

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Vice-Chair Peggy Mast at 1:30 P.M. on January 31, 2007 in Room 526-S of the Capitol.

All members were present:

Committee staff present:

Norman Furse, Revisor's Office
Renaë Jefferies, Revisor's Office
Melissa Calderwood, Legislative Research
Mary Galligan, Legislative Research
Patti Magathan, Committee Assistant

Conferees appearing before the committee:

Sam Boyanjan	Registered Pharmacist
Debra Billingsley	KS Board of Pharmacy
Dan Morin	KS Medical Society
Chip Wheelen	
Dr. Gail Hansen	Kansas Department of Health and Environment
Barbara Woods	KU School of Pharmacy
Bud Burke	
Dr. Barbara Vail	Dr. Of the Day

Others Attending:

See Attached List.

Vice-Chair Mast opened the floor for bill introductions.

Bud Burke requested a bill on behalf of Kansas Physical Therapists which would provide direct access to physical therapists. Motion was made by Representative Patton and seconded by Representative Morrison. Motion carried.

Representative Flaharty motioned to introduce a bill establishing an advisory committee dealing with hospital infection. Motion seconded by Representative Kiegerl. Motion carried.

Representative Kiegerl motioned to introduce a bill dealing with disposition of fetal remains. Motion seconded by Representative Metsker. Motion carried.

Vice-Chair Mast opened the Hearing on **HB 2009** - Vaccinations by pharmacists to persons of any age.

Proponent **Sam Boyanjan**, Registered Pharmacist from Gardener, KS stated that in some smaller communities a pharmacist is the only health care professional available. Pharmacists are able to provide vaccinations to persons 18 and older today. This bill would allow them to provide vaccinations to those younger than 18. When a pharmacist gives a vaccine that fact is reported to the person's doctor. Pharmacists today receive training necessary to give vaccines. Doctors and pharmacists will need to write a protocol for providing vaccines. (Attachment 1)

Opponent **Debra Billingsley**, Executive Director of the KS Board of Pharmacy explained that they had changes to **HB 2009** and had filed a similar bill **HB 2097**. She asked that her testimony be held for the hearing on **HB 2097**.

Opponent **Dan Morin** of the Kansas Medical Society spoke in opposition to both **HB 2009** and **HB 2097**. On 2009 he stressed continuity of care for children. He said that they have questions regarding the need for and possible negative effects of increased vaccination access points. Kansas is ranked 11th nationally concerning immunization rates. On 2097 he stated that there is no need for this bill. He cites problems with protocol that is non-existent, record keeping, and the balance of greater good versus safety. (Attachment 2)

CONTINUATION SHEET

MINUTES OF THE House Health and Human Services Committee at 1:30 P.M. on January 31, 2007 in Room 526-S of the Capitol.

Opponent **Charles L. Wheelen**, who spoke on behalf of the KS Association of Osteopathic Medicine stated that they oppose both **HB 2009** and **HB 2097** for the same reason. Either bill, if enacted, would interfere with the opportunity for children to be evaluated by physicians or nurses. Mr. Wheelen also provided information related to similar provisions in neighboring states. (Attachment 3)

Following questions, Chair Landwehr closed the Hearings on **HB 2009** and opened hearings on **HB 2097** Administering of vaccines by pharmacists, pharmacy students and interns to persons age five and older.

Debra Billingsley, Executive Director of the KS Board of Pharmacy explained that the Board of Pharmacy had problems with no age limit provision of **HB 2009**, so asked for **HB2097** which stipulates that vaccinations can be administered to persons five years of age or older. She explained that the Center for Disease Control has laid out immunization schedules by age group. The three groups are childhood, adolescent, and adult. She stated that since immunization training is an integral part of the pharmacy curriculum, the board endorses allowing pharmacy interns to perform immunizations under the supervision of a pharmacist. (Attachment 4)

Dr. Gail Hansen, Epidemiologist for Kansas Department of Health and Environment (K.D.H.E.), presented a neutral position on **HB 2097**. She said that K.D.H.E. supports increased access to immunizations throughout the community. She emphasized that coordinating care between providers is critical, and encouraged Pharmacists and physicians to enroll in a joint vaccination endeavor. (Attachment 5)

Barbara Woods from University of Kansas School of Pharmacy spoke to inform the committee about what the University of Kansas School of Pharmacy is doing regarding education of students and pharmacists on the topic of immunizations. They offer a course "Immunization Theory and Practice to both students and practicing pharmacists. The course has been offered since 2000. (Attachment 6)

Dr. Barbara Vail, Dr of the Day, spoke as an opponent of **HB 2097**. She stated that children don't always appear on schedule with current records. She also said that doctors use the immunization time for patient evaluation.

Written testimony was provided by the American Academy of Pediatrics as an opponent to **HB 2097**. (Attachment 7)

Chair Landwehr closed the hearings on **HB 2097** and adjourned the meeting. She announced that the next meeting would be February 1 at 1:30 P.M.

HOUSE HEALTH AND HUMAN SERVICES COMMITTEE GUEST LIST

DATE: JANUARY 31, 2007

NAME	REPRESENTING
Chip Wheelon	Asn of Osteo Medicine
Will Deer	Federico Consulting
Bill Sneed	Polsinelli
BRIAN CASWELL	ILS. PHARMACIST ASSOC.
Luke Hein	Hun Law Firm
Ron Gaches	KS Pharmacy Service Corp.
Don Morin	KS Medical Society
Chad Austin	KS Hosp Assoc
MIKE LARKIN	KS PHARMACISTS ASSOC.
Chris Everts RD	/
Debra Billingsley	KBOP
barbara woods	KU School of Pharmacy
PETER STEVEN	KANSAS INDEPENDENT PHARM. SOC.
Luke Thompson	KHPA
BRENDA E. WALKER	KDHE
John Breiner	Rep. Ward
Gail R. Hansen	KDHE

Testimony in Support of HB2009/HB2097
Reducing the Age Limit on Pharmacists' Immunization

Respectfully Submitted:

Sam H. Boyajian RPH

1/31/07

Thank you for the opportunity to address this committee.

Years ago the state, very astutely, gave immunization rights to pharmacists in the state of Kansas. Since then, pharmacists have given thousands of vaccinations to adults, helping to ensure the health of their patients in their respective communities. The vast majority of states have given this right to their pharmacists, and many of those have lower or no age restrictions whatsoever. I believe Kansas should offer its citizens the same availability to these services.

The desire to lower/eliminate the age limit for pharmacists' legal ability to give immunizations is about one thing only; access to healthcare. Currently, Kansas falls below the national average, according to the CDC, in immunization rates. Pharmacists are an excellent, untapped resource for ensuring these rates increase to protect all Kansans as much as possible. The pharmacist is the most accessible healthcare professional in our communities, and sometimes, in rural areas, the only healthcare professional available to the public.

Some might argue that this would decrease children's visits to their doctors. While I have no study to cite, I can tell you from 25 years of experience in pharmacy that a person is more likely to see their doctor upon the recommendation of a pharmacist than not. Pharmacists routinely are making these recommendations that increase doctor visits, not decrease them. I do not believe that simply because a child received a vaccine from a pharmacist, that the parent would forego a visit to the doctor for routine checkups. Quite the contrary, a visit to the pharmacist could increase the chance of the parent keeping the appointment with the encouragement of the pharmacist. The child's physician is notified as to the vaccine given, so the open line of communication is kept at all times, as it should be. Our goal is to give all Kansans easy access to the much needed vaccines that can prevent terrible disease and cost the healthcare system millions of dollars.

