

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairman Jim Barnett at 1:30 p.m. on March 8, 2010, in Room 546-S of the Capitol.

All members were present.

Committee staff present:

Nobuko Folmsbee, Office of the Revisor of Statutes
Renae Jefferies, Office of the Revisor of Statutes
Iraida Orr, Kansas Legislative Research Department
Terri Weber, Kansas Legislative Research Department
Amanda Nguyen, Kansas Legislative Research Department
Jan Lunn, Committee Assistant

Conferees appearing before the Committee:

Dr. Jason Eberhart-Phillips, State Health Officer and Director of Health, Kansas Department of Health and Environment
Sara Haworth, Pharmacy Intern, University of Kansas, School of Pharmacy
Debra Billingsley, Executive Director, Kansas State Board of Pharmacy
Dan Morin, Director of Government Affairs, Kansas Medical Society
Mike Larkin, Executive Director, Kansas Pharmacists Association on behalf of Pat Hubbell, R Ph, Kansas Pharmacists Association
Ron Gaches, representing Sam Boyajian, R Ph, Kansas Independent Pharmacy Service Corporation
Susan Zalenski, Director State Government Affairs, Johnson & Johnson
Gary Robbins, Executive Director, Kansas Optometric Association
Dan Morin, Director of Government Affairs, Kansas Medical Society

Others attending:

See attached list.

HB 2448 - Pharmacists, administration of vaccine

Nobuko Folmsbee, Office of the Revisor of Statutes, briefed committee members on this legislation that allows a pharmacist, or a pharmacy student or intern who is working under the direct supervision and control of a pharmacist, to administer the influenza vaccine to a person six years of age or older. In addition, the bill allows the immunizations be provided by the pharmacist to the vaccinee's primary care provider by mail (current law), electronic facsimile, e-mail or other electronic means.

Dr. Jason Eberhart-Phillips, Kansas Department of Health and Environment spoke in favor of **HB 2448**. He provided a brief history of pharmacists' role in immunization advocacy, noted recommendations from the national Advisory Committee on Immunization Practices, and indicated that favorable passage would aid in improving influenza vaccination rates of school age children and adolescents (Attachment 1).

Sara Haworth, Pharm D Candidate 2010, Kansas University, provided testimony supporting **HB 2448** (Attachment 2). She indicated pharmacists and interns have experience and training to vaccinate patients, the eagerness to make changes in immunization rates, and have a professional responsibility to meet needs of their clients.

Deb Billingsley, Kansas Board of Pharmacy, indicated her support for **HB 2448** (Attachment 3). Ms. Billingsley reported those pharmacists, pharmacy students, or interns who perform immunizations (under State law) are certified and work under a written protocol from a licensed (Kansas) medical doctor or doctor of osteopathic medicine who establishes procedures and record keeping/reporting requirements.

Dan Morin, Kansas Medical Society, indicated his organization could support **HB 2448** as amended by the House which restricted pharmacists to providing influenza immunizations for clients age six and older (Attachment 4). The original bill expanded the population for all immunizations by

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Minutes of the Senate Public Health and Welfare Committee at 1:30 p.m. on March 8, 2010, in Room 546-S of the Capitol.

pharmacists to those age 12 and older. Mr. Morin spoke regarding the importance of the physician-directed medical home as integral to the delivery of health care and comprehensive preventive health care. Mr. Morin noted the importance of physician evaluation for adolescents in the promotion of health, safety, and well-being.

Mike Larkin, on behalf of Pat Hubbell, Kansas Pharmacists Association, supported the favorable passage of **HB 2448** (Attachment 5). Mr. Hubbell noted the importance of pharmacists' work during the recent H1N1 influenza outbreak where local county health departments enlisted pharmacists assistance in administering the H1N1 vaccine. He reported the accessibility of pharmacists would enhance vaccinations in the State.

Ron Gaches, speaking on behalf of Sam Boyajian, RPh, supported **HB 2448** and indicated the goal of Kansas should be to become a national leader on the immunization front and to keep children healthy (Attachment 6). He reported that the proposed legislation does not alter the current, accepted and proven procedures under which pharmacists practice.

