

PA12-207

SB0371

House	8221-8222, 8288-8290	5
Public Health	1229-1231, 1249-1261, 1353-1364, 1390-1393	32
<u>Senate</u>	<u>2283-2285, 2490</u>	<u>4</u>
		41

H – 1147

**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2012**

**VOL.55
PART 25
8215 - 8555**

Representative Brendan Sharkey, House Majority
Leader, sir, for what reason do you rise?

REP. SHARKEY (88th):

Thank you, Mr. Speaker.

Mr. Speaker, just to be safe, I move that we
immediately transmit all items that we've taken up here
in the House that require additional action in the Senate.

SPEAKER DONOVAN:

The motion is to immediately transmit all items that
need any further action to the Senate.

Any objection?

Hearing none, all items are immediately transmitted.

Representative Sharkey.

REP. SHARKEY (88th):

Thank you, Mr. Speaker.

Mr. Speaker, we're going to now do -- begin our work
on a consent calendar. There are a number of bills that
will not require amendments and I'd like to read them now
by calendar number.

They would be Calendar Number 204, Calendar Number
412, Calendar Number 425, Calendar 426, Calendar 442,
Calendar 460, Calendar 495, Calendar 507, and Calendar
508.

SPEAKER DONOVAN:

HB 308

SB 157

SB 339

SB 340

SB 41

SB 116

SB 188

SB 371

SB 391

Motion is to place these items on the consent calendar.

Is there any objection?

Any objection?

Hearing none, those items are placed on the consent calendar.

Will the Clerk please call Calendar 71.

THE CLERK:

On page 2, Calendar 71, Substitute for House Bill Number 5025, AN ACT CONCERNING THE OWNERSHIP OF PUBLIC ACCOUNTING FIRMS, favorable report by the Committee on Government Administration and Elections.

SPEAKER DONOVAN:

Representative Russ Morin.

REP. MORIN (28th):

Good evening, Mr. Speaker.

SPEAKER DONOVAN:

Good evening, sir.

REP. MORIN (28th):

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

SPEAKER DONOVAN:

The question is on acceptance and passage.

Will you remark?

mr/ch/rgd/gdm/gbr
HOUSE OF REPRESENTATIVES

429
May 9, 2012

calendar.

Representative Sharkey.

REP. SHARKEY (88th):

Thank you, Mr. Speaker..

Mr. Speaker, I'm about to call the items again that are on the consent calendar, but I would like to alert the Clerk to two bills that we will be taking off the consent calendar. They are Calendars 380, and Calendars 431. Those are Calendars 380 and Calendar 431.

HB5333
SB130

SPEAKER DONOVAN:

Will the Clerk please call Calendar 204.

THE CLERK:

On page 6, Calendar 204, Substitute for House Bill Number 530, AN ACT CONCERNING THE BOARD IN CONTROL OF THE CONNECTICUT AGRICULTURAL EXPERIMENT STATION, favorable report by the Committee on Government Administration and Elections.

SPEAKER DONOVAN:

Representative Sharkey.

REP. SHARKEY (88th):

Thank you, Mr. Speaker.

With that, let me -- I was looking to just list the calendar numbers again that we are planning to put on the consent calendar before I move them. I'll be doing this

mr/ch/rgd/gdm/gbr
HOUSE OF REPRESENTATIVES

430
May 9, 2012

in numerical order by calendar number.

They are Calendar Number 71, Calendar 204, Calendar 205, Calendar 287, Calendar 292, Calendar 330, Calendar 402, Calendar 407, Calendar 412, Calendar 417, Calendar 425, Calendar 426, Calendar 442, Calendar 458, Calendar 460.

Calendar 463, Calendar 492, Calendar 495, Calendar 499, Calendar 500, Calendar 501, Calendar 506, Calendar 507, Calendar 508, Calendar 512, Calendar 515, Calendar 516, Calendar 530, Calendar 538 and Calendar 545.

And I'd also like to add to that -- I'm sorry. I omitted one which is Calendar 275.

SPEAKER DONOVAN:

The question before us is passage of the bills on today's consent calendar.

Will you remark? Will you remark?

If not, staff and guests please come to the well of the House. Members take their 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 the consent calendar by roll call. Members to the Chamber, please.

HB5025
HB5368
HB5326
HB5539
HB5146
SB328
HB5534
HB5555
SB157
SB232
SB339
SB340
SB41
SB98
SB116
SB196
SB97
SB188
SB234
SB237
SB299
SB347
SB371
SB391
SB345
SB383
SB384
SB29
SB354
HB5320
SB254

mr/ch/rgd/gdm/gbr
HOUSE OF REPRESENTATIVES

431
May 9, 2012

SPEAKER DONOVAN:

Have all the members voted? Have all the members voted?

Please check the roll call board to make sure your vote has been properly cast.

If all the members have voted the machine will be locked. The Clerk will please take a tally.

The Clerk please announce the tally.

THE CLERK:

On today's consent calendar.

Total Number Voting	150
Necessary for Adoption	76
Those Voting Yea	150
Those Voting Nay	0
Those Absent and Not Voting	1

SPEAKER DONOVAN:

The consent calendar passes.

Will the Clerk please call Calendar 443.

THE CLERK:

On page 20, Calendar 443, Senate Bill Number 60, AN ACT PROHIBITING PRICE GOUGING DURING SEVERE WEATHER EVENTS, favorable report by the Committee on the Judiciary.

SPEAKER DONOVAN:

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
PART 4
1025 - 1366**

2012

SENATOR GERRATANA: Thank you very much for your testimony.

Representative Widlitz.

REP. WIDLITZ: Thank you, Madam Chair.

Thank you, Brenda, for waiting all day.

Brenda, originally, had emailed me that she would be appearing today, and I had emailed her back, Gee, I'm really sorry but I have to conduct a finance hearing. And little did I know that hours after the finance hearing, we would all still be here. So do -- I am happy that I was able to be here for your testimony but apologize for the late time --

BRENDA SHIPLEY: Thank you. It's good seeing you again.

REP. WIDLITZ: -- but thank you for your testimony.

Thank you, Madam Chair.

SENATOR GERRATANA: You're welcome.

Any other comments or questions?

If not, thank you. I'll say thank you, also --

BRENDA SHIPLEY: Thank you --

SENATOR GERRATANA: Thank you for sticking it out, okay.

Next is Ken Ferrucci.

KEN FERRUCCI: Senator Gerratana, members of the Public Health Committee, my name is Ken

SB414 SB371
HB5434

Ferrucci, senior vice president of Government Affairs for Connecticut State Medical Society.

I know I have limited time, but I do, in deference to the long day, we did submit on several other bills rather than testifying before you. I just ask you to please read that. They include Senate Bill 414, which you heard testimony before and Senate Bill 371, both, we think, are appropriate to go through this bill for due process but now onto this bill.

SENATOR GERRATANA: Oh, actually before you give testimony, I do have a question.

KEN FERRUCCI: Yes.

SENATOR GERRATANA: I was looking online, you submitted testimony on 4014?

KEN FERRUCCI: Yes, we did.

SENATOR GERRATANA: Are you --

KEN FERRUCCI: We had -- the testimony was combined. We had one testimony that included 4014 and 371. I will make sure that you -- you get them.