In my own practice, I have had to turn away countless patients looking for flu and other vaccines simply because of their age. Some patients' doctors have sent them to me to receive their flu shots because they either did not have the serum or they were too booked up to get somebody in, but I had to deny them their vaccine because they were under 18. This is not right. I've had to turn away 17 year old graduating seniors for their meningococcal vaccines before they went off to college, because they were not old enough for me to see. We now have a new vaccine out that can prevent cancer

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in our daughters and granddaughters. The new vaccine for cervical cancer is recommended for girls as young as 9 years of age, but they definitely need to be vaccinated prior to becoming sexually active. Our daughters and granddaughters deserve to have easy access to this huge medical breakthrough.

After last years' flu season and countless requests, I decided to get a better feel for what my patients thought about vaccines for those under 18. We put a petition at our counter that simply stated, "would you like your pharmacist to have the legal ability to give vaccinations to those under the age of 18?". We did not actively solicit signatures, rather, the petition was left for people to read on their own. We had an overwhelming response, collecting nearly 500 signatures in approximately 1 month. I believe this positive response illustrates the desire of Kansans to have this easy healthcare access from a trusted professional. I believe this response would be duplicated all over the state if given the chance.

It is important to note, I believe, that pharmacists with this additional training are more than qualified to immunize their patients responsibly. We have not only received the additional training necessary, we also practice under the strict protocol of a physician. That physician along with their pharmacist can write a protocol that gives the community access to these vaccines, at the same time ensures any responsible restrictions as the physician sees fit.

Other areas where trained pharmacists would be beneficial are pandemics, terrorist attacks, and natural disasters. All the experts agree that it is not if but when a major pandemic occurs. Whether it be Bird Flu or something else, trained pharmacists can ease the burden of our healthcare system by offering our services to the public by keeping as many people protected as possible in that crucial time. Should a terrible natural disaster, on the order of Katrina strike, we could use these same skills in the same manner. Not long after the 9/11 disaster, I attended a continuing education seminar on bioterrorism. One of the main problems identified was the predicted lack of qualified healthcare personnel to handle emergency vaccinations. Trained pharmacists would be invaluable in this type of scenario. After 9/11 nobody can deny the possibility of a man-made disaster happening anywhere on our soil. Once again, every healthcare professional would be called upon to offer their assistance in that trying time. Kansas should be prepared for anything man or mother nature throws at us. Pharmacists can help.

I respectfully ask that you support HB2009/HB2097 to ensure that all Kansans have the easy, affordable, access to the healthcare they need and deserve. Thank you.

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To: House Committee on Health and Human Services

From: Dan Morin
Director of Government Affairs

Subject: HB 2009 An act concerning pharmacists; relating to vaccinations
HB 2097 An act concerning pharmacists; relating to the giving of vaccinations

Date: January 31, 2007

The Kansas Medical Society appreciates the opportunity to submit the following comments on HB 2009 and HB 2097 which allow pharmacists and pharmacy students and interns to administer vaccinations to children and adolescents.

Pharmacists are an integral complement to an effective health care team as a result of professionalism and regard for the interests of their customers. They are regarded as a source of reliable advice and information to patients about the medications they use.

We do, however, have questions as to the need and possible negative consequences of both HB 2009 and HB 2097. The Kansas Medical Society does not observe a policy problem to be addressed nor have we seen data that supports a need to increase the number of access points for childhood immunizations. Medical clinics promote the need to have children immunized and much to the credit of KDHE and other community health care groups; Kansas has recently risen to 11th nationally concerning immunization rates. In fact, under current law pharmacists are well placed to address upcoming obvious access issues for the fast-aging population filling nursing homes, assisted living facilities, and home care settings.

In addition, the Kansas Medical Society supports Kansas Health Policy Authority efforts to emphasize policies that promote continuity of care and discourages further fragmentation of health care delivery. Mandatory childhood immunization schedules are much more complicated than voluntary adult vaccinations. For example, children receive immunizations at 2 months of age, 4 months, 6 months, 12 months, between 15 and 18 months, and 4 years of age. Continuity of care and recordkeeping is enhanced when parents or guardians have child immunizations provided by their primary health care provider or clinic. This guarantees consolidation and accuracy in a permanent medical record. It also increases compliance with proper immunization regimes, prevents children from receiving unnecessary immunizations, and saves time for parents and schools needing to verify immunization compliance. The more sites that provide immunizations the more likely it is that a child's immunization history will not be included or up-to-date. School districts can deny enrollment without proper immunization records.

Thank you for the opportunity to offer comments on the proposed legislation.

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Attachment 2



Testimony
House Health and Human Services Committee
House Bills 2009 and 2097
January 31, 2007
By Charles L. Wheelen

Thank you for the opportunity to express our opposition to HB2009 and HB2097. We are opposed to both bills for the same principal reason; either bill, if enacted, would interfere with the opportunity for children to be evaluated by physicians or nurses.

We respect and appreciate the important role of pharmacists in the health care delivery system. Their knowledge and expertise pertaining to medications is invaluable. Nor do we question the ability of properly trained pharmacists to administer injections. That's why in 1999 we agreed to a compromise on this issue that is reflected in the current provisions of K.S.A. 2006 Supp. 65-1635a.

Prior to the year 2000 there was a significant number of adults who were not being immunized against influenza or pneumonia. Despite the fact that insurers, including the Medicare program, had recognized the cost-effectiveness of covering flu and pneumonia shots, for some reason many people were not being immunized. Some pharmacies were conducting flu shot clinics, but because the pharmacist scope of practice did not include administration of injectible drugs, they had to hire a nurse (usually an LPN) to actually give the shots. A persuasive argument was made that if a pharmacist was trained to perform intramuscular injections, he or she could administer a vaccine product at any time, thus increasing access to immunizations against influenza and pneumonia.

The provisions of both HB2009 and HB2097 represent a major departure from the established public policy in current law. These bills, if enacted, would allow pharmacists to administer immunizations to children. Attached to this testimony is a copy of the most recent immunization schedule recommended by the Advisory Committee on Immunization Practices and adopted by the Centers for Disease Control and Prevention. You will note that there are numerous immunizations recommended during the first five years, but there are other important immunizations during ages six through twelve years. Most of the immunizations recommended after age twelve are for those teenagers who did not complete the entire regimen of recommended vaccines prior to age thirteen.

Each stage of the immunization schedule is an opportunity for the child to be evaluated by a physician or nurse who is trained to identify indications of illness or injury. If the child is not under the care of a pediatrician or family physician, he or she can be evaluated by a public health nurse who administers the vaccine. In addition to identifying signs of disease, the health care professional may determine whether the child is at an appropriate stage of development for his or her age. And unfortunately, these "well child" immunizations are an opportunity for the health care professional to identify signs of abuse or neglect. We believe these are sufficient reasons for you to reject both HB2009 and HB2097.

In addition, some children may have an adverse reaction to a vaccine product. Although this rarely happens, it is important for the child to be in an environment where proper medical care can be immediately provided. We do not believe a retail pharmacy is a safe environment to render medical care in the event of an adverse reaction. Calling 911 for emergency medical services is not an acceptable response.

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It is also noteworthy that even though both of these bills would authorize administration of injectible vaccine products to minors, neither bill addresses the issue of informed consent. Under current laws set out in Chapter 38 of the Statutes, any person younger than eighteen years old is considered a minor, and therefore it is assumed that he or she is not competent to make an informed decision regarding his or her health care.

