



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P. O. Box 3378  
Honolulu, HI 96801-3378  
doh.testimony@doh.hawaii.gov

**Testimony in SUPPORT of H.B. 676**  
**RELATING TO HEALTH**  
REPRESENTATIVE DELLA AU BELATTI, CHAIR  
HOUSE COMMITTEE ON HEALTH

Hearing Date: February 7, 2017                      Room Number: 329

1    **Fiscal Implications:** None for the Department.

2    **Department Testimony:** The Department is supportive of H.B. 676 as it may improve human  
3    papillomavirus (HPV) vaccination rates in Hawaii by increasing access to HPV vaccine as well  
4    as potentially increasing available vaccine supply for the pediatric population, statewide.

5    In 2015, according to U.S. Centers for Disease Control and Prevention National Immunization  
6    Survey, Teen data, HPV vaccine series completion rates for girls aged 13–15 years in Hawaii are  
7    estimated to be 44% (CI $\pm$ 11) and for males aged 13–15 years, 29% (CI $\pm$ 10). These rates are  
8    well below the Healthy People 2020 target of 80% coverage levels for males and females aged  
9    13–15 years.

10   HPV vaccine differs from other immunizations recommended for adolescents aged 11–12 years  
11   (Tdap, MCV4, influenza) in that multiple doses (total number required is dependent upon the age  
12   at which vaccination is initiated and the child's health status) administered within a 6-month  
13   period are required for series completion. Hawaii's poor HPV vaccination rates and the  
14   complexity of the HPV immunization schedule are indicators that the development of novel  
15   approaches to vaccination, such as the creation of opportunities for increased collaboration  
16   between the medical home and pharmacists proposed by this measure, should be encouraged to  
17   provide enhanced access to HPV vaccine for Hawaii's keiki.

18   It should be noted that this measure would currently benefit only those with private insurance as  
19   pharmacists/pharmacies do not participate in the Hawaii Vaccines For Children Program, which  
20   supplies vaccines for administration to Medicaid/MedQuest-eligible patients.

21   Thank you for your consideration of this important health topic and for the opportunity to testify.

**PRESENTATION OF THE  
BOARD OF PHARMACY**

TO THE HOUSE COMMITTEE ON HEALTH

TWENTY-NINTH LEGISLATURE  
Regular Session of 2017

Tuesday, February 7, 2017  
9:30 a.m.

**TESTIMONY ON HOUSE BILL NO. 676, RELATING TO HEALTH.**

TO THE HONORABLE DELLA AU BELATTI, CHAIR,  
AND MEMBERS OF THE COMMITTEE:

My name is Lee Ann Teshima, Executive Officer for the Board of Pharmacy ("Board"). I appreciate the opportunity to testify on House Bill No. 676, Relating to Health. This bill would allow pharmacists to administer the human papillomavirus ("HPV") vaccine to persons between eleven and seventeen years of age, pursuant to Hawaii Revised Statutes section 461-11.4.

The Board has not had an opportunity to review this bill during a public-noticed Board meeting but will be doing so at its next meeting which is scheduled for February 16, 2017.

Thank you for the opportunity to present testimony on House Bill No. 676.



**UNIVERSITY OF HAWAII SYSTEM**  
Legislative Testimony

**LATE**

Testimony Presented Before the  
House Committee on Health  
February 7, 2017 at 9:30 a.m.

By  
Carolyn Ma, Pharm D, BCOP  
Dean  
UH Hilo - Daniel K. Inouye College of Pharmacy (DKICP)

HB 676 – RELATING TO HEALTH

Chair Belatti, Vice Chair Kobayashi, and members of the Committee:

My name is Carolyn Ma, and I am the Dean for the UH Hilo Daniel K. Inouye College of Pharmacy (DKICP). The college fully supports this bill that will allow registered pharmacists trained and certified in vaccine administration to administer the Human Papilloma Virus vaccine to 11-14 year old patients.

In relation to this bill, the DKICP, via the certified American Pharmacists Association (APHA) course, provides training in immunization administration in the first professional year. Students are expected to apply these skills in their experiential rotation courses throughout the remaining three years of training and also in numerous community health screening and immunization events. Courses in oncology, contraception, reproductive pharmacology and women's health, and pediatrics are taught in the 3<sup>rd</sup> professional year. Education is provided throughout the four year professional curriculum on medication assessment and therapeutic recommendations via related laboratory tests and subjective/objective findings related to disease and drug therapy. A similar curriculum is presented in all U.S. accredited (ACPE) colleges of pharmacy. The DKICP has also provided training to practicing pharmacists through their training program via the Hawai'i Pharmacists Association.

There is concern regarding the uptake of the HPV vaccine. In a recent survey of incoming freshmen performed at UH Mānoa and UH Hilo campuses 22% and 5%, respectively, have been fully vaccinated.<sup>1</sup> Students who had not received at least one of three shot series were 69% and 78% respectively.<sup>1</sup> The recommended age of vaccination is at age 11-12 years of age.

Statistics from APHA/NASPA State Immunization Laws/Rules (Jan. 2015) show that 23 states allow pharmacists to immunize in all ages for HPV. Pharmacists have in the last 20 years become the largest body of health professionals to make a significant impact on vaccination uptake. Given our training and accessibility, pharmacists can provide significant impact in the battle against this virus that may cause a number of cancers in both men and women.

Thank you for the opportunity to testify on behalf of HB 676.

<sup>1</sup> Corpuz, SA. Assessing Human Papillomavirus (HPV) & Human Papillomavirus Vaccination among University of Hawai'i at Manoa and University of Hawai'i at Hilo Freshmen. Office of Public Studies, University of Hawai'i at Manoa

Testimony Presented Before the House Committee Health

Tuesday, February 7, 2017 at 9:30 am

By Jhoana Paula M Gonzales

HB 676 - Relating to Health

Chair Belatti, Vice Chair Kobayashi, and Members of the committee:

I am writing to offer testify in **strong support** of HB 676 that will allow pharmacists to administer the Human Papilloma Virus vaccine in 11-14 year olds under a prescription issued by the patient's primary care provider.

Pharmacists are vaccination certified via the ACPE approved program sponsored by the American Pharmacists Association (APHA).

Immunization administration is considered a basic skill of registered pharmacists. In addition, pharmacists continue to be the most accessible health professional to the public via their availability in community pharmacies and are also educators and immunization advocates. In the last 20 years, pharmacists have made the largest impact on vaccination uptake.

Bill HB 676 will helps to define all currently provided services in various pharmacy practice areas.

Thank you for allowing me to testify.

kobayashi2 - Jessi

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From: mailinglist@capitol.hawaii.gov  
Sent: Sunday, February 5, 2017 3:46 PM  
To: HLTtestimony  
Cc: kglick@wheelchair-kauai.com  
Subject: Submitted testimony for HB676 on Feb 7, 2017 09:30AM

**HB676**

Submitted on: 2/5/2017

Testimony for HLT on Feb 7, 2017 09:30AM in Conference Room 329

| <b>Submitted By</b> | <b>Organization</b>                      | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|--|---------------------------|---------------------------|
| Kevin Glick         | Hawaii Community Pharmacists Association | Support                   | No                        |

Comments: Pharmacists across the State of Hawaii have been administering immunizations for several years and have proven that we can improve the health of the residents of Hawaii. This bill seeks to improve access to a crucial immunization by allowing pharmacists to utilize their licenses to improve the immunization rate in Hawaii for this very important vaccine. Please consider passing this bill intact from this committee.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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To: Hawaii State House of Representatives Committees on Health  
Hearing Date/Time: Tuesday, February 7, 2017, 9:30 a.m.  
Place: Hawaii State Capitol, Rm. 329  
Re: Testimony of Planned Parenthood Votes Northwest and Hawaii in support of H.B. 676

Dear Chair Belatti and Members of the Committee,

Planned Parenthood Votes Northwest and Hawaii (“PPVNH”) writes in support of H.B. 676, which authorizes pharmacists to prescribe and administer the human papillomavirus (“HPV”) vaccine to persons between eleven and seventeen years of age.

PPVNH is dedicated to protecting and promoting the sexual and reproductive health of Hawaii’s people and we support H.B. 676 because it will help to prevent HPV-related cancers. In our health centers, we see firsthand the sometimes devastating effects of HPV on our patients. Authorizing pharmacists to provide the HPV vaccination to 11-year-olds corresponds with the recommendations of the CDC and will help to reduce cervical and other cancer rates.

The CDC recommends routine vaccinations for all youth between the ages of 11 and 12. Yet, too few adolescents in Hawaii are receiving HPV vaccines, which results in more cases of HPV and cervical and other cancers and diseases. According to the Centers for Disease Control and Prevention, HPV infects approximately 79 million people in the United States with 14 million new cases each year. HPV is so common that nearly all sexually-active men and women will get at least one type of HPV at some point in their lives. There is no cure for HPV, only treatment for related health problems.

We can do better to protect their health and while we can’t protect our youth from everything, we can help to protect them from cancer in the future by passing H.B. 676.

Sincerely,  
Laurie Field

**American Congress of Obstetricians and Gynecologists  
District VIII, Hawaii (Guam & American Samoa) Section**

Greigh Hirata, MD, FACOG, Chair  
94-235 Hanawai Circle, #1B  
Waipahu, Hawaii 96797



To: Committee on Health  
Representative Della Au Bellati, Chair  
Representative Bertrand Kobayashi, Vice Chair

DATE: Wednesday, February 6, 2017  
TIME: 9:30 A.M.  
PLACE: Conference Room 329

FROM: Hawaii Section, ACOG  
Dr. Greigh Hirata, MD, FACOG, Chair  
Dr. Jennifer Salcedo, MD, MPH, MPP, FACOG, Vice-Chair  
Lauren Zirbel, Community and Government Relations

**Re: HB676 Relating to Pharmacists administering HPV vaccines to patients  
between 11 to 17 years of age**

**Position: Support**

Dear Representatives Bellati, Kobayashi and Committee Members:

The American Congress of Obstetricians and Gynecologists, Hawaii Section (Hawaii ACOG) supports HB 676 allowing Pharmacists to administer HPV vaccines to patients between 11-17 years of age.

HPV is associated with multiple cancers, including anogenital cancer (including cervical, vaginal, vulvar, penile, and anal), oropharyngeal cancer, and genital warts. The HPV vaccination can significantly reduce the incidence of anogenital cancer and genital warts.

**The Centers for Disease Control and Prevention and the American College of Obstetricians and Gynecologists recommend routine vaccination with HPV vaccine for girls and boys.** The 9-valent HPV vaccine is recommended by the Advisory Committee on Immunization Practices and was licensed by the U.S. Food and Drug Administration in December 2014 for girls and boys aged 11–12 years. Compared with other vaccines recommended in the same age bracket, HPV vaccination rates in the United States are unacceptably low. Safety data for all three HPV vaccines are reassuring. According to the Vaccine Adverse Events Reporting System, more than 60 million doses of HPV vaccine have been distributed, and there are no data to suggest that there are any severe adverse effects or adverse reactions linked to vaccination. The HPV vaccine is a proven

way to prevent future cancers, and the Legislature has the ability to protect the future health of Hawaii's keiki by passage of this legislation.

We feel that this bill will increase patient access while not endangering our patient's health.

Mahalo for the opportunity to testify, and for your support of Hawaii Adolescent Health.

