

2011 SENATE HUMAN SERVICES

SB 2035

# 2011 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee  
Red River Room, State Capitol

SB 2035  
1-5-2011  
Job Number 12599

Conference Committee

Committee Clerk Signature



## Explanation or reason for introduction of bill/resolution:

Pharmacist administration of immunizations and vaccinations to minors.

## Minutes:

Includes written testimony.

**Senator Judy Lee** opened the hearing on SB 2035 which includes a fiscal note.

**Michael D. Schwab**, Executive Vice President of the ND Pharmacists Association, provided written testimony in support of SB 2035. Attachment #1

He also presented testimony from Howard Anderson, Executive Director on the ND State Board of Pharmacy. Attachment #2

Attachment #3 is a chart highlighting each state and what age limits are in place for pharmacists.

There was no opposing testimony.

**Bruce Levi** representing the ND Medical Association presented neutral testimony and offered an amendment. Attachment #4.

**Senator Tim Mathern** asked if the suggested amendment is now applicable to physicians – the reporting requirement.

**Mr. Levi** answered that the language is fairly broad. To the best of his knowledge physicians now do what they are suggesting that pharmacists do.

**Molly Sander**, Immunization Program Manager with ND Department of Health, offered information that almost all providers in the state do enter into their immunization information system for childhood immunizations and a number of providers also enter for adult immunizations. If they find out someone is not entering they follow up and provide education to the provider to make sure they start entering the childhood immunizations.

**Senator Tim Mathern** asked if they would still be required to report this if the amendment was not adopted.

**Ms. Sander** replied that it is currently required by law that all childhood immunizations be entered into the ND immunization information system.

**Ms. Sander** also reported that the health department is neutral.

**Senator Dick Dever** asked if there is a requirement elsewhere for parental approval for the child to be immunized.

**Ms. Sander** said that it doesn't require written signature in the state but parental approval is necessary to be immunized in ND. It can even be a parent presenting with the child. The only time when consent is not required is when minors 14 and older can be treated for STV's. The AG office has stated that for HPV vaccination and Hepatitis B vaccination children 14 and older can be immunized without parental consent.

**Senator Judy Lee** asked who would pay.

**Ms. Sander** replied that they would fall under the Vaccines for Children Program which is a federal entitlement program.

**Senator Tim Mathern** addressed Mr. Levi and asked what the rationale was for adopting his amendment.

**Mr. Levi** said it provides a condition to the authority. From the health department standpoint it would provide an additional condition to their authority to provide flu vaccinations and immunizations. If they are not doing it they would not have the authority to administer immunizations and vaccinations.

With no further testimony, the hearing on SB 2035 was closed.

**Senator Judy Lee** opened discussion on the amendment.

**Senator Tim Mathern** thought it seemed unnecessary to have the amendment since the pharmacists would be making the reports anyway. If it makes the medical association more comfortable with the bill then it should be adopted and move the bill on.

**Senator Tim Mathern** moved to **adopt the amendment offered by Mr. Levi.**

**Senator Spencer Berry** seconded the motion.

Discussion followed.

**Senator Gerald Uglem** was inclined to oppose the amendment because they are already required to report.

**Senator Dick Dever** agreed with Sen. Uglem.

**Senator Tim Mathern** supported the amendment. When making a change between two different professions about a practice, it is helpful and provides comfort when making the change that some things are in law.

Roll call vote 3-2-0. **Amendment adopted.**

**Senator Tim Mathern** felt the bill is important to the bigger picture in the changing demographics of ND where we don't have all the medical professions that we want in each community. This is a way of making sure that we have more access to more of these important services.

**Senator Tim Mathern** moved a **Do Pass as amended and rerefer to Appropriations.**

**Senator Spencer Berry** seconded the motion.

**Senator Judy Lee** felt part of the issue is that there are people who will go into the drugstore and wouldn't necessarily go into the clinic especially for flu vaccines. It does make it more available.

**Senator Spencer Berry** pointed out that ongoing care is important, however, increasing the immunization rates is crucial and making that available is really important.

Roll call vote 5-0-0. **Motion carried.**

Carrier is **Senator Dick Dever.**

# FISCAL NOTE

Requested by Legislative Council  
12/30/2010

Bill/Resolution No.: SB 2035

1A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2009-2011 Biennium		2011-2013 Biennium		2013-2015 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			\$20,050	\$20,050	\$32,080	\$32,080
Appropriations			\$20,050		\$32,080	

1B. **County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

2009-2011 Biennium			2011-2013 Biennium			2013-2015 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

This bill allows pharmacists to administer immunizations and vaccinations to minors.

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

The Vaccines For Children (VFC) program provides vaccines at no cost for administration to children who are either American Indian, Medicaid-eligible, uninsured, or underinsured. If pharmacists are able to vaccinate children, then they could also enroll to receive VFC vaccines through the North Dakota Department of Health (NDDoH). The NDDoH Immunization Program is required by the Centers for Disease Control and Prevention (CDC) to visit 50% of VFC-enrolled providers per year. Also, newly enrolled providers are required to receive an enrollment site visit prior to receiving VFC vaccines. If pharmacists enroll in the VFC program, this will increase the number of site visits that the NDDoH Immunization Program must make each year.

According to the North Dakota Pharmacy Association (NDPhA), about 157 pharmacists are currently certified to immunize in North Dakota. This has increased by about 20 pharmacists since March of 2010. According to NDPhA, many of the pharmacists certified to vaccinate are located at the same pharmacies, but it is unknown how many pharmacies have at least one pharmacist certified to vaccinate. It is also unknown how many pharmacies would be interested in enrolling in the VFC program.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

The NDDoH must visit 50% of VFC-enrolled providers per year. The NDDoH currently has 0.5 FTE conducting VFC site visits and contracts with two local public health units for 1.5 FTE for site visits. The NDDoH Immunization

Program estimates that it currently costs about \$802 per VFC site visit.

