

**PRESENTATION OF THE  
BOARD OF PHARMACY**

TO THE HOUSE COMMITTEE ON  
INTRASTATE COMMERCE

TWENTY-NINTH LEGISLATURE  
Regular Session of 2018

Wednesday, February 14, 2018  
9:00 a.m.

**TESTIMONY ON HOUSE BILL NO. 1950, H.D. 1, RELATING TO THE PRACTICE  
OF PHARMACY.**

TO THE HONORABLE TAKASHI OHNO, CHAIR, AND MEMBERS OF THE  
COMMITTEE:

My name is Lee Ann Teshima, and I am the Executive Officer for the Board of Pharmacy ("Board"). I appreciate the opportunity to testify on H.B. 1950, H.D. 1. While the Board appreciates the intent of this bill, it does have concerns.

The measure amends the definition of "practice of pharmacy" to expand the scope of services and specific medications that pharmacists may furnish.

The Board's concerns are as follows:

- On page 3, lines 11-12, definition of "furnish" or "furnishing," and on page 6, lines 14-21, "furnishing" an opioid antagonist, epinephrine auto injector, hormonal contraception, travel medications, and tobacco cessation nicotine replacement therapy. These drugs are considered "prescription" drugs that require a "valid" prescription issued by a prescriber with legal authority to prescribe drugs under his/her scope of practice. Pharmacists are prohibited from dispensing a prescription drug without a valid prescription. Currently, pharmacists are authorized to prescribe and dispense hormonal contraception. However, if the intent of this section is to allow pharmacists to "prescribe and dispense" these additional drugs, then the bill should be amended for clarification.
- Page 7, lines 9-10 refers to standing orders. "Standing orders" is not defined, so it is not clear as to what a "standing order" is or what should be included.

If the Legislature intends to allow pharmacists the ability to provide direct access for patients to resolve public health issues with minimum impact to the overall health system, then perhaps a working group should be established to thoroughly review the pharmacy practice act and make its recommendation to the 2019 Legislature.

Thank you for the opportunity to provide comments on H.B. 1950, H.D. 1.



# UNIVERSITY OF HAWAII SYSTEM

## Legislative Testimony

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Testimony Presented Before  
House Committee on Intrastate Commerce  
February 14, 2018 at 9:00 am

By  
Carolyn Ma, PharmD, BCOP  
DEAN  
UH Hilo - Daniel K. Inouye College of Pharmacy

### HB 1950 HD1 – RELATING TO PRACTICE OF PHARMACY

Chair Ohno, Vice Chair Choy, and members of the Committee:

My name is Carolyn Ma, and I am a registered pharmacist and the Dean for the UH Hilo Daniel K. Inouye College of Pharmacy (DKICP). I am submitting testimony as Interim Chancellor Sakai's UH Hilo designee. UH Hilo fully supports this bill that will expand certain areas of pharmacy practice for registered pharmacists.

Pharmacists are considered the drug therapy experts among health care professions. Training of pharmacists includes foundational sciences (2-4 years) with advanced professional years of study (4 years) that include extensive training in pharmacology, medicinal chemistry, disease pathophysiology, and drug therapeutics. In relation to HB 1950 HD1, the DKICP curriculum certifies, via the American Pharmacists Association (APHA), training in immunization administration (first year) and smoking cessation (2<sup>nd</sup> year). Students are expected to apply these skills in their experiential rotation courses throughout the rest of their training and also in numerous community health screening events. Courses in toxicology, pain management, opioid abuse syndrome, contraception, reproductive pharmacology and women's health, and pediatrics are taught in the 3<sup>rd</sup> professional year. Education provided throughout the 4-year professional curriculum also focuses on medication assessment and therapeutic recommendations via related laboratory tests and subjective/objective findings related to disease and drug therapy. All U.S. accredited (ACPE) colleges of pharmacy offer similar curriculums.

Successful completion of the curriculum results awarding of the terminal degree, the Doctor of Pharmacy (PharmD) and hence eligibility to sit for the national pharmacy licensing exam (NABPLEX). Successful passing score of the NABPLEX, allows an individual to practice as a Registered Pharmacist (RPh), a profession that is regulated by the Dept. of Commerce and Consumer Affairs (DCCA) through a state Board of Pharmacy.

In addition, many pharmacy school graduates will continue on to post-graduate residency programs for further clinical training in general pharmacy practice as well as

in specialty areas that include but are not limited to ambulatory care, community pharmacy, oncology, nutrition, nuclear medicine, psychiatry and mental health, and critical care medicine. Specialty practice pharmacists may also be board certified by the Board of Pharmacy Specialties, an autonomous division of the APHA. This extensive education fully supports the additions outlined in the bill in Hawai'i Revised Statute (HRS) 461 and allows for pharmacists to practice more fully to their education and training.

Pharmacists are the most accessible community health care professionals and work with health care colleagues in a number of different practice areas such as in acute care hospitals, ambulatory care clinics and long term care facilities. Health care colleagues such as physicians, nurses, psychologists, naturopaths, dieticians, public health professionals rely on pharmacists as a vital source of drug therapy expertise and as partners in providing safe, effective and cost efficient drug therapy management for best practice patient care.

Thank you for the opportunity to testify on behalf of HB 1950 HD1.



