

# Bill as Introduced

SB 93 - AS INTRODUCED

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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ANALYSIS

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

.....

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.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, ***pneumococcal, and varicella zoster*** vaccines to the general public provided all of the  
4 criteria in this section have been met. The pharmacist shall:

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

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

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

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

15 2 Effective Date. This act shall take effect 60 days after its passage.

SB 93 - AS AMENDED BY THE SENATE

03/23/11 0794s

2011 SESSION

11-0795

10/09

SENATE BILL

**93**

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COMMITTEE:

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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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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:

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**SB 93 - AS AMENDED BY THE SENATE**

**- Page 2 -**

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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.

SB 93 - FINAL VERSION

03/23/11 0794s  
25May2011... 1868h

2011 SESSION

11-0795  
10/09

SENATE BILL       **93**

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SPONSORS:       Sen. Gallus, Dist 1; Rep. Case, Rock 1; Rep. Kreis, Merr 6; Rep. H. Richardson,  
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19 ***vaccinations for each individual as required by state and federal law.***

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# Amendments

Sen. Gallus, Dist 1  
March 8, 2011  
2011-0693s  
10/05

Amendment to SB 93

1 Amend RSA 318:16-b as inserted by section 1 of the bill by replacing it with the following:

2

3 318:16-b Pharmacist Administration of [~~Influenza~~] Vaccines. A pharmacist may administer  
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9 **New Hampshire [and have held the license for at least 3 years].**

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

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4 influenza vaccines to the general public provided all of the criteria in this section have been met. A  
5 *pharmacist may administer pneumococcal and varicella zoster vaccines to individuals 18*  
6 *years of age or older with a valid prescription for the vaccine from the individual's*  
7 *treating physician, physician assistant, or nurse practitioner, with whom the individual*  
8 *has a practitioner-patient relationship as defined in RSA 318:1, XV-a, provided that all of*  
9 *the criteria in this section have been met. For an individual 18 years of age or older*  
10 *indicating he or she lacks a practitioner-patient relationship with a physician, physician*  
11 *assistant, or nurse practitioner, a pharmacist may administer pneumococcal and varicella*  
12 *zoster vaccines provided the pharmacist has a signed agreement between a physician,*  
13 *physician assistant, or nurse practitioner that includes clinical protocols for the*  
14 *administration of pneumococcal and varicella zoster vaccinations. The pharmacist shall:*

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28 VI. Provide to the board evidence of compliance with paragraphs I-~~[HH]~~ V.

Amendment to SB 93

1 Amend the bill by replacing all after the enacting clause with the following:

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2011-0783s

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.

# Committee Minutes

**AMENDED**  
**SENATE CALENDAR NOTICE**  
**HEALTH AND HUMAN SERVICES**

Printed: 01/26/2011 at 2:39 pm

Senator Jeb Bradley Chairman  
Senator Tom De Blois V Chairman  
Senator Molly Kelly  
Senator Gary Lambert  
Senator Andy Sanborn

For Use by Senate Clerk's Office ONLY	
<input type="checkbox"/>	Bill Status
<input type="checkbox"/>	Docket
<input type="checkbox"/>	Calendar
Proof: <input type="checkbox"/>	Calendar <input type="checkbox"/>
	Bill Status

**Date: January 26, 2011**

**HEARINGS**

**Thursday**

**2/3/2011**

**HEALTH AND HUMAN SERVICES**

**LOB 102**

**1:00 PM**

(Name of Committee)

(Place)

(Time)

**EXECUTIVE SESSION MAY FOLLOW**

**Comments:** In addition to SB 51, hearings for Senate Bills 93, 95, and 102 have been added to schedule for February 3rd.

1:00 PM	SB51	relative to the establishment of a state leadership team to resolve issues concerning certain adults with developmental disabilities who may present a degree of risk to the community.
1:20 PM	SB93	relative to pharmacist administration of vaccines.
1:40 PM	SB102	establishing a commission to study the effects of post-traumatic stress disorder and traumatic brain injury suffered by New Hampshire soldiers and veterans returning from Iraq and Afghanistan.
2:00 PM	SB95	establishing a committee to study youth sports concussions.

**Sponsors:**

**SB51**

Sen. Amanda Merrill

Rep. Stephen Shurtleff

Sen. Molly Kelly

**SB93**

Sen. John Gallus

Rep. Frank Case

Rep. Kenneth Kreis

Rep. Herbert Richardson

Rep. Ross Terrio

**SB102**

Sen. Sharon Carson

Sen. John Barnes, Jr.

