



Hawaii Chapter

AAP - Hawaii Chapter

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To: The Honorable Angus McKelvey, Chair
and members of the Consumer Protection and Commerce Committee

From: R. Michael Hamilton, MD, MS, FAAP,
President, American Academy of Pediatrics, Hawaii Chapter

Testimony on: H.B. 253, Relating to Vaccinations

Hearing date: Monday, February 23, 2015 at 2:00pm

Thank you for this opportunity to testify in strong opposition to H.B. 253, relating to vaccinations. Although the intent of this bill, which would be to enhance the opportunity to immunize teens between 14 to 17 years of age, is a good one, HB 253 could in fact do harm to the Patient Centered Medical Home model that is vital to providing comprehensive care to this population.

The Patient Centered Medical Home (PCMH) is a network of care that involves the primary care physician (PCP), the patient and their family as well as other health care professionals who work in collaboration with the family and PCP to oversee the care (both chronic and acute) and preventative health needs of the patient in a comprehensive, coordinated and continuous fashion.

This bill would allow a "collaborating physician" to authorize immunizations for this age group. What is a "collaborating physician"? Will they have access to the patient's medical record, so that they are aware of any underlying medical issues? Will the "collaborating physician" know which immunizations are needed and the timing of such immunizations? (Many immunizations require appropriate timing for them to be considered effective). Will the "collaborating physician" ensure that appropriate documentation is received by the PCP, so that the PCP will be aware of what immunizations were given? The term "collaborating physician" needs to be defined!

I have no concerns with having Advance Practice Registered Nurses (APRN) being included in a similar bill as long as they adhere to the PCMH concept and the term "collaborating physician" is better defined or eliminated.

It is common for teens to be seen by a PCP only once a year (at best) for their annual physical and immunizations. This is when other very important health care issues can be addressed, such as substance abuse, depression, teen sexual activity, obesity, and of course other chronic conditions such as asthma. Teens do not readily share much of this information unless they have a well-established relationship with a health care provider. Will the "collaborating physician" establish appropriate follow up with their PCP so that these other health care issues can be addressed? Who will see to **all** of the teenager's needs, or in other words, who will provide comprehensive care for our teens in this critical time in their lives. This is the purpose of the Patient Centered Medical Home Model, to provide comprehensive care and an outside entity, such as a "collaborating physician" can easily fragment this care.

Finally, will there be a medical provider on the premises for those teens who have an adverse reaction to an immunization? It is common for some teens to faint after the HPV vaccine. In the PCP setting, we stabilize these patients and then send them home once they are stable. What will the pharmacy do? Will they be able to deal with the emergency? If 911 is called, which may be avoided in a primary care setting, who pays for this?

There is already a precedent set to have interested and relevant health care community members convene and discuss what could and should be a better solution than passing this bill. This precedent is the Task Force that was assembled under Act 125 that proposed the adopted influenza vaccine administration by pharmacists for ages 14-17. Please postpone HB 253 so that interested health care partners can thoroughly vet this process and provide recommendations for the 2016 legislature.

On behalf of the American Academy of Pediatrics, Hawaii Chapter and as Chapter President I strongly oppose this bill (H.B.253), as there are too many unanswered questions which I have attempted to outline above.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Michael Hamilton".

R. Michael Hamilton, MD, MS, FAAP

=====

The Queen's POB I, 1380 Lusitana St., Suite 501, Honolulu, HI 96813-2449
(808) 521-6030 * fax (808) 521-6273 * e-mail: gchock@aap.net

Testimony on House Bill 253, Relating to Vaccinations

February 20, 2015

Opposed to HB253HD1

To The Honorable Angus McKelvey, Chair and Members of the Consumer Protection and Commerce Committee

Access to health care to receive appropriate immunizations is a high priority for all health care providers. As a pediatrician I deal with this issue on a daily basis and have built my practice based on delivering appropriate care to the children, adolescents and young adults that I care for in a comprehensive, continuous manor.

In that light HB253 although purporting to increase access to care for adolescents is flawed and would create an unnecessary risk of fragmenting the health care of adolescents 14 to 17 years of age.

Unfortunately the authors of HB253 did not ask to reconvene or consult with the task force established by Act 125 SLH2010 that resulted in HRS section 461-11.4 allowing pharmacists to administer influenza vaccine to adolescents 14 to 17 years of age. Instead of seeking collaboration amongst health care professionals the authors deleted references to the medical home and unilaterally inserted language allowing an undefined "collaborating physician" to write a prescription for any adolescent vaccine.