The Legislature has already made the policy decision that under certain circumstances, a teenager who has reached age sixteen may legally access health care services without parental consent. Last year the 2006 Legislature decided that it is acceptable for teenagers sixteen and older to donate blood without parental consent. Pertinent sections of law are excerpted and printed here for your reference.

38-122. Consent by parent for surgery and other procedures on child. Any parent, including a parent who is a minor, whether married or unmarried, may consent to the performance upon his or her child of a medical, surgical or post mortem procedure by a physician licensed to practice medicine or surgery. The consent of a parent who is a minor shall not be voidable because of such minority, but for such purpose a parent who is a minor shall be deemed to have the same legal capacity to act and shall have the same powers and obligations as has a person of legal age.

History: L. 1967, ch. 241, § 1; July 1.

38-123a. Donation of blood by persons over 16; compensation. Any person 16 years of age or older shall be eligible to donate blood voluntarily without the necessity of obtaining parental permission or authorization. No person 16 or 17 years of age shall receive compensation for any such donation without parental permission or authorization.

History: L. 1969, ch. 221, § 1; L. 1972, ch. 161, § 6; L. 1975, ch. 229, § 1; L. 2006, ch. 184, § 2; July 1.

38-123b. Consent by minor 16 or over to hospital, medical or surgical treatment or procedures. Notwithstanding any other provision of the law, any minor sixteen (16) years of age or over, where no parent or guardian is immediately available, may give consent to the performance and furnishing of hospital, medical or surgical treatment or procedures and such consent shall not be subject to disaffirmance because of minority. The consent of a parent or guardian of such a minor shall not be necessary in order to authorize the proposed hospital, medical or surgical treatment or procedures.

History: L. 1969, ch. 220, § 1; July 1.

One option you may wish to consider is a new section in Chapter 38 that allows a teenager sixteen or older to consent to immunizations. In that case, you could also amend K.S.A. 2006 Supp. 65-1635a accordingly to change the age criteria from eighteen to sixteen. We would not oppose a bill containing those two amendments to current law.

As you know, there are important differences between the two bills. House Bill 2009 does not include language allowing a pharmacy “student or intern” to administer vaccine products. We would ask you to focus your attention on the definitions section of the Pharmacy Act. The phrase “pharmacy student” is defined, whereas the phrase “pharmacy intern” is not. While we may think we know what it means, the law does not stipulate. In other words it would be subject to random interpretation.

Thank you for your attention to our concerns. We urge you to recommend that both HB2009 and HB2097 **not** be passed.

FIGURE 1. Recommended immunization schedule for persons aged 0–6 years — United States, 2007

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B ¹	HepB	HepB	HepB	See footnote 1	HepB	HepB Series						
Rotavirus ²			Rota	Rota	Rota							
Diphtheria, Tetanus, Pertussis ³			DTaP	DTaP	DTaP		DTaP					DTaP
Haemophilus influenzae type b ⁴			Hib	Hib	Hib ⁴	Hib	Hib					
Pneumococcal ⁵			PCV	PCV	PCV	PCV					PCV PPV	
Inactivated Poliovirus			IPV	IPV		IPV						IPV
Influenza ⁶						Influenza (Yearly)						
Measles, Mumps, Rubella ⁷						MMR						MMR
Varicella ⁸						Varicella						Varicella
Hepatitis A ⁹						HepA (2 doses)					HepA Series	
Meningococcal ¹⁰											MPSV4	

Range of recommended ages

Catch-up immunization

Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2006, for children aged 0–6 years. Additional information is available at <http://www.cdc.gov/nip/recs/child-schedule.htm>. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components

of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

1. Hepatitis B vaccine (HepB). (Minimum age: birth)

- At birth:**
- Administer monovalent HepB to all newborns before hospital discharge.
 - If mother is hepatitis surface antigen (HBsAg)-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
 - If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine the HBsAg status as soon as possible and if HBsAg-positive, administer HBIG (no later than age 1 week).
 - If mother is HBsAg-negative, the birth dose can only be delayed with physician's order and mothers' negative HBsAg laboratory report documented in the infant's medical record.

After the birth dose:

- The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1–2 months. The final dose should be administered at age ≥24 weeks. Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg after completion of ≥3 doses of a licensed HepB series, at age 9–18 months (generally at the next well-child visit).

4-month dose:

- It is permissible to administer 4 doses of HepB when combination vaccines are administered after the birth dose. If monovalent HepB is used for doses after the birth dose, a dose at age 4 months is not needed.

2. Rotavirus vaccine (Rota). (Minimum age: 6 weeks)

- Administer the first dose at age 6–12 weeks. Do not start the series later than age 12 weeks.
- Administer the final dose in the series by age 32 weeks. Do not administer a dose later than age 32 weeks.
- Data on safety and efficacy outside of these age ranges are insufficient.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). (Minimum age: 6 weeks)

- The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose.
- Administer the final dose in the series at age 4–6 years.

4. Haemophilus influenzae type b conjugate vaccine (Hib). (Minimum age: 6 weeks)

- If PRP-OMP (PedvaxHIB® or ComVax® [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required.
- TriHIBit® (DTaP/Hib) combination products should not be used for primary immunization but can be used as boosters following any Hib vaccine in children aged ≥12 months.

5. Pneumococcal vaccine. (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPV])

- Administer PCV at ages 24–59 months in certain high-risk groups. Administer PPV to children aged ≥2 years in certain high-risk groups. See *MMWR* 2000;49(No. RR-9):1–35.

6. Influenza vaccine. (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 5 years for live, attenuated influenza vaccine [LAIV])

- All children aged 6–59 months and close contacts of all children aged 0–59 months are recommended to receive influenza vaccine.
- Influenza vaccine is recommended annually for children aged ≥59 months with certain risk factors, health-care workers, and other persons (including household members) in close contact with persons in groups at high risk. See *MMWR* 2006;55(No. RR-10):1–41.
- For healthy persons aged 5–49 years, LAIV may be used as an alternative to TIV.
- Children receiving TIV should receive 0.25 mL if aged 6–35 months or 0.5 mL if aged ≥3 years.
- Children aged <9 years who are receiving influenza vaccine for the first time should receive 2 doses (separated by ≥4 weeks for TIV and ≥6 weeks for LAIV).

7. Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months)

- Administer the second dose of MMR at age 4–6 years. MMR may be administered before age 4–6 years, provided ≥4 weeks have elapsed since the first dose and both doses are administered at age ≥12 months.

8. Varicella vaccine. (Minimum age: 12 months)

- Administer the second dose of varicella vaccine at age 4–6 years. Varicella vaccine may be administered before age 4–6 years, provided that ≥3 months have elapsed since the first dose and both doses are administered at age ≥12 months. If second dose was administered ≥28 days following the first dose, the second dose does not need to be repeated.

9. Hepatitis A vaccine (HepA). (Minimum age: 12 months)

- HepA is recommended for all children aged 1 year (i.e., aged 12–23 months). The 2 doses in the series should be administered at least 6 months apart.
- Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits.
- HepA is recommended for certain other groups of children, including in areas where vaccination programs target older children. See *MMWR* 2006;55(No. RR-7):1–23.

10. Meningococcal polysaccharide vaccine (MPSV4). (Minimum age: 2 years)

- Administer MPSV4 to children aged 2–10 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high-risk groups. See *MMWR* 2005;54(No. RR-7):1–21.

The Recommended Immunization Schedules for Persons Aged 0–18 Years are approved by the Advisory Committee on Immunization Practices (<http://www.cdc.gov/nip/acip>), the American Academy of Pediatrics (<http://www.aap.org>), and the American Academy of Family Physicians (<http://www.aafp.org>).

