

Department of Legislative Services
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FISCAL AND POLICY NOTE
 Revised

Senate Bill 401 (Senator Dyson)
 Education, Health, and Environmental Affairs Health and Government Operations

Pharmacists - Administration of Vaccinations - Expanded Authority and Reporting Requirements

This bill expands the authority of pharmacists to administer vaccinations and modifies vaccination reporting requirements. The Secretary of Health and Mental Hygiene is required to conduct and report on a specified study.

Fiscal Summary

State Effect: General fund expenditures increase by \$60,400 for the Department of Health and Mental Hygiene (DHMH) beginning in FY 2014 to provide additional personnel to support ImmuNet, to which all vaccinations will be reported under the bill. The bill’s study and reporting requirements can be handled with existing budgeted resources. Future years reflect annualization, elimination of one-time only costs, and inflation. No effect on revenues.

(in dollars)	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	60,400	71,200	74,500	78,100	81,700
Net Effect	(\$60,400)	(\$71,200)	(\$74,500)	(\$78,100)	(\$81,700)

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate effect

Local Effect: None.

Small Business Effect: Meaningful to small business pharmacies from additional reimbursement for administration of vaccinations. Conversely, potentially meaningful to other health care providers that currently administer vaccinations and may administer fewer vaccinations under the bill.

Analysis

Bill Summary: For individuals age 11 to 17, a pharmacist may administer a vaccination listed in the U.S. Centers for Disease Control and Prevention's (CDC) recommended immunization schedule if the individual has a prescription from an authorized prescriber.

For adults, a pharmacist may administer a vaccination listed in CDC's recommended immunization schedule or *Health Information for International Travel* if the vaccination is administered under a written protocol that (1) is vaccine specific and (2) meets criteria established in regulation by DHMH, in consultation with the boards of pharmacy, physicians, and nursing. A prescription is not required to administer these vaccinations to an individual age 18 or older.

The bill repeals the requirement that pharmacists report any influenza vaccination administered to an individual age 9 to 18 to the Maryland Immunization Registry. Instead, a pharmacist must report *all* vaccinations administered to ImmuNet. If the vaccination is administered in accordance with a prescription, pharmacists must document at least one effort to inform the authorized prescriber that the vaccination was administered. If the authorized prescriber is not the individual's primary care provider or the vaccination is not administered in accordance with a prescription, pharmacists must document at least one effort to inform the individual's primary care provider or other usual source of care that the vaccination was administered. Pharmacists are not required to inform an individual's primary care provider or other usual source of care about the administration of an influenza vaccination.

The bill also repeals the requirement that the boards of pharmacy, physicians, and nursing meet annually to jointly develop, adopt, and review regulations to provide for patient safety regarding vaccinations administered by pharmacists.

The Secretary of Health and Mental Hygiene is required to study the feasibility and desirability of requiring all health care providers who administer vaccinations to report the vaccinations to ImmuNet. By January 1, 2014, the Secretary must submit the findings and recommendations of the study to the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee.

Current Law: The practice of pharmacy includes administering vaccinations under specified circumstances. Per Chapters 559 and 560 of 2011 (SB 845/HB 986), licensed pharmacists may administer an influenza vaccination to an individual who is at least nine years old, provided the vaccination is administered in accordance with regulations adopted by the State Board of Pharmacy in consultation with DHMH. A pharmacist must

report any influenza vaccination administered to an individual age 9 to 18 to the Maryland Immunization Registry.

Pharmacists may administer to adults (with a prescription from a physician) a vaccination for pneumococcal pneumonia, herpes zoster, or any other vaccination that has been determined by the State Board of Pharmacy, with the agreement of the State Board of Physicians and the State Board of Nursing, to be in the best health interests of the community. The vaccination must be administered in accordance with board regulations. A pharmacist must inform the prescribing physician that the vaccination has been administered and, if the prescribing physician is not the individual's primary care physician, make a reasonable effort to inform the primary care physician that the vaccination was administered.

To qualify to administer vaccinations, a pharmacist must (1) submit a registration form to the State Board of Pharmacy that verifies that the pharmacist has successfully completed a certification course approved by the board that included instruction in the guidelines and CDC recommendations regarding vaccinations and (2) be certified in basic cardiopulmonary resuscitation through in-person classroom instruction.

Background: As of December 2012, 2,135 pharmacists were approved by the State Board of Pharmacy to administer vaccinations. There are 1,275 pharmacies in Maryland.

