

SESSION OF 2017

SUPPLEMENTAL NOTE ON HOUSE BILL NO. 2030

As Amended by Senate Committee on Public
Health and Welfare

Brief*

HB 2030, as amended, would amend the Kansas Pharmacy Act to change, from 18 to 12 years of age, the minimum age for a person to whom a pharmacist or a pharmacy student or intern working under the direct supervision and control of a pharmacist would be authorized to administer a vaccine, other than the influenza vaccine, pursuant to a vaccination protocol and with the requisite training. Continuing law requires immunizations provided under the authorization of the Kansas Pharmacy Act be reported to appropriate county or state immunization registries. The bill would allow the person vaccinated or, if the person is a minor, the parent or guardian of the minor, to opt out of the registry reporting requirement.

The bill would also require that, on and after July 1, 2020, physicians and other persons authorized in Kansas to administer vaccines to a person report the administration of a vaccine in the state to the state registry maintained for this purpose by the Secretary of Health and Environment (Secretary). However, the bill would allow the person vaccinated or, if the person is a minor, the parent or guardian of the minor, to opt out of the registry reporting requirement. The manner and form of the reporting would be determined by the Secretary. For this purpose, the bill would define "physician" as a person licensed to practice medicine and surgery.

*Supplemental notes are prepared by the Legislative Research Department and do not express legislative intent. The supplemental note and fiscal note for this bill may be accessed on the Internet at <http://www.kslegislature.org>

Background

HB 2030—Administration of any Vaccine by a Pharmacist, Pharmacy Student or Intern

The bill was introduced by the House Committee on Health and Human Services at the request of the Kansas Association of Chain Drug Stores. In the House Committee hearing, representatives of the Board of Pharmacy (Board), Dillons Pharmacy, the Kansas Association of Chain Drug Stores, the Kansas Independent Pharmacy Service Corporation (KPSC), and the Kansas Pharmacists Association (KPhA) testified in favor of the bill, as introduced. The proponents generally stated the bill would increase convenience and access to vaccines for individuals who may otherwise not be immunized and may increase the vaccination rate in Kansas to further reduce the incidence of vaccine-preventable diseases. Written-only proponent testimony was provided by a representative of Walgreens.

Representatives of the Kansas Association of Osteopathic Medicine (KAOM) and the Kansas Medical Society (KMS) testified in opposition to the bill, as introduced, and proposed amending the bill to raise the minimum age to 12 years old for anyone to whom pharmacists or pharmacy students or interns working under the direct supervision and control of a pharmacist could administer non-influenza vaccines. The KAOM representative stated concern with the vaccination of young children because a child's allergic reactions to compounds in vaccines are unknown, placing the child at a higher risk for a reaction. The KMS representative stressed the importance of not fragmenting care for pre-adolescents.

No neutral testimony was provided.

The House Committee amended the bill to change the minimum age for a person to whom a pharmacist or a pharmacy student or intern working under the direct

supervision and control of a pharmacist would be allowed to administer any vaccine.

The House Committee reconsidered its previous action on the bill and amended the bill by reinserting language related to the minimum age for administration of the influenza vaccine (returning to the language in current law) and lowering the minimum age of the person from 18 to 12 years to whom a pharmacist or pharmacy student or intern could administer vaccines other than influenza.

In the Senate Committee on Public Health and Welfare hearing, Representative Eplee and representatives of the Board, Dillons Pharmacy, the Kansas Academy of Family Physicians (KAFP), the Kansas Association of Chain Drug Stores, KPSC, and KPhA testified in favor of the bill. Written-only proponent testimony was provided by the American Academy of Pediatrics, Kansas Chapter; National Association of Chain Drug Stores; and Walgreens.

Written-only opponent testimony was received from four private citizens after the hearing.

No neutral testimony was provided.

The Senate Committee amended the bill to allow the person vaccinated or, if the person is a minor, the parent or guardian of the minor, to opt out of the registry reporting requirement. The Committee also inserted into the bill the contents of HB 2121, as amended by the Senate Committee.

According to the fiscal note prepared by the Division of the Budget on HB 2030, as introduced, enactment of the bill would have no fiscal effect for the Board. The Board indicates additional availability and convenience of vaccination offerings would increase the number of minors vaccinated, which could increase the number of vaccinations purchased. Any increase in purchases could increase revenues generated from sales and also affect health care-related expenditures for state and local governments; however, the fiscal effect cannot be estimated. Any fiscal effect associated

with enactment of the bill, as introduced, is not reflected in *The FY 2018 Governor's Budget Report*.

HB 2121—Reporting Vaccinations to the State Registry

HB 2121 was introduced by the House Committee on Health and Human Services at the request of Representative Eplee. In the House Committee hearing, Representative Eplee and representatives of the Kansas Department of Health and Environment (KDHE), KMS, and KPhA testified in support of the bill, generally stating the bill would alleviate a lack of complete vaccination reporting in the state and result in a safer and more transparent immunization environment for patients and providers. Several proponents requested a delay in the effective date of the reporting requirement to allow time for the completion of connections to WebIZ (the State's immunization registry) from multiple, disparate electronic medical records (EMR) systems currently in use by medical providers and for providers still in the process of adopting EMR systems to complete the process. Written-only proponent testimony was provided by a representative of the Kansas Academy of Family Physicians.

No neutral or opponent testimony was provided.

The House Committee amended the bill to delay the effective date of the vaccination reporting requirement.

In the Senate Committee on Public Health and Welfare hearing, Representative Eplee and representatives of the American Academy of Pediatrics, Kansas Chapter; KDHE; KMS; and KPhA testified in support of the bill. Written-only proponent testimony was provided by KAFP.

Representative Averkamp testified against the bill, stating it does not contain patient consent language, and he requested the bill be amended to allow a person to opt out of the reporting requirement. Written-only opponent testimony was provided by a private citizen.

No neutral testimony was provided.

The Senate Committee amended the bill to allow the person vaccinated or, if the person is a minor, the parent or guardian of the minor, to opt out of the registry reporting requirement, and to clarify the registry reporting requirement applies only to the administration of a vaccine to a person.

According to the fiscal note prepared by the Division of the Budget on HB 2121, as introduced, enactment of the bill would have no fiscal effect on KDHE or the State Board of Healing Arts.