FIGURE 2. Recommended immunization schedule for persons aged 7–18 years — United States, 2007

Vaccine ▼	Age ►	7–10 years	11–12 YEARS	13–14 years	15 years	16–18 years
Tetanus, Diphtheria, Pertussis ¹	See footnote 1		Tdap			Tdap
Human Papillomavirus ²	See footnote 2		HPV (3 doses)			HPV Series
Meningococcal ³		MPSV4	MCV4		MCV4 ³	MCV4
Pneumococcal ⁴			PPV			
Influenza ⁵			Influenza (Yearly)			
Hepatitis A ⁶			HepA Series			
Hepatitis B ⁷			HepB Series			
Inactivated Poliovirus ⁸			IPV Series			
Measles, Mumps, Rubella ⁹			MMR Series			
Varicella ¹⁰			Varicella Series			

Range of recommended ages

Catch-up immunization

Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2006, for children aged 7–18 years. Additional information is available at <http://www.cdc.gov/nip/recs/child-schedule.htm>. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components

of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

1. **Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).** (Minimum age: 10 years for BOOSTRIX® and 11 years for ADACEL™)
 - Administer at age 11–12 years for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a tetanus and diphtheria toxoids vaccine (Td) booster dose.
 - Adolescents aged 13–18 years who missed the 11–12 year Td/Tdap booster dose should also receive a single dose of Tdap if they have completed the recommended childhood DTP/DTaP vaccination series.
2. **Human papillomavirus vaccine (HPV).** (Minimum age: 9 years)
 - Administer the first dose of the HPV vaccine series to females at age 11–12 years.
 - Administer the second dose 2 months after the first dose and the third dose 6 months after the first dose.
 - Administer the HPV vaccine series to females at age 13–18 years if not previously vaccinated.
3. **Meningococcal vaccine.** (Minimum age: 11 years for meningococcal conjugate vaccine [MCV4]; 2 years for meningococcal polysaccharide vaccine [MPSV4])
 - Administer MCV4 at age 11–12 years and to previously unvaccinated adolescents at high school entry (at approximately age 15 years).
 - Administer MCV4 to previously unvaccinated college freshmen living in dormitories; MPSV4 is an acceptable alternative.
 - Vaccination against invasive meningococcal disease is recommended for children and adolescents aged ≥2 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high-risk groups. See MMWR 2005;54(No. RR-7):1–21. Use MPSV4 for children aged 2–10 years and MCV4 or MPSV4 for older children.
4. **Pneumococcal polysaccharide vaccine (PPV).** (Minimum age: 2 years)
 - Administer for certain high-risk groups. See MMWR 1997;46(No. RR-8):1–24, and MMWR 2000;49(No. RR-9):1–35.
5. **Influenza vaccine.** (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 5 years for live, attenuated influenza vaccine [LAIV])
 - Influenza vaccine is recommended annually for persons with certain risk factors, health-care workers, and other persons (including household members) in close contact with persons in groups at high risk. See MMWR 2006;55(No. RR-10):1–41.
 - For healthy persons aged 5–49 years, LAIV may be used as an alternative to TIV.
 - Children aged <9 years who are receiving influenza vaccine for the first time should receive 2 doses (separated by ≥4 weeks for TIV and ≥6 weeks for LAIV).

6. **Hepatitis A vaccine (HepA).** (Minimum age: 12 months)
 - The 2 doses in the series should be administered at least 6 months apart.
 - HepA is recommended for certain other groups of children, including in areas where vaccination programs target older children. See MMWR 2006;55(No. RR-7):1–23.
7. **Hepatitis B vaccine (HepB).** (Minimum age: birth)
 - Administer the 3-dose series to those who were not previously vaccinated.
 - A 2-dose series of Recombivax HB® is licensed for children aged 11–15 years.
8. **Inactivated poliovirus vaccine (IPV).** (Minimum age: 6 weeks)
 - For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if the third dose was administered at age ≥4 years.
 - If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.
9. **Measles, mumps, and rubella vaccine (MMR).** (Minimum age: 12 months)
 - If not previously vaccinated, administer 2 doses of MMR during any visit, with ≥4 weeks between the doses.
10. **Varicella vaccine.** (Minimum age: 12 months)
 - Administer 2 doses of varicella vaccine to persons without evidence of immunity.
 - Administer 2 doses of varicella vaccine to persons aged ≤13 years at least 3 months apart. Do not repeat the second dose, if administered ≥28 days after the first dose.
 - Administer 2 doses of varicella vaccine to persons aged ≥13 years at least 4 weeks apart.

The Recommended Immunization Schedules for Persons Aged 0–18 Years are approved by the Advisory Committee on Immunization Practices (<http://www.cdc.gov/nip/acip>), the American Academy of Pediatrics (<http://www.aap.org>), and the American Academy of Family Physicians (<http://www.aafp.org>).



RODERICK L. BREMBY,
SECRETARY

KATHLEEN SEBELIUS,
GOVERNOR

K A N S A S

DEPARTMENT OF HEALTH AND
ENVIRONMENT

For Immediate Release September 18, 2006 Sharon Watson, KDHE (785) 296-5795

Kansas Immunization Rates Significantly Improve in 2005 State is 12th in nation in 4:3:1:3:3 series

Kansas immunization rates have jumped to 12th in the nation from 43rd in the 4:3:1:3:3 immunization series. This means approximately 9,085 more two year olds were immunized between 2003 and 2005 in Kansas than in the previous two years.

Rates for 2005 for the 4:3:1:3:3 series (four doses of DTaP, three doses of polio vaccine, one dose measles-mumps-rubella vaccine, three doses of Hepatitis B, and three doses of *Haemophilus influenzae* type b) have increased to 83.8 percent. This marks a 6.3 percent increase, ranking Kansas at 12th in the nation up from 43rd in 2004.

According to a national report released today by the Centers for Disease Control and Prevention (CDC), immunization rates in Kansas have made significant improvements in 2005. The annual National Immunization Survey (NIS) shows Kansas immunization rates have gone up for the fourth consecutive year.

Immunization rates for 2005 for the 4:3:1 series (four doses of DTaP, three doses of polio vaccine, and one dose measles-mumps-rubella vaccine) have increased to 87.5 percent, an increase of 6.9 percent from 2004 data.

Immunization rates for the 4:3:1:3 series (four doses of DTaP, three doses of polio vaccine, one dose measles-mumps-rubella vaccine, and three doses of *Haemophilus influenzae* type b) have also jumped to 86.2 percent in 2005 for an increase of 6.7 percent from 2004 data.

Rates for the 4:3:1:3:3:1 series (four doses of DTaP, three doses of polio vaccine, one dose measles-mumps-rubella vaccine, three doses of *Haemophilus influenzae* type b, three doses of Hepatitis B, and one dose of varicella) went up to 72 percent for 2005. This is an increase of 6.3 percent from 2004 data and increases Kansas' rank to 38th, up from 43rd in this series.

"One of the goals of the Healthy Kansas initiative is to promote preventative care, including immunizations. We've made a push over the past year to increase the number of children who are immunized, and it's good news more kids are going to have a healthier start on life," said Governor Kathleen Sebelius.

Since 2002, KDHE has made many changes in its Immunization Program including incorporating recommendations established by the Governor's Blue Ribbon Task Force.

