



HEIN GOVERNMENTAL CONSULTING, LLC

5845 SW 29th Street Topeka, KS 66614-2462
Phone 785-273-1441 Fax 785-273-9243 WWW.HEINGC.COM

Testimony re: HB 2030
House Health and Human Services Committee
Presented by Ronald R. Hein
on behalf of
Kansas Association of Chain Drug Stores
January 23, 2017

Mr. Chairman, Members of the Committee:

My name is Ron Hein, and I am legislative counsel for the Kansas Association of Chain Drug Stores which is the Kansas affiliate of the National Association of Chain Drug Stores. The NACDS represents 15 companies operating over 329 stores, employing over 29,600 full and part-time employees, and paying over \$459 million in state taxes.

KACDS strongly supports HB 2030. We requested this legislation.

The Centers for Disease Control and Prevention (CDC) reports that vaccines have reduced or eliminated many infectious diseases that once routinely killed or harmed thousands each year. Still, many Americans do not receive recommended vaccines. Community pharmacists in particular are valuable, yet underutilized members of the health care team who have an important role in improving immunization rates. As the face of neighborhood health care, community pharmacies and pharmacists provide accessible and cost-effective health services including immunizations to their local communities. Highly educated to provide patient care services, pharmacists are well-suited to help states increase their vaccination rates and further reduce the incidence of vaccine preventable diseases.

Pharmacists have been shown to increase overall vaccine rates. Studies indicate that states that allowed pharmacists to provide immunizations to older adults had higher rates of vaccination than states that did not allow pharmacists to provide immunizations. The data shows that pharmacists were not just shifting patient populations from medical clinics into pharmacies, but were actually identifying new, previously unvaccinated populations for immunization.

Pharmacists complement other healthcare professional efforts to increase vaccine rates by reaching populations less likely to be seen by clinicians. The CDC reports that individuals whose last routine medical checkup was over one year ago were more likely to receive vaccinations in a nonmedical setting than those whose last routine medical checkup was more recent. Considering this fact, the availability of immunizations in nonmedical settings such as pharmacies can actually complement other health care professional efforts to provide vaccines to individuals who do not routinely visit their doctor.

Community pharmacies offer a convenient option for the public to obtain their vaccines.

The convenience factor appeals to the public and has led to increased vaccination rates for adults and adolescents in particular. Patients younger than 18 years of age received vaccinations during these "off-clinic hours" more than any other age-group in the study.

Pharmacists can help to increase overall vaccine rates in the adolescent population whose vaccination needs have not been adequately met through the current health care system.

According to an article published in the official journal of the American Academy of Pediatrics, the current health care system has not adequately met the vaccination needs of the adolescent population in the United States over the years. However, overall vaccine rates could be increased through complementing the efforts of primary care physicians with efforts to deliver vaccines in other health care settings that adolescents tend to frequent (such as pharmacies).

Expanding pharmacists' vaccination authority can lead to decreased health care costs for consumers, health insurers, and other third party payors, including Medicaid. As noted by the Department of Defense in a 2011 final rule expanding the portfolio of vaccines that TRICARE beneficiaries may obtain from community pharmacies, significant savings were achieved under the TRICARE program when the program was first implemented to allow beneficiaries to obtain flu and pneumococcal vaccines from retail pharmacies. It was estimated that for the first six months that beneficiaries could obtain their vaccinations from pharmacists, 18,361 vaccines for H1N1, flu and pneumococcal were administered at a cost of nearly \$300,000; had those vaccines been administered under the medical benefit, the cost to TRICARE would have been \$1.8M. Clearly this represents significant health care savings, which one would expect to be amplified and replicated if pharmacists were allowed under state laws to provide a broader portfolio of vaccines and/or immunize a broader patient population. (This would be on top of savings that would result from fewer hospitalizations and lost days at work due to more patients obtaining immunizations.) The Department of Defense opted to expand the types of vaccines that TRICARE beneficiaries may obtain from community pharmacies to include all CDC-recommended vaccines.