We pediatricians and you legislators should be highly concerned when a physician who is not versed in the health history of a patient is allowed to write a prescription for an individual that he/she has never had contact with. This concept flies in the face of all that we have worked for to provide a medical home ("the primary care physician who, working in collaboration with the family, oversees the acute, chronic and preventive health needs of the patient in a comprehensive, coordinated, and continuous fashion." 461-11.4e) for our infants, children, youth and young adults in the State of Hawaii.

I urge you to reject HB253 and in the spirit that gave credence to HRS section 461-11.4, refer this issue to the task force in order to bring the health care community back together for a comprehensive collaborative examination of adolescent immunizations and then allow the task force to submit a recommendation that more accurately reflects the views of our larger local health care community.

I sincerely appreciate your thoughtfulness and desire to enable the health care community to deliver better care for our keiki than what is presented in HB253HD1.

If in your wisdom this bill has the need to move forward then, in agreement with our Department of Health, it should be amended to reinstate the language "The pharmacist shall verify that the prescriber or the prescriber's authorized agent is the patient's medical home."

Respectfully:

Galen YK Chock MD

VINCE YAMASHIROYA, M.D., FAAP
GENERAL PEDIATRICS

February 20, 2015

RE: Testimony on House Bill 253, Relating to Vaccinations

To The Honorable Angus McKelvey, Chair and Members of the Consumer Protection and Commerce Committee:

I am a practicing pediatrician in Honolulu and am concerned about HB253 involving pharmacists providing vaccinations to my patients. I am in opposition to this bill.

As a pediatrician who strongly supports the Medical Home, I feel that the language in this bill will undermine my efforts to ensure that all my patients have the recommended vaccines and that the vaccines given are done safely.

As the language in this bill states, a “collaborating physician” can write a prescription for any adolescent vaccine. This collaborating physician, who is not specified in this bill, may not be involved in the Medical Home, and therefore is ignorant to the child’s immunization records, contraindications to particular vaccines (for example, allergic reactions), and lack of follow up in the case of an adverse reaction.

A good example is Gardasil, which protects against human papillomavirus which can lead to cervical cancer. One of the side effects I frequently see is lightheadedness after the vaccine. As a physician, I am comfortable in managing this common side effect. I feel that a pharmacy is ill equipped to manage this problem as they are not physicians. In addition, this vaccine needs to be given three times in order for an adolescent to be fully vaccinated. Having a bad experience from a pharmacist may deter this individual from completing the series, which would be different from a physician’s office, especially since we have a strong, trusting relationship with the family and patient.

It is commendable that the spirit of this bill is to increase immunization rates in our state; however, I strongly feel that it is best done with the patient’s own physician.

I urge you to reject HB 253 for the safety of our children.

Respectfully yours,



Vince Yamashiroya, M.D.

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 20, 2015 12:22 PM
To: CPCtestimony
Cc: keithm@kapiolani.org
Subject: Submitted testimony for HB253 on Feb 23, 2015 14:00PM

HB253

Submitted on: 2/20/2015

Testimony for CPC on Feb 23, 2015 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Keith Matsumoto	Individual	Oppose	No

Comments: As a practicing pediatrician, I oppose HB253. The proposed amendments are in opposition to and will hinder our efforts to provide comprehensive, coordinated and continuity of care via the Medical Home. There are current economic, political and social forces that threaten the doctor-patient relationship. HB253 is another potential threat to endanger this relationship.

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From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 19, 2015 7:21 PM
To: CPCtestimony
Cc: lenora@hawaii.edu
Subject: Submitted testimony for HB253 on Feb 23, 2015 14:00PM

HB253

Submitted on: 2/19/2015

Testimony for CPC on Feb 23, 2015 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Dr. Lenora Lorenzo	Individual	Support	No

Comments: I support this bill as amended with APRN inclusion as provider/prescriber. Mahalo for your amendments.

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STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

LATE

**Testimony COMMENTING on HB 253, HD1
RELATING TO VACCINATIONS**

REPRESENTATIVE ANGUS L.K. McKELVEY, CHAIR
HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE
Hearing Date: February 23, 2015 Room Number: 325

1 **Fiscal Implications:** None.