Sen. Gary Lambert

Rep. Alfred Baldasaro

Rep. David Lundgren

Rep. Daniel Tamburello

Rep. Robert Theberge

**SB95**

Sen. Matthew Houde

Sen. Lou D'Allesandro

Sen. Molly Kelly

Sen. Amanda Merrill

Sen. Sylvia Larsen

Sen. David Boutin

Sen. Sharon Carson

Robyn Dangora 271-7585

Sen. Jeb Bradley

Chairman



# Health and Human Services Committee

## Hearing Report

**TO:** Members of the Senate

**FROM:** Robyn Dangora, Legislative Aide

**RE:** Hearing report on SB 93 – relative to pharmacist  
administration of vaccines.

**HEARING DATE:** February 3, 2011

**MEMBERS OF THE COMMITTEE PRESENT:** Senator Bradley,  
Senator De Blois, Senator Lambert, Senator Sanborn, Senator  
Kelly

**MEMBERS OF THE COMMITTEE ABSENT:** No one

**Sponsor(s):** Sen. Gallus, Dist 1; Rep. Case, Rock 1; Rep. Kreis, Merr 6;  
Rep. H. Richardson, Coos 2; Rep. Terrio, Hills 14

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

**Who supports the bill:** Sen. Gallus, Dist 1; Rep. Frank G. Case, Rock. 1;  
Paul Belliveau, New Hampshire Society of Health System Pharmacists;  
Lorraine Radick, New Hampshire Pharmacists Association; Paul Boisseau,  
New Hampshire Pharmacists Association; Rep. Frank G. Case, Rock. 1;  
Stuart Trachy, Coalition of New Hampshire Chain Drug Stores; Fran  
Wendelboe, New Hampshire Association of Independent Pharmacists; Jay  
Queenen, New Hampshire Board of Pharmacy; Cheryl Dularel, New  
Hampshire Pharmacists Association; Tina Genovese, New Hampshire Board  
of Pharmacy; Alicia Desirets, New Hampshire Pharmacists Association;  
Lindsey Laliberte, New Hampshire Pharmacists Association; Thomas  
Algozzine, New Hampshire Society of Health System Pharmacists

**Who opposes the bill:** Travis Harker, MD, New Hampshire Medical  
Society

**Summary of testimony received:**

*Hearing opened at 1:45 PM*

**Senator John Gallus, D. 1:**

Prime Sponsor

•Sponsored the legislation on behalf of the New Hampshire Pharmacists association, to allow pharmacists to administer the pneumonia and shingles vaccines. Currently in New Hampshire pharmacists may only administer the flu vaccine

•This bill will provide greater access to consumers and will lead to a greater immunization rate

**Lorraine Radick, New Hampshire Pharmacists Association**

•In support, practicing pharmacy for 10+ years in New Hampshire

•New Hampshire in one of only 3 states in the United States that does not allow pharmacists to administer the shingles and pneumococcal vaccines.

- This bill will allow pharmacists to administer these vaccines under the authority of a health care provider licensed to prescribe vaccines.

•Pharmacists in New Hampshire have been allowed to administer the flu vaccine for 3 years now and under SB 93, they will be able to administer the pneumonia vaccine to a patient at the same time as the flu vaccine, in the opposite arm, which will be an added benefit to the patient.

•Documentation of vaccination is important and pharmacists can either fax or mail the vaccination information to the patient's physician.

•Allowing pharmacists to administer the shingles and pneumonia vaccine will increase immunization rates which will likely decrease health costs from health complications resulting from these conditions.

•Pharmacists are the most accessible healthcare provider with nearly every American living within 5 miles of a pharmacy.

•Shingles and pneumonia are avoidable diseases if individuals are immunized

•The shingles vaccine is difficult to obtain at some physician practices because of its time-sensitive nature and expensive cost and patients have asked for it at the pharmacy

-The shingles vaccine must be administered within 30 minutes of being removed from the freezer or it must be discarded. The transportation time to get the vaccine from the pharmacy to the physician's office might be too long and this would be avoided if pharmacists could administer it.

•Senator De Blois asked: You would be administering the shots then faxing the information to the physicians, rather than notifying the physician prior to the fact. Shouldn't you have to receive the physician's approval before administering the shot?

-Response: We are working under a standard protocol written by a physician that authorizes pharmacists to perform the immunization. That includes what to do in case of emergency.

-Senator De Blois: That's a problem.

-Response: At times we receive prescriptions from a prescription or we see a contradiction in a consent form at which times we request consent.

-Senator De Blois: What is the certification process for pharmacists to administer the vaccines?

-Response: There is a 20-hour continuing education course as well as CPR certification

•Senator Kelly asked: Could you speak to the history? And why are these two vaccines (shingles and pneumococcal) chosen rather than all vaccines?

-Response: Pharmacists may only administer the influenza vaccine at this time. Three years ago pharmacists in New Hampshire were given the authority to administer the influenza vaccine. The shingles and pneumonia vaccine were the next two chosen because they are the most important of all the vaccines we should be administering in terms of long term effects of the diseases themselves

-Senator Kelly: Is it your goal for pharmacists to eventually administer all vaccines?