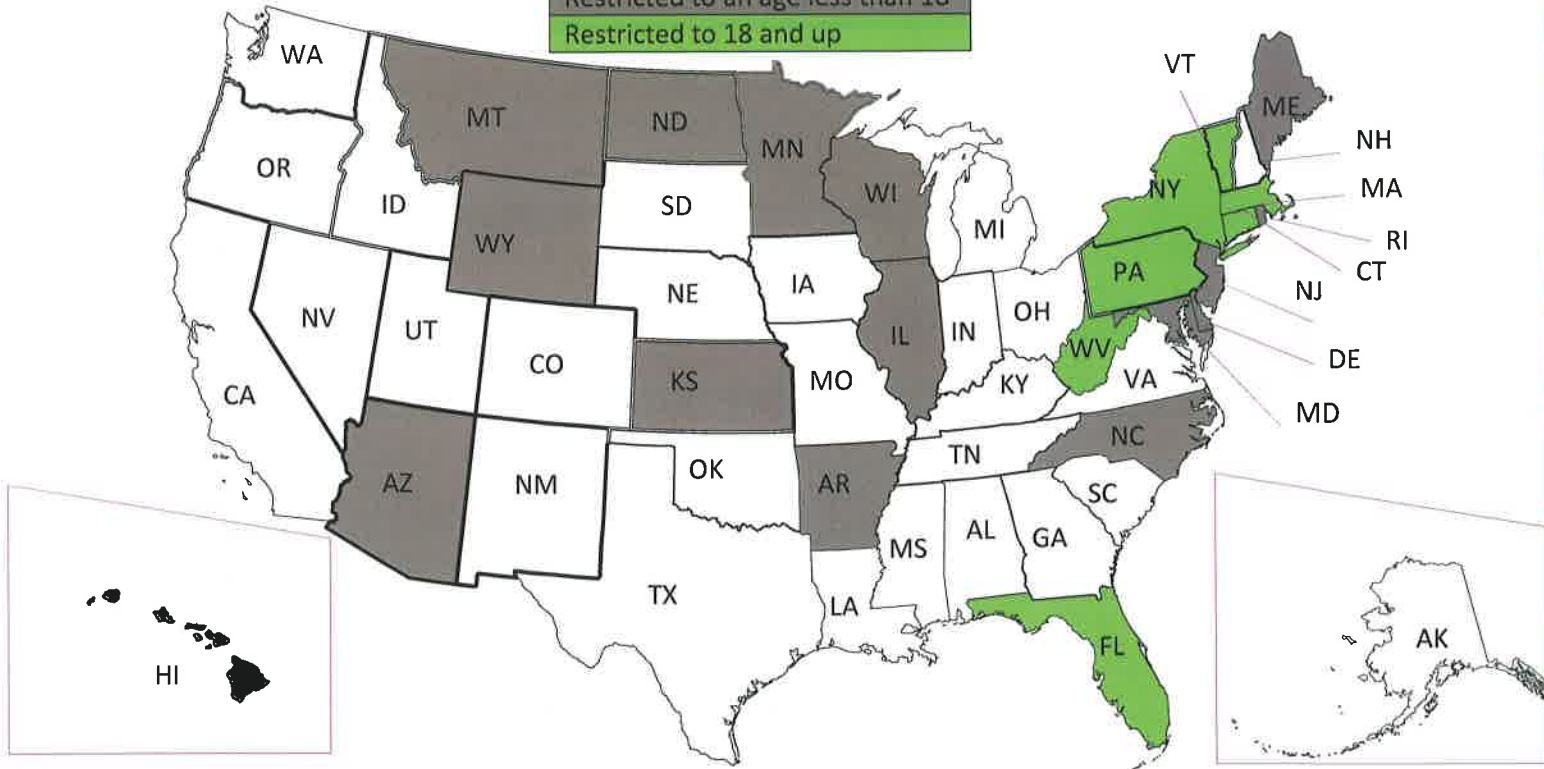
Pharmacists receive training and certification in prescribing and administering of all the immunizations approved by the CDC down to the age of three through a CDC approved training program provided through the American Pharmacists Association. Pharmacy students also have immunization training and receive a certificate as part of their curriculum. As part of their education, pharmacists are also trained to deal with any potential adverse reactions.

We believe HB 2030 will increase needed vaccines for patients and families that would otherwise not be immunized. We believe by lowering the age, more families will take advantage of immunizations at their local pharmacy.

For additional information, please see the vaccine data on the chart attached.

Thank you for permitting me to submit this testimony, and I will be happy to yield to questions.

Vaccination Authority ^[1]
Any Age
Restricted to an age less than 18
Restricted to 18 and up



% Vaccinated Teens (2015) ^[2,3,4,5,6]	US Avg	Kansas	Colorado	Nebraska
Measles, Mumps and Rubella	90.7	87.6 (43 rd)	92.3 (22 nd)	92.2 (24 th)
Varicella	86.1	85.8 (31 st)	93.1 (11 th)	90.7 (16 th)
Tetanus, Diphtheria, and Pertussis	86.4	87.3 (26 th)	93.3 (5 th)	87.7 (24 th)
Hepatitis B	91.1	86.8 (44 th)	93.2 (20 th)	92.5 (27 th)
Meningitis	81.3	63.7 (47 th)	85.6 (19 th)	78.1 (29 th)
3 HPV Doses - Females	41.9	31.7 (45 th)	46 (18 th)	48.2 (12 th)
3 HPV Doses - Males	28.1	18.5 (48 th)	37.1 (12 th)	32.2 (18 th)
Influenza	43.8	38.7 (37 th)	44.9 (27 th)	47.4 (17 th)
Statutory Pharmacist Vaccination Limits		(18+)	None	None

*Missouri excluded as higher margin of error suggests a smaller sample size.

Citations

1. Weaver, Krystalyn K., PharmD. *Pharmacist-administered Immunizations: What Does Your State Allow?* American Pharmacist Association, 1 Oct. 2015.
2. *Measles, mumps, and rubella (MMR) vaccination coverage among adolescents 13-17 years by State, HHS Region, and the United States, National Immunization Survey-Teen (NIS-Teen), 2015.* Centers for Disease Control and Prevention, 25 Aug. 2016.
3. *Varicella Vaccination Coverage (with and without History Disease) Vaccination Coverage among Adolescents 13-17 Years by State, HHS Region, and the United States, National Immunization Survey-Teen (NIS-Teen), 2015.* Centers for Disease Control and Prevention, 25 Aug. 2016.
4. Reagan-Steiner S, Yankey D, Jeyarajah J, et al. *National, Regional, State, and Selected Local Area Vaccination Coverage Among Adolescents Aged 13–17 Years — United States, 2015.* MMWR Morb Mortal Wkly Rep 2016;65:850–858.
5. *Hepatitis B (HepB) vaccination coverage among adolescents 13-17 years by State, HHS Region, and the United States, National Immunization Survey-Teen (NIS-Teen), 2015.* Centers for Disease Control and Prevention, 25 Aug. 2016.
6. *Flu Vaccination Coverage, United States, 2015-16 Influenza Season.* Centers for Disease Control and Prevention, 29 Sept. 2016.