2 **Department Testimony:** While the Department appreciates the intent of this measure, which
3 would increase access to immunization for persons aged 14 through 17 years, we recommend
4 retaining the language that requires pharmacists to verify that the prescriber is the patient's
5 medical home. The term "collaborating physician" is not defined in the measure and implies that
6 the prescriber could be a physician that does not provide regular primary care for the adolescent
7 and therefore would be unfamiliar with the adolescent's medical history. While influenza
8 vaccinations in this age group are administered once annually, the schedules for other vaccines
9 recommended for adolescents can be complex, requiring knowledge of previous doses
10 administered as well as the appropriate intervals between doses. To avoid the administration of
11 vaccines at incorrect ages or intervals, which could result in invalid doses that would need to be
12 repeated or the unnecessary administration of extra doses of vaccine, which also would not be
13 covered by insurance, it is critical that the prescribing physician is aware of the patient's
14 immunization history, and should therefore be the patient's medical home. In addition, this
15 would ensure that the adolescent and their parent would consult with and receive appropriate
16 information from their own physician, who could also assess whether the adolescent may safely
17 receive such vaccinations in a non-medical setting.

18
19 **Offered Amendments:** §461-11.4 Vaccinations; children. (a) A pharmacist may administer a
20 vaccine to persons between fourteen and seventeen years of age pursuant to a valid prescription.
21 The pharmacist shall verify that the prescriber or the prescriber's authorized agent is the patient's
22 medical home.

23
24 Thank you for the opportunity to testify.

LATE

**PRESENTATION OF THE
BOARD OF NURSING**

TO THE HOUSE COMMITTEE ON
CONSUMER PROTECTION AND COMMERCE

TWENTY-EIGHTH LEGISLATURE
Regular Session of 2015

Monday, February 23, 2015
2:00 p.m.

TESTIMONY ON HOUSE BILL NO. 253, H.D. 1, RELATING TO VACCINATIONS.

TO THE HONORABLE ANGUS L. K. MCKELVEY, CHAIR,
AND MEMBERS OF THE COMMITTEE:

My name is Lee Ann Teshima, Executive Officer of the Board of Nursing ("Board"). I appreciate the opportunity to offer comments on House Bill No. 253, H.D. 1, Relating to Vaccinations, which authorizes pharmacists to administer vaccines to persons between 14 and 17 years of age who have a prescription from a collaborating physician or advanced practice registered nurse.

The Board of Nursing has not had an opportunity to discuss this measure with the new amendments which include advanced practice registered nurses, but will do so at its next Board meeting scheduled for March 5, 2015.

Thank you for the opportunity to testify on House Bill No. 253, H.D. 1.

**PRESENTATION OF THE
BOARD OF PHARMACY**

LATE

TO THE HOUSE COMMITTEE ON
CONSUMER PROTECTION AND COMMERCE

TWENTY-EIGHTH LEGISLATURE
Regular Session of 2015

Monday, February 23, 2015
2:00 p.m.

TESTIMONY ON HOUSE BILL NO. 253, H.D. 1, RELATING TO VACCINATIONS.

TO THE HONORABLE ANGUS L. K. MCKELVEY, CHAIR,
AND MEMBERS OF THE COMMITTEE:

My name is Lee Ann Teshima, Executive Officer for the Board of Pharmacy (“Board”). I appreciate the opportunity to testify on House Bill No. 253, H.D. 1, Relating to Vaccinations, which would allow pharmacists to administer any “vaccine”, not specific to the influenza vaccine, to persons between the ages of fourteen through seventeen, pursuant to a valid prescription from a collaborating physician.

At the outset, I would like to inform the Committee that the Board has not had the opportunity to review the latest H.D. 1 version of this measure that was filed February 18, 2015, and, as a result, is unable to comment at this time on the changes to the bill including provisions expanding the bill to include “advanced practice registered nurses”. However, the Board was able to review other provisions of this measure, and offers comments on those relevant parts, having reviewed the original version of House Bill No. 253 at its February 12, 2015 meeting.

The Board supports this bill with the amendments to clarify “collaborating physician” since this is not currently defined in statute. Currently, pharmacists may enter into a collaborative agreement with licensed physicians to administer drugs orally,

topically, by intranasal delivery, or by injection, pursuant to the patient's licensed physician's order to persons eighteen years and older.

This bill amends the "practice of pharmacy" to allow pharmacists to administer a vaccine to persons fourteen through seventeen pursuant to a valid prescription issued by the patient's primary care physician or "collaborating physician".