-Response: Yes, it is our hope that in the long term that we would, with the exception of the rabies vaccine.

•Senator Bradley asked: (referring to handout) Common vaccines administered in other states include shingles, pneumonia, Tetanus, Hepatitis B, and Meningitis?

-Response: Yes.

### **Paul Belliveau, New Hampshire Society of Health System Pharmacists**

•In support, Pharmacists are the most accessible healthcare providers and nearly all Americans live within 5 miles of a retail pharmacy

•With an estimated 250 million Americans visiting a pharmacy each week, allowing pharmacists to administer vaccines will be an added convenience to customers and will likely increase immunization rates

•Over 120,000 pharmacists are trained to administer vaccines and that number is growing

•A 2011 article from the *American Journal of Preventive Medicine* stated that pharmacists are well positioned to deliver the same preventive messages as other healthcare professionals

-Clinical prevention includes vaccinations

•For 10 years I have been an educator to pharmacy students

-The Accreditation Council for Pharmacy Education (ACPE) lists as one of its educational competency guidelines that students promote disease prevention, including implementing disease prevention health care such as immunizations.

•Approximately 40% of pharmacy schools provide immunization education and training as part of their core curriculum

### **Stuart Trachy, Coalition of New Hampshire Chain Drug Stores**

•In support, expanding the authority of pharmacists to administer the pneumonia and shingles vaccine is the responsible thing to do. Pharmacists on over 40 states currently administer these vaccines, so we would not be venturing into uncharted territory.

•There are three main reasons pharmacists should be authorized to administer these vaccines:

(1) Pharmacists are well-qualified.

- They graduate with doctoral degrees and this legislation requires they undergo additional training regarding immunization.

- They know the side effects of drugs and interactions

- Gallup polls show pharmacists among the most trusted professionals in the US.

(2) This will allow access to these vaccines to increase and hopefully increase immunization rates

- This will be particularly helpful in rural parts of the state.

- There are over 240 pharmacies in New Hampshire and most are open seven days a week

(3) It is cost effective.

- Many of these services are covered by health insurance and this will be cheaper for the uninsured than any other alternative form of receiving immunization

- Being immunized will prevent loss time at work due to illness

•Senator Kelly asked: Please explain how this will be more cost effective for the uninsured than receiving the vaccine at a physician's office

- Response: This would prevent them from needing to pay for a doctor's visit as well as the administration of the vaccine so there will be only one fee. It will be the same service, but it will be easily accessible and there will only be the one fee.

#### Travis Harker, M.D., New Hampshire Medical Society

•In opposition, representing over 2,000 practicing doctors in New Hampshire

•Acknowledges the reasons to support such a bill: immunizations are important and our immunization rates in New Hampshire are low

- A recent journal article stated that less than 10% of Medicare patients get the shingles vaccine

•The NH Medical Society has a number of concerns with the current legislation

(1) The primary concern is communication between pharmacists and physicians

- Prior to the immunization the patient will be solely responsible for confirming whether or not he or she has had the vaccine and in my experience most patients do not know what vaccines they have been given.

- We do not know what adverse effect could potentially result from duplication of the shingles vaccine

- If the vaccination is not communicated and therefore is duplicated this will result in a duplicated fee that those on Medicare and the uninsured may not be able to afford

(2) Confirmation following the immunization

- Not all pharmacies are great at promptly sending the information to the patient's physician, if at all.

- Faxes are dated and e-prescription (electronic) technology would be a more efficient way to share information with physicians

## (3) Quality of Education

-There needs to be a standard of education for pharmacists and this should be mentioned in statute.

## (4) Ms. Radick comment that the goal is to work toward administering other immunizations at the pharmacy

-Childhood immunization is complex and the shots have timed intervals and it is important that physicians retain the necessary ability to monitor developmental progress and this could lead to jeopardizing childhood immunizations.

•Physicians are willing to work with pharmacists to correct language in the bill to meet concerns and reduce extra waste and costs

•Senator Lambert asked: In my history in the military I have not seen any problems resulting from duplicated immunizations, could you speak to that concern you addressed?

-Response: Shingles is a relatively new vaccine and there is no known outcome of duplicated vaccines. We should not experiment with the public. Some vaccines should be repeated, but this is not one to repeat. Also, duplications are a waste of money and shingles is one of the most expensive vaccines.

-A vaccine registry would fix this.

**Jay Queenen, Executive Director, New Hampshire Board of Pharmacy**

•In support, a licensed pharmacist in New Hampshire for 31 years, he is representing the board

•Over 450 pharmacists in New Hampshire are registered with the board as immunization pharmacists

•Certification requires 12 hours of didactic study and 8 hours of a workshop along with CPR certification

•The board has adopted rules to guarantee consistent and safe administration of vaccines

•There is public support and demand for this legislation

**Lorraine Radick, New Hampshire Pharmacists Association**

•In response to Dr. Harker's fourth concern, pharmacists in New Hampshire do not want to take over infant immunization

•The goal is to provide better access to immunizations to adults, teens, and children over the age of three years old

•Senator Bradley suggested that the proponents of the bill and the New Hampshire Medical Society work together to address the concerns with the bill and the committee will await a consensus. The parties agreed.