Reference: Human papillomavirus vaccination. Committee Opinion No. 641. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2015;126:e38-43.



kobayashi1- Oshiro

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From: mailinglist@capitol.hawaii.gov  
Sent: Monday, February 6, 2017 7:33 AM  
To: HLTtestimony  
Cc: robinson0788@gmail.com  
Subject: \*Submitted testimony for HB676 on Feb 7, 2017 09:30AM\*

**HB676**

Submitted on: 2/6/2017

Testimony for HLT on Feb 7, 2017 09:30AM in Conference Room 329

| <b>Submitted By</b> | <b>Organization</b>        | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|----------------------------|---------------------------|---------------------------|
| Marina Robinson RN  | Health Care Freedom Hawaii | Oppose                    | Yes                       |

Comments:

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# SanHi Government Strategies

a limited liability law partnership

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DATE: February 6, 2017

TO: Representative Della Au Belatti  
Chair, Committee on Health  
*Submitted Via Capitol Website*

RE: **H.B. 676 – Relating to Health**  
**Hearing Date: February 7, 2017 at 9:30am**  
**Conference Room: 329**

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Dear Chair Belatti and Members of the Committee on Health:

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 **supports** H.B. 676, which authorizes pharmacists to prescribe and administer the human papillomavirus vaccine to persons between eleven and seventeen years of age. Currently, the law permits pharmacists to administer vaccines to persons between the ages of fourteen and seventeen.

HPV infects approximately 20 million people in the United States each year, with approximately 6.2 million new cases diagnosed annually. The Centers for Disease Control and Prevention recommends the HPV vaccine be administered to preteen girls and boys. However, recent data released by the CDC shows that HPV vaccination rates trail behind other teen vaccines in part because the two-part vaccination requires a booster to complete the vaccination series. Lowering the age at which pharmacists are allowed to administer the HPV vaccine would expand access to this important vaccine because of the convenience and accessibility of pharmacies compared to physician offices.

Pharmacists are trained within the scope of their practice to provide injections and vaccinations to children as young as 3 years old. Due to this training, many states have

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Gary M. Slovin  
Mihoko E. Ito  
R. Brian Tsujimura  
C. Mike Kido  
Tiffany N. Yajima  
Matthew W. Tsujimura

lowered the age above which pharmacists can administer vaccines. Although this bill only addresses the HPV vaccine, allowing pharmacists to provide this preventative vaccine would align with an already established standard of practice. Accordingly, we encourage this committee to pass the measure.

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



Testimony of  
Hawaii Immunization Coalition (HIC)

Before:  
Committee on Health  
Rep. Della Au Belatti, Chair  
Rep. Bertrand Kobayashi, Vice Chair

February 7, 2017  
9:30 am  
Conference Room 329

Re: HB 676 Relating to Health  
Chair, Vice Chair and committee members, thank you for this opportunity to provide testimony on HB 676.

The Hawai'i Immunization Coalition supports this bill with amendments. This bill would allow pharmacists to administer the human papillomavirus (HPV) vaccine to children between the ages of 11 to 17 years old. We support the bill's intent. It is important to increase the capacity of pharmacists to vaccinate Hawai'i teens by expanding their vaccination administration from 14 years old and older to 11 years old and older.

The current CDC Advisory Committee on Immunization Practices (ACIP) recommendation states that the HPV vaccine should be administered at ages 11 or 12 years old. This recommendation is important because:

- For the HPV vaccine to be most effective, it must be given before sexual activity and by middle school, when 4% are already sexually active.
- Currently, Hawai'i's HPV vaccination completion rates are 52% for girls and 36% for boys.
- The percentages are extremely low when compared to Hawai'i's Tdap and meningococcal vaccination rates, which are at 80% for the same ages.

Our amendments suggest the inclusion of the Tdap (tetanus, diphtheria, and pertussis), meningococcal, and influenza (flu) shots, in addition to the HPV vaccine. The inclusion is necessary because:

- These four shots make up the "Adolescent Platform," a series of shots given to adolescents at ages 11 to 12 years old.
- The coalition wants to emphasize that the HPV vaccine should not be set apart from the other adolescent shots.
- Each is an important preventive measure to ensure our adolescents are protected from preventable diseases and some cancers.

Our pharmacists have the training and infrastructure to administer these shots.

- To vaccinate, they all face a rigorous curriculum and certification process.
- Pharmacy locations are ideal for adolescents in our rural communities to access because of convenient evening and weekend times, and flexible walk-in periods.
- Pharmacies are in a position to increase adolescent vaccination uptake in Hawai'i.

The Hawai'i Immunization Coalition (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 of Hawai'i'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 Hawai'i's families are appropriately vaccinated against vaccine-preventable diseases  
[www.immunizehawaii.org](http://www.immunizehawaii.org) Tax ID #20-2164266



An Independent Licensee of the Blue Cross and Blue Shield Association

February 7, 2017

The Honorable Della Au Belatti, Chair  
The Honorable Bertrand Kobayashi, Vice Chair  
House Committee on Health

Re: HB 676 – Relating to Health

Dear Chair Au Belatti, Vice Chair Kobayashi, and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify in support of HB 676, which authorizes pharmacists to prescribe and administer the human papillomavirus (HPV) vaccine to persons between eleven and seventeen years of age and specifies requirements pharmacists must meet prior to administering the HPV vaccine.

HMSA supports HB 676 in as much as the specific service being covered herein is consistent with the pharmacists' appropriate training and education. The HPV vaccination protects against the most common strains of HPV that have been found to cause cervical and other cancers. Young women when inoculated with this vaccination will be protected against the HPV strains that cause 70% of cervical cancer cases. As of 2007, the HPV vaccine became a standard immunization, meaning it is 100% covered for HMSA members. HB 676 would increase access to this vaccine for young women and men and help reduce the incidence of HPV and the associated risk of cancers.

Thank you for allowing us to testify in support of HB 676.

Sincerely,

Mark K. Oto  
Director, Government Relations.

kobayashi1- Oshiro

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From: mailinglist@capitol.hawaii.gov  
Sent: Monday, February 6, 2017 10:50 AM  
To: HLTtestimony  
Cc: falcons@hawaii.rr.com  
Subject: \*Submitted testimony for HB676 on Feb 7, 2017 09:30AM\*

**HB676**

Submitted on: 2/6/2017

Testimony for HLT on Feb 7, 2017 09:30AM in Conference Room 329

| <b>Submitted By</b> | <b>Organization</b>       | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------------|---------------------------|---------------------------|
| Vernon Asato        | Healthcare Freedom Hawaii | Oppose                    | No                        |

Comments:

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kobayashi1- Oshiro

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From: mailinglist@capitol.hawaii.gov  
Sent: Monday, February 6, 2017 10:54 AM  
To: HLTtestimony  
Cc: keikicare@hawaii.rr.com  
Subject: \*Submitted testimony for HB676 on Feb 7, 2017 09:30AM\*

**HB676**

Submitted on: 2/6/2017

Testimony for HLT on Feb 7, 2017 09:30AM in Conference Room 329

| <b>Submitted By</b> | <b>Organization</b>       | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------------|---------------------------|---------------------------|
| Vera Marie Asato    | Healthcare Freedom Hawaii | Oppose                    | No                        |

Comments:

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From: mailinglist@capitol.hawaii.gov  
Sent: Monday, February 6, 2017 11:57 AM  
To: HLTtestimony  
Cc: annsfreed@gmail.com  
Subject: Submitted testimony for HB676 on Feb 7, 2017 09:30AM

**HB676**

Submitted on: 2/6/2017

Testimony for HLT on Feb 7, 2017 09:30AM in Conference Room 329

| <b>Submitted By</b> | <b>Organization</b>      | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|--------------------------|---------------------------|---------------------------|
| Ann S Freed         | Hawaii Women's Coalition | Support                   | No                        |

Comments: Aloha Chair Belatti and members, The Coalition continues to support efforts such as these to meet CDC guidelines in administering this cancer-preventing, life-saving vaccine. Too many young adults have died from cancers that could have been prevented had they received this vaccine early in their lives. It is worth noting that the military is already administering this vaccine as recommended by the CDC. Can the state do any less? Mahalo, Ann S. Freed, Co-Chair, Hawaii Women's Coalition

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From: mailinglist@capitol.hawaii.gov  
Sent: Monday, February 6, 2017 5:13 PM  
To: HLTtestimony  
Cc: fern.mossman@gmail.com  
Subject: Submitted testimony for HB676 on Feb 7, 2017 09:30AM



**HB676**

Submitted on: 2/6/2017

Testimony for HLT on Feb 7, 2017 09:30AM in Conference Room 329

| Submitted By | Organization | Testifier Position | Present at Hearing |
|--------------|--------------|--------------------|--------------------|
| Fern Mossman | HFRW         | Oppose             | No                 |

Comments: TESTIMONY to House Health Committee Regarding: HB 676 • Tues, February 7, 2017 • 9:30 AM State Capitol Conference Room 329 • To: Representative Della Belatti (Chair of), Representative Bertrand Kobayashi (Vice Chair of House Health Committee) and House Health Committee members Re: Opposition to: HB 676 Authorizing pharmacists to administer the HPV vaccine to ages 11 to 17 • • Submitted in OPPOSITION by: Hawaii Federation of Republican Women • The HPV vaccine contains 3 dangerous ingredients with potential for long term, serious health consequences: • 1. polysorbate 80 (known to cause infertility in mice, anaphylactic-like reactions and immune system problems in humans), • 2. aluminum (neuro-toxin) and • 3. sodium borate (also known as borax found in rat poison, pesticides, flame retardants and laundry detergent; interferes with sperm production & male fertility when given to animals at high doses). This site explains: <http://www.offtheradar.co.nz/vaccines/52-gardasil-ingredients.html> • The HPV vaccine may increase the risk of cervical cancer and pre-cancerous lesions in girls who may already have one of the 9 HPV viruses in the vaccine. To clarify, the vaccine actually raises the risk of cervical cancer for anyone exposed to the virus before they were vaccinated. Yet, there are no plans to screen patients to determine if they already have the virus prior to vaccination • • The HPV vaccine has not been researched and tested in children under 15 years old, yet it is being required for children as young as 11 years old or those entering 7th grade. It is marketed aggressively to preteens and their parents by the vaccine manufacturer, including the lobbying of state legislators to require it for young children to get another vaccine “just in case” in order to prevent cervical cancer, but cervical cancer is most prevalent at 40 years of age or older. • • HPV (human papillomavirus) is a commonly sexually transmitted infection and there are more than 100 known HPV types, the majority of which are not harmful. HPV is naturally cleared from the body within 2 years by more than 90 percent of those who become infected. • This vaccine is completely unnecessary with serious safety and effectiveness concerns and definitely should not be a school requirement. After Gardasil was given to 11-12 year old girls and young women, there were thousands of reports of sudden collapse with unconsciousness within 24 hours: seizures; muscle pain and weakness; disabling fatigue; Guillain Barre Syndrome (GBS); facial paralysis; brain inflammation; rheumatoid arthritis; lupus; blood clots; optic neuritis; multiple sclerosis; strokes; heart and other serious health problems, including death, following receipt of Gardasil vaccine. • Using the MedAlerts search engine, as of Sept. 30, 2015, there were a total of 37,474 vaccine reaction reports made to the federal Vaccine Adverse Events Reporting System (VAERS) associated with Gardasil vaccinations, including 209 deaths. <http://www.nvic.org/Vaccines-and-Diseases/HPV.aspx> Protect our keiki !!! DO NOT pass HB 676 out

of your committee

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**LATE**

Date: February 7, 2017

To: The Honorable Della Au Belatii, Chair  
The Honorable Bertrand Kobayashi, Vice Chair  
Members of the House Committee on Health

From: Jessica Yamauchi, Executive Director, Hawai'i Public Health Institute

Re: **Support for HB 676, Relating to Health**

Hrg: February 7, 2017 at 9:30 am at Capitol Room 329

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Thank you for the opportunity to offer testimony in support of HB 676, Relating to Health.

The Hawai'i Public Health Institute (HIPHI) supports and promotes policy efforts to create a healthy Hawai'i. HIPHI weaves silos into working relationships as an effective network, ensuring that we come together across sectors to advance collaboration and innovation in public health and work towards making Hawai'i the healthiest place on earth.

