

PA10-082

HB5290

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**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
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If there are no other announcements or points of personal privilege, will the Clerk please return to the call of the calendar in please call Calendar 83.

THE CLERK:

On page 19, Calendar 83, House Bill Number 5290, AN ACT CONCERNING THE ADMINISTRATION OF VACCINES BY LICENSED PHARMACISTS, favorable report of the Committee on General Law.

DEPUTY SPEAKER McCLUSKEY:

The honorable Chairman of the Public Health Committee, Representative Ritter, you have the floor, madam.

REP. RITTER (38th):

Thank you, Mr. Speaker.

Mr. Speaker, I move for acceptance of the joint committee's favorable report and passage of the bill.

DEPUTY SPEAKER McCLUSKEY:

The question before the Chamber is acceptance of the joint committee's favorable report and passage of the bill. Will you remark?

REP. RITTER (38th):

Thank you, Mr. Speaker.

Mr. Speaker, this bill expands the authority of licensed pharmacists to administer additional vaccines

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to adults.

Mr. Speaker, the Clerk is in possession of an amendment. I'd like to request that he call LCO Number 3935 and I be granted permission to summarize.
DEPUTY SPEAKER McCLUSKEY:

Will the Clerk please call LCO Number 3935 to be designated House Amendment Schedule "A."

THE CLERK:

LCO Number 3935, House "A," offered by Representatives Ritter, Giegler and Senator Harris.

DEPUTY SPEAKER McCLUSKEY:

The gentlelady has asked leave of the Chamber to summarize the amendment. Is there any objection? Is there any objection? If not, madam, please proceed with summarization.

REP. RITTER (38th):

Thank you, Mr. Speaker.

Mr. Speaker, this amendment clarifies the intent of the bill. As I'd mentioned, it was to expand the vaccines that may be administered by a licensed pharmacist in the state of Connecticut.

Under current law pharmacists may administer the influenza vaccine as ordered by licensed health care practitioner. This bill will expand that list to

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include the vaccines for pneumonia and for shingles.

The underlying bill, once amended, would then proceed to discuss regulations that must be adopted by the Department of Consumer Protection.

Mr. Speaker, I move acceptance of this amendment.

DEPUTY SPEAKER McCLUSKEY:

The question before the Chamber is acceptance of House Amendment Schedule "A." Will you remark?

Madam, please proceed with --

REP. RITTER (38th):

Thank you, Mr. Speaker.

Mr. Speaker, the bill as amended further stipulates -- I'm sorry, Mr. Speaker. I would move for adoption of the amendment.

DEPUTY SPEAKER McCLUSKEY:

Thank you, madam.

Will you remark further on adoption of House "A?" Will you remark further? If not, I will try your minds. All in favor of House "A," please signify by saying, aye.

REPRESENTATIVES:

Aye:

DEPUTY SPEAKER McCLUSKEY:

All those opposed, nay.

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The ayes have it. House "A" is adapted.

Will you remark further on the bill as amended?

REP. RITTER (38th):

I well, Mr. Speaker.

The bill as amended further stipulates that the Department of Consumer Protection shall issue regulations that stipulate -- specify training programs for pharmacists before they may administer these vaccines.

It defines the requirements and identifies specific programs at the Center for Disease Control that would qualify.

Thank you, Mr. Speaker.

DEPUTY SPEAKER McCLUSKEY:

Thank you, madam, for your remarks.

Will you remark further?

The honorable lady from the 138th District, Representative Giegler, you have the floor, madam.

REP. GIEGLER (138th):

Thank you, Mr. Speaker.

I, too, rise in support of the legislation before us. This pharmacy-based adult vaccination program would offer both a convenience and access advantage to not only adults, but our adolescents as well who are a

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very hard to reach group. And I urge my colleagues' support. Thank you.

DEPUTY SPEAKER McCLUSKEY:

Thank you, madam, for your remarks.

Will you remark further on the bill as amended?
Will you remark further on the bill as amended? If not, will staff and guests please come to the well of the House. Will the members take your seats. The machine will be open.

