

**SB**

**71**

<TARGET><BILL>SB 71</BILL><SUBJECT>SB  
71</SUBJECT><COMM>HFIN29</COMM></TARGET>

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# Fiscal Note

State of Alaska  
2015 Legislative Session

Bill Version:	SB 71
Fiscal Note Number:	1
(S) Publish Date:	3/20/2015

Identifier: SB071-DCCED-CBPL-03-13-15  
 Title: VACCINE CERTIFICATION FOR PHARMACISTS  
 Sponsor: GIESSEL BY REQUEST  
 Requester: (S) LABOR & COMMERCE

Department: Department of Commerce, Community and  
Economic Development  
 Appropriation: Corporations, Business and Professional  
Licensing  
 Allocation: Corporations, Business and Professional  
Licensing  
 OMB Component Number: 2360

**Expenditures/Revenues**

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2016 Appropriation Requested	Included in Governor's FY2016 Request	Out-Year Cost Estimates				
			FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
<b>OPERATING EXPENDITURES</b>							
Personal Services							
Travel							
Services	2.5						
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
<b>Total Operating</b>	<b>2.5</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**Fund Source (Operating Only)**

1156 Rcpt Svcs	2.5						
<b>Total</b>	<b>2.5</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**Positions**

Full-time							
Part-time							
Temporary							

<b>Change in Revenues</b>	2.5						
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**Estimated SUPPLEMENTAL (FY2015) cost:** 0.0 *(separate supplemental appropriation required)*  
*(discuss reasons and fund source(s) in analysis section)*

**Estimated CAPITAL (FY2016) cost:** 0.0 *(separate capital appropriation required)*  
*(discuss reasons and fund source(s) in analysis section)*

**ASSOCIATED REGULATIONS**

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? Yes  
 If yes, by what date are the regulations to be adopted, amended or repealed? 07/01/16

**Why this fiscal note differs from previous version:**

Not applicable, initial version.

Prepared By:	Janey Hovenden, Division Director	Phone:	(907)465-2536
Division:	Corporations, Business and Professional Licensing	Date:	03/13/2015 01:52 PM
Approved By:	Catherine Reardon, Director	Date:	03/13/15
Agency:	Division of Administrative Services, DCCED		

## FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2015 LEGISLATIVE SESSION

## Analysis

SB 71 expands the practice of pharmacists to include vaccination and administration of related emergency medication without a collaborative plan with a physician. The bill authorizes the Board of Pharmacy to establish training standards and independent-administration standards in regulation.

The bill augments the independence of pharmacists to administer vaccines and permits pharmacists to administer emergency medications in conjunction with administration of a vaccine, such as in the case of anaphylactic shock. This change would remove the need for a collaborative plan with a physician.

If this bill is passed, the division will require \$2.5 to cover legal costs to amend regulations, printing, and postage.

Professional licensing programs within the Division of Corporations, Business and Professional Licensing are funded by receipt supported services, fund source 1156 Rcpt Svcs (DGF). Licensing fees for each program are set per AS 08.01.065 so the revenue approximately collected equals the occupation's actual regulatory costs.

# Fiscal Note

State of Alaska  
2015 Legislative Session

Bill Version:	SB 71
Fiscal Note Number:	3
(S) Publish Date:	4/10/2015

Identifier: SB071-DHSS-MAA-04-07-15  
 Title: VACCINE CERTIFICATION FOR PHARMACISTS  
 Sponsor: GIESSEL BY REQUEST  
 Requester: Senate Labor & Commerce Committee

Department: Department of Health and Social Services  
 Appropriation: Health Care Services  
 Allocation: Medical Assistance Administration  
 OMB Component Number: 242

**Expenditures/Revenues**

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2016 Appropriation Requested	Included in Governor's FY2016 Request	Out-Year Cost Estimates					
			FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
<b>OPERATING EXPENDITURES</b>								
Personal Services								
Travel								
Services								
Commodities								
Capital Outlay								
Grants & Benefits								
Miscellaneous								
<b>Total Operating</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**Fund Source (Operating Only)**

None								
<b>Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**Positions**

Full-time								
Part-time								
Temporary								

<b>Change in Revenues</b>								
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**Estimated SUPPLEMENTAL (FY2015) cost:** 0.0 *(separate supplemental appropriation required)*  
*(discuss reasons and fund source(s) in analysis section)*

**Estimated CAPITAL (FY2016) cost:** 0.0 *(separate capital appropriation required)*  
*(discuss reasons and fund source(s) in analysis section)*

**ASSOCIATED REGULATIONS**

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? Yes  
 If yes, by what date are the regulations to be adopted, amended or repealed? 07/01/16

**Why this fiscal note differs from previous version:**

The Department of Health and Social Services has determined it can absorb any anticipated capital costs within its existing appropriation.