HB 676 will allow pharmacists to administer human papillomavirus (HPV) vaccine to persons between eleven and seventeen years of age. According to the Centers for Disease Control and Prevention (CDC), HPV infects approximately 79 million people in the United States with 14 million new cases each year. HPV is a very common virus that can cause cervical cancer in women; penile cancer in men, anal cancer, and cancer of the throat in men and women. The HPV vaccine protects against infection and the cancers caused by HPV. CDC recommends that preteen boys and girls receive the HPV vaccine at age eleven or twelve so they are protected prior to any exposure to the virus.

According to a CDC report in 2014, only 38% of girls and 30.9% of boys in Hawai'i are receiving the HPV vaccine.<sup>1</sup> Allowing pharmacists to administer this immunization will increase access. We ask that you protect our keiki and pass HB 676.

Thank you for the opportunity to provide testimony.

A handwritten signature in black ink that reads 'Jessica Yamauchi'.

Jessica Yamauchi, MA  
Executive Director

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<sup>1</sup> <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6429a3.htm>



Representative Della Au Belatti, Chair  
Representative Bertrand Kobayashi, Vice Chair  
House Committee on Health

Tuesday, February 7, 2017  
Conference Room 329; 9:30 AM

**RE: HB 676 – Relating to Health – Support**

Aloha Chair Belatti, Vice Chair Kobayashi and members of the Committee:

CVS Health is in support of HB 676 which authorizes pharmacists to provide and administer the human papillomavirus ("HPV") vaccine to persons between eleven and seventeen years of age and specifies requirements pharmacists must meet prior to administering the vaccine.

The HPV vaccine prevents human papillomavirus, which is the most common sexually transmitted virus in the U.S. When administered prior to sexual contact (and therefore prior to risk of exposure to the HPV virus) the vaccine can prevent nearly 100% of diseases caused by the four types of HPV targeted by the vaccine, including the two known to cause approximately 70% of cervical cancers.

CVS Health supports appropriate expansion of professionally licensed pharmacists' scope of practice as it relates to administering the vaccine. This is a legitimate health care need which can be met through Hawaii's licensed pharmacists. We therefore believe HB 676 has the potential to be a long-term positive for the people of Hawaii.

CVS Health operates as the largest pharmacy chain in Hawaii under our Longs Drugs banner. We are proud to offer our patients and clients in Hawaii a wide range of comprehensive, integrated pharmacy and health operations statewide including: Pharmacy Benefit Management (PBM) services (CVS Caremark), Specialty Pharmacy (CVS/specialty), Mail-Order and Retail Pharmacy (CVS/pharmacy/Longs Drugs), Retail Health Clinics (CVS/minute clinic) and a distribution center.

Thank you for the opportunity to submit testimony.

Respectfully,

Eric P. Douglas

From: mailinglist@capitol.hawaii.gov  
Sent: Friday, February 3, 2017 11:40 PM  
To: HLTtestimony  
Cc: dawn@pitreart.com  
Subject: Submitted testimony for HB676 on Feb 7, 2017 09:30AM

**HB676**

Submitted on: 2/3/2017

Testimony for HLT on Feb 7, 2017 09:30AM in Conference Room 329

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Dawn Poiani         | Individual          | Oppose                    | Yes                       |

Comments: I oppose H.B 676 due to the age group that this vaccine will service. This vaccine is being given to children and the child's medical history may not be accurately reported to a pharmacist. A pharmacist does not have follow up care or a relationship with the patient if there were an adverse reaction, in which case, the child's pediatrician may not be reported to. This could potentially be very important for future vaccinations or future health care decisions. This bill, has no clause, if the parent or gaurdian needs to be present, which makes me feel that any vaccination to a child in this age group, has the potential to not fully understand the given informed consent, because a child is not old enough to fully understand all the ramifications of sexual activity and risk or preventative health care measures. Additionally a child does not always know their full health history and may not adequately share that. When it comes to children any medication or vaccination should be regarded with full informed consent and education for the parent and child. A pharmacist does not provide follow up care and there is no recording in the child's permanent health record. Let's always make our keiki first and not throw caution the wind. HPV is a sexually transmitted disease and the age group of 11-17 years old is when a child is coming into their sexuality. Sexual counseling should include sex safety and how to prevent STD's. The best way to protect from STD's including HPV, is to use a condom or abstain. The best way to prevent HPV is an annual checkup by a gynecologist. A child is not going to discuss their sexual activity or health with a pharmacist, nor does a busy pharmacist have time or is trained in sexual health counseling. This discussion is best with the child's pediatrician in an environment where they can feel comfortable discussing sex safety, ask any questions and be properly informed of the risks and safety of the HPV vaccine. Mahalo, Dawn Poiani

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**Feb 7, 2017**  
**Conference Room 329**

**House Committee on Health**

To: Rep. Della Au Belatti, Chair  
Bertrand Kobayashi, Vice Chair

From: Forrest Batz, PharmD  
Kea'au, HI  
fbatz@sonic.net

**Re: Testimony in Support with Amendments, HB 676, Relating to Health**

Aloha House Committee on Health,

I am writing in **support of HB 676 with amendments**. This bill would allow pharmacists to administer the human papillomavirus (HPV) vaccine to children between the ages of 11 to 17 years old.

It is important to increase the capacity of pharmacists to vaccinate Hawai'i teens by expanding their vaccination administration from 14 years old and older to 11 years old and older. The current CDC Advisory Committee on Immunization Practices (ACIP) recommendation states that the HPV vaccine should be administered at ages 11 or 12 years old. For the HPV vaccine to be most effective, it must be given before sexual activity and by middle school, when 4% are already sexually active. Currently, Hawai'i's HPV vaccination completion rates are 52% for girls and 36% for boys. The percentages are grossly low compared to Hawai'i's Tdap and meningococcal vaccination rates at 80% for the same ages.

The amendments suggest the inclusion of the Tdap (tetanus, diphtheria, and pertussis), meningococcal, and influenza (flu) shots, in addition to the HPV vaccine. These four vaccines make up the "Adolescent Platform," a series of vaccinations given to adolescents at the ages of 11 to 12 years old. I would like to emphasize that the HPV vaccine should not be set apart from the other adolescent shots. Each is an important preventive measure to ensure our adolescents are protected from preventable diseases and some cancers.

Pharmacies are in a position to increase adolescent vaccination uptake in Hawai'i. Our pharmacists have the capabilities and infrastructure to administer these shots. In order to vaccinate, Hawai'i pharmacists are required to complete a rigorous curriculum and certification process. Hawai'i pharmacies provide access to adolescents, especially in our rural communities, with convenient evening and weekend hours, and flexible walk-in periods.

**I urge the House Committee on Health to pass HB 676 with amendments**. It is the right thing to do for our *keiki* and our community.

Thank you for the opportunity to provide this testimony, mahalo for your consideration.

From: mailinglist@capitol.hawaii.gov  
Sent: Friday, February 3, 2017 8:34 PM  
To: HLTtestimony  
Cc: foodsovereigntynow@gmail.com  
Subject: Submitted testimony for HB676 on Feb 7, 2017 09:30AM

**HB676**

Submitted on: 2/3/2017

Testimony for HLT on Feb 7, 2017 09:30AM in Conference Room 329

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Mitsuko Hayakawa    | Individual          | Oppose                    | No                        |

Comments: Aloha Chair Belatti and Members of the Health Committee, I am a Japanese mother of three children and I am deeply concerned about the safety of the HPV vaccine. Currently in Japan, there is a class action lawsuit against the Japanese government and the manufacturers of the HPV vaccines. Thousands of young women claim this vaccines has caused serious side effects here in the United States as well. Before we allow this vaccines to be administered more freely, please take the side of caution and limit its use. I urge you to OPPOSE HB676. Mahalo. Mitsuko Hayakawa Pearl City Resident

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kobayashi1- Oshiro

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From: mailinglist@capitol.hawaii.gov  
Sent: Friday, February 3, 2017 11:33 PM  
To: HLTtestimony  
Cc: rontthi@gmail.com  
Subject: \*Submitted testimony for HB676 on Feb 7, 2017 09:30AM\*

**HB676**

Submitted on: 2/3/2017

Testimony for HLT on Feb 7, 2017 09:30AM in Conference Room 329

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

Comments:

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February 6, 2017

**To:** Representative Della Belatti (Chair of House Health Committee), Representative Bertrand Kobayashi (Vice Chair of House Health Committee) and House Health Committee members

**From:** Cheryl Toyofuku

**Re:** Opposition to HB 676 – Authorizing pharmacists to administer the HPV vaccine to ages 11 to 17

**Hearing:** Tuesday, February 7, 2017 at 9:30 am, State Capitol, Room 329

I am a mother, grandmother, registered nurse and health advocate and I strongly oppose HB 676. Here are my reasons:

### **On the HPV (human papillomavirus) and the HPV vaccine:**

- HPV (human papillomavirus) is a commonly sexually transmitted infection and there are more than 100 known HPV types, the majority of which are not harmful. HPV is naturally cleared from the body within 2 years by more than 90 percent of those who become infected.
- The HPV vaccine contains 3 horrific ingredients with potential for long term, serious health consequences: polysorbate 80 (known to cause infertility in mice, anaphylactic-like reactions and immune system problems in humans), aluminum (neuro-toxin) and sodium borate (also known as borax found in rat poison, pesticides, flame retardants and laundry detergent; interferes with sperm production & male fertility when given to animals at high doses). CDC lists the ingredients, but does not list what each ingredient does. This site explains: <http://www.offtheradar.co.nz/vaccines/52-gardasil-ingredients.html>
- After Gardasil was licensed and three doses recommended for 11-12 year old girls and young women, there were thousands of reports of sudden collapse with unconsciousness within 24 hours: seizures; muscle pain and weakness; disabling fatigue; Guillain Barre Syndrome (GBS); facial paralysis; brain inflammation; rheumatoid arthritis; lupus; blood clots; optic neuritis; multiple sclerosis; strokes; heart and other serious health problems, including death, following receipt of Gardasil vaccine. Using the MedAlerts search engine, as of Sept. 30, 2015, there were a total of 37,474 vaccine reaction reports made to the federal Vaccine Adverse Events Reporting System (VAERS) associated with Gardasil vaccinations, including 209 deaths. <http://www.nvic.org/Vaccines-and-Diseases/HPV.aspx>
- The HPV vaccine may increase the risk of cervical cancer and pre-cancerous lesions in girls who may already have one of the 9 HPV viruses in the vaccine. To clarify, the vaccine actually raises the risk of cervical cancer for anyone exposed to the virus before they were vaccinated. Yet, there are no plans to screen patients to determine if they already have the virus prior to vaccination.
- The vaccine has not been proven to prevent cervical cancer. There are many strains of HPV and the Gardasil HPV vaccine has 9 types. The prescribing information states, "*Gardasil-9 has not been demonstrated to protect against disease from vaccine and non-vaccine HPV types to which a person has been previously been exposed through sexual activity.*" It is also unknown how long the HPV vaccine protection lasts. Consequently, youth entering adulthood, along with their parents are lulled into a false sense of security.
- The HPV vaccine has not been researched and tested in children under 15 years old, yet it is being required for children as young as 11 years old or those entering 7<sup>th</sup> grade. It is marketed aggressively to preteens and their parents by the vaccine manufacturer, including the lobbying of state legislators to require it for young children to get another vaccine "just in case" in order to prevent cervical cancer. Cervical cancer is most prevalent at 40 years of age or older. Does giving a HPV vaccine to an eleven year old child really lower the incidence of cervical cancer much later in their lives, when it is unknown how long the vaccine protection lasts? This vaccine is completely unnecessary with serious safety and effectiveness concerns and definitely should not be a school requirement.

### **On pharmacists prescribing and administering the HPV vaccine to children ages 11 to 17:**

- The decision to vaccinate or NOT to vaccinate against HPV is a private medical matter requiring adequate informed consent, accurate education on HPV and the vaccine side effects, benefit & risk information, counseling and follow-up.
- 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.