THE CLERK:

The House of Representatives is voting by roll call. Members to the chamber. The House is voting by roll call. Members to the chamber.

DEPUTY SPEAKER McCLUSKEY:

Have all the members voted? Have all the members voted? Will the members please check the board to determine if your vote has been properly cast. If all the members have voted, the machine will be locked -- oh, the machine will not be locked. Hold on.

Okay. Now the machine will be locked.

Please disregard that announcement as well.

Please hold.

For what purpose do you rise, sir.

REP. AYALA (128th):

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To vote in the affirmative.

DEPUTY SPEAKER McCLUSKEY:

Representative Ayala will be recorded in the affirmative.

Now will the -- the machine will be locked and will the Clerk please announce the tally.

THE CLERK:

House Bill 5290 as amended by House "A."

Total Number voting	141
Necessary for adoption	71
Those voting Yea	141
Those voting Nay	0
Those absent and not voting	10

DEPUTY SPEAKER McCLUSKEY:

The bill as amended is passed.

Are there any introductions, announcements or points of personal privilege?

The distinguished lady from the 138th District, Representative Giegler, you have the floor, madam.

REP. GIEGLER (138th):

Thank you, Mr. Speaker.

For a point of introduction.

DEPUTY SPEAKER McCLUSKEY:

Please proceed, madam.

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Thank you, Mr. President.

Mr. President, moving to calendar page 13,
Calendar 478, House Bill 5290. Mr. President, move to
place that item on the consent calendar.

THE CHAIR:

Without objection, so ordered.

SENATOR LOONEY:

Thank you, Mr. President. Mr. President, moving
to calendar page 15, Calendar 504, House Bill 5306.
Mr. President, move to place that item on the consent
calendar.

THE CHAIR:

Without objection, so ordered.

THE CHAIR:

Thank you, Mr. President. Mr. President, if we
might stand at ease for just a moment.

THE CHAIR:

The Senate will stand at ease.

SENATOR LOONEY:

Thank you.

Mr. President.

THE CHAIR:

The Senate will come back to order. Yes, Senator
Looney.

Bill 121; calendar page 7, Calendar 377, Substitute for House Bill 5291; Calendar page 8, Calendar 398, Substitute for Senate Bill 231; calendar page 9, Calendar 442, Substitute for House Bill 5141; calendar page 10, Calendar 449, House Bill 5495; calendar page 11, Calendar 451, Substitute for House Bill 5535; Calendar 465, Substitute for House Bill 44 -- 5448; calendar page 12, Calendar 466, Substitute for House Bill 5289; Calendar 473, Substitute for House Bill 5059; Calendar 476, Substitute for House Bill 5117; calendar page 13. Calendar 478, House Bill 5290; Calendar 481, Substitute for House Bill 5119; Calendar 482, Substitute for House Bill 5120; calendar page 15, Calendar 492, Substitute for House Bill 5446; Calendar 494, House Bill 5315; Calendar 504, Substitute for House Bill 5306; calendar page 20, Calendar 532, Substitute for House Bill 5033; calendar page 21, Calendar 534, Substitute for House Bill 5543; Calendar 539, Substitute for House Bill 5350; calendar page 25, Calendar 561, Substitute for House Bill 5419; calendar page 36, Calendar 374, Substitute for House Bill 5225; calendar page 37, Calendar 415, House Bill 5131; calendar page 38, Calendar 454, Substitute for House Bill 5526.

Mr. President, that completes the items placed on Consent Calendar Number 2.

THE CHAIR:

Please call for a roll call vote. The machine will be open.

THE CLERK:

The Senate is now voting by roll on the consent calendar. Will all Senators please return to the chamber. Senate is voting by roll on the consent calendar. Will all Senators please return to the chamber.

THE CHAIR:

Have all Senators voted? If all Senators have voted, please check your vote. The machine will be locked. The Clerk will call the tally.

THE CLERK:

Motion is adoption of Consent Calendar Number 2.

Total number voting

35

Necessary for Adoption 18

Those voting Yea 35

Those voting Nay 0

Those absent and not voting 1

THE CHAIR:

Consent calendar Number 2 passes.

