SB2492

LINDA LINGLE



CHIYOME LEINAALA FUKINO, M.D. DIRECTOR OF HEALTH

In reply, please refer to:

Senate Committee on Health

SB 2492, RELATING TO PRACTICE OF PHARMACY

Testimony of Chiyome Leinaala Fukino, M.D. Director of Health

February 8, 2010, 2:45 p.m.

1 **Department's Position:** The Department of Health opposes this measure.

2 Fiscal Implications: None.

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3 Purpose and Justification: This measure seeks to amend the definition of "practice of pharmacy" by

4 changing the age of persons to whom immunizations are administered from ages 18 years or older to

5 ages 9 years or older with parental consent. While the Department believes that immunization is the

best method of disease prevention, enacting a measure to allow delivery of this critical public health

intervention by nontraditional healthcare professionals outside of the medical home without ensuring

appropriate safeguards or measures for appropriate and timely vaccinations, including a method to

9 record and verify vaccinations, could create more public health challenges than the intended benefits.

During a public health emergency such an influenza pandemic, increasing capacity to deliver a specific

life-saving vaccination to our children is certainly desirable. However, children are a special population,

and vaccine administration for them requires specific training and techniques as well as resources, not

only for administering the vaccine, but also for managing a potential adverse event. Also, unlike adults,

children require a specific and complicated schedule of routine vaccinations that may be modified at

least yearly according to the recommendations of the U.S. Centers for Disease Control and Prevention's

- Advisory Committee on Immunization Practices (ACIP). Not uncommonly, the ACIP has issued
- 2 temporary modifications in response to vaccine shortages. The proposed blanket measure falls short of
- 3 addressing the multiple issues involved in childhood vaccinations. Rather than pursuing legislative
- 4 action at this time, the Department recommends that a more appropriate course would be to engage
- 5 immunization partners, specifically those experts in pediatrics as well as vaccine administration, to
- 6 evaluate the pros and cons and further discuss the issue, develop consensus, then establish an
- 7 appropriate plan to ensure the health and welfare of our children.
- 8 Thank you for this opportunity to testify.

PRESENTATION OF THE BOARD OF PHARMACY

TO THE SENATE COMMITTEE ON HEALTH

TWENTY-FIFTH LEGISLATURE Regular Session of 2010

Monday, February 8, 2010 2:45 p.m.

TESTIMONY ON SENATE BILL NO. 2492, RELATING TO PRACTICE OF PHARMACY.

TO THE HONORABLE DAVID Y. IGE, CHAIR, AND MEMBERS OF THE COMMITTEE:

My name is Dr. Elwin Goo, Chair of the Board of Pharmacy ("Board"). I appreciate the opportunity to present testimony on this bill that would allow a Hawaii licensed pharmacist to administer immunizations to persons nine years of age and older with parental consent.

I would like to preface my comments by informing the Committee that the Board has not yet reviewed this bill, which is scheduled for discussion at the Board's next meeting on February 18, 2010. It is at this meeting that all proposed legislation regarding amendments to Chapter 461, Hawaii Revised Statutes, are slated to be addressed in a public forum to which all interested parties are invited.

The Board, when it meets, will need to consider if parental consent is sufficient or if a pharmacist should also require a valid prescription from a licensed physician in order to administer immunizations to a child nine years of

Testimony on Senate Bill No. 2492 Monday, February 8, 2010 Page 2

age or older as this will signify that the child had been examined by that licensed physician.

Thank you for the opportunity to provide comments on Senate Bill No. 2492.



February 5, 2010

The Honorable David Y. Ige, Chair Committee on Health Hawaii State Capitol, Room 215 Honolulu, Hawaii 96813

Re: S.B. 2492 – Relating to Practice of Pharmacy Hearing: Monday, February 8, 2010 at 2:45 p.m.

Dear Chair Ige and Members of the Committee on Health:

I am Mihoko Ito, an attorney with Goodsill Anderson Quinn & Stifel, testifying on behalf of Walgreen Co. ("Walgreens"). Walgreens operates and offers immunization services in all 50 states, the District of Columbia and Puerto Rico. To date, this program has allowed Walgreens to provide over 1.6 million H1N1 vaccines across the country. In Hawai'i, Walgreens now has 9 stores on the islands of Maui and Oahu.

Walgreens strongly supports S.B. 2492, which amends the definition of "practice of pharmacy" by changing the age of persons to whom immunizations are administered from 18 to nine years of age with parental consent.

Allowing pharmacists to administer vaccinations is a low-cost and convenient way to meet an important public health need. Studies have shown that in states in which pharmacists are allowed to administer vaccines, the vaccine coverage rates are increased for the target population.

Pharmacists are required to receive specialized training to administer vaccinations. Presently, Walgreens pharmacists who participate in vaccine programs go through a "Pharmacy-Based Immunization Delivery" certificate training program offered by the American Pharmacists Association and recognized by the Centers for Disease Control and Prevention (CDC), or a state approved equivalent program. In addition to immunization training, all participating pharmacists are required to become certified in adult and child CPR and take OSHA blood-borne pathogens training. These programs include training to administer vaccines for children nine years of age and older.

Walgreens supports this bill because it gives pharmacists prescriptive authority whereby they, upon proper eligibility screening, can administer any approved vaccine to an eligible patient at least 9 years of age.

Lowering the age restrictions for pharmacist-administered vaccines will improve access to life-saving vaccines and serve as a valuable preventative tool. It would allow for a quick and effective response to vaccinate a large number of people in the event of a public health emergency in Hawai'i.

Walgreens respectfully requests that the Committee pass this measure. Thank you very much for the opportunity to testify.

American Academy of Pediatrics DEDICATED TO THE HEALTH OF ALL CHILDREN*

Hawaii Chapter

February 5, 2010

Hearing of SB2492 on 02-08-10 @ 2:45pm in conference room 016.

To: COMMITTEE ON HEALTH, Senator David Ige, Chair

Re: **OPPOSE** – SB2492 – Amends the definition of "practice of pharmacy" by changing the age of persons to whom immunizations are administered from 18 to nine years of age with parental consent.

Dear Senator Ige:

Pediatricians are charged with proactively monitoring and intervening to optimize a child's health. A large component of that responsibility is disease prevention by immunization. Many vaccines require a series of doses for completion and the correct timing is imperative; new vaccines are constantly being added to the recommended immunization schedule; variations occur when temporary shortages occur; and appropriate immunization is a school entry requirement; therefore all pediatricians must have a system to ensure appropriate and timely immunization of their children.

Pediatricians also maximize the opportunity to intervene in children's health during these immunization office visits and must address issues of development, growth, parental concerns, school adjustments, drug abuse prevention, sexually transmitted disease prevention and many other child/adolescent health issues.

We have not heard of any physicians asking for immunizations to be administered outside of their office and upon more active inquiry have been told that childhood and adolescent immunizations need to be done by primary care physicians. Outside of the recent H1N1 vaccination shortage and mal-distribution problem, we have not heard of any access to immunization issues in Hawaii.

Immunizations techniques are more demanding for the pediatric population as many of these patients are not cooperative and their anatomy is different from the adult. Vaccine administration to the young population requires more training than adult vaccinations and needs to be continuously updated especially for those that may administer vaccines on an infrequent basis.

For these reasons of optimizing child health and safety, maintaining continuity of care and preventing fragmentation of vital records we are opposed to this legislation.

Respectfully,

Galen YK Chock, MD

President, The American Academy of Pediatrics, Hawaii Chapter

AAP - Hawali Chapter 1319 Punahou St, 7th Floor Honolulu, HI 96826

Hawaii Chapter Board

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