SENATOR GERRATANA: Thank you, thank you.

KEN FERRUCCI: If they're not online because they were submitted both electronically and made ten copies this morning.

SENATOR GERRATANA: Okay. Yes, I'm sorry. I just didn't see it.

KEN FERRUCCI: So I will make sure to do that --

SENATOR GERRATANA: Yeah.

KEN FERRUCCI: I just ask you to please review that
--

SENATOR GERRATANA: I was working -- I've been
working on the bills as people give testimony
so --

KEN FERRUCCI: That's -- that's -- I appreciate
that.

SENATOR GERRATANA: Okay.

KEN FERRUCCI: As far as 4014 is concerned, those
forms are -- all of -- there's 86 -- we've
pulled 86 pages' worth of citations. Forms are
not always as simple as what was described,
which is why we think it's important that that
go through the Scope Review Committee so that
we determine --

SB 414

SENATOR GERRATANA: -- I see --

KEN FERRUCCI: -- what is (inaudible).

SENATOR GERRATANA: Okay. Thank you very much. All
right. I interrupted you.

KEN FERRUCCI: I know I have limited time, on -- on
this bill --

SENATOR GERRATANA: Please proceed.

KEN FERRUCCI: I just want to -- I'll summarize a
few things and there are a couple of comments
that I do want to make.

HB 5434

And without going into the detail of the EMTALA
services that you heard from Dr. Shangold
before, it is important to note that these
services are required by the federal
government. They extend well beyond services

362
lg/sg/cd PUBLIC HEALTH COMMITTEE

March 16, 2012
10:00 A.M.

MORT SALOMON: Thank you.

SENATOR GERRATANA: -- and giving testimony.

And that completes testimony on House Bill
5434.

We're now going on to Senate Bill 371, and the
first one to testify is, I think is Marghie
Giuliano?

Wow, thanks for hanging in there.

MARGHIE GIULIANO: You're welcome.

Good evening, Senator Gerratana and members of
the committee, my name Marghie Giuliano and I'm
the executive vice president of the Connecticut
Pharmacist Association, and I'm here to testify
in support of Senate Bill 371, AN ACT
CONCERNING THE ADMINISTRATION OF INJECTABLE
VACCINES TO ADULTS IN PHARMACIES.

Vaccines are among the most cost-effective
clinical preventative services available to our
residents. Pharmacists are in a great position
to be able to provide these services.
Recently, the advisory committee on
immunization practices for the national Centers
for Disease Control recommended that hepatitis
B vaccines be administered to adults less than
60 years of age who have diabetes or who soon
to have diabetes.

Statistics from the Department of Public Health
showed that there are more than 200,000 people
who would need to be vaccinated with hepatitis
B vaccines that would meet these
qualifications. So we are certainly in support
of getting our pharmacists there to help to
fulfill these recommendations.

With that being said, proper precautions do need to be taken to ensure that pharmacists have the necessary support to provide this more extensive role in providing vaccinations. However, as written now, Section B requires that when administering vaccines more than one pharmacist be working. And this language is really somewhat restrictive, especially, when you think about the pharmacies on a Saturday afternoon or a Sunday, when there's really not a lot of business. It's a slow time and there would probably be only one pharmacist on at that time.

So it would be somewhat restrictive to say that that pharmacist would not be able administer a vaccine because of the fact that there's only one pharmacist there.

What we would like to do is recommend amending that language and just saying that in a pharmacy, a pharmacist may use his professional judgment when deciding whether or not the current workflow situation allows for the pharmacist to safely administer vaccinations to his patients.

That way it allows -- we have other language in our -- in our practice that allows the pharmacist to use his professional judgment. This way they can say if it's a busy Monday morning and person needs, you know, wants a vaccine, respectfully, ask them to come back later. And if it's a quiet Sunday, they have the ability to do it.

Thank you.

SENATOR GERRATANA: Thank you. Thank you so much for your testimony.

Are there any questions?

Thank you for coming today and thanks for hanging in there.

MARGHIE GIULIANO: Thank you.

SENATOR GERRATANA: Next is Janet Kozakiewicz.

JANET KOZAKIEWICZ: Very good, most people don't get that pronunciation. Thank you.

SENATOR GERRATANA: I'm from New Britain.

JANET KOZAKIEWICZ: Right.

So, Madam Chair and member -- and members of the Public Health Committee, thank you for having me today. My name is Janet Kozakiewicz. I'm a registered pharmacist in the state of Connecticut. And I am also the director of Pharmacy Services at the Hospital of Saint Raphael's in New Haven, but I'm here to represent the Connecticut Society of Health System Pharmacists. And I come today to testify in support of Bill 371, AN ACT CONCERNING THE ADMINISTRATION OF INJECTABLE VACCINES TO ADULTS IN PHARMACIES.

According to the CDC Advisory Committee on immunization practices, each year, an average of 90,000 Americans die of vaccine preventable infections. And in a 2008 study published by the Annals Of Internal Medicine, it was noted that many of these patients visited a healthcare provider in the year prior to their death, yet, despite the availability of these effective vaccines, they were not vaccinated. And moreover, the World Health Organization described the vaccines as one of the most powerful and cost-effective of all the healthcare interventions that we provide.

Currently, all 50 states have passed laws allowing pharmacists to administer vaccines. While, 38 states allow pharmacists to administer any vaccine, the State of Connecticut currently restricts administration by a pharmacist to just three vaccines, influenza, pneumococcal and herpes zoster.

Pharmacists play a key role in promoting and improving public health. Studies have shown that making vaccines more accessible to the general population, through pharmacists, results in higher vaccination rates. International evidence also shows that increasing access to vaccines and through pharmacies and improves public health by maximizing administration in awareness in both the general public and high risk groups.

The American consumer is heavily influenced by convenience -- I am included in that -- in addition, the current trend by insurers to move vaccinations from a medical benefit to the pharmacy benefit makes vaccine administration by a pharmacist convenient and affordable and, as history has shown, safe.

I encourage you to pass Bill 371, which would expand vaccination administration by a pharmacist to any vaccine that is listed on the national Center for Disease control and Prevention's adults immunization schedule.

SENATOR GERRATANA: Thank you so much, Janet, for coming and giving your testimony.

You know, I was reading other testimony regarding the legislation, and there's a suggestion there that, perhaps, pharmacists who want to expand their scope should go through the Department of Public Health's Scope of

Practice Review, which was set up last year under legislation.

One of the challenges here in Public Health is that not all of us are, maybe, healthcare professionals and it would help to guide the committee as to, you know, the appropriateness so expanding the scope and the sway, and I just wanted your comment on that.

JANET KOZAKIEWICZ: I certainly understand where that came from. We do go through a certification program. We are ACLS certified, as well. We've shown a good track record in the administration in the State of Connecticut with the three vaccines that were administering. And nationwide the trend is to vaccinate all.

SENATOR GERRATANA: Okay. Thank you so much.

JANET KOZAKIEWICZ: You're welcome.

SENATOR GERRATANA: Hold on, I don't know --

Representative Srinivasan has a question.

REP. SRINIVASAN: Thank you, Madam Chair.

Thank you very much for your testimony.

JANET KOZAKIEWICZ: You're welcome.