The Board believes that to ensure patient safety, "collaborating physician" should be defined so that the "collaborating physician" acknowledges and understands that he/she is "creating" a prescription to allow a pharmacist to administer a vaccine to a minor. By amending the bill as follows, the Board believes this would clarify "collaborating physician" for this purpose:

"(a) A pharmacist may administer ~~[the influenza]~~ a vaccine to persons between fourteen and seventeen years of age pursuant to a valid prescription~~[-The pharmacist shall verify that the prescriber or the prescriber's authorized agent is the patient's medical home.]~~ issued by the person's primary care physician or by a collaborating physician that the pharmacist has a written agreement in which the collaborating physician will prescribe the vaccine and allow the pharmacist to administer that vaccine to persons fourteen through seventeen years of age."

The Board believes that this amendment would allow pharmacists to administer a vaccine to children, making vaccines more accessible, and ensuring that a physician is still involved in the care of the patient.

Thank you for the opportunity to testify on House Bill No. 253, H.D. 1.

LATE

**Testimony of
Gary M. Slovin/ Mihoko E. Ito
on behalf of
Walgreens**

DATE: February 21, 2015

TO: Representative Angus McKelvey
Committee on Consumer Protection & Commerce
Submitted Via CPCtestimony@capitol.hawaii.gov

RE: **H.B. 253, HD1 – Relating to Vaccinations**
Hearing: Monday, February 23, 2:00 p.m.
Conference Room: 325

Dear Chair McKelvey, and Members of the Committee on Consumer Protection & Commerce,

We submit these comments on behalf of Walgreen Co. (“Walgreens”). Walgreens operates more than 8,200 locations in all 50 states, the District of Columbia and Puerto Rico. In Hawai`i, Walgreens now has 20 stores on the islands of Oahu, Maui and Hawai`i.

Walgreens **supports** H.B. 253, HD1, which would authorize pharmacists to administer vaccines to persons aged fourteen to seventeen via a physician’s prescription or a collaborative practice agreement, provided that the pharmacist has fulfilled certain requirements. The current law allows persons between fourteen and seventeen to receive the influenza vaccine pursuant to a valid prescription. This bill would expand the ability for this group to receive other vaccinations pursuant to a prescription or under a collaborative practice agreement.

Walgreens believes that increasing access to vaccines is an important public policy that will improve and protect public health. Allowing pharmacists to administer vaccinations is a low-cost and convenient way to meet an important public health need. Studies have shown that in states in which pharmacists are allowed to administer vaccines, the vaccine coverage rates are increased for the target population.

Gary M. Slovin
Mihoko E. Ito
C. Mike Kido
Tiffany N. Yajima

999 Bishop Street, Suite 1400
Honolulu, HI 96813
(808) 539-0840

Pharmacists are required to receive specialized training to administer vaccinations. Presently, Walgreens pharmacists who participate in vaccine programs go through a “Pharmacy-Based Immunization Delivery” certificate training program offered by the American Pharmacists Association that is recognized by the Centers for Disease Control and Prevention (CDC). In addition to immunization training, all participating pharmacists are required to become certified in adult and child CPR and to take OSHA blood-borne pathogens training. These programs include training to administer vaccines for children nine years of age and older.

Walgreens is committed to promoting public health by improving the accessibility of life-saving vaccines. We believe that, given proper training and certification for pharmacists, lowering age restrictions and expanding the availability of vaccines will improve access and serve as a valuable preventative tool. It would also allow for a quick and effective response in the event of a public health emergency.

Thank you for the opportunity to submit testimony on this measure.

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 20, 2015 3:05 PM
To: CPCtestimony
Cc: rontthi@gmail.com
Subject: *Submitted testimony for HB253 on Feb 23, 2015 14:00PM*



HB253

Submitted on: 2/20/2015

Testimony for CPC on Feb 23, 2015 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Ronald Taniguchi, Pharm.D.	Individual	Support	No

Comments:

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Sent: Saturday, February 21, 2015 10:13 AM
To: CPCtestimony
Cc: wallace.j.matthews@gmail.com
Subject: Submitted testimony for HB253 on Feb 23, 2015 14:00PM



HB253

Submitted on: 2/21/2015

Testimony for CPC on Feb 23, 2015 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Wallace J. Matthews, MD	Individual	Comments Only	No

Comments: I suggest that the Medical Home and the PCMH and the Primary care physician need to be involved in vaccinations to integrate them with the care of the entire individual. I therefore do NOT support this bill

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LATE

Thank you for this opportunity to testify in **strong opposition** to H.B. 253, relating to vaccinations. Although the intent of this bill, which would be to enhance the opportunity to immunize teens between 14 to 17 years of age, is a good one, I have concerns about allowing a “collaborating physician” to authorize immunizations for this age group.