Senator Looney.

SENATOR LOONEY:

Yes, thank you, Mr. President.

Mr. President, I would move that any items on the consent calendar requires additional action by the House of Representatives be immediately transmitted to that chamber.

THE CHAIR:

Without objection, so ordered, sir.

SENATOR LOONEY:

And also any other items acted upon today, not on the consent calendar requiring action by the House of Representatives. Also would move that those items be immediately transmitted.

THE CHAIR:

Seeing no objection, sir, so ordered.

SENATOR LOONEY:

Thank you, Mr. President.

Mr. President, I would yield to any members seeking recognition for announcements or points of personal privilege.

THE CHAIR:

At this time, I will entertain any points of

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PUBLIC HEALTH COMMITTEE

March 1, 2010
10:00 A.M.

either seizure free or they are not.

Second, the consequences of a breakthrough seizure can be extreme. Seizures increase the likelihood of serious bodily injury and death and even when no physical injury occurs seizures often result in significant social, legal and developmental consequences. Consider if a breakthrough seizure were to occur while engaged in various activities of daily living such as driving.

Thank you for introducing this legislation, providing me with the time to testify and your thoughtful consideration. Thank you.

REP. RITTER: Thank you for your testimony.

Are there questions from the committee? None.

Thank you. We have been down this road before.

LINDA WALLACE: Yes. Thank you very much.

REP. RITTER: Thank you very much.

Our next speaker will be Marghie Giuliano. And she will be granted five minutes because she is speaking on the three bills. This is one of them. Thank you.

MARGHIE GIULIANO: I just have a question before they start that timer. Would you like me to pause after each bill for questions or hold questions until the end?

REP. RITTER: Why don't you give us all the testimony so we can accurately time you for five minutes in case there's a controversy later on.

MARGHIE GIULIANO: (Inaudible) spoken for six

HB 5307 HB 5212
HB 5290 SB 262

minutes. I'll go through this as quickly as possible.

Good afternoon, Representative Ritter, Senator Harris and members of the committee. My name is Marghie Giuliano. I'm a pharmacist and executive vice president of the Connecticut Pharmacists Association. I have with me my president of our organization, Megan Wilkosz, who is a practicing pharmacist at the VA in West Haven.

And I'm here to speak on three bills. The first one is H.B. 5307, AN ACT CONCERNING THE FILLING OF PRESCRIPTIONS FOR ANTIEPILEPTIC DRUGS. And this bill is a bill that we do oppose.

What this does is it amends current legislation mandating that a pharmacist cannot substitute an antiepileptic drug for another upon initial filling or refilling without obtaining written permission from the prescriber. It actually creates a separate dispensing process for these medications.

There's three points that I really want to make on this bill. The first is that prescribers already have the ability to determine what brand-name or what generic medication patients should receive by writing, no substitution, or, brand medically necessary, on the prescription. We believe that that's valid for generic medications as well. So if a prescriber wants a particular generic drug dispensed, they can do the same -- go through the same process.

The second thing is that there's no scientific evidence to date that demonstrates this therapeutic class of drugs needs to be handled differently. I was pleased to hear other

members of the committee today actually speak about the importance of scientific evidence before they make decisions on legislation.

And the third issue that I wanted to bring forth is that this year H.B. 5212, AN ACT CONCERNING INSURANCE COVERAGE FOR THE TREATMENT OF BLEEDING DISORDERS, was introduced by the Insurance Committee and this also adds a Section 5I to our practice act, and actually states that -- mandates that pharmacists must obtain authorization from the prescriber before they substitute any medications used for bleeding disorders.

So as predicted, other brand manufacturers are introducing legislation. We've seen this happen in a couple of the states where this has passed in Tennessee and in one of the other states. So this is a natural progression.

The second bill that we are testifying on today is Raised Bill 5290, AN ACT CONCERNING THE ADMINISTRATION OF VACCINES BY LICENSED PHARMACISTS, and we are in support of that legislation. This would allow pharmacists to administer all vaccines to persons 18 years of age and older.