**SanHi**

GOVERNMENT STRATEGIES  
A LIMITED LIABILITY LAW PARTNERSHIP

DATE: February 13, 2018

TO: Representative Takashi Ohno  
Chair, Committee on Intrastate Commerce  
*Submitted Via Capitol Website*

RE: **H.B. 1950, H.D.1 Relating to the Practice of Pharmacy**  
**Hearing: Wednesday, February 14, 2018 at 9:00 a.m.**  
**Conference Room: 429**

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Dear Chair Ohno and Members of the Committee on Intrastate Commerce,

We submit this testimony on behalf of Walgreen Co. (“Walgreens”). Walgreens operates stores at more than 8,200 locations in all 50 states, the District of Columbia and Puerto Rico. In Hawaii, Walgreens now has 20 stores on the islands of Oahu, Maui, and Hawaii.

Walgreens **strongly supports** H.B. 1950 H.D.1, which expands the definition of “practice of pharmacy” to include furnishing life-saving medications such as Naloxone and Epi-pens, furnishing hormonal contraception and smoking cessation therapies, administering immunizations for bacterial and viral infections like the flu, pneumonia and hepatitis A pursuant to protocol, and ordering and performing laboratory tests to determine appropriate medication uses and outcomes.

Walgreens believes that pharmacists should be permitted to practice at the top of their training. In Hawaii, registered pharmacists now undergo a six-year doctorate program that includes education assessment training and a one-year pharmacy internship. Pharmacists today routinely provide direct patient care based on scope of practice regulations and deliver care beyond the traditional practice of dispensing prescription medications. In addition to dispensing medications, pharmacists now provide additional services such as immunizations, wellness screenings, routine laboratory tests, and routine drug therapy-related patient assessment procedures. Pharmacists also are often the last point of contact a patient has with a medical professional, especially for those with chronic conditions requiring complex medication therapies. Pharmacists already are highly trained to provide these services, and this bill would align Hawaii’s pharmacy laws with the current practice of pharmacy.

Thank you for the opportunity to submit testimony in strong support of this measure.



February 14, 2018

The Honorable Takashi Ohno, Chair  
The Honorable Isaac W. Choy, Vice Chair  
House Committee on Intrastate Commerce

Re: HB 1950, HD1 – Relating to Naturopathic Medicine

Dear Chair Ohno, Vice Chair Choy, and Committee Members:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 1950, HD1, which relates to expanding the scope of practice of pharmacy to allow pharmacists to furnish specific medications and services. We appreciate the intent of this measure and provide the following comments.

HMSA recognizes that pharmacists deliver direct patient care, and serve a valuable role in our healthcare system. We ask the Committee to consider the following:

- HMSA is undergoing the transformation of our payment system to providers, moving away from the fee-for-service model. Reimbursement to pharmacists could fall outside the payment transformation model resulting in higher costs to our members.
- Access to a customer's complete medical records is generally not part of a pharmacist's practice and therefore may impact the advisability of a treatment. Pharmacists also do not currently maintain patient medical records required for audit and validation purposes under national accreditation organizations and government programs.

We are in ongoing discussions with our pharmacists to better understand the scope of additional services they would like to assume, and we remain committed to working with them to seek consensus as to how we can more fully engage pharmacists in our network of providers of healthcare services.

Given these concerns and considerations, we ask the Committee consider deferring this measure at this time.

Thank you for allowing us to testify on HB1950, HD1.

Sincerely,

Pono Chong  
Vice-President, Government Relations



Testimony of  
Hawaii Immunization Coalition (HIC)

Before:  
Committee on Health and Human Services  
Representative Ohno  
Representative Choy

February 14, 2018  
9:00 am  
Conference Room 429

**Re: HB1950 HD1 Relating to Health**

Chair, Vice Chair, and committee members, thank you for this opportunity to provide testimony on HB1950 HD1.

The Hawaii Immunization Coalition (HIC) **supports this bill** and **recommends a revision of language to allow pharmacists to provide all recommended vaccines to adolescents 11-17 years of age**. Currently, pharmacists can administer all recommended vaccines to adolescents 14-17 years of age and only human papillomavirus (HPV), tetanus, diphtheria, pertussis (Tdap), meningococcal, and influenza vaccines to adolescents 11-14 years of age. By allowing pharmacists to administer all recommended vaccines, including measles, mumps, rubella (MMR), varicella, and hepatitis A vaccines, to persons 11-14, we will improve the public's access to vaccines, thus increasing vaccination rates and in turn decreasing disease outbreaks.

HIC supports updating the definition of "practice of pharmacy" to include providing opioid antagonists (e.g. naloxone) to prevent deaths from drug overdose. In these challenging times of thousands of opioid overdoses every day, this expansion of the role of pharmacists is a positive public health measure.

HIC supports pharmacists being able to administer vaccinations. Their ability to do so increases accessibility of vaccines to adolescents and adults. The Hawaii Immunization Coalition is pleased to see immunizations included in their scope of practice. Recent outbreaks of hepatitis A, mumps, and flu in both Hawaii and on the mainland were all vaccine-preventable. In Hawaii, access to pharmacies played a major role in ensuring that many people were protected in a timely manner.

Rationale for support of pharmacists providing vaccinations –

- To vaccinate, pharmacists face a rigorous curriculum and certification process.
- Pharmacists are trained to provide immunizations orally, by injection or by intranasal delivery.
- Pharmacy locations are ideal, especially in our rural communities; they provide increased access to vaccinations because of convenient evening and weekend times and flexible walk-in periods.
- Pharmacies can increase vaccination uptake in Hawaii.

