

**HB 2464**

LINDA LINGLE  
GOVERNOR OF HAWAII



CHIYOME LEINAALA FUKINO, M.D.  
DIRECTOR OF HEALTH

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P.O. Box 3378  
HONOLULU, HAWAII 96801-3378

In reply, please refer to:  
File:

**Senate Committee on Health**

**HB 2464, HD2, RELATING TO PRACTICE OF PHARMACY**

**Testimony of Chiyome Leinaala Fukino, M.D.  
Director of Health**

**March 10, 2010, 2:45 p.m.**

- 1 **Department's Position:** The Department of Health opposes this measure.
- 2 **Fiscal Implications:** None.
- 3 **Purpose and Justification:** This measure seeks to amend the definition of "practice of pharmacy" by
- 4 changing the age of persons to whom immunizations are administered from ages 18 years or older to
- 5 ages 9 years or older with parental consent contingent upon the Governor's determination of a public
- 6 health necessity. During a public health emergency such as an influenza pandemic, authorizing the
- 7 Governor to increase capacity to deliver a specific life-saving vaccination to our children is certainly
- 8 desirable. However, the current measure was introduced without consultation with the state's critical
- 9 stakeholders, such as local professional bodies representing pharmacists, pediatricians, and other
- 10 immunization providers as well as the Department of Health. There was no collaborative determination
- 11 of whether the current measure is necessary or what our children's needs are. For example, the
- 12 formulation of this measure did not consider that Hawaii stands unique among the 50 states in having a
- 13 successful statewide school-located flu vaccination program that ably met the vaccination needs of many
- 14 children ages 5-13 years during the current pandemic and relieved much of the burden on pediatricians
- 15 and other medical providers. There has also been no collaborative development of appropriate wording

1 to address stakeholders' concerns for ensuring the appropriate administration of vaccinations to children  
2 or for recording those vaccinations; the amendment to the original bill (addition of "contingent upon the  
3 Governor's determination of a public health necessity") does not serve as an adequate surrogate for  
4 addressing these concerns.

5         Based on a recent meeting with critical stakeholders, the Department has determined that while  
6 there is a strong desire among all to address the important issue of protecting our children through  
7 increasing their vaccination opportunities, there is no consensus as yet regarding the optimal methods to  
8 accomplish this objective. Therefore, the Department continues to recommend that, rather than pursuing  
9 current legislative action, the more appropriate course would be to engage critical stakeholders to  
10 evaluate the pros and cons and further discuss the issue, develop consensus, then establish an  
11 appropriate plan to ensure the health and welfare of our children.

12         Thank you for this opportunity to testify.

**PRESENTATION OF THE  
BOARD OF PHARMACY**

**TO THE SENATE COMMITTEE ON  
HEALTH**

**TWENTY-FIFTH LEGISLATURE  
Regular Session of 2010**

**Wednesday, March 10, 2010  
2:45 p.m.**

**TESTIMONY ON HOUSE BILL NO. 2464, H.D. 2, RELATING TO PRACTICE  
OF PHARMACY.**

**TO THE HONORABLE DAVID Y. IGE, CHAIR,  
AND MEMBERS OF THE COMMITTEE:**

My name is Dr. Elwin Goo, Chair of the Board of Pharmacy ("Board"). I appreciate the opportunity to present testimony on this bill that would allow a Hawaii licensed pharmacist to administer immunizations to persons nine years of age and older with parental consent and contingent upon the Governor's determination of a public health necessity.

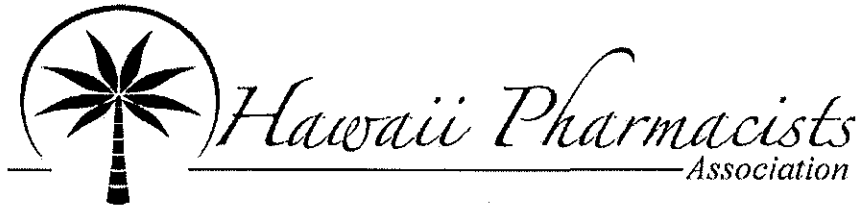
At its February 18, 2010 meeting, the Board considered H.B. No. 2464, H.D. 2 with the knowledge that the Senate companion bill, S.B. No. 2492 was deferred by the Senate Committee on Health. The Board decided to support H.B. No. 2464, H.D. 2 (with the defective date), with the understanding it would continue discussions on the appropriate training for pharmacists to administer immunizations to minors and immunization record keeping and reporting to appropriate healthcare providers. For the Committee's information, the Board is participating in a working group consisting of representatives from various pharmacies, the Department of Health and the American Academy of Pediatrics

Testimony on House Bill No. 2464, H.D. 2  
Wednesday, March 10, 2010  
Page 2

to try to address these concerns. It would be the intent of the parties to amend the bill at a subsequent hearing if workable solutions are found.