A recent article in Hartford Courant actually stated that most adults are not getting the necessary vaccinations that they need. And one third of the people 65 and older had not received their pneumococcal vaccine. The article acknowledged if that vaccines became a part of medical care we could actually avoid 40,000 to 50,000 deaths from vaccine-preventable illnesses each year, and we could save approximately 10 billion in health care costs.

So the importance of this legislation is that it removes the barrier for adults to have to

find another provider to administer their needed vaccines. To this point we've seen how effective it's been with having our pharmacists to the flu vaccine these past couple of years. And especially with the threat of a pandemic this year, we've seen the importance of letting pharmacists do this and then freeing the prescriber up to actually treat the people that are sick.

With the recent addition of New York and Maine, pharmacists are now allowed to administer vaccination in all 50 states. In 18 of these states, pharmacists are authorized to administer all vaccines without age restriction. These pharmacists actually -- these states have an advantage because in a public health crisis, pharmacist will not be -- they'll be ready to assist and not be in the midst of acquiring any new skills.

Again, with the H1N1, a lot of -- one of the high-risk populations were children. So pharmacies could only treat part of the family instead of the whole family.

So we would -- to this point we would ask for change in Section 1C to say, for the purposes of this section, adult means an individual who has attained the age of 12 years of age. So I would urge you to consider that.

And the final bill is Raised Bill 262, AN ACT CONCERNING COLLABORATIVE DRUG THERAPY MANAGEMENT AGREEMENTS. And this again, is another bill that we support. And the bill would amend current legislation, removing the requirement that only pharmacists employed at certain practice sites may enter into collaborative drug therapy management agreements. These agreements are voluntary contracts between pharmacists and physicians to

MEGAN WILKOSZ: I think the thing to point out with that regard is that a drug does not necessarily, in the purpose of FDA approval and the studies that are required for FDA approval, is not necessarily trialed in all different patient populations and potentially side effects that are relatively low risk, would not necessarily become apparent until larger populations of patients were exposed to those drugs.

SENATOR PRAGUE: Well, it just seems to me there ought to be a better way of assuring some safety here. I don't know what that is, but I don't think we're not doing a very good job at this point. Anyhow, thank you.

REP. RITTER: Are there any other questions from the committee? And that would be on any of the three bills that were testified to.

Yes, representative Conroy.

REP. CONROY: Thank you, Madam Chairman.

I am looking at 5290, the ACT CONCERNING THE ADMINISTRATION OF VACCINES.

You're saying down here -- there's something in your testimony about all 50 states.

MARGHIE GIULIANO: Yes. New York and Maine were just approved, so now pharmacists in all 50 states are allowed to do vaccines. In 18 of the states there's no age restriction.

REP. CONROY: Okay. So you're looking for the age on here? Your saying you're ready, you can give the vaccine.

MARGHIE GIULIANO: Right now we can only administer

the flu vaccine. So we're asking it to be opened up to all -- at least adult vaccines. And because of the H1N1, one of the high-risk populations was children. We ask that you consider changing adult to mean children age 12 or older.

REP. CONROY: I just want to follow up with a couple other questions, because I have some concerns about the training. You know, it's always the right role to do the right jobs. And I know, you know, pharmacists are -- there's just such a need for them out there.

And you have such a, you know, wealth of knowledge. I've worked with Megan at the VA actually. And everyone looks to them for their expertise (inaudible) patients.

And I'm just worried that with the role of pharmacists that we might be breaching it out into other areas where they don't really need to be at right now.

You know, your citing in here the Hartford Courant article about the (inaudible). But I'm also worried about the continuity of care between the doctors office, what guidelines we have put in there for safety. CDC recommends with any vaccine that you wait for 20 minutes.

Is there going to be a way that you're administering the epinephrine if there's a reaction? There's all those safety measures in there.

MARGHIE GIULIANO: Yes, actually. Pharmacists are ready. The training for giving the flu vaccine is the same really as any of the other vaccines that pharmacists go through. And actually, the next speaker will address the training in more depth.