REP. SRINIVASAN: The previous person who's given the testimony has suggested that there's no need -- I mean is not required for two pharmacists to be present when an immunization is being done, you know, at the -- when the pharmacist really feels that he or she is comfortable in doing that given the environment, and so on and forth.

Could you share your thoughts on that?

Thank you.

JANET KOZAKIEWICZ: Yes, I can. I'm here on behalf of Connecticut Society of Health System Pharmacists. We work in a hospital setting so we always have a plethora of pharmacists to administer vaccines. Particularly, in the medication and therapy management clinics that we operate in, but I do, actually, at the hospital manage at the regional pharmacy. And I do share the concern that oftentimes it is very busy and to take a pharmacist away from that dispensing role could propose a potential safety issue for that pharmacy.

So I do understand the need, and I think that the pharmacist should just as they do in filling a prescription be able to triage their work to enhance that patient's safety component.

REP. SRINIVASAN: So if I hear you right, then you would prefer that there would be two pharmacists at the time when immunizations are being done?

JANET KOZAKIEWICZ: Not necessarily, two pharmacists at a time but having the pharmacists make that decision based on the amount of work that they have and the volume.

REP. SRINIVASAN: Thank you and if I may have a follow-up question, my concern in immunizations is not so much the administration.

I mean, that's not a very difficult thing to do if you're adequately trained, and so on and so forth, which can be easily done but what -- who -- who's the person following that patient for delayed reactions? You know, kind -- they run

fevers, they run all kind of different side effects, I mean, not life threatening. But to whom do these patients call? Because, obviously, the physician's not even aware that this patient went and got vaccine A or vaccine B, and then I'm not sure what the follow up will be because that is not uncommon at all that a lot of patients have reactions to the vaccines.

JANET KOZAKIEWICZ: Well, first, we do require a prescription for the vaccine from a physician. So the physician does know that the patient is going to be receiving it.

I think the value here is that, like I mentioned in the testimony, that a lot of the insurance companies will not reimburse for the vaccine to be given in the physician's office or even in the clinic setting, so to speak, under the medical benefit, which requires the patient to visit the pharmacy anyway to pick up the vaccine and then go either to their provider's office or a clinic to have it administered, and they, then, bill in an administration fee.

So I don't know if I answered your question but getting back to what we do, there is a prescription in the hospital setting. We enter it into the vaccination assessment screen in the computer system so it's there for all providers' to see. In the community setting, that information is faxed to the provider, who wrote the prescription that the patient did get vaccinated.

REP. SRINIVASAN: Right. I understand that, but in the, you know, like their talking about a slow Saturday, a slow Sunday and then you fax something over to the office on a Sunday

morning, Sunday afternoon, obviously, nobody's going to look at it until the next working day.

So do you in -- as a routine, is it the pharmacist's advice to the patient that if something were to happen, they need to call the primary care or whoever was responsible for the patient's care? Would that be -- is that what is being told to the patient's at the pharmacies?

JANET KOZAKIEWICZ: Yes. Just as you get your prescription filled at the pharmacy, you're given patient information related to the vaccine and what to do in case of an emergency.

REP. SRINIVASAN: Thank you. Thank you for clarifying that.

JANET KOZAKIEWICZ: You're welcome.

SENATOR GERRATANA: Thank you.

Are there other questions or comments?

If not, thank you so much for staying and giving your testimony.

JANET KOZAKIEWICZ: Thank you.

SENATOR GERRATANA: Ben Davis.

BEN DAVIS: Good evening.

SENATOR GERRATANA: Good evening.

BEN DAVIS: My name is Ben Davis. Just as a brief introduction for the record, I am a licensed pharmacist in Connecticut and have been so for 14 years. I work for Walgreens and have so for the whole time I've been licensed.

SB371

In an addition to being a licensed pharmacist, I have been an immunizer for four years and I've trained Connecticut Walgreens pharmacists in immunization technique and certified them for the past four years, training several hundred of our pharmacists.

I'm here on behalf of Connecticut Association of Community Pharmacists to strongly support expanding the immunizations that licensed pharmacists in Connecticut are permitted to administer.

Just a statement of some facts, I can only speak to what we do in our company at Walgreens, but over the past six months for a period of September 1st through the end of February, Walgreens pharmacists have administered, approximately, 58,000 immunizations. The majority of those were for flu shots, with a smaller minority being pneumonia and Zostavax, which encompasses all that we currently administer right now in Connecticut.

These immunizations were spread across a variety of patient and insurers, such as, private pay, out of pocket, Medicaid, Medicare, state employees, et cetera. That's demonstrating that we reach all corners of the community. The adult immunizations that we're hoping to be able to administer, all CDC recommended vaccinations that have a safety profile that are on par with medicines that we currently -- immunizations that we currently administer.

Despite the availability of effective immunizations, as previous speakers have said, many Americans remain unvaccinated and are susceptible to perennial diseases. Numerous

studies have shown in other states where broader immunization practices are allowed for pharmacists that overall immunization rates for patients in these states increase.

Currently, there are roughly three dozen, 35 to 38 states, that allow pharmacists to administer all CDC recommended vaccines. And, again, for some Walgreens data, in the past six months for some other popular CDC recognized vaccines for tetanus, diphtheria and pertussis, we administered 41,000 vaccines over the past six months; and for meningitis, we've done almost 20,000 doses in the past six months.

I have one more point I want to make. Let me move over to the other side of the bill, which addresses the need for two pharmacists on duty.

I would strongly recommend that you remove that wording for the following reasons: We, as pharmacists, are educated, skilled professionals that step away often from our work as dispensing functions, to speak to patients about drug interactions, general over the counter questions, and stepping away from this function to offer an immunization is really no different. And once we're trained properly and work this into the workflow of our store, the amount of time that each function takes is really very, very similar.

There's no other healthcare provider that I'm aware of, whether it's MD, RN, et cetera, that has such a requirement that requires two of them on duty to perform such a function.

Should this be enacted without legislation in place, it would really hamper many pharmacies abilities to offer this vaccine. Thinking about smaller community pharmacies, independent pharmacies, where it's really standard to have

one pharmacist on duty, perhaps, the owner, whatever be a mom and pop shop, quote/unquote. There not really going to be able to offer that, which will be a problem for the community.

And for most patients, this weekend, slow Saturday, slow Sunday, we've discussed is probably the ideal time for them to go and get that vaccine that they know they have to get. They just don't have time to go see their doctor on a Thursday morning, Thursday afternoon, because we all work full-time. That's the prime time for them to get that vaccine, and that's why it's so beneficial that pharmacies be able to offer this at that time.

SENATOR GERRATANA: Thank you. Thank you for your testimony.

Actually, I have a question if you don't mind I was reading your testimony online. And you say we also ask that the legislation be amended to clarify that pharmacists may administer CDC listed immunizations in accord with the FDA, approved prescribing information.

You would like the legislation amended. What is the approved or "in accord with FDA approved prescribing information," what do you mean by that?

BEN DAVIS: As we discussed, these are certain vaccines, namely, Zostavax, where there is a little bit of differentiation between the CDC has certain recommendations and the FDA has other recommendations to make sure that's clarified that that -- it's -- it's our ability to administer, say, that vaccine is encompassed in both of them.