HIC supports expansion of immunization delivery to improve the overall health of persons in Hawaii and to reduce the incidence of infectious diseases through vaccination.

HIC is a statewide, community-based non-profit 501(c)3 coalition of public and private organizations and concerned individuals whose mission is to promote effective strategies to ensure that all Hawaii's families are appropriately vaccinated against vaccine-preventable diseases. Focus: Immunizations across the lifespan. The coalition has been active in Hawaii since the early 1980's and has more than four hundred immunization supporters.

Thank you for your consideration.

The Hawaii Immunization Coalition (HIC) is a statewide, community-based 501C (3) non-profit organization working to ensure all of Hawaii's families are appropriately vaccinated against vaccine-preventable diseases

[www.immunizehawaii.org](http://www.immunizehawaii.org) Tax ID #20-2164266

**HB-1950-HD-1**

Submitted on: 2/11/2018 8:42:39 AM

Testimony for IAC on 2/14/2018 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Patricia Blair	Individual	Oppose	No

Comments:



**HB-1950-HD-1**

Submitted on: 2/11/2018 9:12:32 AM

Testimony for IAC on 2/14/2018 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
gretchen	Individual	Oppose	No

Comments:

Please deny this bill.

Thank you

**HB-1950-HD-1**

Submitted on: 2/11/2018 3:51:25 PM

Testimony for IAC on 2/14/2018 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kat Culina	Individual	Oppose	No

Comments:

**HB-1950-HD-1**

Submitted on: 2/11/2018 4:17:41 PM

Testimony for IAC on 2/14/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Deborah Mader	Individual	Oppose	No

Comments:

Aloha Chair and Committee,

I strongly **OPPOSE HB1950 HD1**. This bill allows pharmacists to vaccinate persons 11-17 years of age with all ACIP recommended vaccines. Pharmacists have no place vaccinating children, when they don't know their health or family history and will not be able to monitor for vaccine side effects or injuries. We shouldn't outsource our relationship with our primary care team.

Sounds like big pharma is looking to increase profits by any means necessary, with no concern of doctor/patient relationship that involved detailed record keeping. What happens if you go to more than one pharmacy? Who will ensure a child is not over-vaccinated or keep record of reactions, treatment, etc? Is the pharmacist going to answer my call at 2am when my child is having a reaction?

Mahalo,

Deborah Mader

Kihei, HI

I VOTE! :)

**HB-1950-HD-1**

Submitted on: 2/11/2018 4:31:11 PM

Testimony for IAC on 2/14/2018 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Shannon Rudolph	Individual	Oppose	No

Comments:

**Strongly Oppose. Shots belong at a DOCTOR'S OFFICE.**

**HB-1950-HD-1**

Submitted on: 2/11/2018 7:27:15 PM

Testimony for IAC on 2/14/2018 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
tara mattes	Individual	Oppose	No

Comments:

Vaccine safety is priority. Pharmacists will not be able to monitor side effects or family history. Thank you.

**HB-1950-HD-1**

Submitted on: 2/11/2018 7:41:03 PM

Testimony for IAC on 2/14/2018 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Scott Garris	Individual	Oppose	No

Comments:

**HB-1950-HD-1**

Submitted on: 2/11/2018 10:10:31 PM

Testimony for IAC on 2/14/2018 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Erika Lechuga Disalvo	Individual	Oppose	No

Comments:

**HB-1950-HD-1**

Submitted on: 2/11/2018 10:43:16 PM

Testimony for IAC on 2/14/2018 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Lauren Ampolos	Individual	Oppose	No

Comments:



**HB-1950-HD-1**

Submitted on: 2/12/2018 12:01:11 AM

Testimony for IAC on 2/14/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
martina dodson	Individual	Oppose	No

Comments:

I will no longer vaccinate my children...

... because I am a well trained medical doctor and former medical journal editor that has studied the vaccine research and analyzed both sides of the evidence.

... because I know how to read the medical literature, recognize bias and discern characteristics of good and fraudulent research.

... because I know that too much of the science supporting vaccines is fraudulent driven bought and paid for by the vaccine manufacturers themselves.

... because I understand the risks of vaccination as well as the benefits of my children and grandchildren encountering and overcoming the wild type diseases naturally.

... because I know that diseases like mumps, measles, and chickenpox aren't dangerous and untreatable diseases that justify the risk of injecting toxic ingredients into the tissues of my children.

... because I have seen the evidence of neurotoxicity from ingredients like aluminum, polysorbate 80, human DNA and cellular residues from the human cells lines upon which many of the live viruses are grown.

... because I've seen vaccine manufacturers like Merck promote what they knew was bad medicine for profit, kill 60,000 patients with Vioxx, and I have no reason to believe that they wouldn't do the same thing with vaccines, especially when you consider they can't be sued when their vaccines maim or kill children.

... because I believe the vaccine industry has thoroughly corrupted the science and safety of vaccines.

... because I recognize the aggressive and unreasonable tactics of a multi-billion dollar pharmaceutical industry desperately working to maintain the illusion of vaccine safety, keep consumers consuming, grow their markets, and increase their profits.

... because I have met so many families whose children were stolen from them by the battery of vaccines administered at pediatric vaccine visits.

