

RESOLUTION

Resolution: 304C.20

SUBJECT: Pharmacist Administration of Vaccines

SUBMITTED BY: Scott Bohlke, M.D.

REFERRED TO: Reference Committee C

1 Whereas, every year, more than 50,000 Americans die of vaccine-preventable diseases, and thousands
2 more become seriously ill with diseases that vaccines can prevent; and
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4 Whereas, vaccination is one of the most effective public health interventions in the world after clean
5 water; and
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7 Whereas, vaccines reduce the incidence of vaccine-preventable disease, resulting in lower health care
8 costs to both patients and the broader health care system; and
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10 Whereas, a study found that in 2015, the economic burden associated with ten vaccines recommended for
11 adults 19 and older was approximately \$9 billion in the United States. Unvaccinated individuals are
12 responsible for almost 80 percent, or \$7.1 billion, of the financial burden; and
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14 Whereas, as part of a medical team, pharmacists have the knowledge and experience to help our nation
15 respond to pandemics; and
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17 Whereas, pharmacists play an important role within the healthcare system to increase immunization rates
18 by enhancing awareness of vaccines, assessing a patient's immunization status, recommending vaccines,
19 administering vaccines, and reporting vaccinations to registries as part of the medical team; and
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21 Whereas, under Georgia law, pharmacists may administer four vaccines (influenza, pneumococcal
22 disease, shingles and meningitis) to walk-in customers if they have a vaccine protocol agreement with a
23 local physician.¹ Unfortunately, barriers and delays to vaccine access still exist. Legislative approval is
24 needed each time a new vaccine is available – creating a lengthy and cumbersome process each time the
25 list needs to be updated. This process may lead to patients missing important immunizations. Updating
26 Georgia law to reflect that pharmacists are authorized to administer ACIP-recommended or FDA
27 approved vaccinations is crucial to protecting the state's public health; now therefore be it
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29 **RESOLVED that the Medical Association of Georgia (MAG) support legislation permitting the**
30 **administration by pharmacists under a protocol agreement with a Georgia licensed physician of all**
31 **Advisory Committee for Immunization Practices (ACIP) recommended or U.S. Food and Drug**
32 **Administration (FDA) approved vaccines for patients 18 years of age and older without the need**
33 **for a prescription with the requirement that GRITS be checked prior to administration and the**
34 **vaccination be recorded in GRITS after administration.**

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¹ <http://www.georgiahealthnews.com/2016/01/shots-pharmacy-growing-trend-georgia/>

AMA Policy

Distribution and Administration of Vaccines H-440.877

1. It is optimal for patients to receive vaccinations in their medical home to ensure coordination of care. This is particularly true for pediatric patients and for adult patients with chronic disease and comorbidities. If a vaccine is administered outside the medical home, all pertinent vaccine-related information should be transmitted back to the patient's primary care physician and entered into an immunization registry when one exists to provide a complete vaccination record.
2. All physicians and other qualified health care providers who administer vaccines should have fair and equitable access to all ACIP recommended vaccines. However, when there is a vaccine shortage, those physicians and other health care providers immunizing patients who are prioritized to receive the vaccine based upon medical risks/needs according to ACIP recommendations must be ensured timely access to adequate vaccine supply.
3. Physicians and other qualified health care providers should: (a) incorporate immunization needs into clinical encounters, as appropriate; (b) strongly recommend needed vaccines to their patients in accordance with ACIP recommendations and consistent with professional guidelines; (c) either administer vaccines directly or refer patients to another qualified health care provider who can administer vaccines safely and effectively, in accordance with ACIP recommendations and professional guidelines and consistent with state laws; (d) ensure that vaccination administration is documented in the patient medical record and an immunization registry when one exists; and (e) maintain professional competencies in immunization practices, as appropriate.
4. All vaccines should be administered by a licensed physician, or by a qualified health care provider pursuant to a prescription, order, or protocol agreement from a physician licensed to practice medicine in the state where the vaccine is to be administered or in a manner otherwise consistent with state law.
5. Patients should be provided with documentation of all vaccinations for inclusion in their medical record, particularly when the vaccination is provided by someone other than the patient's primary care physician.
6. Physicians and other qualified health care providers who administer vaccines should seek to use integrated and interoperable systems, including electronic health records and immunization registries, to facilitate access to accurate and complete immunization data and to improve information-sharing among all vaccine providers.
7. Vaccine manufacturers, medical specialty societies, electronic medical record vendors, and immunization information systems should apply uniform bar-coding on vaccines based on standards promulgated by the medical community.
8. Our AMA encourages vaccine manufacturers to make small quantities of vaccines available for purchase by physician practices without financial penalty.

Role of Pharmacists in Improving Immunization Rates H-440.836

Our AMA believes that:

1. Physicians and medical professional organizations should support state and federal efforts to engage pharmacists in vaccinating target populations that have difficulty accessing immunizations in a medical home. Before administration of a vaccine, pharmacists should assess the immunization status of the patient, which includes checking an immunization registry when one exists. Pharmacists should ensure that a record of vaccine administration is transmitted to the patient's primary care physician and documented in the immunization registry, and that written or electronic documentation is provided to the patient.
2. Vaccination programs in pharmacies should promote the importance of having a medical home to ensure appropriate and comprehensive preventive care, early diagnosis, and optimal therapy. Physicians and pharmacists should work together in the community to: (a) establish referral systems to facilitate appropriate medical care if the patient's conditions or symptoms are beyond the scope of services

provided by the pharmacies; and (b) encourage patients to contact a primary care physician to ensure continuity of care.

3. State educational requirements for pharmacists who administer vaccines should be based on ACIP recommendations and recognized standards and guidelines derived with input from physicians and pharmacists with demonstrated expertise in immunization practices.

MAG Policy

35.979 Pharmacists Prescribing

HD 10/20/2013

MAG supports current law that allow a pharmacist to administer an adult vaccine with a patient- specific prescription; MAG opposes pharmacists administering all adult vaccines under a blanket protocol agreement with a physician; MAG supports the equitable distribution of vaccines among physicians, hospitals, and county health departments. (Officer 01.13, Rec. 5; Reaffirmed 10/20/2018)

120.976 Vaccines Protocol

HD 10/19/2014

MAG shall: 1) oppose expansion of prescriptive authority in prescribing and administering vaccines by blanket protocol beyond the current administration of the annual influenza vaccine; 2) endorse vaccine education by all members of a medical team including pharmacists; and 3) endorse appropriate reimbursement for vaccine costs and administration. (Res. 312C) (Reaffirmed 10/20/2019)

275.989 Non-Physician Personnel

HD 10/20/2012

As a matter of patient safety, MAG opposes the performance of medical procedures by non-physician personnel who are not medically trained and supervised. Actions such as the ordering of images, the administration of vaccines and other injectables should not be performed by non- physicians unless administration is done pursuant to a physician protocol and in the case of vaccine and injectable administration, a physician's prescription. (Special Report Appendix III: Reaffirmed 10/21/2017)