- 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 extent of ACPE Immunization training for pharmacists includes: a 20 hour in-home course, two practice injections, barely addresses emergency scenarios or the reporting of adverse reactions to VAERS which is the national database collection of adverse reactions. This should be alarming to pharmacists who have deep concerns regarding the safety and effectiveness of vaccines, especially the new HPV-9 vaccine.

Please **DO NOT pass HB 676** out of your committee and protect our keiki from this questionable vaccination, especially in a pharmacy setting that is inadequate for the health and well-being of our young children.

To: The House Committee on Health

RE: HB 676 Oppose

Date: Feb 7, 2017, Conference Room 329 at 9:30am.

I am a registered Pharmacist in Honolulu writing in OPPOSITION of HB 676.

Convenience, not safety, is the only advantage retail pharmacies offer to a patient when administering any vaccination, including the HPV vaccine, outside of a physician's office or clinic setting. HB 676 claims that by allowing pharmacists to administer the HPV vaccine in children between the ages of 11 and 17, the "incidence of infectious disease and cervical and other cancers will be reduced." This statement is clearly false because of the nature of HPV virus and how the body naturally clears the majority of HPV infections without any outside intervention.

HB 676's claim is also unquantifiable. There are no clinical trials at this time demonstrating the safety, efficacy and protection against cervical cancer for a woman vaccinated in her teens, when cervical cancer usually develops in her 50's.

At the same time, the chaotic nature of pharmacies do not allow retail pharmacists the luxury of properly monitoring patients for adverse reactions or assessing emergency situations, in between the filling prescriptions. This is a potential scenario for disaster. If an adverse event occurs to even one child, it will be one too many.

The Gardasil-9 vaccine, is a 9 valent, recombinant Human Papillomavirus vaccine approved in 2014, replacing Gardasil-4.<sup>1</sup> Another HPV vaccine, Cevaxix, has also been removed from the 2017 pediatric schedule, leaving the entire market to Merck, Gardasil-9's manufacturer. Gardasil-9, with 9 HPV types, has even greater risks of side effects than the discontinued Gardasil-4 and should not be administered in any retail pharmacy setting due to the increased potential adverse reactions, and liabilities for immunizing pharmacists.

#### **PHARMACY SETTING:**

Pharmacies are very busy places filled with impatient customers and sick patients waiting for their prescriptions. Many chains require prescriptions be completed within an average of 15 to 20 minutes beginning from the time the prescription is dropped off to the time it is up by the patient. This 15 to 20 minutes also applies to the administration of any vaccine.

While the 15-20 minute wait time for completing the prescription process may be an ideal scenario for collecting pharmacy metrics, it does not reflect reality. The retail setting can be one of the most chaotic places to receive a vaccination. This should not only be concerning to patients but especially parents who want their child vaccinated against HPV. Patients will not receive the same type of care and attention during and after a vaccine administration in a retail pharmacy setting compared to a medical office or clinic since these places are specifically set up with the appropriate personnel and equipment to properly monitor patients during any medical procedure including vaccinations and any subsequent emergency.

All major chain pharmacies such as CVS, Walgreens, Walmart, and Costco are very busy with phone calls, customers, patients waiting for prescriptions, and countless distractions which can and have led to vaccination administration errors. Neither the state nor the Board of Pharmacy collect this information.

Pharmacists work on average of 8 to 10 hour shifts with little to no break other than lunch, which may consist of eating in the back of the pharmacy while still open for business.

Pharmacists work standing the entire shift which can be exhausting both mentally and physically, especially if there is no scheduled “over-lap” with a second pharmacist.

Busy chains such as CVS can fill several hundreds of prescriptions per day with a minimum of 1 to 2 pharmacists on duty.

Pharmacists are usually physically and mentally fatigued, stressed and pressured to a point where a patient receiving a vaccination during these times can result in administration errors including giving the wrong vaccine, inappropriate spacing of vaccines, and duplicate vaccinations, sometimes due to situations beyond their control or knowledge.

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

ACPE Immunization training is a 20 hour in-home course that includes one live eight 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.

The training barely reviews the adverse reporting events to VAERS, the national database collecting adverse reactions, thus leaving the patient without any recourse. 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 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 include emergency scenarios that are often seen in a medical or clinical setting. This can unnecessarily endanger the health of child, simply for the sake of convenience. This is not providing quality health care to anyone.

#### **HPV-4 VACCINE Facts:**

The HPV-4 vaccine was “fast-tracked” through the FDA in 2006 under an Accelerated Approval process, where the vaccine was approved after 21 months of clinical trials instead of the scheduled 4 years. The long-term side effects of this vaccine are unknown.<sup>2</sup>

Antibodies due to the HPV vaccine show that antibody titers against HPV-18 show that after 5 years, antibody titers are immeasurable.<sup>3</sup> Thus an 11 or 12 year old child vaccinated against HPV will not have any measurable protection at 16 to 17 years of age or beyond.

The American College of Pediatricians state on their website that “the overwhelming majority (76%) of VAERS reports since 2006 with ovarian failure, premature menopause, and/or amenorrhea are associated solely with Gardasil®.”<sup>4</sup>

There are no clinical trials showing that the HPV vaccine can prevent cervical cancer or is more effective than Pap screening.<sup>5</sup>

Although aluminum adjuvants have been shown to be a cause of “autoimmune/inflammatory syndrome,” related to various irregular immune responses, aluminum, the adjuvant found in Gardasil, was used as a placebo in Gardasil vaccine trials.<sup>6</sup> The findings showed that the Gardasil vaccine resulted in 245 serious adverse reactions compared to 218 adverse reactions from aluminum in girls 9 through 26, thus Gardasil was just as “safe” as its aluminum adjuvant.<sup>7</sup>

Gardasil-9 now has double the amount of the neurotoxic aluminum adjuvant and is recommended for girls and boys from the ages of 9 through 26.<sup>8</sup> Now, there is greater potential for autoimmune/inflammatory syndrome in these young persons, girls and boys alike.

#### **HPV VACCINE SIDE EFFECTS:**

Gardasil was not studied in children with health problems or in combination with all other vaccines routinely given to American adolescents, such as Tdap and meningococcal vaccines.<sup>9</sup> Yet these vaccines are often given together according to the pediatric immunization schedule.

**After Gardasil was licensed and three doses recommended for 11-12 year old girls and young women, there were thousands of reports of sudden collapse with unconsciousness within 24 hours seizures; muscle pain and weakness; disabling fatigue; Guillain-Barre Syndrome (GBS); facial paralysis; brain inflammation; rheumatoid arthritis; lupus; blood clots; optic neuritis; multiple sclerosis; strokes; heart and other serious health problems, including death, following receipt of Gardasil vaccine.<sup>10</sup>**

**As of September 1, 2015, there had been 295 claims filed in the federal Vaccine Injury Compensation Program (VICP) for injuries and deaths following HPV vaccination, including 13 deaths and 282 serious injuries.<sup>11</sup>**

**Using the MedAlerts search engine, as of Sept. 30, 2015, there were a total of [37,474](#) vaccine reaction reports made to the federal Vaccine Adverse Events Reporting System (VAERS) associated with Gardasil vaccinations, including [209](#) deaths.<sup>12</sup>**

#### **Potential Pharmacy and Pharmacist Liabilities and Conflict of Interests:**

Merck, the HPV-9 vaccine manufacturer, acknowledges in its package insert the most common and immediate side effects following the administration of an HPV vaccine are the following:

Because vaccinees 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 Trendelenburg position.<sup>13</sup>

No pharmacist in a retail setting will be able to provide the necessary medical attention for a young child who develops syncope and accidentally hits his or her head on the counter, chair or some object while fainting. In addition to fainting, along with a potential concussion, tonic-clonic movements and other seizure like activities can arise as true emergency situations.

At the same time, while the parents are present, the chaos and liability issues can be magnified and intensified. The expectations of having a single pharmacist address this potential emergency scenario, while running the pharmacy, and all of the other activities that continue regardless of an emergency, is an unrealistic expectation where ultimately, the child pays the price, just for the extra convenience of vaccinating in a pharmacy.

Most, if not all pharmacy chains immunize because it is highly lucrative since reimbursements for vaccinations are many times higher than that for filling a regular prescription. While there are Pharmacists who will vaccinate any person who asks for a vaccine, there are also Pharmacists who have deep concerns regarding the safety and efficacy of vaccines, especially the new HPV-9 vaccine. Pharmacy chains do not encourage pharmacists to discuss any potential adverse reactions to vaccinations that are not part of the limited information presented on the CDC's Vaccine Information Statement.<sup>14</sup> This statement does not adequately present the additional side effects that girls have experienced including **potential sudden collapse with unconsciousness, seizures, muscle pain and weakness; disabling fatigue; Guillain-Barre Syndrome (GBS); facial paralysis; brain inflammation; rheumatoid arthritis; lupus; blood clots; optic neuritis; multiple sclerosis; strokes; heart and other serious health problems, AND death, following receipt of Gardasil vaccine.**<sup>15</sup>

**Even the American College of Pediatricians admitted in January 2016 that they have seen an "overwhelming majority (76%) of VAERS reports since 2006, showing girls with ovarian failure, premature menopause, and/or amenorrhea are associated solely with Gardasil®."**<sup>16</sup>

Every parent expects a Pharmacist to present the necessary information needed to make an informed decision and to weigh the benefits and risks, especially from a dangerous vaccine such as Gardasil-9. What grandparent would want to be robbed of having grandchildren if they knew in advance that the Gardasil vaccine could cause a daughter to be infertile and unable to bear children, resulting from a Gardasil vaccination?

Yet, there is a clear conflict of interest where the Pharmacist is caught between the Parent's right to know and the employer's profits. HB 676 cannot truly have the child's best interests in mind.

Even Merck, the vaccine manufacturer, openly recommends the following from its own Gardasil-9 package insert:

**PATIENT COUNSELING INFORMATION** <sup>17</sup>

Advise the patient to read the FDA-approved patient labeling (Patient Information).  
Inform the patient, parent, or guardian:

- Vaccination does not eliminate the necessity for women to continue to undergo recommended cervical cancer screening. Women who receive GARDASIL 9 should continue to undergo cervical cancer screening per standard of care.
- Recipients of GARDASIL 9 should not discontinue anal cancer screening if it has been recommended by a health care provider.
- GARDASIL 9 has not been demonstrated to provide protection against disease from vaccine and non-vaccine HPV types to which a person has previously been exposed through sexual activity.
- Since syncope has been reported following HPV vaccination sometimes resulting in falling with injury, observation for 15 minutes after administration is recommended.
- Vaccine information is required to be given with each vaccination to the patient, parent, or guardian.
- Provide information regarding benefits and risks associated with vaccination.
- Safety and effectiveness of GARDASIL 9 have not been established in pregnant women. A pregnancy registry is available. Women exposed to GARDASIL 9 around the time of conception or during pregnancy are encouraged to register by calling 1-800-986-8999.
- It is important to complete the full vaccination series unless contraindicated.
- Report any adverse reactions to their health care provider.

HB 676 puts Pharmacists in the middle, forcing them to be responsible for any HPV related vaccine-injury experienced by a young child that could result in a life-time of disability. A retail setting is not the ideal place for any vaccination especially if the goal of vaccination is promoting the health and wellbeing of young children.

Forcing Pharmacists to vaccinate young children, for whom there is no medical or health related information, other than that provided by the parent, HB 676, is an unconscionable and irresponsible act by all legislators supporting this bill.

Even the manufacturer states that the HPV-9 vaccine is no better than preventing cervical cancer than annual Pap smears. How can supporters of HB 676 claim Pharmacists can reduce incidence of overall HPV related diseases when their own statement is so one-sided?

A Gallup poll of 824 adults, conducted between December 2, 2015 and December 6, 2015 showed Pharmacists ranking second only to nurses in having high standards of ethics and honesty above all others, including physicians.

