

The Florida Senate
PROFESSIONAL STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

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

Prepared By: Judiciary Committee

BILL: CS/CS/SB 2022

INTRODUCER: Judiciary Committee, Health Regulation Committee, and Senators Bennett and Rich

SUBJECT: Immunization Services

DATE: April 19, 2007

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Munroe	Wilson	HR	Fav/CS
2.	Daniell	Maclure	JU	Fav/CS
3.				
4.				
5.				
6.				

I. Summary:

This bill authorizes a Florida-licensed pharmacist to administer influenza virus immunizations to adults under a protocol with a supervisory Florida-licensed physician or by written agreement with a county health department. The bill establishes requirements for a pharmacist seeking to immunize patients, including:

- Maintenance of at least \$200,000 of professional liability insurance;
- Entering into a written agreement with a county health department or supervisory protocol with a practitioner licensed under chs. 458 or 459, F.S., specifying certain terms and conditions;
- Written approval to administer vaccinations from the pharmacy owner;
- Training and immunization certification approved by the Board of Pharmacy in consultation with the Board of Medicine and the Board of Osteopathic Medicine; and
- Twenty-hours of continuing education classes approved by the Board of Pharmacy, including instruction in safe and effective administration of influenza virus immunizations and potential allergic reactions to influenza virus immunizations.

This bill creates a task force for the study of biotech competitiveness within the Governor’s Office of Tourism, Trade, and Economic Development and provides its duties and responsibilities.

This bill amends section 465.003, Florida Statutes, and creates section 465.189, Florida Statutes. This bill creates an unnumbered section of the Florida Statutes.

II. Present Situation:

Influenza and Adult Immunizations

Influenza, commonly referred to as the “flu,” is caused by the influenza virus that infects the respiratory system.¹ The virus is typically spread from person to person when an infected person coughs or sneezes the virus into the air.² Transmission rates are greatest for individuals in highly populated areas. Influenza can cause severe illness and lead to serious and life-threatening complications in all age groups.³ Complications such as bacterial pneumonia, ear and sinus infections, dehydration, and worsening of conditions such as congestive heart failure, asthma, or diabetes often occur in vulnerable persons such as the elderly, those living in nursing homes and other long-term care facilities, and persons with certain chronic medical conditions.⁴

The flu is a major cause of illness and even death in the United States. According to the Centers for Disease Control and Prevention (CDC) of the United States Department of Health and Human Services, on average more than 200,000 people are hospitalized each year for flu-related complications, and approximately 36,000 Americans die each year from complications of the flu.⁵ Influenza and pneumonia combined represent the fifth leading cause of death in the elderly.⁶ The influenza vaccine “remains the single most effective preventive measure available against influenza.”⁷ Influenza immunization has been shown to be helpful in decreasing hospitalizations and deaths.⁸

There are minimal adverse reactions or side effects associated with influenza vaccination.⁹ The most common adverse reactions to inactivated influenza vaccine¹⁰ after its administration are related to the body’s response to the vaccine components at the site of injection. Common reactions may include inflammation at the injection site, resulting in redness, swelling, or pain.¹¹ Less common reactions to the administration of the influenza vaccine include fever, malaise, and

¹ Centers for Disease Control and Prevention, *Influenza: Questions & Answers: The Disease*, at <http://www.cdc.gov/flu/about/qa/disease.htm> (last visited April 5, 2007) (hereinafter *Questions & Answers*).

² *Id.*

³ *Id.*

⁴ Centers for Disease Control and Prevention, *Influenza: Key Facts about Influenza and Influenza Vaccine*, at <http://www.cdc.gov/flu/keyfacts.htm> (last visited April 5, 2007) (hereinafter *Key Facts*).

⁵ *Questions & Answers*, *supra* note 1.

⁶ Association of State and Territorial Health Officials, *Adult Immunization Facts*, at <http://www.astho.org/pubs/FactSheetAdultImmunActTable2006.pdf> (last visited April 5, 2007).

⁷ Linda Bren, *Influenza: Vaccination Still the Best Protection*, FDA CONSUMER MAGAZINE, Vol. 40, No. 5 (September-October 2006), at http://www.fda.gov/fdac/features/2006/506_influenza.html (last visited April 5, 2007).

⁸ Centers for Disease Control and Prevention, *Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices*, MORBIDITY AND MORTALITY WEEKLY REPORT 55 (July 28, 2006), at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5510a1.htm> (last visited April 5, 2007) (hereinafter *Prevention and Control of Influenza*).