Kansas has taken the following strategic actions since 2002 aimed at increasing the state's immunization rates:

- implemented a statewide immunization registry, a centralized database of immunization records to ensure parents and health care providers know a child's immunization schedule and can be fully immunized;
- recommended an accelerated immunization schedule for DtaP (diphtheria, tetanus, and pertussis) to ensure more children complete the series by allowing children to receive the fourth DtaP dose at 12 months, rather than 15-18 months;
- required Hepatitis B and varicella (chicken pox) vaccine for school entry starting in 2004;
- worked with Kansas Health Institute and Kansas Health Foundation to implement the Immunize Kansas Kids project, which will involve research to determine barriers to childhood immunizations in Kansas;
- expanded the Immunize and Win a Prize program statewide, to provide an incentive for parents to ensure their child is fully immunized, and to assist those families struggling with financial issues surrounding immunizations;
- partnered with the WIC program regarding immunization status of children in the program.

"Kansas has made it a priority to see that immunization rates improve, and we are extremely pleased to see the dramatic increase in rates shown in this year's data," said KDHE Secretary Roderick L. Bremby. "Our efforts to continue to see improved rates will not stop."

"No child should have to suffer from devastating diseases that could be prevented through vaccination," said Howard Rodenberg, M.D., M.P.H., director of KDHE's Division of Health. "KDHE will continue to work on ways to assist families who are seeking vaccinations for their children."

KANSAS

BOARD OF PHARMACY
DEBRA L. BILLINGSLEY, EXECUTIVE DIRECTOR

KATHLEEN SEBELIUS, GOVERNOR

Testimony re: HB 2097
House Health and Human Services Committee
Presented by Debra L. Billingsley
January 31, 2007

Chairman Landwehr and Members of the Committee:

My name is Debra Billingsley, and I am the Executive Director of the Kansas State Board of Pharmacy. The Board of Pharmacy consists of six members, five of who are licensed pharmacists, and one who is a representative of the general public. The major purpose and focus of the Board of Pharmacy is to protect the public health, safety and welfare of the citizens of the State of Kansas through the licensure and regulation process. The Board also promotes the education and understanding of pharmacy related services.

HB 2097 amends K.S.A. 65-1635a of the Pharmacy Act as it relates to the administration of vaccines and immunizations. In 2000 the legislature expanded the practice of pharmacy to include administration of immunizations. This is accomplished through a written vaccination protocol, agreed to by a pharmacist and a person licensed to practice medicine and surgery by the state board of healing arts. The protocol establishes procedures, record keeping and reporting requirements for administering a vaccine by the pharmacist and the protocol must be renewed every two years.

The legislature granted pharmacists the authority to administer vaccines because of their accessibility and availability to the public. Vaccination is one of the most effective ways to minimize suffering and death should there be a disease outbreak. The Board of Pharmacy has been working with KDHE in ensuring that Kansas will have an adequate and competent healthcare volunteer force in an emergency situation. We have worked with the University of Kansas School of Pharmacy to utilize pharmacy students as official volunteer corps members and to develop volunteer program protocols (logistics, legal, training.) Currently, pharmacy regulations permit a pharmacy student or intern under the direct supervision of a pharmacist to perform the same functions as a pharmacist. However, since the statute on immunizations did not include pharmacy students or interns the Board did not permit them to perform this function. Immunization training is an integral part of the pharmacy curriculum and this role is now a standard of practice. These students receive the same certification and training as any other pharmacist providing this service. It would only make sense that they be permitted to administer vaccines while under the supervision of a pharmacist rather than require them to wait until they graduate. It would also permit the state to use these individuals

should there ever be a pandemic. We checked with some of our surrounding states and Oklahoma, Colorado, and Iowa permit their students/interns to immunize under the direct supervision of a pharmacist. Arkansas is in the process of discussing this change.

The second amendment to the law would be to lower the age that a patient may be immunized. Currently, Kansas permits a pharmacist to immunize a patient that is 18 years of age or older. Permitting the vaccination of younger patients was previously met with resistance. It was believed that the pharmacist would disrupt the pediatric medical developmental well-visit evaluation if pharmacists were administering routine immunizations. Efforts were thus placed on providing adult immunizations. This year the CDC recommended new childhood and adolescent immunization schedules along with adult schedules. It appears that birth to 6 years covers numerous immunizations and age 11-12 would be considered adolescent. There are a variety of views on which age is appropriate for a pharmacist to immunize. Oklahoma has no age limit and they have not encountered any issues. This is something that every state is reviewing in an effort to provide immunization needs in underserved areas or in the case of an emergency.

Lastly, the bill language clarifies that both a pharmacist or a pharmacy student or intern must have current CPR certification should they provide immunizations to patients. This is currently required but the Board felt that this should be specifically stated in the statute.

Thank you for permitting me to provide information regarding immunizations and vaccines by pharmacists in Kansas. I will be happy to stand for questions by the Committee.

Debra Billingsley
Executive Secretary

IMMUNIZATION LAWS

<u>STATE</u>	<u>AGE RESTRICTIONS</u>
Arkansas	18 and Over
California	No age
Colorado	No age
Delaware	Adult immunizations
Hawaii	18 and Over
Iowa	Adult Immunizations
Kansas	18 and Over
Kentucky	Adult Immunizations
Louisiana	No age
Minnesota	18 and Over
Montana	18 and Over
New Jersey	No age
New Mexico	No age
Nevada	14 and Over
North Carolina	18 and Over
North Dakota	No age
Ohio	Adult Immunizations
Oklahoma	No age
Oregon	18 and over Influenza – 15 and Over
Pennsylvania	18 and Over

South Dakota

18 and Over

Texas

Must have physician/patient relationship
If patient is under 14 and must be referred
to pharmacist

Wisconsin

18 and Over

Wyoming

Adult Immunizations



*Kathleen Sebelius, Governor
Roderick L. Bremby, Secretary*

DEPARTMENT OF HEALTH
AND ENVIRONMENT

www.kdheks.gov

Division of Health

Testimony on House Bill 2097

**Regarding Vaccinations by Pharmacists, Pharmacy Students and Interns
to Persons Age Five and Older**

House Committee on Health and Human Services

**Dr. Gail Hansen
State Epidemiologist
Kansas Department of Health and Environment**

January 31, 2007

Chairman Landwehr and Members of the Committee, I am Dr. Gail Hansen, State Epidemiologist at the KDHE Division of Health. I appreciate this opportunity to discuss HB 2097, which would expand the age range of vaccinations that could be given by pharmacists and would allow pharmacy students and interns under the direct supervision of a licensed pharmacist to administer vaccinations.

KDHE supports increasing access to immunizations throughout the community. Providing more places and more convenient times for children and adults to receive needed immunizations will help to raise vaccination rates and protect our residents from preventable infectious disease. We also hope that, as KDHE and provider communities work together to enhance immunization rates, that all providers of immunizations will report their activities to the Kansas WebIZ Electronic Immunization Registry System. Doing so ensures coordination of immunization status of Kansans no matter where they might be within the state. In addition, during a public health crisis we may need a large number of qualified professionals to administer vaccinations as for surge capacity.

Coordinating care between providers is also critical. This is especially true for children, where the presence of a primary care "medical home" is key to coordinating the multiple aspects of clinical and preventative care early in life. Increasing the number of sites for immunizations operating independent of the "medical home" may potentially result in fragmentation of care.