*Hearing closed at 2:19*

**Funding:** N/A

**Action:** Pending

RMD  
[file: SB 39 report]  
Date: 2/7/11

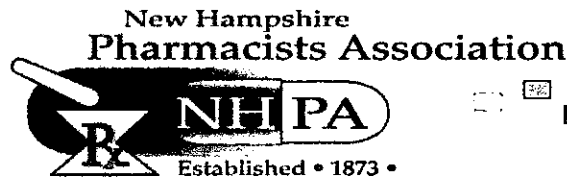
# Speakers





# Testimony

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## 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, ≥ 60 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.

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

<b>State</b>	<b>Influenza (seasonal/H1N1)</b>	<b>Pneumococcol</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	Yes	Yes	Yes
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>Pneumococcol</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>Pneumococcol</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	Yes, for the time being <sup>5</sup>	Yes, for the time being <sup>6</sup>	Yes, for the time being <sup>7</sup>
Age Limit	No	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>8</sup>	No <sup>9</sup>

<sup>5, 6, 7</sup> Law permits pharmacists to administer pursuant to a protocol (without a prescription); however, the implementing regulations have not been promulgated, thus a prescription is currently required for all pharmacist-provided immunizations until the regulations come out.

<sup>8, 9</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 pneumococcol or herpes zoster.

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

<b>State</b>	<b>Influenza (seasonal/H1N1)</b>	<b>Pneumococcol</b>	<b>Shingles/herpes zoster /Zostavax<sup>1</sup></b>
Age Limit	14 yrs or older	18 yrs or older	--
<b>North Dakota</b>	Yes	Yes	Yes
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>10</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	--

<sup>10</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>Pneumoccol</b>	<b>Shingles/herpes zoster /Zostavax<sup>1</sup></b>
<b>Virginia</b>	Yes	Yes	Yes
Rx Required	No	No	No
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>11</sup>	In some instances <sup>12</sup>	In some instances <sup>13</sup>
Age Limit	19 yrs or older	19 yrs or older	--

<sup>11, 12, 13</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.

.Senate Bill 93  
Relative to pharmacist administration of vaccines

Testimony before the Senate Health and Human Services Committee  
February 3, 2011

by  
Lorraine Radick, President  
NH Pharmacists Association

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

Pharmacists in all 50 states are able to administer adult immunizations. New Hampshire is only **one of three states** that don't allow the administration of both the pneumococcal and shingles vaccines. This bill would expand the authority of pharmacists to administer the pneumococcal (pneumonia) and varicella zoster (shingles) vaccines under the authority of a health care provider licensed to prescribe vaccines.

Pharmacists have been allowed to administer the flu vaccine in New Hampshire for the past three years. During the H1N1 outbreak, working closely with the Public Health Department, we administered the H1N1 vaccine.

SB 93 would permit the administration of the pneumococcal vaccine simultaneously with the influenza vaccine. Pneumococcal vaccine can be given any time of year and may be given at the same time as the influenza vaccine in the opposite arm. This provides another added benefit to the patient.

Documentation of vaccinations is very important, and pharmacists can ensure that the records are accurate and up-to-date, and that the patient's physician is notified. In my practice setting, after administering the vaccine, I faxed 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.

SB 93 would allow for the administration by pharmacists of the pneumococcal and herpes zoster vaccines. This would lead to increased vaccination rates which would likely decrease long-term health care costs through the minimization of complications due to these conditions. Pharmacists are the most accessible healthcare provider, and nearly all Americans live within 5 miles of a community pharmacy.

Attached to my testimony is an informational fact sheet about the herpes zoster and pneumonia infections which demonstrates the need for **greater access** to the vaccines. These two diseases can have serious complications and could be avoided if individuals are immunized. Patients have been asking for the shingles vaccine, because they are unable to obtain it from their physician's office. The vaccine is frozen, and it must be reconstituted immediately upon removal from the freezer and must be administered within 30 minutes. If it is not, it must be discarded, and it is very expensive. The transportation time from the pharmacy to the physician's office could take much longer than 30 minutes. It would be another added benefit to the patient if the vaccine could be administered in the pharmacy.

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

Senate Bill 93  
Relative to pharmacist administration of vaccines

Testimony before the Senate Health and Human Services Committee  
February 3, 2011

by  
Paul Belliveau, President  
NH Society of Health-System Pharmacists

Good afternoon, Mr. Chairman, Members of the Committee. My name is Paul Belliveau, and I am here this afternoon on behalf of the NH Society of Health-System Pharmacists to testify in support of Senate Bill 93.