So, for example, FDA now recommends or approves Zostavax to be administered to any patient to 50 and above; whereas the CDC recommendation is still 60 and above so to be able to offer and encompass the fact that there's differences in there and to allow it to happen for 50 and above.

SENATOR GERRATANA: Thank you. Thank you for that.

BEN DAVIS: If I may, one quick thing, I do want to address one statement that was made earlier about follow-up that occurs after vaccine, Representative Srinivasan brought that up.

And it's my opinion and all the pharmacists I've trained, we -- those are our patients. So we always recommend that they call us first, and certainly, if there's an issue that wouldn't be appropriate for us to address to them on the phone, by all means, they call their PCP, or really because their might not be aware of it. If it's that serious, we recommend they call 9-1-1 or go seek -- seek professional attention.

Normally, we're discussing and talking about mild nausea, mild fever, in which case, we can triage that and recommend on the phone, but we follow them as our patient.

SENATOR GERRATANA: Oh, interesting. Thank you for that.

Did you want to follow up to that, Representative Srinivasan?

REP. SRINIVASAN: Thank you, Madam Chair.

Thank you very much for your testimony and for clarifying that. That actually gives us a lot more peace of mind that there's somebody --

because most of it is just hand-holding it a little bit that the patient needs.

BEN DAVIS: Of course.

REP. SRINIVASAN: -- And then -- and then to talk to the person that gave them the immunization gives the patient a lot of relief, as opposed to calling somebody and saying, Oh, I didn't even know you got the vaccine yesterday, you, know, so that's not a response they want to hear --

BEN DAVIS: I agree and often --

REP. SRINIVASAN: -- this is wonderful that they call you back, and then, of course, if it's very serious, we're all going to say the same thing, call 9-1-1.

BEN DAVIS: Of course.

REP. SRINIVASAN: So I'm glad to hear that. I'm very glad to hear that.

BEN DAVIS: Sure.

SENATOR GERRATANA: Thank you, Mr. Davis. I think that's all that we have for you and thank you for staying here and giving your testimony.

BEN DAVIS: Thank you for your time.

SENATOR GERRATANA: You're welcome.

Finally, we have House Bill 5436.

Tom Barger -- Barger. There you go, hey.

THOMAS BARGER: Good afternoon, Madam Chair, representatives of the Public Health Committee.



**Statement Before
The Committee on Public Health
Friday March 16, 2012**

RE: SB 371: An Act Concerning The Administration of Injectable Vaccines to Adults in Pharmacies.

Good afternoon Senator Gerratana, Representative Ritter and members of the Committee on Public Health. My name is Marghie Giuliano. I am a pharmacist and the Executive Vice President of the Connecticut Pharmacists Association. The Connecticut Pharmacists Association (CPA) is a professional organization representing 1,000 pharmacists in the state of Connecticut.

I am here today to testify in support of SB 371. An Act Concerning the Administration of Injectable Vaccines to Adults in Pharmacies.

Vaccines are among the most cost-effective clinical preventative services available to our residents. Pharmacists are in a unique position to provide these services because we are so readily accessible to the public. SB 371 would allow pharmacists to administer any adult vaccine that is listed on the National Centers for Disease Control and Prevention's adult immunization schedule to persons 18 years of age and over.

Administering vaccinations is becoming increasingly important in certain populations. For example, diabetes is a major health problem in Connecticut. According to a report released by the Connecticut Department of Public Health last year, the prevalence of diabetes in Connecticut has increased significantly since the late 1990s. About 186,000 adults in Connecticut have diagnosed diabetes (6.9%) [2007-2009 data]. An additional 93,000 adults are estimated to have undiagnosed diabetes.

Recently the Advisory Committee on Immunization Practices (ACIP) for the National Centers for Disease Control and Prevention recommended that hepatitis B vaccine be administered to adults <60 years of age who have diabetes, as soon as possible after diabetes is diagnosed. As illustrated by the figures above, in order to satisfy this new recommendation pharmacists will need to be utilized to their full extent in order to reach this goal.

That being said, proper precautions need to be taken to ensure that pharmacists have the necessary support to take on a more extensive role in administering vaccinations.

As written now, Section (B) requires that when administering vaccines, more than one pharmacist must be working. This language is somewhat restrictive, especially considering this would not be cost effective at times when business is known to be slow; ie Saturday afternoons and evening or a Sunday.

We recommend amending the language to mirror other aspects of our practice act to allow a pharmacist to use "professional judgment" when determining whether or not current workflow conditions allow for the administering of vaccinations

For example, in Sec. 20-616 concerning Prescriptions, Refills, transfers it states a pharmacist may exercise his **professional judgment** in refilling a prescription that is not for a controlled drug; another example can be found in Sec. Sec. 20-619 concerning the substitution of generic drugs where it states that a pharmacist may substitute a generic drug product with the same strength, quantity, dose and dosage form as the prescribed drug product which is, in the pharmacist's **professional opinion**, therapeutically equivalent.

Recommended language for vaccines could include:

In a pharmacy, a pharmacist may use professional judgment when deciding whether or not the current workflow situation allows for the pharmacist to safely administer vaccinations to his patients.

Such wording will not restrict pharmacists from providing vaccinations when only one pharmacist is available and the current workflow situation is quiet. However, a pharmacist, using professional judgment, can decide that his current workflow situation is too busy and not conducive to administer vaccinations safely at that time. The pharmacist can then recommend that the patient return at another time.

In conclusion, vaccination is a growing area where pharmacists can help to lower health care costs, increase patient access and meet primary intervention goals. We support that pharmacists should be able to **use professional judgment** in deciding when it is safe to administer any adult vaccine that is listed on the National Centers for Disease Control and Prevention's adult immunization schedule to persons 18 years of age and older.

Written Testimony of Maria Summa, PharmD of Farmington, Connecticut
Connecticut General Assembly Public Health Committee
March 16, 2012

Testimony in Support of:

SB 371, AN ACT CONCERNING THE ADMINISTRATION OF INJECTABLE VACCINES TO ADULTS IN PHARMACIES

Senator Gerrata, Representative Ritter, and distinguished members of the Public Health Committee, my name is Maria Summa and I write in strong support of SB 371, An Act Concerning the Administration of Injectable Vaccines to Adults in Pharmacies, which would expand the types of vaccines which pharmacists may administer to adults.

I have been a practicing pharmacist in the State of Connecticut for 18 years. I serve as an Associate Professor at the Saint Joseph College School of Pharmacy and I previously served as the Director of Pharmacy at Saint Francis Hospital and Medical Center. In 2009, I became a certified pharmacist immunizer, largely to assist my community in identifying and screening patients and administering vaccines during the nationwide H1N1 pandemic. I continue to ardently advocate for strategies that increase vaccination rates by educating potential vaccine recipients, working to expand vaccine accessibility, and partnering with other healthcare providers and community leaders who are involved in immunization awareness efforts.