... because I believe the U.S. vaccination program has become a progressively dangerous assault on the health and lives of the children of America.

... because I am awake and aware, I will not vaccinate, nor will I remain silent as the pharmaceutical and medical industries pretends that vaccines are safe and effective.

~Jim Meehan MD

This is what my Doctor friend Jim Meehan wrote and told me to quote you. The fact that our children are being injured and killed for profit is criminal. 1986 the same year Congress gave immunity to vaccine makers so parents can not sue, the vaccine schedule tripped. Coincidence? Ask yourselves this question. Going from 4 doses vaccines growing up to 74 doses before the age of 18, is that really for health or for profit?

The U.S has the highest infant mortality rate in a developed country also the most vaccinated. Our children are sicker then ever recorded in history. The amount of aluminum and mercury exceeds the safe amount of ingestible products, and here we are injecting them into little babies. Look at these bills proposed...having pharmacists with no training in vaccine injury, no training in reporting adverse events applying all vaccines into our children. Why on earth are these bills proposed all over the country? Why is it for the need of having every child vaccinated with 74 doses dangerous neurotoxins ?Is it for their health, or is it for vaccine makers to enjoy their multi billion dollar profits. Look at the testimonies for bill HB2622 a bill for informed consent to a vaccination. Every single opposer was bought by the pharmaceutical industry. Our doctors are bought. Blue Cross Blue Shield pay the pediatricians up to 400\$/child that is fully vaccinated. Here is the catch if they can't keep the practice at least 63% fully vaccinated. They will loose their whole bonus. For a pediatrician that can be up to 40.000/year. Who else do these pharmaceutical criminals pay to lobby for them?

If you care about our childrens future and health..I am begging you to stop these criminal bills and work for our medical freedom. Not against it. Please OPPOSE HB1950HD1, these kind of bills are criminal.

Sincerely,

Martina D.

#### CONSIDER THESE 25 POINTS BEFORE VACCINATING

- 1.Childhood illnesses are beneficial and are essential to build the immune system.
2. Suppressing them in itself is the road to chronic disorders & disabilities.
3. Vaccines ingredients are extremely toxic and harmful.
4. The claim that vaccines eradicated disease is not backed by facts. The credit actually goes to better housing conditions, clean water, sanitation, hygiene and nutrition.

5. Vaccines have never been adequately tested for safety/efficacy.
6. Administration of more than one vaccine does not have the backing of any safety study.
7. The effects of the entire vaccination schedule on children has never been studied.
8. Statistical manipulation and intense lobbying is behind 'vaccine success'.
9. Vaccine harm is constantly denied as coincidence.
10. There are 200 serious adverse effects including death noted in published mainstream scientific literature.
11. Vaccine induced autoimmune disorders and toxicity problems show up many years after administration.
12. Vaccine induced chronic disorders fuel the growth of the medical empire.
13. There is no safety net for victims in developing nations.
14. Vaccines are profitable; driven by corporate philanthropists supporting eugenics agendas.
15. In the USA \$3.3 billion has so far been paid as compensation for vaccination damage. Thousands of cases are pending.
16. The global spread of Autism, other chronic disorders and various cancers etc among children is alarming.
17. While 'experts' deny the vaccine autism connection, Courts have so far compensated 87 cases of vaccine induced autism in the USA and Italy.
18. Almost ALL the CDC studies disproving the vaccine-autism link has been exposed for fraud and statistical manipulation
19. These studies have not been retracted but are cited as 'proof' that vaccines do not cause autism.
20. Doctors/ scientists investigating vaccines have been struck off roles and have also died under mysterious circumstances.
21. Vaccine harm is mostly life long, without any treatment protocol to address the harm.
22. The entire system earns handsomely from vaccines and therefore turns a blind eye to harm done.

23. Parents are coerced into vaccinating their children without proper informed consent which is a crime under the Nuremberg Code.

24. Parents reporting vaccination harm are ignored, threatened or laughed at.

25. Pediatricians get their vaccine commissions and also benefit from treating the adverse effects. They are committed to be silent on the issue. The industry also never educates them on the subject.

Want to know why doctors are so focused on vaccinating the hell out of your kids?

Doctors get a \$400 bonus for each fully vaccinated child. 60 kids = \$24,000 bonus.

Autism creates \$2,000,000.00 - \$5,000,000.00 in revenue for each child and family effected!

Plus they create a lifetime of sickness leading to premature death!

Learn more about the dangers from vaccines:

[www.physiciansforinformedconsent.org](http://www.physiciansforinformedconsent.org)

[www.vaccinepapers.org](http://www.vaccinepapers.org)

February 11, 2018

**To:** Representative Takashi Ohno (Chair of Intrastate Commerce Committee) and House IAC Committee members

**From:** Cheryl Toyofuku, Pearl City, HI

**Re:** Opposition to HB 1950 - Amends the definition of "practice of pharmacy" to expand the scope of services and specific medications that pharmacists may furnish.

**Hearing:** Wednesday, February 14, 2018 at 9:00 a.m. in room 429

I am a mother, grandmother, registered nurse and health advocate and I strongly oppose HB 1950. The busy pharmacy retail setting is not adequate to safely provide the health care services for invasive medical interventions such as vaccinations.

The decision to vaccinate or NOT to vaccinate should be a medical matter requiring adequate informed consent, accurate education on the vaccine ingredients, safety and efficacy, benefit & risk information, adverse reactions, counseling and follow-up. A thorough assessment of family and personal health history is required before administering vaccination.