It is unknown how many pharmacists will want to vaccinate children or enroll in the VFC program. The fiscal note amount for the 2011 - 2013 biennium estimates that 50 pharmacies would need to be visited during the next biennium at \$802 per visit for a total of \$40,100. This estimate is assuming that 50 pharmacies would enroll in the VFC program over the next two years. The 2013 - 2015 biennium fiscal note estimate is based on a need to visit 80 pharmacies at \$802 per visit for a total of \$64,160. This is based on the 50 already enrolled pharmacies needing a site visit to meet the CDC requirement of all clinics receiving a site visit every other year. It also includes 30 newly enrolled pharmacies needing an enrollment visit. The fiscal note for this bill could be less if less pharmacies choose to enroll in the VFC program and could be more if more pharmacies choose to enroll in the VFC program.

Fifty percent of this fiscal note can be absorbed into the current federal immunization program budget and 50 percent is needed from the general fund. General funds for additional contracts would be needed to contract with local public health units to conduct these additional site visits. Increased federal funding for conducting additional site visits is not anticipated at this time.

*C. Appropriations: Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

Funding from the general fund for this project is not included in the Department's appropriation bill (HB1004). The Department will need an appropriation for these funds to carry out this project.

Name:	Kathy J. Albin	Agency:	Health
Phone Number:	328.4542	Date Prepared:	01/03/2010

ND Medical Association  
January 5, 2011

**Proposed Amendment to SB No. 2035**

Page 1, line 13, after “practitioner” insert “and subsequently reported as a childhood immunization and other information if required to be reported to the state’s immunization information system pursuant to section 23-01-05.3”

Renumber accordingly

Date: 1-5-2011

Roll Call Vote # 1

2011 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. 2035

Senate HUMAN SERVICES Committee

Check here for Conference Committee

Legislative Council Amendment Number NO Medical Assoc. 1-5-11

Action Taken:  Do Pass  Do Not Pass  Amended  Adopt Amendment  
 Rerefer to Appropriations  Reconsider

Motion Made By Sen. Seconded By Sen.

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee, Chairman	✓		Sen. Tim Mathern	✓	
Sen. Gerald Uglem, V. Chair		✓			
Sen. Dick Dever		✓			
Sen. Spencer Berry	✓				

Total (Yes) 3 No 2

Absent \_\_\_\_\_

Floor Assignment \_\_\_\_\_

If the vote is on an amendment, briefly indicate intent:



January 6, 2011



Handwritten signature and date: 1-6-11

PROPOSED AMENDMENTS TO SENATE BILL NO. 2035

Page 1, line 13, after "practitioner" insert "and subsequently reported as a childhood immunization and other information if required to the state's immunization information system pursuant to section 23-01-05.3"

Renumber accordingly

Date: 1-5-11

Roll Call Vote # 2

2011 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. 2035

Senate HUMAN SERVICES Committee

Check here for Conference Committee

Legislative Council Amendment Number 11.0005.03001 Title .04000

Action Taken:  Do Pass  Do Not Pass  Amended  Adopt Amendment  
 Rerefer to Appropriations  Reconsider

Motion Made By Sen. Mathern Seconded By Sen. Berry

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee, Chairman	✓		Sen. Tim Mathern	✓	
Sen. Gerald Uglen, V. Chair	✓				
Sen. Dick Dever	✓				
Sen. Spencer Berry	✓				

Total (Yes) 5 No 0

Absent 0

Floor Assignment Senator Dever

If the vote is on an amendment, briefly indicate intent:

**REPORT OF STANDING COMMITTEE**

**SB 2035: Human Services Committee (Sen. J. Lee, Chairman)** recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2035 was placed on the Sixth order on the calendar.

Page 1, line 13, after "practitioner" insert "and subsequently reported as a childhood immunization and other information if required to the state's immunization information system pursuant to section 23-01-05.3"

Renumber accordingly

2011 SENATE APPROPRIATIONS

SB 2035

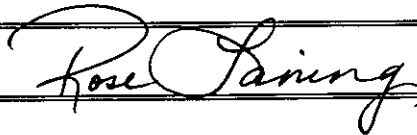
# 2011 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee  
Harvest Room, State Capitol

SB 2035  
January 20, 2011  
13121 & 13149

Conference Committee

Committee Clerk Signature



## Explanation or reason for introduction of bill/resolution:

A bill relating to pharmacist administration of immunizations and vaccinations to minors.

## Minutes:

See attached testimony – none.

**Chairman Holmberg** called the committee hearing to order on SB 2035. Roll call was taken. All committee members were present. Sheila M. Sandness - Legislative Council; Lori Laschkewitsch – OMB

## **Molly Sander, Immunization Program Manager, North Dakota State Health Dept.**

No written testimony

Informed the committee that she is not here to testify on behalf of the bill, but is willing to answer any questions.

**Chairman Holmberg** asked what does it do and why do we want to pass it?

**Molly Sander** said currently pharmacists are only able to vaccinate adults. This bill lowers the age for influenza vaccinations down to age five and for all other vaccines down to the age of eleven. It also requires the pharmacist enter the doses into the ND Immunization Information System. The fiscal note happened when the bill was actually introduced. The amendment that Human Services committee made didn't affect the fiscal note.

**Chairman Holmberg** asked if she was at the hearing and she replied yes?

**Chairman Holmberg** asked who opposed the bill and was informed that there was no opposition to the bill in the Human Services committee hearing.

**Chairman Holmberg** read the Fiscal note – the vaccine for children program (VFC) provides vaccines at no cost for administration to children to who are either American Indian, Medicaid eligible, uninsured or underinsured. If pharmacists are able to vaccinate children then they could also enroll to receive VFC through the ND Dept. of Health(DOH) . The DOH is required by the Centers of Disease Control to visit 50% of VFC enrolled providers each year. Also newly enrolled providers are required to receive an enrollment site visit prior to receiving permission to do the program. If pharmacists enroll in the VFC program, this will increase the number of site visits that the DOH Immunization program

much make each year. According to the Pharmacy Association, about 157 pharmacists are currently certified to immunize. This has increased by about 20 pharmacists since March of 2010. Under expenditures, they say that the DOH must visit 50% of the VFC enrolled providers per year. They only have .5 FTE conducting the visits. The program estimates that it will cost \$802 per visit. It is unknown how many pharmacists will want to vaccinate children. 50% of this fiscal note can be absorbed into the current federal immunization program budget and 50% is needed from the general fund. The fiscal note is prepared by the Department of Health.