I cannot support HB 676. I have a duty and a conscience to do what is right for all patients and HB 676 is not right for any patient in any pharmacy.

Respectfully,

T. O, RPh, MBA

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- <sup>1</sup> CBER/FDA (2016) *HIGHLIGHTS OF PRESCRIBING INFORMATION* for Gardasil 9, Human Papillomavirus 9-Valent Vaccine, Available at: <http://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM426457.pdf> (Accessed: 5 February 2017).
- <sup>2</sup> Food and Drug Administration (FDA), "Fast track, Accelerated Approval and Priority Review." (2016) Available at: <http://www.fda.gov/ForPatients/Approvals/Fast/ucm405399.htm> (Accessed: 5 February 2017).
- <sup>3</sup> D. M. Harper and K. B. Williams, "Prophylactic Hpv Vaccines: Current Knowledge of Impact on Gynecologic Premalignancies," *Discovery Medicine* 10, no. 50 (2010): 7-17
- <sup>4</sup> *New concerns about the human Papillomavirus vaccine* (2016) Available at: <https://www.acpeds.org/the-college-speaks/position-statements/health-issues/new-concerns-about-the-human-papillomavirus-vaccine> (Accessed: 5 February 2017).
- <sup>5</sup> L. Villa, R. L. Costa, C. A. Petta, R. P. Andrade, J. Paavonen, O. E. Iversen, S. E. Olsson, J. Hoyer, M. Steinwall, G. Riis-Johannessen, A. Andersson-Ellstrom, K. Elfgren, G. Krogh, M. Lehtinen, C. Malm, G. M. Tamms, K. Giacchetti, L. Lupinacci, R. Raikar, F. J. Taddeo, J. Bryan, M. T. Esser, H. L. Sings, A. J. Saah, and E. Barr, "High Sustained Efficacy of a Prophylactic Quadrivalent Human Papillomavirus Types 6/11/16/18 11 Virus-Like Particle Vaccine through 5 Years of Follow-Up," *British Journal of Cancer* 95, no. 11 (2006): 1459-1466.
- <sup>6</sup> Tomljenovic, L. and Shaw, C., "Not too fast or Not Too Slow: The FDA's Approval of Merck's HPV Vaccine Gardasil" 40 *J.L. Med & Ethics* 677.
- <sup>7</sup> Merck & Co., Gardasil Product Sheet, Date of Approval 2006, <http://www.fda.gov/ohrms/dockets/ac/06/briefing/2006-4222B3.pdf>
- <sup>8</sup> *Human Papillomavirus (HPV) information - diseases and vaccines* (2012) Available at: <http://www.nvic.org/Vaccines-and-Diseases/HPV.aspx> (Accessed: 5 February 2017).
- <sup>9</sup> Ibid.
- <sup>10</sup> Ibid.
- <sup>11</sup> Ibid.
- <sup>12</sup> Ibid.
- <sup>13</sup> CBER/FDA (2016) *HIGHLIGHTS OF PRESCRIBING INFORMATION* for Gardasil 9, Human Papillomavirus 9-Valent Vaccine, Available at: <http://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM426457.pdf> (Accessed: 5 February 2017).
- <sup>14</sup> <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/hpv.pdf>
- <sup>15</sup> Ibid.
- <sup>16</sup> *New concerns about the human Papillomavirus vaccine* (2016) Available at: <https://www.acpeds.org/the-college-speaks/position-statements/health-issues/new-concerns-about-the-human-papillomavirus-vaccine> (Accessed: 5 February 2017).
- <sup>17</sup> Ibid.



kobayashi2 - Jessi

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From: mailinglist@capitol.hawaii.gov  
Sent: Sunday, February 5, 2017 11:19 PM  
To: HLTtestimony  
Cc: mgsmart@yahoo.com  
Subject: \*Submitted testimony for HB676 on Feb 7, 2017 09:30AM\*

**HB676**

Submitted on: 2/5/2017

Testimony for HLT on Feb 7, 2017 09:30AM in Conference Room 329

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Mary Smart          | Individual          | Oppose                    | No                        |

Comments:

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kobayashi2 - Jessi

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From: mailinglist@capitol.hawaii.gov  
Sent: Sunday, February 5, 2017 11:10 PM  
To: HLTtestimony  
Cc: tkushijima@gmail.com  
Subject: Submitted testimony for HB676 on Feb 7, 2017 09:30AM

**HB676**

Submitted on: 2/5/2017

Testimony for HLT on Feb 7, 2017 09:30AM in Conference Room 329

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Tad K Ushijima      | Individual          | Support                   | No                        |

Comments: Pharmacists have shown they are capable of administering vaccines safely to the general public. Statistics have shown that pharmacist are responsible for administering majority of the flu vaccines every year to the public. Pharmacists were also relied on by the public to administer the Hepatitis A vaccines during the recent outbreak. The HPV vaccine has been proven to prevent cancer caused by a very common virus. This vaccine will save a life and also save health care dollars related to the potential cost of cancer treatment. Bottom line, pharmacist have proven that they can safely administer vaccines even as young as 14 years old (for the flu).

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Testimony Presented Before the House Committee  
Health  
Tuesday, February 7, 2017 at 9:30 am  
By  
Wesley Sumida, Pharmacist

HB 676 - Relating to Health

Chair Belatti, Vice Chair Kobayashi, and Members of the committee:

I am writing to offer testimony in **strong support** of HB 676 that will allow pharmacists to administer the Human Papilloma Virus vaccine in 11-14 year olds under a prescription issued by the patient's primary care provider.

Pharmacists are vaccination certified via the ACPE approved program sponsored by the American Pharmacists Association (APHA). Immunization administration is considered a basic skill of registered pharmacists. In addition, pharmacists continue to be the most accessible health professional to the public via their availability in community pharmacies and are also educators and immunization advocates. In the last 20 years, pharmacists have made the largest impact on vaccination uptake.

Bill HB 676 will help to define all currently provided services in various pharmacy practice areas.

Thank you for allowing me to testify.

kobayashi2 - Jessi

---

From: mailinglist@capitol.hawaii.gov  
Sent: Sunday, February 5, 2017 8:34 PM  
To: HLTtestimony  
Cc: drjoeka@gmail.com  
Subject: Submitted testimony for HB676 on Feb 7, 2017 09:30AM

**HB676**

Submitted on: 2/5/2017

Testimony for HLT on Feb 7, 2017 09:30AM in Conference Room 329

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| joe kassel          | Individual          | Oppose                    | No                        |

Comments: Dear Representatives: Please oppose this bill for the following reasons: -Increasing access to hpv vaccination without prescription carries unnecessary risks and transfers responsibility for those risks to an often misinformed public. -These poorly studied vaccines are responsible for over 40,000 adverse vaccine reaction reports, including adverse neurological responses and premature ovarian failure. -These vaccines have never been tested against a true placebo. -These vaccines actually have never been proven to prevent cervical cancer before being approved. - The vast majority (90%) of people infected with hpv clear the virus within 2 years. -Some studies suggest that vaccination may interfere with hpv viral clearance, and when given to those already infected may increase cervical cancer risk. -Is it really our legislature's responsibility to facilitate drug companies lucrative vaccination marketing now that the federal government has freed them from any liability for adverse reactions? Sincerely, Dr. Joseph Kassel N.D. L.Ac.

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kobayashi2 - Jessi

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From: mailinglist@capitol.hawaii.gov  
Sent: Sunday, February 5, 2017 9:21 PM  
To: HLTtestimony  
Cc: jadesky7@hotmail.com  
Subject: Submitted testimony for HB676 on Feb 7, 2017 09:30AM

**HB676**

Submitted on: 2/5/2017

Testimony for HLT on Feb 7, 2017 09:30AM in Conference Room 329

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

Comments: Please kill this bill. Pharmacists have no place administering a vaccine for a sexually transmitted disease to children. This needs to stay between the doctor and patient. This bill is BAD

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kobayashi2 - Jessi

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From: mailinglist@capitol.hawaii.gov  
Sent: Sunday, February 5, 2017 8:15 PM  
To: HLTtestimony  
Cc: clareloprinzi@gmail.com  
Subject: Submitted testimony for HB676 on Feb 7, 2017 09:30AM

**HB676**

Submitted on: 2/5/2017

Testimony for HLT on Feb 7, 2017 09:30AM in Conference Room 329

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| clare loprinzi      | Individual          | Oppose                    | No                        |

Comments: This bill is so wrong and anyone that would vote for it must be more educated on this vaccine which is dangerous for the following reasons. Increasing access to HPV vaccination without prescription carries unnecessary risks and transfers responsibility for thos risk era to an often misinformed public. This vaccine has never been tested against a true placebo this vaccine has never been proven to prevent cervical cancer before approved 90% of people with HPV clear the virus within 2 yrs. yearly paps are effe ctive for HPV and women assume they do not need to do them when they have the vaccine. This vaccine is dangerous, misleading and all about big corportations called drug companies. Since 1986 one can not even sue due to the effects, including death of this vaccine or any other. Hewa....vote it down and expose those legislatures who are taking money from big business. It is shameful to see a bill like this again. With respect Clare

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Testimony Presented Before the House Committee

Health

Tuesday, February 7, 2017 at 9:30 am

By

Kim Roseman

HB 676 - Relating to Health

Chair Belatti, Vice Chair Kobayashi, and Members of the committee:

I am writing to offer testify in **strong support** of HB 676 that will allow pharmacists to administer the Human Papilloma Virus vaccine in 11-14 year olds under a prescription issued by the patient's primary care provider.

Pharmacists are vaccination certified via the ACPE approved program sponsored by the American Pharmacists Association (APHA). Immunization administration is considered a basic skill of registered pharmacists. In addition, pharmacists continue to be the most accessible health professional to the public via their availability in community pharmacies and are also educators and immunization advocators. In the last 20 years, pharmacists have made the largest impact on vaccination uptake.

Bill HB 676 will help to define all currently provided services in various pharmacy practice areas.

Thank you for allowing me to testify.

Kim Roseman

25 Hina St., Hilo, HI  
roseman@hawaii.edu

From: mailinglist@capitol.hawaii.gov  
Sent: Monday, February 6, 2017 7:15 AM  
To: HLTtestimony  
Cc: joanopeiu50@gmail.com  
Subject: Submitted testimony for HB676 on Feb 7, 2017 09:30AM

**HB676**

Submitted on: 2/6/2017

Testimony for HLT on Feb 7, 2017 09:30AM in Conference Room 329

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Joan Craft RN       | Individual          | Oppose                    | Yes                       |

Comments: I oppose HB 676 Injection of medication that is intended to causes a response from a child's immune system in a public place such as Longs or Walmart is not responsible. A medical history should be taken by a doctor or nurse practitioner at a minimum. The child should be monitored for a possible allergic reactions post injection. I am mother of a 15 year son and a practicing Registered Nurse of 25 years . Thank you for your consideration. Joan

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kobayashi2 - Jessi

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From: mailinglist@capitol.hawaii.gov  
Sent: Sunday, February 5, 2017 11:42 AM  
To: HLTtestimony  
Cc: joyamarshall0416@gmail.com  
Subject: \*Submitted testimony for HB676 on Feb 7, 2017 09:30AM\*

**HB676**

Submitted on: 2/5/2017

Testimony for HLT on Feb 7, 2017 09:30AM in Conference Room 329

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Joy Marshall        | Individual          | Support                   | No                        |

Comments:

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kobayashi2 - Jessi

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From: mailinglist@capitol.hawaii.gov  
Sent: Sunday, February 5, 2017 3:09 PM  
To: HLTtestimony  
Cc: mtclaw@hawaii.edu  
Subject: Submitted testimony for HB676 on Feb 7, 2017 09:30AM

**HB676**

Submitted on: 2/5/2017

Testimony for HLT on Feb 7, 2017 09:30AM in Conference Room 329

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Matthew Clawson     | Individual          | Support                   | No                        |

Comments: Many locals within the state of Hawaii are currently experiencing shortages of health care services. As a result many people go without basic health care services simply due to barriers to access. Passing this bill will increase the utilization of the state investment in a college of pharmacy, and positively impact health in the state of Hawaii.