Prepared By: Margaret Brodie, Director  
 Division: Health Care Services  
 Approved By: Sarah Woods, Deputy Director Finance & Management Services  
 Agency: Health & Social Services

Phone: (907)334-2520  
 Date: 04/07/2015 10:30 AM  
 Date: 04/07/15

**REPORTED OUT OF  
SFC 04/10/2015**

## FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2015 LEGISLATIVE SESSION**Analysis**

This bill will give certified pharmacists authority to immunize Alaska adults and children without having to collaborate with an overseeing physician.

This bill does not require an operating appropriation. The department has determined that any anticipated costs can be absorbed within its existing appropriation. This bill would not be expected to result in increased costs due to additional vaccine utilization, because many pharmacies already have the ability to provide immunization services and receive reimbursement through a collaborative practice agreement.

However, the Medicaid program would be expected to incur costs resulting from changes needed to the claims processing system to accommodate the elimination of the collaborative practice agreements. Modifying the claims processing system to enroll these providers would result in a one-time development cost. Changes in federal Medicaid program rules resulting from the Affordable Care Act [42 CFR 455.410(b)] require all ordering, rendering, and referring providers to be enrolled with the Medicaid program. Currently pharmacists are not individually enrolled by Alaska Medicaid, the pharmacy is enrolled. Due to challenges with the claims processing system and upcoming federal mandates (e.g. ICD-10) it is not anticipated that the claims processing system would be able to accommodate enrolling pharmacists before 7/1/2016.

Regulations [7 AAC 120.110 (d)] would need to be changed to allow for the payment of vaccines independently prescribed and administered by an enrolled pharmacist. The current regulation restricts payment to vaccines administered by a pharmacist for whom the Board of Pharmacy has approved a collaborative practice agreement.

# ALASKA STATE LEGISLATURE

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State Capitol  
Juneau AK 99801-1182  
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North to the Future

**Senator Cathy Giessel**  
Senate District N

## **Senate Bill 71 Pharmacists and Immunization**

### **Sponsor Statement**

Currently, Alaska pharmacists require oversight by a medical doctor or nurse practitioner to oversee their immunization authority. SB 71 will give already-trained and certified pharmacists authority to immunize Alaska adults and children without having to contract with often hard-to-find doctors/nurse practitioners to oversee their immunization programs.

This bill will particularly help rural pharmacies increase their reach to populations who often see their pharmacist more often than a medical professional. Consumers would enjoy more flexibility with their schedules and cost savings by being able to access their local pharmacist for crucial immunizations.

SB 71 expands authority for Alaska pharmacists to independently administer all vaccines and would reduce burdensome collaborative practice agreements. Studies have shown that states in which pharmacists are granted broad authority to administer vaccines have higher immunization rates.

In 2013 Alaskan pharmacists administered over 13,000 flu vaccines and this legislation would significantly improve access to additional vaccinations and public health as a result. I ask for your support to expand the authority of pharmacists to independently administer vaccinations.

[Senator Cathy Giessel@akleg.gov](mailto:Senator_Cathy_Giessel@akleg.gov)

# LEGAL SERVICES

DIVISION OF LEGAL AND RESEARCH SERVICES  
LEGISLATIVE AFFAIRS AGENCY  
STATE OF ALASKA

(907) 465-3867 or 465-2450  
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Mail Stop 3101

State Capitol  
Juneau, Alaska 99801-1182  
Deliveries to: 129 6th St., Rm. 329

## MEMORANDUM

March 13, 2015

**SUBJECT:** Sectional summary (SB 71; Work Order No. 29-LS0591\W)

**TO:** Senator Cathy Giessel  
Attn: Jane Conway

**FROM:** Kathleen Strasbaugh  
Legislative Counsel

You have requested a sectional summary of the above bill. Please note that a sectional summary of a bill should not be considered an authoritative interpretation of the bill and the bill itself is the best statement of its contents. If you would like an interpretation of the bill as it may apply to a particular set of circumstances, please advise.

**Section 1** authorizes the Board of Pharmacy (board) to establish standards for the independent administration of vaccines and related emergency medications, including the completion of training.

**Section 2** permits a pharmacist to independently administer vaccines and related emergency medications if the pharmacist is in compliance with the board's standards. Defines "related emergency medication."

**Section 3** adds the independent administration of vaccines and related emergency medications to the definition of the "practice of pharmacy."

KJS:lnd  
15-215.lnd

- (2) a diagnosis and treatment plan for the diagnosis;
- (3) monitoring the patient for the primary condition that necessitates the drug, side effects of the drug, and results of the drug, as appropriate;
- (4) a record of drugs prescribed, administered, or dispensed, including the type of drug, dose, and any authorized refills.

Authority: AS 08.64.100 AS 08.64.107 AS 08.64.380

**12 AAC 40.980. COLLABORATING PHYSICIAN.** *Repealed 9/11/2007.*

**12 AAC 40.983. COOPERATIVE PRACTICE AGREEMENTS WITH PHARMACISTS.** (a) A physician may enter into a cooperative practice agreement with a pharmacist licensed under AS 08.80 as provided in this section. The initial agreement may not exceed two years and is subject to renewal under (j) of this section.