Few preventative healthcare initiatives have been as successful as immunization programs. Vaccination campaigns have almost eliminated vaccine-preventable diseases that were once common in our country.¹ Despite this success, nearly 50,000 U.S. adults die annually from vaccine-preventable diseases or their complications.² Influenza and pneumonia remain the eighth leading cause of death,³ and other vaccine-preventable diseases, such as hepatitis B and pertussis, are major causes of disease. Hepatitis B vaccination was recently added as a vaccine series recommended for unvaccinated adults aged 19 - 59 years with diabetes mellitus, adding to the target patient groups previously identified by the Advisory Committee on Immunization Practices (ACIP).⁴ In 2010, over 21,000 cases of pertussis were reported in the United States, and represents a number more than double the cases reported only 2 years earlier.⁵ Adults who were immunized against pertussis as children have likely lost their immunity, and now require booster doses to both improve protection against future illness *and* to reduce the risk of disease transmission to infants less than 6 months of age who are not yet candidates for the vaccine. Despite the availability of the Tdap (tetanus and diphtheria toxoids and acellular pertussis) vaccine since 2005, only 16 percent of health care workers and only 6 percent of U.S. adults have received this vaccine.⁶

Pharmacists have been instrumental in increasing vaccination rates in their communities.⁷ Pharmacists are able to help address vaccination rate shortfalls because pharmacists in all settings have access to patients in need of vaccinations. Pharmacists in Connecticut remain limited in their ability to increase vaccination rates by laws that restrict the types of vaccines permitted for administration. SB 371 would expand the types of vaccines which pharmacists may administer to adults, and address this ongoing public health need. Thank you for the opportunity to provide this written testimony and for raising this important issue. I urge support of this bill.

Maria A. Summa, PharmD
19 Indian Hill Road
Farmington, CT 06032

References:

1. Centers for Disease Control and Prevention. Control of Infectious Diseases. *MMWR Morb Mortal Wkly Rep.* 1999;48:621-9.
2. National Foundation for Infectious Diseases. Facts About Adult Immunization. Available at <http://www.nfid.org/pdf/factsheets/adultfact.pdf>. Accessed March 14, 2012.
3. Centers for Disease Control and Prevention. National Center for Health Statistics. National Vital Statistics Reports. Deaths: Preliminary Data for 2009. Available at: http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_04.pdf. Accessed March 14, 2012.
4. Centers for Disease Control and Prevention. Use of Hepatitis B Vaccination for Adults with Diabetes Mellitus: Recommendations of the Advisory Committee on Immunization Practices. *MMWR Morb Mortal Wkly Rep.* 2011;59:1704-17.
5. Centers for Disease Control and Prevention. Notifiable diseases and mortality tables. *MMWR Morb Mortal Wkly Rep.* 2011;60:1709-1711.
6. Centers for Disease Control and Prevention. Tetanus and pertussis coverage among adults aged ≥ 18 yrs - United States 1999 and 2008. *MMWR Morb Mortal Wkly Rep.* 2010;59:1302-6.
7. Steyer TE, Ragucci KR, Pearson WS, et al. The role of pharmacists in the delivery of influenza vaccinations. *Vaccine.* 2004;22:1001-6.



Testimony on Behalf of the New England Biotechnology Association (NEBA)

In Support of SB371, An Act Concerning the Administration of Injectable Vaccines
to Adults in Pharmacies

March 16, 2012

Senator Gerratana, Representative Ritter and members of the Joint Committee on Public Health:

NEBA advocates on behalf of biomedical research and counts among our members many leading New England biotechnology companies and biomedical research institutions. Our overarching goal is to grow the biotech sector, create well paying and meaningful jobs and, of course, speed the progress towards new medical treatments and cures.

We are in support of SB 371 which we feel will increase adult vaccination rates in Connecticut. Despite the need and ability to protect adults from vaccine-preventable infectious diseases, vaccination rates among adults remain low. The good infrastructure for vaccinating children and awareness of the benefits of childhood vaccinations have boosted vaccination rates among children and lowered death rates from vaccine-preventable diseases. Achieving higher vaccination rates among adults offers a significant opportunity to reduce the human and financial costs of diseases that could be prevented by vaccines. We support public policies that improve access to and awareness of recommended vaccinations for adults. Although we have many supports to help ensure U.S. children are protected from vaccine-preventable diseases, 40,000 to 50,000 U.S. adults still die each year from vaccine-preventable diseases. In addition to causing thousands of deaths, these diseases cause \$10 billion in medical care costs.¹

We believe one tool is increasing the number of vaccination sites. Increasing the number of places people can receive vaccinations, including using pharmacists as vaccinators, could help ensure that affordable and efficient access to age-appropriate immunization is a universal preventive health care benefit, with significant economic and social returns for public health overall.

The use of pharmacists to administer vaccines is a logical and efficient approach to increasing vaccine delivery to adults. Pharmacists are easily accessible, knowledgeable sources about vaccines information, and possess sufficient training and capability to administer vaccines safely.

- Americans consistently name pharmacists the most trusted professional on the annual Gallup Polls survey.
- Research shows that states that allow pharmacists to provide immunizations have significantly higher rates of vaccination in all age group for influenza.ⁱⁱ
- In the overwhelming majority of states, pharmacists can immunize adults with all or most vaccinations recommended by the national Advisory Council on Immunization Practices (ACIP).
- There are more than 56,000 pharmacies in the United States: more than 39,000 pharmacies operated by traditional chain pharmacy companies, supermarkets, and mass merchants, and nearly 17,000 independent pharmacies.ⁱⁱⁱ
- Approximately 250 million people walk into a pharmacy every week, usually with no prior appointment.^{iv} Community pharmacists are available to the public for long hours, virtually every day.^v

Other medical professionals support pharmacists' administering vaccines.

- The American College of Physicians and the American Society of Internal Medicine support the use of the pharmacist as a vaccine information source, host of immunization sites, and immunizer, as appropriate and allowed by state law. Increased access to immunization by trained pharmacy professionals will help to increase adult immunization.^{vi}
- The U.S. Centers for Disease Control and Prevention (CDC) supports the role of pharmacists in immunization, positioning the profession as a vital, effective partner in this critical area of public health.^{vii}
- The Centers for Medicare & Medicaid Services (CMS) supports the use of pharmacists as immunizers, allowing them to bill for the administration of immunizations.^{viii}

Pharmacists can be an essential part of immunization delivery. Services provided outside of the traditional "medical home" can be tracked and reimbursed through the introduction of e-prescribing, electronic medical records, and insurance billing.

- The Medicare Prescription Drug Improvement and Modernization Act of 2003 established uniform standards for transmitting prescription information electronically ("e-prescribing") for Medicare. E-prescribing may provide pharmacists, physicians, and other members of a patient's health care team access to patient medical records, a patient's medication use

history, possible interactions among medicines, Medicare drug coverage, and information about lower-cost, therapeutically appropriate alternatives.^{1x}

- E-prescribing helps providers adjust to using electronic records and puts a framework in place for broader use of electronic records.
- The federal stimulus package of 2010 included \$19 billion for supporting broader use of health information technology including electronic medical records.

In conclusion, we believe that allowing pharmacists to vaccinate for all ACIP recommended vaccines for adults will ensure that the citizens of this state have access to these important cornerstones of prevention.

Thank you for the opportunity to share our thoughts on this matter.

Paul R. Pescatello, JD/PhD
Chair, New England Biotech Association

¹ "Adult Immunization: Shots to Save Lives". Robert Wood Johnson Foundation, Trust for America's Health and Infectious Disease Society of America. February 2010.