⁹ Medicare and Medicaid Programs; Conditions of Participation: Immunization Standards for Hospitals, Long-Term Care Facilities, and Home Health Agencies, 67 Fed. Reg. 61,808, 61,809 (October 2, 2002) (to be codified at 42 CFR parts 482, 483, and 484) (hereinafter *Federal Register*).

¹⁰ Inactivated influenza vaccines do not contain the live virus, but rather the noninfectious killed viruses and therefore cannot cause influenza. *Id.*

¹¹ U.S. Food and Drug Administration, *Inactivated Influenza Vaccines for Use in 2003-2004*, at <http://www.fda.gov/cber/flu/flurclqa.htm> (last visited April 5, 2007) (hereinafter *Inactivated Influenza Vaccines*).

muscle aches.¹² Serious immediate allergic reactions to inactivated influenza vaccines, such as itching, hives, difficulty breathing, loss of blood pressure, and even death, are not common, but can occur within a few minutes in individuals who likely have allergies to components of the vaccines.¹³ The influenza vaccine is contraindicated¹⁴ for people with a history of hypersensitivity to certain vaccine components, especially eggs or egg products. The Food and Drug Administration (FDA) recommends that recipients remain under observation for the first 15-30 minutes after the vaccine is injected to detect and treat any rare and serious allergic reactions.¹⁵ The potential side effects of the influenza vaccination must be weighed against the potential benefits of the vaccination, which include prevention of serious illness, hospitalization, and death.

The CDC publishes updates on influenza activity periodically in the Morbidity and Mortality Weekly Report.¹⁶ The Public Health Training Network of the CDC also offers continuing education courses relating to influenza immunization.¹⁷

The Profession of Pharmacy

Pharmacy is the third largest health profession in America, and, accordingly, pharmacists serve a vital role in the health care system.¹⁸ In the last quarter century, pharmacy has expanded its role as a profession that focuses on the preparation and dispensing of medication to one in which pharmacists provide a wide range of patient-oriented services.¹⁹

Chapter 465, F.S., governs the practice of the profession of pharmacy in Florida. The Board of Pharmacy is authorized to adopt rules, pursuant to s. 465.005, F.S., for duties conferred upon it under the Florida Pharmacy 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 concerning therapeutic values and interactions of patent or proprietary preparations, whether pursuant to prescriptions or in the absence and entirely independent of such prescriptions or orders; and other pharmaceutical services.” The definition also includes the monitoring of the patient’s drug therapy and assisting the patient in the management of his or her drug 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. Furthermore, the practice of pharmacy includes any other act, service, operation, research, or transaction incidental to, or forming a part of, any of the

¹² *Prevention and Control of Influenza*, *supra* note 8.

¹³ *Inactivated Influenza Vaccines*, *supra* note 11.

¹⁴ In medicine, a contraindication is a condition or factor that increases the risks involved in using a particular drug, carrying out a medical procedure, or engaging in a particular activity. Wikipedia, at <http://www.reference.com/browse/wiki/Contraindication> (last visited April 5, 2007).

¹⁵ *Inactivated Influenza Vaccines*, *supra* note 11.

¹⁶ See generally Centers for Disease Control, *Update: Influenza Activity -- United States, October 1, 2006 – February 3, 2007*, MORBIDITY AND MORTALITY WEEKLY REPORT vol. 56(06), 118-121 (February 16, 2007), at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5606a3.htm> (last visited April 5, 2007).

¹⁷ See generally <http://www2a.cdc.gov/PHTN/default.asp> (last visited April 5, 2007).

¹⁸ American Pharmacists Association, *Facts About Pharmacists and Pharmacies*, at <http://www.aphanet.org//AM/Template.cfm?Section=Home> (search for 2680, then follow “Facts about Pharmacists and Pharmacies” hyperlink) (last visited April 5, 2007).

¹⁹ *Id.*

foregoing acts, requiring, involving, or employing the science or art of any branch of the pharmaceutical profession, study, or training, and expressly permits a pharmacist to transmit information from persons authorized to prescribe medicinal drugs to their patients.

