

# Bill as Introduced

SB 93 - AS AMENDED BY THE SENATE

03/23/11 0794s

2011 SESSION

11-0795  
10/09

SENATE BILL **93**

AN ACT relative to pharmacist administration of vaccines.

SPONSORS: Sen. Gallus, Dist 1; Rep. Case, Rock 1; Rep. Kreis, Merr 6; Rep. H. Richardson, Coos 2; Rep. Terrio, Hills 14

COMMITTEE: Health and Human Services

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AMENDED ANALYSIS

This bill expands for a 2-year period the vaccines which may be administered by a pharmacist and changes the qualifications for pharmacists to administer vaccines.

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Explanation: Matter added to current law appears in *bold italics*.  
Matter removed from current law appears [~~in brackets and struck through.~~]  
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

*In the Year of Our Lord Two Thousand Eleven*

AN ACT relative to pharmacist administration of vaccines.

*Be it Enacted by the Senate and House of Representatives in General Court convened:*

1 1 Pharmacist Administration of Vaccines. Amend RSA 318:16-b to read as follows:

2 318:16-b Pharmacist Administration of [~~Influenza~~] Vaccines. A pharmacist may administer  
3 influenza vaccines to the general public *and a pharmacist may administer pneumococcal and*  
4 *varicella zoster vaccines to individuals 18 years of age or older*, provided all of the criteria in  
5 this section have been met. The pharmacist shall:

6 I. [~~Have earned a Pharm. D. degree and be licensed by the board to practice as a pharmacist~~  
7 ~~in New Hampshire, or~~] Hold [~~an unrestricted and~~] *a* current license to practice as a pharmacist in  
8 New Hampshire [~~and have held the license for at least 3 years~~].

9 II. Possess at least \$1,000,000 of professional liability insurance coverage.

10 III. In order to administer influenza, *pneumococcal, and varicella zoster* vaccines [by  
11 ~~injection~~], <sup>shall</sup> have completed training specific to the administering of [~~influenza~~] *the respective*  
12 vaccines [~~by injection~~] that includes programs approved by the Accreditation Council for Pharmacy  
13 Education (ACPE) or curriculum-based programs from an ACPE-accredited college of pharmacy or  
14 state or local health department programs or programs recognized by the board.

15 IV. Provide to the board evidence of compliance with paragraphs I-III.

16 V. *Provide notice to the primary care provider, when designated by the patient, of*  
17 *the administration of the pneumococcal and varicella zoster vaccines.*

18 VI. *Maintain a record of administration of pneumococcal and varicella zoster*  
19 *vaccinations for each individual as required by state and federal law.*

20 2 Pharmacist Administration of Influenza Vaccines; 2013 Version. RSA 318:16-b is repealed  
21 and reenacted to read as follows:

22 318:16-b Pharmacist Administration of Influenza Vaccines. A pharmacist may administer  
23 influenza vaccines to the general public provided all of the criteria in this section have been met.  
24 The pharmacist shall:

25 I. Have earned a Pharm. D. degree and be licensed by the board to practice as a pharmacist  
26 in New Hampshire, or hold an unrestricted and current license to practice as a pharmacist in  
27 New Hampshire and have held the license for at least 3 years.

28 II. Possess at least \$1,000,000 of professional liability insurance coverage.

29 III. In order to administer influenza vaccines by injection, have completed training specific  
30 to the administering of influenza vaccines by injection that includes programs approved by the

SB 93 - AS AMENDED BY THE SENATE

- Page 2 -

1 Accreditation Council for Pharmacy Education (ACPE) or curriculum-based programs from an  
2 ACPE-accredited college of pharmacy or state or local health department programs or programs  
3 recognized by the board.

4 IV. Provide to the board evidence of compliance with paragraphs I-III.

5 3 Effective Date.

6 I. Section 2 of this act shall take effect July 1, 2013.

7 II. The remainder of this act shall take effect 60 days after its passage.

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SENATE BILL **93**

AN ACT relative to pharmacist administration of vaccines.

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COMMITTEE: Health and Human Services

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8 New Hampshire [~~and have held the license for at least 3 years~~].

9 II. Possess at least \$1,000,000 of professional liability insurance coverage.

10 III. In order to administer influenza, ***pneumococcal, and varicella zoster*** vaccines [~~by~~  
11 ~~injection~~], have completed training specific to the administering of [~~influenza~~] ***the respective***  
12 vaccines [~~by injection~~] that includes programs approved by the Accreditation Council for Pharmacy  
13 Education (ACPE) or curriculum-based programs from an ACPE-accredited college of pharmacy or  
14 state or local health department programs or programs recognized by the board.

15 IV. Provide to the board evidence of compliance with paragraphs I-III.

16 V. ***Provide notice to the primary care provider, when designated by the patient, of***  
17 ***the administration of the pneumococcal and varicella zoster vaccines.***

18 VI. ***Maintain a record of administration of pneumococcal and varicella zoster***  
19 ***vaccinations for each individual as required by state and federal law.***

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21 and reenacted to read as follows:

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23 influenza vaccines to the general public provided all of the criteria in this section have been met.  
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27 New Hampshire and have held the license for at least 3 years.

28 II. Possess at least \$1,000,000 of professional liability insurance coverage.

29 III. In order to administer influenza vaccines by injection, have completed training specific  
30 to the administering of influenza vaccines by injection that includes programs approved by the

SB 93 - AS AMENDED BY THE SENATE

- Page 2 -

1 Accreditation Council for Pharmacy Education (ACPE) or curriculum-based programs from an  
2 ACPE-accredited college of pharmacy or state or local health department programs or programs  
3 recognized by the board.

4 IV. Provide to the board evidence of compliance with paragraphs I-III.

5 3 Effective Date.

6 I. Section 2 of this act shall take effect July 1, 2013.

7 II. The remainder of this act shall take effect 60 days after its passage.

# Amendments



Commerce and Consumer Affairs  
May 11, 2011  
2011-1868h  
10/03

Amendment to SB 93

- 1 Amend the bill by replacing all after section 1 with the following:
- 2
- 3       2 Effective Date. This act shall take effect 60 days after its passage.

**Amendment to SB 93**  
**- Page 2 -**

2011-1868h

**AMENDED ANALYSIS**

This bill expands the vaccines which may be administered by a pharmacist and changes the qualifications for pharmacists to administer vaccines.

# Speakers





# Hearing Minutes

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING ON SB 93

**BILL TITLE:** relative to pharmacist administration of vaccines.

**DATE:** April 5, 2011

**LOB ROOM:** 205      **Time Public Hearing Called to Order:** 1:00 pm

**Time Adjourned:** 1:45 pm

(please circle if present)

**Committee Members:** Reps. Reagan, Kotowski, Pilliod, Emerson, McMahon, Barry, Millham, Case, Cusson-Cail, Donovan, Fredette, LeBrun, S. Schmidt, Mackay, Merrick, DiPentima, Harding and Deloge.

**Bill Sponsors:** Sen. Gallus, Dist 1; Rep. Case, Rock 1; Rep. Kreis, Merr 6; Rep. H. Richardson, Coos 2; Rep. Terrio, Hills 14

TESTIMONY

\* Use asterisk if written testimony and/or amendments are submitted.

**Sen. Gallus, Sponsor**

Page 1, Line 11 should be "shall have."

**Rep. Ross Terrio, Supports Bill**

He's co-sponsor and he's a pharmacist. Cost issue -- to get it at a pharmacy it's only \$25.00. Increases access -- easy to swing by and get shot. 12 hours of home study and 8 hours of class room for a pharmacist to keep his license.

**\*Stuart Trachy, Coalition of NH Chain Drug Stores**

NH is not breaking new ground. Other states have already passed this (in his handout.)

**\*Rick St. Hillaire, Pharmacist with Rite Aid**

He does give the shots. The patients are screened to make sure they don't have a bad drug reaction. So many people would not get the shot if it hadn't been for Rite Aid.

**\*Heather Larch, Pharmacist with Rite Aid**

Anyone over 60 should have the shingles vaccine. In 2010, Rite Aid has 3,000 certified immunizers. 35,338 shingles, 678,545 flu shots and 10,541 pneumococcal.

**\*Lorraine Radick, President, NH Pharmacists Association - Supports Bill.**

Must have a separate freezer to keep meds in. Pharmacists in all 50 states let pharmacists give shots. Once the Herpes vile is unfrozen, it is good for 30 minutes. Otherwise, no good. It is

important for a person to have a PCP. Maintain records for 2 years now. She has pre-printed forms she FAXES to MD.

**\*Janet Monahan & Bill Danby, MD, representing the Medical Society – Oppose Bill.**

Need a prescription to get the shot. Now federal government makes MD keep STATS on all patients. Renewal of license could be in jeopardy. All kinds of risks. Wants an administrator. Wants longer than 2 years records kept

**Fran Wendlebou – Supports Bill**

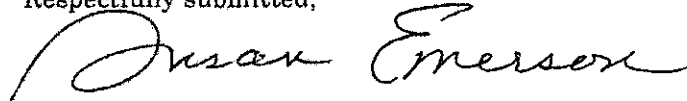
Ind. Pharmacists. Cost issue to the consumers. Most shots are not paid for by health care insurance. If you went to the MD's office than there is a co-pay. Pharmacies are open 7 days a week – open all hours.

**Kay Frey, DHHS**

Should say 19 years and older. Has some technical issues.

There are 10 students from the Massachusetts College of Pharmacy.

Respectfully submitted,

A handwritten signature in cursive script that reads "Susan Emerson". The signature is written in black ink and is positioned above the typed name.

Susan Emerson, Clerk



Case Subcommittee  
Pilliod  
Le Brun  
Merrick

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

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TESTIMONY

\* Use asterisk if written testimony and/or amendments are submitted.

Sen. Gallus.

p1. line 11 should be "shall have"

(YES) Rep. Ross Terrio.

He's co-sponsor & he's a pharmacist.

Cost issue - to get it at a pharmacy its' only 25.00 - increases access - easy to swing by & get shot. 12 hrs. home study & hrs. class room. for a pharmacist to keep license.

(YES) \* Stewart Trachey - Coalition of NH. Chair. Que NH. is not breaking new ground - other states have already passed this. (In his hand out) <sup>stated</sup> other states have

\* (YES) Rich St. Hilaire - pharmacist - w/ Rite Aid He does give the shots - the patients are screened to make sure they don't have a bad drug

reaction. So many people would not get the shot if it hadn't been for Rite Aid.

\*  Heather Larch - Pharmacist - Rite Aid  
Anyone over 60 should have the shingles vaccine. In 2010 Rite Aid has 3000 certified immunizers. 35,338 shingles <sup>678,543</sup> flu shots, 10,541 pneumococcal

\*  Lorraine Radech - NH. Pharmacists Assn.  
President  
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\* Janet Monahan + Bill Danley MD.  
From the NH. Medical Society.

Need a prescription to get the shot. Now Fed. Gov. makes MD keep STATS on all patients. Review of licence could be in jeopardy. All kinds of risks - wants an admin. wants longer than 2 yr. records kept.

FRANK Wendelhou rep:  
Ind. Pharmacists - Cost issue to the consumers - most shots not pd. by health care ins. If you went for the MD's office than there is a co-pay. Pharmacy are open 7 days a wk - open all hrs.

Kay Frey - DHHS  
Should pay 19 yrs. + older - Has some TEC Issues -

There are 10 students from the MASS College of Pharmacy -

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

PUBLIC HEARING ON SB 93

BILL TITLE: relative to pharmacist administration of vaccines.  
DATE: 5-10-11  
LOB ROOM: 302      Time Public Hearing Called to Order: 1332  
Time Adjourned: 1445

(please circle if present)

Committee Members: Reps. Hunt, Coffey, Belanger, Flanders, Quandt, Headd, Nevins, Palfrey, Sullivan, Bergevin, Manuse, Mauro, McGuinness, Rice, Taylor, Meador, Gidge and Schlachman.

Bill Sponsors: Sens. Gallus and Case, and Reps. Kreis, H. Richardson and Terrio

TESTIMONY

\* Use asterisk if written testimony and/or amendments are submitted.

\***Richard Parsons** – Introduced the bill on behalf of Sen. Gallus, prime sponsor. Put the bill in at the request of the Board of Pharmacy. Read from prepared statement; copy in file.

**Rep. Ross Terrio, co-sponsor** – Discussed the costs of administration of the program. Believes Medicaid savings will be considerable for the state. Pharmacists will be able to give 3 shots at the pharmacy instead of one (flu) and would add pneumonia and shingles. Other states already allow pharmacists to administer shots.

**Rep. Rich DiPentima** – Favors bill. Bill does not apply to children. Adults only - age 18 and above; program is very cost effective.

\***Honorable Fran Wendelboe, NH Independent Pharmacists** – Supports bill. Discussed the financial benefits of the bill. Makes getting the shot very convenient; eliminates multiple doctor visits.

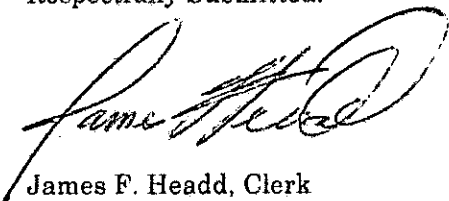
\***Jay Queenan, executive secretary, NH Board of Pharmacy** – Supports the bill. Explained educational requirements, registration requirements and explained licensing process.

\***Lorraine Radick, president NH Pharmacists Assn.** – Read from prepared statement; copy in file. Also handed out 3 other pieces of written testimony; copies in file.

**Stuart Trachy, Coalition of NH Chain Drug Stores** - Supports the bill. Feels this is a very good program and believes the bill will be a success. We can address the sunset question in two years.

Kerri Johnson, NH Society of Health Pharmacy – Student graduating from pharmacy school this weekend; supports the bill.

Respectfully Submitted:

A handwritten signature in cursive script, appearing to read "James F. Headd". The signature is written in black ink and is positioned above the printed name.

James F. Headd, Clerk

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

PUBLIC HEARING ON SB 93

BILL TITLE: relative to pharmacist administration of vaccines.

DATE: 5-10-11

LOB ROOM: 302 Time Public Hearing Called to Order: 1232

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Bill Sponsors: Sens. Gallus and Case, and Reps. Kreis, H. Richardson and Terrio

TESTIMONY

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Richard Parsons introduced the bill for Sen Gallus. Put the bill in the hands of Board of Pharmacy. Read from a prepared statement. Copy in file

#2 Rep Ross Terrio - Co-sponsor - discussed the costs of administration of the program. Believes Medicaid savings will be considerable for the STATE. - Pharmacists will be able to give 3 shots at the pharmacy instead of one - Flu - pneumonia + shingles - other states already allow pharmacists to administer shots.

Ph 2 SB 93

#3

Rep Richard Di Pentima - favors  
Bill - supports Bill - Bill  
does not apply to children - Adults  
only - 18 and above - Programs  
very cost effective

#4

Former Rep FRANK Wendlerse - NH  
~~Supports~~ independent Pharmacists -  
Supports Bill. Discussed the financial  
Benefits of the Bill. Makes getting the shot  
very convenient. Eliminate multiple  
doctor visits.

#5

JAY Queenan - Exec Secretary NH  
Board of Pharmacy - Supports Bill  
Explained educational requirements and  
Registration Requirements. Explained  
licensing process @ ~~the~~

#6

LORRAINE RADLICK - President of the  
NH Pharmacists Assoc. Read from  
prepared statement. Copy in file -  
Also handed out 3 other pieces of  
written testimony - Copies in file

#7

Stuart TRACY - Co-chairing ~~of~~ NH Cham  
Pry Strada - Supports Bill

P 3 AB 93

feet show us a very good program  
we believe the Bill will be a success  
we can address the issue of the gained  
question in a year - SUNSET

# 8

KERRI JOHNSON, N.H. S.H.P.  
STUDENT - graduate from pharmacy  
school 1 hour week-lect.  
N.H. Society of Health Pharmacy

# Sub-Committee Actions



HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

SUBCOMMITTEE WORK SESSION ON SB 93

**BILL TITLE:** relative to pharmacist administration of vaccines.

**DATE:** 4/12/11

**Subcommittee Members:** Reps. Case, LeBrun, Pilliod

**Comments and Recommendations:**

**Amendments:**

Sponsor: Rep.	OLS Document #:
Sponsor: Rep.	OLS Document #:
Sponsor: Rep.	OLS Document #:

**Motions:** OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep. LeBrun

Seconded by Rep. Pilliod

Vote: 3-0

**Motions:** OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

Respectfully submitted,

Rep. Frank Case  
Subcommittee Chairman/Clerk



HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

SUBCOMMITTEE WORK SESSION ON SB 93

BILL TITLE: relative to pharmacist administration of vaccines.

DATE: 4-12-11

Subcommittee Members: Reps. CASE LeBRUN - Pilliods

Comments and Recommendations: OTP

Amendments: 0

Sponsor: Rep.

OLS Document #:

Sponsor: Rep.

OLS Document #:

Sponsor: Rep.

OLS Document #:

Motions:  OTP,  OTP/A,  ITL,  Retained (Please circle one.)

Moved by Rep. LeBRUN

Seconded by Rep. Pilliods

Vote: 3-0

Motions:  OTP,  OTP/A,  ITL,  Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

Respectfully submitted,

Rep.   
Subcommittee Chairman/Clerk

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

SUBCOMMITTEE WORK SESSION ON SB 93

**BILL TITLE:** relative to pharmacist administration of vaccines.

**DATE:** 5-17-11

**Subcommittee Members:** Reps. Flanders, Nevins, Taylor, Quandt, Gidge, Belanger and Headd

**Comments and Recommendations:**

**Amendments:**

Sponsor: Rep. Commerce Committee OLS Document #: 2011 1868h

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

**Motions:** OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep. Nevins

Seconded by Rep. Taylor

Vote: 7-0

**Motions:** OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep. Nevins

Seconded by Rep. Belanger

Vote: 5-1

Respectfully submitted,

Rep. Headd  
Subcommittee Chairman Clerk

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

SUBCOMMITTEE WORK SESSION ON SB 93

**BILL TITLE:** relative to pharmacist administration of vaccines.

**DATE:** 5-17-11

**Subcommittee Members:** Reps. Flanagan - Nevins - Taylor - Quardt  
Gibbe, Belanger - HRAO

Comments and Recommendations:

Amendments:

~~HRAO~~  
Sponsor: Rep. Nevins OLS Document #: 1868h  
Sponsor: Rep. OLS Document #:  
Sponsor: Rep. OLS Document #:

Motions:  OTP,  OTP/A,  ITL, Retained (Please circle one.)