Chairperson Barnett called committee members' attention to written testimony supporting **HB 2448** from Ron Hein, representing the Kansas Association of Chain Drug Stores (Attachment 7).

Senators questioned whether parental approval is required for children to receive influenza vaccinations, whether pharmacists (students/interns) are CPR certified, what current immunization rates for the State of Kansas are, how many other states allow expanded immunizations by pharmacists, and whether pharmacists check prior immunization records prior to immunizing a client.

Various conferees provided responses to questions:

- Parental approval is required to immunize children.
- Most certified pharmacy student/interns are CPR certified as part of the certification curricula.
- The best data concerning Kansas immunization information is from the immunization registry. Currently, providers in the registry report that new adolescent vaccines are well below CDC target levels; 92.5% of providers in the registry report fewer than 50% of adolescent girls have received the HPV vaccine; 70.5% of providers report fewer than 50% of adolescents have had the meningococcal vaccine, and 42.9% of providers report fewer than 50% of adolescents have had a tetanus booster.
- Currently, there are 17 states allowing expanded immunizations by pharmacists with no age restrictions and 10 states with age restrictions less than 16 years of age.
- At the present time, pharmacists do not check their clients' prior immunization records before immunization.

HB 2584 - Optometrists dispensing medication and lenses

Nobuko Folmsbee indicated **HB 2584** would allow optometrists to dispense ophthalmic lenses with medication evenly over any period of time required. Under current law, optometrists can dispense no more than a twenty-four hour supply of medication in ophthalmic lenses.

Susan Zalenski, Johnson and Johnson, spoke in support of **HB 2584** (Attachment 8), indicating this is new technology that uses a contact lens as a drug delivery device. She reported the FDA will approve this technology in late 2010 or early 2011. The first lens available for sale will be one embedded with an anti-allergy pharmaceutical agent. Currently, there are 43 states with statute allowing optometrists to dispense medicated lenses.

Gary Robbins, Kansas Optometric Association, provided testimony relative to the practice of optometry and its background. He sought favorable approval of **HB 2584** (Attachment 9).

Dan Morin, Kansas Medical Society, stood in support of **HB 2584** with the understanding that the pharmaceutical agents contained within the medicated lenses are those which optometrists are allowed to prescribe under the Optometric Practice Act (Attachment 10).

Upon a motion by Senator Brungardt and a second by Senator Kelly to favorably pass out **HB 2584**; the motion passed.

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Upon a motion by Senator Brungardt and a second by Senator Kelsey to approve the minutes of January 26, January 28, February 1, and February 2, 2010; the motion carried.

Due to a lack of time, Senator Barnett indicated the review of the draft letter (discussed on March 3, 2010) would be reviewed on March 9, 2010, during the Public Health and Welfare Committee meeting.

The meeting was adjourned at 2:29 p.m.



Kathleen Sebelius, Governor
Roderick L. Bremby, Secretary

DEPARTMENT OF HEALTH
AND ENVIRONMENT

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Division of Health

**Testimony on House Bill 2448
Related to Pharmacists, Administration of Vaccine**

**Presented to
Senate Public Health and Welfare Committee**

**By
Dr. Jason Eberhart-Phillips
State Health Officer and Director of Health
Kansas Department of Health and Environment**

March 8, 2010

Chairman Barnett and members of the committee, I am Jason Eberhart-Phillips, State Health Officer and the Director of Health for the Kansas Department of Health and Environment. Thank you for the opportunity to speak in favor of House Bill 2448.

The intent of this bill is to amend K.S.A. 65-1635a by expanding the capacity for provision of immunizations by pharmacists, pharmacy students and interns by reducing the age of recipients of pharmacy provided vaccines. The existing statute limits the age of persons receiving the vaccine to 18 years or older.

In 1996, the Department of Health and Human Services (HHS) asked the American Pharmacists Association to recommend that all pharmacists take a role in immunization advocacy by educating their clients about the importance of vaccines; hosting vaccine clinics at pharmacies; and administering vaccines.