But we do go through a 20-hour certification program and we have to have CPR, et cetera, before we can actually do any vaccinations. So we go through the adequate training.

REP. CONROY: All right. Thank you.

MARGHIE GIULIANO: You're welcome.

REP. CONROY: Thank you, Madam Chair.

REP. RITTER: Further questions from the committee?

Thank you very much for your -- oh, Senator Harris.

SENATOR HARRIS: Thank you.

Can you elaborate a little more? I don't really understand. What is the problem of notifying a practitioner in getting consent?

HB 5307

MARGHIE GIULIANO: Are you back to the epilepsy bill?

SENATOR HARRIS: Yes. Yeah.

MARGHIE GIULIANO: First of all, pharmacies, of course, are very busy so we would have to stop and dispense any antiepileptic medications differently. So the process would have to be that we would have to either notify according to this only via fax, or electronically. So we would notify the physician. Then we would have to wait for an authorization to dispense.

The language really doesn't clarify how long we have to wait. And this could really create an access issue and a barrier for the patients as well, because now they come in, they hand us a prescription. We're not really allowed to

REP. RITTER: Are there any other questions from the committee? No.

Thank you very much for testimony.

MARGHIE GIULIANO: Thank you.

REP. RITTER: That was three bills.

Our next speaker, Tom Buckley, will be speaking for four minutes, along -- and along with him will be Michael Lee. Following him will be Andrew Freidell. Thank you.

THOMAS BUCKLEY: Thank you. And thanks for allowing me for me to speak for three bills in four minutes. This will be a challenge.

HB 5290
SB 262

Good afternoon, Representative Ritter, Senator Harris, members of the Public Health Committee. My name is Thomas Buckley. I'm an assistant clinical professor of pharmacy practice the University of Connecticut School of Pharmacy. This is Michael Lee. He's a graduating senior at the UConn School of Pharmacy. He'll be graduating in two months.

I want to limit my testimony. Although I have submitted written testimony in more detail, but I'll limit the testimony for each of these bills to address the issues that just came up in regard to each of the testimonies.

The first thing for the -- for R.B. 5307, AN ACT CONCERNING FILLING PRESCRIPTIONS FOR ANTIEPILEPTIC DRUGS, I'm just going to skip to my third point. I am in opposition to this bill and I -- and the primary reason is I want to urge you to not pass legislation until we have evidence-based results to validate your decision.

adverse events and the comparative benefit of harm -- or harm in subgroups of patients.

So I think it's important to note that this is the first time that we'll ever have a comparative effectiveness research study in this field. Because there has not been any evidence-based research in this field this is the reason why AHRQ has put out a research study to one of its evidence-based practice centers. And it happens to be that the grant was received by the UConn Hartford Hospital Group.

As you can see, it will be the first and only exhaustive research to be done in the comparison of antiepileptic medications. And they'll both be looking at a comparison between brand-name meds and generic medications. So this whole issue of bioequivalence and drug levels are going to be looked at in the terms of what the clinical outcome, which really should be, is there a difference between bioequivalence and what the patient is actually receiving.

So I can't emphasize enough that since this will be completed by the end of this December, as mandated by AHRQ, I urge the committee to wait until the release of this national guideline to help you make an informed decision the first time and avoid any unnecessary and costly, potentially costly legislation.

So I'll move to my -- wow.

REP. RITTER: Those four minutes can really fly.

THOMAS BUCKLEY: They really do.

Okay. I'll just make one point on the -- if I can, on the vaccine bill.

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As part of my faculty role I teach public health and health care policy and I also teach the public health impact of immunizations to both students and pharmacists that are receiving the certification program for administering immunizations.

It's important to note -- I think there was a speaker here that asked about training and pharmacists -- this is a 20-hour certification course, which is far more than any other health professional receives on the administration of vaccines. The course, it's an exhaustive study of all vaccines. It's not just influenza vaccine. It includes immunity exposure, the impact of all vaccines, their administration, the adverse events, how you treat adverse events.