(b) A physician planning to enter into a cooperative practice agreement with a pharmacist must submit to the board a written proposed agreement that meets the requirements of this section. The proposed agreement must be approved by the board before cooperative practice under the agreement, if approved, begins. A proposed modification to an agreement must be submitted to the board for approval, before the modification, if approved, is implemented. The board will approve a proposed agreement or modification if it is medically appropriate and provides for the safety of the patient. If the board disapproves a proposed agreement or modification, the board shall state the reasons for its action.

(c) A cooperative practice agreement between a physician and a pharmacist must include

(1) the physician's authorization to a pharmacist or group of pharmacists to manage a patient's medication therapy;

(2) the full name, medical license number, date of issuance of license, and specialty, if any, of each physician who is a party to the agreement;

(3) the full name, place of employment, mailing address, pharmacist license number, and date of issuance of license, of each pharmacist who is a party to the agreement;

(4) a statement of the duration of the agreement, which may not exceed two years;

(5) the types of cooperative practice decisions that the physician is authorizing the pharmacist to make under the agreement, including

(A) types of diseases, medications, or medication categories involved and the type of cooperative authority to be exercised in each case; and

(B) procedures, decision criteria, or plans the pharmacist must follow when making therapeutic decisions, particularly when initiating or modifying medication;

(6) requirements that a pharmacist must follow when exercising cooperative authority, including documentation of decisions made, and a plan for communication and feedback to the physician concerning specific decisions made;

(7) a plan for the physician to review the decisions made by the pharmacist at least once every three months;

(8) a plan for providing to the physician patient records created under the agreement;

(9) a provision that allows the physician to override the agreement if the physician considers it medically necessary or appropriate;

(10) an acknowledgement that the physician will not receive any compensation from a pharmacist or pharmacy as a result of the care or treatment of any patient under the agreement;

(11) a prohibition on the administration or dispensing of any schedule I, II, III, or IV controlled substances.

(d) The physician, or a physician assistant under the supervision of the physician, must physically examine and evaluate a patient before that patient may be included under a cooperative practice agreement to which that physician is a party. The physician must issue a prescription or medication order for each patient valid for up to one year. The physician, or a physician assistant under the supervision of the physician, must conduct a physical examination of a patient at least once a year while that patient is included under a cooperative practice agreement to which that physician is a party. The requirements of this subsection do not apply to a cooperative practice agreement allowing the administration of emergency contraception, immunizations of persons 18 years of age or older, and those immunizations recommended to be given on a yearly basis by the United States Department of Health and Human Services Centers for Disease Control and Prevention.

(e) Only a physician in active practice in this state may enter into a cooperative practice agreement under this section. An authority authorized by a physician must be within the physician's current scope of practice.

(f) A physician who enters into a cooperative practice agreement shall keep a copy of the written agreement and the records of all patients treated under it during the period of the agreement. The physician shall retain the agreement and records required by this subsection for at least seven years after the termination of the agreement.

(g) A cooperative practice agreement is terminated upon written notice by either the physician or the pharmacist. The physician shall notify the board in writing within 30 days after an agreement is terminated.

(h) The board may periodically review cooperative practice agreements approved under this section.

(i) The requirements of this section do not apply to cooperative practice agreements adopted by the physicians on medical staff of a hospital or nursing facility licensed under AS 47.32 for treatment of patients of that facility.

(j) The physician may seek renewal of a cooperative practice agreement for additional two-year periods.

(k) Notwithstanding the requirements of (b) of this section, a physician who, before the effective date of this section, has entered into a collaborative practice agreement with a pharmacist that has been approved by the Board of Pharmacy under 12 AAC 52.240 and is still current, must obtain the board's approval of that agreement under this section within six months after this section takes effect. After that time, a physician may not participate in a cooperative practice agreement with a pharmacist except as allowed under this section.

(l) In this section, "cooperative practice agreement" means an agreement between a physician and a pharmacist by which a physician authorizes the pharmacist to manage a patient's medication therapy as specified in the agreement.

**Authority:** AS 08.64.100 AS 08.64.326

**12 AAC 40.985. GENERAL ANESTHETIC.** A commercially prepared mixture of 50 percent oxygen and 50 percent nitrous oxide, when self-administered by a patient as a part of the outpatient care provided by a licensed podiatrist, is an analgesic and not a general anesthetic referred to in AS 08.64.380(9)(B).

**Authority:** AS 08.64.100 AS 08.64.107 AS 08.64.380(9)

**12 AAC 40.986. WITHDRAWAL OF APPLICATION.** (a) An application for a permit or license may be withdrawn from consideration by the board at the applicant's request. To withdraw an application, the applicant must submit a request for withdrawal in writing signed by the applicant. The request for withdrawal must be received by the division no later than five business days before the board's meeting where the application is to be initially considered.

(b) The board will not approve a request for the withdrawal of an application under this section for an application that has been reviewed and considered by the board, or considered abandoned under 12 AAC 02.910.