What is a “collaborating physician”? Will they have access to the patient’s medical record, so that they are aware of any underlying medical issues? Will the “collaborating physician” know which immunizations are needed and the timing of such immunizations? (Many immunizations require appropriate timing for them to be considered effective). Will the “collaborating physician” ensure that appropriate documentation is received by the PCP, so that the PCP will be aware of what immunizations were given? The term “collaborating physician” needs to be defined! I fear that pharmacies may just have a physician on staff to “sign-off” on these immunizations, without really knowing anything about the patient or their medical histories.

I feel strongly that the authorizing physician be a PCP or the Patient Centered Medical Home (PCMH), which would also include APRNs. Having the PCMH write the prescription ensures a safety net for the patient to make sure the right immunizations are given at the right time.

I urge the legislature to oppose this bill as written.

Sincerely,
Cristeta Ancog M.D.
Fellow, American Academy of Pediatrics

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 21, 2015 4:05 PM
To: CPCtestimony
Cc: louisei@kapiolani.org
Subject: Submitted testimony for HB253 on Feb 23, 2015 14:00PM



HB253

Submitted on: 2/21/2015

Testimony for CPC on Feb 23, 2015 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Louise Iwaishi, MD	Individual	Comments Only	No

Comments: I oppose the bill as the original bill authored by both provider organizations of pediatricians and pharmacists identified the critical collaboration which would ensure patient safety while promoting greater access to service.

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LATE

Kalma K. Wong
P.O. Box 240364
Honolulu, HI 96824
(808) 393-5218/ kalma.keiko@gmail.com

February 22, 2015

Representative Angus McKelvey
Chair, Cmte. on Consumer Protection & Commerce
Hawaii State Capitol, Room 320

Representative Justin Woodson
Vice Chair, Cmte. on Consumer Protection & Commerce
Hawaii State Capitol, Room 304

Re: Testimony in **STRONG OPPOSITION to HB253 HD1**; Relating to Vaccinations; House Committee on CPC, February 23, 2015, Room 325, 2:00 p.m.

Dear Chair McKelvey, Vice Chair Woodson, and Members of the House Committee on Consumer Protection and Commerce:

I am writing to express my **STRONG OPPOSITION** to House Bill 253 HD 1, which authorizes pharmacists to administer vaccines to children between 14 and 17 years of age without parental consent, and which removes the requirement that the prescriber or the prescriber's agent must be the patient's medical home.

HB253HD1 does not require the pharmacist to verify that the prescription was written by the child's primary care physician. Currently, §461-11.4 of Chapter 461 states that, "The pharmacist shall verify that the prescriber or the prescriber's authorized agent is the patient's medical home." HB253HD1 has removed this requirement and has replaced it with, "...issued by the person's primary care physician or collaborating physician, or advanced practice registered nurse." A "collaborating physician" is someone who has a Memorandum of Agreement with a retail pharmacy to issue prescriptions, but who does NOT actually see the patients and who does not know the medical and immunization histories of the patients.

According to the U.S. Health and Human Services, "Today's medical home is a cultivated partnership between the patient, family, and primary provider in cooperation with specialists and support from the community. The patient/family is the focal point of this model, and the medical home is built around this center."

(<http://www.hrsa.gov/healthit/toolbox/Childrenstoolbox/BuildingMedicalHome/whyimportant.html>)

HB253HD1 does not include the parents and legal guardians/caregivers in the children's health care decision making process, and does not require parental/guardian consent prior to the administration of the vaccines. The bill is unclear as to who will be responsible for giving consent and signing the vaccination consent forms. This bill should specify that pharmacists are required to fully inform the children's parents/guardians prior to administering any vaccine.

Although the intent of HB253HD1 may be to increase access to medical care of children in Hawaii, as it is written it puts the children of Hawaii at unnecessary risk.