House Health and Human Services

DATE: **1-31-07**

ATTACHMENT **5-1**

OFFICE OF THE DIRECTOR OF HEALTH
CURTIS STATE OFFICE BUILDING, 1000 SW JACKSON ST., STE. 300, TOPEKA, KS 66612-1368

Voice 785-296-1086 Fax 785-296-1562

It would be important that any effort to expand the types of professionals providing immunizations requires that any immunization be reported to the vaccine's primary care provider and to report the vaccine to the state immunization registry. It would also be critical that pharmacists become affiliated with a physician or health care agency to enroll in the Vaccine for Children (VFC) program, and to abide by VFC requirements. Traditionally, children in need who qualify for VFC vaccines have lower immunization rates than those with private insurance. In order for this effort to enhance immunizations in Kansas, it would be important for pharmacists to participate in the VFC program. As the VFC program only serves children less than 18 years of age, there are presently there are no pharmacists in Kansas enrolled as VFC providers.

We believe that at the core of this bill is an issue of professional practice. As KDHE does not oversee or regulate any of the professions currently or potentially involved in the immunization process, we stand neutral on this issue.

I hope that the information I've provided within this testimony will help the Committee make the best decision possible for the citizens of Kansas. Thank you, and I'll be happy to answer any questions you might have.

Testimony
Submitted by Barbara Woods, R.Ph., M.A.

I appreciate the opportunity to provide the Committee with information regarding what the Kansas University School of Pharmacy is doing regarding education of students and pharmacists on the topic of immunization. I will begin with a brief background of the State and School's involvement with this and then describe our current immunization curriculum.

Background

When the Kansas Legislature granted pharmacists the authority to administer adult immunizations under protocol, it was following a national trend – a trend that grew from the public health need to improve childhood and adult immunization rates. Historically, pharmacists had played an active role in the distribution and administration of vaccines. However, as modern state practice acts evolved the scope of pharmacy practice changed and for the most part pharmacists lacked the authority to administer vaccines. Beginning in the early 1990's, however, that began to change. Several states recognized the value that pharmacists might play in raising immunization rates and began legislative changes that opened the door for pharmacists to vaccinate under physician protocol. In 1996, the American Pharmacists Association (APhA) developed a nationally-recognized immunization training program called *Pharmacy-Based Immunization Delivery: A National Certificate Program for Pharmacists*. Since that time, 44 states have granted pharmacists authority to administer vaccines in some form and APhA estimates that approximately 15,000 pharmacists and student pharmacists have been formally trained in immunization delivery.

The emerging role of pharmacists to administer vaccines is due in part to their unique position in the health care arena. Pharmacists are easily accessible to patients, pharmacies are open for long hours, and pharmacists have the ability to identify high risk patients from their patient population. Pharmacists routinely provide safe storage of prescription drugs that includes vaccines. Furthermore, patients often develop close relationships with their local pharmacist and rely on him or her obtain drug-related information and health advice. All of these factors serve to overcome barriers that keep both childhood and adult immunization rates lower than CDC's *Healthy People 2010* goals.

During the 2000 legislative session, the Kansas statutes were altered to allow pharmacists to administer vaccines to patients eighteen years and older under protocol with a prescriber. As a result several KU Pharmacy Practice department faculty became trained immunization educators by completing the aforementioned APhA-sponsored *Pharmacy-Based Immunization Delivery* certificate training program. KU School of Pharmacy offered the first certificate course to practicing pharmacists and graduating pharmacy students the fall of 2000 under a co-sponsorship agreement with APhA. By 2004, the faculty had developed their own immunization training certificate course titled *Immunization Theory and Practice* and has continued since then to offer *Immunization Theory and Practice* to both students and practicing pharmacists.

The school offers the training course in two forms. It is offered as a one-credit hour required course for students matriculating through the Pharm.D. program. It is offered during the second semester of their first year in pharmacy school and introduces the students early to important public health issues. An equivalent continuing education certificate program is offered at least annually to practicing pharmacists. Both forms of the training meet the current Kansas statutory requirement for immunization education and provide students and pharmacists with

House Health and Human Services

DATE: 1-31-07

ATTACHMENT 6-1

the knowledge and skills necessary to appropriately advocate, education, and administer vaccines to their patients. Since the initial training began, the School of Pharmacy has successfully trained approximately 250 licensed pharmacists and 720 pharmacy students.

Training Curriculum

I have attached two documents that describe the content of the immunization training developed and offered by KU School of Pharmacy. The first document is the syllabus for the one-hour credit course required for the Pharm.D. students. The second document is the current brochure that describes the postgraduate education training program for practicing pharmacists. Effort is made by the faculty to maintain equivalent content between the courses. Both courses are based on the CDC's text, *Epidemiology and Prevention of Vaccine-Preventable Diseases* and taught by the same faculty, all licensed pharmacists. Currently, two of the faculty have an active protocol with a prescriber to administer vaccines locally.

The postgraduate education program also carries the ACPE logo. This indicates that the program is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing education and would be accepted as adequate training by other states that require pharmacist complete an ACPE-accredited program.

Due to the dynamic nature of immunization therapy, the faculty continually updates and revises the course content. For example, the CDC recently added a new adolescent immunization schedule (spanning ages 7 to 18 years of age) to the current childhood and adult immunization schedules. New vaccine recommendations for adolescents include meningococcal vaccine, human papillomavirus (HPV) vaccine, and replacement of the former tetanus-diphtheria vaccine to tetanus-diphtheria-pertussis. These changes explain in part the request before you to alter the current statute and allow pharmacists to vaccinate persons younger than eighteen years of age.

Thank you for allowing me the opportunity to speak before the Committee.

Respectfully submitted by Barbara Woods, R.Ph., M.A., Postgraduate Pharmacy Education Director and Clinical Assistant Professor, Pharmacy Practice Department, School of Pharmacy, University of Kansas.

SPRING 2007 – PHAR 505 Syllabus

Course Title: IMMUNIZATION THEORY & PRACTICE (PHAR 505)

Instructors: Lawrence Davidow (ldavidow@ku.edu), Course Coordinator, 864-4527, 3012 Malott
Robert Emerson (remerson@ku.edu)
Jim Kleoppel (jkleoppe@ku.edu)
Russ Middaugh (Middaugh@ku.edu)
Ron Ragan (ragan@ku.edu)
Janelle Ruisinger (jruisinger@ku.edu)
Barb Woods (bwoods@ku.edu)

Meeting Times: Friday, 12:00 – 1:00 P.M. in room 2048 Malott Hall.

Background:

Beginning in July 2000, Kansas pharmacists were given the legal authority to vaccinate adults. Kansas Statute No. 65-1635a states:

"65-1635a. Administration of vaccine; education and reporting requirements; delegation of authority prohibited.

(a) A pharmacist may administer vaccine to a person 18 years of age or older pursuant to a vaccination protocol if the pharmacist has successfully completed a course of study and training, approved by the American council on pharmaceutical education or the board, in vaccination storage, protocols, injection technique, emergency procedures and recordkeeping. A pharmacist who successfully completes such a course of study and training shall maintain proof of completion and, upon request, provide a copy of such proof to the board.

(b) All vaccinees will be given a written immunization record for their personal files. The administering pharmacist shall promptly report a record of the immunization to the vaccinee's primary-care provider by electronic facsimile or mail. If the vaccinee does not have a primary care provider, then the administering pharmacist shall promptly report a record of the immunization to the person licensed to practice medicine and surgery by the state board of healing arts who has entered into the vaccination protocol with the pharmacist. The immunization will also be reported to appropriate county or state immunization registries.

(c) A pharmacist may not delegate to any person the authority granted under this act to administer a vaccine.

(d) This section shall be a part of and supplemental to the pharmacy act of the state of Kansas."