According to the American Pharmacists Association, as of January 2011, 36 states (including Delaware, Pennsylvania, and Virginia) authorize pharmacists to administer any vaccination. A prescription may be required for some vaccines. Twenty-one states specifically require vaccinations administered by pharmacists to be administered according to specific protocols, while 3 states require a prescription, and 23 states require a protocol or a prescription.

CDC's *Recommended Immunization Schedule for Persons Aged 7 Through 18 Years – United States, 2013* includes tetanus, diphtheria, and pertussis (Tdap); human papillomavirus vaccine (HPV); meningococcal; influenza; pneumococcal; hepatitis A; hepatitis B; inactivated poliovirus; measles, mumps, and rubella (MMR); and varicella. CDC's *Recommended Adult Immunization Schedule – United States, 2013* includes influenza, Tdap, varicella, HPV, zoster, MMR, pneumococcal, meningococcal, hepatitis A, and hepatitis B.

According to CDC, only two vaccinations are *required* for travel – yellow fever for travel to certain countries in sub-Saharan Africa and tropical South America and meningococcal for travel to Saudi Arabia during the Hajj (or pilgrimage to Mecca). Other vaccinations are recommended by CDC in its publication *Health Information for International Travel* (commonly known as *The Yellow Book*) to protect international travelers from illness and

prevent the importation of infectious diseases across international borders. The specific vaccinations recommended depend on the traveler's destination and other factors. The most common vaccinations considered for travelers include hepatitis A, hepatitis B, Japanese encephalitis (JE), meningococcal, polio (adult booster), rabies, typhoid fever, and yellow fever.

Chapter 412 of 2001 (SB 626) established ImmuNet, Maryland's immunization registry. ImmuNet is a computerized information and reminder system used to improve the timely and appropriate delivery of immunizations; provide a coordinated network for reminder notices when immunizations are due; provide and collect information to be shared by authorized users; and provide a quality indicator for insurers, health care providers, and public health purposes. ImmuNet is a web-based database that is free to all Maryland vaccination providers and is an "opt-out" system; therefore, all immunization information can be entered unless a parent completes a data-sharing refusal form to make his or her child's record inaccessible.

According to DHMH's Prevention and Health Promotion Administration, within the next few months approximately 30% of Maryland pharmacies will be reporting vaccinations to ImmuNet (predominately large chain pharmacies). DHMH anticipates that most of the remaining pharmacies will choose to provide (or continue to provide) vaccinations and thus, under the bill, will now be required to report all vaccinations to ImmuNet. DHMH advises that existing ImmuNet staff cannot enroll and support additional users. DHMH has been working with pharmacies and other health care providers to provide for electronic communication between providers' electronic health records and ImmuNet and expects that, within two years, the electronic interface will provide much more robust use of ImmuNet, with or without the bill.

State Expenditures: General fund expenditures increase by \$60,434 in fiscal 2014, which accounts for the bill's October 1, 2013 effective date. This estimate reflects the cost of hiring two additional personnel to support ImmuNet. A part-time (50%) database specialist is needed to implement data exchange interfaces between ImmuNet and pharmacy data systems and/or electronic health records and maintain data fields used by pharmacists. A part-time (50%) administrative officer is needed to establish additional ImmuNet accounts, receive and resolve questions relating to ImmuNet access and utilization, and train pharmacists on data input. The estimate includes salaries, fringe benefits, one-time start-up costs, and ongoing operating expenses.

Positions (Full-time equivalent)	1.0
Salaries and Fringe Benefits	\$50,773
One-time Start-up Costs	9,230
Other Operating Expenses	<u>431</u>
Total FY 2014 DHMH Expenditures	\$60,434

Future year expenditures reflect full salaries with annual increases and employee turnover as well as annual increases in ongoing operating expenses.

Additional Information

Prior Introductions: Similar bills, SB 408 and HB 561 of 2012, would have authorized pharmacists to administer any vaccinations in CDC's recommended immunization schedule or *Health Information for International Travel* to individuals who are at least nine years old provided the vaccinations were administered in accordance with regulations adopted by the State Board of Pharmacy, in consultation with DHMH. SB 408 received a hearing in the Senate Education, Health, and Environmental Affairs Committee, but no further action was taken. HB 561 received an unfavorable report from the House Health and Government Operations Committee.

Cross File: HB 179 (Delegate Hubbard, *et al.*) - Health and Government Operations.

Information Source(s): American Pharmacists Association, U.S. Centers for Disease Control and Prevention, Department of Health and Mental Hygiene, Department of Legislative Services

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