**Senator Fischer** asked what costs \$802 per site visit.

**Molly Sander** said the \$802 is based on the total budget to conduct visits and then divide that number by the contracts they have. That includes set up for the visit, travel, those people having a computer, health insurance. They do about 90 visits a year. That is comparable to other states because some states go as high as \$1200 per visit.

**Senator Fischer** asked if it's the pharmacy inspectors are the same inspectors that inspect other sites in the same city.

**Molly Sander:** No they are not. They are local public health unit employees. Sometimes they are nurses and sometimes health educators. They would go to the pharmacy and then to other private providers and local public health units across the state.

**Senator O'Connell** (question directed to **Lisa Clute, 1<sup>st</sup> District Health Unit, Minot**) asked if this wasn't duplicating what they already do or is this a good deal.

**Lisa Clute** said she doesn't anticipate that a lot of pharmacists in this area will do this. This came as a result of a study on the immunization system in ND. As a result of that study, to provide good access to vaccinations, some pharmacists said they would do it, however, the bill states that the child has to be above five years of age in order to receive vaccinations. She explained the complications of vaccinations to young children. She expressed that she didn't have strong feelings one way or the other but it may provide another access point within a rural community that doesn't have a lot of vaccinations available.

**Senator Kilzer:** The Fiscal note said 50% federal and 50% general funds, but was there a total amount?

**Chairman Holmberg** replied that is was \$20,000.

**Senator Kilzer:** Why was the age of 11 chosen?

**Molly Sanders** said the bill was introduced by the Interim Human Services committee and the age of 11 was chosen because that's an age where a lot of adolescent vaccines are recommended.

**Senator Fischer:** Are these pharmacies that you're inspecting already pharmacies that are giving injections to adults and are they inspected on a regular basis as well?

**Molly Sanders** said according to the Pharmacy Association, 157 pharmacists are licensed or certified to vaccinate adults in ND. They didn't know how many pharmacies the pharmacists were located in because many pharmacies have more than one pharmacist that can vaccinate. We don't visit any pharmacies in the state just because they don't vaccinate children right now. They may be inspected by the State Health Dept. for some other reason. We don't know how many pharmacies even want to enroll in the VFC program.

**Chairman Holmberg** said the health dept. budget is over in the House and the legislature determines not to add money to the health department, but just says to lump it. What is the result of that?

**Molly Sanders** said it would depend on how many pharmacies join the VFC program. I don't see how we could increase our visits to 50, but if only 20 are interested, we definitely could work to increase the number of site visits that we do. That could probably be absorbed in our federal budget.

**Senator Bowman** said we currently have county nurses doing this. Will this affect them?

**Molly Sander** said that they currently vaccinate adults and this gives them an added option or another avenue.

**Senator O'Connell** asked if the child went to a health district, wouldn't they be more apt to pick up if something else is wrong rather than just going to a pharmacist for a shot?

**Molly Sander** said they would actually like children to have a medical home for all medical.

**Senator Robinson** asked information about the interim committee.

**Molly Sander** said the ND Pharmacy Assoc. testified in favor of the bill. The ND Medical Assoc. was neutral for this bill and added the amendment requiring the pharmacists enter the information into the Immunization Information System. When the child goes back to their physician everyone would have access to that information.

**Senator Robinson** asked about gaps in coverage and Molly Sanders said that ND has high rates and is second in the nation for infant immunization rates, but for adolescent rates and influenza, she felt we could do a lot better.

**Keith Johnson, Administrator, Custer Health District**

No written testimony.

They employ one of the nurses who does the inspections for VFC vaccine sites. The functions of that position are very complex – one of which is an extensive amount of education. They field a lot of questions and become the immunization experts. The education component is one of the largest expenses plus when you do an inspection of a clinic, you do inspection and also an educational session. The committee's confusion about the bill is understandable, but it's a concept bill that came out of the interim. We're

looking at possible places to immunize across the state. Some pharmacists said yes, but others weren't very excited about it. That may have something to do with the age of 11.

**Senator Warner** asked about freezing and storing the vaccines. Does the vaccination require a doctor's prescription? And what about other vaccines?

**Keith Johnson** explained some of the transitional problems of administering the vaccines since it needs to be administered within 30 minutes after thawing. The pharmacist would need a relationship with doctor. He didn't see much impact with the bill because he's heard from several pharmacists and very few are interested. The ones from his area have sent him emails stating they don't want to participate in this program. The larger pharmacies may be interested. It is a concept that neither threatens nor greatly impresses us one way or the other.

**Chairman Holmberg** closed the hearing on SB 2035.

The hearing was re-opened at 11:00. (Recording job # 13149)

**Chairman Holmberg** wanted to know what the bill does and why should we pass it.

**Howard Anderson, Executive Director, ND Board of Pharmacy**  
No written testimony. Testified in favor of SB 2035.

**Howard Anderson** asked for the committee's approval of SB 2035. Pharmacists would like to participate in the improved immunization rates for ND. A few pharmacists may sign up for the free vaccines through the Health Department, but when you are vaccinating a child that is Medicaid eligible, Medicaid doesn't want to pay for it if the vaccine is free under another program. He didn't think it would cost much money in the long run and they'd appreciate the committee's support.

**Chairman Holmberg** stated that there was a sense among committee members that it could be absorbed in the Health Department's \$70M budget.

**Howard Anderson** said that the information he received from the Health Department said it would be a small amount. It should be covered in their current budget and that's actually what they told him.

**Chairman Holmberg** thanked him and then closed the hearing.



# 2011 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee  
Harvest Room, State Capitol

SB 2035  
January 25, 2011  
13327 (starting at 34:00)

Conference Committee

Committee Clerk Signature

*Rose Lansing*

## Explanation or reason for introduction of bill/resolution:

Committee work on SB 2035 – Pharmacist administered vaccinations & Immunizations.

## Minutes:

You may make reference to "attached testimony."

(Report of subcommittee by Senator Fischer )

**Senator Fischer** said the subcommittee of one met with one of the sponsors of SB 2035 – the vaccination bill, with the \$20,000 appropriation that we discusses whether or not to be appropriated or whether the health department could absorb it. Two of the people that testified, as well as the chairman of the Human Services policy committee said that the Health Dept. could absorb it.

**Chairman Holmberg:** So we can put a check mark beside that there has been some movement and resolution.

**Senator Fischer:** How do we go about doing that? Do we send it back to them?

**Chairman Holmberg:** Until and unless we have the Health Department budget, there is no money for it anyway so if we sent it back to them with a Do Pass, they would carry it on the floor.