As of April 2006, 44 states allowed pharmacists to immunize patients.²⁰ Several states permit pharmacists to immunize for virtually any disease for which a vaccine is available. According to a representative from the American Society of Consultant Pharmacists, vaccination rates are 7 percent higher in states where pharmacists can immunize. Standing orders are used in some states to authorize licensed practitioners to administer vaccinations, after assessment for contraindications, according to a physician-approved policy without the need for a physician's order in nursing homes and hospitals.²¹

Provider Resources

The Medicare program's payment policy for influenza and pneumococcal vaccination has been criticized in the past for being too low and cumbersome by national associations representing health care professionals. A study by the American College of Physicians - American Society of Internal Medicine's Adult Immunization Initiative found that 85 percent of general internists think that reimbursement for immunizations is inadequate and poses a barrier for their practices to continue to provide the service.²² The associations noted that, "if physicians begin referring patients to other venues for vaccination, it will decrease the likelihood that patients will actually get immunized. Additionally, with the proposed limited CMS²³ reimbursement, non-physician health care professionals providing influenza vaccination may themselves be unable to provide vaccination, be unable to meet increased demands, or [be] unable to increase their own immunization schedules. The recognized standard of public health practice is that patients be immunized whenever the physician has the opportunity and the patient needs the vaccine, otherwise patients may be lost to follow-up and not get vaccinated at all."²⁴ The Medicare program rate of reimbursement for influenza and pneumococcal immunization for September 1, 2006, through August 31, 2007, is \$12.62.²⁵

Professionals Who May Administer Immunizations

In addition to Florida-licensed medical physicians, osteopathic physicians, physician assistants, and nurses, paramedics may administer immunizations under s. 401.272, F.S. Section 401.272, F.S., authorizes a paramedic to administer immunizations after his or her medical director has verified and documented that the paramedic has received sufficient training and experience to administer immunizations.

²⁰ American Pharmacists Association, *Immunizing Pharmacist Listserve*, at <http://www.aphanet.org/AM/Template.cfm?Section=Search&template=/CM/HTMLDisplay.cfm&ContentID=6748> (last visited April 5, 2007).

²¹ Federal Register, *supra* note 9, at 61,810.

²² American College of Physicians, *Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule for Calendar Year 2003; Proposed Rule; CMS-1204-P* (August 27, 2002), at http://www.acponline.org/hpp/vac_adpay.htm (last visited April 5, 2007).

²³ CMS stands for Centers for Medicare and Medicaid Services. *Id.*

²⁴ *Id.*

²⁵ Centers for Medicare & Medicaid Services, *Provider Resources*, at http://www.cms.hhs.gov/AdultImmunizations/02_Providerresources.asp (last visited April 5, 2007).

Confidentiality of and Access to Patient Records

Chapter 456, F.S., specifies the general regulatory provisions for health care professions within the Department of Health (DOH). Section 456.057, F.S., deals with the confidentiality of, and patient's access to, medical records created by specified health care practitioners. "Records owner" is defined to mean "any health care practitioner who generates a medical record after making a physical or mental examination of, or administering treatment or dispensing legend drugs to, any person; any health care practitioner to whom records are transferred by a previous records owner; or any health care practitioner's employer . . . provided the employment contract or agreement between the employer and the health care practitioner designates the employer as the records owner."

For purposes of s. 456.057, F.S., the terms "records owner," "health care practitioner," and "health care practitioner's employer" do not include any of the following persons or entities: certified nursing assistants; *pharmacists and pharmacies*; dental hygienists; nursing home administrators; respiratory therapists; athletic trainers; electrologists; clinical laboratory personnel; medical physicists; opticians and optical establishments; and persons or entities practicing under s. 627.736(7), F.S., relating to personal injury protection claims. These persons or entities are not authorized to acquire or own medical records, but are authorized under the confidentiality and disclosure requirements of s. 456.057, F.S., to maintain those documents required by the part or chapter under which they are licensed or regulated.

Confidentiality of and Access to Pharmacy Records

Section 465.017, F.S., provides that, except upon written authorization of the patient, a pharmacist is authorized to release patient prescription records only to the patient, the patient's legal representatives, the patient's spouse if the patient is incapacitated, to DOH, or upon the issuance of a subpoena. Section 465.017, F.S., also specifies certain other exceptions for the release of records maintained in a pharmacy relating to the filling of prescriptions and dispensing of drugs. Pharmacists are subject to discipline for using or releasing a patient's records, except as authorized by ch. 465, F.S., and ch. 456, F.S.

