											1	preve	ntion and her	alth promotion ints, and their f	for infants lamities "
	child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed he care of children who are receiving nurturing parenting, have no manifestations of any important health before the specific guidance by age as listed in the Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents. 4th ed. American Academy															Copyright © 2022 by the American Academy of Pediatrics, updated July 2022. No part of this statement may be reproduced in any form or by any means without prior written permission from																
	lems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic of Pediatrics; 2017).																					ne copy fo			out prior i	macin pe						
ase Issues for children and adolescents may require more frequent courseling and treatment visits separate preventive are visits. Additional visits also may become necessary if crumstances vuggest concerns of medical care. Variations, taking into account individual circumstances, may be appropriate.																																
These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The Bright Futures/American Academy of Pediatrics (Pediatrics (AAP) and Bright Futures. The Bright Futures/American Academy of Pediatrics (Pediatrics (AAP) and Bright Futures.																																
The AAP continues to emphasize the great importance									annually.	raniencan	Academy	n rediatric.	3 Necomme	iluatioi	13 101 116	ventive	rediatric	r realth C	are are													
and the need to avoid fragmentation of care.									,																							
				INFANCY						EARLY CHILDHOOD								MIDDLE CH	HILDHOOD													
AGE1	Prenatal ²	Newborn ³	3-5 d ⁴	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
HISTORY Initial/Interval																																
MEASUREMENTS																		_		-												
Length/Height and Weight		•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Head Circumference		•		•	•	•	•	•	•	•	•	•																				
Weight for Length		•	•	•	•	•	•	•	•	•	•																					
Body Mass Index ⁶												•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Blood Pressure ⁶		*	*	*	*	*	*	*	*	*	*	*	*	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
SENSORY SCREENING																																
Vision ⁷		*	*	*	*	*	*	*	*	*	*	*	*	•	•	•	•	*	•	*	•	*	•	*	*	•	*	*	*	*	*	*
Hearing		●8	●9 -		-	*	*	*	*	*	*	*	*	*	•	•	•	*	•	*	•	-		● 10 —	-	-	-•-	-	-	=		→
DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH																																
Maternal Depression Screening ¹¹				•	•	•	•																									
Developmental Screening ¹²								•			•		•																			
Autism Spectrum Disorder Screening ¹³											•	•																				
Developmental Surveillance		•	•	•	•	•	•		•	•		•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Behavioral/Social/Emotional Screening ¹⁴		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Tobacco, Alcohol, or Drug Use Assessment ¹⁵																						*	*	*	*	*	*	*	*	*	*	*
Depression and Suicide Risk Screening ¹⁶																							•	•	•	•	•	•	•	•	•	•
PHYSICAL EXAMINATION ¹⁷		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PROCEDURES18						-																								-		
Newborn Blood		●19	●20-		-	-								-												_				_		
Newborn Bilirubin ²¹		•				-																								-		
Critical Congenital Heart Defect ²²		•					•		•	•		•	•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Immunization ²³ Anemia ²⁴		•	•	•	•	*	•	•	•	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Anemia** Lead ²⁵						×	*	*	• or *26	×	*	● or ★26	×	*	*	*	*	×	*	*	*	- A	*	*	*	-	×	-	×	*	×	*
Tuberculosis ²⁷				*			*	*	★		×	● OF ★ 20		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Dyslipidemia ²⁸				×			_					*		_	*		+	*	*	*			*	*	*	*	*	~	*			÷
Sexually Transmitted Infections ²⁹															_		_		_			*	*	*	*	*	*	*	*	*	*	*
HIV®																						*	*	*	*	-				*	*	*
Hepatitis B Virus Infection ³¹		*-																												+^		÷
Hepatitis C Virus Infection ¹²																													•-	=		→
Sudden Cardiac Arrest/Death ³³																						*-								=		—
Cervical Dysplasia ³⁴																																•
ORAL HEALTH ³⁵							●36	●36	*		*	*	*	*	*	*	*															
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If children are able to receive vaccinations in pharmacies, this may greatly decrease preventative medical visits to the pediatric medical home. Therefore, it is critical that CT elected officials oppose SB 1102 in order to ensure the health and wellbeing of children in CT.

Thank you for considering my testimony. Please reach out with questions.

Sincerely,

Molly Markowitz, MD FAAP

Chair, Advocacy Committee CT American Academy of Pediatrics Chapter

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