(c) An application approved for withdrawal under this section will be reported to the Federation of State Medical Boards's Board Action Data Bank.

(d) An application that is approved for withdrawal under this section will be retained on file in the department for at least 10 years after the date of withdrawal and will be returned to the board if the applicant reapplies for a permit or license.

**Authority:** AS 08.64.100

**12 AAC 40.987. RETENTION OF ABANDONED APPLICATIONS.** (a) An application that is abandoned under 12 AAC 02.910 will be retained on file in the department for at least 10 years after the date of abandonment. If an applicant with an abandoned application reapplies for a permit or license, that abandoned application will be returned to the board for review and consideration.

(b) The application of an applicant who has been issued a temporary permit before abandoning the application under 12 AAC 02.910 will be reported to the Federation of State Medical Boards as denied without prejudice.

**Authority:** AS 08.01.050 AS 08.64.100

**12 AAC 40.990. DEFINITIONS.** (a) In this chapter

(1) "acceptable moral character" means having not been convicted of a felony or any morally reprehensible crime during the five years immediately preceding application;

(2) "board" means State Medical Board;

(3) "certified true copy" means a copy of a document that includes a statement of certification, signed under penalty of unsworn falsification before a notary public, that the document is a true copy of the original document;

(4) "collaborating physician" means a person who is actively licensed in the state as a physician or osteopath, who enters into a consultative relationship with a nonphysician health care provider who undertakes the practice of medicine, medical diagnosis and treatment;

(5) "collaborative relationship" means a consultative relationship between a physician and nonphysician health care provider which uses their respective areas of expertise to meet the common goal of providing comprehensive care for the patient;

(6) "department" means the Department of Commerce, Community, and Economic Development;

(7) "flex examination" means the written examination prepared by the Federation of State Medical Boards of the United States;

(8) "internship" means 480 hours of full-time supervised field training as a mobile intensive care paramedic;

(9) "mobile intensive care paramedic" means a physician-trained mobile intensive care paramedic as defined in AS 08.64.380(7);

(10) "NBME examination" means the written examination prepared by the National Board of Medical Examiners;

(11) "pharmacological agents" means saline, glucose, prostaglandins and pitocin;

(12) "physician" means a person licensed under AS 08.64 to practice medicine or surgery;

12 AAC 52.240. PHARMACIST COLLABORATIVE PRACTICE AUTHORITY. (a) A pharmacist planning to exercise collaborative practice authority in the pharmacist's practice by initiating or modifying drug therapy in accordance with a written protocol established and approved for the pharmacist's practice by a practitioner authorized to prescribe drugs under AS 08 must submit the completed written protocol to the board and be approved by the board before implementation.

(b) A written protocol must include

(1) an agreement in which practitioners authorized to prescribe legend drugs in this state authorize pharmacists licensed in this state to administer or dispense in accordance with that written protocol;

(2) a statement identifying the practitioners authorized to prescribe and the pharmacists who are party to the agreement;

(3) the time period during which the written protocol will be in effect, not to exceed two years;

(4) the types of collaborative authority decisions that the pharmacists are authorized to make, including

(A) types of diseases, drugs, or drug categories involved and the type of collaborative authority authorized in each case; and

(B) procedures, decision criteria, or plans the pharmacists are to follow when making therapeutic decisions, particularly when modification or initiation of drug therapy is involved;

(5) activities the pharmacists are to follow in the course of exercising collaborative authority, including documentation of decisions made, and a plan for communication and feedback to the authorizing practitioners concerning specific decisions made;

(6) a list of the specific types of patients eligible to receive services under the written protocol;

(7) a plan for the authorizing practitioners to review the decisions made by the pharmacists at least once every three months; and

(8) a plan for providing the authorizing practitioners with each patient record created under the written protocol.

(c) To enter into a written protocol under this section, practitioners authorized to prescribe must be in active practice, and the authority granted must be within the scope of the practitioners' practice.

(d) Unless the board is satisfied that the pharmacist has been adequately trained in the procedures outlined in the written protocol, the board will specify and require completion of additional training that covers those procedures before issuing approval of the protocol.

(e) Documentation related to the written protocol must be maintained for at least two years.

(f) The written protocol may be terminated upon written notice by the authorizing practitioners or pharmacists. The pharmacists shall notify the board in writing within 30 days after a written protocol is terminated.

(g) Any modification to the written protocol must be approved by the board as required by this section for a new written protocol.

(h) This section does not apply to participation, by a pharmacist practicing in an institutional facility, in drug therapy protocols and guidelines approved by the institutional facility's pharmacy and therapeutics committee or by another medical staff governing body of that institutional facility, if records related to the drug therapy protocols and guidelines are maintained and made available to the board upon request.

(i) A signed copy of the approved collaborative practice application and protocols must remain at the pharmacy location at all times.

12 AAC 52.250. JOB SHADOWING IN PHARMACY. (a) A pharmacist-in-charge or job shadowing preceptor of a pharmacy may allow job shadowing by a student in the pharmacy only as specified in this section.