The Board would also like to restate that it has concerns as to whether parental consent is sufficient or if a pharmacist should also require a valid prescription from a licensed physician in order to administer immunizations to a child nine years of age or older as this will signify that the child has been examined by a licensed physician.

Thank you for the opportunity to testify on H.B. No. 2464, H.D. 2.



March 10, 2010

The Honorable Senator David Ige, Chair  
The Honorable Senator Josh Green, MD, Vice Chair  
Committee on Health  
Hawaii State Capitol, Conference Room 016

Re: H.B. 2464 HD2 – Relating to Practice of Pharmacy

Dear Chair Senator Ige, Vice Chair Dr. Green, and Members of the Committee on Health:

My name is SueAnn Yasuoka, RPh., testifying on behalf of the Hawaii Pharmacists Association. The Hawaii Pharmacists Association is comprised of pharmacists practicing in many different disciplines including, community pharmacy, hospital pharmacy and academia. **The Hawaii Pharmacists Association opposes H.B. 2464 HD2.**

Pharmacists play an important role in the health care community, not only for the medications that they provide, but the clinical evaluation of drug therapy, information, and care they provide to the people of Hawaii. Recently, many of our community pharmacists certified to immunize adults took part in the Statewide efforts of immunizing the community for the H1N1 Influenza virus. We are proud to serve the community.

However, we oppose this Bill. This Bill in its present form is unacceptable. This Bill lacks evaluation of need, evaluation of process, representation and consensus of the major stakeholders affected by this measure. Some of the major stakeholders, but not limited, would be the Department of Health, the Board of Pharmacy, the American Academy of Pediatrics Hawaii Chapter, and practicing Pharmacists. The discussion points would include the minimum age for pharmacists to vaccinate, all the vaccines that children and adolescents are required to receive, not just influenza. These vaccines may require more than one dose and therefore, the review of vaccination of records, the continuity of care and appropriate documentation with the child's pediatrician, parent, and pharmacist would need to be formalized. Current Pharmacists training include pediatrics and adults, with an emphasis in adult vaccinations. The Hawaii Pharmacists Association feels further discussion is necessary before proceeding with this Bill.

Thank you very much for the opportunity to testify.

# American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



## Hawaii Chapter

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March 9, 2010

Hearing of HB2464 on 03-10-10 @ 2:45pm in conference room 016.

To: COMMITTEE ON HEALTH, Senator David Ige, Chair

Re: **OPPOSE** – HB2464 HD2 – HSCR484-10 Amends the definition of "practice of pharmacy" by changing the age of persons to whom immunizations are administered from 18 to nine years of age with parental consent.

Dear Senator Ige:

We had previously testified in opposition to SB 2492. We remain **opposed** to HB2464 HD2. Although HB2464HD2 allows pharmacists to vaccinating children only upon declaration of an emergency by the Governor, the bill fails to address many issues concerning childhood vaccinations that could threaten the health of our youth.

The bill does not address the appropriate training and/or supervision of pharmacists when vaccinating young children. It does not address notification of the primary care physician if a vaccine is given. It does not obligate the pharmacist to review the past medical history and previous vaccination of the child to ensure that the correct vaccine is given at the right time. The bill fails to recognize that certain vaccines are required for school entry and therefore the administering pharmacist must be held accountable to document and communicate his/her actions with the appropriate physician and school officials.

In addition, testimony to date has failed to demonstrate a need for other health care professionals to vaccinate children. It is unclear why the newest mainland-based pharmacy in town would see such a need when the rest of the local pharmacy community has remained silent.

Therefore the American Academy of Pediatrics, Hawaii Chapter remains opposed to this bill. We should strive not to create problems but to develop processes to optimize the health of our children. We agree with the Department of Health that collaborative meetings of those involved should occur to clarify the issues prior to any legislation.

We have enclosed our previous testimony that we had submitted on February 5<sup>th</sup> for your reference.

Respectfully:

A handwritten signature in black ink that reads "Galen YK Chock MD".