² Steyer et al. "The Role of Pharmacists in the Delivery of Influenza Vaccinations" *Vaccine*. 2004, Hogue, Micheal, Grabensten, John, Foster Stephan, Rolholz, Mitchel (2006) "Pharmacist Involvement with Immunizations: A Decade of Professional Advancement."

³ National Associate of Chain Drug Stores. <http://www.nacds.org/user-assets/pdfs/2010/newsrelease/LtrSebeliusNIVW.pdf>. Last accessed March 2011.

⁴ The Bureau of Labor Statistics estimates that there were 269,900 pharmacists in 2008. http://www.bls.gov/oes/current/oes_nat.htm. Last accessed 2010.

⁵ Madhavan, Suresh, Sindney Rosenbluth, Mayur Amonkar "Pharmacists and Immunizations: A national survey." *J Am Pharm Assoc (Wash)*. 2001 Jan-Feb;41(1):32-45.

⁶ "Pharmacist Scope of Practice" *Annals of Internal Medicine*. 2002; 136: 79-85.

⁷ Letter from CDC to the American Pharmacist Association. October 2010.

⁸ "2010-2011 Immunizers Question and Answer Guide." Centers for Medicare & Medicaid Services.

<https://www.cms.gov/immunizations/>. Last accessed March 2012.

⁹ Pharmacist.com. Issues. E-Prescribing Standards/Health

IT. <http://www.pharmacist.com/AM/Template.cfm?Section=Issues&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=35&ContentID=12357>. Last accessed November 2011.



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Friday, March 16, 2012**

**SB 371, An Act Concerning The Administration Of Injectable
Vaccines To Adults In Pharmacies**

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **SB 371, An Act Concerning The Administration Of Injectable Vaccines To Adults In Pharmacies**.

SB 371 authorizes pharmacists to administer to adults vaccines that are listed on the National Centers for Disease Control and Prevention's adult immunization schedule. CHA supports increased access to vaccines.

If the Committee intends to take action on SB 371, CHA respectfully requests that it amend the bill to clarify that subdivision (b) of subsection (a) applies to retail pharmacies and not institutional pharmacies. Otherwise, the bill would require hospital pharmacists to give vaccines in the institutional pharmacy as opposed to the patient room or other care setting.

To accomplish clarification, CHA respectfully requests SB 371 be amended by inserting "retail" before "pharmacy" in subdivision (b) of subsection (a).

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.

Strengthening local public health.



Connecticut Association
of Directors of Health

Testimony of the Connecticut Association of Directors of Health
Raised Senate Bill 371 An Act Concerning the
Administration of Injectable Vaccines to Adults in Pharmacies
To the Distinguished Co-Chairs and Members of the Public Health Committee
March 16, 2012

Good morning, distinguished Co-Chairs and Members of the Public Health Committee. My name is Patrick McCormack, and I am President of the Connecticut Association of Directors of Health (CADH) and the Director of the Uncas Health District, serving the towns of Bozrah, Griswold, Lisbon, Montville, Norwich, Sprague, and Voluntown.

CADH wishes to offer comments on *Raised Senate Bill 371: An Act Concerning the Administration of Injectable Vaccines to Adults in Pharmacies*. The Centers for Disease Control and Prevention's adult immunization schedule includes at least 12 vaccinations. CADH supports the laudable public health ideal of making these vaccines as widely available as possible; the greater the number of people who are vaccinated, the more easily further transmission of disease to others is prevented. But CADH also has three primary concerns with respect to this bill. First, *Raised Senate Bill 371* will erode the ability of local health departments to adequately prepare for mass vaccination dispensation in an emergency. Second, it deprives adults of the opportunity to obtain other critical health services in conjunction with their vaccine visit. Finally, scope of practice issues should go through a review process, per Public Act 11-209.

Local health directors protect the public's health by, among other tasks, responding to states of emergency. Local health departments' commitment to emergency preparedness allowed them to organize and mobilize a safe and efficient response during recent emergencies, such as Hurricane Irene and October's historic snowstorm. Practicing skills at vaccination clinics is essential to maintaining local health departments' ability to provide mass vaccinations in the wake of an emergency. At least 10 local health departments offer vaccines against polio, hepatitis, and varicella. The availability of vaccines against flu, pneumococcal disease, and herpes zoster in pharmacies has already reduced participation in local health department vaccination clinics. The additional loss of adults seeking vaccinations would cripple local health departments' capacity to adequately prepare for mass vaccination dispensation when called upon.

Raised Senate Bill 371 also deprives individuals of the ability to obtain more comprehensive medical services at the time of vaccination. At the forefront of health reform is the creation and maintenance of a patient-centered medical home. The patient-centered medical home is a model to provide comprehensive and coordinated primary care. Local health directors are already at the forefront of this effort, supporting school-based health centers, educating families with respect to chronic disease management, and providing screenings for lead, sexually transmitted diseases, and other conditions. Accordingly, local health departments are best situated to administer vaccines and to provide comprehensive preventive health services to individuals in conjunction with the vaccine visit.

Finally, last year the Connecticut General Assembly passed Public Act 11-209 to establish a formalized process under the auspices of the Department of Public Health for resolving issues relating to a health care profession's scope of practice. That law proposes a balanced, evidence-based approach for assessing information relating to proposed scope of practice changes. This process is critical to determining when, or if, scope of practice advancements are recommended for legislative review. This is exactly the type of bill that ought to go through that process.

Thank you for your consideration of our comments on *Raised Senate Bill 371*. CADH is a nonprofit organization comprised of Connecticut's 77 local health departments and districts. Local health directors are the statutory agents of the Commissioner of Public Health and are critical providers of essential public health services at the local level in Connecticut.

My name is Janet Kozakiewicz and I represent the Connecticut Society of Health System Pharmacists. I come to you today to testify in support of Raised Bill No. 371, "An Act Concerning the Administration of Injectable Vaccines to Adults in Pharmacies".

According to the CDC Advisory Committee on Immunization Practices each year, an average of 90,000 Americans die of vaccine preventable infections. In a 2008 study, published in the Annals of Internal Medicine, it was noted that many of these patients visited a healthcare provider in the year prior to their death. Yet despite the availability of effective vaccines they were not vaccinated. Moreover, the World Health Organization (WHO) described vaccines as "one of the most powerful and cost-effective of all health interventions.

Currently all fifty states have passed laws allowing pharmacists to administer vaccinations. While thirty-eight states allow pharmacists to administer any vaccine, Connecticut currently restricts administration by a pharmacist to influenza, pneumococcal, and herpes zoster vaccine.

Pharmacists play a key role in promoting and improving public health. Studies have shown that making vaccines more accessible to the general population through pharmacists results in higher vaccination rates. International evidence also shows that increasing access to vaccinations through pharmacies improves public health by maximizing administration and awareness in both the general public and high risk groups.

The American consumer is heavily influenced by convenience. In addition the current trend by the insurers to move vaccinations from the medical benefit to the pharmacy benefit makes vaccine administration by a pharmacist convenient, affordable, and safe.

I encourage you to pass Raised Bill No 371 which will expand vaccination administration by a pharmacist to any vaccine that is listed on the National Centers for Disease Control and Prevention's adult immunization schedule.

