NACDS NATIONAL ASSOCIATION OF CHAIN DRUG STORES

March 15, 2017

The Honorable Senator Vicki Schmidt, Chair
Honorable Members of the Senate Public Health and Welfare Committee
Kansas Senate
Topeka, KS

RE: House Bill 2030, Relating to vaccinations administered by pharmacists

Dear Chairman Schmidt and Members of the Senate Public Health and Welfare Committee:

On behalf of the members of the National Association of Chain Drug Stores (NACDS) operating in Kansas, I would like to thank you for holding a hearing on House Bill 2030 which, as amended, would allow pharmacists to administer immunizations to individuals down to the age of twelve. The NACDS member companies in Kansas operate over 320 stores, employ over 29,600 full and part-time employees, and pay over $459 million in state taxes.

The Centers for Disease Control and Prevention (CDC) reports that vaccines have reduced or eliminated many infectious diseases that once routinely killed or harmed thousands each year; still, many Americans do not receive recommended vaccines. Community pharmacists in particular are valuable, yet underutilized members of the health care team who have an important role in improving immunization rates. As the face of neighborhood health care, community pharmacies and pharmacists provide accessible and cost-effective health services including immunizations to their local communities. Highly educated to provide patient care services, pharmacists are well-suited to help states increase their vaccination rates and further reduce the incidence of vaccine preventable diseases.

As immunizers, pharmacists have been shown to increase overall vaccine rates. A 2004 national study found that states that allowed pharmacists to provide immunizations to older adults had higher rates of vaccination than states that did not allow pharmacists to provide immunizations. The study suggests that pharmacists were not just shifting patient populations from medical clinics into pharmacies, but were actually identifying new, previously unvaccinated populations for immunization.[i]

Pharmacists complement other healthcare professional efforts to increase vaccine rates by reaching populations less likely to be seen by clinicians. The CDC reports that individuals whose last routine medical checkup was over one year ago were more likely to receive vaccinations in a nonmedical setting than those whose last routine medical checkup was more recent.[ii] Considering this fact, the availability of immunizations in nonmedical settings such as pharmacies can actually complement other health care professional efforts to provide vaccinates to individuals who do not routinely visit their doctor.

Community pharmacies offer a convenient option for the public to obtain their vaccines. The convenience factor appeals to the public and has led to increased vaccination rates for adults under 65 years of age and adolescents in particular. A recent study on

community pharmacy provided vaccines revealed that patients accessing vaccinations during hours when traditional vaccine providers are unavailable are more likely to be younger than 65 years of age. Further, patients younger than 18 years of age received vaccinations during these "off-clinic hours" more than any other age-group in the study. Given that CDC reports that influenza vaccination rates are low for people aged 13 to 17 years (34.5%) and 18 to 49 years (29.9%) compared with those aged 65 years and older (69.6%), the availability of vaccines at community pharmacies create new opportunities to improve vaccination rates in these populations.[iii]

Pharmacists can help to increase overall vaccine rates in the adolescent population whose vaccination needs have not been adequately met through the current health care system. According to an article published in the official journal of the American Academy of Pediatrics, the current health care system has not adequately met the vaccination needs of the adolescent population in the United States over the years. However, overall vaccine rates could potentially be increased through complementing the efforts of primary care physicians with efforts to deliver vaccines in other health care settings that adolescents tend to frequent (such as pharmacies).[iv]

Expanding pharmacists' vaccination authority can lead to decreased health care costs for consumers, health insurers, and other third party payors, including Medicaid. As noted by the Department of Defense in a 2011 final rule expanding the portfolio of vaccines that TRICARE beneficiaries may obtain from community pharmacies, significant savings were achieved under the TRICARE program when the program was first implemented to allow beneficiaries to obtain flu & pneumococcal vaccines from retail pharmacies. It was estimated that for the first six months that beneficiaries could obtain their vaccinations from pharmacists, 18,361 vaccines for H1N1, flu & pneumococcal were administered at a cost of nearly $300,000; had those vaccines been administered under the medical benefit, the cost to TRICARE would have been $1.8M.[v] Clearly this represents significant health care savings, which one would expect to be amplified and replicated if pharmacists were allowed under state laws to provide a broader portfolio of vaccines and/or immunize a broader patient population. (This would be on top of savings that would result from few hospitalizations and lost days at work due to more patients obtaining immunizations.) Indeed, this is why the Department of Defense opted to expand the types of vaccines that TRICARE beneficiaries may obtain from community pharmacies to include all CDC-recommended vaccines.

In 2012, only 2.2% of Kansas residents were immunized for influenza by pharmacists, ranking 41st in the country. Pharmacists receive training and a certificate in the prescribing and administering of all the immunizations approved by the CDC down to the age of three through a CDC approved training program provided through the American Pharmacists Association. Pharmacy students also have immunization training and receive a certificate as part of their curriculum. As part of their education, pharmacists are also trained to deal with any potential adverse reactions. In addition, pharmacists can receive special training to administer travel vaccines such as yellow fever.

We are encouraged by House Bill 2030 that many additional, needed vaccines will be administered in local communities by pharmacists to patients and families that may otherwise go unimmunized. We believe by lowering the age, more families will take advantage of immunizations at their local pharmacy.

We appreciate your work on behalf of retail, community pharmacy and ask for quick passage of this very important legislation.

Sincerely,
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[i] Steyer TE, Ragucci KR, Pearson WS, Mainous AG 3rd. The role of pharmacists in the delivery of influenza vaccinations. Vaccine. 2004;22(8): 1001-1006.
[ii] Centers for Disease Control and Prevention. Place of influenza vaccination among adults—United States, 2010-11 influenza season. MMWR Morb Mortal Wkly Rep. 2011;60(23):781-785.
[iii] Goad JA, Taitel MS, Fensterheim LE, Cannon AE. Vaccinations Administered During Off-Clinic Hours at a National Community Pharmacy: Implications for Increasing Patient Access and Convenience. Annals of Family Medicine. 2013;11(5): 429-436.
[iv] Schaffer, S., Fontanesi, J., Rickert, D., Grabenstein, J., Rothholz, M., Wang, S., et al. (2008). How Effectively Can Health Care Settings Beyond the Traditional Medical Home Provide Vaccines to Adolescents?, Pediatrics (Vol. 121, pp. S35-S45).
[v] 76 FR 41063-41065.