Economic Development/Biotechnology

Enterprise Florida, Inc. (EFI), the state's principal economic development organization, reports that Florida has over 80 biotechnology companies engaged in a wide variety of research activities.²⁶ According to EFI's website:

The biotechnology industry depends upon continual scientific innovation, a highly skilled workforce, and supportive business and political environments. Florida is home to top-notch research universities and medical research centers, which are supported by successful and nationally recognized technology transfer programs. Further, Florida has demonstrated its

²⁶ Enterprise Florida, *Life Sciences*, <http://www.eflorida.com/keysectors/bio/default.asp?level1=22&level2=115®ion=nw> (last visited April 19, 2007).

commitment to building a world-class biotechnology sector through its investments in cutting-edge research facilities.

Florida is on the verge of becoming a major player in the biotechnology industry. With the announcement of Scripps Florida, and Governor Bush and the Florida Legislature's establishment of Florida's Centers of Excellence in Biomedical and Marine Biotechnology and Regenerative Health Biotechnology, Florida will be a hotbed for technological advancement in the biotechnology industry. So far, the greatest impact of Florida's biotechnology activities has been in the discovery and production of new pharmaceuticals, safer vaccines, and faster and more reliable diagnostic tests.²⁷

Office of Tourism, Trade, and Economic Development

Created in 1996, the Office of Tourism, Trade, and Economic Development (OTTED), within the Executive Office of the Governor, assists the Governor, Lieutenant Governor, and Legislature to formulate policies and strategies designed to provide economic opportunities for all Floridians.²⁸ To accomplish its purpose, OTTED shall:

- Contract with the direct-support agency created under s. 288.1229, F.S., to guide, stimulate, and promote the sports industry in the state;
- Monitor the activities of public-private partnerships and state agencies;
- Facilitate the direct involvement of the Governor and Lieutenant Governor in economic development and workforce development projects;
- Assist the Governor, in cooperation with other state agencies, in preparing an annual report to the Legislature on the state of the business climate in Florida;
- Plan and conduct at least one meeting per calendar year to address the business climate in the state;
- Administer certain statutorily created programs;
- Serve as contract administrator for the state with respect to contracts with certain agencies;
- Provide administrative oversight for the Office of Film and Entertainment;
- Prepare and submit as a separate budget entity a unified budget request for tourism, trade, and economic development; and
- Adopt rules to carry out its functions.²⁹

Enterprise Florida, Inc.

In 1992, ch. 288, part VII, F.S., was created establishing Enterprise Florida, Inc., (EFI) as the principal economic development organization for the state.³⁰ EFI is a public-private partnership

²⁷ Enterprise Florida, *Biotechnology*, <http://www.eflorida.com/keysectors/bio/bio.asp?level1=22&level2=115&level3=365®ion=nw> (last visited April 19, 2007).

²⁸ Governor's Office of Tourism, Trade, and Economic Development, *Our Mission*, http://www.flgov.com/otted_home (last visited April 19, 2007).

²⁹ Section 14.2015, F.S.

and is responsible for leading Florida's statewide economic development efforts. The organization's mission is to diversify the state's economy and create better paying jobs for its citizens by supporting, attracting, and helping to create businesses in innovative, high-growth industries.³¹ EFI provides a variety of services to companies and focuses on sectors such as: life sciences, information technology, aviation/aerospace, homeland security and defense, and financial and professional services.³² EFI works with regional and local economic development organizations to assist existing and new businesses with retention, expansion, and creation of businesses.

Enterprise Florida, Inc., is governed by a board of directors, consisting of:

- The Governor or Governor's designee;
- The Commissioner of Education or the commissioner's designee;
- The Chief Financial Officer or his or her designee;
- A member of the Senate appointed by the President of the Senate;
- A member of the House of Representatives appointed by the Speaker of the House;
- The chairperson of the board of directors of Workforce Florida, Inc.;
- Twelve members from the private sector, six of whom shall be appointed by the Governor, three of whom shall be appointed by the President of the Senate, and three of whom shall be appointed by the Speaker of the House of Representatives; and
- The Secretary of State or the secretary's designee.³³

The Governor shall serve as the chairperson of the board.

III. Effect of Proposed Changes:

This bill creates a short title, providing that the act may be cited as the "Pharmacist Kevin Coit Memorial Act."

Influenza Virus Immunization Services by Pharmacists

This bill amends s. 465.003(13), F.S., to revise the definition of the "practice of the profession of pharmacy" to include the administering of influenza virus immunizations to adults by a pharmacist within the framework of an established protocol under the supervision of a Florida-licensed physician or by written agreement with a county health department.

This bill creates s. 465.189, F.S., to authorize Florida-licensed pharmacists to administer influenza virus immunizations to adults within the framework of an established protocol under a supervisory practitioner who is a Florida-licensed physician or by written agreement with a county health department.