Moved by Rep. Nevins  
Seconded by Rep. Taylor  
Vote: 7-0

Motions:  OTP,  OTP/A,  ITL, Retained (Please circle one.)

Moved by Rep. NEVINS  
Seconded by Rep. Belanger  
Vote: 5-1

Respectfully submitted,  
Rep. {Type NAME}  
Subcommittee Chairman/Clerk

Commerce and Consumer Affairs  
May 11, 2011  
2011-1868h  
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Amendment to SB 93  
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2011-1868h

AMENDED ANALYSIS

This bill expands the vaccines which may be administered by a pharmacist and changes the qualifications for pharmacists to administer vaccines.

# Testimony

**State Prescription Requirements and Age Restrictions for Immunizations Given by Pharmacists**

<b>State</b>	<b>Influenza (seasonal/H1N1)</b>	<b>Pneumococcal</b>	<b>Shingles/herpes zoster /Zostavax<sup>1</sup></b>
<b>Alabama</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	No	No	--
<b>Alaska</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	No	No	--
<b>Arizona</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	18 yrs or older	18 yrs or older	--
<b>Arkansas</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	Over age 18 years	Over age 18 years	--
<b>California</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	No	No	--
<b>Colorado</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	No	No	--
<b>Connecticut</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	18 yrs or older	18 yrs or older	--
<b>District of Columbia</b>	Yes	Yes	Yes
Rx Required	No	No	--
Age Limit	17 yrs or younger must have "doctor referral"; otherwise, 18 yrs and older	17 yrs or younger must have "doctor referral"; otherwise, 18 yrs and older	--
<b>Delaware</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	18 yrs or older	18 yrs or older	
<b>Florida</b>	Yes	No	No
Rx Required	No	--	--
Age Limit	18 yrs or older	--	--
<b>Georgia</b>	Yes	No	No
Rx Required	12 yrs and younger must have Rx; Rx not required for 13 yrs and older	--	--
Age Limit	No	--	--

<sup>1</sup> The herpes zoster vaccine is labeled by FDA for administration to patients 60 years and older.



**State Prescription Requirements and Age Restrictions for Immunizations Given by Pharmacists**

<b>State</b>	<b>Influenza (seasonal/H1N1)</b>	<b>Pneumococcal</b>	<b>Shingles/herpes zoster /Zostavax<sup>1</sup></b>
<b>Hawaii</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	18 yrs or older	18 yrs or older	--
<b>Idaho</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	No	No	--
<b>Illinois</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	14 years or older	14 yrs or older	--
<b>Indiana</b>	Yes	No	No
Rx Required	No	--	--
Age Limit	14 yrs old or older	--	--
<b>Iowa</b>	Yes	Yes	Yes
Rx Required	No	No	Yes
Age Limit	18 yrs or older	18 yrs or older	--
<b>Kansas</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	6 yrs or older	18 yrs or older	--
<b>Kentucky</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	14 yrs or older, and younger "children" in some instances <sup>2</sup>	18 yrs or older	--
<b>Louisiana</b>	Yes	Yes	Yes
Rx Required	No	Yes	Yes
Age Limit	7 yrs or older	16 yrs or older	--
<b>Maine</b>	Yes	Yes	Yes
Rx Required	No	In some instances <sup>3</sup>	In some instances <sup>4</sup>
Age Limit	9 yrs or older	18 yrs or older	--
<b>Maryland</b>	Yes	Yes	Yes
Rx Required	No	Yes	Yes
Age Limit	18 yrs or older	18 yrs or older	--
<b>Massachusetts</b>	Yes	No	No
Rx Required	No	--	--

<sup>2</sup> Pharmacists may administer immunizations to "children" pursuant to protocols established by CDC, NIH, or the National Advisory Committee on Immunization Practices or determined to be appropriate by the commissioner of public health or his designee when the governor declares a state of emergency. In such cases, the Governor's executive order may extend this emergency authority to pharmacists for up to 30 day period.

<sup>3,4</sup> When patient does not have existing relationship with a primary care physician or other practitioner, authorized pharmacist may administer according to a treatment protocol, and in such instances, a patients is not required to present a prescription. Otherwise, a prescription is required.

**State Prescription Requirements and Age Restrictions for Immunizations Given by Pharmacists**

<b>State</b>	<b>Influenza (seasonal/H1N1)</b>	<b>Pneumococcal</b>	<b>Shingles/herpes zoster /Zostavax<sup>1</sup></b>
Age Limit	12 yrs or older	--	--
<b>Michigan</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	No	No	--
<b>Minnesota</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	10 yrs or older	18 yrs or older	--
<b>Mississippi</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	5 yrs or older	5 yrs or older	--
<b>Missouri</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	12 yrs or older	12 yrs or older	--
<b>Montana</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	18 yrs or older	18 yrs or older	--
<b>Nebraska</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	No	No	--
<b>Nevada</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	14 yrs or older	14 yrs or older	--
<b>New Hampshire</b>	Yes	No (retail pharmacy)	No (retail pharmacy)
Rx Required	No	--	--
Age Limit	No	--	--
<b>New Jersey</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	18 yrs or older	18 yrs or older	--
<b>New Mexico</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	No	No	--
<b>New York</b>	Yes	Yes	No
Rx Required	No	No	--
Age Limit	18 yrs or older	18 yrs or older	--
<b>North Carolina</b>	Yes	Yes	Yes
Rx Required	No	No <sup>5</sup>	No <sup>6</sup>
Age Limit	14 yrs or older	18 yrs or older	--
<b>North Dakota</b>	Yes	Yes	Yes

<sup>5,6</sup> Pharmacist must first consult with patient's primary care provider before administration. In the event patient does not have primary care provider, a pharmacist may not administer a vaccines for pneumococcal or herpes zoster.

**State Prescription Requirements and Age Restrictions for Immunizations Given by Pharmacists**

<b>State</b>	<b>Influenza (seasonal/H1N1)</b>	<b>Pneumococcal</b>	<b>Shingles/herpes zoster /Zostavax<sup>1</sup></b>
Rx Required	No	No	No
Age Limit	18 yrs or older	18 yrs or older	--
<b>Ohio</b>	Yes	Yes	Yes
Rx Required	No	No	Yes
Age Limit	14 yrs or older	14 yrs or older	--
<b>Oklahoma</b>	Yes	Yes	Yes
Rx Required	Yes	Yes	Yes
Age Limit	No	No	--
<b>Oregon</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	15 yrs or older	18 yrs or older	--
<b>Pennsylvania</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	18 yrs or older	18 yrs or older	--
<b>Rhode Island</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	18 yrs or older	18 yrs or older	--
<b>South Carolina</b>	Yes	Yes	Yes
Rx Required	No	Yes	Yes
Age Limit	18 yrs or older	No	--
<b>South Dakota</b>	Yes	Yes	Yes
Rx Required	No	Yes	Yes
Age Limit	18 yrs or older	18 yrs or older	--
<b>Tennessee</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	No	No	--
<b>Texas</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	7 yrs or older <sup>7</sup>	14 yrs or older	--
<b>Utah</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	No	No	--
<b>Vermont</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	18 yrs or older	18 yrs or older	--
<b>Virginia</b>	Yes	Yes	Yes
Rx Required	No	No	No

<sup>7</sup> Patients 7-13 yrs who have an established physician-patient relationship must be referred to pharmacist for flu vaccine. Patients 7-13 yrs without an physician-patient relationship may receive flu vaccine from physician without referral.

**State Prescription Requirements and Age Restrictions for Immunizations Given by Pharmacists**

<b>State</b>	<b>Influenza (seasonal/H1N1)</b>	<b>Pneumococcal</b>	<b>Shingles/herpes zoster /Zostavax<sup>1</sup></b>
Age Limit	No	18 yrs or older	--
<b>Washington</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	No	No	--
<b>West Virginia</b>	Yes	Yes	No
Rx Required	No	No	--
Age Limit	18 yrs or older	18 yrs or older	--
<b>Wisconsin</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	18 yrs or older	18 yrs or older	--
<b>Wyoming</b>	Yes	Yes	Yes
Rx Required	In some instances <sup>8</sup>	In some instances <sup>9</sup>	In some instances <sup>10</sup>
Age Limit	19 yrs or older	19 yrs or older	--

<sup>8, 9, 10</sup> Individuals deemed "high risk" must have prescription from their physician. "High risk" individuals are those who may have an absolute or relative contraindication to receive immunizations.

Rick St. Hilaire, RPh  
Rite Aid #10278  
270 Mammoth Rd  
Manchester, NH 03109  
(603) 645-5972

Testimony for 4/5  
In Support of SB 0093

Good afternoon, my name is Rick St. Hilaire and I have been a lifelong resident of New Hampshire and have been a practicing pharmacist for 32 years. I am a member of Continuing Education Advisory Committee for the NH Board of Pharmacy for 27 years and have been an immunizing pharmacist for 2 years now.

I'd like to spend a few minutes talking about the training of immunizing pharmacists and the Rite Aid Immunization Program.

Rite Aid Certified Immunizing Pharmacists have a valid pharmacist license, completed an approved course for providing immunizations and injections, hold current CPR certification, follow all OSHA regulations, and administer immunizations to eligible patients according to indications and contraindications recommended in current guidelines from the Advisory Committee on Immunization Practices (ACIP) of the U.S. Centers for Disease Control and Prevention (CDC) and other competent authorities, and in accordance to individual state statutes and regulations. We also must complete refresher training, including immunization update CEs each year.

We license the APhA Pharmacy-Based Immunization Delivery program, which was developed in part by a cooperative agreement in association with the National Immunization Program, Centers for Disease Control and Prevention (CDC). The APhA program consists of the 12 hour self-study and 8 hours of live training. It covers the epidemiology and prevention of vaccine-preventable diseases, concepts of immunology, vaccines (storage, indications, contraindications, adverse reactions, immunization schedules, etc.), emergency responses, clinical and practical considerations, administration technique, pharmacist's role as advocates, case studies, legal and regulatory considerations, marketing, documentation and record keeping. The rest of the Rite Aid Immunization Program consists of the 3 hours of the refresher update CE for returning immunizers, our policy and procedures, 4 hours of OSHA exposure control training, and BLS CPR for infants, children and adults.

In the course of immunizing, our pharmacists adhere to Universal Precautions and OSHA blood borne pathogen procedures. Our pharmacists must maintain perpetual records of all immunizations administered. Before immunization, vaccine candidates are screened regarding previous immunizations and any adverse reactions, blood or antibody products, pregnancy, and underlying diseases. All vaccine candidates are informed of the specific benefits and risks of the vaccine offered and are provided with a Vaccine Information Statement (VIS) as required by law. All patients are observed for a suitable period of time after the immunization for adverse events. In the course of treating adverse events and/or anaphylaxis following administration, our pharmacists adhere to the emergency procedure contained in our protocol with the authorizing physician. Our pharmacists are authorized to administer an Epinephrine auto-injector (as per the CDC recommendations) by appropriate routes pending arrival of emergency medical services. In the case of an adverse event the pharmacist shall complete and submit

the Vaccine Adverse Event Reporting System (VAERS) form to the CDC, and all other entities and/or healthcare professionals who are included as required recipients of this official report plus the patient's primary care practitioner, if known.

Following the immunization, all patients are given a signed certificate of immunization/vaccination record. The immunization will be promptly reported to the protocol physician and the patient's primary care provider by fax. If a registry is created in the future in New Hampshire, this immunization would also be reported to appropriate county or state Department of Health, immunization registries as required. We see these components of the process to be integral to maintaining the patient's medical home and provide continuity of care for the patient.

In my personal experience at our pharmacy, we have immunized approximately 250 patients in the past year, many of whom have told me that if it were not for the easy accessibility of immunizing pharmacists, they would go without their yearly flu vaccine. They have the ability to walk into our pharmacy without appointment and within 20 or 30 minutes, be on their way. I have also conducted off site immunization for shut-ins who would not have received the flu vaccine due to ambulatory restrictions. And this is a population that generally is at a higher risk.

In closing, I believe that as an immunizing pharmacist, I can provide safe, effective immunizations to segment of population whose needs are not currently being met. I urge you to vote this bill "ought to pass" and look forward to the opportunity to provide Pneumococcal and Herpes Zoster Vaccines to my patients.

Thank you for your time.

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Clinical Pharmacist, New England  
Rite Aid Corporation  
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Office: 401-821-1263 ext 212  
Cell: 401-374-3677

April 5, 2011

Testimony in favor of SB 93

Good Afternoon Chairman Reagan and members of the House Health, Human Services and Elderly Affairs Committee:

My name is Heather Larch; I am a licensed pharmacist in the State of Rhode Island & Virginia. I am employed by Rite Aid as the Clinical Pharmacist for New England. As such, I am responsible for developing, implementing, training and managing all of our clinical programs, including our immunization program. I feel that I am in a particularly good position to speak in favor of SB 0093 based on my training, education and job experience.

I am familiar with legislation and training requirements in all of the New England States as well as a few others. It is Rite Aid's goal to be able to have its pharmacists trained to administer immunizations, with the utmost professional skill and competence, in every state that we do business. Currently, we do business in 31 states. Only two of these states limit pharmacists to just influenza vaccine, New Hampshire and Massachusetts.

The U.S. Centers for Disease Control and Prevention (CDC) recognizes the need, and is advocating for increased access to vaccines, as close to 100,000 patients each year are still dying and being hospitalized from vaccine-preventable diseases. Pharmacists are available and ready to assist in meeting CDC's goals of lessening preventable deaths and hospitalizations and are as conveniently located as your neighborhood pharmacy.

I want to talk about some powerful statistics about the two vaccines that are included in this bill. First, the pneumococcal vaccine protects against the most common cause of pneumococcal infection, *Streptococcus pneumoniae*. It is often referred to by lay people as the "pneumonia" vaccine but it is important to realize that it protects against specific types of pneumonia as well as meningitis and sepsis. Pneumococcal disease is a leading cause of vaccine-preventable death in the United States. Pneumococcal pneumonia can occur as the primary infection or as a complication from influenza infection. Influenza predisposes individuals to developing a secondary bacterial pneumonia, which leads to additional illness and sometimes death. Nearly 5% to 7% of patients die if they are infected with pneumococcal pneumonia and the fatality rate can be even higher in elderly patients.

In November 2010, the CDC released data from its 2009 National Health Interview Survey (NHIS) in regards to vaccinations. For pneumococcal vaccine, the study showed that the vaccination coverage among adults 65 years and older was stable at 60.6%. The rates for high risk adults age 19-64, that includes persons with asthma and current smokers, are significantly lower at 17.5%. There is room for improvement in these rates. Pneumococcal disease contributes tremendously to the healthcare dollars spent on ER and physician's visits, hospitalizations, and medication therapies.

The Herpes Zoster vaccine, "shingles vaccine", was first approved in May 2006 by the FDA and was recommended by the ACIP for persons aged 60 and older in 2007. This vaccine was found to be 51% effective in preventing herpes zoster infection and 67% effective in preventing post-herpetic neuralgia, which is the debilitating pain associated with the infection. The ACIP recommendation was based on the clinical trial with persons 60 years of age and older. There is impressive new clinical data now available from Merck on the vaccine use in persons 50 through 59 years of age. In a large clinical study of adults in this lower age group, Zostavax® reduced the incidence of shingles by nearly 70% compared with placebo. Based on these results, it was recently approved to be indicated for all persons over the age of 50. This now means that there can be an even greater impact of the population with this vaccine.

Unfortunately, the lowest vaccination rate for a routinely recommended vaccine is for the herpes zoster vaccine. Based on the survey published by the CDC I mentioned moments ago, only 10.0% of adults age 60 years and older reported receiving shingles immunization. In another study conducted by the National Foundation for Infectious Diseases, adults say they are familiar with shingles, but further questioning reveals knowledge gaps; for instance 42 percent do not know that anyone who has had chickenpox is at risk for shingles. Adults seem to be aware of the pain of the disease; 55 percent say they "know someone who has had it and it was terrible." Unfortunately, only half of adults even know there is a shingles vaccine available. Pharmacists can play a significant role not only in the education of patients about the importance of shingles vaccination, but also in administering the vaccine when it can be most effective.

Many patients have little to no routine medical care, be unaware of medical needs, or just have busy schedules that otherwise would keep them from getting vaccinated. Additionally, their physician might choose not to carry or have the needed equipment in their office to carry the necessary vaccines. If pneumococcal and herpes zoster are only allowed by prescription, it will force patients to wait for the prescription to be obtained, some will decide it isn't worth the wait, others without a PCP, medical home or time to get to a physician's office will have their access to these preventive measures limited.

Allowing pharmacists to immunize is a very cost effective way to improve public health and will become even more important as Health Care Reform puts 30 million additional patients into the already over burdened Health Care system. All will be looking for a PCP or Medical Home and unfortunately not all will be able to get one. Allowing pharmacists to vaccinate against



pneumococcal and herpes zoster can increase vaccinations rates and decrease health care costs and the burden on the PCPs. Pharmacists can serve as reinforcements to immunize those that slip through the many gaping cracks in the current system.