Currently all 50 states give pharmacists the authority to immunize patients. Many of these states report that pharmacists actively administer immunizations. Adult vaccines that may be administered by pharmacists include Tetanus, diphtheria, pertussis (Td/Tdap); Human papillomavirus (HPV); Varicella (chickenpox); Zoster; Measles, Mumps, Rubella (MMR); Pneumococcal; Hepatitis A; Hepatitis B; Meningococcal and Influenza..

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 785-296-1567

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The national Advisory Committee on Immunization Practices (ACIP) recommends annual vaccination of children 6 months through 18 years of age. Expanding the age group eligible for influenza vaccination by pharmacists to 6 years and older will increase access to vaccination services for a large number of patients in a vulnerable population requiring annual vaccination for flu. Pharmacists have proven to be a valuable and effective partner in the Pandemic H1N1 Influenza A effort to vaccinate individuals 18 years of age and older. Allowing pharmacists to vaccinate individuals 6 years and older would help relieve the burden on the vaccine administration delivery system during a pandemic situation.

Before 2005, vaccines were administered to adolescents to “catch up” children with vaccinations not received at a younger age. However, since 2005, new vaccines specifically for older children have been licensed and recommended in the United States. Allowing pharmacists to provide immunizations to adolescents 12 years of age and older will help increase access to vaccination services by a population whose immunization rates are well below the 90% target rate for all adolescent vaccines. Adolescents do not frequently seek preventive health-care services, some do not have health insurance, and some visit multiple health-care providers and nontraditional providers who vary in vaccination practices. Pharmacies could be a trusted resource for the immunization needs for the adolescent population. Individuals without health insurance could qualify for free vaccine through the Vaccines for Children (VFC) program. This legislation would enable the enrollment of pharmacists as providers for the VFC program.

The House has amended this bill to retain the age of pharmacists’ vaccination authority to 18 years or older for vaccines other than influenza. This amendment ignores the fact that a large share of the state’s adolescent population lacks an ongoing home for medical care, making them more likely to skip their recommended vaccines altogether. There are many locations, particularly in rural Kansas, that do not have doctors who provide immunizations to patients. Pharmacists, by contrast, may well be available in these areas to provide these needed vaccines.

Kansas has made great strides in improving immunization rates of preschool age children. This legislation would provide a strategy for improving influenza vaccination rates of school age children and immunization rates for vaccines needed by adolescents.

Thank you again for the opportunity to appear before the committee today. I will now stand for questions.

Sara Haworth, Pharm.D. Candidate 2010

913 Twin Oaks Drive
Salina, KS 67401

sarah@ku.edu
913.940.6677

Testimony in Support of House Bill 2448 Presented to the Senate Public Health and Welfare Committee March 8, 2010

Chairman Barnett and Honorable Committee Members,

Thank you for this opportunity to testify today. I am Sara Haworth, and I am in my final year of Pharmacy School at the University of Kansas. I am here today representing pharmacy interns such as myself, in support of HB 2448.

Interns, like pharmacists, are trained to be certified immunizers. Through the School of Pharmacy, students like myself are enrolled in Immunization Theory and Practice, a full semester-long course in our first professional year of school. This course consists of classroom and hands-on lab training. Following written and practical testing, we receive an immunization certification. In addition, through other courses, we receive basic life support training, certifying us in CPR.

As interns certified to immunize, students have been able to participate in multiple efforts to increase immunization rates across the state. Just this past October, I spent three days in some of the buildings surrounding the Capitol here in Topeka, administering the influenza vaccine to hundreds of state employees. I have no doubt that my experiences immunizing patients has had a profound impact on all of the communities where I have helped to perform vaccinations. The craft of preventative medicine is one of the most fulfilling endeavors for any medical professional, and I can tell you from my experience this is undoubtedly true. Individuals across the state were able to receive immunizations thanks to the accessibility of pharmacists and pharmacy interns such as myself, and many of these people might never have the opportunity to be vaccinated otherwise.

HB 2448, if passed, would further expand the benefits of pharmacists and interns as certified immunizers. As pharmacists continue to be one of the most accessible health care providers, especially in rural areas, extending the range of care the pharmaceutical community can provide would have an exponential impact on the quality of life in these distant communities. In a time when health care has become so critically important to every person in our nation, taking steps to increase the number of these vaccinations is not only helpful, but indeed a necessary action if we truly want to make preventative health care a priority for every community in our state.