Pharmacists are the most accessible healthcare provider and nearly all Americans live within 5 miles of a community retail pharmacy. Most patients visit their community pharmacy at least once a month and their local supermarkets even more frequently. With 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. There are now over 120,000 pharmacists trained to give vaccinations and this number is expected to grow. In a 2011 article of the American Journal of Preventive Medicine, a group of authors (some representing the United States Department of Health and Human Services) agreed that "Pharmacists, as readily accessible community providers, are well positioned to deliver prevention messages that are consistent with those of other members of an interprofessional healthcare team. Pharmacists frequently provide clinical prevention and population health services that include immunizations...".

In addition to being a member of the NH Society of Health-Systems Pharmacists, I am also an academician whose primary role for 10 years has been the education of pharmacy students. The Accreditation Council for Pharmacy Education (otherwise known as ACPE), which is the accrediting organization for pharmacy schools, recognizes pharmacists as integral to promoting public health. In its standards and guidelines document for our schools, ACPE includes as one of its three Professional Competencies and Outcome Expectations for students, the promotion of “health improvement, wellness, and disease prevention in cooperation with patients, communities, at-risk populations, and other members of an interprofessional team of health care providers”. Such a statement is also found in our pharmacy academy’s educational outcomes document, entitled “Center for the Advancement of Pharmaceutical Education. This is a document that was designed “to support and facilitate the efforts of colleges and schools of pharmacy in the US to transform their curricula to support the education of future practitioners to deliver pharmaceutical care”. Further, in one of its more specific supplemental documents, ACPE specifies that students should be able to “implement disease detection and prevention health care services (such as smoking cessation, weight reduction, diabetes screening, blood pressure screening, and immunization services) to prevent health problems and maintain health.” In a 2009 journal that serves as our academy’s professional journal, it was estimated that approximately 40% of pharmacy schools provide immunization education and training to students as part of their core curricula. Documents such as these and others describing the implementation of immunization education training programs will cause this training to increase and likely become a core component of all pharmacy programs in the United States.

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

Coalition of NH Chain Drug Stores

February 3, 2011

Testimony in support of SB 93

Pharmacist administration of vaccines

Mr. Chairman and members of the committee, my name is Stuart Trachy and I am representing the Coalition of NH Chain Drug Stores in support of Senate Bill 93, relative to pharmacist administration of vaccines. We want to thank Senator Gallus for bringing this very important health care access issue before the Senate and hope you will look favorably on it.

Expanding the authority of pharmacists in this area is the responsible thing to do. Currently pharmacists in New Hampshire administer influenza vaccines in a variety of settings, and expanding this scope of practice should be done for three reasons.

First, pharmacists are well qualified to perform this function. Today pharmacists graduate with a doctorate degree, and the legislation would require further training in the area of immunization administration. They know the side effects of drugs, and are well aware of problems with interactions. In addition to their qualifications, Gallup polls have shown that pharmacists are among the most trusted professionals.

Second, access to these needed services will increase, hopefully increasing the immunization rates, especially in rural areas of the State. There are currently over 240 community pharmacies throughout New Hampshire, and the local pharmacist is arguably the most accessible health care professional. Many pharmacies are open seven days a week and have extended hours in some areas.

Third, pharmacist administration of vaccines is cost effective. Many of these services are covered by health insurance, and for the uninsured the cost would be cheaper than the alternatives. The savings to employers and employees through a decrease in lost time at work is obvious.

With this testimony I want to submit a list of the state by state requirements in this area which clearly shows that pharmacists have the authority to do these immunizations in the over 40 states. I hope you will look favorably upon this legislation.

Thank you for your consideration.

## Testimony on SB 93

February 3, 2011

The National Association of Chain Drug Stores (NACDS) welcomes the opportunity to submit comments on SB 93 that will expand the vaccines that may be administered by pharmacists licensed in the State of New Hampshire.

NACDS represents traditional drug stores, supermarkets, and mass merchants with pharmacies – from regional chains with four stores to national companies. Chains operate 39,000 pharmacies, and employ more than 2.7 million employees, including 118,000 full-time pharmacists. They fill nearly 2.6 billion prescriptions annually, which is more than 72 percent of annual prescriptions in the United States.

We applaud the leadership of the State of New Hampshire for legislation that will allow pharmacists to administer additional immunizations. Pharmacists are valuable members of the health care team and have an important role in providing immunization services. Pharmacists are highly educated through the schools of pharmacy to provide patient care services, and they are well-prepared through their education, training, and experience to provide immunization services.