(b) Before a student begins a job shadowing program under this section, the pharmacist-in-charge or job shadowing preceptor shall complete that portion of the job shadowing documentation form prescribed by the board, which includes the names of the pharmacy, the participating student, and the pharmacist-in-charge or job shadowing preceptor. The student and the pharmacist-in-charge or preceptor shall sign the form. The parent or guardian of the student shall also sign the form if the student is less than 18 years of age.

(c) The pharmacist-in-charge or, if applicable, the job shadowing preceptor shall familiarize the student with the confidentiality requirements of 45 C.F.R., Parts 160 and 164 (HIPAA) and ensure compliance with this section and the relevant sections of AS 08.80 and this chapter.

(d) A pharmacist-in-charge or job shadowing preceptor may not allow

(1) a student in a job shadowing program to

(A) receive any remuneration or other compensation;

(B) perform job shadowing for more than 50 hours;

(C) perform any functions reserved for licensed, certified, or registered pharmacy personnel;

(2) a ratio of job shadowing student to pharmacist-in-charge or job shadowing preceptor other than one to one.

(e) After completion of the job shadowing program by a student, the pharmacist-in-charge or job shadowing preceptor shall complete that portion of the job shadowing documentation form prescribed by the board where the pharmacist-in-charge or job shadowing preceptor provides the date and time in hours student was present and job



THE STATE  
of **ALASKA**  
GOVERNOR BILL WALKER

Department of Commerce, Community,  
and Economic Development

DIVISION OF CORPORATIONS, BUSINESS AND  
PROFESSIONAL LICENSING

P.O. Box 110806  
Juneau, Alaska 99811-0806  
Main: 907.465.2550  
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March 13, 2015

The Honorable Kathy Giessel  
State Senate  
Alaska State Capitol  
Room 427  
Juneau, AK 99801-1182

**RE: Resolutions for Immunization Bill SB71**

Dear Senator Giessel:

On behalf of Dirk White, RPh and the Board of Pharmacy I am submitting resolutions for the Immunization Bill SB71 that was introduced on Wednesday March 11, 2015.

WHEREAS: Alaska has some of the lowest immunization statistics in the nation.

WHEREAS: Immunization is a documented procedure to prevent the spread of communicable disease.

WHEREAS: Pharmacists improve access to, and provide a cost-effective means of vaccine delivery that can ultimately lower healthcare costs.

BE IT RESOLVED: That for the health and welfare of Alaskan citizens the Board of Pharmacy supports passage of legislation to allow Pharmacists as independent immunizers.

Thank you.

Regards,

Handwritten signature of Donna Bellino in cursive.

Donna Bellino,

Licensing Examiner, Alaska Board of Pharmacy



## Alaska Pharmacists Association

April 8, 2015

Senator Cathy Giessel  
Alaska State Capitol, Rm 427  
Juneau, Alaska 99801

RE: SB 71 Collaborative Practice Question

Dear Senator Giessel,

During the last hearing on SB 71 a question was raised regarding the costs for pharmacists/pharmacies for the collaborative practices agreements with prescribers (i.e. Physicians and Nurse Practitioners). While we have no set numbers from our membership, partially due to business confidentiality, we did receive input regarding this question. The responses ranged from no monetary charge because of pharmacist/provider relationship to rates ranging from \$50 to \$500 per prescriber. It is our understanding that it often depends on the number of pharmacists covered under the agreement. For example, if a chain store had 21 pharmacists under an agreement the prescriber may charge a fee for each time the pharmacist had to access the prescriber because of the time commitment involved.

All our responses indicated that gathering and submitting the required paperwork required a large time commitment and as we all know time is money! Additionally, delays in paperwork processing were also noted since the Board of Pharmacy only meets a few times a year to sign off on the agreements.

I hope this helps clarify the question raised. Unfortunately, at this time there is no standard rate associated with the agreements.

Sincerely,

Barry Christensen, RPh  
Co-Chair Legislative Committee

E-mail: [akphrmcy@alaska.net](mailto:akphrmcy@alaska.net)

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# Alaska Pharmacists Association

March 13, 2015

Senator Cathy Giessel  
State Capitol Room 427  
Juneau, AK 99801

RE: SB 71

Dear Senator Giessel:

I am writing in support of SB 71, "An act relating to the practice of pharmacy; and relating to the administration of vaccines and related emergency medications." SB 71 will give already-trained and certified pharmacists the authority to immunize Alaska adults and children without having to contract with doctors/nurses to oversee their immunization programs.

Currently, immunizing pharmacists in Alaska must operate under collaborative practice (CP) agreements approved by the Board of Pharmacy with a prescribing practitioner. SB 71 expands the authority for Alaskan pharmacists to independently administer all vaccines under the standards set forth by the Board of Pharmacy. SB 71 would also reduce the burdensome paperwork required with the current CP agreements. Alaska citizens have some of the lowest immunization rates in the entire country. Studies have shown that in States in which pharmacists are granted broader authority to administer vaccines have higher immunization rates.