We are advocates and can also be a resource for providing information on the importance of having a primary healthcare provider or medical home. Pharmacists have the ability to help identify eligible candidates for both these vaccines based on prescription history, and consultation. Enabling pharmacists to provide immunization is not a threat to physicians or to the provision of medical care. It is a valuable way to address the needs of patients who need a convenient and cost effective mode of getting necessary health care services. Studies have shown that in states where pharmacists are allowed to immunize with additional vaccines, the immunization rates increase in all practice settings.

As a company in 2010, Rite Aid had about 3000 certified immunizers that administered over 678,545 influenza vaccines, 10,541 pneumococcal and 35,338 herpes zoster vaccines. As an immunization trainer, certified immunizer and manager, I have trained and managed over 800 immunizing pharmacists, approximately 170 of these are in New Hampshire and we are training more in the next two months. This flu season, Rite Aid pharmacists immunized 16,513 people in New Hampshire to date. Feedback from our customers has been consistently extremely positive. They appreciate that we are there 7 days a week, with evening hours, some even open 24 hours a day, as they come into pharmacies on a regular basis for other reasons.

Thank you for your allowing me to testify here today. I hope that you found it helpful. I would be happy to answer any questions that you have today and respond to any requests for additional information. Please report out SB 0093 Unanimous Ought to Pass.

Senate Bill 93  
Relative to pharmacist administration of vaccines

Testimony before the House Health, Human Services and Elderly Affairs Committee  
April 5, 2011

by

Lorraine Radick, President  
NH Pharmacists Association

Good afternoon, Mr. Chairman, Members of the Committee. My name is Lorraine Radick, and I am here this afternoon on behalf of the NH Pharmacists Association to testify in support of Senate Bill 93. I am a pharmacist actively practicing in the State of New Hampshire.

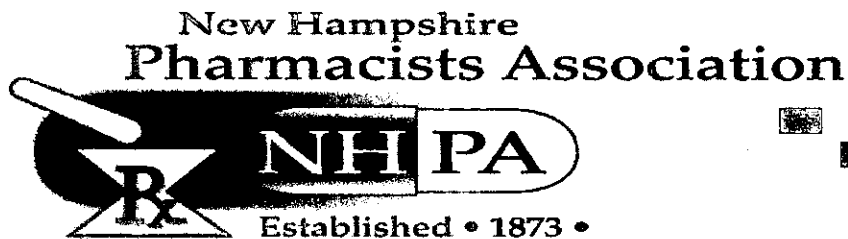
- Pharmacists in all 50 states are able to administer **adult** immunizations. New Hampshire is one of only **three states** limited to the administration of the seasonal flu vaccine. This bill would permit pharmacists to administer the pneumococcal (pneumonia) and varicella zoster (shingles) vaccines to **adults**.
- Pharmacists have administered flu vaccine in New Hampshire for the past three years. During the H1N1 outbreak, working closely with the Public Health Department, pharmacists administered the H1N1 vaccine. Pharmacists were a valuable resource during this outbreak, and we should be part of the health-care team for disaster preparedness delivering life saving vaccines to our NH citizens.
- SB 93 would **increase access to these vaccines**, thus improving immunization rates and decreasing long-term health care costs through the minimization of complications due to these conditions. Pharmacists are the most accessible healthcare provider, with most Americans living within 5 miles of a community pharmacy. Moreover, 250 million Americans visit a pharmacy each week. For patients without health insurance or patients without a primary care provider, this bill provides greater access with undue barriers for patients trying to access these life saving vaccines.
- The pneumococcal vaccine can be given **at any time of year** and may be given at the same time as the influenza vaccine in the opposite arm. SB 93 would permit the administration of the pneumococcal vaccine simultaneously with the influenza vaccine. This convenience provides another added benefit to the patient.

Attached to my testimony is an **informational fact sheet** about the herpes zoster and Pneumonia infections and demonstrates the need for greater access to the vaccine. These two diseases can have serious complications such as **post-herpetic neuralgia pain, blindness, hearing problems, encephalitis or death** could be avoided if individuals are immunized.

- Patients have been asking for the vaccine because they are unable to obtain it from their physician's office. Most physicians elect to not stock it, because the vaccine must be kept frozen and it's high cost. It must be reconstituted immediately upon removal from the freezer and must be administered within 30 minutes. When not administered within 30 minutes, it must be discarded, creating a financial hardship. The transportation time from the pharmacy to the physician's office, along with time at the office, often takes more than 30 minutes. Administering the vaccine at a pharmacy avoids this issue.
- Since the bill passed the Senate, the FDA lowered the age from 60 to 50 years of age for the shingles vaccination, creating an even greater need for adults to receive this vaccine. By immunizing this additional adult population, the vaccine will significantly reduce the risk of developing shingles. A copy of the FDA press release is attached.

Lastly, **documentation of vaccinations is also very important**, and pharmacists can ensure that the records are accurate and up-to-date and furthermore, that the patient's physician is notified. In my practice setting, after administering the vaccine, I fax the physician a screening form which includes the vaccine name, lot number, expiration date, site of administration and the date administered. If there is no fax number on record, a photocopy of the screening form is mailed to the physician.

In closing, I ask for your support of Senate Bill 93.



## Advocacy for Pneumonia and Zoster Vaccination

### General:

- Pharmacists are the most accessible healthcare provider and nearly all Americans live within 5 miles of a community retail pharmacy
- Most consumers visit their community pharmacy at least once a month and their local supermarkets even more often
- An estimated 250 million Americans visit a pharmacy every week
- Vaccinations being available at pharmacies offer convenience to customers and increase the likelihood that they will seek vaccination; having to book an appointment with their primary care physician creates a barrier to vaccination
- A number of insurance companies cover vaccination services provided by pharmacists, making it even more customer friendly. There are now over 120,000 pharmacists trained to give vaccinations and this number is expected to grow
- All 50 states allow pharmacists to administer vaccinations, 40 states offer more than just the influenza vaccine (ex. Zoster, Pneumonia, Tetanus, Hepatitis B, Meningitis)
- Recent surveys show that following the approval of pharmacist becoming immunizers, vaccination rates have risen 5% in patients 18-64 and 11% in patients  $\geq 65$
- Healthy People Initiative has not only carried over its HP2010 goal of increased pneumonia vaccination, they have also included vaccination for herpes zoster as a new goal for HP 2020
- For both Pneumonia and Herpes Zoster, increased vaccination rates will likely decrease long term health care costs through minimization of complications due to these conditions
- By 2030, 20% of the US population will be  $\geq 65$ ; the population that most utilizes medications and health care services and is at a very high risk of developing Pneumonia and Herpes Zoster.

### Herpes Zoster:

- There are approximately 1 million new cases of herpes zoster annually in the US
- Individuals in the US have a 30% lifetime risk of developing herpes zoster
- 98% of the adult US population is infected with the varicella-zoster virus
- An estimated 50% of individuals who live to the age of 85 will have experienced herpes zoster
- 1 in every 4 patients who develop shingles will experience 1 or more complications, some of which are very severe
- Chronic pain, known as post-herpetic neuralgia, which can last for months to years, is the most common herpes zoster complication; 90% of these patients will develop allodynia
- Post-herpetic neuralgia pain lasts  $\geq 30$  days in 18-30% of cases

- >10% affected patients will develop zoster ophthalmicus, which can lead to blindness
- At age 50, risk of developing herpes zoster increases dramatically; with an aging population, this equates to more individuals at risk
- A 2008 survey revealed <7% of individuals  $\geq 60$  years old had been vaccinated against herpes zoster
- Vaccination can:
  - decrease the incidence of shingles by 51%
  - decrease the risk of post-herpetic neuralgia by 67%
  - decrease the burden of illness by 61%
- Personal history in those individuals at highest risk,  $\geq 50$  years of age, does not need to be attained in order to determine vaccination eligibility
- The trigger for herpes zoster has not yet been determined, therefore, we have no way of predicting those individuals who will develop symptoms. We do, however, know who is at the highest risk, making it easy to identify those who should receive and most benefit from the vaccine.

### **Pneumonia:**

- Invasive pneumonia infections kill thousands of people in the US each year; most of these individuals are  $\geq 65$  years old; In 2007, 1.2 million people in the US were hospitalized with pneumonia, more than 52,000 of these people died from the disease
- *Streptococcus pneumoniae*, a common cause of pneumonia, can also lead to bacteremia and meningitis, 3,000 and 50,000 cases respectively, annually in the United States.
- Treatment of patients with pneumococcal infections is costly; 90% of the cost is due to hospitalization
- A single dose of the Pneumonia vaccine can protect against 23 different types of *Streptococcus pneumoniae*, which is responsible for 75% of all pneumococcal disease cases in adults
- You cannot get pneumococcal disease from the vaccine
- Pneumococcal vaccine can be given any time of year and can be given at the same time as the influenza vaccine (in the opposite arm)
- Documentation of vaccination is lacking, and, as with influenza, pharmacists could assist in ensuring the records are accurate and up to date.
- With the emergence of drug-resistant strains of pneumococci, prevention through vaccination becomes key to improving patient outcomes

### **References:**

Centers for Disease Control and Prevention. "Adult Immunization, Program in Brief," (February 2007). Accessed from [www.cdc.gov/vaccines/about/pibs/downloads/adult.pdf](http://www.cdc.gov/vaccines/about/pibs/downloads/adult.pdf)

CDC, National Health Interview Survey. Accessed from <http://www.cdc.gov/nchs/about/major/nhis/released200706.htm#4>

CDC, National Center for Health Statistics, Mortality Data from the National Vital Statistics System. Accessed from <http://www.cdc.gov/nchs/deaths.htm>

CDC. "Adult Immunization Programs in non-traditional settings: quality standards and guidance for program evaluation" MMWR. 2000; 49 (RR-1):1-28

CSG. "Increasing Vaccination Rates in Adults" accessed from <http://www.healthstates.csg.org/Publications>

CDC. "National Immunization Survey-2007" accessed from <http://www.cdc.gov/nis>

CDC. "CDC says Immunizations Reduce Deaths from Influenza and Pneumococcal Disease among older adults." accessed from [www.chronicdisease.org](http://www.chronicdisease.org)

Source: U.S. Census Bureau, *Income, Poverty, and Health Insurance Coverage in the United States: 2007*, available online at <http://www.census.gov/prcd/2008pubs/p60-235.pdf>.

National Foundation for Infectious Diseases [www.nfid.org](http://www.nfid.org) Accessed January 23, 2011.

Oxman, MN. Clinical manifestations of herpes zoster. In: Arvin AM, Gershon, AA, eds. *Varicell-Zoster Virus: Virology and Clinical Management*. Cambridge, UK: Cambridge University Press; 2000:246-275.

Yawn BP, Saddier P, Wollan PC, St Sauver JL, et al. A population-based study of the incidence and complication rates of herpes zoster before zoster vaccine introduction. *Mayo Clin Proc*. 2007;82(11):1341-1349.

Bowsher D. Pain, sensory change, and allodynia in postherpetic neuralgia. In: Watson CPN, Gershon AA, eds. *Herpes Zoster and Postherpetic Neuralgia*, 2<sup>nd</sup> Revised and Enlarged Edition. Amsterdam, The Netherlands: Elsevier Science B.V.; 2001:143-147. Pain Research and Clinical management; vol 11.

Pavan-Langston D. Ophthalmic zoster. In: Arvin AM, Gershon AA, eds. *Varicella-Zoster Virus: Virology and Clinical Management*. Cambridge, UK: Cambridge University Press; 2000:276-298.

Centers for Disease Control and Prevention (CDC). Prevention of herpes zoster: recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR Recomm Rep*. 2008;57(RR-5):1-30.

Centers for Disease Control and Prevention (CDC). Vaccination coverage estimates from the National Health Interview Survey: United States, 2008. [http://www.cdc.gov/nchs/data/hestat/vaccine\\_coverage.htm](http://www.cdc.gov/nchs/data/hestat/vaccine_coverage.htm)

Fedson DS, Harward MP, Reid PR, Kaiser DL. Hospital-based pneumococcal immunization. *JAMA* 1990;264:1117-22.

Feikin DR, Schuchat A, Kończak M, et al. Mortality from invasive pneumococcal pneumonia in the era of antibiotic resistance, 1995-1997. *Am J Public Health*. 2000;90:223-9.

Turett GS, Blum S, Fazal BA, et al. Penicillin resistance and other predictors of mortality in pneumococcal bacteremia in a population with high HIV seroprevalence. *Clin Infect Dis*. 1999;29:321-7.



**FDA NEWS RELEASE**

**For Immediate Release:** March 24, 2011

**Media Inquiries:** Shelly Burgess, 301-796-4651, shelly.burgess@fda.hhs.gov

**Consumer Inquiries:** 888-INFO-FDA

**FDA approves Zostavax vaccine to prevent shingles in individuals 50 to 59 years of age**

The Food and Drug Administration (FDA) today approved the use of Zostavax, a live attenuated virus vaccine, for the prevention of shingles in individuals 50 to 59 years of age. Zostavax is already approved for use in individuals 60 years of age and older.

In the United States shingles affects approximately 200,000 healthy people between the ages of 50 and 59, per year. It is a disease caused by the varicella-zoster virus, which is a virus in the herpes family and the same virus that causes chickenpox. After an attack of chickenpox, the virus lies dormant in certain nerves in the body. For reasons that are not fully understood, the virus can reappear in the form of shingles, more commonly in people with weakened immune systems and with aging.

"The likelihood of shingles increases with age. The availability of Zostavax to a younger age group provides an additional opportunity to prevent this often painful and debilitating disease" said Karen Midthun, M.D., director of FDA's Center for Biologics Evaluation and Research.

Shingles is characterized by a rash of blisters, which generally develop in a band on one side of the body and can cause severe pain that may last for weeks, and in some people, for months or years after the episode.

Approval was based on a multicenter study conducted in the United States and four other countries in approximately 22,000 people who were 50-59 years of age. Half received Zostavax and half received a placebo. Study participants were then monitored for at least one year to see if they developed shingles. Compared with placebo, Zostavax reduced the risk of developing shingles by approximately 70 percent.

The most common side effects observed in the study were redness, pain and swelling at the site of injection, and headache.

Zostavax was originally approved on May 26, 2006, for the prevention of shingles in individuals 60 years of age and older.

Zostavax is manufactured by Merck & Co. Inc., of Whitehouse Station, New Jersey.

For more information:

[Zostavax Product Page](#)<sup>1</sup>

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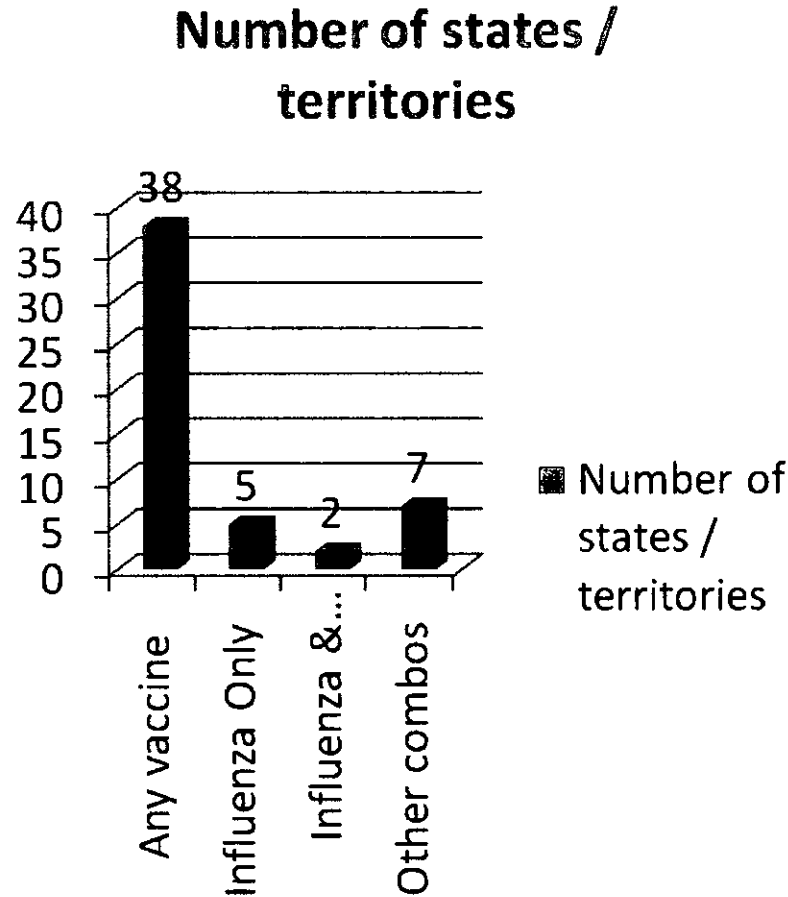
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# Pharmacist Administered Vaccines

## Types of Vaccines Authorized to Administer

Based upon APhA Survey of State IZ Laws/ Rules conducted in collaboration with NASPA, November 2010 (updated Jan 2011)



<b>Any vaccine</b>	AL, AK, AZ, AR, CA, CO, DE, GA*, HI, ID, IL, IN*, IA, KS, KY, LA, MI, MN, MS, MT, NE, NV, NJ, NM, NC*, ND, OK, OR**, PA, RI, SC, TN, TX, UT**, VT, VA*, WA, WI
<b>Influenza Only</b>	DC, FL, MA, NH, PR
<b>Influenza and Pneumo</b>	NY, WV
<b>Other combos</b>	OH, CT, ME, MD, MO, SD, WY