Sara Haworth, Pharm.D. Candidate 2010

913 Twin Oaks Drive
Salina, KS 67401

sarah@ku.edu
913.940.6677

While I volunteered to participate in influenza immunization clinics last flu season, I had *countless individuals question why pharmacists were not able to immunize their* children. Community members were often surprised to learn that a practice that seemed logical to them was against the law. Pharmacists and interns have the experience and training to vaccinate patients, the eagerness to make a change in immunization rates, and have a professional responsibility to meet the needs of their patients who support and desire their efforts. HB 2448 would give those patients who desired their children to be vaccinated the answer they preferred to hear.

Thank you for your consideration, and I would be happy to stand for questions.

KANSAS

BOARD OF PHARMACY
DEBRA L. BILLINGSLEY, EXECUTIVE DIRECTOR

KATHLEEN SEBELIUS, GOVERNOR

**Testimony concerning HB 2448: Administration of Vaccine
Senate Committee on Public Health and Welfare
Presented by Debra Billingsley
On Behalf of
The Kansas State Board of Pharmacy
March 8, 2010**

Mister Chairman, Members of the Committee:

My name is Debra Billingsley, and I am the Executive Secretary of the Kansas State Board of Pharmacy. Our Board is created by statute and is comprised of seven members, each of whom is appointed by the Governor. Of the seven, six are licensed pharmacists and one is a member of the general public. They are charged with protecting the health, safety and welfare of the citizens of Kansas and to educate and promote the understanding of pharmacy practices in Kansas.

Pharmacists, pharmacy students, and interns (hereinafter referred to as "pharmacist(s)") who have been certified to immunize are currently permitted by statute to immunize patients eighteen years of age or older. The pharmacist must have a written protocol with a duly Kansas licensed medical doctor or doctor of osteopathic medicine which establishes procedures and record keeping and reporting requirements. The protocol must be updated every two years.

The change that is being made in this bill is that the age of the patient is being lowered to age six for influenza vaccination and age twelve for any vaccination. The Board of Pharmacy recommends passage of this bill because we feel that licensed pharmacists certified to administer immunizations and functioning under an immunization protocol with a physician provide a safe mechanism for vaccinating their patients. The pharmacists that would be immunizing patients must have a current CPR certificate, and have been trained in vaccination storage, protocols, injection techniques, emergency procedures and record keeping.

The Board also supports the bill because it advances the health and welfare of the citizens of Kansas. This past year the Board of Pharmacy worked with KDHE on a mass vaccination campaign for the 2009 H1N1 influenza vaccine. It required the coordination and collaboration of multiple partners to fully vaccinate the population of Kansas. Pharmacists were in a unique position to reach mass numbers of people and they were trained, experienced, and currently administering vaccines. Pharmacists serve as trusted members of the community and already provide immunization education. Pharmacists

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provide an additional provider venue to address the needs of the healthy patient population, reducing the burden on traditional practice sites and emergency rooms. The age limitations that are being requested will require children younger than 12 to continue seeing their pediatrician for their immunizations. The amendment will not hinder the well baby relationship but will increase immunization rates in Kansas.

The Board would ask that a friendly amendment be made to the language clarifying that an intern or student must work under the direct supervision of a immunization-certified pharmacist if the student or intern is immunizing patients. This is clarifying language only.

Thank you for permitting me to testify and I will yield to any questions from the committee.



To: Senate Committee on Public Health & Welfare

From: Dan Morin
Director of Government Affairs

Date: March 5, 2010

Subject: HB 2448—Pharmacists administration of vaccine

The Kansas Medical Society appreciates the opportunity to appear today to comment on HB 2448 which would allow pharmacists, and pharmacy students under certain circumstances, in the State to deliver influenza vaccinations to those 6 years of age and older pursuant to a vaccination protocol with a physician. Current law allows for the delivery of the full range of immunizations by a pharmacist for individuals 18 years of age and older pursuant to a vaccination protocol with a physician. The Kansas Medical Society can support HB 2448 as amended by the House Committee on Health and Human Services.

