

SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

BILL: CS/SB 2716

SPONSOR: Health, Aging, and Long-Term Care Committee and Senator Bennett

SUBJECT: Pharmacist/Immunizations

DATE: April 7, 2004

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Munroe	Wilson	HC	Fav/CS
2.	Johnson	Deffenbaugh	BI	Favorable
3.			AHS	
4.			AP	
5.				
6.				

I. Summary:

Committee Substitute for Senate Bill 2716 revises the definition of the “practice of the profession of pharmacy” to include the administering to adults of influenza virus immunizations by a pharmacist within the framework of an established protocol under a supervisory practitioner who is a Florida-licensed medical or osteopathic physician or by written agreement with a county health department. Each protocol must contain specific procedures to address any unforeseen allergic reaction to an immunization. A pharmacist may not enter into a protocol unless he or she maintains at least \$200,000 of professional liability insurance and not until the pharmacist has completed training in immunizations as required by the Board of Pharmacy. The decision by a supervisory practitioner to enter into such a protocol is a professional decision of the practitioner, and no person may interfere with a supervisory practitioner’s decision as to whether to enter into such a protocol. A pharmacist may not enter into such a protocol that is to be performed while acting as an employee without the written approval of the owner of the pharmacy.

This bill amends section 465.003 of the Florida Statutes.

II. Present Situation:

Chapter 465, F.S., governs the practice of the profession of pharmacy. The Board of Pharmacy is authorized to adopt rules for duties conferred upon it under the Pharmacy Practice Act. Section 465.003, F.S., defines the “practice of the profession of pharmacy” to include compounding, dispensing, and consulting concerning contents, therapeutic values, and uses of any medicinal drug; consulting therapeutic values and interactions of patent and proprietary preparations, whether pursuant to prescriptions or in the absence and entirely independent of such prescriptions or orders; and other pharmaceutical services. The term, “other pharmaceutical services” means the monitoring of the patient’s drug therapy and assisting in the management of

the patient's therapy, and includes review of the patient's drug therapy and communication with the patient's prescribing health care provider or the provider's agent regarding the drug therapy. The practice of pharmacy also includes any other act, service, operation, research, or transaction incidental to, or forming a part of, any of the foregoing acts, requiring, involving, or employing the science or art of any branch of the pharmaceutical profession, study, or training, and shall expressly permit a pharmacist to transmit information from persons authorized to prescribe medicinal drugs to their patients.

As of February 2004, 40 states allow pharmacists to immunize patients.¹ Several of the states permit pharmacists to immunize for virtually any disease for which a vaccine is available. According to studies published in the *International Journal of Pharmacy Practice and Pharmacotherapy*, pharmacists providing flu vaccinations increased vaccination rates in high risk patients by 74 percent.

III. Effect of Proposed Changes:

The bill revises the definition of the "practice of the profession of pharmacy" to include the administering to adults of influenza virus immunizations by a pharmacist within the framework of an established protocol under a supervisory practitioner who is a Florida-licensed medical or osteopathic physician or by written agreement with a county health department. Each protocol must contain specific procedures to address any unforeseen allergic reaction to an immunization. A pharmacist may not enter into a protocol unless he or she maintains at least \$200,000 of professional liability insurance and not until the pharmacist has completed training in immunizations as required by the Board of Pharmacy. The decision by a supervisory practitioner to enter into such a protocol is a professional decision of the practitioner, and a person may not interfere with a supervisory practitioner's decision as to whether to enter into such a protocol. A pharmacist may not enter into such a protocol that is to be performed while acting as an employee without the written approval of the owner of the pharmacy.

Any pharmacist seeking to immunize patients must be certified to administer immunizations under a certification program approved by the Board of Pharmacy upon consultation with the Board of Medicine. The certification program must, at a minimum, require that a pharmacist attend at least 20 hours of continuing education classes approved by the Board of Pharmacy. The program must have a curriculum of instruction concerning the safe and effective administration of immunizations, including, but not limited to, potential allergic reactions to immunizations.

The effective date of the bill is July 1, 2004.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The provisions of this bill will have no impact on municipalities and the counties under the requirements of Art. VII, s. 18 of the Florida Constitution.

¹ See <<http://www.aphanet.org/pharmcare/immunofact.html>>

B. Public Records/Open Meetings Issues:

The provisions of this bill will have no impact on public records or open meetings issues under the requirements of Art. I, s. 24(a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this bill will have no impact on the trust fund restrictions under the requirements of Art. III, Subsection 19(f) of the Florida Constitution.

V. Economic Impact and Fiscal Note:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

Consumers who are at high risk for influenza that may be prevented through immunization may have an increased access to a health care professional who may provide such immunizations, if pharmacists are authorized to do so under the bill.

C. Government Sector Impact:

The Department of Health may have minimal costs associated with the Board of Pharmacy's adoption of any rules to implement training requirements for pharmacists to provide immunizations.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Amendments:

None.