March 18, 2015

TO: MEMBERS OF THE SENATE HEALTH CARE COMMITTEE

FROM: OREGON STATE PHARMACY ASSOCIATION & OREGON SOCIETY OF HEALTH-SYSTEM PHARMACISTS

RE: TESTIMONY IN SUPPORT OF SB 520

The Oregon State Pharmacy Association (OSPA) and the Oregon Society of Health-System Pharmacists urge your support of SB 520 which would lower the patient age to seven for pharmacists to administer vaccinations. Initially, pharmacists' vaccination efforts focused on seasonal influenza programs for adults. Today, pharmacists' services are expanding 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 age of the patient or the type of vaccine being administered.

Currently, pharmacists in 22 states may administer vaccines to patients of any age. Other states have age requirements for pharmacists' vaccination authority, ranging from patients as young as 5 years of age in North Dakota, to patients at least 19 years of age in Wyoming. 33 states allow pharmacists to vaccinate under the age of 11, the current age allowed in Oregon.

<u>Points to consider in expanding pharmacist administered vaccines by lowering minimum age to 7</u>

- Immunization rates in Oregon 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.

- Nationwide, pharmacists have been immunizing since 1994. As of 2013, 230,000 pharmacists and students have completed the APhA training alone. 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.)

- The gold standard training program contains content related to vaccinating children and assessing vaccination needs across the lifespan. The Board of Pharmacy approves training programs for pharmacists as stated in rule 855-019-0270.

- Pharmacists are only trained to vaccinate IM in the deltoid, not the thigh. We must follow site guidelines as stated in the pharmacy protocols issued by OHA. Changing the age from 11 to 7 would not affect the site of vaccination allowed. SQ and nasal administration technique is also unchanged with the age change. ID is not applicable since this product is only used in patients 18 and older.

- Pharmacists in Oregon already report vaccines to ALERT IIS and are required to consult ALERT IIS before vaccinating. Unfortunately, in border cities, Oregon children are being vaccinated in neighboring states by pharmacists who are not reporting to ALERT IIS. Keeping those vaccinations in state will improve the usefulness of ALERT IIS.

- The current immunization schedule for preteens and teens (adolescents we already vaccinate) covers down to age 7. We are already familiar with using this schedule and this is a natural break in the ages according to CDC. There are no vaccines that we would be administering that are new to us. This age range is important for catch-up vaccination and much needed improvements in rates of vaccines such as Tdap which can be given as early as age 7 and HPV which can be given as young as age 9.

- We are already equipped to deal with adverse reactions. We are required to have a child size face mask in our e-Kits, and many pharmacies already have Epipen Jr. in their kits because they can currently vaccinate under age 11 with a prescription. For those that don't, it is a readily available product and can easily be added.

In summary, this is not a substantial change in practice, which many pharmacists already participate in, and would positively affect immunization rates in the State of Oregon by providing additional access to patients. We urge your adoption of SB 520