As you are aware, immunizations offer a means by which the State of Alaska can not only keep its citizens healthier but also as to reduce healthcare costs. The Center of Disease Control has indicated that every \$1 spent on immunizations saves over \$10 in direct and indirect costs. This is especially important in light of Alaska's current negative fiscal situation.

Alaskan pharmacists are highly educated, trained professionals that have unique access to a large segment of the population as well as in rural areas of Alaska. Additionally, pharmacies offer greater access to immunizations during evening, weekend and holiday hours than other office based providers.

Our association is grateful for your advocacy on this important issue. Please feel free to contact me or the association office if you have any questions or concerns.

Sincerely,

Daniel Nelson  
President AKPhA

E-mail: [akphrmcv@alaska.net](mailto:akphrmcv@alaska.net)

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# Support Emails for SB 71

Submitted 3-19-15 from Senator Giessel's office

**From:** Glenn Schiff [mailto:Glenn@Chugachmiut.org]

**Sent:** Wednesday, March 18, 2015 10:26 AM

**To:** Sen. Cathy Giessel

**Subject:** Sen. bill 71

Dear Senator Giessel,

Support for Bill 71 is extremely important and you have my support. I work for the native health care out of Seward and take care of the villages of Tatitlek, Chenega Bay, Nanwalek and Port Graham. Villages do not have very good vaccination rates and this Bill would help increase the vaccine percentages of our patients.

Glenn Schiff, RPh

North Star Pharmacy

PO Box 2088, 201 3<sup>rd</sup> Avenue, Suite 201, Seward, AK 99664

(907) 224-4907, (907) 224-5870 fax

[glenn@chugachmiut.org](mailto:glenn@chugachmiut.org)

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Alaska Pharmacist-Immunizers can increase Access and Lower costs

Immunizations reduce the risk of infection by working with the body's natural defenses to help it safely develop immunity to vaccine preventable diseases. Community pharmacists are uniquely positioned to increase immunization rates in Alaska for vaccine-preventable diseases. This is important since the Center for Disease Control (CDC) has indicated that each year approximately 50,000 U.S. adults die from such diseases and their complications (with influenza-related illness accounting for over 70% of such deaths). Additionally, the CDC also has indicated that every \$1 spent on immunizations save over \$10 in direct and indirect societal costs, resulting in aggregate savings of more than \$69 billion in the U.S.

AKPhA supports efforts to expand authority for Alaskan pharmacists to administer all vaccines according to CDC recommendations by reducing burdensome collaborative practice agreements. Studies have shown that states in which pharmacists are granted broad authority to administer vaccines have higher immunization rates.

Key Facts:

- Most pharmacists are already trained to give vaccinations. Certification is part of pharmacy school curricula and over 250,000 pharmacists have been trained to administer vaccinations in the US.
- In 2013 Alaskan community pharmacists administered over 17,000 vaccinations.
- Pharmacies offer greater access to receive immunizations during evening, weekend and holiday hours than other office based providers.
- Pharmacist can provide a cost-effective means of vaccine delivery that can help lower overall healthcare costs.

The recent outbreak of measles cases in the United States has highlighted the need for continued emphasis on the benefits of vaccinations. Pharmacists are highly educated, trained professionals that have unique access to a large segment of the population as well as in rural areas of Alaska. Legislation that would allow Alaskan pharmacists to administer all vaccines, per CDC recommendations, would significantly improve access to vaccinations and public health as a result. We ask for your support to expand the authority of pharmacists to independently administer vaccinations.

In support,

Terry Pollard

---

Dear Senator Cathy Giessel,

I am writing to encourage support for the independent pharmacist immunization bill. Establishment of standards for independent administration of vaccines and related emergency medications will increase access to vaccines for the public while lowering costs. If there was ever an outbreak, pharmacist could be called on to rapidly vaccinate the public and stop the outbreak.

Sincerely,

Nancy Frei, PharmD  
713-444-9885  
[frei@prodigy.net](mailto:frei@prodigy.net)



NATIONAL ASSOCIATION OF  
CHAIN DRUG STORES

March 13, 2015

Senator Cathy Giessel  
Vice-Chair Senator Health and Social Services Committee  
Alaska State Senate  
Juneau, Alaska

RE: Senate Bill 71-Pharmacists independent immunizations

Dear Senator Giessel,

On behalf of the members of the National Association of Chain Drug Stores (NACDS), I would like to thank you for sponsoring legislation to allow pharmacists to independently prescribe and administer immunizations in the State of Alaska. NACDS members in Alaska operate 62 pharmacies, employ over 7,400 full and part-time employees and pay over \$8 million a year in state taxes.

In 2012, only 1.2% of Alaskans were immunized for influenza, ranking 49<sup>th</sup> out of 51 in the country. Pharmacists receive training and a certificate in the prescribing and administering of all the immunizations approved by the CDC down to the age of three through a CDC approved training program provided through the American Pharmacists Association. Pharmacy students also have immunization training and receive a certificate as part of their curriculum. As part of their education, pharmacists also trained to deal with any potential adverse reactions. In addition, pharmacists can receive special training to administer travel vaccines such as yellow fever for which they will need a Department of Health certificate.