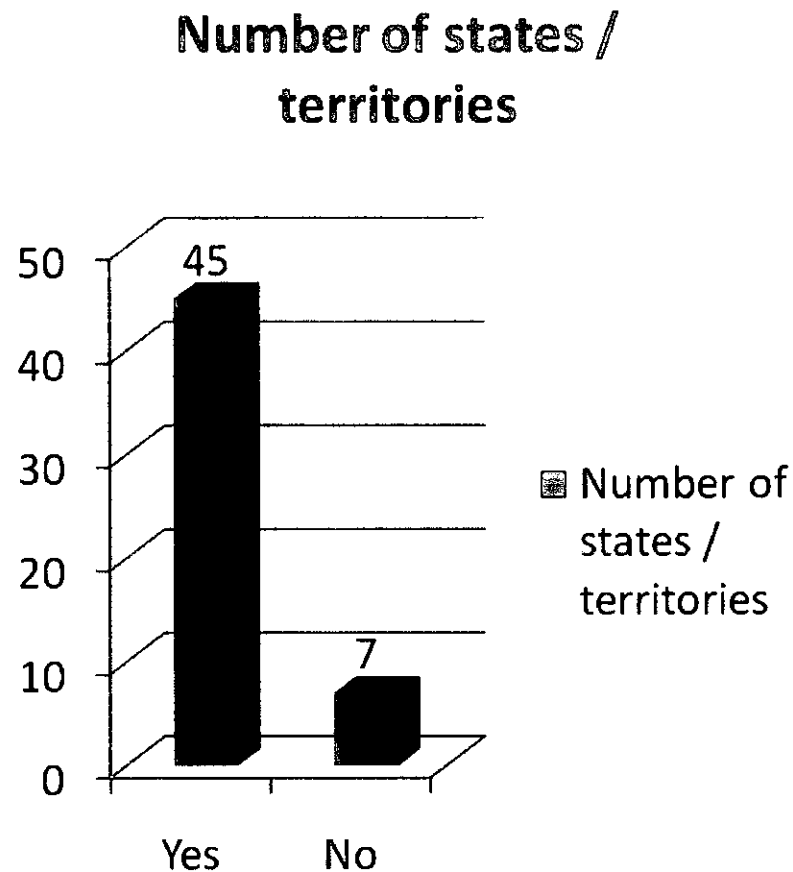
\* Via Rx for some; \*\* broad list of vaccines



# Pharmacist Administered Vaccines

## Authority to Administer Zoster Vaccine

Based upon APhA Survey of State IZ Laws/ Rules conducted in collaboration with NASPA, November 2010 (updated Jan 2011)



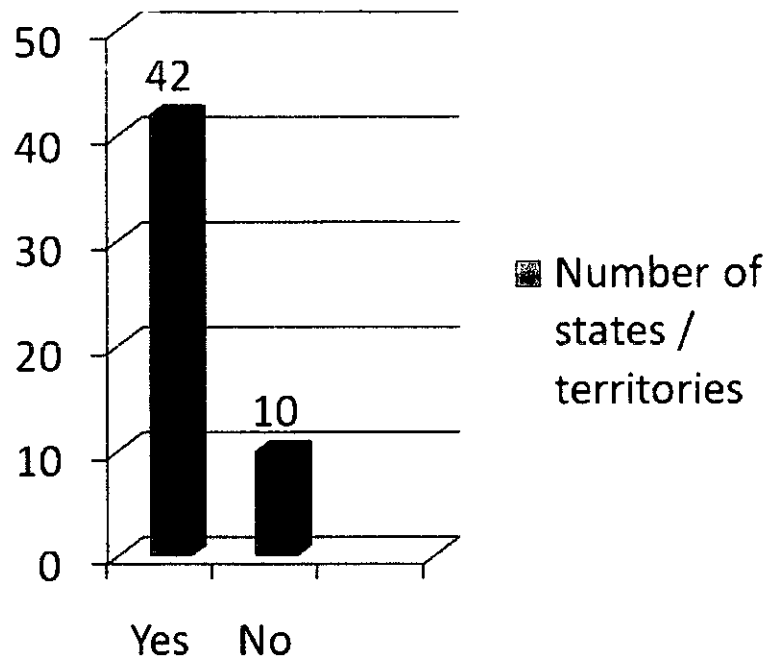
States
AL, AK, AZ, AR, CA, CO, CT, DE, GA*, HI, ID, IL, IN*, IA, KS, KY, LA, MD*, ME, MI, MN, MO, MS, MT, NE, NV, NJ, NM, NC*, ND, OH*, OK, OR, PA, RI, SC, SD*, TN, TX, UT*, VT, VA*, WA, WI, WY*

\* Via Rx / pt specific protocol for some

# Pharmacist Administered Vaccines Authority to Administer Td / Tdap

Based upon APhA Survey of State IZ Laws/ Rules conducted in collaboration with NASPA, November 2010 (updated Jan 2011)

Number of states /  
territories



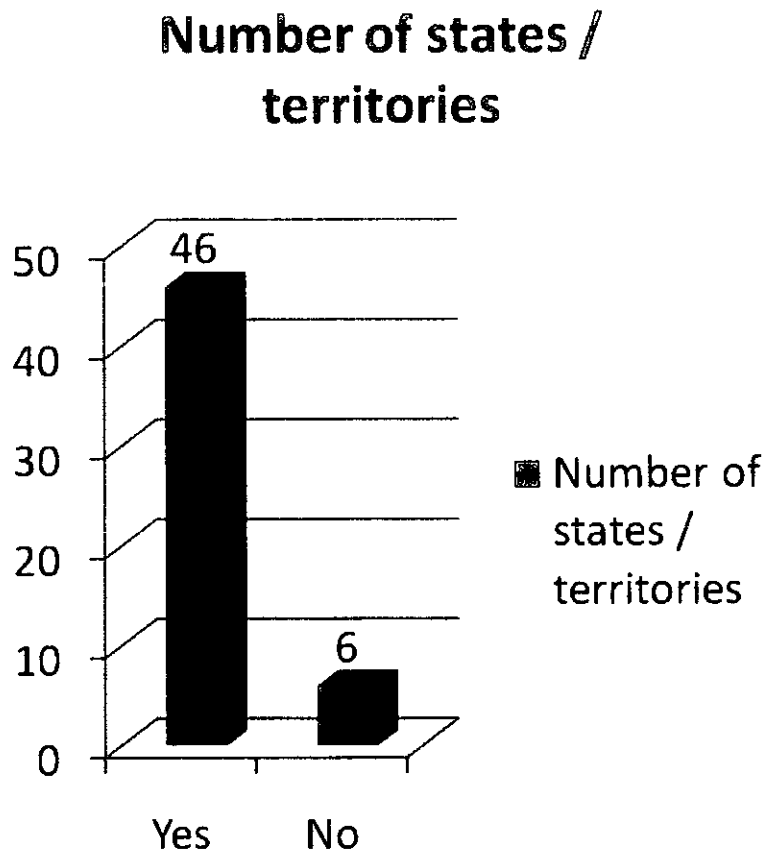
Yes	No
AL, AK, AZ, AR, CA, CO, DE, GA*, HI, ID, IL, IN*, IA*, KS, KY, LA, ME, MI, MN, MS, MT, NE, NV, NJ, NM, NC*, ND, OH*, OK, OR, PA, RI*, SC*, SD*, TN, TX, UT, VA*, VT, WA, WI, WY*	CT, DC, FL, MD, MA, MO, NH, NY, PR, WV

\* Via Rx / pt specific protocol for some

# Pharmacist Administered Vaccines

## Authority to Administer Pneumococcal Vaccine

Based upon APhA Survey of State IZ Laws/ Rules conducted in collaboration with NASPA, November 2010 (updated Jan 2011)



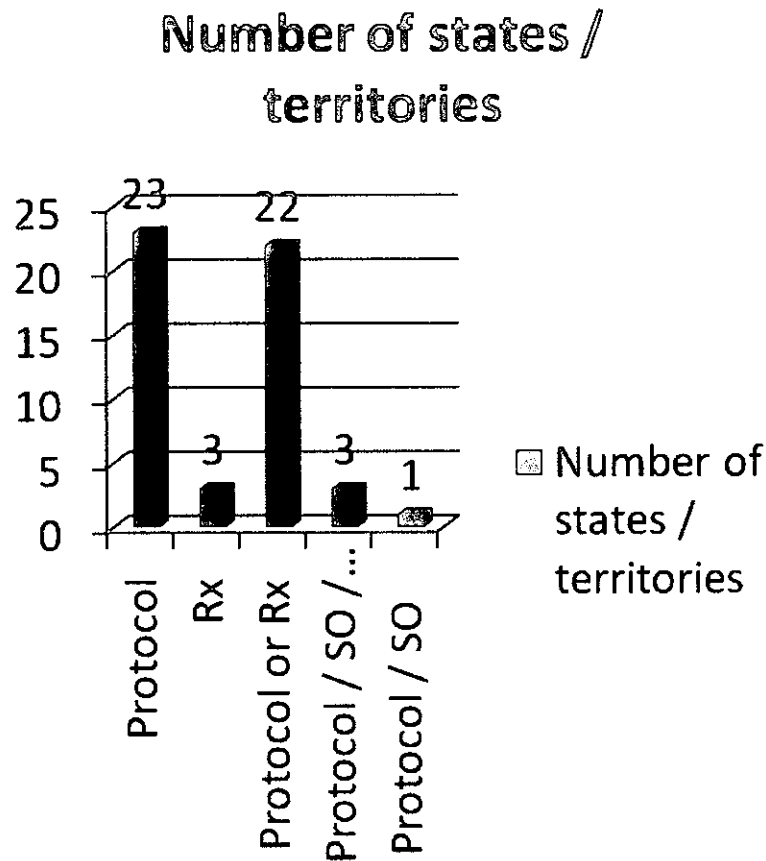
States	Part B Vaccine
No	AL, AK, AZ, AR, CA, CO, CT, DE, GA*, HI, ID, IL, IN*, IA, KS, KY, LA, MD, ME, MI, MN, MO, MS, MT, NE, NV, NJ, NM, NC, ND, NY, OH, OK, OR, PA, RI, SC, TN, TX, UT, VT, VA, WA, WV, WI, WY*
	DC, FL, MA, NH, PR, SD

\* Via Rx / pt specific protocol for some

# Pharmacist Administered Vaccines

## Protocols vs Rx

Based upon APhA Survey of State IZ Laws/ Rules conducted in collaboration with NASPA, November 2010 (updated Jan 2011)



Protocol	AK, AZ, CO, DC, FL, HI, ID, KS, KY, MN, MS, MT, NV, NH, NM, ND, OH, OK, OR*, UT, WA, WV, WI
Rx	AL, LA, RI
Protocol or Rx	CA, DE, GA, IL, IN, IA, ME, MD, MA, MO, NE, NJ, NC, NY, PA, PR, SC, SD, TX, VT, VA, WY
Protocol / SO / Rx	AR, MI, TN
Protocol / SO	CT

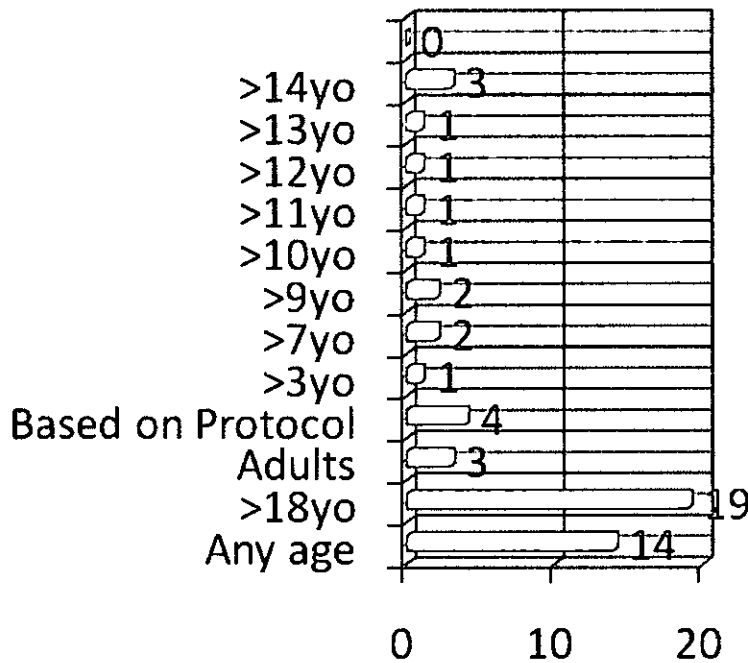
\* Via Rx / pt specific protocol for some

# Pharmacist Administered Vaccines

## Patient-Age Limitations

Based upon APhA Survey of State IZ Laws/ Rules conducted in collaboration with NASPA, November 2010 (updated Jan 2011)

Number of states / territories



Age Limitation	States/Territories
<1yo	AL, AK*, CA, ID, KY*, MI, MS, NE, NV, NM, OK, TN, VA*, WA
>18yo	AR, CT, DC, HI, IA, KS, MD, MA, MT, NJ, NY, NC, ND, PA, PR, RI, SD, WV, WI
Adults	AZ, FL, WY
Based on Protocol	CO, SC, UT, VT
>3yo	NH
>7yo	LA, TX
>9yo	DE, ME*
>10yo	MN*
>11yo	OR
>12yo	MO
>13yo	GA
>14yo	IL, IN, OH*

\* Scope varies

# Pharmacist Administered Vaccines

## May student interns administer vaccines?

*Based upon APhA Survey of State IZ Laws/ Rules conducted in collaboration with NASPA, November 2010 (updated Jan 2011)*

<b>Number of states / territories allowing</b>	<b>36</b>
States / territories not authorized	15 (AK, AZ, CT, DE, IN, LA, ME, MA, MN, NH, NJ, NY, PA, RI, UT, WI)
Criteria common among states	<ul style="list-style-type: none"><li>• Student must be trained (complete Certificate Training Program)</li><li>• Operating under supervision of trained pharmacist</li></ul>

# NEW HAMPSHIRE MEDICAL SOCIETY



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SB93, pharmacist administration of vaccines

April 5, 2011

The NH Medical Society opposed the bill in the Senate for the reasons I will outline in a minute.

At the end of February, the Medical Society was approached by the lobbyist for the health systems pharmacists and the Pharmacy Association to see if a compromise could be reached. A meeting of three primary care physicians and two pharmacists yielded a compromise amendment that is similar to the bill before you today. The Board of Pharmacy also weighed in on the amendment and made several suggestions that improved the language. The compromise amendment required patients to have a prescription for the two vaccines in the bill and if the patient did not have a primary care physician, the pharmacist could administer the vaccines under a written clinical protocol by a physician or nurse practitioner. However, that compromise was opposed by other pharmacy groups and was not adopted in the amended bill you have before you today.

Q: Why does the Medical Society still oppose SB93?

A: There is wide consensus among physicians and health policy experts that our current health care system is very fragmented. Over the past several years, all of the health care segments have been moving towards the common goals of improving the quality of the health services that we deliver; and one important way of doing this is by improving care coordination across many of the different providers that the patient sees, to reduce errors, reduce duplication of services, and improve the efficiency of care. Fragmented care often results in care delays, duplication of services, medication errors, and increased hospitalizations and all of that increases costs to the system.

The medical community is already actively engaged in programs to improve care coordination and quality outcomes. NH is leading many states with its patient-centered Medical Home pilots, which promote a team approach and improved care coordination.

Point 1 Medicine is working on integrating care – what is proposed before you is disintegrating.

In the name of quality improvement, Medicare created the federal Physician Quality Reporting System (PQRS) that requires vaccine reporting by primary care physicians and nurse practitioners, as one of an extensive list of quality measures. At this stage, the PQRS offers Medicare incentive payments to providers who report the quality measures and in the future, failure to perform on those measures will result in payment penalties.

Point 2 We need to have the data to report. No data = inadequate reporting, no qualifying for federal standards.

This week, the preliminary 429 page federal rules for Accountable Care Organizations (a close cousin to the Medical Home) are being released for 60 days of public comment. Like a Medical Home model, ACOs are based on care coordination and also require careful coordination of care with a rigorous quality measurement component. An integral part of the ACO requirements, are the PQRS clinical quality reporting, including vaccines.

Point 3 ACOs envision increasing integration of care. Disintegration of care is not part of the initiative.

Q: What does this have to do with SB93?

A: By allowing the pharmacist to basically take over one aspect of **primary care prevention services** – vaccine administration **without** a prescription – care for that patient is moving away from care coordination and back into the old system of fragmented care. Both the pneumonia and shingles vaccine are once-in-a-life-time vaccines that can have side effects. Not every individual is a candidate for the shingles vaccine and the pharmacist will not have access to the person's medical record to know for sure.

Our experience as physicians in office-based practice is that many people will not remember if they have had a particular vaccine or not, and there may also be issues with people confusing which vaccine they had – especially if that vaccination was given decades earlier. Patients often confuse influenza vaccine with pneumonia vaccine.

If pharmacists fail to report vaccine administration to a patient's primary care provider, and the person is one of the 15% who experience reactions to vaccines, the physician or nurse practitioner is out of the care loop. In addition, if a pharmacist fails to report vaccine administration, the physician or nurse practitioner will be unable to meet the necessary federal quality measure reporting.

Without coordination of care, if a patient does not remember their specific vaccination status, physicians in the office, or pharmacists in the pharmacy, may inadvertently provide unnecessary duplicate vaccination.

Q: What are other states that allow pharmacists to administer this vaccines doing about PQRS reporting?

A: Good question. We are looking into that question.

Point 1 Medicine is working on integrating care – this action by pharmacy is disintegrating.

Point 2 We need to have the data to report. No data, inadequate reporting, inability to meet federal standards.



Point 3 ACOs envision increasing integration. Disintegration is not a welcome initiative.

Point 4 Pharmacists are not licensed to perform medical acts, and even if granted this form of license they are neither trained nor qualified to care for reactions and side effects. This puts them, and their customers at risk.

At base, we are opposed to this bill, but if the committee is inclined to open this door, the NH Medical Society respectfully requests the committee to consider the "compromise" amendment that puts the patient's best interest first. This amendment still allows the pharmacist to administer and bill for the vaccines, but preserves care coordination. The simple requirement for a prescription from the person's primary care provider will solve SOME BUT NOT ALL of the concerns we raised today.

Thank you.

F. William Danby, MD

NH Medical Society Amendment # 5 (March 4, 2011)

The representative for the NH Society of Health System Pharmacists, Inc. and NH Pharmacists Association said both groups were in agreement with this amendment.