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kobayashi2 - Jessi

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From: mailinglist@capitol.hawaii.gov  
Sent: Sunday, February 5, 2017 12:21 PM  
To: HLTtestimony  
Cc: rkorph@gmail.com  
Subject: Submitted testimony for HB676 on Feb 7, 2017 09:30AM

**HB676**

Submitted on: 2/5/2017

Testimony for HLT on Feb 7, 2017 09:30AM in Conference Room 329

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Ron Okamura         | Individual          | Support                   | Yes                       |

Comments: Specific to human papilloma virus vaccine, HB676 adds to the Scope of Practice for Pharmacist. This bill should be combined with HB1406 Relating to the Practice of Pharmacy.

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Testimony Presented Before the House Committee  
Health  
Tuesday, February 7, 2017 at 9:30 am  
By  
Al Katz, MD, MPH

HB 676 - Relating to Health

Chair Belatti, Vice Chair Kobayashi, and Members of the committee:

I am writing to offer testify in **strong support** of HB 676 that will allow pharmacists to administer the Human Papilloma Virus vaccine in 11-14 year olds under a prescription issued by the patient's primary care provider.

Pharmacists are vaccination certified via the Accreditation Council for Pharmacy Education (ACPE) approved program sponsored by the American Pharmacists Association (APhA). Immunization administration is considered a basic skill of registered pharmacists. In addition, pharmacists continue to be the most accessible health professional to the public via their availability in community pharmacies and are also educators and immunization advocates. In the last 20 years, pharmacists have made the largest impact on vaccination uptake.

Bill HB 676 will helps to define all currently provided services in various pharmacy practice areas.

Thank you for allowing me to testify.

Testimony Presented Before the House Committee  
Health  
Tuesday, February 7, 2017 at 9:30 am

HB 676 - Relating to Health

Chair Belatti, Vice Chair Kobayashi, and Members of the committee:

I am writing to offer testify in **strong support** of HB 676 that will allow pharmacists to administer the Human Papilloma Virus vaccine in 11-14 year olds under a prescription issued by the patient's primary care provider.

Pharmacists are vaccination certified via the ACPE approved program sponsored by the American Pharmacists Association (APHA). Immunization administration is considered a basic skill of registered pharmacists. In addition, pharmacists continue to be the most accessible health professional to the public via their availability in community pharmacies and are also educators and immunization advocators. In the last 20 years, pharmacists have made the largest impact on vaccination uptake and are improving our overall access to healthcare providers in Hawaii.

Thank you for allowing me to testify.

Jerris Hedges, MD  
Dean, UH John A. Burns School of Medicine

kobayashi1- Oshiro

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From: mailinglist@capitol.hawaii.gov  
Sent: Monday, February 6, 2017 7:30 AM  
To: HLTtestimony  
Cc: carolphilips1@gmail.com  
Subject: Submitted testimony for HB676 on Feb 7, 2017 09:30AM

**HB676**

Submitted on: 2/6/2017

Testimony for HLT on Feb 7, 2017 09:30AM in Conference Room 329

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Carol Philips       | Individual          | Oppose                    | No                        |

Comments: I strongly oppose this bill because not enough research/ trials have been done to prove it's safety. Respectfully, Carol Philips

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From: mailinglist@capitol.hawaii.gov  
Sent: Monday, February 6, 2017 7:35 AM  
To: HLTtestimony  
Cc: nakoam@aol.com  
Subject: Submitted testimony for HB676 on Feb 7, 2017 09:30AM

**HB676**

Submitted on: 2/6/2017

Testimony for HLT on Feb 7, 2017 09:30AM in Conference Room 329

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Maly Nako           | Individual          | Oppose                    | Yes                       |

Comments: As a Registered Nurse I am opposed to this bill allowing Pharmacist to administer the HPV vaccine to 11-17 year olds. In a clinic setting this vaccine is administered and the patient is supposed to be watched for 15 minutes post vaccine because of the high incidence of dizziness and fainting. In a retail chain such as CVS, Walgreens, or Walmart, I highly doubt this simple precautionary step will be taken. The volume of customers that the Pharmacist deals with makes this unrealistic. Then there is the lack of training these Pharmacist have to respond to an adverse reaction. HPV has had thousands of adverse events reported on VAERS (vaccine adverse events reporting system) and over 200 noted deaths. This is a dangerous bill that puts our children at unnecessary risk. Please oppose it.

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kobayashi2 - Jessi

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From: mailinglist@capitol.hawaii.gov  
Sent: Monday, February 6, 2017 8:19 AM  
To: HLTtestimony  
Cc: kynolive@gmail.com  
Subject: Submitted testimony for HB676 on Feb 7, 2017 09:30AM

**HB676**

Submitted on: 2/6/2017

Testimony for HLT on Feb 7, 2017 09:30AM in Conference Room 329

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Nancy Ravelo        | Individual          | Oppose                    | No                        |

Comments: I adamantly oppose HB 676 as a mother of 6 children and a grandmother of 12 children - I am appalled at a proposal that puts the wellbeing of children at risk. Administration of vaccinations to children should be monitored by a healthcare provider who is familiar with the child's medical history - Thank you for doing the right thing and keeping Hawaii's children safe. Kyno

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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kobayashi1- Oshiro

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From: mailinglist@capitol.hawaii.gov  
Sent: Monday, February 6, 2017 8:29 AM  
To: HLTtestimony  
Cc: laurenadler808@gmail.com  
Subject: Submitted testimony for HB676 on Feb 7, 2017 09:30AM  
Attachments: OPPOSE HB 676.pages

**HB676**

Submitted on: 2/6/2017

Testimony for HLT on Feb 7, 2017 09:30AM in Conference Room 329

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

Comments:

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Dear Chairperson and committee members: Thank you for the opportunity to testify on HB 676. I strongly urge you to vote no on this bill.

1. As of March 2015, the HPV vaccine Gardasil had generated more than 35,000 adverse reaction reports to the US government, including more than 200 deaths.
2. The vaccine contains Aluminum (causes nerve cell death); Sodium Borate (damages fertility and unborn children); Polysorbate 80 [injected] (causes abnormal rapid growth of reproductive organs, sterility, causes cancer and birth defects).
3. If a female has had strain 16 or 18 and receives the vaccination, she increases her chance of getting cancer by 44.6%, yet women are not tested prior to the vaccination to determine if they have either of those strains.
4. Research presented at the 2015 annual meeting of the American Association for Cancer Research showed that women who were vaccinated against HPV had a higher risk of developing non-vaccine strains of the virus.
5. The testing of this vaccine was flawed. They used a placebo that had some of the same elements that the vaccine had in it.
6. There are 14 types of HPV that could cause cancer, yet the vaccine only covers 9 of them.
7. 90% of women who have 1 of these types show no trace of it within 2 years (it resolves on its own with no vaccine or treatment).

This vaccine should not even be on the market, never mind who gets to administer it. Thank you for your consideration. Sincerely, Tracey Whitehurst

kobayashi1- Oshiro

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From: mailinglist@capitol.hawaii.gov  
Sent: Monday, February 6, 2017 9:37 AM  
To: HLTtestimony  
Cc: kathienow@gmail.com  
Subject: \*Submitted testimony for HB676 on Feb 7, 2017 09:30AM\*

**HB676**

Submitted on: 2/6/2017

Testimony for HLT on Feb 7, 2017 09:30AM in Conference Room 329

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| kathleen flynn      | Individual          | Oppose                    | No                        |

Comments:

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kobayashi2 - Jessi

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From: mailinglist@capitol.hawaii.gov  
Sent: Monday, February 6, 2017 9:24 AM  
To: HLTtestimony  
Cc: jennymaliahudson@yahoo.com  
Subject: \*Submitted testimony for HB676 on Feb 7, 2017 09:30AM\*

**HB676**

Submitted on: 2/6/2017

Testimony for HLT on Feb 7, 2017 09:30AM in Conference Room 329

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| jenny hudson        | Individual          | Oppose                    | No                        |

Comments:

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Testimony Presented Before the House Committee

Health

Tuesday, February 7, 2017 at 9:30 am

By

Andrew Rector

HB 676 - Relating to Health

Aloha Chair Belatti, Vice Chair Kobayashi, and Members of the committee:

My name is Andrew Rector. I am a first year pharmacy student, and I am writing to offer testify in **strong support** of HB 676 that will allow pharmacists to administer the Human Papilloma Virus vaccine in 11-14 year olds under a prescription issued by the patient's primary care provider.

Pharmacists are vaccination certified via the ACPE approved program sponsored by the American Pharmacists Association (APHA). Immunization administration is considered a basic skill of registered pharmacists. In addition, pharmacists continue to be the most accessible health professional to the public via their availability in community pharmacies and are also educators and immunization advocates. In the last 20 years, pharmacists have made the largest impact on vaccination uptake.

Bill HB 676 will help to define all currently provided services in various pharmacy practice areas.

Thank you for allowing me to testify.

Andrew Rector  
Student Pharmacist, Class of 2020  
Daniel K Inouye College of Pharmacy  
University of Hawaii at Hilo  
Email: [Agrector@hawaii.edu](mailto:Agrector@hawaii.edu)  
Tel: [317-560-3357](tel:317-560-3357)

From: mailinglist@capitol.hawaii.gov  
Sent: Monday, February 6, 2017 9:45 AM  
To: HLTtestimony  
Cc: drkimhaine@mac.com  
Subject: Submitted testimony for HB676 on Feb 7, 2017 09:30AM

**HB676**

Submitted on: 2/6/2017

Testimony for HLT on Feb 7, 2017 09:30AM in Conference Room 329

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

Comments: Pharmacists are not qualified like a physician to handle the multitude of adverse reactions from vaccines, especially the immediate syncope and tonic-clonic seizures listed in the package insert of Gardasil 9. Pharmacists training is 20 hours with 2 practice injections. They are not equipped in a retail setting to handle any emergencies.

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kobayashi2 - Jessi

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From: mailinglist@capitol.hawaii.gov  
Sent: Monday, February 6, 2017 10:31 AM  
To: HLTtestimony  
Cc: jpang777@hawaii.rr.com  
Subject: Submitted testimony for HB676 on Feb 7, 2017 09:30AM

**HB676**

Submitted on: 2/6/2017

Testimony for HLT on Feb 7, 2017 09:30AM in Conference Room 329

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| John L. Pang        | Individual          | Support                   | No                        |

Comments: I am a pharmacist and a father in favor of this bill. I believe strongly in this bill that my own daughter was vaccinated years ago. She is now a student pharmacist advancing the need for more PREVENTION in healthcare.

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From: mailinglist@capitol.hawaii.gov  
Sent: Monday, February 6, 2017 11:45 AM  
To: HLTtestimony  
Cc: dataira@yahoo.com  
Subject: Submitted testimony for HB676 on Feb 7, 2017 09:30AM

**HB676**

Submitted on: 2/6/2017

Testimony for HLT on Feb 7, 2017 09:30AM in Conference Room 329

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Deborah Taira       | Individual          | Support                   | No                        |

Comments: Testimony Presented Before the House Committee Health Tuesday, February 7, 2017 at 9:30 am By Deborah Taira HB 676 - Relating to Health Dear Chair Belatti, Vice Chair Kobayashi, and Members of the committee: I am asking you to support HB 676 that will allow pharmacists to administer the Human Papilloma Virus vaccine in 11-14 year olds under a prescription issued by the patient's primary care provider. Pharmacists are certified to administer vaccinations by the Accreditation Council of Pharmacy Education (APCE)-approved program sponsored by the American Pharmacists Association (APHA). Bill HB 676 will allow greater access to this important vaccination at a critical time in an adolescent's life. Administration of this vaccine has been shown to reduce rates of cancer in the US. It is very important that this measures gets approved to increase uptake and improve population health. Thank you for allowing me to testify. Sincerely, Deborah Taira Honolulu, HI 96825

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Testimony Presented Before the House Committee  
Health  
Tuesday, February 7, 2017 at 9:30 am  
By  
Patricia M. Juszczak

HB 676 - Relating to Health

Chair Belatti, Vice Chair Kobayashi, and Members of the committee:

I am writing to offer testimony in **strong support** of HB 676 that will allow pharmacists to administer the Human Papilloma Virus vaccine in eleven to fourteen year olds under a prescription issued by the patient's primary care provider.