Despite the availability of effective immunizations, many Americans remain unvaccinated and susceptible to vaccine-preventable diseases. The most recent information from the Centers for Disease Control and Prevention (CDC) show that many remain unvaccinated against preventable infectious illnesses presented by the National Foundation for Infectious Diseases (NFID) called on all health care providers to improve vaccination rates. Pharmacists have a significant role in improving vaccination rates.<sup>1</sup>

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<sup>1</sup> See <http://www.news-medical.net/news/20101118/CDC-data-Adults-remain-unvaccinated-against-preventable-infectious-illnesses.aspx> accessed on the Internet on February 2, 2011

Immunizations are the best defense against morbidity and mortality for diseases for which vaccines are available. Studies have shown that pharmacist provided immunization services increase the overall immunization rates including physician-administered vaccinations. In addition, reports have shown that states allowing pharmacist immunizations versus those states that do not, have a statistically significantly greater percentage of vaccinated patients.<sup>2</sup>

Community pharmacies play a key role in providing patients with easily accessible and convenient immunizations services to help reduce the number of inadequately vaccinated Americans. Community pharmacies are an important resource for patients to receive information on immunizations and provide patients with easily accessible, convenient and cost effective locations for immunization services. Community pharmacies are open weekends and evenings to offer immunization services at convenient times for patients.

Mr. Chairman and members of the Committee, NACDS thanks you for your leadership and for consideration of our comments.

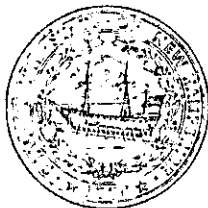
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<sup>2</sup> See <http://www.ncbi.nlm.nih.gov/pubmed/17461708> and <http://www.uspharmacist.com/content/d/feature/i/783/c/14501/> accessed on the Internet on February 2, 2011



STATE OF NEW HAMPSHIRE  
BOARD OF PHARMACY

57 Regional Drive  
Concord, NH 03301-8518



Good Morning

Mr. Chairmen and members of the Senate Health and Human Services Committee

My name is Jay Queenan. I am the Executive Secretary / Director of the New Hampshire Board of Pharmacy and a licensed pharmacist in New Hampshire for 31 years.

I am here today representing the Pharmacy Board in **support of Senate Bill 93** which is an extension of the RSA 318:16 B

Presently there are over 450 pharmacists in New Hampshire that are registered with the Board as immunization pharmacists.

These Pharmacists go through an extensive training course to become certified in immunization which includes 12 hours of didactic study and 8 hours of practical hands on workshop. In addition, they also obtain CPR certified training.

The Board has adopted rules that direct and support Pharmacist Administration of a Vaccine to guarantee consistency and safety.

With respect to the Sub-Committee's time I will not duplicate all the positive reasons that you have heard or will hear with regard to public endorsement, public demand and overall support of the legislation.

Our request today is to allow pharmacists this extension of practice, and the logical authorization to react to allergic responses.

Thank you for your time

I will entertain any questions the Sub-committee may have.

  
James M. Queenan R.Ph. MBA

2/3/11

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## Dangora, Robyn

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**From:** Cote, Marty

**Sent:** Monday, February 28, 2011 11:29 AM

**To:** Dangora, Robyn

**Subject:** FW: SB 93

**From:** Cheryl.Durand@mcphs.edu [mailto:Cheryl.Durand@mcphs.edu]

**Sent:** Wednesday, February 23, 2011 5:24 PM

**To:** Bradley, Jeb

**Subject:** SB 93

February 23, 2011

Dear Senator Bradley,

I am writing to request your support of the amendment to SB 93 submitted by Representative Gallus. The passing of this bill is necessary for several reasons some of which include:

- Increasing vaccination rates for the people in the state of NH. Currently immunization rates against pneumococcal and varicella in the state of NH are quite low. This bill would increase access to these vaccines thereby preventing unnecessary suffering and medical care including hospitalization. It would also provide a convenient and easy way for those without a primary care physician to become vaccinated against these preventable and costly diseases. Pharmacy vaccination programs not only increase vaccination rates, but they increase public awareness of these preventable diseases.
- Requiring a prescription from a primary care provider creates several barriers to increasing the vaccination rate. First, patients who do not have a primary care physician may miss an opportunity to be vaccinated. Moreover, there is an increasing shortage of primary care physicians and giving pharmacists the opportunity to vaccinate under a standing order will help with disease prevention for these patients. If a prescription is needed, the process becomes less convenient for the patient. The patient or pharmacist must call the PCP and wait for him or her to get back to them. When vaccinations can be administered under a standing order the patient can come in to the pharmacy when it is convenient for them and receive the vaccination, if appropriate, right away.
- Vaccine administration in non- traditional settings had been a common practice for many years. Public health departments may hold vaccination clinics under the standing order or protocol of a physician. Vaccine clinics have also been held at the workplace, churches, and libraries again all using a standing order or protocol. In order for us to reach the vaccination rate goals set forth by Healthy People 2020, vaccination in non-traditional settings will be essential.
- Personally, as a pharmacist, I feel that I should not be held to a different standard than other healthcare professionals who provide vaccinations under a standing order or protocol (such as nurses). Pharmacists are medication and vaccine information experts who are in a perfect position to aid in the vaccination of the people of NH to stop the spread of preventable diseases.