SENATE BILL 93

AN ACT relative to pharmacist administration of vaccines.

I Pharmacist Administration of Vaccines. Amend RSA 318:16-b to read as follows:

318:16-b Pharmacist Administration of [~~Influenza~~] Vaccines. A pharmacist may administer influenza vaccine to the general public provided all of the criteria in this section have been met. A pharmacist may administer pneumococcal and varicella zoster vaccine to individuals over the age of 18 years with a valid prescription for the vaccine from the individual's treating physician, physician assistant or nurse practitioner, with whom the individual has a practitioner-patient relationship as defined in RSA318:1, XV-a, provided that all of the criteria in this section have been met. For individuals over the age of 18 years indicating they lack a practitioner-patient relationship with a physician, physician assistant or nurse practitioner, a pharmacist may administer pneumococcal and varicella zoster vaccine provided the pharmacist has a signed agreement between a physician, physician assistant or nurse practitioner that includes clinical protocols for the administration of pneumococcal and varicella zoster vaccinations.

The pharmacist shall:

I. [~~Have earned a Pharm. D. degree and be licensed by the board to practice as a pharmacist in New Hampshire, or~~] Hold [~~an unrestricted and~~] a current license to practice as a pharmacist in New Hampshire [~~and have held the license for at least 3 years~~].

II. Possess at least \$1,000,000 of professional liability insurance coverage.

III. In order to administer influenza, pneumococcal, and varicella zoster vaccines [~~by injection~~], have completed training specific to the administering of [~~influenza~~] the respective vaccines [~~by injection~~] that includes programs approved by the Accreditation Council for Pharmacy Education (ACPE) or curriculum-based programs from an ACPE-accredited college of pharmacy or state or local health department programs or programs recognized by the board.

**IV. Provide notice to the individual's ordering physician, physician assistant or nurse practitioner of the administration of the pneumococcal and varicella zoster vaccine.**

**V. Maintain a record of administration of pneumococcal and varicella zoster vaccinations for each individual as required by state and federal law.**

**VI. Provide to the board evidence of compliance with paragraphs I-V.**

2 Effective Date. This act shall take effect 60 days after its passage.

# General Internal Medicine

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## ADULT PRIMARY CARE

**Dr. Mark R. Henschke**

D.O., PHARM.D., M.M.M.

April 4, 2011

The Honorable John Reagan, Chair  
House Health, Human Services and Elderly Affairs Committee  
Room 205, Legislative Office Building  
Concord, New Hampshire 03301

Dear Mr. Chairman and members of the Committee:

I am writing in support of Bill SB 93 that will expand the pharmacist's authority to administer vaccines to include pneumococcal and herpes zoster vaccines.

I am a primary care provider for the last eight years in Portsmouth, New Hampshire. In addition, I have also worked at Martin's Point Healthcare, Frisbie Health Services and served as the Regional Medical Director for Tufts Health Plan. I am Adjunct Clinical Faculty for the Massachusetts College of Pharmacy Physician Assistant Program, the University of New England College of Health Professions Physician Assistant Program and Clinical Assistant Professor of Internal Medicine at the University of New England, College of Osteopathic Medicine.

I whole heartedly endorse increased vaccination rates for pneumococcal and herpes zoster vaccines and ways to reach this goal. Pharmacists are an ideal position to be partners in immunizations of adults in New Hampshire. They are an accessible, knowledgeable, trained, community-based healthcare resource that can promote the public health mission of decreasing these vaccine-preventable diseases.

I realize that concerns have been raised by the medical community about this bill. As a physician, I want to share with you the reasons why these concerns are not valid.

- "Risk of over vaccination" There is no evidence to show that a second vaccination of pneumococcal or herpes zoster vaccines would cause any harm to a patient. The most likely outcome would be an increased chance of minor side effects such as a localized reaction to the vaccine. However unfortunate, this occurs currently in practice now. Including the pharmacist in the promotion of these vaccines will increase education, and conversations patients will have about pneumococcal disease and shingles with all healthcare professionals.
- "PCP not being informed" The language in the proposed legislation requires that the pharmacist notifies the PCP, if known, within 14 days. This is the currently practice for many pharmacists with the influenza vaccine even though it is not required by law. This added tool increases the communication between the members of the patient's healthcare team to ensure that the PCP is aware of the vaccination. There currently exist many facets of healthcare in which there is no standard for notification of care and this demonstrates a commitment to the best interest of the patient by pharmacists.
- "Lack of training" Last year, I participated in the training provided to pharmacists to prepare them for administering immunizations. This is an extensive 20-hour educational program that includes both practical and didactic components. It covers the epidemiology and prevention of all vaccine

# General Internal Medicine

## ADULT PRIMARY CARE

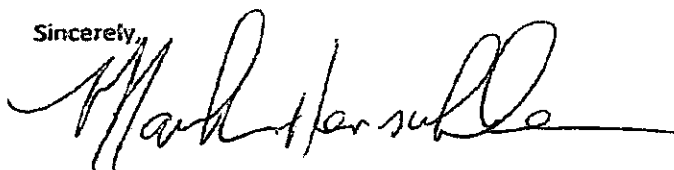
**Dr. Mark R. Henschke**

D.O., PHARM.D., M.M.M.

preventable diseases, immunology, vaccine safety, indications, contraindications, adverse reactions, federal requirements, administration technique and several stages of assessment. It is a comprehensive program that was created in conjunction with and has the approval of the CDC. As an educator, it is easy to recognize the thoroughness of this certificate training program in addition to the current degree held by pharmacists.

I hope that I have been able to address any concerns that have been raised. Passage of this legislation would be a critical step in improving the public health of the citizens of New Hampshire. Expanding the authority of pharmacists will undoubtedly increase the outreach of vaccinations to the many rural areas of our state having an impact where Physicians can not alone. I urge you to report this bill out as "ought to pass."

Sincerely,



Dr. Mark Henschke

Phone: 603 - 379 - 2388

Email: [mrhenschke@comcast.net](mailto:mrhenschke@comcast.net)

2064 Woodbury Avenue, Suite 102  
Newington, NH 03801  
603-766-8130



# **American Pharmacists Association<sup>®</sup>**

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April 3, 2011

The Honorable John Reagan, Chair  
House Health, Human Services and Elderly Affairs Committee  
Room 205, Legislative Office Building  
Concord, New Hampshire 03301

RE: Support of SB 93 (Expansion of Pharmacist immunization authority)

Dear Chairman Reagan:

The American Pharmacists Association (APhA), the national professional society of pharmacists, supported the passage of legislation which enables pharmacists to administer pneumococcal and zoster vaccinations to their currently authorized ability to administer influenza vaccine. The ability of pharmacists to administer these vaccines will enhance the state's ability to address the tremendous burden of death and suffering borne by those who contract these vaccine-preventable diseases and enhances the utilization of an additional trained healthcare provider in the delivery of healthcare services to New Hampshire citizens.

For example, the annual impact of influenza and pneumococcal pneumonia nationally is significant:

- 50,000 to 80,000 people die each year, year after year.
- 80% of these deaths strike those 65 years or older.
- 400,000 are hospitalized/year, often at public expense.
- Influenza and pneumonia rank sixth overall as a cause of death, and the fifth leading cause among the elderly.
- Almost 1 out of every 3 people in the United States will develop shingles, also known as zoster or herpes zoster. There are an estimated 1 million cases each year in this country. The risk of disease increases as a person gets older. About half of all cases occur among men and women 60 years old or older, but the risk of contracting the disease increases at age 50.

Currently, across the United States:

- 38 states and territories allow pharmacists to administer any vaccine; 5 only influenza; 2 influenza or pneumococcal; and 7 a combination of vaccines.
- 46 states and territories allow pharmacists to administer pneumococcal vaccine
- 45 states and territories allow pharmacists to administer zoster vaccine
- 22 states limit the patient age pharmacists can administer vaccines to 18 years old and above (14 allow any age; the rest have various age requirements)

In New Hampshire, about 43% of those 18 years and older indicated receiving an influenza vaccination, and 72% of those 65 years and older received an influenza vaccination and 73% received a pneumococcal vaccination. This means that a quarter or more New Hampshire citizens who should be immunized against influenza and pneumococcal disease are not vaccinated in the current system (CDC Behavioral Risk Factor Surveillance Survey, 2009). This number is even more dramatic when considering those with diabetes or other chronic diseases that are more prone to complications from influenza, pneumococcal or other vaccine prevented diseases.

CDC, CMS and other immunization stakeholders are working with pharmacists across the country to increase immunization rates. The impact in New Hampshire could be dramatic given the fact that pharmacists are an accessible healthcare provider in a community and the practice locations could be used as extenders of the public health department, especially in rural communities (*JAPhA* 1999; 39:127-35). Published clinical and scientific studies prove that pharmacists can make significant contributions to improving immunization rates, especially in older populations, in communities throughout the United States. Pharmacies offer major advantages as places to administer immunizations, including access, convenience and the availability of trained health care providers – all have previously been identified as barriers to immunizations.

The federal government recognized this fact during the 2009 H1N1 pandemic when they collaborated with pharmacies. The immunization activities of pharmacists have been recognized by the public health community, as pharmacists have been recognized as complementary immunization providers ensuring that the public has access to necessary vaccine and immunization information. Pharmacists' accessibility in the evenings and on weekends is well known. The public trusts the recommendations made by their pharmacist. Experience shows that 50 to 94% of people will act on the basis of a pharmacist's vaccine recommendation. Pharmacists can identify from computerized prescription records who is most at risk and should be immunized. CDC recommendations call for immunization of most people who get prescriptions filled for insulin, oral hypoglycemics, digoxin, theophylline, coumadin and other medications.

**Missed Opportunities Cost Lives.** Our current health system clearly fails to prevent these deaths each year. Of those who die, 1/2 to 2/3 had been hospitalized within the 5 years preceding their death, but no one vaccinated them. Of those who die, 2/3 saw a physician as an outpatient during the year preceding their death, but no one vaccinated them. Pharmacists can serve as reinforcements to immunize those that slip through the many gaping cracks in the current system. Enabling pharmacists to provide immunization is not a threat to physicians or to the provision of medical care. Pharmacists provide immunizations in the same manner as nurses and physicians currently do, through authority provided in the state's public health laws or through a protocol / standing order from a physician or public health department medical officer. Pharmacists' liability insurance covers this patient care activity, as it is defined within the scope of practice, and no physician is mandated to enter into a protocol agreement with a pharmacist. The public health needs of a state or community typically guide the parameters included in the protocol / standing order.

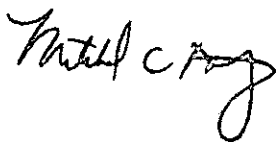
As documented by the Colorado Influenza Alert Coalition, a community-wide program that drastically increased influenza vaccination rates in Denver and its suburbs through the use of traditional and non-traditional providers, physicians saw a 7 fold increase in immunizations delivered in their offices due to an overall increased public awareness of immunizations. This has also been documented in other conducted research (Steyer TE et al. *Vaccine*. 2004;22:1001-6; Grabenstein dissertation and other articles). As not every physician wants to provide immunizations, so too with pharmacists – not every pharmacist will want to provide immunizations, nor will every patient want to have their pharmacist immunize them – but these pharmacists can still provide education to the public and refer patients to physicians, pharmacists and other healthcare provider that will provide immunizations.

The American Pharmacists Association adopted guidelines that advocate minimum expectations for quality, competency, and reliability. The guidelines ask pharmacists to assist patients in maintaining a medical home with a physician, collaborate with local physicians, support the goals of local health departments, record immunizations, report adverse events, and obtain written informed consent according to state policy. APhA strongly supports pharmacists, and other immunization providers, being properly trained in disease epidemiology, vaccine characteristics, injection technique, emergency response to adverse events, and related topics. We train pharmacists to meet these goals.

APhA's 20 hour immunization certificate training course for pharmacists entitled "Pharmacy-Based Immunization Delivery: A National Certificate Training Program for Pharmacists" prepare pharmacists to recommend and provide immunizations. The APhA training program incorporates the recommendations of the Advisory Committee on Immunization Practices, the report on adult immunization of the National Vaccine Advisory Committee, CDC publications and other nationally recognized sources. The curriculum of self-study modules, handouts, slides and faculty notes has been reviewed in detail by staff of the Centers for Disease Control and Prevention (CDC) and immunization leaders who also serve on the program's advisory board. The training program has been recognized by the CDC for its quality and content. In addition to a home study course and full day of classroom learning, pharmacists must be observed during the hands-on immunization training component, must be certified in cardiopulmonary resuscitation (CPR) and must successfully complete a comprehensive final exam for the certification of completion to be valid.

Again, on behalf of APhA's members residing and/or working in the State of New Hampshire we encourage you to support SB 93. Thank you for your consideration.

Respectfully submitted by,



Mitchel C. Rothholz, RPh, MBA  
Chief Strategy Officer



Statement of Senator John Gallus  
Senate Bill 93  
February 3, 2011  
Senate Health and Human Services Committee

Thank you Mr. Chairman,

For the record, <sup>As Senator</sup> my name is John Gallus and <sup>Senate</sup> I am the Senator for District 1 ~~that includes~~ all of Coos County and the northern towns in both Grafton and Carroll Counties.

I am the prime sponsor of Senate Bill 93, relative to pharmacist administration of vaccines. I was asked by the NH Pharmacists Association to sponsor Senate Bill 93 which is to allow pharmacists to administer the pneumonia and shingles vaccines. Currently, pharmacists can only administer the flu vaccine in the State of New Hampshire. This bill would provide greater access to consumers which would lead to a greater immunization rate.

~~Lorraine Radick, President of the NH Pharmacists Association, is here to testify and she will be able to explain the need for this legislation and answer any questions you may have.~~

Thank you.

Senator Gallus

**State Prescription Requirements and Age Restrictions for Immunizations Given by Pharmacists**

<b>State</b>	<b>Influenza (seasonal/H1N1)</b>	<b>Pneumococcal</b>	<b>Shingles/herpes zoster /Zostavax<sup>1</sup></b>
<b>Alabama</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	No	No	--
<b>Alaska</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	No	No	--
<b>Arizona</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	18 yrs or older	18 yrs or older	--
<b>Arkansas</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	Over age 18 years	Over age 18 years	--
<b>California</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	No	No	--
<b>Colorado</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	No	No	--
<b>Connecticut</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	18 yrs or older	18 yrs or older	--
<b>District of Columbia</b>	Yes	Yes	Yes
Rx Required	No	No	--
Age Limit	17 yrs or younger must have "doctor referral"; otherwise, 18 yrs and older	17 yrs or younger must have "doctor referral"; otherwise, 18 yrs and older	--
<b>Delaware</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	18 yrs or older	18 yrs or older	
<b>Florida</b>	Yes	No	No
Rx Required	No	--	--
Age Limit	18 yrs or older	--	--
<b>Georgia</b>	Yes	No	No
Rx Required	12 yrs and younger must have Rx; Rx not required for 13 yrs and older	--	--
Age Limit	No	--	--

<sup>1</sup> The herpes zoster vaccine is labeled by FDA for administration to patients 60 years and older.

**State Prescription Requirements and Age Restrictions for Immunizations Given by Pharmacists**

<b>State</b>	<b>Influenza (seasonal/H1N1)</b>	<b>Pneumococcal</b>	<b>Shingles/herpes zoster /Zostavax<sup>1</sup></b>
<b>Hawaii</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	18 yrs or older	18 yrs or older	--
<b>Idaho</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	No	No	--
<b>Illinois</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	14 years or older	14 yrs or older	--
<b>Indiana</b>	Yes	No	No
Rx Required	No	--	--
Age Limit	14 yrs old or older	--	--
<b>Iowa</b>	Yes	Yes	Yes
Rx Required	No	No	Yes
Age Limit	18 yrs or older	18 yrs or older	--
<b>Kansas</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	6 yrs or older	18 yrs or older	--
<b>Kentucky</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	14 yrs or older, and younger "children" in some instances <sup>2</sup>	18 yrs or older	--
<b>Louisiana</b>	Yes	Yes	Yes
Rx Required	No	Yes	Yes
Age Limit	7 yrs or older	16 yrs or older	--
<b>Maine</b>	Yes	Yes	Yes
Rx Required	No	In some instances <sup>3</sup>	In some instances <sup>4</sup>
Age Limit	9 yrs or older	18 yrs or older	--
<b>Maryland</b>	Yes	Yes	Yes
Rx Required	No	Yes	Yes
Age Limit	18 yrs or older	18 yrs or older	--
<b>Massachusetts</b>	Yes	No	No
Rx Required	No	--	--

<sup>2</sup> Pharmacists may administer immunizations to "children" pursuant to protocols established by CDC, NIH, or the National Advisory Committee on Immunization Practices or determined to be appropriate by the commissioner of public health or his designee when the governor declares a state of emergency. In such cases, the Governor's executive order may extend this emergency authority to pharmacists for up to 30 day period.

<sup>3,4</sup> When patient does not have existing relationship with a primary care physician or other practitioner, authorized pharmacist may administer according to a treatment protocol, and in such instances, a patients is not required to present a prescription. Otherwise, a prescription is required.