Thank you.

Connecticut Association of Community Pharmacies, Inc.
Phone 860.677.5889
Fax 860.677.5961

**Ben Davis - CT Association of Community Pharmacies
Testimony for the Joint Committee of Public Health
On HB 371 AAC The Administration of Injectable Vaccines to Adults in
Pharmacies
March 16, 2011**

Good morning Chairpersons Gerratana and Ritter, and members of the Public Health Committee. My name is Ben Davis and I work for Walgreens. I am a pharmacist and I have trained hundreds of Walgreens pharmacists in CT over the past 4 years to immunize.

My testimony is provided on behalf of the members of the Connecticut Association of Community Pharmacies. We truly support the goal of Raised Bill No. 371 to expand the immunizations that licensed pharmacists are permitted to administer to adults in Connecticut.

To date, Walgreens has 94 pharmacy locations and 326 immunizing pharmacists in CT. From September 1, 2011 - February 29, 2012 we administered approximately 58,000 immunizations in CT. 94% of the vaccinations were for flu, 2% Pneumonia, and 4% was for Zostavax. Many of the recipients were State Employees, due to the recent changes in the State Employee Plan that allows them to receive flu immunizations at pharmacies. We have had nothing but success and as you can see by the statistics, our customers would like more.

We applaud the sponsor of Senate Bill 371 and the Joint Committee for holding a hearing on this important legislation that will help to expand the access of the adult residents of Connecticut to vaccination services from their neighborhood community pharmacies and pharmacists. However, we have concerns with the restriction that would require two pharmacists to be working in the pharmacy.

**Big Y Foods, Inc. • CVS • Price Chopper •
The Stop & Shop Supermarket Company •
Wal-Mart • Walgreen Company •
National Association of Chain Drug Stores**

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.

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. Despite the availability of effective immunizations, many Americans remain unvaccinated and susceptible to vaccine-preventable diseases. The most recent information from the CDC shows that many U.S. residents remain unvaccinated against preventable infectious illnesses resulting in all health care providers to work to improve vaccination rates. Pharmacists have a significant role in improving vaccination rates.

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. 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. In addition, with the recent cuts to Medicaid and State Employees moving to mail order, this service will help keep CT pharmacies viable.

In closing, we ask that the bill as currently drafted be amended to remove the unnecessary requirement that the pharmacy must have more than one licensed pharmacy working in the pharmacy when a vaccine is administered. Pharmacists have been safely administering immunizations to patients across the U.S. for a number of decades, with no other state having this a requirement. Other health care providers do not have such a requirement. When a patient sees their physician, there is no requirement for another physician to be available. We urge the Committee to agree to remove this requirement and recognize that this added resource burden on pharmacies is not appropriate.

We also ask that the legislation be amended to clarify that pharmacists may administer CDC listed immunizations in accord with the Food and Drug Administration approved prescribing information. Thank you for your leadership and for consideration of our comments.

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
PART 5
1367 - 1694**

2012

Connecticut Academy of Family Physicians

One Regency Drive
P.O. Box 30
Bloomfield, CT 06002
Phone: 860-243-3977

Statement in Opposition to Raised Bill 414 – An Act Concerning Advanced Practice Registered Nurses' Certification or Signature

and

Raised Bill 371 – An Act Concerning the Administration of Injectable Vaccines to Adults in Pharmacies**Public Health Committee**

March 7, 2012

The Connecticut Academy of Family Physicians opposes and respectfully urges this committee to oppose Raised Bill 414 – An Act Concerning Advanced Practice Registered Nurses' Certification or Signature and Raised Bill 371 – An Act Concerning the Administration of Injectable Vaccine to Adults in Pharmacies.

Raised Bill 414 would allow an advanced practice registered nurse to sign, certify or give an authorization where a physician is allowed or required to do so. Raised Bill 371 would, under certain circumstances, allow pharmacists to administer to adults vaccines that are listed on the National Centers for Disease Control and Prevention's adult immunization schedule. Both represent an expansion of the scope of practice of health care professionals.

Our main objection to both bills is that they attempt to circumvent the process that this committee put in place for determining scope of practice issues. Public Act 11-209 – An Act Concerning the Department of Public Health's Oversight Responsibilities Relating to Scope of Practice Determinations for Health Care Professions, establishes a

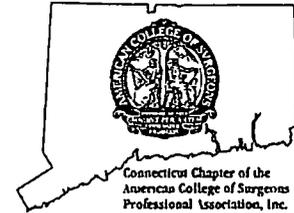
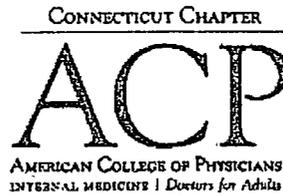
formal process for the submission and review of requests from health care professions seeking to revise their existing scope of practice or to establish a new scope of practice. Under the act, the scope of practice review committee is responsible for reviewing and evaluating the scope of practice requests and providing written assessments to the Public Health Committee, including any legislative recommendations.

Both Raised Bill 414 and Raised Bill 371 are about the expansion of the scope of practice for health care professionals. However, despite this, there is no evidence that the process set forth in Public Act 11-209 was followed here. It is our belief that this process results in outcomes which best reflect the concerns of all parties involved.

We strongly urge this committee to oppose both bills.

**For more information, please call:
Mark Schuman, Executive Vice President
Melissa Dempsey, Director of Government Relations**

(860) 243-3977



Connecticut State Medical Society
Connecticut Chapter of the American College of Physicians
Connecticut Chapter of the American College of Surgeons
Testimony on Senate Bill 414 An Act Concerning Advanced Practice Registered Nurse's
Certification or Signature and Senate Bill 371 An Act Concerning the Administration of
Injectable Vaccines to Adults in Pharmacies

Public Health Committee
March 16, 2012

Senator Gerratana, Representative Ritter and members of the Public Health Committee, on behalf of the more than 8,500 members of the Connecticut State Medical Society (CSMS) and the Connecticut Chapters of the American College of Physicians and the American College of Surgeons, thank you for opportunity to provide this testimony in opposition to **Senate Bill 414 An Act Concerning Advanced Practice Registered Nurse's Certification or Signature and Senate Bill 371 An Act Concerning the Administration of Injectable Vaccines to Adults in Pharmacies.**

Last week we testified before you to the fact that just last session the General Assembly, at the behest of this Committee, established a formal process for the submission and review of requests from health professionals seeking to revise or alter existing scopes of practice. Under Public Act 11-209, committees of appropriate and impacted professionals would be established under the direction of the Department of Public Health (DPH). Public Act 11-209 delineated a comprehensive list of discussion points as well as a significant list of factors to be included such as curriculum, training, supervision, access to care, public need, etc.

Both of these proposed bills include some significant increase or alteration to a scope of practice of the specific allied health providers identified. NEITHER was submitted to the Department of Public Health for a professional review as established by Public Act 11-209 and neither should be approved until going through this committee's recommended and established process.