³⁰ Section 288.9015(1), F.S.

³¹ Enterprise Florida, Inc., *About Us*, at <http://www.eflorida.com/aboutus/default.asp?tn=3> (last visited April 16, 2007).

³² *Id.*

³³ Section 288.901(3), F.S.

Each protocol must contain specific procedures to address any unforeseen allergic reaction to an influenza vaccine. A pharmacist may not enter into a protocol until he or she maintains at least \$200,000 of professional liability insurance and the pharmacist has completed training in the administration of influenza virus immunizations as provided in proposed s. 465.189, F.S. 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 a protocol to administer influenza virus immunizations while acting as an employee without the written approval of the owner of the pharmacy.

If a supervising physician enters into a protocol with a pharmacist, the protocol must include specific categories and conditions among patients for whom the supervising physician will authorize the pharmacist to administer influenza virus immunizations. The terms, scope, and conditions set out in the protocol must be appropriate to the pharmacist's training and certification. Pharmacists given the authority to administer influenza virus immunizations must provide evidence of his or her current certification by the Centers for Disease Control of the United States Department of Health³⁴ to the supervising physician. The protocol between the pharmacist and supervising physician must set out the process and schedule for review of the administration of influenza virus immunizations by the supervising physician.

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

A pharmacist who administers influenza virus immunizations must maintain and make available patient records in accordance with the standards for patient records under s. 456.057, F.S. These records must be maintained for at least five years. Pharmacists shall also forward immunizations records to the Department of Health³⁵ for inclusion in the state registry of immunizations information.

The pharmacist must submit a copy of the protocol or written agreement to administer an influenza virus immunization to the Board of Pharmacy.

Economic Development/Biotechnology

This bill creates a task force within the Governor's Office of Tourism, Trade, and Economic Development for the study of biotech competitiveness in Florida. The purpose of the task force is to study economic policies necessary for making Florida competitive with other states in

³⁴ See the "Technical Deficiencies" section of this staff analysis.

³⁵ The bill does not specify which department; however, under s. 465.003, F.S., which provides the definitions for ch. 465, F.S., "department" means "the Department of Health."

attracting and retaining a biotech manufacturing and distribution workforce. The task force is instructed to include in its study:

- Review of the state's corporate taxation system, including implementing a single sales-factor formula to apportion the income of biotech businesses, and its effect on attracting biotech manufacturing and distribution facilities to the state;
- Review of the state's water policies;
- Review of the state's education and workforce training programs and workforce preparedness for employment in the biotech manufacturing and distribution fields;
- Review of the state's Medicaid program, state employee health plans, and private health insurance policies and regulations and the extent to which they provide support for products generated by biotech companies;
- Review of other states' initiatives that have had success in attracting and retaining biotech manufacturing and distribution facilities and an evaluation of Florida's readiness to compete with other states;
- Recommendations concerning maximizing federal revenues to the state; and
- Recommendations concerning how Florida's existing policies and programs can be modified to ensure competitiveness when evaluated by companies making siting decisions related to biotech manufacturing and distribution facilities.

The task force shall report its findings to the Governor, President of the Senate, and Speaker of the House by January 1, 2009.

The task force shall consist of 17 members: seven members appointed by the Governor, five members appointed by the President of the Senate, and five members appointed by the Speaker of the House of Representatives. Specifically, the task force will consist of:

- One member from the Governor's Office of Tourism, Trade, and Economic Development;
- The Secretary or Surgeon General of the Department of Health;
- One member from the Department of Education;
- One member from the Agency for Workforce Innovation;
- One member from the Florida Research Consortium;
- One member representing the Medical Device Manufacturing Association;
- One member from Enterprise Florida, Inc.;
- One member representing the Torrey Pines Research Institute;
- One member representing the Burnham Research Institute;
- One member representing an established biotech company that has sited a manufacturing or distribution facility outside Florida in the last 12 months;
- One member representing the Florida Public Health Foundation, Inc.;
- One member representing the Scripps Research Institute;
- One member representing BioFlorida;
- One member representing a local economic development authority; and
- One member representing the Board of Governors of the State University System.

The Governor shall designate one member to serve as the chairperson of the task force. The members of the task force shall serve without compensation, but are to be reimbursed for travel and necessary expenses pursuant to s. 112.061, F.S.

The bill provides that the task force will dissolve on June 30, 2009. The legislative intent for creating the task force is also included in the bill and focuses on striving to become the nation's leader in immunizations and encouraging companies to locate to Florida to help achieve this goal.