**Senator Fischer:** And then the decision made later?

**Chairman Holmberg:** The only way they can get the money for this program is for us to put it in the budget for the Health Dept. because we are not going to add an appropriation onto the bill. So we just don't put it in. We can send that bill back to them – if that's the wishes of the committee.

# 2011 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee  
Harvest Room, State Capitol

SB 2035  
01-25-2011  
Job # 13335

Conference Committee

Committee Clerk Signature

*Alice Dever*

## Explanation or reason for introduction of bill/resolution:

A Bill relating to pharmacist administration of immunizations and vaccinations to minors.

## Minutes:

attached testimony. None

**The Job number begins at Meter 53.22** (this job number begins with the hearing on OMB budget, SB 2015)

**Chairman Holmberg** called the committee to order on 01-25-2011 at 1:45 pm in reference to SB 2035 and asked what the committee wanted to do with this bill.

**Senator Fischer** moved **Do Pass. Seconded by Senator Robinson.** Discussion followed.

**Senator Christmann** A Bill was handed to me by a nurse practitioner lobbyist and it has to do with them being able to prescribe medicine or give shots or something without a doctor's signature, does this have to do with that Bill?

**Senator Fischer:** This Bill is an expansion on a Bill that was introduced some sessions ago that allows doctors to prescribe and pharmacists to do injections and vaccinations. It has nothing to do with the relationship between the advanced practice nurses and doctors and the bill you are talking about gives the ability to the advanced practice nurse to prescribe without a relationship with the doctor. That's not this Bill.

**Senator Kilzer:** The other Bill is the one that removes the collaborative agreement and that's what you have to watch for is that term, collaborative agreement.

**Chairman Holmberg:** Where is that Bill? Is it in the Senate or House? He was told it is in Human Services. He asked the clerk to call the roll on a Do Pass on SB 2035.

**A Roll Call vote was taken. Yea: 12. Nay: 1. The Bill will be carried by Senator Dever of Human Services Committee.**

**Chairman Holmberg:** closed the hearing on SB 2035.

Date: 1-23-11  
 Roll Call Vote # 1

2011 SENATE STANDING COMMITTEE ROLL CALL VOTES  
 BILL/RESOLUTION NO. 2035

Senate Appropriations Committee

Check here for Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken:  Do Pass  Do Not Pass  Amended  Adopt Amendment  
 Rerefer to Appropriations  Reconsider

Motion Made By Sen Fischer Seconded By Larry Robinson

Senators	Yes	No	Senators	Yes	No
Chairman Holmberg	✓		Senator O'Connell	<del>✓</del>	✓
Senator Bowman	✓		Senator Robinson	✓	
Senator Grindberg	✓		Senator Warner	✓	
Senator Christmann	✓				
Senator Erbele	✓				
Senator Fischer	✓				
Senator Kilzer	✓				
Senator Krebsbach	✓				
Senator Wanzek	✓				
Senator Wardner	✓				

Total (Yes) 12 No 1

Absent 0

Floor Assignment Fischer Back to Human Services  
Dever

If the vote is on an amendment, briefly indicate intent:

**REPORT OF STANDING COMMITTEE**

**SB 2035, as engrossed: Appropriations Committee (Sen. Holmberg, Chairman)**  
recommends **DO PASS** (12 YEAS, 1 NAYS, 0 ABSENT AND NOT VOTING).  
Engrossed SB 2035 was placed on the Eleventh order on the calendar.

2011 HOUSE HUMAN SERVICES

SB 2035

# 2011 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee  
Fort Union Room, State Capitol

SB 2035  
March 8, 2011  
Job #15039

Conference Committee

Committee Clerk Signature

*Vicky Crabtree*

## Explanation or reason for introduction of bill/resolution:

Relating to pharmacist administration of immunizations and vaccinations to minors.

## Minutes:

See attached Testimonies #1 - 5

**Chairman Weisz:** Opened the hearing on SB 2035.

**Sheila Sandness:** Fiscal analyst of Legislative Council gave information on the bill. (See Testimony #1.)

**Howard Anderson:** (See Testimony #2.)

**Rep. Devlin:** I was wondering about the ages of 11 years and 5 years, is there some medical reason for determining the ages at that level?

**Howard:** The age limitations are somewhat arbitrary. We had a young fella in one of our pilot study group meetings and he had been working in Alaska where they allowed immunizations of younger age kids and he throughout those ages and they have stuck ever since. We didn't go below 5 because it is a transitional program and everybody have to be comfortable and that pharmacists know what they are doing and don't want to take kids away from their well child visits if we can get them there.

**Mike Schwab:** Vice-President of ND Pharmacists Association testified in support of the bill. (See Testimony #3.)

**Rep. Porter:** The fiscal note is concerning to me. With not knowing exactly the number of pharmacies that would want to do this or the volume of vaccines they would be doing. Once they agree to do it and immunize people under 18 then they have to be inspected once a year at the state's expense. The fiscal note reads is about \$200 per inspected pharmacy per year. When you were looking at setting this up, did you look at any minimum numbers or did you look at any expense back to the pharmacy if they want to do it?

**Mike:** We didn't have that discussion. Maybe Molly from the Dept. of Health would address that on how they came about with the fiscal note. On the insurance side the pharmacists get paid less than the physicians do, so maybe there would be a fiscal savings

on the other side. The Department of Health is going to absorb that into their budget without having to expend any additional funds.

**Molly Sander:** Immunization program manager for ND Dept. of Health. The fiscal note is a guess because we don't know how many pharmacists will be interested in vaccinating children and even if they are we don't know if they want to enroll the federal vaccines for children program which supplies vaccines for children on Medicaid, American Indian, uninsured and under insured. In 2010 we visited 70% of our providers using our federal VSC funds and the minimum we have to visit is 50% so there is room to absorb. It is dependent upon how many pharmacists choose to enroll in the program.

**Rep. Porter:** Is there the ability to say no to a pharmacy that would want to enroll, but their potential number may only be one or two immunizations? Do you look at it from a volume standpoint so there is at least some kind of a cost savings as they are being allowed to enroll?