Course Goals:

The goal of this course is to provide the student pharmacist with knowledge of immunology, the epidemiology of vaccine-preventable diseases, indications for vaccination, and implementation and maintenance of a pharmacy-based immunization program to make immunization delivery a part of your pharmacy practice. Students who successfully complete this course (see below) will receive a certificate as proof of vaccination training.

Course Objectives:

- Recognize the public health need for adequate immunization and the role pharmacists play in advocacy and administration;
- Describe the regulatory and legal issues surrounding vaccine administration by pharmacists including protocol requirements;
- Understand basic immunology related to vaccines;
- Describe basic principles of vaccination and general recommendations concerning administration, handling, and storage;
- Discuss marketing, reimbursement, and documentation issues for pharmacists that administer vaccinations;
- Describe vaccine-preventable diseases and their concomitant vaccines: influenza, pneumonia, diphtheria, tetanus, pertussis, polio, haemophilus influenza, measles, mumps, rubella, varicella, hepatitis, and meningococcal disease;
- List the criteria for screening patients for appropriate or inappropriate vaccinations;
- Discuss treatment of side-effects related to vaccine administration;
- Demonstrate proper administration technique for adult intramuscular and subcutaneous injections;
- Demonstrate understanding of childhood and adult immunization schedules and their application to specific patients.

SPRING 2007 – PHAR 505 Syllabus

Course Requirements:

- Two open-book exams
- One open-book comprehensive final exam
- Injection technique review and assessment
 - All students must demonstrate competency administering both subcutaneous and intramuscular injections.
 - Students will demonstrate their ability on a partner under the supervision of an instructor.
 - Students must successfully administering three injections, observed and documented by an instructor.

Required Textbook:

CDC Pink Book "Epidemiology and Prevention of Vaccine-Preventable Diseases" ninth edition. The content is available online (http://www.cdc.gov/nip/publications/pink/def_pink_full.htm) but students are required to purchase a hard copy for use on exams.

Course Grading:

- Based on a total of 400 points: >90%=A, 80-89.9%=B, 70-79.9%=C, 60-69.9%=D, <60%=F
 - Exam 1 = 100 points
 - Exam 2 = 100 points
 - Successfully completing injection technique = 100 points
 - Final Exam = 100 points

Immunization Certificate Requirements:

- Score at least 70% on all exams
- Successful demonstration of technique for intramuscular and subcutaneous injection in an adult

Academic Misconduct Statement

The Immunization Theory and Practice course has adopted PROFITS (Professional Integrity System) for defining academic misconduct occurring in this course. PROFITS requires students to pledge the following regarding their behavior in this course:

"I pledge that I will not give, receive, or tolerate unauthorized aid, nor will I abuse academic resources while I am a member of this academic community."

PROFITS upholds behaviors reflective of individual responsibility, mutual trust, professional values, and standards. PROFITS values an academic environment free of academic misconduct or abuse of academic resources.

This course strictly prohibits the use of old exams by students for any purpose. Students are expected to work independently on all exams and assignments unless otherwise instructed by a faculty member. Misconduct includes using or looking at cheat sheets in any form, positioning an examination paper so that others can see the answers to the questions and passing or sharing answers to an examination through verbal or nonverbal behaviors either during a class period or after class. When in doubt, the student must clarify with the instructor, the appropriateness of behaviors that may violate PROFITS.

SPRING 2007 – PHAR 505 Syllabus

DATE	TOPIC	INSTR.	PINK BOOK
January 19, 2007	Introduction, vaccine need overview, the role of pharmacists as immunizers <ul style="list-style-type: none"> Articles: "ASHP guidelines on the pharmacist's role in immunization" & "Pharmacist-run influenza immunization clinic for health workers." 	Davidow Woods	*See TOPIC
January 26, 2007	Epidemics and Public Health	Davidow	
February 2, 2007	Immune system and types of immunity Vaccine concepts	Davidow	Chapters 1 & 2 Appendix A, B & C
February 9, 2007	Vaccine development <ul style="list-style-type: none"> Manufacture, formulation and delivery 	Middaugh	
February 16, 2007	Diseases and vaccines I – week 1 <ul style="list-style-type: none"> Pneumococcal Influenza 	Davidow	Chapters 16 & 17
February 23, 2007	Diseases and vaccines I – week 2 <ul style="list-style-type: none"> Influenza Tetanus, diphtheria, pertussis 	Davidow	Chapters 5, 6, 7 & 16
March 2, 2007	EXAM 1 – OPEN BOOK		
March 9, 2007	Diseases and vaccines II <ul style="list-style-type: none"> Hepatitis B, Hepatitis A, Meningococcal, Rabies, Travel vaccines, Special populations 	Kleoppel	Chapters 14, 15 & 18
March 16, 2007	NO CLASS – APHA		
March 23, 2007	NO CLASS – SPRING BREAK		
March 30, 2007	Establishing a clinic <ul style="list-style-type: none"> Personal records, planning, marketing, and compensation, overcoming barriers, decision making, standing orders, human factors-persuading 	Ruisinger	Chapter 3 Appendix H & I
April 6, 2007	Diseases and vaccines III <ul style="list-style-type: none"> Varicella, Measles, Mumps, Rubella, Hib, Poliomyelitis 	Ragan	Chapters 8, 9, 10, 11, 12 & 13
April 13, 2007	Legal issues <ul style="list-style-type: none"> Documentation & Recordkeeping Records/Logs/Software, Vaccine Education and Consent, Immunization Registries, Professional Liability, NCVIA, VICP, VAERS and OSHA 	Woods	Chapter 4 Appendix E & F
April 20, 2007	Emergency plans and epinephrine, injection technique	Emerson	Appendix D
April 27, 2007	NO CLASS – INJECTION TECHNIQUE IN LAB		
May 4, 2007	EXAM 2 – OPEN BOOK		
May 10, 2007	STOP DAY		
Final Exam – TBA	COMPREHENSIVE FINAL EXAM – OPEN BOOK		



Immunization Theory and Practice

A Certificate Program for Pharmacists

Workshop Date

Saturday
March 31, 2007
7:30 a.m. to 5:30 p.m.

Location

School of Pharmacy
University of Kansas
Malott Hall, Rm 2048
Lawrence, KS

Who Should Enroll?

This program is designed for pharmacists that want to incorporate immunization advocacy and/or administration into their pharmacy practice.

More Information?

Postgraduate Pharmacy
Education
School of Pharmacy
Malott Hall
1251 Wescoe Hall Dr.
Lawrence, KS 66045
(P): 785-864-4881
(F): 785-864-5562
(E): pharmacyce@ku.edu
Barb Woods, Director

COURSE GOALS

This program is designed to encourage pharmacists to join other healthcare providers in eliminating vaccine-preventable diseases by raising patient awareness and immunization rates through patient education, advocacy, and vaccine administration. This program fulfills the training required for pharmacists to administer vaccines in Kansas to individuals 18 years old and older.

PROGRAM FORMAT

The program consists of two parts.

Part one:

In an effort to bring everyone into the Workshop with similar working knowledge regarding immunization, the program will begin with a home-study portion. This includes reading assigned chapters in the CDC text, *Epidemiology and Prevention of Vaccine-Preventable Diseases (Pink Book)* and viewing Internet-based presentations in four Modules:

- Module 1: Vaccine Principles
- Module 2: Legal Issues Associated with Immunization
- Module 3: Reimbursement and Documentation
- Module 4: Emergency Protocols and Administration Techniques

The *Pink Book* and user password to the Internet modules, will be sent to participants approximately four to six weeks prior to the Workshop. In order to access the Internet Modules, participants will require Internet access and RealONE software (downloadable free). Participants will be required to pass a self-assessment exam over the home-study material and score a 70% or better prior to attending the live Workshop.