Sincerely,

Kalma K. Wong

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 20, 2015 5:09 PM
To: CPCtestimony
Cc: michaels@kapiolani.org
Subject: Submitted testimony for HB253 on Feb 23, 2015 14:00PM



HB253

Submitted on: 2/20/2015

Testimony for CPC on Feb 23, 2015 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Michael H.T. Sia, MD, MPH, FAAP	Individual	Comments Only	No

Comments: February 20, 2015 To: Angus McKelvey (Chair) Members: Consumer Protection & Commerce Committee I strongly oppose HB 253 relating to the authorization of pharmacists or advanced practice registered nurses to administer vaccinations for persons 14-17 years of age. As a pediatrician in private practice for 20+years, I strive to deliver pediatric care in a manor in accordance to my father’s (Calvin C.J. Sia, MD) coining of the concept of “The Medical Home.” “Every Child Deserves a Medical Home.” Under this idea, which the American Academy of Pediatrics (now adopted as a policy statement) the medical care of all infants, children and adolescents should be 1. Accessible 2. Continuous 3. Comprehensive 4. Family-centered 5. Coordinated 6. Compassionate 7. Culturally effective. It should be delivered or directed by well-trained physicians who provide primary care and help to manage and facilitate essentially all aspects of pediatric care. The physician should be known to the child and family and should be able to develop a partnership of mutual responsibility and trust with them. The authors of HB 253 have removed references to the medical home and inserted language that does not define specifically what a “collaborating physician” is. It is the “medical home physician” that should oversee and determine (with accuracy) the necessary vaccinations needed from ages 14-17yrs. The Hawai’i State pharmacy chapter (461-11.4e) states: “the primary care physician who, working in collaboration with the family, oversees the acute, chronic and preventative health needs of the patient in a comprehensive, coordinated, and continuous fashion.” We do not want to fragment the care of adolescents! The current tracking system for vaccinations for adolescents is still fraught with poor data flow. How does a pharmacist or APRN know if a vaccination is indeed indicated? How will they know if any adverse reaction occurred in the past? What about the appropriate timing of these vaccinations? These issues can be extremely problematic if a “collaborating physician” is writing the prescription without the primary care physician’s input or knowledge. Please postpone HB 253 and allow relevant health care community members convene and discuss a better solution to this bill. As a pediatrician in private practice and Chair of the Department of Pediatrics at Kapi’olani Medical Center for Women & Children, I urge your kokua in rejecting HB 253. Sincerely, Michael H.T. Sia, M.D., M.P.H., F.A.A.P. Pediatrician: Private Practice Chairman Dept. of Pediatrics, Kapi’olani Medical Center for Women & Children Associate Clinical Professor: Dept. of Pediatrics, University of Hawaii School of Medicine 1319 Punahou St. Suite 1190 Honolulu, HI 96826 Phone (808)945-9955 Email: michaels@kapiolani.org

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To: CPCtestimony
Cc: javanut418@aol.com
Subject: Submitted testimony for HB253 on Feb 23, 2015 14:00PM



HB253

Submitted on: 2/22/2015

Testimony for CPC on Feb 23, 2015 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Teresa Ocampo	Individual	Oppose	No

Comments: Big chain pharmacies are short staffed but their main goal is profit. They make many errors that are not reported to any agency including vaccination errors. State agencies do not collect this info and thus it is difficult to make anyone liable or accountable. Patient safety should be the state's number one concern not the big chains. Big chains send hundreds of faxes to MD offices a day and adding this important vaccination paper work will only lead to lost information. Many MD offices turn off this feature and do not accept these faxes. Pharmacies are too busy to keep track of records and where they are faxed 24 hours later. Pharmacists are too busy to provide the proper care and observation of patients after the administration of vaccines. If a child is vaccine injured, the pharmacy, pharmacist and prescriber must all be held accountable.

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From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 23, 2015 7:32 AM
To: CPCtestimony
Cc: hsch@hawaii.rr.com
Subject: Submitted testimony for HB253 on Feb 23, 2015 14:00PM



HB253

Submitted on: 2/23/2015

Testimony for CPC on Feb 23, 2015 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Marianela	Individual	Oppose	Yes

Comments: This bill will expand the role of pharmacists to include administration of medications. Would like to know if there was any feasibility study here in Hawaii that clinics, MD offices, etc is having a difficult time administering vaccines that we now request pharmacists to administer vaccines. I also would like to know if this measure is a common practice in the mainland. Please be reminded that pharmacists also need to secure additional malpractice liability insurance in case of any untoward reaction, (local or general)ie.abnormal inflammatory process to the medicine that they administered.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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