- The busy retail setting of many pharmacies will not provide the care and attention during and after vaccine administration compared to a medical office or clinic and without appropriate personnel and equipment to monitor any subsequent vaccine emergency. Busy chains, like CVS can fill several hundreds of prescriptions daily, with potential vaccine administration errors endangering the health of a child, simply for the sake of convenience. This is not quality health care to any of our keiki.
- For example, in the package insert of the HPV-9 vaccine, the manufacturer acknowledges the most common and immediate side effects following the administration of an HPV vaccine: *"Because vaccines may develop syncope, sometimes resulting in falling with injury, observation for 15 minutes after administration is recommended. Syncope, sometimes associated with tonic-clonic movements and other seizure-like activity, has been reported following HPV vaccination. When syncope is associated with tonic-clonic movements, the activity is usually transient and typically responds to restoring cerebral perfusion by maintaining a supine or Trendelenberg position."* This can cause chaos, liability issues and a potential for a child's life-time of disability.
- The vaccination schedule for our keiki has increased tremendously and vaccine injuries are also increasing because of the lack of studies on the safety and effectiveness on combination vaccines and the cumulative effects of vaccines. Vaccine doses have increased from 5 doses in 1962 to 72 doses in 2016: [https://www.learntherisk.org/wp-content/uploads/2016/03/Doses\\_v2.pdf](https://www.learntherisk.org/wp-content/uploads/2016/03/Doses_v2.pdf)
- Will the pharmacist have the time to share the following as he/she services a customer/patient? Ingredients of vaccinations & providing the product insert for each vaccination or vaccine combination: [https://www.learntherisk.org/wp-content/uploads/2016/02/LTR\\_VaccineIngredients\\_White1.pdf](https://www.learntherisk.org/wp-content/uploads/2016/02/LTR_VaccineIngredients_White1.pdf)

Please **DO NOT pass HB 1970** out of your committee and **protect our keiki** from these questionable vaccinations, especially in a busy pharmacy setting that is inadequate for the health and well-being of our young children. The increasing vaccine schedule is profitable for the vaccine manufacturers, pediatric associations and its members, pharmacies, etc., but not for our children. Concerns about vaccine safety and effectiveness has escalated over the years, especially since manufacturers and those administering vaccines were freed from all liability resulting from vaccine injury and death.

**HB-1950-HD-1**

Submitted on: 2/12/2018 1:29:13 AM

Testimony for IAC on 2/14/2018 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Raelyn Reyno Yeomans	Individual	Oppose	No

Comments:

I oppose as a pharmacist should not be administering immunizations to anyone under the age of 18. This should be left to a doctor or a doctor's staff acting at the direction of a doctor trained to ask about family and medical histories.

**HB-1950-HD-1**

Submitted on: 2/12/2018 5:06:12 AM

Testimony for IAC on 2/14/2018 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Tamara Paltin	Individual	Oppose	No

Comments:

Aloha Representatives

i strongly oppose this bill.

Mahalo

Tamara Paltin

808-870-0052

**HB-1950-HD-1**

Submitted on: 2/12/2018 10:23:49 AM

Testimony for IAC on 2/14/2018 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Tulsi Greenlee	Individual	Oppose	No

Comments:

Please oppose this bill. Thank you Tulsi Greenlee



**HB-1950-HD-1**

Submitted on: 2/12/2018 11:14:21 AM

Testimony for IAC on 2/14/2018 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jessica McCormick	Individual	Oppose	No

Comments:

I strongly OPPOSE HB1950. Pharmacists have no place vaccinating children when they don't know the patient's health or family history and will not be able to monitor for vaccine side effects or injuries. Vaccination should ONLY be given in the presence of the general practitioner who already is familiar with the patient's health and history, and has already thoroughly examined the patient and their records to make sure they would benefit from said vaccination(s). Pharmacists also are already stretched in their responsibilities and will be too distracted to make sure the patient does not have any reactions. Are they going to put the vaccinations in the patient's permanent record? If not, this will lead to overvaccination and larger risks of side effects. This is a dangerous addition to a pharmacist's already bursting list of responsibilities! Please oppose this bill from passing.

**HB-1950-HD-1**

Submitted on: 2/12/2018 8:07:53 PM

Testimony for IAC on 2/14/2018 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
natasha sky	Individual	Oppose	No

Comments:

Dear Comittee Members,

I am writing in Opposal of bill HB1950 HD1. As a resident of Hawaii this bill strongly concerns me about the safety of our keiki. As it is vaccine reactions are already grossly underreported. Pharmacist are not trained in recognizing adverse vaccine reactions, whereas doctors are and can treat such issues more quickly if neccessary. Doctors also have relationships with their patients, knowing their health and family history, which are very important in determining possible vaccination contraindications. Please keep childhood vaccination between doctors and their patients.

To: The House Committee on Intrastate Commerce (IAC)  
February 14, 2018, Capitol Room 429 at 9pm

RE: Testimony to Strongly OPPOSE HB1950 HD 1

Safety should first and foremost, be this House Committee on Intrastate Commerce's main concern. I practice pharmacy in a retail setting and have done so for many years. I am sure all of the pharmacy businesses testifying here today are appreciative of the high reimbursement rates they receive per year. It is a multimillion dollar business. However, with the lowering of the age groups 11 to 17 year olds, AND by adding more vaccines for pharmacists' administration, the risk for vaccine injury and emergency scenarios in the pharmacy greatly increases liability. Most importantly, it puts the safety and well-being of the child most at risk, all for the sake of a little convenience.