**Molly:** We do have the ability to say no and there are a lot of requirements in the VSC program so a lot of providers don't jump at the chance to enroll in the program. The Health Dept. is neutral on the bill.

**Marissa Clarin:** Pharm.D. Candidate 2011, interning at ND Pharmacists Association testified in support of the bill. (See Testimony #4.)

## OPPOSITION

**Kate Larson:** Physicians assistant testified in opposition of the bill. (See Testimony #5)

**Chairman Weisz:** You weren't aware during the interim that this bill was being discussed in the committee?

**Kate:** No. Usually we have the American Academy of PA's that goes through the bills for us every year. I've been following the licensing bill 2154 and not made aware of the bill by them.

**Chairman Weisz:** Closed the hearing on SB 2035.

# 2011 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee  
Fort Union Room, State Capitol

SB 2035  
March 8, 2011  
Job #15076

Conference Committee

Committee Clerk Signature 

## Minutes:

**Chairman Weisz:** This has to do with the pharmacists writing prescriptions. As you are well aware the Physicians Assistants asked to be added on. I did visit with Courtney Koebele of Medical Association and she visited with Lorraine Hodek. Their position is that you should add physician assistants. From the standpoint of how the bill is, they have a completely different set of requirements even though they are under the medical board. Their position was if you want you can add them. They have absolutely no opposition to that, but they think that they aren't necessarily in there just because they work under the physician.

**Rep. Porter:** I talked to Ms. Koebele and also to Mr. Anderson. A physician assistant in the Century Code is regulated under the board of medical examiners. They have full prescriptive authority that they can write a prescription. The question that is unclear from Mr. Anderson's standpoint as far as the pharmacy is whether or not a pharmacist can accept that as an order to administer. If the physician assistant wrote a prescription that said, I can have my flu shot and took it to the pharmacy; the question in the gray area is whether or not that pharmacist could give me the flu shot based on that prescription. They felt also that it would take the gray area away and clean it up. I move that we amend 2035 on page 1, line 12 after the word physician, insert "physician assistant" and on page 2, line 1 after the word physician, insert the words "physician assistant" and whatever grammar is necessary to make the sentence work.

**Rep. Conklin:** Second.

**Voice Vote: Motion Carried**

**Rep. Damschen:** I move a DP as amended.

**Rep. Anderson:** Second

**Vote: 13 y 0 n Bill Carrier: Rep. Porter**



VR  
3/8/11

March 8, 2011

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2035

Page 1, line 12, after "physician" insert "a physician assistant."

Page 2, line 1, after "physician" insert "a physician assistant."

Renumber accordingly

Date: 3-8-11  
Roll Call Vote # 1

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. 20.35

House HUMAN SERVICES Committee

Check here for Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken:  Do Pass  Do Not Pass  Amended  Adopt Amendment  
 Rerefer to Appropriations  Reconsider

Motion Made By Rep. Porter Seconded By Rep. Conklin

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ			REP. CONKLIN		
VICE-CHAIR PIETSCH			REP. HOLMAN		
REP. ANDERSON			REP. KILICHOWSKI		
REP. DAMSCHEN					
REP. DEVLIN					
REP. HOFSTAD					
REP. LOUSER					
REP. PAUR					
REP. PORTER					
REP. SCHMIDT					

Total (Yes) \_\_\_\_\_ No \_\_\_\_\_

Absent \_\_\_\_\_

Floor Assignment \_\_\_\_\_

If the vote is on an amendment, briefly indicate intent:

*Voice Vote  
Motion Carried*

Date: 3-8-11  
Roll Call Vote # 2

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. 2035

House HUMAN SERVICES Committee

Check here for Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken:  Do Pass  Do Not Pass  Amended  Adopt Amendment  
 Rerefer to Appropriations  Reconsider

Motion Made By Rep. Damschen Seconded By Rep. Anderson

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ	✓		REP. CONKLIN	✓	
VICE-CHAIR PIETSCH	✓		REP. HOLMAN	✓	
REP. ANDERSON	✓		REP. KILICHOWSKI	✓	
REP. DAMSCHEN	✓				
REP. DEVLIN	✓				
REP. HOFSTAD	✓				
REP. LOUSER	✓				
REP. PAUR	✓				
REP. PORTER	✓				
REP. SCHMIDT	✓				

Total (Yes) 13 No 0

Absent \_\_\_\_\_

Floor Assignment Rep. Porter

If the vote is on an amendment, briefly indicate intent:

**REPORT OF STANDING COMMITTEE**

**SB 2035, as engrossed: Human Services Committee (Rep. Weisz, Chairman)**  
recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends  
**DO PASS** (13 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed SB 2035  
was placed on the Sixth order on the calendar.

Page 1, line 12, after "physician" insert ", a physician assistant."

Page 2, line 1, after "physician" insert ", a physician assistant."

Renumber accordingly

2011 TESTIMONY

SB 2035

**Senate Bill 2035**  
Senate Human Services Committee  
Madam Chair – Senator Judy Lee  
January 5, 2011

Madam Chair and members of the committee, my name is Michael D. Schwab, the Executive Vice President of the ND Pharmacists Association. I am here today to provide comments and offer support for SB 2035, which expands a pharmacist's authority in providing immunizations.

As you know, the Interim Health and Human Service Committee requested and voted unanimously to introduce this legislation. Our Association tracked, monitored and offered brief testimony during the Interim regarding this issue. As frontline healthcare providers, pharmacists are in a unique position to help increase immunizations rates for North Dakotans. We are here to help.

As many of you know, expanding the role of pharmacists in providing immunizations is nothing new. During the Interim, the ND Department of Health provided a chart which highlighted all 50 states and what age limitations were in place for pharmacists in each respective state. From this chart, we feel it is important to note there are actually 19 states that don't have any age limitations and 8 states with an age range below 18 years old. Our National Alliance of State Pharmacy Association's also puts together an annual updated immunization chart showing what is allowed in each state. The chart provided by our National Association, which was updated in the fall of 2010, is very similar to the chart passed out by the ND Department of Health during the Interim. Our National Association has also indentified 15 additional states that will be looking to reduce age limitations in their respective state during 2011.

According to the Board of Pharmacy, we have about 110 licensed pharmacists providing immunizations already in the state and 46 NDSU PharmD students authorized to give immunizations. The College of Pharmacy is aware of this legislation and they are ready to include the necessary training for pharmacists and PharmD students to immunize younger individuals should this legislation pass.