HB 2448, as introduced, would have also expanded the population for all immunizations by pharmacists to those 12 years and older. First, immunizations are obviously one of the most cost effective and vital health care services available to children in Kansas. But to maximize their effectiveness, immunizations outside of influenza for school-aged children should be coordinated through a “medical home” so that they may be provided on specific schedules and for specifically indicated reasons. Office visits to a primary care physician present an important opportunity to promote the health, safety, and well-being of our adolescent population. Because of the large number of health care objectives relevant to this age group it is critical to address the most serious health and safety issues facing this population including violence issues, substance abuse, mental health, reproductive health, obesity, and education to focus on the prevention of adult chronic diseases.

Physician directed medical homes are integral to the delivery of adolescent immunizations, assessment of overall health status, and comprehensive adolescent preventive health care. For example, traditional primary care physician practices offer an ideal opportunity to identify and reach youth who need care for depression. Some identified youth may be treated through primary care resources; and others will have complex conditions that require specialty consultation or referral.

Also, the problem of childhood obesity in the United States has grown considerably in recent years. Between 16 and 33 percent of children and adolescents are obese. Obesity is among the easiest medical conditions to recognize but most difficult to treat. The causes of obesity are complex and include genetic, biological, behavioral and cultural factors.

Overweight children are much more likely to become overweight adults unless they adopt and maintain healthier patterns of eating and exercise. The annual cost to society for obesity is estimated at nearly \$100 billion. The education and clinical training of physicians make them best positioned to identify, discuss, and address issues such as depression, obesity, and other important health care issues in the adolescent population; a population that does not frequently seek preventive health-care services.

The desire of pharmacists to increase the responsibilities of their profession is laudable and they are valuable members of the health care delivery team. Although most people understand the importance of a yearly flu shot for people over the age of 65, many parents overlook the need for a flu shot for their children. Many experts believe that flu epidemics begin and spread to adults from younger children. The recent H1N1 outbreak showed how difficult it is to maximize and efficiently immunize adults in a timely manner. Pharmacists can already enhance those efforts under current law and HB 2448, as amended, will allow them to assist with the younger population.

As an aside, current law allows pharmacists to administer all vaccines to individuals 18 and older under a vaccination protocol with a physician. That is important as we focus vaccination duties toward the pressing public policy challenges of our adult population. State law requires immunization as a condition of attending school or day care; however, no such institutional mandate exists for adults, apart from those in the military or certain colleges. According to a recent report published by the Infectious Diseases Society of America, the Robert Wood Johnson Foundation, and the Trust for America's Health, one third of adults aged 65 years and older have not been vaccinated against pneumonia and 30.5% have not been vaccinated against the seasonal influenza. The pneumococcal vaccination rate is 66.9% nationwide for seniors although the Centers for Disease Control and Prevention has a set goal of 90%. The nationwide immunization rate for seniors against seasonal influenza is 69.5% while for 18-64 aged adults it's a paltry 36.1% according to the study. The numbers are even more alarming for other adult immunizations.

Thank you for the time and opportunity to comment on HB 2448. The Kansas Medical Society can support HB 2448 as amended by the House Committee on Health and Human Services.



Senate Public Health and Welfare Committee
Testimony by the
Kansas Pharmacists Association
Submitted by Pat Hubbell, RPh
Member, KPhA Board of Trustees
March 8, 2010

Chairman Barnett and Members of the Committee:

My name is Pat Hubbell, and I am a practicing pharmacist from Sigler Pharmacy located in Lawrence, Kansas. I am also a member of the Board of Trustees of the Kansas Pharmacists Association and am here before you today as are representative of the Association. Thank you for allowing the Kansas Pharmacists Association to provide testimony today in support of House Bill 2448 which would allow pharmacists to provide flu vaccines to persons age 6 and above. I will provide you some brief information on why pharmacists should be legally authorized to administer these vaccinations.

Pharmacists and pharmacy interns in Kansas have had the authority to administer vaccines of all kinds to individuals age 18 and above for the past 10 years. These skilled individuals must have in place a protocol with a licensed M. D. or D.O. before immunizations are provided. Pharmacists and pharmacy interns that administer these vaccinations must also be fully trained in providing the vaccinations as well as receiving training in cardiopulmonary resuscitation, vaccinations storage, injection techniques, record-keeping, emergency procedures, and protocols.