In considering HB1950 HD1, this committee must decide whether the safety of our children is more or less important than the convenience and access that this bill offers. Of course, parents and children can appreciate the ease of access and elimination of a doctor's appointment when getting a vaccination at the pharmacy after hours. However, the pharmacy setting is a BUSINESS. It is filled with noise, chaos and people in a public place. It is not designed to accommodate an emergency especially if the pharmacists are minimally experienced in dealing with emergencies in this type of setting. Physician's offices, on the other hand, have medical staff available, a physician, emergency equipment available and medication for emergencies.

CMS, the Centers for Medicare and Medicaid Services, requires its providers provide Quality of Care and offer incentives for varying degrees of quality provided. Administering a vaccine is a medical billable service, however, HB 676HD1 offers convenience and access without regard to quality or care to the child. Pharmacies are not the child's medical home. Pharmacists do not know the health or medical history of the child or the medication list. The pharmacist does not know anything about the child, yet HB 676 HD1 proposes that a medical procedure, i.e. a vaccination be performed with little to no information about the child. This activity borders on negligence.

As you review the testimonies for this bill, all of the proponents ONLY emphasize convenience and access to vaccines, not one single testimony mentions any concerns about the safety for our children in terms of potential adverse reactions that may occur in the pharmacy or emergency situations that such as syncope, or fainting, from the HPV vaccine, which is common.

#### **ACPE IMMUNIZATION TRAINING:**

HB1950 HD 1 is based on the premise that all pharmacists have the basic knowledge and skills when administering vaccines. I can tell you this is not true. Most pharmacists are taught basic immunology, however, very few are aware of the adverse reactions of vaccines they administer other than what is printed on the Vaccine Information Statement (VIS) and most pharmacists have NEVER read a VIS. This CDC required document is supposed to be given to every patient and this occurs on a scattered basis.

Even fewer pharmacists are aware of the side effects of the inactive ingredients that are INJECTED into your child including aluminum, mercury, fetal cells, insect cell proteins, egg proteins, chick embryo culture, human lung fibroblasts, formaldehyde, cow extract, monkey kidney cells, detergent, MSG, and E.coli. <sup>1</sup> Antigens such as recombinant DNA, viral or bacterial can cause an immune response as well as the protein types of inactive ingredients. However no one can predict your child's reaction to any particular protein, which may cause mild eczema, rash or severe debilitating auto-immune disease.

Testimony from the UH Hilo Pharmacy school stated that they "provide training in immunization administration" via the certified American Pharmacists Association, (APhA). However, this is the equivalent of teaching first year pharmacy students how to read CDC's immunization charts on administration of the vaccine.<sup>2</sup>

APhA provides ACPE Immunization training as a 12 hour in-home course and one live 8 hour session that glosses over the in-home materials. During this live class, only TWO practice injections, one subcutaneous and one intramuscular, are required to receive credit for the ACPE training in addition to passing an in-home online test. This is the extent of the immunization training and this type of training is most likely the reason for increased incidences of **brachial neuritis** and **shoulder injury related to vaccine administration, which are compensable vaccine injuries from the Vaccine Injury Table.**

The training minimally reviews the adverse reporting events to VAERS, the national database collecting adverse reactions. Every vaccine product just as every drug comes with a risk. However, the 1986 National Childhood Vaccine Injury Act gives all vaccine manufacturers immunity from any civil litigation from any vaccine injury. Patients cannot sue the manufacturer, or anyone else for a faulty vaccine product resulting in a vaccine injury. No other industry in the United States, except for the vaccine manufacturers, is indemnified by the US government against any vaccine injury claims related to vaccine products.

ACPE Immunization training also barely addresses emergency scenarios or any proper procedures for any adverse event, only that Epi-pens should be available for patients experiencing anaphylaxis. Yet, despite minimal CPR and OSHA training requirements, pharmacists in retail settings are not equipped to address adverse reactions or emergency situations because their primary practice does NOT normally involve emergencies.

If working in a busy pharmacy, most likely, I would not be able to give your child the attention he or she deserves especially when I have to multi-task, answer the phones, fill prescriptions, counsel patients, answer questions, while at the same time keeping an eye on your child for any type of anaphylactic reaction or worse yet, passing out on the floor due to syncope from an HPV vaccination.

### **Anticipated Doctor Shortage in 2020**

The ONLY reason the legislature is attempting to increase the access of health care professionals for the public, including registered nurse practitioners, pharmacists, naturopaths, physician's assistants and the like is not to improve health care access in general but to alleviate the doctor shortage that has been on going. The 2015 Physician's Workforce Assessment<sup>3</sup> described an anticipated a shortage of 800 physicians by 2020. The 2016 report showed that the gap has narrowed ranging from 293 to 681 by 2020.<sup>4</sup> However, many factors are unknown and given the increasing elderly population in Hawaii, how pharmacists realistically fit into this picture is unknown as well. This bill is related to this state's inability to reduce the exodus of physicians leaving the state, inability to entice in-house medical students to practice in Hawaii at the completion of their program, and continuous low reimbursement issues.