The effective date of the bill is July 1, 2007.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. Other Constitutional Issues:

Section 6 of Article III of the State Constitution requires every law to “embrace but one subject and matter properly connected therewith.” This requirement does not unduly restrict the scope or operation of a law. In fact, the single subject may be as broad as the Legislature chooses, as long as the matters contained in the law have a neutral or logical connection.³⁶ The single subject requirement is violated if a law is written to accomplish separate and disassociated objects of legislative intent.³⁷ A violation of the one-subject limitation renders inoperative any provision contained in an act which is not fairly included in the subject expressed in the title or which is not properly connected with that subject.³⁸

Additionally, the Florida Constitution requires that the subject of every law “be briefly expressed in the title.”³⁹ The subject expressed in the title circumscribes the one subject to which the act must relate. If the language of the title is broad enough that a person can reasonably foresee that his or her interests might be affected by the subject of the proposed act, the notice given in the title is constitutionally sufficient.⁴⁰

³⁶ *Bd. of Public Instruction of Broward County v. Doran*, 224 So. 2d 693, 699 (Fla. 1969).

³⁷ *State ex rel. Landis v. Thompson*, 163 So. 270, 283 (Fla. 1935).

³⁸ *Ex parte Knight*, 41 So. 786, 788 (Fla. 1906).

³⁹ Art. III, s. 6, Fla. Const.

⁴⁰ Fla. Senate, *Manual for Drafting General Bills*, 28 (5th ed. 1999).

The title for this bill is “[a]n act relating to immunization services,” and the subject embraced by the bill appears to be related to immunization services. The legislative intent for the biotech competitiveness task force created by this bill speaks to Florida striving to become the nation’s leader in immunizations and encouraging companies to locate to Florida to help achieve this goal. However, the purpose of the task force also addresses specific economic development, workforce development, and other policy issues, such as reviewing the state’s corporate taxation system, water policies, education and workforce training programs, and Medicaid program. Because the scope of the task force is broader than immunization services, the bill may raise questions about compliance with the single-subject requirement of the State Constitution.

V. Economic Impact and Fiscal Note:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

If pharmacists take advantage of the opportunity to administer influenza virus immunizations, consumers who are at high risk for influenza, which may be prevented by vaccination, may have increased access to a health care professional who can provide such vaccinations.

Pharmacists seeking to administer influenza vaccinations may incur costs for certification and training. The American Pharmacist Association (APA) currently offers certificate training programs, including “Pharmacy-Based Immunization Delivery.”⁴¹ According to an APA representative, this certification training includes training on the safe and effective administration of influenza vaccines, as well as other immunizations, and is \$225 for members of the APA or \$325 for non-members.

C. Government Sector Impact:

According to the Department of Health, there is no fiscal impact to the department. However, under the bill, the Board of Pharmacy would have to approve a certification program and maintain a copy of the protocol or written agreement to administer a vaccination between the supervisory practitioner and pharmacist.

Members of the Task Force on the Study of Biotech Competitiveness serve without compensation, but are entitled to reimbursement as provided in s. 112.061, F.S., for travel and other necessary expenses. Additionally, the bill provides that the Office of Tourism, Trade, and Economic Development (OTTED) is responsible for providing support to the task force, which may result in OTTED incurring incidental costs relating to this purpose.

⁴¹ See <http://www.pharmacist.com/CTP/immunization.cfm> (last visited April 5, 2007).

VI. Technical Deficiencies:

The bill's reference to the "Centers for Disease Control of the United States Department of Health" (CDC) is incomplete. The full title of the CDC is the Centers for Disease Control and Prevention of the United States Department of Health and Human Services.⁴²

VII. Related Issues:

The bill provides that a pharmacist may administer influenza virus immunizations by entering into a written protocol with a supervisory practitioner or by written agreement with a county health department. The bill goes on to provide requirements for entering into a protocol with a supervisory practitioner; however, the bill does not address any requirements for a pharmacist entering into a written agreement with a county health department.

Additionally, in section 3 of the bill, subsection (6), uses the term "supervisory physician" where the rest of the bill uses the term "supervisory practitioner." The Legislature may wish to conform subsection (6) to the rest of the bill by changing the language to say a "supervisory practitioner."

This Senate Professional Staff Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

⁴² See <http://www.cdc.gov/> (last visited April 19, 2007).

VIII. Summary of Amendments:

None.

This Senate Professional Staff Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.