It's an exhaustive study and it's a 20 hour certification programs that our pharmacists are required to have, currently now, for the influenza vaccine and also for all vaccines in the future.

And if I can briefly just mention the collaborative practice bill, I was just saying --

SB 262

REP. RITTER: You're stretching us. So I'll -- talk faster.

THOMAS BUCKLEY: I just want to point out that the value of having collaborative practice protocols in all practice settings is important because Pharmacy Now is changing how we deliver a practice of care.

One of my clinical sites is the Khmer Health Advocates in West Hartford. We have pharmacists working directly with physicians

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REP. RITTER: Are there any other questions from the committee?

Thank you very much for your testimony.

We'll next hear from Ken Ferrucci who has successfully bargained for four minutes.

KENNETH FERRUCCI: It was a tough bargain, too. I had to give up quite a bit for that.

REP. RITTER: That would be four minutes.

KENNETH FERRUCCI: I understand and I'll talk very quickly. And I just want to point out -- and one of the reasons that I did make that bargain is we did present you with quite a hearty packet of testimony today on six different bills. So I won't go through them individually, yet I'll be more than happy to answer questions on any of them.

SB248 SB262
SB270

Just to briefly touch on them, they were the requirement for identification badges, which we would support. Want some -- would like a little clarification as to the setting because we think you capture offices in which that is not needed, such as physicians, podiatrists, chiropractors; which there isn't that confusion because of the limited disciplines.

SB265

The epileptic drug bill; in support of that again.

HB5307

The administration of vaccines by pharmacists; we did present testimony in opposition to the way it's drafted because of the various ways and manner in which vaccines are delivered, be it intramuscular, you know, be it different timing, this and that.

HB5290

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**Testimony of Carrie Rand-Anastasiades
Executive Director, CT Association of Community Pharmacies
HB 5290 An Act Concerning the Administration of Vaccines by Licensed
Pharmacists
March 1, 2010**

Representative Ritter, Senator Harris and members of the Public Health Committee. My name is Carrie Rand-Anastasiades and I am the Executive Director of the CT Association of Community Pharmacies. We are a trade Association with members such as CVS, Walgreens, Big Y, and Price Chopper to name a few. I am here to offer support to HB 5290 An Act Concerning the Administration of Vaccines by Licensed Pharmacists.

CT pharmacies have become a destination of necessity and convenience for many citizens of the State. We are trained healthcare professionals who have, with H1N1 and seasonal flu vaccines, been of a great services to many adults trying to protect and keep themselves health. We feel our services have also been a great benefit to the State of Connecticut. By getting the maximum umber of patients vaccinated we were successful in greatly reducing the outbreak of the H1N1 flu.

Because administration of the flu vaccines has been so successful we feel all vaccines should be included to provide patients with the most convenient way to keep themselves healthy. Thanks you for considering my testimony.

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Connecticut State Medical Society Testimony in Opposition to
House Bill 5290 An Act Concerning the Administration of Vaccines by Licensed
Pharmacists

Presented to the Public Health Committee

March 1, 2010

Senator Harris, Representative Ritter and members of the Public Health Committee, my name is Ken Ferrucci and I am the Vice President of Public Policy and Government Affairs for the Connecticut State Medical Society (CSMS). On behalf of our more than 7,000 members, thank you for the opportunity to present this testimony to you today in opposition to House Bill 5290 An Act Concerning the Administration of Vaccines by Licensed Pharmacists. We understand the desire of this committee to increase access to and the availability of vaccines for adults. We also appreciate efforts to ensure patient safety through the requirement that the Commissioner of Consumer protection, in consultation with the Commissioner of Public Health and the Commission of Pharmacy to develop regulations. However, too many concerns exist to garner our support for this legislation.

Previous legislation allowed for the delivery of influenza vaccine to adults by licensed pharmacists provided they met certain requirements for education and training. CSMS did not oppose the legislation due to the fact that influenza vaccines are delivered by limited methods and the subsequent regulation of the process. However, expanding language beyond influenza vaccine to include all vaccines with no limitations on where and how the vaccine is anatomically introduced is not as easy as it sounds.