I thank you very much for your time and consideration of this bill. Please feel free to contact me should you have any questions.

2/28/2011

Sincerely,

Cheryl Durand

603-494-8817

...

Cheryl Durand, PharmD  
Assistant Professor of Pharmacy Practice  
School of Pharmacy-Worcester/Manchester  
Massachusetts College of Pharmacy  
and Health Sciences

1260 Elm Street | Manchester NH 03101  
T 603.314.1785  
cheryl.durand@mcphs.edu  
[www.mcphs.edu](http://www.mcphs.edu)

MCPHS

**Confidentiality Note:** *This e-mail, and any attachment to it, is intended to be confidential and might be legally privileged. It is intended solely for the use of the addressee. If you are not the intended recipient, you are hereby notified that reading, copying, disseminating or distributing this email is strictly prohibited. If you have received this e-mail in error, please immediately return it to the sender and delete it from your system. Thank you.*

2/28/2011

**Dangora, Robyn**

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**From:** Cote, Marty

**Sent:** Monday, February 28, 2011 11:30 AM

**To:** Dangora, Robyn

**Subject:** FW: SB 93: Pharmacist Immunization

**From:** Kerri Johnson [mailto:kerri.johnson@my.mcphs.edu]

**Sent:** Thursday, February 24, 2011 11:45 AM

**To:** Bradley, Jeb

**Subject:** SB 93: Pharmacist Immunization

Dear Senator Bradley,

I am writing in support of SB 93. This bill will expand the ability of pharmacists to not only vaccinate patients against influenza, but also Shingles and Pneumonia. The state of NH has very low vaccination rates for these disease states, particularly Shingles. The vast majority of states currently allow pharmacists to administer pneumococcal vaccines and shingles (Varicella zoster) without a prescription. There have been no documented problems brought forth regarding pharmacists administering these vaccines in other states -- and there is evidence that allowing pharmacists to administer vaccines in other states has significantly improved the vaccination rate in those states. Allowing pharmacists to vaccinate provides patients with a cost-effective, safe, and convenient health care service.

Pharmacists have great respect for the importance of patients maintaining a relationship with their primary care provider and will continue to promote the "medical home" model to their patients. The bill will require pharmacists to notify providers if their patients are immunized by a pharmacist and maintain those records as is already required by law. However, we feel it is very important that this bill be passed **without the requirement of a prescription from a physician**. Pharmacists who immunize are already required to work under a collaborative practice agreement with a physician in which the physician clearly defines procedures and protocols for screening patients to make sure they are

appropriate candidates for the vaccine and it is safe to give them the vaccine. Furthermore, requiring a prescription would prevent patients who do not have a primary care provider from receiving these potentially life saving vaccinations. These are the patients who need these vaccinations the most!

This amendment is supported by the following groups: NH Society of Health System Pharmacists, NH Pharmacists Association (Represented by Beth Sargent - Phinney Capitol Group), NH Independent Pharmacy Association( Represented by Rick Newman and Fran Wendelboe), Coalition of NH Chain Drug Stores (Represented by Stuart Trachy)

Thank you for your consideration of this matter,  
Kerri Johnson, Pharm.D. candidate 2011  
Massachusetts College of Pharmacy and Health Sciences -  
Manchester, NH

Proposed changes to original bill in RED.

SB 93 – AS INTRODUCED

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

ANALYSIS

This bill expands 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 struckthrough.~~]

Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

11-0795

10/09

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 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 vaccines to the general public, and a pharmacist may administer pneumococcal and varicella zoster vaccine to individuals 18 years of age or older provided all of the criteria in this section have been met. 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 to the board evidence of compliance with paragraphs I-III.

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

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

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

**Amendment #3, based on the 2<sup>nd</sup>, proposed by S. Trachy:**

**SB 93 – AS INTRODUCED**

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

**ANALYSIS**

This bill expands 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.

11-0795

10/09

**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 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 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.* 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 to the board evidence of compliance with paragraphs I-III.

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

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

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

# Committee Report

STATE OF NEW HAMPSHIRE  
SENATE  
REPORT OF THE COMMITTEE

Date: March 10, 2011

THE COMMITTEE ON Health and Human Services  
to which was referred Senate Bill 93

AN ACT                      relative to pharmacist administration of vaccines.