I will try to answer any questions you may have today. If I do not know the answer to a question, I will get back to this committee right away. I would like to thank you for your time and attention today.

Respectfully,



Mike Schwab  
EVP  
ND Pharmacists Association



BOARD OF PHARMACY  
State of North Dakota

Jack Dalrymple, Governor

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Howard C. Anderson, Jr, R.Ph.  
Executive Director

#2

71 a  
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Gary W. Dewhirst, R.Ph.  
Hettinger  
Laurel Haroldson, R.Ph.  
Jamestown  
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Granville  
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Fargo  
William J. Grosz, Sc.D., R.Ph.  
Wahpeton, Treasurer

**Senate Bill No 2035**  
**Senate Health and Human Services Committee**  
**Red River Room – State Capitol Bldg**  
**11:30 AM – Wednesday - January 5<sup>th</sup>, 2011**

Chairman Lee and members of the Senate Health and Human Services Committee the North Dakota State Board of Pharmacy is in support of efforts to increase North Dakota's immunization rates. This Bill is one step in that direction. Lowering the age at which pharmacists can immunize North Dakotas will give them the opportunity to serve those 11 years of age or older who come into the pharmacy with their families for immunization services. Also, when we have flu vaccination efforts we can immunize nearly the whole family in one simple visit to their immunizing pharmacy.

The Bill leaves those under five years of age to their nurse or pediatrician, as most of these immunizations occur during well child visits, and we certainly do not want to discourage their visits to their physicians.

Although the age limits in the Bill are somewhat arbitrary, they are a step in the right direction. All progress is incremental as the comfort level of you and society matches the abilities of our pharmacists.

Pharmacists are very good about their continuing education and entering into training when they can apply it in their practice to serve their patients. All of our NDSU College of Pharmacy PharmD Students are now trained in injectables and in immunization protocols. With the passage of this Bill, those training sessions will quickly include the nuances necessary for the younger individuals. Continuing education sessions provided by the American Pharmacists Association, the National Community Pharmacists Association, the American Society of Health Systems Pharmacists and our Colleges and Universities are readily available to train our pharmacists and pharmacy students. Information about vaccinations is readily available on the Center for Disease Control website and of course in the package insert for every medication, including those used for vaccinations. Pharmacists are very familiar with accessing this information and using it to serve their patients.

At this time we have 111 licensed pharmacists and 46 PharmD Students authorized to give immunizations.



Pharmacists are very good about utilizing the North Dakota Immunization Tracking System, much as they do their online data collection tools for medication therapy management, such as the North Dakota Public Employees Retirement System diabetes program.

I do not expect many pharmacists to sign up for the free vaccines which are available, but there may be a few who serve those populations who wish to take advantage of the free vaccines. The fiscal note for this Bill is quite small, reflecting that expectation. Obviously, we provide the free vaccines because we want North Dakotans immunized. Whether they get that free vaccine through a pharmacy or their physician's office, clinic, human service center or public health unit, they all serve to increase our immunization rates, which is positive for all of us.

Thank you for the opportunity to provide written testimony on behalf of this bill today.

Howard C. Anderson, Jr, R.Ph.  
Executive Director  
ND State Board of Pharmacy

Pharmacists Authority to Administer Vaccines

State	Administration by Protocol or Rx?	Age Limitations
Alabama	Both	None
Alaska	Protocol	None
Arizona	Rx	≥18 yrs
Arkansas	Both	≥18 yrs
California	Both	None
Colorado	Protocol	None
Connecticut	Both	≥18 yrs
Delaware	Both	≥18 yrs
Dist. of Columbia	NA	NA
Florida	Protocol	≥18 yrs
Georgia	Protocol	None
Hawaii	Protocol or CA	≥18 yrs
Idaho	MD agreement	None
Illinois	Both	≥14 yrs
Indiana	Both	≥14 yrs
Iowa	Protocol for Inf/PPSV; Rx for others	≥18 yrs
Kansas	Protocol	≥6yrs (inf); ≥18yrs (other)
Kentucky	Protocol	≥18 yrs
Louisiana	Rx or pt-spec CA	None*
Maine	Influenza by protocol; all others with Rx	≥9yrs (inf); ≥18yrs (Td/Tdap, zos, PPSV*)
Maryland	Protocol for Inf; Rx for PPSV	≥18 yrs
Massachusetts	MDPH-approved Stndng Order or Rx	≥18 yrs
Michigan	Both	None
Minnesota	Both	≥10yrs (inf); >18yrs (other)
Mississippi	Protocol	None
Missouri	Both	None/12 for inf
Montana	Protocol	≥18 yrs
Nebraska	Both	None
Nevada	Protocol	≥14 yrs
New Hampshire	By statute for influenza; Protocol for institutions	None
New Jersey	Both	None
New Mexico	Board of Pharmacy protocol	None
New York	Both	≥18 yrs
North Carolina	Protocol, Rx, CA, or standing order	≥18 yrs
North Dakota	Both	≥18 yrs
Ohio	Protocol	adult
Oklahoma	Rx	None
Oregon	State-approved protocol	≥18 yrs**
Pennsylvania	Both	≥18 yrs
Rhode Island	Both	≥18 yrs
South Carolina	Rx	None
South Dakota	Both	≥18 yrs
Tennessee	Both	None
Texas	Protocol, Rx, or standing order	≥14 yrs
Utah	Both	≥13 yrs
Vermont	Protocol	None
Virginia	Rx for all ages; Protocol for ≥18 yrs by mass vax (all vaccines) or for influenza <18yrs	≥18 yrs
Washington	Protocol	None
West Virginia	Protocol	≥18 yrs
Wisconsin	Protocol	≥18 yrs
Wyoming	Rx for HR adult; Rx for healthy adults	≥19 yrs

CA = Cooperative/Collaborative Agreement

**Testimony on Senate Bill No. 2035**  
**Senate Human Services Committee**  
**January 5, 2011**



**NORTH DAKOTA  
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**Bruce Levi**  
Executive Director and  
General Counsel

**Leann Tschider**  
Director of Membership  
Office Manager

**Annette Weigel**  
Administrative Assistant

Madam Chairman Lee and Committee members, I'm Bruce Levi representing the North Dakota Medical Association. NDMA is the professional membership organization for North Dakota physicians, residents and medical students.