Different vaccines need to be given differently; some subdermally and some intramuscularly. Some cannot be given simultaneously or must be physically separated. All of this can be taught and is to primary care doctors throughout years of education and training. Medical acumen must extend beyond the delivery of the vaccine in order to ensure the complete safety of the patient. Pharmacists are highly trained professionals, however the complexity of the administration of adult vaccines is not part of their training.

CSMS submits that if the intent of this committee is to expand access to vaccines for adults in a cost effective but safe manner, we look to grant the ability of Medical Assistants to administer subcutaneous, intradermal and intramuscular medication under direct physician supervision.

Thank you for the opportunity to provide comments on House Bill 5290.



Statement Before

The Public Health Committee

Monday, March 1, 2010

Re: *HB 5290: An Act Concerning the Administration of Vaccines By Licensed Pharmacists*

Good afternoon Rep. Ritter, Sen. Harris and members of the committee. My name is Marghie Giuliano. I am a pharmacist and the Executive Vice President of the Connecticut Pharmacists Association. The Connecticut Pharmacists Association is a professional organization representing 1000 pharmacists in the state of Connecticut. I am here today to speak in strong support of HB 5290: An Act Concerning the Administration of Vaccines by Licensed Pharmacists

HB 5290 would allow pharmacists to administer all vaccines to persons over 18 years of age. A recent article in the Hartford Courant stated that most adults are not getting the necessary vaccinations and that as of 2008, one-third of people 65 and older had not received the pneumococcal vaccine. The article also acknowledged that if vaccines became a routine part of medical care and consumers were educated around their effectiveness and safety, increases in administration could avoid 40,000 to 50,000 deaths from vaccine-preventable illnesses each year. In addition, approximately \$10 billion dollars in healthcare costs each year would also be avoided. A pharmacist could play a significant and important role in this process. They are able to provide education on the benefits of vaccines, identify patients who are at high risk, as well as administer the needed vaccine. The benefits of greater access to vaccine information and increased awareness are significant for both the consumer and for the health care system!

The importance of this legislation is that it removes the barrier for adults to have to find another provider to administer other needed vaccines. To this point, this past year we have seen the effects of increased access to the flu vaccine because pharmacists have been allowed to administer them. By creating another avenue through which adults can get all their vaccines we should be able to improve the statistics on adult vaccine utilization. With the threat of a pandemic this year, pharmacists were able to help substantially by vaccinating a large number of people, thereby freeing up physicians time to focus on the more important role of treating the sick.

Another factor in the administration of vaccines is the role of the pharmacy. It can and should also be a site for patient screening, education of the public, dispensing of antiviral and other medications and for the administration of vaccinations.

With the recent additions of NY and Maine, pharmacists are now allowed to administer vaccinations in all 50 states. In eighteen states to date, pharmacists are authorized to administer all vaccinations without age restriction. Pharmacists in these states are trained and practicing the administration of immunizations to all age groups, and the public is aware and accepting of their role. The advantage that these states have is if there is a public health crisis, pharmacists are ready to assist and not in the midst of acquiring a new skill. Pharmacists in these states are able to vaccinate entire families rather than only a portion of the family. This was illustrated with the HINI outbreak as one of the high risk groups was children. The training is exactly the same for children and adults and in the interest of emergency preparedness and bolstering our public health infrastructure, ensuring that pharmacists are trained and practiced immunizers of all age groups is sound public health policy.

To this point, I would ask for a change in Section I(c) to say "For the purposes of this section, "adult" means an individual who has attained the age of twelve years". I urge you to consider this.

Public Health Committee Testimony – March 1, 2010

HB 5290: An Act Concerning the Administration of Vaccines By Licensed Pharmacists

Good afternoon Representative Ritter, Senator Harris and the Public Health Committee. My name is Thomas Buckley, and I am an Assistant Clinical Professor of Pharmacy Practice at the University of Connecticut School of Pharmacy. I am here to speak in strong support of HB 5290: An Act Concerning the Administration of Vaccines By Licensed Pharmacists.