Once again, CSMS fully believes that prior to any legislation moving forward, an appropriate review should take place through the legislatively established process for scope-of-practice review. We believe it was the intent of PA 11-209 to ensure that such requests receive a proper review and discussion among professionals prior to entering the legislative process. Individuals, organizations or associations of health-care professionals should not be able to circumvent a process designed for medical and clinical review and discussion before changes occur to scope of practice in Connecticut. To allow a proposal that clearly represents a change to the scope of practice for practitioners to move forward in this committee now, contradicts the intentions of the committee less than one year ago.

CSMS was supportive and excited by the passage of PA 11-209. Several review committees were established and many physicians volunteered to participate and spent a significant amount of time and energy to make the system work. It is our fear that circumvention of the process so soon after its establishment will harm our ability to find interested and concerned professionals

to participate in future proceedings. CSMS also questions the significant expense to date of implementing PA 11-209 if it is not to be used for its intended purpose, especially at a time when state resources are so scarce. For this committee and the legislature to develop a process that requires and authorizes state resources, and then allow it to be circumvented, raises questions of both its utility and the wisdom of funding such a process moving forward.

Specific to the legislation, Senate Bill 414 carelessly lists a significant number of state statutes in which some, but not all, reference a certification, verification authorization affidavit, or endorsement by a physician's signature. Without any distinction or review of criteria, the language simply states that an APRN's signature can be substituted for a physician's in ALL situations. While many of the included statutes currently allow for the signature of a licensed nurse, others warrant caution without appropriate review. Many of the specific statutes listed involve the signature of medical documentation for patients, caregivers and even the State of Connecticut and require highly trained and specialized medical decision-making by an experienced physician. These include such items as signing a fetal death certificate though an APRN is clearly not authorized to deliver a child under state statute (is this correct).

Regarding Senate Bill 371, the legislation alters language passed by this committee only a few sessions ago limiting the vaccinations allowed to be delivered by a pharmacist to influenza, pneumococcal disease and herpes zoster. Now, only a few short years later, legislation seeks to expand allowable vaccinations to ANY vaccine listed on the National Centers for Disease Control and Prevention's adult immunization schedule. We opposed such language in the past and continue to do so because there is no evidence of a need for a change in scope or a need for patients to receive these services outside of a physician's office or hospital. While we recognize vaccines should be made available on a wide scale, many require critical health services in conjunction with a vaccination visit and these health care services, including preventive and maintenance care, are often not provided if the patient does not receive the vaccination in a physician's office.

Please oppose these bills and require an appropriate review through the process established in PA 11-209.

S - 643

**CONNECTICUT
GENERAL ASSEMBLY
SENATE**

**PROCEEDINGS
2012**

**VOL. 55
PART 8
2276 - 2638**

cah/meb/gdm/rgd/tmj
SENATE

45
May 2, 2012

Will you remark? Will you remark on Senate A?

Seeing -- will all in favor of Senate A, please say aye.

SENATORS:

Aye.

THE CHAIR:

Opposed?

Senate A passed.

Senator Bye.

SENATOR BYE:

Thank you Madam President.

I believe that we summarized the bill fairly thoroughly through the questioning on the amendment so if there is no objection I ask that it be moved to Consent.

THE CHAIR:

Seeing no objection, so ordered.

Mr. Clerk.

THE CLERK:

On page 25, Calendar 233, Substitute for Senate Bill Number 371, AN ACT CONCERNING THE ADMINISTRATION OF INJECTABLE VACCINES TO ADULTS IN PHARMACIES, favorable report of the Committees on Public Health and General Law.

THE CHAIR:

Senator Gerratana, good afternoon.

SENATOR GERRATANA:

Good afternoon, Madam President.

Madam President, I move acceptance of the joint committee's favorable report and passage of the bill.

cah/meb/gdm/rgd/tmj
SENATE

46
May 2, 2012

THE CHAIR:

The motion is on acceptance and passage.

Will you remark?

SENATOR GERRATANA:

Yes, Madam President, thank you.

This bill expands the authority of licensed pharmacists to administer vaccines to adults. Currently pharmacists in our state who conduct business here and in cooperation with the Department of Consumer Protection are allowed to administer three different vaccines. This will allow them to follow the list that is recommended by the CDC and also the protocols within that list.

And again I urge its passage. Thank you.

THE CHAIR:

Will you remark? Will you remark? Senator Welch.

SENATOR WELCH:

Thank you Madam President.

I too rise in support of this bill. Pharmacies have had it tough. They've had it tough in the past year or so. This is a bill that will not only improve access to vaccines within our community but it will also be of help and a benefit to them so I urge my colleagues to stand with me and support this bill.

Thank you Madam President.

THE CHAIR:

Thank you.

Will you remark? Will you remark? Senator Gerratana.

SENATOR GERRATANA:

Madam President, if there's no objection I ask that this

cah/meb/gdm/rgd/tmj
SENATE

47
May 2, 2012

bill be re -- moved -- I'm sorry moved to our Consent
Calendar. Thank you.

THE CHAIR:

Seeing no objection, so ordered.

Mr. Clerk.

THE CLERK:

On page 25, Calendar 234, Senate Bill Number 436, AN ACT
CONCERNING PRESCRIPTION DRUG MONITORING, favorable report
of the Committee on Public Health and General Law.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Thank you Madam President.

I move acceptance of the joint committee's favorable
report and passage of the bill.

THE CHAIR:

Motion is on acceptance and passage.

Will you remark?

SENATOR GERRATANA:

Thank you Madam President, I will.

This bill requires people or institutions to register with
the Department of Consumer Protection if they are
prescribers of controlled substances. Currently if you
prescribe a controlled substance in our state, a
practicing doctor, institution or entity, you are required
to register with the Department of Consumer Protection.

This bill will also require that you register for our drug
monitoring program which is online. This goes a long way
in getting a handle on those individuals who may be doctor
shopping and also it -- it is a -- a bill and a law that

cah/meb/gdm/rgd/tmj
SENATE

252
May 2, 2012

House Bill 5123; on page 15, Calendar 401, House Bill 5516; on page 19, Calendar 421, House Bill 5107.

On page 21, Calendar 59, Senate Bill Number 97; also on page 21, Calendar 90, Senate Bill 188; on page 21, again, Calendar 72, Senate Bill 63; page 21, Calendar 73, Senate Bill 195; on page 22, Calendar 104, Senate Bill 207; on page 24, Calendar 197, Senate Bill Number 315; also on page 24, Calendar 183, Senate Bill 234.

Page 25, Calendar 208, Senate Bill 347; on page 25, Calendar 233, Senate Bill 371; on page 26, Calendar 275, Senate Bill 391; on page 27, Calendar 288, Senate Bill 299; on page 27, Calendar 292, Senate Bill 156; and on page 28, Calendar 333, Senate Bill Number 426.

THE CHAIR:

Okay. Mr. Clerk, would you please call for a roll call vote and the machine will be open.

THE CLERK:

Immediate roll call has been ordered in the Senate.
Senators please return to the Chamber. Immediate roll call has been ordered in the Senate.

THE CHAIR:

If all members have voted -- all members voted. The machine will be closed. And Mr. Clerk, will you call this great tally?

THE CLERK:

On today's consent calendar.

Total Number voting	36	
Necessary for adoption	19	
Those voting Yea		36
Those voting Nay		0
Those absent and not voting	0	

THE CHAIR:

The consent calendar passed.