Having considered the same, the committee recommends that the Bill:

**OUGHT TO PASS WITH AMENDMENT**

BY A VOTE OF:    5-0

AMENDMENT # 0794s

Senator Tom De Blois  
For the Committee

Robyn Dangora 271-7585

## New Hampshire General Court - Bill Status System

**Docket of SB93**

Docket Abbreviations

**Bill Title:** relative to pharmacist administration of vaccines.*Official Docket of SB93:*

<b>Date</b>	<b>Body</b>	<b>Description</b>
1/19/2011	S	Introduced and Referred to Health and Human Services, <b>SJ 3</b> , Pg.35
1/26/2011	S	Hearing: 2/3/2011, Room 102, LOB, 1:20 p.m.; <b>SC9</b>
3/11/2011	S	Committee Report: Ought to Pass with Amendment #2011-0794s, 3/23/11; <b>SC16</b>
3/23/2011	S	Committee Amendment 0794s, AA, VV; <b>SJ 10</b> , Pg.183
3/23/2011	S	Ought to Pass with Amendment 0794s, MA, VV; OT3rdg; <b>SJ 10</b> , Pg.183
3/23/2011	S	Passed by Third Reading Resolution; <b>SJ 10</b> , Pg.187
3/28/2011	H	Introduced and Referred to Health, Human Services and Elderly Affairs [3/17/2011]; <b>HJ 30</b> , PG.1037
3/29/2011	H	Public Hearing: 4/5/2011 1:00 PM LOB 205
4/5/2011	H	Subcommittee Work Session: 4/12/2011 1:00 PM LOB 205
4/12/2011	H	Executive Session: 4/26/2011 10:30 AM LOB 205
4/26/2011	H	Committee Report: Ought to Pass for May 4 (Vote 13-3; RC); <b>HC 36</b> , PG.1249
5/4/2011	H	Ought to Pass: MA VV; <b>HJ 42</b> , PG.1478
5/4/2011	H	Referred to Commerce and Consumer Affairs; <b>HJ 42</b> , PG.1478
5/5/2011	H	Public Hearing: 5/10/2011 1:30 PM LOB 302
5/11/2011	H	Subcommittee Work Session: 5/17/2011 10:15 AM LOB 307 Insurance/Consumer Protection Div
5/11/2011	H	Executive Session: 5/17/2011 1:30 PM LOB 302
5/18/2011	H	Committee Report: Ought to Pass with Amendment #1868h for May 25 (Vote 16-1; RC); <b>HC 41</b> , PG.1393
5/18/2011	H	Proposed Committee Amendment #2011-1868h; <b>HC 41</b> , PG.1408
5/25/2011	H	Amendment #1868h Adopted, VV; <b>HJ 46</b> , PG.1583
5/25/2011	H	Ought to Pass with Amendment #1868h: MA VV; <b>HJ 46</b> , PG.1583
6/8/2011	S	Sen. Bradley Concurs with House Amendment #1868h, MA, VV; <b>SJ 20</b>
6/8/2011	H	Enrolled
6/8/2011	S	Enrolled
6/27/2011	S	Signed by the Governor on 06/27/2011; Effective 08/26/2011; Chapter 0213

NH House

NH Senate

# Other Referrals

# COMMITTEE REPORT FILE INVENTORY

SB93 ORIGINAL REFERRAL \_\_\_\_\_ RE-REFERRAL

1. THIS INVENTORY IS TO BE SIGNED AND DATED BY THE COMMITTEE AIDE AND PLACED INSIDE THE FOLDER AS THE FIRST ITEM IN THE COMMITTEE FILE.
2. PLACE ALL DOCUMENTS IN THE FOLDER FOLLOWING THE INVENTORY IN THE ORDER LISTED.
3. THE DOCUMENTS WHICH HAVE AN "X" BESIDE THEM ARE CONFIRMED AS BEING IN THE FOLDER.
4. THE COMPLETED FILE IS THEN DELIVERED TO THE CALENDAR CLERK.

- DOCKET (Submit only the latest docket found in Bill Status)
- COMMITTEE REPORT
- CALENDAR NOTICE
- HEARING REPORT
- HANDOUTS FROM THE PUBLIC HEARING
- PREPARED TESTIMONY AND OTHER SUBMISSIONS
- SIGN-UP SHEET(S)

ALL AMENDMENTS (passed or not) CONSIDERED BY COMMITTEE:

- AMENDMENT # 6935       - AMENDMENT # 7835  
 - AMENDMENT # 7715      \_\_\_\_\_ - AMENDMENT # \_\_\_\_\_

ALL AVAILABLE VERSIONS OF THE BILL:

AS INTRODUCED      \_\_\_\_\_ AS AMENDED BY THE HOUSE  
 FINAL VERSION       AS AMENDED BY THE SENATE

- OTHER (Anything else deemed important but not listed above, such as amended fiscal notes): proposed changes submitted by stakeholders after hearing

IF YOU HAVE A RE-REFERRED BILL, YOU ARE GOING TO MAKE UP A DUPLICATE FILE FOLDER

DATE DELIVERED TO SENATE CLERK

8/11/11

Robyn (Ay Sura)  
BY COMMITTEE AIDE