Pharmacists are vaccination certified via the Accreditation Council for Pharmacy Education approved program sponsored by the American Pharmacists Association (APHA). Immunization administration is considered a basic skill of registered pharmacists. In addition, pharmacists continue to be the most accessible health professional to the public via their availability in community pharmacies and are also educators and immunization advocates. In the last 20 years, pharmacists have made the largest impact on vaccination uptake.

Bill HB 676 will help to define all currently provided services in various pharmacy practice areas.

Thank you for allowing me to testify.

My contact information: 808-932-7704

**From:** [mailinglist@capitol.hawaii.gov](mailto:mailinglist@capitol.hawaii.gov)  
**To:** [HLTtestimony](#)  
**Cc:** [red8t8vette@hotmail.com](mailto:red8t8vette@hotmail.com)  
**Subject:** Submitted testimony for HB676 on Feb 7, 2017 09:30AM  
**Date:** Monday, February 6, 2017 12:21:53 PM

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## **HB676**

Submitted on: 2/6/2017

Testimony for HLT on Feb 7, 2017 09:30AM in Conference Room 329

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Michael Mastronardi | Individual          | Oppose                    | No                        |

Comments: I oppose HB 676. Convenience, not safety, is the only advantage retail pharmacies offer to a patient when administering any vaccination, including the HPV vaccine, outside of a physician's office or clinic setting. HB 676 claims that by allowing pharmacists to administer the HPV vaccine in children between the ages of 11 and 17, the "incidence of infectious disease and cervical and other cancers will be reduced." This statement is clearly false because of the nature of HPV virus and how the body naturally clears the majority of HPV infections without any outside intervention. HB676's claim is also unquantifiable. There are no clinical trials at this time demonstrating the safety, effectiveness and protection against cervical cancer for a woman vaccinated in her teens, when cervical cancer usually develops in her 50's. At the same time, the chaotic nature of pharmacies do not allow retail pharmacists the luxury of properly monitoring patients for adverse reactions or assessing emergency situations, in between the filling prescriptions. This is a potential scenario for disaster. If an adverse event occurs to even one child, it will be one too many. The Gardasil-9 vaccine, is a 9 valent, recombinant Human Papillomavirus vaccine approved in 2014, replacing Gardasil-4. Another HPV vaccine, Cevarix, has also been removed from the 2017 pediatric schedule, leaving the entire market to Merck, Gardasil-9's manufacturer. Gardasil-9, with 9 HPV types, has even greater risks of side effects than the discontinued Gardasil-4 and should not be administered in any retail pharmacy setting due to the increased potential adverse reactions, and liabilities for immunizing pharmacists. PHARMACY SETTING: Pharmacies are very busy places filled with impatient customers and sick patients waiting for their prescriptions. Many chains require prescriptions be completed within an average of 15 to 20 minutes beginning from the time the prescription is dropped off to the time it is up by the patient. This 15 to 20 minutes also applies to the administration of any vaccine. While the 15-20 minute wait time for completing the prescription process may be an ideal scenario for collecting pharmacy metrics, it does not reflect reality. The retail setting can be one of the most chaotic places to receive a vaccination. This should not only be concerning to patients but especially parents who want their child vaccinated against HPV. Patients will not receive the same type of care and attention during and after a vaccine administration in a retail pharmacy setting compared to a medical office or clinic since these places are specifically set up with the appropriate personnel and equipment to properly monitor patients during

any medical procedure including vaccinations and any subsequent emergency. All major chain pharmacies such as CVS, Walgreens, Walmart, and Costco are very busy with phone calls, customers, patients waiting for prescriptions, and countless distractions which can and have led to vaccination administration errors. Neither the state nor the Board of Pharmacy collect this information. Pharmacists work on average of 8 to 10 hour shifts with little to no break other than lunch, which may consist of eating in the back of the pharmacy while still open for business. Pharmacists work standing the entire shift which can be exhausting both mentally and physically, especially if there is no scheduled "over-lap" with a second pharmacist. Busy chains such as CVS can fill several hundreds of prescriptions per day with a minimum of 1 to 2 pharmacists on duty. Pharmacists are usually physically and mentally fatigued, stressed and pressured to a point where a patient receiving a vaccination during these times can result in administration errors including giving the wrong vaccine, inappropriate spacing of vaccines, and duplicate vaccinations, sometimes due to situations beyond their control or knowledge.

**ACPE IMMUNIZATION TRAINING:** ACPE Immunization training is a 20 hour in-home course that includes one live eight 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. The training barely reviews the adverse reporting events to VAERS, the national database collecting adverse reactions, thus leaving the patient without any recourse. 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 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 include emergency scenarios that are often seen in a medical or clinical setting. This can unnecessarily endanger the health of child, simply for the sake of convenience. This is not providing quality health care to anyone.

**HPV-4 VACCINE Facts:** The HPV-4 vaccine was "fast-tracked" through the FDA in 2006 under an Accelerated Approval process, where the vaccine was approved after 21 months of clinical trials instead of the scheduled 4 years. The long-term side effects of this vaccine are unknown. Antibodies due to the HPV vaccine show that antibody titers against HPV-18 show that after 5 years, antibody titers are immeasurable. Thus an 11 or 12 year old child vaccinated against HPV will not have any measurable protection at 16 to 17 years of age or beyond. The American College of Pediatricians state on their website that "the overwhelming majority (76%) of VAERS reports since 2006 with ovarian failure, premature menopause, and/or amenorrhea are associated solely with Gardasil.®" There are no clinical trials showing that the HPV vaccine can prevent cervical cancer or is more effective than Pap screening. Although aluminum adjuvants have been shown to be a cause of "autoimmune/inflammatory syndrome," related to

various irregular immune responses, aluminum, the adjuvant found in Gardasil, was used as a placebo in Gardasil vaccine trials. The findings showed that the Gardasil vaccine resulted in 245 serious adverse reactions compared to 218 adverse reactions from aluminum in girls 9 through 26, thus Gardasil was just as “safe” as its aluminum adjuvant. Gardasil-9 now has double the amount of the neurotoxic aluminum adjuvant and is recommended for girls and boys from the ages of 9 through 26. Now, there is greater potential for autoimmune/inflammatory syndrome in these young persons, girls and boys alike. HPV VACCINE SIDE EFFECTS: Gardasil was not studied in children with health problems or in combination with all other vaccines routinely given to American adolescents, such as Tdap and meningococcal vaccines. Yet these vaccines are often given together according to the pediatric immunization schedule. After Gardasil was licensed and three doses recommended for 11-12 year old girls and young women, there were thousands of reports of sudden collapse with unconsciousness within 24 hours seizures; muscle pain and weakness; disabling fatigue; GuillainBarre Syndrome (GBS); facial paralysis; brain inflammation; rheumatoid arthritis; lupus; blood clots; optic neuritis; multiple sclerosis; strokes; heart and other serious health problems, including death, following receipt of Gardasil vaccine. As of September 1, 2015, there had been 295 claims filed in the federal Vaccine Injury Compensation Program (VICP) for injuries and deaths following HPV vaccination, including 13 deaths and 282 serious injuries. Using the MedAlerts search engine, as of Sept. 30, 2015, there were a total of 37,474 vaccine reaction reports made to the federal Vaccine Adverse Events Reporting System (VAERS) associated with Gardasil vaccinations, including 209 deaths. Potential Pharmacy and Pharmacist Liabilities and Conflict of Interests: Merck, the HPV-9 vaccine manufacturer, acknowledges in its package insert the most common and immediate side effects following the administration of an HPV vaccine are the following: Because vaccinees 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 Trendelenburg position. No pharmacist in a retail setting will be able to provide the necessary medical attention for a young child who develops syncope and accidentally hits his or her head on the counter, chair or some object while fainting. In addition to fainting, along with a potential concussion, tonic-clonic movements and other seizure like activities can arise as true emergency situations. At the same time, while the parents are present, the chaos and liability issues can be magnified and intensified. The expectations of having a single pharmacist address this potential emergency scenario, while running the pharmacy, and all of the other activities that continue regardless of an emergency, is an unrealistic expectation where ultimately, the child pays the price, just for the extra convenience of vaccinating in a pharmacy. Most, if not all pharmacy chains immunize because it is highly lucrative since reimbursements for vaccinations are many times higher than that for filling a regular prescription. While there are Pharmacists who will vaccinate any person who asks for a vaccine, there are also Pharmacists who have deep concerns regarding the safety and efficacy of vaccines, especially the new HPV-9 vaccine. Pharmacy chains do not encourage pharmacists to discuss any potential adverse reactions to vaccinations that are not on the limited

information presented on the CDC's Vaccine Information Statement. This statement does not adequately present the additional side effects that girls have experienced including potential sudden collapse with unconsciousness, seizures, muscle pain and weakness; disabling fatigue; Guillain Barre Syndrome (GBS); facial paralysis; brain inflammation; rheumatoid arthritis; lupus; blood clots; optic neuritis; multiple sclerosis; strokes; heart and other serious health problems, AND death, following receipt of Gardasil vaccine. Even the American College of Pediatricians admitted in January 2016 that they have seen an "overwhelming majority (76%) of VAERS reports since 2006, showing girls with ovarian failure, premature menopause, and/or amenorrhea are associated solely with Gardasil®. " Every parent expects a Pharmacist to present the necessary information needed to make an informed decision, to weigh the benefits and risks, especially from a dangerous vaccine such as Gardasil-9. Would any potential grandparent want to be robbed of having grandchildren if they knew in advance that the Gardasil vaccine could cause a daughter to be infertile and unable to bear children due to a vaccination? Yet with a clear conflict of interest where the Pharmacist is caught between the Parent's right to know and the employer's profits, HB 676 cannot truly have the child's best interests in mind. Even Merck, the vaccine manufacturer, openly recommends the following from its own Gardasil-9 package insert: PATIENT COUNSELING INFORMATION Advise the patient to read the FDA-approved patient labeling (Patient Information). Inform the patient, parent, or guardian:

- Vaccination does not eliminate the necessity for women to continue to undergo recommended cervical cancer screening. Women who receive GARDASIL 9 should continue to undergo cervical cancer screening per standard of care.
- Recipients of GARDASIL 9 should not discontinue anal cancer screening if it has been recommended by a health care provider.
- GARDASIL 9 has not been demonstrated to provide protection against disease from vaccine and non-vaccine HPV types to which a person has previously been exposed through sexual activity.
- Since syncope has been reported following HPV vaccination sometimes resulting in falling with injury, observation for 15 minutes after administration is recommended.
- Vaccine information is required to be given with each vaccination to the patient, parent, or guardian.
- Provide information regarding benefits and risks associated with vaccination.
- Safety and effectiveness of GARDASIL 9 have not been established in pregnant women. A pregnancy registry is available. Women exposed to GARDASIL 9 around the time of conception or during pregnancy are encouraged to register by calling 1-800-986-8999.
- It is important to complete the full vaccination series unless contraindicated.
- Report any adverse reactions to their health care provider.