In 2013 over 17,800 immunizations were administered in community pharmacies (Data are from Source ® PFAST Prescription Monthly, calendar year 2013). We are encouraged by Senate Bill 71 that many additional, needed vaccines will be administered in local boroughs and villages by pharmacists to patients and families that may otherwise go unimmunized. We believe by removing the collaborative agreement requirement we will be able to streamline the administration of vaccines.

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

Sincerely,  
Lis Houchen  
[lhouchen@nacds.org](mailto:lhouchen@nacds.org)  
360.480.6990

Senator Giessel and members of  
the Senate Labor and Commerce Committee.

Senator Giessel,

3/13/15

Thank you for sponsoring and taking up SB71. This is an important piece of legislation. This bill recognizes the education and capacities of your local pharmacist, the fact that far too few citizens in Alaska get immunized, that pharmacist and pharmacies are the most accessible members of the health care team, that the current methods that allow pharmacists to vaccinate currently are too encumbering, that the State of Alaska can do a better job, and public health is potentially improved with pharmacist becoming more involved. Please pass this important piece of legislation. Please pass SB71.

Thank you for your time.

Gerald KW Brown  
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NABP # 0200496    NPI # 1881776664

March 13, 2015

Senator Cathy Giessel  
State Capitol Room 427  
Juneau, AK 99801  
RE: SB 71

Dear Senator Giessel:


I am writing in support of SB 71, "An act relating to the practice of pharmacy; and relating to the administration of vaccines and related emergency medications." SB 71 will give already-trained and certified pharmacists the authority to immunize Alaska adults and children without having to contract with doctors/nurses to oversee their immunization programs.

I am a second generation Alaskan pharmacist. Together my father and I have served the residents of southern southeast Alaska for over 50 years. Island Pharmacy is Ketchikan's only professional clinic pharmacy and works closely with the prescribers in our area in offering specialized services such as compounding, mediset fillings, and durable medical equipment. Please note I did not list immunizations as a service even though we have two certified pharmacists capable of doing so.

The primary reason we have not offered immunizations is that I have not felt comfortable in asking an already overburdened practitioner community to go thru the lengthy paperwork arrangement required under the current collaborative practice arrangement. SB 71 would allow our pharmacy to start offering immunizations which our patients have been asking us to provide for several years.

I appreciate your advocacy on this important issue. It is my hope that SB71 is passed so that pharmacies such as ours can utilize our trained pharmacists to help provide for healthy Alaskans in our communities.

Sincerely,



Barry D. Christensen, RPh

Ron's Apothecary Inc.

P.O. Box 32007

Juneau, AK 99803

(907)789-0458 voice (907)789-1356 fax

March 13, 2015

Senator Cathy Giessel  
State Capitol Room 427  
Juneau AK 99801

Dear Senator Giessel,

I thank you for your support of and sponsorship of Senate Bill No. 71. With Alaska on the low end of the scale for flu vaccinations for the citizens of the state (we were 49th in 2012), this bill will help to further increase vaccination rates within the state.

Most pharmacists are trained to administer vaccines and serve as a resource on vaccine administration and schedules. Immunization certification is now a part of pharmacy school curricula. Pharmacists are educated and trained professionals that have access to a large segment of the population including rural areas of the state. By eliminating the collaborative practice requirement we have eliminated one more obstacle to making vaccinations readily available to all Alaskans from all areas of the State.

I thank you for helping Pharmacists provide a cost-effective means of vaccine delivery that will help increase healthcare and at the same time help lower overall healthcare costs.

Sincerely,

Scott Watts R.Ph.  
Pharmacist  
Juneau Alaska

March 23, 2015

Senator Cathy Giessel  
State Capitol  
Juneau AK 99801-1182

Dear Senator Giessel:

RE: Senate Bill 71: Pharmacists and Vaccines

Thank you for sponsoring Senate Bill 71. As a community pharmacist who has practiced in Alaska for over 40 years, I am very supportive of allowing pharmacists, with the proper training and certification, to administer immunizations without the oversight of a medical doctor or nurse practitioner. Since many of us work in community pharmacies that are open in the evening and on weekends, we are accessible and available. Also, we see patients more often than other practitioners because they return to the pharmacy to refill their prescriptions, shop for health care sundries, or, perhaps, just come to visit or seek advice. We can encourage them to receive their necessary immunizations and administer them immediately if needed. By allowing pharmacists to independently administer vaccines, more pharmacies will offer the service to their patients and more Alaskans will be immunized.