**State Prescription Requirements and Age Restrictions for Immunizations Given by Pharmacists**

<b>State</b>	<b>Influenza (seasonal/H1N1)</b>	<b>Pneumococcal</b>	<b>Shingles/herpes zoster /Zostavax<sup>1</sup></b>
Age Limit	12 yrs or older	--	--
<b>Michigan</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	No	No	--
<b>Minnesota</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	10 yrs or older	18 yrs or older	--
<b>Mississippi</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	5 yrs or older	5 yrs or older	--
<b>Missouri</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	12 yrs or older	12 yrs or older	--
<b>Montana</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	18 yrs or older	18 yrs or older	--
<b>Nebraska</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	No	No	--
<b>Nevada</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	14 yrs or older	14 yrs or older	--
<b>New Hampshire</b>	Yes	No (retail pharmacy)	No (retail pharmacy)
Rx Required	No	--	--
Age Limit	No	--	--
<b>New Jersey</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	18 yrs or older	18 yrs or older	--
<b>New Mexico</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	No	No	--
<b>New York</b>	Yes	Yes	No
Rx Required	No	No	--
Age Limit	18 yrs or older	18 yrs or older	--
<b>North Carolina</b>	Yes	Yes	Yes
Rx Required	No	No <sup>5</sup>	No <sup>6</sup>
Age Limit	14 yrs or older	18 yrs or older	--
<b>North Dakota</b>	Yes	Yes	Yes

<sup>5,6</sup> Pharmacist must first consult with patient's primary care provider before administration. In the event patient does not have primary care provider, a pharmacist may not administer a vaccines for pneumococcal or herpes zoster.

**State Prescription Requirements and Age Restrictions for Immunizations Given by Pharmacists**

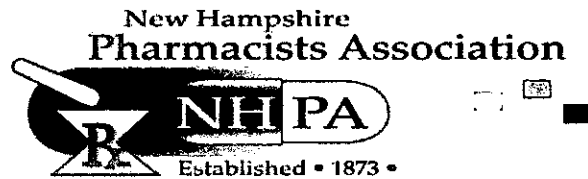
<b>State</b>	<b>Influenza (seasonal/H1N1)</b>	<b>Pneumococcal</b>	<b>Shingles/herpes zoster /Zostavax<sup>1</sup></b>
Rx Required	No	No	No
Age Limit	18 yrs or older	18 yrs or older	--
<b>Ohio</b>	Yes	Yes	Yes
Rx Required	No	No	Yes
Age Limit	14 yrs or older	14 yrs or older	--
<b>Oklahoma</b>	Yes	Yes	Yes
Rx Required	Yes	Yes	Yes
Age Limit	No	No	--
<b>Oregon</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	15 yrs or older	18 yrs or older	--
<b>Pennsylvania</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	18 yrs or older	18 yrs or older	--
<b>Rhode Island</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	18 yrs or older	18 yrs or older	--
<b>South Carolina</b>	Yes	Yes	Yes
Rx Required	No	Yes	Yes
Age Limit	18 yrs or older	No	--
<b>South Dakota</b>	Yes	Yes	Yes
Rx Required	No	Yes	Yes
Age Limit	18 yrs or older	18 yrs or older	--
<b>Tennessee</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	No	No	--
<b>Texas</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	7 yrs or older <sup>7</sup>	14 yrs or older	--
<b>Utah</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	No	No	--
<b>Vermont</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	18 yrs or older	18 yrs or older	--
<b>Virginia</b>	Yes	Yes	Yes
Rx Required	No	No	No

<sup>7</sup> Patients 7-13 yrs who have an established physician-patient relationship must be referred to pharmacist for flu vaccine. Patients 7-13 yrs without an physician-patient relationship may receive flu vaccine from physician without referral.

**State Prescription Requirements and Age Restrictions for Immunizations Given by Pharmacists**

<b>State</b>	<b>Influenza (seasonal/H1N1)</b>	<b>Pneumococcal</b>	<b>Shingles/herpes zoster /Zostavax<sup>1</sup></b>
Age Limit	No	18 yrs or older	--
<b>Washington</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	No	No	--
<b>West Virginia</b>	Yes	Yes	No
Rx Required	No	No	--
Age Limit	18 yrs or older	18 yrs or older	--
<b>Wisconsin</b>	Yes	Yes	Yes
Rx Required	No	No	No
Age Limit	18 yrs or older	18 yrs or older	--
<b>Wyoming</b>	Yes	Yes	Yes
Rx Required	In some instances <sup>8</sup>	In some instances <sup>9</sup>	In some instances <sup>10</sup>
Age Limit	19 yrs or older	19 yrs or older	--

<sup>8, 9, 10</sup> Individuals deemed "high risk" must have prescription from their physician. "High risk" individuals are those who may have an absolute or relative contraindication to receive immunizations.



## Advocacy for Pneumonia and Zoster Vaccination

### General:

- Pharmacists are the most accessible healthcare provider and nearly all Americans live within 5 miles of a community retail pharmacy
- Most consumers visit their community pharmacy at least once a month and their local supermarkets even more often
- An estimated 250 million Americans visit a pharmacy every week
- Vaccinations being available at pharmacies offer convenience to customers and increase the likelihood that they will seek vaccination; having to book an appointment with their primary care physician creates a barrier to vaccination
- A number of insurance companies cover vaccination services provided by pharmacists, making it even more customer friendly There are now over 120,000 pharmacists trained to give vaccinations and this number is expected to grow
- All 50 states allow pharmacists to administer vaccinations, 40 states offer more than just the influenza vaccine (ex. Zoster, Pneumonia, Tetanus, Hepatitis B, Meningitis)
- Recent surveys show that following the approval of pharmacist becoming immunizers, vaccination rates have rose 5% in patients 18-64 and 11% in patients  $\geq 65$
- Healthy People Initiative has not only carried over its HP2010 goal of increased pneumonia vaccination, they have also included vaccination for herpes zoster as a new goal for HP 2020
- For both Pneumonia and Herpes Zoster, increased vaccination rates will likely decrease long term health care costs through minimization of complications due to these conditions
- By 2030, 20% of the US population will be  $\geq 65$ ; the population that most utilizes medications and health care services and is at a very high risk of developing Pneumonia and Herpes Zoster.

### Herpes Zoster:

- There are approximately 1 million new cases of herpes zoster annually in the US
- Individuals in the US have a 30% lifetime risk of developing herpes zoster
- 98% of the adult US population is infected with the varicella-zoster virus
- An estimated 50% of individuals who live to the age of 85 will have experienced herpes zoster
- 1 in every 4 patients who develop shingles will experience 1 or more complications, some of which are very severe
- Chronic pain, known as post-herpetic neuralgia, which can last for months to years, is the most common herpes zoster complication; 90% of these patients will develop allodynia
- Post-herpetic neuralgia pain lasts  $\geq 30$  days in 18-30% of cases
- $>10\%$  affected patients will develop zoster ophthalmicus, which can lead to blindness

- At age 50, risk of developing herpes zoster increases dramatically; with an aging population, this equates to more individuals at risk
- A 2008 survey revealed <7% of individuals ≥ 60 years old had been vaccinated against herpes zoster
- Vaccination can:
  - decrease the incidence of shingles by 51%
  - decrease the risk of post-herpetic neuralgia by 67%
  - decrease the burden of illness by 61%
- Personal history in those individuals at highest risk, ≥ 50 years of age, does not need to be attained in order to determine vaccination eligibility
- The trigger for herpes zoster has not yet been determined, therefore, we have no way of predicting those individuals who will develop symptoms. We do, however, know who is at the highest risk, making it easy to identify those who should receive and most benefit from the vaccine.

### Pneumonia:

- Invasive pneumonia infections kill thousands of people in the US each year; most of these individuals are ≥ 65 years old; In 2007, 1.2 million people in the US were hospitalized with pneumonia, more than 52, 000 of these people died from the disease
- *Streptococcus pneumoniae*, a common cause of pneumonia, can also lead to bacteremia and meningitis, 3,000 and 50,000 cases respectively, annually in the United States.
- Treatment of patients with pneumococcal infections is costly; 90% of the cost is due to hospitalization
- A single dose of the Pneumonia vaccine can protect against 23 different types of *Streptococcus pneumoniae*, which is responsible for 75% of all pneumococcal disease cases in adults
- You cannot get pneumococcal disease from the vaccine
- Pneumococcal vaccine can be given any time of year and can be given at the same time as the influenza vaccine (in the opposite arm)
- Documentation of vaccination is lacking, and, as with influenza, pharmacists could assist in ensuring the records are accurate and up to date.
- With the emergence of drug-resistant strains of pneumococci, prevention through vaccination becomes key to improving patient outcomes

### References:

Centers for Disease Control and Prevention. "Adult Immunization, Program in Brief," (February 2007). Accessed from [www.cdc.gov/vaccines/about/pibs/downloads/adult.pdf](http://www.cdc.gov/vaccines/about/pibs/downloads/adult.pdf)

CDC, National Health Interview Survey. Accessed from <http://www.cdc.gov/nchs/about/major/nhis/released200706.htm#4>

CDC, National Center for Health Statistics, Mortality Data from the National Vital Statistic System. Accessed from <http://www.cdc.gov/nchs/deaths.htm>

CDC. "Adult Immunization Programs in non-traditional settings: quality standards and guidance for program evaluation" MMWR. 2000; 49 (RR-1):1-28

CSG. "Increasing Vaccination Rates in Adults" accessed from <http://www.healthystates.csg.org/Publications>



\* CDC. "National Immunization Survey-2007" accessed from <http://www.cdc.gov/nis>

CDC. "CDC says Immunizations Reduce Deaths from Influenza and Pneumococcal Disease among older adults." accessed from [www.chronicdisease.org](http://www.chronicdisease.org)

Source: U.S. Census Bureau, *Income, Poverty, and Health Insurance Coverage in the United States: 2007*, available online at <http://www.census.gov/prod/2008pubs/p60-235.pdf>.

National Foundation for Infectious Diseases. [www.nfid.org](http://www.nfid.org) Accessed January 23, 2011.

Oxman, MN. Clinical manifestations of herpes zoster. In: Arvin AM, Gershon, AA, eds. *Varicell-Zoster Virus: Virology and Clinical Management*. Cambridge, UK: Cambridge University Press; 2000:246-275.

Yawn BP, Saddier P, Wollan PC, St Sauver JL, et al. A population-based study of the incidence and complication rates of herpes zoster before zoster vaccine introduction. *Mayo Clin Proc*. 2007;82(11):1341-1349.

Bowsher D. Pain, sensory change, and allodynia in postherpetic neuralgia. In: Watson CPN, Gershon AA, eds. *Herpes Zoster and Postherpetic Neuralgia*, 2<sup>nd</sup> Revised and Enlarged Edition. Amsterdam, The Netherlands:Elsevier Science B.V.;2001:143-147.Pain Research and Clinical management; vol 11.

Pavan-Langston D. Ophthalmic zoster. In: Arvin AM, Gershon AA, eds. *Varicella-Zoster Virus: Virology and Clinical Management*. Cambridge, UK: Cambridge University Press;2000:276-298.

Centers for Disease Control and Prevention (CDC). Prevention of herpes zoster: recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR Recomm Rep*. 2008;57(RR-5):1-30.

Centers for Disease Control and Prevention (CDC). Vaccination coverage estimates from the National Health Interview Survey: United States, 2008. [http://www.cdc.gov/nchs/data/hestat/vaccine\\_coverage.htm](http://www.cdc.gov/nchs/data/hestat/vaccine_coverage.htm)

Fedson DS, Harward MP, Reid PR, Kaiser DL. Hospital-based pneumococcal immunization. *JAMA*1990;264:1117-22.

Feikin DR, Schuchat A, Kolczak M, et al. Mortality from invasive pneumococcal pneumonia in the era of antibiotic resistance, 1995-1997. *Am J Public Health*. 2000;90:223-9.

Turett GS, Blum S, Fazal BA, et al. Penicillin resistance and other predictors of mortality in pneumococcal bacteremia in a population with high HIV seroprevalence. *Clin Infect Dis*. 1999;29:321-7.

Senate Bill 93, as passed by the House  
Relative to pharmacist administration of vaccines

Please support the bill as passed on a voice vote in the House on May 4, 2011  
Passed Senate Committee unanimously and passed full Senate on voice vote

- The vast majority of states currently allow pharmacists to administer the pneumococcal (pneumonia) and varcilla zoster (shingles) vaccine **without a prescription**
- There have been **no documented problems** brought forth regarding pharmacists administering these vaccines in other states
- Allowing pharmacists to administer these vaccines will increase the rate of immunizations in NH, and will provide for a **more cost-effective, safe and convenient** health care service to NH residents now enjoyed by most people throughout the country
- Requires communication back to the primary care provider to promote the **“medical home”** model and keep practitioners informed
- Provides for a **two year sunset**, requiring review of this program by the legislature in 2013.

This bill is supported by the following groups:

- NH Society of Health System Pharmacists and the NH Pharmacist Association, represented by Beth Sargent, Sheehan Phinney Capitol Group
- NH Independent Pharmacy Association, represented by Rick Newman and Fran Wendelboe
- Coalition of NH Chain Drug Stores, represented by Stuart Trachy

Senate Bill 93  
Relative to pharmacist administration of vaccines

Testimony before the House Commerce and Consumer Affairs  
May 10, 2011

by  
Lorraine Radick, President  
NH Pharmacists Association

Good afternoon, Mr. Chairman, Members of the Committee. My name is Lorraine Radick, and I am here this afternoon on behalf of the NH Pharmacists Association to testify in support of Senate Bill 93. I am a pharmacist actively practicing in the State of New Hampshire.

- Pharmacists in all 50 states are able to administer **adult** immunizations. New Hampshire is one of only **three states** limited to the administration of the seasonal flu vaccine. This bill would permit pharmacists to administer the pneumococcal (pneumonia) and varicella zoster (shingles) vaccines to **adults**.
- Pharmacists have administered flu vaccine in New Hampshire for the past three years. During the H1N1 outbreak, working closely with the Public Health Department, pharmacists administered the H1N1 vaccine. Pharmacists were a valuable resource during this outbreak, and we should be part of the health-care team for disaster preparedness delivering life saving vaccines to our NH citizens.
- SB 93 would **increase access to these vaccines**, thus improving immunization rates and decreasing long-term health care costs through the minimization of complications due to these conditions. Pharmacists are the most accessible healthcare provider, with most Americans living within 5 miles of a community pharmacy. Moreover, 250 million Americans visit a pharmacy each week. For patients without health insurance or patients without a primary care provider, this bill provides greater access with undue barriers for patients trying to access these life saving vaccines.
- The pneumococcal vaccine can be given **at any time of year** and may be given at the same time as the influenza vaccine in the opposite arm. SB 93 would permit the administration of the pneumococcal vaccine simultaneously with the influenza vaccine. This convenience provides another added benefit to the patient.

Attached to my testimony is an **informational fact sheet** about the herpes zoster and pneumonia infections and demonstrates the need for greater access to the vaccine. These

two diseases can have serious complications such as **post-herpetic neuralgia pain, blindness, hearing problems, encephalitis or death** could be avoided if individuals are immunized.

- Patients have been asking for the vaccine because they are unable to obtain it from their physician's office. Most physicians elect to not stock it, because the vaccine must be kept frozen and it's high cost. It must be reconstituted immediately upon removal from the freezer and must be administered within 30 minutes. When not administered within 30 minutes, it must be discarded, creating a financial hardship. The transportation time from the pharmacy to the physician's office, along with time at the office, often takes more than 30 minutes. Administering the vaccine at a pharmacy avoids this issue.
- Medicare patients are having difficulty accessing new vaccines such as the Shingles and Tetanus boosters because these, as well as all other vaccines with the exception of Influenza and Pneumococcal, are now only covered under Medicare Part D Drug plans. This creates a hurdle for most primary care physicians (PCP)'s as they traditionally do not have the ability to bill for prescription drugs. Although all Medicare Part D plans cover the shingles vaccine, the amount of cost-sharing for vaccination varies. Alternatively, Medicare Part B only covers the Influenza and Pneumococcal vaccines and not the shingles vaccine.
- A number of private insurance companies cover vaccination services provided by pharmacists, making it even more patient friendly. All community pharmacies directly bill to insurance carriers in real time. If the patient has already received the vaccine a rejection error will be transmitted such as refill too soon, prior authorization required, etc.
- Since the bill passed the Senate, the FDA lowered the age from 60 to 50 years of age for the shingles vaccination, creating an even greater need for adults to receive this vaccine. By immunizing this additional adult population, the vaccine will significantly reduce the risk of developing shingles. A copy of the FDA press release is attached.

Lastly, **documentation of vaccinations** is also very important, and pharmacists can ensure that the records are accurate and up-to-date and furthermore, that the patient's physician is notified. In my practice setting, after administering the vaccine, I fax the physician a screening form which includes the vaccine name, lot number, expiration date, site of administration and the date administered. If there is no fax number on record, a photocopy of the screening form is mailed to the physician.

In closing, I ask for your support of Senate Bill 93.

**News & Events**  
**FDA NEWS RELEASE**

**For Immediate Release:** March 24, 2011

**Media Inquiries:** Shelly Burgess, 301-796-4651, shelly.burgess@fda.hhs.gov

**Consumer Inquiries:** 888-INFO-FDA

**FDA approves Zostavax vaccine to prevent shingles in individuals 50 to 59 years of age**

The Food and Drug Administration (FDA) today approved the use of Zostavax, a live attenuated virus vaccine, for the prevention of shingles in individuals 50 to 59 years of age. Zostavax is already approved for use in individuals 60 years of age and older.

In the United States shingles affects approximately 200,000 healthy people between the ages of 50 and 59, per year. It is a disease caused by the varicella-zoster virus, which is a virus in the herpes family and the same virus that causes chickenpox. After an attack of chickenpox, the virus lies dormant in certain nerves in the body. For reasons that are not fully understood, the virus can reappear in the form of shingles, more commonly in people with weakened immune systems and with aging.

"The likelihood of shingles increases with age. The availability of Zostavax to a younger age group provides an additional opportunity to prevent this often painful and debilitating disease" said Karen Midthun, M.D., director of FDA's Center for Biologics Evaluation and Research.

Shingles is characterized by a rash of blisters, which generally develop in a band on one side of the body and can cause severe pain that may last for weeks, and in some people, for months or years after the episode.

Approval was based on a multicenter study conducted in the United States and four other countries in approximately 22,000 people who were 50-59 years of age. Half received Zostavax and half received a placebo. Study participants were then monitored for at least one year to see if they developed shingles. Compared with placebo, Zostavax reduced the risk of developing shingles by approximately 70 percent.