I am sure that you will agree that the medical professionals and citizens of Kansas have great confidence in the ability of pharmacists and pharmacy interns to administer vaccinations. They will also agree that providing vaccinations against serious diseases such as influenza is critical to effective health care. What is most important is that individuals *actually receive* vaccines. During the recent H1N1 influenza outbreak, pharmacists throughout Kansas were asked by county health departments and schools to assist in the administration of the H1N1 vaccine. Unfortunately, while fully trained and able to assist, many pharmacists were prevented from helping because much of the population of individuals needing a vaccine was below the age of 18. In the likely event such an outbreak occurs in the future, we would like to be there to help.

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Study after study has shown that pharmacists are possibly the most accessible and highly trusted healthcare professionals in the United States. A recent Gallup poll found that most consumers visit their community pharmacy at least once per month, and in some settings, such as supermarkets, several times per month. The accessibility of pharmacists is particularly key for people without medical insurance, people without a primary care physician, and Medicare Part D. beneficiaries. Additionally, nearly every American lives within 5 miles of a community retail pharmacy, and in rural areas pharmacies are still among the closest health care access point.

Thank you very much for permitting me to provide testimony today. If I can clarify aspects of this written testimony or answer any other questions for you, please feel free to let me know.

Pat Hubbell, RPh
Sigler Pharmacy
Lawrence, Kansas
Kansas Pharmacists Association Board Member



GACHES, BRADEN & ASSOCIATES

Government Relations & Association Management

825 S. Kansas Avenue, Suite 500 ♦ Topeka, Kansas 66612 ♦ Phone: (785) 233-4512 ♦ Fax: (785) 233-2206

Senate Public Health and Welfare Committee
Testimony of Sam Boyajian, RPh
On behalf of Kansas Independent Pharmacy Service Corporation
In Support of HB 2448
Providing Pharmacists with Additional Immunization Authority
Monday, March 8, 2010

I am Sam Boyajian, the former chairman of Kansas Independent Pharmacy Service Corporation, and a career long member of Kansas Pharmacists Association. Thank you for this opportunity to support HB 2448. I believe this bill addresses not only a need but a requirement for our younger Kansans to get their valuable and necessary vaccines. Among other reasons I will cite, this is an issue of access to healthcare more than anything.

Pharmacists have had the legal ability to give vaccines for over 10 years now and have proven their worth in delivering adult vaccines yet our younger patients are having a more difficult time in getting their vaccines. As Dr. Cooley, well respected Topeka pediatrician, very astutely noted in the July 7, 2008 KMI, many doctors are not involved in vaccinating because of initial up front costs and low reimbursements. As of a year and a half ago, Kansas ranked in the bottom 7 states in the number of private physicians that offer vaccines. All this contributes to a lack of access for these valuable services, and an area where pharmacists can contribute greatly.

Pharmacists are the most accessible healthcare professionals in our communities, and indeed, sometimes the only healthcare professional for miles. Lack of adequate vaccination venues, or difficulty getting into seeing the physician, results in lower immunization rates. Kansas, and KDHE, in particular, needs to be applauded at the improvements to early childhood vaccine rates in the 19-35 month range. The Immunize Kansas Kids program has been a great success. Pharmacists can help in achieving similar success with our older children. Kansas currently ranks 32nd in overall state rankings for vaccination rates. While I cannot say that this bill alone would place us in the top 5, it stands to reason with more vaccinators available, higher rates can be achieved.

On a personal level, I have had to turn away countless young patients whose parents were trying to get their child vaccinated, whether it be the 7 year old for the flu shot or the 17 year old graduating senior needing to get their meningococcal vaccine before going off to college. Often times these patients were referred to me by their physician, because they were either too overloaded with work and could not see the patient, or they did not carry the vaccine. I have been asked to help administer the tetanus/diphtheria/pertussis and the H1N1 vaccine by my school district's nursing staff, because they were facing a huge daunting task of giving all their children these vaccines. I had to decline, when I would have been happy to help them get this

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done. Doctors and nurses are stretched so thin that they often times cannot administer these vaccines, yet we have pharmacists all over the state, ready willing and able to help, but can't. I am also registered as a volunteer with the Medical Reserve Corp. There were times when I had the opportunity to volunteer at H1N1 clinics but had to excuse myself because their main target at the time was children.