Part two:

The second part consists of a day-long live Workshop that includes classroom lectures, case work, hands-on demonstration and practice of injection technique. All participants will be required to demonstrate satisfactory injection technique to an instructor. A final written examination will be conducted at the end of the Workshop. For successful completion, participants must score 70% or better.

LEARNING OBJECTIVES

1. Recognize the public health need for adequate immunization and the role pharmacists play in advocacy and administration;
2. Describe the regulatory and legal issues surrounding vaccine administration by pharmacists including protocol requirements;
3. Understand basic immunology related to vaccines;
4. Describe basic principles of vaccination and general recommendations concerning administration, handling, and storage;
5. Discuss marketing, reimbursement, and documentation issues for pharmacists that administer vaccinations;
6. Describe vaccine-preventable diseases and vaccines that prevent them: influenza, pneumonia, diphtheria, tetanus, pertussis, polio, haemophilus influenza, measles, mumps, rubella, varicella, hepatitis, and meningococcal disease;
7. List the criteria for screening patients for appropriate or inappropriate vaccinations;
8. Discuss emergency treatment of side effects related to vaccine administration;
9. Demonstrate proper administration technique for adult intramuscular and subcutaneous injections;
10. Demonstrate understanding of childhood and adult immunization schedules and their application to specific patients.

PROGRAM COST

Early Bird registration for the program - prior to February 28, 2007 - is \$500. It includes all home-study materials including a hard-copy of the CDC's *Pink Book*, access to the Internet Modules, all hand-out materials at the Workshop, lunch, break snacks, and certificate of completion, and continuing education credits (if successfully completed). Regular program registration after February 28th is \$525.

Early registration is encouraged to provide adequate time to complete the home-study portion prior to the Workshop and to enable us to adequately prepare program resources. Pharmacists may register by mail, FAX, phone, or e-mail.

CANCELLATION and REFUND POLICY

A late charge of \$50 will be applied to enrollments received after March 23, 2007.

If cancellation becomes necessary due to a personal emergency after you have paid registration, all but \$50 will be refunded to you until March 23, 2007, provided that all self-study materials are returned to the Postgraduate Education Office in good shape. No refunds will be made for cancellations received after March 23, 2007. Exceptions may be made by the Postgraduate Education Office for extenuating circumstances that can be documented.

The KU School of Pharmacy reserves the right to cancel this program and return the program registration fee in the event of insufficient registration.

WORKSHOP AGENDA

Saturday, March 31, 2007

7:30 a.m.	Registration
8:00 - 8:10 a.m.	Welcome and Introduction
8:10 - 9:45 a.m.	Influenza, Pneumococcal Highlights of Tetanus, Diphtheria, and Pertussis
9:45 - 10:00 a.m.	Break
10:00 - 10:45 a.m.	Varicella, MMR, Hib
10:45 - 11:30 a.m.	Hepatitis, Special Populations, Travel vaccines
11:30 - 12:15 noon	Case Work - Using Immunization Schedules
12:15 - 1:00 p.m.	Lunch provided
1:00 - 1:30 p.m.	New Vaccines - New Uses for Old Vaccines
1:30 - 2:15 p.m.	Implementing Immunization in Practice
2:15 - 3:00 p.m.	Vaccine Administration Q & A Emergency Protocols Injection Demonstration
3:00 - 3:15 p.m.	Break
3:15 - 4:15 p.m.	Practical exam (Demonstration of injection technique competency)
4:15 - 5:15 p.m.	Written final exam
5:15 - 5:30 p.m.	Wrap-up; Course Evaluation Adjournment

CONTINUING EDUCATION CREDIT and CERTIFICATE of COMPLETION REQUIREMENTS

In order to receive a Certificate of Completion and continuing education credit, each participant must complete all home-study activities, the home-study self-assessment exam (scoring a 70% or better), attend the entire Workshop, demonstrate injection technique competency, and score a 70% or better on the a final course exam. You will receive a statement of continuing education and a Certificate of Completion within three weeks of completing all the required portions of the program. In Kansas, the Certificate of Completion must be accompanied with a current BLS/CPR in order to meet all state requirements for administering immunizations.

According to definitions developed by ACPE, Certificate Programs are "structured and systematic post-graduate continuing education experiences for pharmacists that are generally smaller in magnitude and shorter in time than degree programs, and that impart knowledge, skills, attitudes, and performance behaviors designed to meet specific pharmacy practice objectives." Certificate Programs should be distinguished from "certification". ACPE defines "certification" as the process by which a non-governmental agency, such as a professional association, grants recognition, following assessment, to an individual who has met certain predetermined qualifications specified by that organization. The formal recognition of certification is granted to an individual to designate to the public that this person is competent to practice in the designated area of certification. The successful completion of one or more Certificate Programs in Pharmacy may be among the requirements for certification or re-certification, as determined by the organization granting certification."

FACULTY

Sam Boyajian, B.S.Pharm., *Owner and Immunizing Pharmacist, Gardner Pharmacy, Gardner, KS*
Lawrence Davidow, B.S.Pharm., Ph.D., *Clinical Assistant Professor, Director of Pharmacy Skills Labs., University of Kansas, School of Pharmacy, Lawrence, KS*
Robert Emerson, Pharm.D., *Clinical Assistant Professor, Pharmacy Skills Lab Coordinator, University of Kansas, School of Pharmacy, Lawrence, KS*
James Kleoppel, B.S.Pharm. M.S., *Clinical Assistant Professor, Clerkship Director, School of Pharmacy, KU Medical Center, Kansas City, KS*
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Initial Release Date: February 15, 2006; Expiration Date: February 15, 2009

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Kansas Chapter

TESTIMONY ON HB2009 AND 2096

House Committee on Health and Human Services

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The Kansas chapter of the American Academy of pediatrics represents over 95% of the practicing pediatricians in the state. The KAAP is providing testimony against the passage of HB 2009 and HB2096.

Immunizations are one of the best methods of preventative care that we can provide. Providing these immunizations, however, is not as straight forward as may seem from the schedules. Decisions that are made concerning the proper administration of immunizations can be confusing and difficult to make. These decisions require providers experienced in immunizations administration, usage and potential complications. They are best administered by providers who will be able to manage complications should these arise. The optimal place for immunizations to be given is in the medical home. The medical home can provide information, counseling, and follow up care in regards to immunizations. The medical home is the only place to provide complete care concerning immunizations. Currently in the state of Kansas children may receive immunizations by primary care providers or through Public Health Departments. These places provide the medical home setting for our children that I have just described.

Is there a need to have these immunizations given somewhere other than a medical home? Not really. What about immunization rates? Certainly in previous years Kansas's immunization rates were some of the lowest in the country. But the most recent data shows Kansas has risen to number 11. This improvement was accomplished in a very short time thanks in large part from the efforts by KDHE and coalitions of interested parties including physicians and health departments. This improvement didn't require adding pharmacist to the list of vaccine providers. What about the future? Won't our rates fall back down? Here again KDHE is working with many groups including Kansas Health Institute through the Immunize Kansas Kids program to prevent this from happening. This program isn't satisfied with maintaining the status quo but is working to continue to improve our current immunization rates.

In summary there doesn't appear to be any convincing reason to allow pharmacist to administer immunization to children and adolescents. We owe it to our children to provide the optimum health care we can and one of the ways to do this is to insure that immunization are given in the best setting possible. Thank you.

House Health and Human Services

DATE: **1-31-07**

ATTACHMENT **7**