Galen YK Chock MD  
President, HAAP



**HAWAII MEDICAL ASSOCIATION**

1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814  
Phone (808) 536-7702 Fax (808) 528-2376 www.hmaonline.net

**Wednesday, March 10, 2010, 2:45 PM, Conference Room 016**

To: Senate Committee on Health  
Senator David Y. Ige, Chair  
Senator Josh Green, M.D., Vice Chair

From: Hawaii Medical Association  
Robert C. Marvit, MD, President  
April Donahue, Executive Director  
Lauren Zirbel, Government Affairs  
Dick Botti, Government Affairs

Re: HB2464 RELATING TO PRACTICE OF PHARMACY

In Opposition

Chairs & Committee Members:

Hawaii Medical Association respectfully opposes HB2464 on the basis of patient safety, and asks the committee to consider testimony submitted by the American Academy of Pediatrics-Hawaii Chapter and the Hawaii Pharmacists Association. HMA agrees with these experts' concerns about allowing pharmacists to administer immunizations to children who are at least nine years old.

For example, the legislation does not address collaboration with the patient's primary care physician, such as notification of a vaccination or the reviewing of past medical history. It also does not account for the vaccination protocols for school entry. Further, as reported by the Pharmacists Association, current pharmacist education on administering vaccines is not yet extensive enough for children as young as nine years of age.

It is also worth noting that the United States Supreme Court is reviewing a case where the parents of a baby are suing the vaccine manufacturer for adverse events. It may not take much to expose pharmacists to liability under this bill.

Due to the complexities involved with childhood immunizations and potential adverse effects, we would request that further research into any possible need for expanding scope and the additional training required be completed before enacting this legislation.

The HD2 amendment requiring the Governor's determination of a public health necessity is not a sufficient safeguard at this time.

Thank you for your consideration and the opportunity to testify.

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# HILOPA'A

Family to Family Health Information Center

Date: March 9, 2010  
To: COMMITTEE ON HEALTH  
Senator David Ige, Chair  
Senator Josh Green, MD, Vice Chair  
Fr: Leolinda Parlin, State Coordinator for Family Voices of Hawai'i  
Re: **OPPOSE HB 2464 HD2 RELATING TO PRACTICE OF PHARMACY**

On behalf of Family Voices of Hawai'i, I offer testimony in opposition of HB 2464 HD2 which amends the definition of "practice of pharmacy" by changing the age of persons to whom immunizations are administered from 18 to nine years of age with parental consent. We previously opposed SB 2492 and have found the House amendments to the bill still have not satisfied our concerns regarding either the intent or content of the proposed legislation.

The need for this measure has still not been adequately demonstrated. There is no evidence or data identifying specific access issues for children in obtaining immunization. The fragmentation of immunizations even in a state of emergency would in effect compound the management of immunizations as a whole for a child because it fragments the continuity of care the Medical Home provides. If there was a preponderance of evidence to support the need, we question why the rest of the pharmacies and pharmacists have not demonstrated their strong support behind this measure.

Past efforts which bypassed the Medical Home to deliver vaccines in alternate settings have not been adequately evaluated. Vax to School as well as the most recent efforts related to H1N1 have not been evaluated to glean "lessons learned" or to provide the feedback for quality improvement into the system. Replicating these programs at this point in time is premature.

Our original questions and concerns related to the measure still stand. What will be the obligation and liability for the pharmacies related to adverse reactions? It is not clear what the follow up obligation and liability will be for the pharmacies related to adverse reactions to the ever increasing wide array of immunizations. Will the pharmacists be able to prescribe pain or anti-nausea medications to address symptoms or will they be referred back to their physicians? Will they have the ongoing relationship with the child and family to determine if a reaction requires hospitalization, on-site physician follow up or family training and phone support from their primary care provider?

How will the pharmacies coordinate care directly with the Medical Home and insure our children are not over-immunized? There is an increase of requests by families to "break up" the vaccines and spread them out over a longer period of time. While many of the larger pharmacies have their own proprietary registries, how will the overall tracking across pharmacies and physician offices be conducted to insure children are not missing out on their immunizations as well?

As an organization, Family Voices is national grass roots organization of family of friends of child with special health care needs. In Hawai'i, we operate the federally funded Hilopa'a Family to Family Health Information Center. Our commitment to our children and families and the principles of family centered care requires us to oppose this measure.

Thank you for your time and consideration.



March 8, 2010

The Honorable Ryan I. Yamane, Chair  
Committee on Health  
Hawaii State Capitol, Room 419  
Honolulu, Hawaii 96813

**Re: H.B. 2464, HD2 – Relating to Practice of Pharmacy**  
**Hearing: Wednesday, March 10, 2010 at 2:45 p.m., Room 016**

Dear Chair Ige and Members of the Committee on Health:

I am Mihoko Ito, an attorney with Goodsill Anderson Quinn & Stifel, testifying on behalf of Walgreen Co. (“Walgreens”). Walgreens operates and offers immunization services in all 50 states, the District of Columbia and Puerto Rico. To date, this program has allowed Walgreens to provide over 1.6 million H1N1 vaccines across the country. In Hawai‘i, Walgreens now has 9 stores on the islands of Maui and Oahu.