Should we realize another resurgence in the spring of H1N1, or another Greensburg occurs, or another 9/11, public health groups will be scrambling for every possible volunteer to help. Some may say, an exception could be made on the age restriction at that time. This is true, however, no matter how well qualified, educated, and prepared pharmacists are, experience would prove invaluable at that time.

It is important to note that this bill in no way alters the presently accepted and proven procedures under which we currently practice. Pharmacists would still practice under the direction and strict protocol of their physician, they will continue to inform the patient's physician whenever a vaccine is given, and they of course would be bound, as any healthcare provider, to the strict rules of immunization practices, including stringent record keeping.

In conclusion, I believe it should be the goal of Kansas to be a national leader on the immunization front in keeping our children healthy. I strongly believe this is an important step towards that goal. I respectfully ask that you support HB 2448.

Respectfully submitted,

Sam H. Boyajian, RPh
Gardner, Ks

HEIN LAW FIRM, CHARTERED

5845 SW 29th Street, Topeka, KS 66614-2462

Phone: (785) 273-1441

Fax: (785) 273-9243

Ronald R. Hein

Attorney-at-Law

Email: rhein@heinlaw.com

**Written Testimony re: HB 2448, Administration of Vaccines
Senate Public Health and Welfare Committee
Presented by Ronald R. Hein
on behalf of
Kansas Association of Chain Drugs Stores
March 8, 2010**

Mr. Chairman, Members of the Committee:

My name is Ron Hein, and I am legislative counsel for the Kansas Association of Chain Drugs Stores (KACDS). KACDS is the Kansas “chapter” of the National Association of Chain Drug Stores, which represents 154 traditional drug stores, supermarkets, and mass merchants with pharmacies – from regional chains with four stores to national companies. NACDS members also include more than 900 pharmacy and front-end suppliers, and over 70 international members from 24 countries.

KACDS supports HB 2448 as amended.

Pursuant to current law pharmacists, pharmacy students and interns who are certified to immunize are currently permitted by statute to immunize patients eighteen years or older.

KACDS supports the language of the bill which would lower the age of the patient to six for influenza vaccination.. KACDS also supports the amendment added by Board of Pharmacy which clarifies that if a student or intern is immunizing, they must be supervised by a pharmacist who is also certified to immunize. The pharmacists who would be giving the immunizations must have a current CPR certificate, and have been trained in vaccination storage, protocols, injection techniques, emergency procedures and record keeping.

Thank you very much for permitting me to submit this written testimony.

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SUSAN ZALENSKI
DIRECTOR, STATE GOVERNMENT AFFAIRS
CORPORATE STAFF

16475 WEST 223rd STREET
SPRING HILL, KS 66083
(913) 592-2675
FAX: (913) 686-2890
szalensk@corus.jnj.com

March 8, 2010

My name is Susan Zalenski and I am with Johnson & Johnson. Thank you for allowing me to testify in support of HB 2584, legislation to clarify the ability of optometrist to in-office dispense contact lenses that are classified by any law of the United States as a drug.

New technology, in the form of contact lenses that emit therapeutic pharmaceutical agents, is emerging to treat eye disorders. Under current US state optometry and pharmacy statutes, these combination contact lens/drug products would be available immediately for prescription and dispensing by vision care professionals in 43 states. Kansas is a state that requires modification of existing statutes (65-1501 and 65-1501a) to enable optometry professionals to dispense this technology to their patients.