Margaret D. Soden, RPh  
PO Box 61328  
Fairbanks AK 99706-1328  
margaretdsoden@gmail.com

Adele Garrison  
PO Box 35935  
Juneau, AK 99803

Senator Giessel:

#### **Alaska Pharmacist-Immunizers can increase access and lower healthcare costs**

Immunizations reduce the risk of infection by working with the body's natural defenses to help it safely develop immunity to vaccine preventable diseases. Community pharmacists are uniquely positioned to increase immunization rates in Alaska for vaccine-preventable diseases. This is important since the Center for Disease Control (CDC) has indicated that each year approximately 50,000 U.S. adults die from such diseases and their complications (with influenza-related illness accounting for over 70% of such deaths). Additionally, the CDC also has indicated that every \$1 spent on immunizations save over \$10 in direct and indirect societal costs, resulting in aggregate savings of more than \$69 billion in the U.S.

AKPhA supports efforts to expand authority for Alaskan pharmacists to administer all vaccines according to CDC recommendations by reducing burdensome collaborative practice agreements. Studies have shown that states in which pharmacists are granted broad authority to administer vaccines have higher immunization rates.

#### **Key Facts:**

- Most pharmacists are already trained to give vaccinations. Certification is part of pharmacy school curricula and over 250,000 pharmacists have been trained to administer vaccinations in the US.
- In 2013 Alaskan community pharmacists administered over 17,000 vaccinations.
- Pharmacies offer greater access to receive immunizations during evening, weekend and holiday hours than other office based providers.
- Pharmacist can provide a cost-effective means of vaccine delivery that can help lower overall healthcare costs.

The recent outbreak of measles cases in the United States has highlighted the need for continued emphasis on the benefits of vaccinations. Pharmacists are highly educated, trained professionals that have unique access to a large segment of the population as well as in rural areas of Alaska. Legislation that would allow Alaskan pharmacists to administer all vaccines, per CDC recommendations, would significantly improve access to vaccinations and public health as a result. We ask for your support to expand the authority of pharmacists to independently administer vaccinations.

Thank you so much for your continued support.

Sincerely,

Adele Garrison

March 16, 2015

Senator Cathy Giessel  
Vice-Chair Senator Health and Social Services Committee  
Alaska State Senate  
Juneau, Alaska

RE: Senate Bill 71-Pharmacists independent immunizations

Dear Senator Giessel,

On behalf of Safeway/Carrs pharmacies, I would like to thank you for sponsoring legislation to allow pharmacists to independently prescribe and administer immunizations in the State of Alaska. We operate 24 licensed pharmacies in Alaska and have found this to be a valuable patient service that we offer in our locations across the country. Prevention of disease in Alaska's citizens is a top priority for our pharmacists.

Initially, pharmacists' vaccination efforts focused on seasonal influenza programs for adults. Today, pharmacists' services have expanded to offer year-round vaccines across the life span. When pharmacists began their immunization activities a few decades ago, many states did not allow pharmacists to immunize. That is no longer the case. As of July 2009, pharmacists in all 50 states, Puerto Rico, and the District of Columbia have the authority to administer vaccines to varying degrees.

However, state-level limitations on a pharmacist's authority to immunize remain, such as restrictions based on the necessity of a collaborative agreement with a physician. Pharmacists in Alaska are currently administering all vaccines under such an agreement except Yellow Fever, which requires a state issued stamp to administer. Pharmacists in Alaska do not currently qualify to apply for this stamp. Alaska is also just one of 14 states that do not allow pharmacy students to immunize under the supervision of a pharmacist. These practices limit the ability of our pharmacists to fully care for patients at the top of their licensure and within their scope of practice.

We urge Alaska to join the growing number of states that are granting independent authority to prescribe and administer vaccines to pharmacists, America's most trusted and accessible health care provider.

- Immunization rates in Alaska are not where we would like them to be. Raising these rates is an urgent public health issue, especially in light of recent disease outbreaks across the country. Removing barriers between providers and patients should be a priority.

- Nationwide, pharmacists have been immunizing since 1994. As of 2013, 230,000 pharmacists and students have completed the APhA training alone. This training prepares pharmacists to make independent recommendations and assess patients' vaccine status. These providers need to be maximized whenever possible. The pharmacy is becoming a more frequent destination to obtain vaccination. More than 20% of patients getting vaccinated now seek vaccinations in pharmacies. Research has found that parents are supportive of pharmacists vaccinating their children and that immunization rates for children increase with pharmacist involvement. (Deshpande M, Schauer J, Mott DA, et al. Parents' perceptions of pharmacists as providers of influenza vaccine to children. J Am Pharm Assoc. 2013;53:488-95.)
- Our pharmacists in Alaska already report vaccines to VacTrAK, a registry where any provider can see which vaccines a patient has received. This would eliminate the necessity of reporting to a collaborative agreement physician.
- Pharmacists are well versed in the emergency medicine treatments required to be on hand for this type of service.

In summary, removing the barriers that prevent pharmacists from independently prescribing and administering vaccines will benefit Alaskan citizens by improving access to critical preventative care and reduce the burden on all providers for treating these diseases.

Sincerely,  
Amy Valdez  
Amy.valdez@safeway.com  
503-657-6348