Increasing immunization coverage is necessary in furthering the broader goal of progress toward universal immunization coverage of all children for whom vaccines are not contraindicated. NDMA offered testimony to the interim Health and Human Services Committee regarding the administration of influenza vaccinations and other immunizations on children by pharmacists. We stressed that while this proposal offered to the interim committee on June 16 was presented in terms of what might be advantageous for new pharmacists in getting into the "immunization business," as was stated, or generally increasing flu vaccination rates, it is important that the medical implications for children be fully considered, particularly the impact the legislation would have on ensuring that children see their primary care physician as recommended.

A recent policy statement of the American Academy of Pediatrics stresses the importance that children receive comprehensive health care, including childhood immunizations, in a medical home which also maintains the children's health records, including immunization records. The Academy recommends that pediatricians assist in the identification of other venues in which vaccinations can be delivered if a significant number of children in a community do not have convenient access to a medical home, including public health clinics, child care centers, school-based health clinics and, in those states that allow it, pharmacies [AAP, *Policy Statement – Increasing Immunization Coverage*, Pediatrics, June 2010].

In states surrounding North Dakota, pharmacists are authorized to administer vaccines and flu shots to adults, with the exception that Minnesota authorizes qualified pharmacists to administer flu vaccine to children ten years of age or older under certain conditions.

The American Academy of Family Physicians also strongly recommends that patients receive all immunizations in their medical home. When vaccines are provided outside of the medical home, the AAFP recommends that all pertinent vaccine related information should be provided to the patient's medical home [AAFP Policies, *Immunizations* (2008)].

In summary, if emphasis is placed on alternative venues such as pharmacies for immunizations and vaccinations as a predominant venue, we eliminate one very good reason why children come in for well-child visits with their primary care physician in the critical pre-teen and teenage years. At a minimum, assurance should be provided that as a condition for this authority, that childhood immunizations administered by pharmacists be reported to the state's immunization information system pursuant to section 23-01-05.3. The attached proposed amendment would provide for such a report.

**Proposed Amendment to SB No. 2035**

Page 1, line 13, after "practitioner" insert "and subsequently reported as a childhood immunization and other information if required to be reported to the state's immunization information system pursuant to section 23-01-05.3"

Renumber accordingly

Mr. Chairman, members of the committee:

For the record, my name is Sheila Sandness and I am a Fiscal Analyst for the Legislative Council. I am here to present information on Engrossed Senate Bill No. 2035 to allow pharmacists to administer influenza shots or influenza mist to children at least 5 years of age and other immunizations to children at least 11 years of age. I appear neither for nor against the bill, but just to provide information and answer any questions you may have.

The 2009 Legislative Assembly, in Senate Bill No. 2004 directed a study of the state immunization program. The study was to identify pharmacists' or other providers' ability and interest in immunizing children and include a review of the effect of the program on public health units, including billing, billing services, fee collections, and uncollectible accounts. The Health and Human Services Committee was assigned this interim study. The Health and Human Services Committee's findings and recommendation regarding the immunization program can be found on pages 172-175 of the "Report of the North Dakota Legislative Management".

Engrossed Senate Bill No. 2035 allows pharmacists to administer influenza shots or influenza mist to children at least 5 years of age and other immunizations to children at least 11 years of age and provides for the reporting of childhood immunization and other information, if required to the state's immunization information system.

The fiscal note attached to this bill was completed by the State Department of Health and indicates the fiscal impact to the department is an increase of \$20,050 in both general fund and other funds expenditures related to required site visits of Vaccines for Children (VFC) enrolled providers. The VFC program is a federal program that provides vaccines at no cost for administration to children who are either American Indian, Medicaid-eligible, uninsured, or under-insured and the department is required by the Centers for Disease Control and Prevention (CDC) to visit 50 percent of VFC enrolled providers each year. This spending authority is not included in the executive recommendation.

That concludes my testimony and I would be happy to answer any questions you may have.



**BOARD OF PHARMACY**  
State of North Dakota

Jack Dalrymple, Governor

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Granville  
Gayle D. Ziegler, R.Ph.  
Fargo  
William J. Grosz, Sc.D., R.Ph.  
Wahpeton, Treasurer

**Senate Bill No 2035**  
**House Human Services Committee**  
**Fort Union Room – State Capitol Bldg**  
**2:00 PM – Monday – March 7<sup>th</sup>, 2011**

Chairman Weisz and members of the House Human Services Committee the North Dakota State Board of Pharmacy is in support of efforts to increase North Dakota's immunization rates. This Bill is one step in that direction. Lowering the age at which pharmacists can immunize North Dakotas will give them the opportunity to serve those 11 years of age or older who come into the pharmacy with their families for immunization services. Also, when we have flu vaccination efforts we can immunize nearly the whole family in one simple visit to their immunizing pharmacy.

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I do not expect many pharmacists to sign up for the free vaccines which are available, but there may be a few who serve those populations who wish to take advantage of the free vaccines. The fiscal note for this Bill is quite small, reflecting that expectation. Obviously, we provide the free vaccines because we want North Dakotans immunized. Whether they get that free vaccine through a pharmacy or their physician's office, clinic, human service center or public health unit, they all serve to increase our immunization rates, which is positive for all of us.

Thank you for the opportunity to provide written testimony on behalf of this bill today.

Howard C. Anderson, Jr, R.Ph.  
Executive Director  
ND State Board of Pharmacy



#3

**Senate Bill 2035**  
House Human Services Committee  
Chairman – Rep. Weisz  
Fort Union Room  
March 7, 2011

Chairman and members of the committee, my name is Michael D. Schwab, the Executive Vice President of the ND Pharmacists Association. I am here today to provide comments and offer support for SB 2035, which expands a pharmacist's authority in providing immunizations.

As most of you know, the 2010 Interim Health and Human Service Committee requested and voted unanimously to introduce this legislation. Our Association tracked, monitored and offered brief testimony during the Interim regarding this issue. As frontline healthcare providers, pharmacists are in a unique position to help increase immunizations rates for North Dakotans. We are here to help and hopeful this legislation will move forward.