The most common side effects observed in the study were redness, pain and swelling at the site of injection, and headache.

Zostavax was originally approved on May 26, 2006, for the prevention of shingles in individuals 60 years of age and older.

Zostavax is manufactured by Merck & Co. Inc., of Whitehouse Station, New Jersey.

For more information:

[Zostavax Product Page](#)<sup>1</sup>

#

[Visit the FDA on Facebook](#)<sup>2</sup>

[RSS Feed for FDA News Releases](#)<sup>3</sup> [what is RSS?<sup>4</sup>]

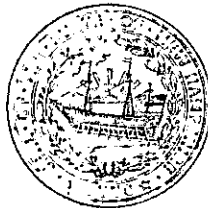
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**Links on this page:**

1. <http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm136941.htm>
2. <http://www.facebook.com/FDA>
3. <http://www.fda.gov/AboutFDA/ContactFDA/StayInformed/RSSFeeds/PressReleases/rss.xml>

STATE OF NEW HAMPSHIRE  
BOARD OF PHARMACY

57 Regional Drive  
Concord, NH 03301-8518



May 10, 2011

Rep. John Hunt  
Chairman Commerce and Consumer Affairs  
107 North Main Street  
Concord, New Hampshire 03301

Dear Mr. Chairman

The New Hampshire Board of Pharmacy unanimously supports Senate Bill 093.

Respectfully yours

A handwritten signature in black ink, appearing to read "James M. Queenan", with a long horizontal flourish extending to the right.

James M. Queenan R.Ph. MBA  
Executive Secretary / Director  
For the Board

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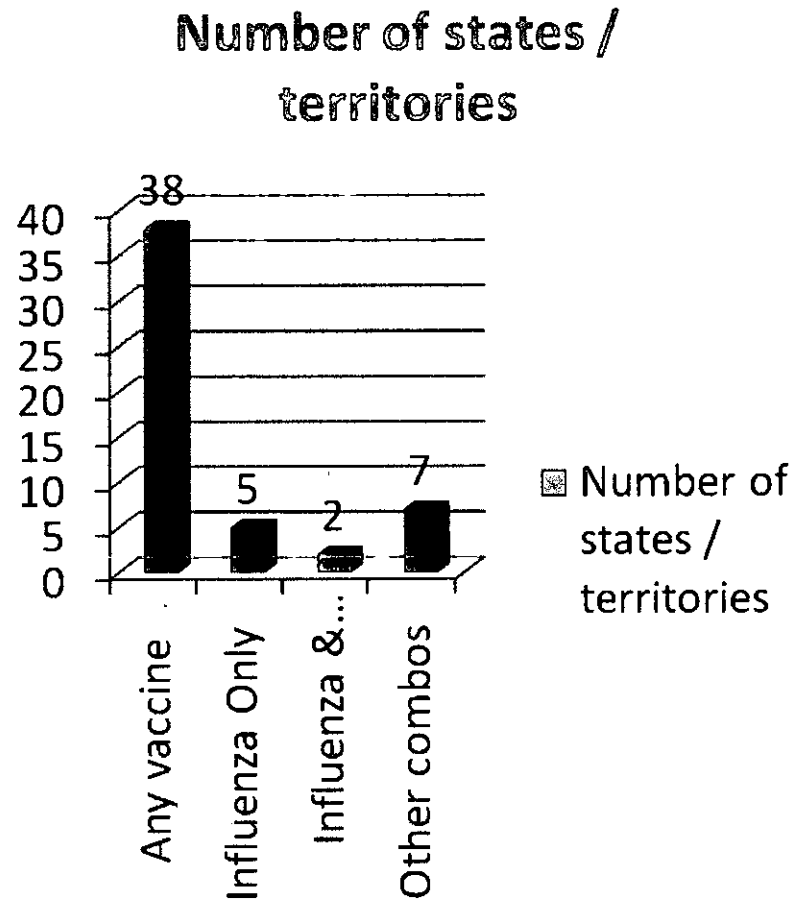
President Ronald L. Petrin, R.Ph.	Vice President Vahrij Manoukian, R.Ph.	Secretary (Public Member) Sandra B. Keans	Treasurer Charles J. Fanaras, R.Ph.	Member George L. Bowersox, R.Ph.
Member Kristina Genovese, R.Ph.	Member Gary J. Merchant, R.Ph.	Executive Secretary James M. Queenan, R.Ph., M.B.A.	Chief Compliance Investigator Margaret A. Clifford, R.Ph.	

Telephone: (603) 271-2350 ♦ Fax: (603) 271-2856  
Website: [www.nh.gov/pharmacy](http://www.nh.gov/pharmacy) ♦ E-Mail: [pharmacy.board@nh.gov](mailto:pharmacy.board@nh.gov)

# Pharmacist Administered Vaccines

## Types of Vaccines Authorized to Administer

Based upon APhA Survey of State IZ Laws/ Rules conducted in collaboration with NASPA, November 2010 (updated Jan 2011)



### Any vaccine

AL, AK, AZ, AR, CA, CO, DE, GA\*, HI, ID, IL, IN\*, IA, KS, KY, LA, MI, MN, MS, MT, NE, NV, NJ, NM, NC\*, ND, OK, OR\*\*, PA, RI, SC, TN, TX, UT\*\*, VT, VA\*, WA, WI

### Influenza Only

DC, FL, MA, NH, PR

### Influenza and Pneumo

NY, WV

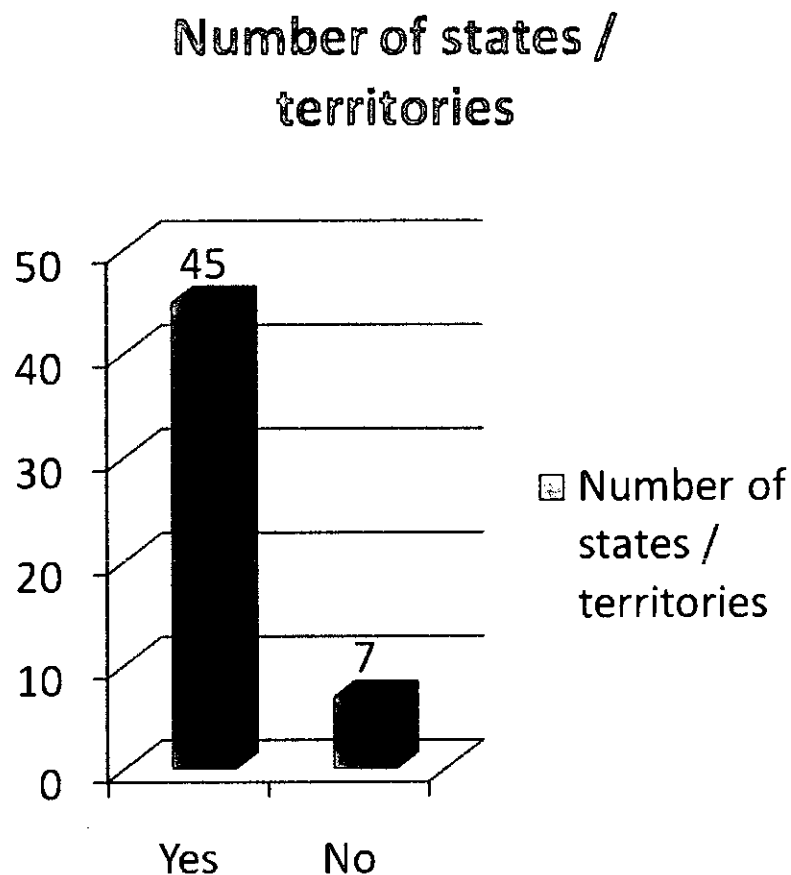
### Other combos

OH, CT, ME, MD, MO, SD, WY

# Pharmacist Administered Vaccines

## Authority to Administer Zoster Vaccine

Based upon APhA Survey of State IZ Laws/ Rules conducted in collaboration with NASPA, November 2010 (updated Jan 2011)



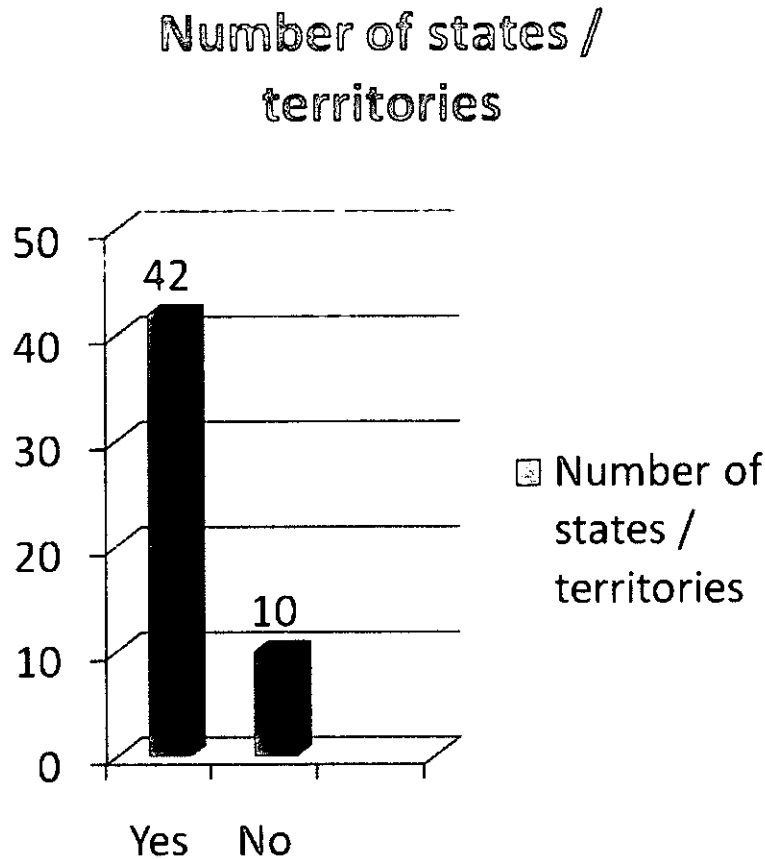
States
AL, AK, AZ, AR, CA, CO, CT, DE, GA*, HI, ID, IL, IN*, IA, KS, KY, LA, MD*, ME, MI, MN, MO, MS, MT, NE, NV, NJ, NM, NC*, ND, OH*, OK, OR, PA, RI, SC, SD*, TN, TX, UT*, VT, VA*, WA, WI, WY*

\* Via Rx / pt specific protocol for some



# Pharmacist Administered Vaccines Authority to Administer Td / Tdap

Based upon APhA Survey of State IZ Laws/ Rules conducted in collaboration with NASPA, November 2010 (updated Jan 2011)

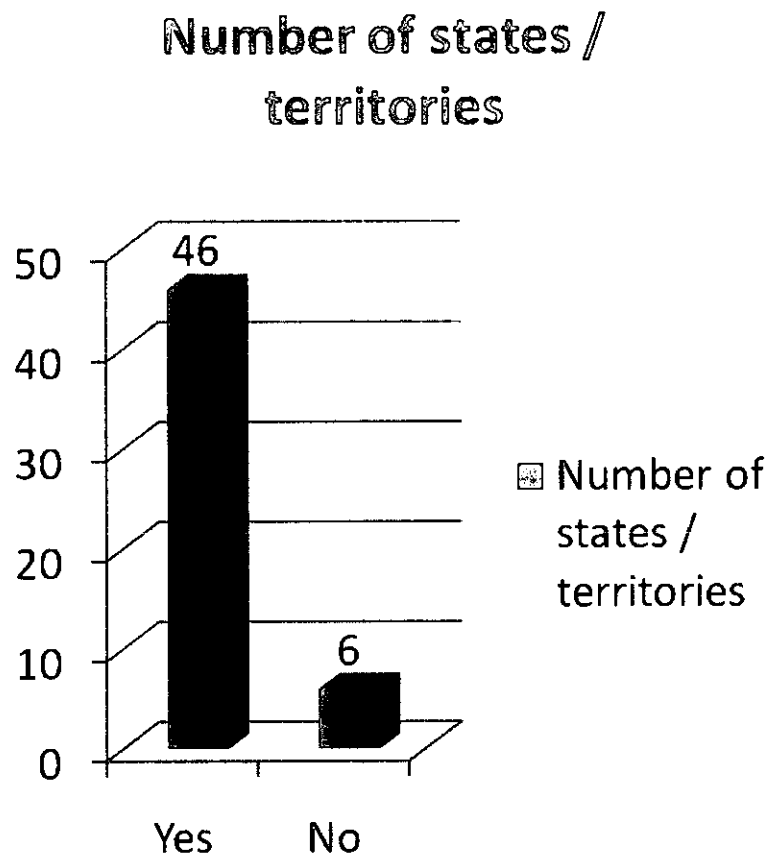


Yes	AL, AK, AZ, AR, CA, CO, DE, GA*, HI, ID, IL, IN*, IA*, KS, KY, LA, ME, MI, MN, MS, MT, NE, NV, NJ, NM, NC*, ND, OH*, OK, OR, PA, RI*, SC*, SD*, TN, TX, UT, VA*, VT, WA, WI, WY*
No	CT, DC, FL, MD, MA, MO, NH, NY, PR, WV

# Pharmacist Administered Vaccines

## Authority to Administer Pneumococcal Vaccine

Based upon APhA Survey of State IZ Laws/ Rules conducted in collaboration with NASPA, November 2010 (updated Jan 2011)

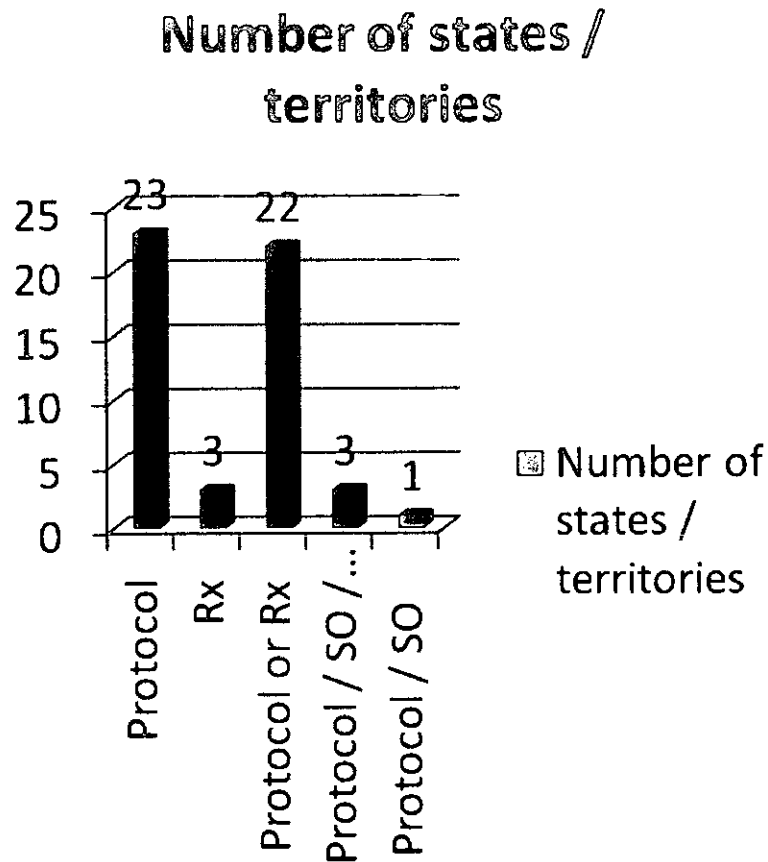


States	Part B Vaccine
No	AL, AK, AZ, AR, CA, CO, CT, DE, GA*, HI, ID, IL, IN*, IA, KS, KY, LA, MD, ME, MI, MN, MO, MS, MT, NE, NV, NJ, NM, NC, ND, NY, OH, OK, OR, PA, RI, SC, TN, TX, UT, VT, VA, WA, WV, WI, WY*
	DC, FL, MA, NH, PR, SD

\* Via Rx / pt specific protocol for some

# Pharmacist Administered Vaccines Protocols vs Rx

Based upon APhA Survey of State IZ Laws/ Rules conducted in collaboration with NASPA, November 2010 (updated Jan 2011)



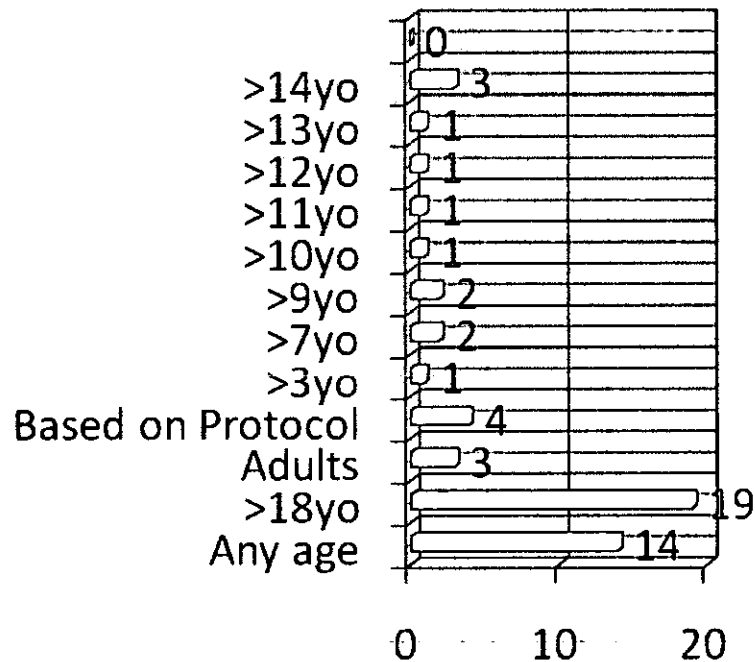
Protocol	AK, AZ, CO, DC, FL, HI, ID, KS, KY, MN, MS, MT, NV, NH, NM, ND, OH, OK, OR*, UT, WA, WV, WI
Rx	AL, LA, RI
Protocol or Rx	CA, DE, GA, IL, IN, IA, ME, MD, MA, MO, NE, NJ, NC, NY, PA, PR, SC, SD, TX, VT, VA, WY
Protocol / SO / Rx	AR, MI, TN
Protocol / SO	CT

# Pharmacist Administered Vaccines

## Patient-Age Limitations

Based upon APhA Survey of State IZ Laws/ Rules conducted in collaboration with NASPA, November 2010 (updated Jan 2011)

Number of states /  
territories



Age Limitation	States/Territories
>18yo	AR, CT, DC, HI, IA, KS, MD, MA, MT, NJ, NY, NC, ND, PA, PR, RI, SD, WV, WI
Adults	AZ, FL, WY
Based on Protocol	CO, SC, UT, VT
>3yo	NH
>7yo	LA, TX
>9yo	DE, ME*
>10yo	MN*
>11yo	OR
>12yo	MO
>13yo	GA
>14yo	IL, IN, OH*

\* Scope varies

# Pharmacist Administered Vaccines

## May student interns administer vaccines?

Based upon APhA Survey of State IZ Laws/ Rules conducted in collaboration with NASPA, November 2010 (updated Jan 2011)

<b>Number of states / territories allowing</b>	<b>36</b>
<b>States / territories not authorized</b>	<b>15 (AK, AZ, CT, DE, IN, LA, ME, MA, MN, NH, NJ, NY, PA, RI, UT, WI)</b>
<b>Criteria common among states</b>	<ul style="list-style-type: none"><li>• Student must be trained (complete Certificate Training Program)</li><li>• Operating under supervision of trained pharmacist</li></ul>

# Voting Sheets

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on SB 93

**BILL TITLE:** relative to pharmacist administration of vaccines.

**DATE:** 4/26/11

**LOB ROOM:** 205

Amendments:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Motions: OTP OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep. LeBrun

Seconded by Rep. Fredette

Vote: 13-3 (Please attach record of roll call vote.)