Broadening the scope of pharmacy practice to artificially reduce the healthcare burden on the other healthcare providers is only a "band-aid" solution. Yes, I believe pharmacists are valuable members of any healthcare team but limiting them to ticky-tack things like dispensing Epi-pens, Birth control, naloxone, smoking cessation materials and vaccinations is not the same as improving health care. What studies have been conducted showing that these services improve access to healthcare in Hawaii?

In the same vein, the bill proposes to have the pharmacist order and perform laboratory tests to determine appropriate medication use and outcomes. The bill does not indicate which labs can be ordered, be it for the patient's general medication list or specifically for epi-pens, birth control, naloxone and smoking-cessation. If it is for the general medication list, then is a physician required to adjust the medications or is the pharmacist? If it is the pharmacist, then there will be no difference between the pharmacist writing prescriptions or the physician.

However, if the labs are specifically for the handful of medications identified in this bill, then it would be prudent for the pharmacist to conduct a patient assessment and history to ensure that the patient's care is consistent and appropriate. If this is indeed what the bill expects, then pharmacists should be required to acquire and prove that they carry malpractice insurance or its equivalent before being allowed to practice pharmacy in this manner.

There is an irony in that the House deferred another bill this session, HB2622 relating to informed consent for vaccinations which proposed, among other things, to have pharmacists assess the patient and take a patient history prior to a vaccination. However, the bill was deferred because the majority of healthcare providers including physicians, pediatricians, organizations, and several individuals were against Informed Consent prior to a medical intervention such as a vaccination and there were concerns against pharmacists conducting assessments and taking a family history on the patient prior to vaccination.

If HB1950 HB 1 is passed, would it be prudent to allow pharmacists to just order labs without first conducting a patient history and assessment prior to potentially adjusting or recommending an adjustment of a patient's medications? Is this truly representative of healthcare that patients deserve? This is a very slippery slope just to solve a physician's shortage under the guise of expanding the scope of practice for pharmacists.

This bill would require the Department of Health's Immunization registry to be notified of any vaccination received in the pharmacy without informing the patient about this reporting, again the lack of informed consent similar to HB2622. The patient should be informed prior to vaccination that he can OPT-OUT of the Immunization Registry and the patient should be required to acknowledge this in writing. The Immunization Registry process should be transparent but clearly, the bill does not require the patient to know.

Lastly, I have a concern regarding how such a pharmacist is to separate the dispensing tasks and the potential prescribing tasks. If the pharmacist on duty, encourages personal friends to come to his pharmacy to "get birth control and naloxone" for example, orders the medication via a memorandum of agreement, and fills the prescriptions by billing Medicaid or even Medicare insurance programs, would this be considered an anti-trust violation? I wonder.

For these reasons, I strongly OPPOSE HB 1950 HD1

Thank you,

T. Ocampo

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<sup>1</sup> <https://www.cdc.gov/vaccines/pubs/pinkbook/index.html>

<sup>2</sup> <https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-combined-schedule-bw.pdf>

<sup>3</sup> Kelley Withy and John A Burns School Of Medicine, REPORT TO THE 2015 LEGISLATURE Report on Findings from the Hawai'i Physician Workforce Assessment Project, (n.p., 2015),

<sup>4</sup> Withy K, Mapelli P, Perez J, Finberg A, Green J. Hawai'i Physician Workforce Assessment 2016: Improvement in Physician Numbers but Physician Suicides of Concern. *Hawai'i Journal of Medicine & Public Health*. 2017;76(3 Suppl 1):3-9.

**HB-1950-HD-1**

Submitted on: 2/12/2018 8:46:11 PM

Testimony for IAC on 2/14/2018 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kim Haine	Individual	Oppose	No

Comments:

I OPPOSE THIS BILL

Pharmacists are not equipped to handle emergency adverse reactions to vaccines in a retail setting. Syncope and seizures are two very common reactions to the HPV vaccine as well as Tdap. Pharmacists do not have enough time as it is to just fill prescriptions, how will they be able to properly take individual and family histories, and/or go over the VIS to possibly prevent and screen for a potential vaccine reaction?

we have fast food drive thru

we do not need drive thru Healthcare

mahalo

kim

**HB-1950-HD-1**

Submitted on: 2/12/2018 11:43:43 PM

Testimony for IAC on 2/14/2018 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Dawn Poiani	Individual	Oppose	No

Comments:

Dear Senators,

Please OPPOSE HB1950 which allow pharmacists to vaccinate persons 11-17 years of age with all ACIP recommended vaccines. Pharmacist have no place vaccinating children, when they don't know their health or family history and will not be able to monitor for vaccine side effects or injuries.

Pharmacists do not have time to go over all the important health information. Additionally pharmacist make the assumption that the doctor covers the benefit and risks of vaccines as well as go over the potential side affects of each vaccine, however doctors are very busy and may not make the effort to educate their patients. The end result the doctor thought the pharmacist would educate the patient and the pharmacist thinks that the pharmacist would do so. The patient is the looser in the situation. Vaccines are a medical decision and each person deserves to be given adequet discussion about vaccines.

thank you,

Dawn Poiani

**HB-1950-HD-1**

Submitted on: 2/12/2018 11:51:44 PM

Testimony for IAC on 2/14/2018 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Laurie West	Individual	Oppose	No

Comments:

I **STRONGLY OPPOSE** HB1950, as pharmacists already are challenged to fulfill medication orders; pushing more physician and nursing duties onto pharmacists is not in the best interest of patients. This “drive-through”/“cookie-cutter” approach to healthcare erodes individualized treatment and needs to be reversed.