Walgreens supports **H.B. 2464, HD2**, which amends the definition of "practice of pharmacy" by allowing immunizations to be administered to persons who are at least nine years of age with parental consent contingent upon the Governor's determination of a public health necessity effective July 1, 2020. However, Walgreens notes that it prefers the bill in its original form, which allows pharmacists to administer vaccines with parental consent and does not require an emergency to be declared; as is the case in approximately 18 states currently.

Allowing pharmacists to administer vaccinations is a low-cost and convenient way to meet an important public health need. Studies have shown that in states in which pharmacists are allowed to administer vaccines, the vaccine coverage rates are increased for the target population.

Pharmacists are required to receive specialized training to administer vaccinations. Presently, Walgreens pharmacists who participate in vaccine programs go through a “Pharmacy-Based Immunization Delivery” certificate training program offered by the American Pharmacists Association and recognized by the Centers for Disease Control and Prevention (CDC), or a state approved equivalent program. In addition to immunization training, all participating pharmacists are required to become certified in adult and child CPR and take OSHA blood-borne pathogens training. These programs include training to administer vaccines for children nine years of age and older.

Walgreens supports the original bill because it gives properly trained and certified pharmacists authority whereby they, upon proper eligibility screening, can administer any approved vaccine to an eligible patient at least 9 years of age.

Lowering the age restrictions for pharmacist-administered vaccines will improve access to life-saving vaccines and serve as a valuable preventative tool. It would also allow for a quick and effective response to vaccinate a large number of people in the event of a public health emergency in Hawai‘i.

*Walgreen Co. Government and Community Relations 104 Wilmot Road, MS 1444 Deerfield, IL 60015*  
*847-315-4653 FAX 847-315-4417 [www.walgreens.com](http://www.walgreens.com)*

Walgreens respectfully requests that the Committee pass this measure in its original form.  
Thank you very much for the opportunity to testify.

**From:** DRJLAM@aol.com  
**Sent:** Monday, March 08, 2010 8:50 PM  
**To:** leolinda@resqconsultants.com; testimony@capitol.hawaii.gov  
**Cc:** gchock@aap.net; mohalaway@hawaii.rr.com; jesselam@hawaii.edu; ccnicholson@hotmail.com  
**Subject:** testimony

**Committee on Health**

**Senator David Ige, Chair,**

**Senator Josh Green, Vice Chair**

**Wednesday Hearing, March 10, 2010, 2:45pm, Conference Room 016**

**RELATING TO PRACTICE OF PHARMACY.**

**Chairman David Ige and Committee Members,**

**My name is Jeremy Lam and I have been a practicing pediatrician in Honolulu for the past 35 years. I am writing testimony in opposition to HB2464 HD 2 (HSCR484-10).**

**Giving pharmacists the permission to administer immunizations to our children will greatly affect the quality of child health in Hawaii. Pharmacists administering vaccines have no clue about an individual's egg allergies, past untoward vaccine effects, immuno-deficiencies, family history and other pertinent health history that would be vital before giving an immunization. They have not had any formal medical training in case of an emergency which could arise after the vaccine is given (e.g. anaphylaxis).**

**They would undermine the present effort of pediatricians and the Department of Health to find each child a "medical home" for optimum continuity of care in Hawaii. Any vaccine given out of schedule or out of context would fragment the child care in our State decreasing the quality of health of all our children.**

**Will the pharmacist be able to easily get a legal prescription from a physician to administer the vaccine? I think not. Will the pharmacist communicate the immunization given in the store to the child's regular physician to record for his school requirements so there will be no duplication of service? It would be**

**difficult. Will the pharmacist have the staff to immediately report the adverse effects to the Health Department or child's primary physician? That I wonder. The potential liability problems are obvious.**

**There are many unanswered questions that may cause this bill to harm the health of our children. Please vote NO to HB2464HD2 (HSCR484-10). Please ask yourself who has a hidden agenda using prevention's name to further their cause.**

**Sincerely,**

**Jeremy Lam, M.D., Kapiolani Medical Center, 1319 Punahou St., Suite 1140, Honolulu, 96826 Phone 944-1844 DrJlam@aol.com**