HB 676 puts Pharmacists in the middle, forcing them to be responsible for any HPV related vaccine-injury experienced by a young child that could result in a life-time of disability. A retail setting is not the ideal place for any vaccination especially if the goal of vaccination is promoting the health and wellbeing of young children. Forcing Pharmacists to vaccinate young children, of whom there is no medical or health related information, other than that provided by the parent, SB 514, is an unconscionable and irresponsible act by all legislators supporting this bill. Even the manufacturer states that the HPV-9 vaccine is no better than preventing cervical cancer than annual Pap smears. How can supporters of SB 514 claim Pharmacists can reduce incidence of overall HPV related diseases when their own statement is so one-sided? A Gallup poll of 824 adults, conducted between December 2, 2015 and December 6, 2015 showed Pharmacists ranking second only to nurses in having

high standards of ethics and honesty above all others, including physicians. I cannot support HB 676. I have a duty and a conscience to do what is right for all patients, our ohana, especially our keiki.

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kobayashi1- Oshiro

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From: mailinglist@capitol.hawaii.gov  
Sent: Monday, February 6, 2017 1:29 PM  
To: HLTtestimony  
Cc: kona3gurl@yahoo.com  
Subject: \*Submitted testimony for HB676 on Feb 7, 2017 09:30AM\*

**HB676**

Submitted on: 2/6/2017

Testimony for HLT on Feb 7, 2017 09:30AM in Conference Room 329

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Melodie Reyes       | Individual          | Oppose                    | No                        |

Comments:

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Testimony Presented Before the House Committee  
Health  
Tuesday, February 7, 2017 at 9:30 am  
By  
Kevin Lei

HB 676 - Relating to Health

Chair Belatti, Vice Chair Kobayashi, and Members of the committee:

I am writing to offer testify in **strong support** of HB 676 that will allow pharmacists to administer the Human Papilloma Virus vaccine in 11-14 year olds under a prescription issued by the patient's primary care provider.

Pharmacists are vaccination certified via the ACPE approved program sponsored by the American Pharmacists Association (APHA). Immunization administration is considered a basic skill of registered pharmacists. In addition, pharmacists continue to be the most accessible health professional to the public via their availability in community pharmacies and are also educators and immunization advocators. In the last 20 years, pharmacists have made the largest impact on vaccination uptake.

Bill HB 676 will helps to define all currently provided services in various pharmacy practice areas.

Thank you for allowing me to testify.



**From:** [susan higa](#)  
**To:** [Rep. Della Belatti](#); [Rep. Sharon Har](#); [Rep. Daynette Morikawa](#); [Rep. Bertrand Kobayashi](#); [Rep. Marcus Oshiro](#); [Rep. Chris Todd](#)  
**Subject:** Opposing HB676  
**Date:** Monday, February 6, 2017 3:08:31 PM

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To Representative Belatti, Representative Har, Representative Kobayashi, Representative Morikawa, Representative Oshiro, Representative Todd and Representative Tupola,

Firstly, my gratitude for all the good work you do in your long day at the Capitol. I think of other places where the voices of citizens are blatantly ignored if not altogether repressed.

This morning I had the pleasure of speaking to the office staff in Rep. Belatti's office when I called to express my opposition to HB676. After listening to me intently, he patiently and clearly directed me to write in a testimony. He said the content of the phone conversation would definitely be related to Representative Belatti, but that it was limited to the office, and recommended I write in a testimony. He explained how a written testimony is a way to ensure my 'voice' followed the bill through all of its procedure and be read by all who handles it.

I thanked him from the bottom of my heart for so thoroughly listening to me and for clearly redirecting me. And I thank you too, for being so attentive to all that we speak out on. It is good to know that our representatives actually do listen to the common people.

So with gratitude in place, I write this testimony to you.

I write to oppose HB676 which proposes that the HPV vaccine (Gardasil 9, replacing Gardasil 4) be administered by pharmacists.

Gardasil 4 was found to be one of the most reactive vaccine to date, second to the flu vaccine. It is the most reported according to VAERS (Vaccine Adverse Events Reporting System). Gardasil 9 has been reported to be even more reactive. Gardasil 9 carries increased levels of aluminum adjuvants.

\*Thousands have reported collapse with unconsciousness within 24 hours of vaccination, seizures, muscle pain and weakness, disabling fatigue, Guillain Barre Syndrome (GBS), facial paralysis, brain inflammation, rheumatoid arthritis, lupus, blood clots, optic neuritis, multiple sclerosis, strokes, heart and other serious health problems, including death, following receipt of Gardasil vaccine.

\*As of September 30, 2015, there were 37,474 vaccine reactions reported to VAERS including 209 deaths for Gardasil. There were 3,119 vaccine reactions including 16 deaths for Ceravix. Merck's Gardasil is the first HPV vaccine licensed in the U.S. and has the majority of the HPV vaccine market in the U.S.

\*Gardasil was tested less than two years before being released to the public by fast track approval.

\*Data extracted from the National Vaccine Information Center.

YouTube is inundated with parents of children damaged from these HPV vaccines, both domestically and globally.

Pap smears have been one sure way to keep track of any perverse changes in the vaginal/cervical environment but according to records taken since the release of both the HPV vaccines, there has been a steep decline in Pap smears. These vaccines should not be taken as replacements for Pap smears and that they should be continued as a valuable tool for monitoring.

On a different front, a pharmacist voicing her concern regarding HB676 stated that the busy retail environment of a pharmacy is poorly equipped to monitor, observe, and handle any adverse reactions that may lead to emergency situations after administering HPV vaccines, especially given the high instances of adverse reactions thus far with Gardasil.

To further add to existing controversy to the true safety and efficacy of vaccines, please follow the link provided below. It is a short article of an independent research out of Italy that found damaging contaminants in many vaccines.

<http://www.greenmedinfo.com/blog/breaking-interview-lead-author-dirty-vaccines-study-speaks-out>

As is substantiated, all drugs carry known and unknown side effects, and vaccines with all its synthetic components are in fact drugs which are injected rather than swallowed. By proposing that pharmacies administer this vaccine is a way to make the HPV vaccine more readily available to the public but there is relevant data to indicate taking this step to be of considerable risk.

The intentions for HB676 may have risen as a measure of safeguard, but I strongly urge you to examine this deeper.

HB676 is an expansive and comprehensive program and without thoroughly looking into and researching more extensively from all angles the true effects, HB676 may carry with it far reaching consequences that are both undesirable and unintended.

Again I thank you for your good work and your attention.

Sincerely,

Susan Higa  
Kapolei

Sent from my iPhone

From: mailinglist@capitol.hawaii.gov  
Sent: Monday, February 6, 2017 4:14 PM  
To: HLTtestimony  
Cc: vinceyamashiroya@gmail.com  
Subject: Submitted testimony for HB676 on Feb 7, 2017 09:30AM



**HB676**

Submitted on: 2/6/2017

Testimony for HLT on Feb 7, 2017 09:30AM in Conference Room 329

| <b>Submitted By</b>   | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|-----------------------|---------------------|---------------------------|---------------------------|
| Vince Yamashiroya, MD | Individual          | Oppose                    | No                        |

Comments: I am a practicing pediatrician in Honolulu who routinely vaccinates my patients and am concerned about HB676, allowing pharmacists to vaccinate those 11 to 17 years of age against human papillomavirus. The reasons for this opposition are the following: • It is detrimental to the Medical Home in that my patients will be receiving vaccines from another health care provider without an established relationship. Receiving the HPV vaccine from their Medical Home provider is important since it is a 2-3 dose series of which we can assure followup. • Vaccinations is an important part of public health and the responsibility for making sure our keiki has these vaccinations should be primarily from their Medical Home or primary care physician. • Vaccinations is just one part of adolescent visit. Many other issues are addressed and discussed, including screening for obesity, depression, illicit drugs, and tobacco use. Having the patient receive vaccinations outside the Medical Home may give the impression to the parent that there is no need to see the physician for these important services. • Even having this done with a prescription can circumvent the Medical Home since any person (who is not the primary care physician) with prescriptive authority will be able to write a prescription. I want to thank you for listening to the pediatric community and to your commitment in improving the health of our children.

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**LATE**

Sarah Man – HB 676  
Sarahburkeman2000@yahoo.com

As your constituent, I testify to oppose HB 676.

HB 676 claims that by allowing pharmacists to administer the HPV vaccine in children between the ages of 11 and 17, the “incidence of infectious disease and cervical and other cancers will be reduced.” This statement is clearly false because of the nature of HPV virus and how the body naturally clears the majority of HPV infections without any outside intervention.

We need to restore integrity to the regulatory process of vaccine manufacturing and how and where they are administered. This is very personal as my daughter was severely injured on November 11, 2005 after receiving her MMR, flu and varicella shots all in one visit. She was one year and two weeks old at the time. Within months she lost eye contact, developed a hip click, became very ill and developed severe gastro intestinal problems. She is now 12 and severely developmentally delayed. 1 in 6 kids has a developmental delay. This isn't due to “better diagnosis” rather genetic susceptibility and environmental triggers.

The HPV-4 vaccine was “fast-tracked” through the FDA in 2006 under an Accelerated Approval process, where the vaccine was approved after 21 months of clinical trials instead of the scheduled 4 years. The long-term side effects of this vaccine are unknown.

Gardasil was not studied in children with health problems or in combination with all other vaccines routinely given to American adolescents, such as Tdap and meningococcal vaccines. Yet these vaccines are often given together according to the pediatric immunization schedule.

It is paramount that we look at age of exposure and synergistic toxicity. There is not one study of the cumulative effect of this current vaccine schedule.

I have serious concerns regarding evidence of fraud committed by the Centers for Disease Control and Prevention in their 2004 report referred to as the “DeStefano MMR study.”

Two years ago, this was revealed by Dr. William Thompson, a senior CDC scientist, who provided Congressman Bill Posey with thousands of documents that prove the CDC illegally covered-up studies that showed a clear link between the MMR vaccine and autism, especially in African American boys. Rep. Posey has repeatedly called for a full investigation of Thompson’s charges by the House Committee on Oversight and Government Reform (OGR). To date, however, neither Committee Chairman Jason Chaffetz nor Ranking Member Elijah Cummings has called for an investigation. Information on this situation can be found here:

- Legal statement by Dr. Thompson: <http://tinyurl.com/Dr-ThompsonStatement>

Additionally, as a parent I have significant concerns about the safety of vaccines, how and where they are administered and the exponential growth of chronic illness, especially autism, in this country.

My specific requests to you as my elected Representatives are:

- 1 )That your office encourages Congress to subpoena Dr. William Thompson and investigate the CDC fraud by inquiring into status with Rep. Chaffetz and the OGR
- 2 )That Congress repeal the 1986 National Childhood Vaccine Injury Act, and hold manufacturers liable for injury caused by their vaccines. The National Vaccine Injury Compensation Fund has paid out over 3.3 billion dollars in damages to families of children who have been injured by vaccines. I know this because we know some of these families quite well, my daughter has gone to school with them. As of September 1, 2015, there had been 295 claims filed in the federal Vaccine Injury Compensation Program (VICP) for injuries and deaths following HPV vaccination, including 13 deaths and 282 serious injuries.

3.) That all vaccines be classified as pharmaceutical drugs and tested accordingly.

President Thomas Jefferson said, “Knowledge is power, knowledge is safety and knowledge is happiness.” A lifelong champion of education and free thought, he ensured that freedom of religion, speech, and press be among the most important rights outlined in the First Amendment of the U.S. Constitution.

Yet, today in America, when we take the initiative to become educated about vaccination and infectious diseases, we are publicly labeled as “ignorant” and “selfish” if our newfound knowledge leads us to disagree with vaccine orthodoxy. Knowledge *is* power and, as a 19th century poet said so well, “doubt grows with knowledge.” So, it is no wonder that physician keepers of vaccine risk knowledge, secrets and myths are threatened in the 21st century by the people’s ability to gain free access to the Library of Medicine online and engage in uncensored conversations about vaccination.

My daughter will not be collateral damage for an untested, overly aggressive vaccine program. I cannot support HB 676. I have a duty and a conscience to do what is right for all patients, our ohana, especially our keiki, as they are our future. Thank you for your time.