This bill will amend current authorization of pharmacist administration of influenza vaccine to include all adult vaccines. In my faculty role at UCONN, I teach public health and healthcare policy, which includes the public health impact curriculum of the immunization certification course for both students and licensed pharmacists. This 20-hour certification course is a requirement for pharmacists to currently provide influenza immunization, however the course also includes an exhaustive study of all vaccines and their administration.

What would be the public health impact of enacting this legislation? Since pharmacists are one of the most accessible health care professionals, the troubling issue of low adult vaccination rates would be addressed. Influenza and pneumonia combined is the 8th leading cause of death, 5th in adults 65 and older. Of those who die, 65% saw a physician in the previous year but were not vaccinated. The Healthy People 2010 goal for adults 65+ is for 90% vaccine coverage of influenza and pneumonia. The last data available for the 2008 season nationally for adults 65+ was 60% coverage, in Connecticut it was 67%. For high-risk adults age 18-64 in Connecticut, it was a meager 41%. In addition, there is a wide health disparity in vaccine rates among ethnic groups, as Whites received flu and pneumonia vaccine on average 25% greater than Blacks and Hispanics, and 50% greater than some Asian American communities.

A 2009 CDC study revealed that <7% of adults 60+ received shingles (herpes zoster) vaccine, 9% of adults age 19-49 received Hepatitis A, 32% adults 19-49 received all doses of Hepatitis B, and 11% of women 19-26 received human papillomavirus (HPV). Reasons for low adult vaccine rates vary from lack of awareness, to lack of a primary care provider, to the lack of experience of just how severe these diseases can be due to a successful childhood vaccination program. A 2009 survey found that an overwhelming majority of adults were unaware of the need to protect themselves from vaccine-preventable diseases. Only 20% of adults were familiar with pneumococcal disease, <40% familiar with Hepatitis B, meningitis, pertussis, HPV, or shingles. And yet, adults are much more likely to die from vaccine-preventable diseases than children.

As we've seen with the highly successful influenza vaccine programs this past season, pharmacists are in an excellent position to be public health advocates for the importance of immunization. In addition to their high public trust and accessibility, pharmacists can identify

the need for specific vaccines through review of disease and medication histories. Recent studies have shown that up to 94% of patients responded to pharmacists' recommendations to be vaccinated.

Vaccination is considered to be one of the most cost-effective health interventions we have available. Given the large vaccination gap in adults, the extensive pharmacist training certification required, and the high public acceptance of pharmacist vaccine education and administration, I strongly urge you to consider passage of this immunization bill to improve the public health of our citizens.

Written Testimony of the

Connecticut ENT Society

Connecticut Urology Society

Connecticut Society of Eye Physicians

Connecticut Dermatology and Dermatologic Surgery Society

in opposition to:

**R. B 5290, AN ACT CONCERNING THE ADMINISTRATION OF VACCINES
BY LICENSED PHARMACISTS**

We join the Connecticut State Medical Society in opposition to SB 5290 as written. Vaccines, while generally safe and recommended for disease prevention, do carry risks. The location and timing of vaccinations, particularly those requiring multiple doses, can be critical to the safety and effectiveness of the vaccine. Records must be kept, not only for the purposes of verification that a vaccine was received by a patient, but also to determine appropriate timing of boosters and multiple dose vaccines, and ensure they are received. Some vaccines cannot be given together, or must be given in specific locations or specific ways. Not all vaccines are appropriate for all patients due to risk factors or medications they are on. Safe administration of vaccines goes well beyond simply giving a shot, and should be ordered and controlled by the patient's primary care provider. This is mitigated, to some extent, with a flu vaccine, since the patient groups who should receive it are well-defined, and the vaccine is a one-time dose, usually well-tolerated by a variety of patients. Further, current law places a number of controls on the process, specific to the influenza vaccine. Expanding the scope of current law would require a much broader and more complete set of oversight regulations and procedures.

In concert with the CSMS, we would ask you to consider allowing medical assistants, with proper training and supervision, to administer vaccines, as a way of increasing the pool of practitioners able to provide this service to the public.