- This issue is about an emerging technology, not a single product. The technology is described as using a contact lens as a drug delivery device. This device will provide therapeutic pharmaceutical agent directly into the eye.
- Optometrists, where the majority of patients seek vision care, would not be able to dispense these products to the patients under current law.
- Optometrists can currently prescribe and dispense contact lenses in their practice.
- Optometrists, as per statute, are able to prescribe therapeutic pharmaceutical agents for the patients.
- Pharmacies in the State of Kansas are not explicitly prohibited from dispensing contact lenses, however most pharmacies elect not to for various reasons. Nothing in this language would prohibit pharmacy from dispensing this type of product if they chose to do so.
- It is important to note that this language change affects only those ophthalmic lenses with pharmaceutical agents that are within existing scope of practice. Nothing in this legislation alters the scope of practice of the profession.
- If no language change is enacted in the statute, patients will have greatly limited options to have these contact lenses dispensed. This will create a great barrier to patients seeking eye care.
- Nothing in this law circumvents the authority of the FDA and its approval of drug products. This law is intended to ensure that these products are available to the people of Kansas once approved by the FDA.
- The first of these products combines a vision correction device (Acuvue Contact Lens) with an over-the-counter anti-allergy pharmaceutical agent (ketotifen). When combined together, there is a restricted ability for patients to access this technology through their eye doctor.
- With no change to the statute, optometrists would still be able to prescribe (while not dispense) this technology.
- This language change strictly addresses the issue of dispensing (and sale) of these products. The issues of prescriptive authority and in-office administration are addressed elsewhere in the statute.

The House passed this bill unanimously. We would like to urge the Committee to pass this bill. Thank you for allowing Johnson & Johnson this opportunity to voice our support of HB 2584.

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KANSAS OPTOMETRIC ASSOCIATION

1266 SW Topeka Blvd. • Topeka, KS 66612
(785) 232-0225 • (785) 232-6151(FAX)
www.kansasoptometric.org

Senate Public Health and Welfare Committee House Bill 2584 March 8, 2010

I am Gary Robbins, Executive Director of the Kansas Optometric Association. Thank you for the opportunity to submit written comments in support of House Bill 2584 proposed by Johnson and Johnson. I thought it might be helpful for the Committee if I provided a brief background about optometry. After completing their undergraduate degree, optometrists must complete a four-year doctoral program that emphasizes the science of ocular pathology and pharmacology necessary for the diagnosis and treatment of eye disease and ocular emergencies, and includes the fundamentals of optics necessary to prescribe contact lenses and glasses. Kansas optometrists have the authority to prescribe topical and oral medications for ocular conditions and can also prescribe and dispense contact lenses. Because the FDA has classified medicated contact lenses as drugs, we need a minor amendment to the optometry law to allow Kansas optometrists to provide this emerging technology to their patients. Specifically, our law indicates that an optometrist can only dispense a 24-hour or minimal supply of a drug. Typically, an optometrist will see an ocular emergency at night or on a weekend and provide a 24-hour or minimal supply until the patient can get to a pharmacy to fill their prescription. Johnson & Johnson is seeking an amendment to exempt medicated contact lenses from the dispensing limitation. We are supportive of this bill. We would appreciate your support for H.B. 2584.



Affiliated with
American Optometric Association

Senate Public Health & Welfare
Date:
Attachment:

03/08/10



To: Senate Committee on Public Health & Welfare
From: Dan Morin
Director of Government Affairs
Date: March 5, 2010
Subject: HB 2584 - Optometrists dispensing medication and lenses

The Kansas Medical Society appreciates the opportunity to appear today as you consider HB 2584.

Pharmaceutical companies have recently developed a contact lens that can deliver eye medication evenly over long periods of time (e.g., a 30-day period). Licensed optometrists in Kansas are currently permitted to prescribe and dispense contact lenses, and prescribe however, their ability to “dispense” oral and topical drugs is restricted to a 24 hour supply, or minimal quantity until a script can be filled by a licensed pharmacist. HB 2584 would allow optometrists to dispense timed, or extended, release medicated contact lenses beyond a 24-hour time frame.

We are not opposed to moving the bill favorably from committee with the understanding that the pharmaceutical agents contained within the medicated lenses are those which optometrists already are allowed to prescribe under the Optometric Practice Act.

The Kansas Medical Society would like to compliment the Kansas Optometric Association for their initiative and cooperation in discussing the issue with our members well in advance of the legislative session. Thank you for your time and attention to our comments.