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote: (Please attach record of roll call vote.)

**CONSENT CALENDAR VOTE:**

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep. Susan Emerson, Clerk  
Gail Barry

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on SB 93

BILL TITLE: relative to pharmacist administration of vaccines.

DATE: APRIL 24, 2011

LOB ROOM: 205

Amendments:

Sponsor: ~~Rep.~~ Sen GALLAS OLS Document #:

Sponsor: Rep. CASE OLS Document #:

Sponsor: Rep. OLS Document #:

Motions: OTP, ~~OTP/A~~, ITL, Interim Study (Please circle one.)

Moved by Rep. LA BRUN

Seconded by Rep. Fralette

Vote: (Please attach record of roll call vote.)

Motions: OTP, ~~OTP/A~~, ITL, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote: (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE:

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep. ~~Susan Emerson~~, Clerk

GAIL BARRY



## HEALTH, HUMAN SERVICES &amp; ELDERLY AFFAIRS

Bill #: SB 93 Title: Relative to Pharmacist administration of vaccinesPH Date: April 21 2011Exec Session Date: April 26 2011Motion: OTP

Amendment #: \_\_\_\_\_

MEMBER	YEAS	NAYS
Reagan, John M, Chairman	✓	
Kotowski, Frank R, V Chairman	✓	
Pilliod, James P		✓
McMahon, Charles E	✓	
Barry, J. Gail, Clerk	✓	
Millham, Alida I	✓	
Case, Frank G	✓	
Cusson-Cail, Kathleen J	✓	
Donovan, Daniel A	✓	
Fredette, Robert A	✓	
LeBrun, Donald L	✓	
Schmidt, Stephen J	✓	
Ward, Joanne A		✓
MacKay, James R		
Merrick, Evalyn S	✓	
DiPentima, Rich T		
Harding, Laurie		✓
Deloge, Helen M	✓	
TOTAL VOTE:	13	3

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

EXECUTIVE SESSION on SB 93

**BILL TITLE:** relative to pharmacist administration of vaccines.

**DATE:** 5-17-11

**LOB ROOM:** 302

Amendments:

Sponsor: Rep. Commerce Committee OLS Document #: 2011 1868h

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep. Nevins

Seconded by Rep. Headd

Vote: 16-1 (Please attach record of roll call vote.)

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep. Nevins

Seconded by Rep. Headd

Vote: 16-1 (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE: Consent or Regular (Circle One)

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep. Jim Headd, Clerk

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

EXECUTIVE SESSION on SB 93

BILL TITLE: relative to pharmacist administration of vaccines.

DATE: 5-17-11

LOB ROOM: 302

Amendments:

Sponsor: Rep.

OLS Document #:

186 Ch

Sponsor: Rep.

OLS Document #:

Sponsor: Rep.

OLS Document #:

Motions:  OTP,  OTP/A,  ITL, Interim Study (Please circle one.)

Moved by Rep.

Neuvin

Seconded by Rep.

~~Headd~~ Headd

Vote: 16-1 (Please attach record of roll call vote.)

Motions:  OTP,  OTP/A,  ITL, Interim Study (Please circle one.)

Moved by Rep.

Neuvin

Seconded by Rep.

Headd

Vote: 16-1 (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE: Consent or Regular (Circle One)

(Vote to place on Consent Calendar must be unanimous.)

Reg 16-1

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep. Jim Headd, Clerk

COMMERCE AND CONSUMER AFFAIRS

Bill #: SB 93 Title: \_\_\_\_\_

PH Date: 1/1/11

Exec Session Date: 5/17/11

Motion: OTF

Amendment #: 1568h

MEMBER	YEAS	NAYS
Hunt, John B, Chairman	✓	
<del>Coffey, Jennifer R, V Chairman</del> <i>Pennington</i>	✓	
Belanger, Ronald J <i>V. To</i>	✓	
Flanders, Donald H	✓	
Quandt, Matt J <i>Willetts</i>	✓	
Headd, James F, Clerk	✓	
Nevins, Chris F	✓	
Palfrey, David J	✓	
Sullivan, James M	✓	
<del>Bergevin, Jerry E</del>		
Manuse, Andrew J		✓
Mauro, Donna C	✓	
McGuinness, Sean M	✓	
Rice, Frederick C	✓	
Taylor, Kathleen N	✓	
Meador, David R	✓	
Gidge, Kenneth N	✓	
<del>Schlachman, Donna L</del> <i>Keans</i>	✓	
	16	1
TOTAL VOTE:		

COMMERCE AND CONSUMER AFFAIRS

Bill #: SB93 Title: \_\_\_\_\_

PH Date: 1/1/11

Exec Session Date: 5/17/11

Motion: OTR/A

Amendment #: \_\_\_\_\_

MEMBER	YEAS	NAYS
Hunt, John B, Chairman	/	
<del>Coffey, Jennifer R, V Chairman</del> <i>Reminded</i>	/	
<del>Belanger, Ronald J</del> <i>V.I.T.</i>	/	
Flanders, Donald H	/	
<del>Quandt, Matt J</del> <i>Willie H</i>	/	
Headd, James F, Clerk	/	
Nevins, Chris F	/	
Palfrey, David J	/	
Sullivan, James M	/	
<del>Bergevin, Jerry E</del>		
Manuse, Andrew J		/
Mauro, Donna C	/	
McGuinness, Sean M	/	
Rice, Frederick C	/	
Taylor, Kathleen N	/	
Meador, David R	/	
Gidge, Kenneth N	/	
<del>Schlachman, Donna L</del> <i>Blank</i>	/	
	16	1
TOTAL VOTE:		

# Committee Report

**REGULAR CALENDAR**

**April 26, 2011**

**HOUSE OF REPRESENTATIVES**

**REPORT OF COMMITTEE**

**The Committee on HEALTH, HUMAN SERVICES & ELDERLY AFFAIRS to which was referred SB93,**

**AN ACT relative to pharmacist administration of vaccines. Having considered the same, report the same with the recommendation that the bill OUGHT TO PASS.**

**Rep. Donald L LeBrun**

**FOR THE COMMITTEE**

## COMMITTEE REPORT

Committee:	<b>HEALTH, HUMAN SERVICES &amp; ELDERLY AFFAIRS</b>
Bill Number:	<b>SB93</b>
Title:	<b>relative to pharmacist administration of vaccines.</b>
Date:	<b>April 26, 2011</b>
Consent Calendar:	<b>NO</b>
Recommendation:	<b>OUGHT TO PASS</b>

### STATEMENT OF INTENT

SB 93 authorizes pharmacists to administer Pneumococcal and varicella zoster vaccine (shingles) in addition to influenza. The bill requires administering pharmacists to meet certain requirements and certifications as well as provide documented record keeping to be shared with the patient's primary physician.

Vote 13-3.

Rep. Donald L LeBrun  
FOR THE COMMITTEE

Original: House Clerk  
Cc: Committee Bill File



## REGULAR CALENDAR

### HEALTH, HUMAN SERVICES & ELDERLY AFFAIRS

**SB93**, relative to pharmacist administration of vaccines. **OUGHT TO PASS.**

Rep. Donald L LeBrun for HEALTH, HUMAN SERVICES & ELDERLY AFFAIRS. SB 93 authorizes pharmacists to administer Pneumococcal and varicella zoster vaccine (shingles) in addition to influenza. The bill requires administering pharmacists to meet certain requirements and certifications as well as provide documented record keeping to be shared with the patient's primary physician. **Vote 13-3.**

Original: House Clerk  
Cc: Committee Bill File

COMMITTEE REPORT

COMMITTEE:

HHS

BILL NUMBER:

SB 93

TITLE:

Relative to Pharmacist Administration of Vaccines

DATE:

April 26, 2011

CONSENT CALENDAR:

YES

NO

- OUGHT TO PASS
- OUGHT TO PASS W/ AMENDMENT
- INEXPEDIENT TO LEGISLATE
- INTERIM STUDY (Available only 2<sup>nd</sup> year of biennium)

Amendment No.

STATEMENT OF INTENT:

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COMMITTEE VOTE:

13-3

RESPECTFULLY SUBMITTED,

- Copy to Committee Bill File
- Use Another Report for Minority Report

Rep.

*J. Gail Barry*

For the Committee

SB 93  
OTP  
Vote: 13-3

SB 93 authorizes pharmacists to administer Pneumococcal and varicella zoster vaccine (shingles) in addition to influenza. The bill requires administering pharmacists to meet certain requirements and certifications as well as provide documented record keeping to be shared with the patient's primary physician.

A handwritten signature in black ink, appearing to read "J. L. Rogers".

**REGULAR CALENDAR**

**May 25, 2011**

**HOUSE OF REPRESENTATIVES**

**REPORT OF COMMITTEE**

The Committee on COMMERCE AND CONSUMER AFFAIRS to which was referred SB93,

AN ACT relative to pharmacist administration of vaccines. Having considered the same, report the same with the following amendment, and the recommendation that the bill OUGHT TO PASS WITH AMENDMENT.

**Rep. Chris F Nevins**

**FOR THE COMMITTEE**

## COMMITTEE REPORT

Committee:	COMMERCE AND CONSUMER AFFAIRS
Bill Number:	SB93
Title:	relative to pharmacist administration of vaccines.
Date:	May 18, 2011
Consent Calendar:	NO
Recommendation:	OUGHT TO PASS WITH AMENDMENT

### STATEMENT OF INTENT

This bill, as passed by the Senate, intended to expand the vaccines that may be administered by a pharmacist to include pneumococcal (for pneumonia) and varicella zoster (for shingles) for a sunset two-year period. It also removes redundant qualifications for pharmacists to administer vaccines. Currently pharmacists in all 50 states are able to administer adult immunizations. New Hampshire is one of three states that limit pharmacists to administer only the seasonal flu vaccine. SB 93 would increase access to these vaccines thus improving immunization rates and decreasing long-term health care costs. Since documentation of vaccinations is also important, pharmacists are required to insure that the records are accurate and up-to-date and that the patient's physician is notified. The Commerce committee determined that the bill needed to be amended, because the Senate's sunset clause unintentionally repealed the redundant current law. The sunset provision of the bill was removed in the committee's amendment. The committee feels this is a consumer friendly solution for New Hampshire residents.

Vote 16-1.

Rep. Chris F Nevins  
FOR THE COMMITTEE

Original: House Clerk  
Cc: Committee Bill File

## REGULAR CALENDAR

### COMMERCE AND CONSUMER AFFAIRS

**SB93**, relative to pharmacist administration of vaccines. **OUGHT TO PASS WITH AMENDMENT.**

Rep. Chris F Nevins for COMMERCE AND CONSUMER AFFAIRS. This bill, as passed by the Senate, intended to expand the vaccines that may be administered by a pharmacist to include pneumococcal (for pneumonia) and varicella zoster (for shingles) for a sun setted two-year period. It also removes redundant qualifications for pharmacists to administer vaccines. Currently pharmacists in all 50 states are able to administer adult immunizations. New Hampshire is one of three states that limit pharmacists to administer only the seasonal flu vaccine. SB 93 would increase access to these vaccines thus improving immunization rates and decreasing long-term health care costs. Since documentation of vaccinations is also important, pharmacists are required to insure that the records are accurate and up-to-date and that the patient's physician is notified. The Commerce committee determined that the bill needed to be amended, because the Senate's sunset clause unintentionally repealed the redundant current law. The sun setting provision of the bill was removed in the committee's amendment. The committee feels this is a consumer friendly solution for New Hampshire residents. **Vote 16-1.**

Original: House Clerk  
Cc: Committee Bill File

COMMITTEE REPORT

COMMITTEE: COMMERCE & CONSUMER AFFAIRS

BILL NUMBER: SB 93

TITLE: RELATIVE TO PHARMACIST ADMINISTRATION OF VACCINES

DATE: 5/17/11 CONSENT CALENDAR: YES  NO

- OUGHT TO PASS
- OUGHT TO PASS W/ AMENDMENT
- INEXPEDIENT TO LEGISLATE
- INTERIM STUDY (Available only 2<sup>nd</sup> year of biennium)

Amendment No.  
2011-1868 H

STATEMENT OF INTENT:

<sup>INTENDED TO</sup>  
 THIS BILL ~~EXPANDS~~ <sup>EXPANDS</sup> FOR A TWO YEAR PERIOD THE  
 VACCINES WHICH MAY BE ADMINISTERED BY A PHARMACIST TO INCLUDE  
 PNEUMOCOCCAL (FOR ANTHRAX) AND VARICELLA ZOSTER (FOR SHINGLES)  
 AND TO CHANGE THE QUALIFICATIONS FOR ~~THE~~ PHARMACISTS TO ADMINISTER  
 THESE VACCINES. ~~THESE PHARMACISTS DO THIS IN MANY OTHER~~  
~~STATES AND THIS BILL IS A ACTIVE AND CONSUMER FRIENDLY CHANGE.~~  
 CURRENTLY PHARMACISTS IN ALL 50 STATES ARE ABLE TO ADMINISTER  
 ADULT IMMUNIZATIONS. NEW HAMPSHIRE IS ONE OF ONLY THREE  
 STATES LIMITED TO THE ADMINISTRATION OF SEASONAL FLU VACCINE.  
 SB 93 WOULD INCREASE ACCESS TO THESE VACCINES AND THUS  
 IMPROVING IMMUNIZATION RATES AND DECREASING LONG TERM HEALTH

COMMITTEE VOTE: 16-1

RESPECTFULLY SUBMITTED,

- Copy to Committee Bill File
- Use Another Report for Minority Report

Rep. CHRIS NOLAN  
For the Committee

CARE COSTS. SINCE DOCUMENTATION OF VACCINATIONS IS ALSO IMPORTANT,  
PHARMACISTS ~~THE~~ CAN INSURE THAT THE RECORDS ARE ACCURATE AND  
UP-TO-DATE AND THAT THE PATIENT'S PHYSICIAN IS NOTIFIED. THE  
SUNSETTING PROVISION OF THE BILL WAS REMOVED IN AMENDMENT  
AND THE COMMITTEE FEELS THIS IS A CONSUMER FRIENDLY SOLUTION FOR  
NH RESIDENTS.



## Stapler, Carol

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**From:** John B. Hunt [jbhunt@prodigy.net]  
**Sent:** Tuesday, May 17, 2011 8:50 PM  
**To:** Stapler, Carol  
**Subject:** Re: Emailing: SB 93 Nevins.doc

**Attachments:** SB 93 Nevins JBH.doc



SB 93 Nevins  
JBH.doc (31 KB)

JBH

On 5/17/11 4:42 PM, "Stapler, Carol" <carol.stapler@leg.state.nh.us> wrote:

> <<SB 93 Nevins.doc>>

>The message is ready to be sent with the following file or link

>attachments:

>

>SB 93 Nevins.doc

>

>

>Note: To protect against computer viruses, e-mail programs may prevent

>sending or receiving certain types of file attachments. Check your

>e-mail security settings to determine how attachments are handled.

SB 93  
Rep. Chris Nevins  
OTP/A 1868h  
16-1  
RC

This bill, as passed by the Senate, intended to expand the vaccines that may be administered by a pharmacist to include pneumococcal (for pneumonia) and varicella zoster (for shingles) for a sun steted two-year period. It also removes redundant qualifications for pharmacists to administer vaccines. Currently pharmacists in all 50 states are able to administer adult immunizations. New Hampshire is one of three states that limit pharmacists to administer only the seasonal flu vaccine. SB 93 would increase access to these vaccines thus improving immunization rates and decreasing long-term health care costs. Since documentation of vaccinations is also important, pharmacists are required to insure that the records are accurate and up-to-date and that the patient's physician is notified. The Commerce committee determined that the bill needed to be amended, because the Senate's sunset clause unintentionally repealed the redundant current law. The sun setting provision of the bill was removed in the committee's amendment. The committee feels this is a consumer friendly solution for New Hampshire residents.