As many of you know, expanding the role of pharmacists in providing immunizations is nothing new. Attached to our testimony is a chart showing all 50 states and what age restrictions are in place for pharmacists in each respective state. This chart was shared during an Immunization Advisory Committee meeting in the fall of 2010 and I believe provided by the ND Department of Health. From this chart, we feel it is important to note, there are actually 19 states that don't have any age limitations and 8 states with an age range below 18 years of age. Our National Alliance of State Pharmacy Associations also puts together an annual updated immunization chart showing what is allowed in each state. The two charts are basically identical. Our National Alliance of State Pharmacy Associations has also indentified 15 additional states that will be looking to reduce age limitations in their respective state during 2011.

According to the Board of Pharmacy, we have over 100 licensed pharmacists providing immunizations already in the state and dozens of NDSU College of Pharmacy PharmD students authorized to give immunizations. The College of Pharmacy is aware of this legislation and they are ready to include the necessary training for pharmacists and PharmD students to immunize younger individuals should this legislation pass.



I will try to answer any questions you may have today. If I do not know the answer to a question, I will get back to this committee right away. I would like to thank you for your time and attention today.

Respectfully,

*Mike*

Mike Schwab  
EVP  
ND Pharmacists Association

## Pharmacists Authority to Administer Vaccines

State	Administration by Protocol or Rx?	Age Limitations
Alabama	Both	None
Alaska	Protocol	None
Arizona	Rx	≥18 yrs
Arkansas	Both	≥18 yrs
California	Both	None
Colorado	Protocol	None
Connecticut	Both	≥18 yrs
Delaware	Both	≥18 yrs
Dist.of Columbia	NA	NA
Florida	Protocol	≥18 yrs
Georgia	Protocol	None
Hawaii	Protocol or CA	≥18 yrs
Idaho	MD agreement	None
Illinois	Both	≥14 yrs
Indiana	Both	≥14 yrs
Iowa	Protocol for Inf/PPSV; Rx for others	≥18 yrs
Kansas	Protocol	≥6yrs (inf); ≥18yrs (other)
Kentucky	Protocol	≥18 yrs
Louisiana	Rx or pt-spec CA	None*
Maine	Influenza by protocol; all others with Rx	≥9yrs (inf); ≥18yrs (Td/Tdap, zos, PPSV*)
Maryland	Protocol for Inf; Rx for PPSV	≥18 yrs
Massachusetts	MDPH-approved Stndng Order or Rx	≥18 yrs
Michigan	Both	None
Minnesota	Both	≥10yrs (inf); >18yrs (other)
Mississippi	Protocol	None
Missouri	Both	None/12 for inf
Montana	Protocol	≥18 yrs
Nebraska	Both	None
Nevada	Protocol	≥14 yrs
New Hampshire	By statute for influenza; Protocol for institutions	None
New Jersey	Both	None
New Mexico	Board of Pharmacy protocol	None
New York	Both	≥18 yrs
North Carolina	Protocol, Rx, CA, or standing order	≥18 yrs
North Dakota	Both	≥18 yrs
Ohio	Protocol	adult
Oklahoma	Rx	None
Oregon	State-approved protocol	≥18 yrs**
Pennsylvania	Both	≥18 yrs
Rhode Island	Both	≥18 yrs
South Carolina	Rx	None
South Dakota	Both	≥18 yrs
Tennessee	Both	None
Texas	Protocol, Rx, or standing order	≥14 yrs
Utah	Both	≥13 yrs
Vermont	Protocol	None
Virginia	Rx for all ages; Protocol for ≥18 yrs by mass vax (all vaccines) or for influenza <18yrs	≥18 yrs
Washington	Protocol	None
West Virginia	Protocol	≥18 yrs
Wisconsin	Protocol	≥18 yrs
Wyoming	Rx for HR adult; Rx for healthy adults	≥19 yrs
CA = Cooperative/Collaborative Agreement		

#4

House Human Services Committee - Fort Union Room

Chairman – Representative Robin Weisz

March 7, 2011

Mr. Chairman and members of the Committee, my name is Marissa Clarin, Pharm.D. Candidate 2011. I am currently interning at the North Dakota Pharmacists Association and am here today to offer support for SB 2035.

After four years of pharmacy school and as a future North Dakota pharmacist who will begin practicing in a just a few months, I am excited to have the ability to utilize my clinical skills and training to their maximum potential. My pharmacy education has given me a foundation to build my practice on that includes more than basic medication knowledge. The pharmacy profession has expanded far beyond typical dispensing of medications into providing more clinical services with specialized training.

One of the services many pharmacists, including all current North Dakota State University College of Pharmacy graduates are trained to provide is administration of immunizations. Our training consists of at least twenty hours of study material and hands-on training in techniques for administering vaccinations. With this training pharmacists have the authority to administer immunizations to patients 18-years and older. SB 2035 would expand patient access to immunizations by a pharmacist, allowing patients 11-years and older to receive immunizations and patients five-years and older to receive influenza vaccinations by a pharmacist.

As a future North Dakota pharmacist, I ask for your support on SB 2035. Thank you for your time and attention today. I would be happy to answer any questions you may have.

Respectfully Submitted,

Marissa Clarin

Pharm.D. Candidate 2011

North Dakota State University

# 5

Testimony to Bill 2035

March 7, 2011

~~Mister~~ <sup>Misyer</sup> Chairperson Representative Weisz and other Committee members,

My name is Kate Larson. I am a Physician Assistant in Garrison, ND. I have practiced in the rural area of ND for the past 16 years. I am representing North Dakota Academy of Physician Assistants. I am here to ask the committee to consider amending SB 2035 to include physician assistants.

As you know, PA's practice with physician supervision, and their scope of practice is derived from their supervising physician. PA's play a vital role in the delivery of patient care in this state, especially in rural and underserved areas. There about ~~300~~ <sup>360</sup> practicing PA's in the state at this time. If I am providing care for a family, I would hope that I would not have to send them to another provider to order immunizations that I have been adequately trained to do. The family would incur another office visit, causing more financial burden. Amending SB 2035 to include : PA's would assure that ALL qualified health professionals may order vaccinations for their patients.

I would like to thank Representative Paur for making our organization aware of this bill that did not include physician assistants.

I am hopeful that we can be included in this bill.

Thank you for your time today and for your service to North Dakota.

Kate Larson