# LATE TESTIMONY

## **HB-1950-HD-1**

Submitted on: 2/13/2018 10:13:35 PM

Testimony for IAC on 2/14/2018 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
magdi latif	Individual	Support	No

### Comments:

I believe this bill will improve the public's access to vaccines, thus increasing vaccination rates and in turn decreasing disease outbreaks. I also supports updating the definition of "practice of pharmacy" to include providing opioid antagonists (e.g. naloxone) to prevent deaths from drug overdose. In these challenging times of thousands of opioid overdoses every day, this expansion of the role of pharmacists is a positive public health measure. Pharmacist are underutilized amd we need to incorporate them to provide better health services to our community.

## LATE TESTIMONY

**HB-1950-HD-1**

Submitted on: 2/13/2018 2:42:49 PM

Testimony for IAC on 2/14/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Chad Kawakami	Individual	Support	No

Comments:

**The Hawaii Immunization Coalition (HIC) supports this bill and recommends a revision of language to allow pharmacists to provide *all* recommended vaccines to adolescents 11-17 years of age. Currently, pharmacists can administer all recommended vaccines to adolescents 14-17 years of age and only human papillomavirus (HPV), tetanus, diphtheria, pertussis (Tdap), meningococcal, and influenza vaccines to adolescents 11-14 years of age. By allowing pharmacists to administer all recommended vaccines, including measles, mumps, rubella (MMR), varicella, and hepatitis A vaccines, to**

## LATE TESTIMONY

**persons 11-14, we will improve the public's access to vaccines, thus increasing vaccination rates and in turn decreasing disease outbreaks.**

HIC supports updating the definition of "practice of pharmacy" to include providing opioid antagonists (e.g. naloxone) to prevent deaths from drug overdose. In these challenging times of thousands of opioid overdoses every day, this expansion of the role of pharmacists is a positive public health measure.

HIC supports pharmacists being able to administer vaccinations. Their ability to do so increases accessibility of vaccines to adolescents and adults. The Hawaii Immunization Coalition is pleased to see immunizations included in their scope of practice. Recent outbreaks of hepatitis A, mumps, and flu in both Hawaii and on the mainland were all vaccine-preventable. In Hawaii, access to pharmacies played a major role in ensuring that many people were protected in a timely manner.

Rationale for support of pharmacists providing vaccinations –

- To vaccinate, pharmacists face a rigorous curriculum and certification process.
- Pharmacists are trained to provide immunizations orally, by injection or by intranasal delivery.
- Pharmacy locations are ideal, especially in our rural communities; they provide increased access to vaccinations because of convenient evening and weekend times and flexible walk-in periods.
- Pharmacies can increase vaccination uptake in Hawaii.

HIC supports expansion of immunization delivery to improve the overall health of persons in Hawaii and to reduce the incidence of infectious diseases through vaccination.

HIC is a statewide, community-based non-profit 501(c)3 coalition of public and private organizations and concerned individuals whose mission is to promote effective strategies to ensure that all Hawaii's families are appropriately vaccinated against

vaccine-preventable diseases. Focus: Immunizations across the lifespan. The coalition has been active in Hawaii since the early 1980's and has more than four hundred immunization supporters.

Thank you for your consideration.

# LATE TESTIMONY

# LATE TESTIMONY

**HB-1950-HD-1**

Submitted on: 2/13/2018 4:41:43 PM

Testimony for IAC on 2/14/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Gerry Fujii	Individual	Support	No

Comments:

# LATE TESTIMONY

**HB-1950-HD-1**

Submitted on: 2/13/2018 10:06:29 AM

Testimony for IAC on 2/14/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kimberly Lin	Individual	Support	No

Comments:

TO THE HONORABLE: Rep. John Mizuno (Chair), Rep. Bertrand Kobayashi (Vice Chair), and members of the Health & Human Services Committee

My name is Kimberly Lin, I am a Student Pharmacist at the UH Hilo Daniel K. Inouye College of Pharmacy (DKICP). I support this bill that will expand the scope of practice for certain areas of pharmacy practice for registered pharmacists.

Mahalo,

Kimberly Lin

# LATE TESTIMONY

## **HB-1950-HD-1**

Submitted on: 2/14/2018 1:15:59 AM

Testimony for IAC on 2/14/2018 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Maly Nakoia	Individual	Oppose	No

### Comments:

I strongly oppose HB 1950. As a registered nurse it is upsetting to see such a watered down version of "healthcare. Yes pharmacist are trained to do their job well but they are not or should not replace the role of a physician or nurse. By expanding their scope you are crossing lines that were set to protect the patient and ensure they receive proper care. Please do not support this bill.

# LATE TESTIMONY

**HB-1950-HD-1**

Submitted on: 2/13/2018 4:19:29 PM

Testimony for IAC on 2/14/2018 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Richard Weinstein	R. Weinstein, Inc.	Support	No

Comments:



# LATE TESTIMONY

**HB-1950-HD-1**

Submitted on: 2/13/2018 9:42:45 PM

Testimony for IAC on 2/14/2018 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Ronald Taniguchi, Pharm.D.	Individual	Support	No

Comments: