



AND THE LAW

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PHARMACY AND IMMUNIZATION

The guidance issued by the Department of Health and Human Services (HHS) in October 2020 was the latest in a series of steps to increase the pharmacy profession's involvement in the provision of immunizations to patients. In 2003, 37 states allowed pharmacists to administer vaccinations. States were not consistent in terms of what vaccines pharmacists were permitted to provide. Most states initially limited vaccine administration to influenza and pneumococcal in adult populations.

As we move forward in time, all 50 states now permit pharmacists to provide immunizations although there continues to be inconsistencies in patient age groups and immunizations provided. The variety of immunizations provided by pharmacists has expanded in some states to include shingles, HPV, childhood vaccines, and others in addition to flu and pneumonia. In recent years, some states allowed pharmacists to administer travel vaccines as well.

The next big change to the pharmacy arsenal occurred in 2017. This was the authorization for pharmacy technicians to administer flu vaccines in Idaho. Since 2017, five other states (Michigan, Nevada, Rhode Island, Utah, and Washington)

have authorized pharmacy technicians to administer vaccines. An additional nine states are considering this practice expansion.

The October guidance from HHS is just the next logical step in this progression. Pharmacists and pharmacy interns had already been given authority to administer the COVID-19 vaccine to patients aged three and over in a separate guidance issued on September 3, 2020. The October guidance permitted pharmacy technicians in all 50 states to administer the COVID-19 vaccine to patients aged three and over. But it went further than that. The guidance also permitted pharmacy technicians and pharmacy interns to administer COVID-19 tests as well as ACIP-recommended vaccines to patients ages 3 through 18 based on ACIP's standard immunization schedule. The childhood vaccination rate has fallen during the pandemic and this is an effort to reverse that trend.

The guidance also provides the steps and training required for pharmacy technicians and pharmacy interns to be empowered to administer the vaccines and testing. It is similar to the training required of pharmacists to be certified to administer vaccines. This grant of authority doesn't

eliminate pharmacists' involvement in this process. The supervising pharmacist must review the vaccine registry prior to ordering the vaccine. The pharmacist must also be readily and immediately available to assist the technician during the administration process. Finally, the pharmacist is responsible for the reporting of the vaccinations administered and any adverse events which may have occurred.

Because the guidance is issued pursuant to the Public Readiness and Emergency Preparedness (PREP) Act, there are additional benefits for pharmacists, interns and technicians. All are considered covered persons under the Act. As covered persons, they are immune from all claims relating to the administration of the COVID-19 vaccine and the childhood vaccines covered by the guidance. Patients are not left without a remedy. Patients who are injured by the administration of the COVID-19 vaccine, or by the vaccine itself, are eligible to file a claim with the Countermeasures Injury Compensation Program (CICP). The CICP is a federal program that was created to provide patients with compensation for injuries from the use of covered countermeasures. The COVID-19 vaccine is a covered countermeasure under the HHS guidance.

When the COVID-19 public health emergency is declared over, the authority provided under these guidelines will cease. The pandemic has demonstrated the value of engaged pharmacies to the public health of their communities. While the emergency authorization will end, it is unlikely that these expansions of practice will not be authorized by the states as part of normal practice. Their value has been too great to revert permanently to the previous state of practice. Twenty five years ago, some were skeptical that pharmacists could effectively provide immunizations. Eventually, all 50 states agreed that this practice was beneficial to

the public health. Then three years ago, pharmacy technicians were first authorized to administer vaccines. The momentum was building before the pandemic and the pandemic has given us a preview of what the future of pharmacy practice could look like with pharmacists, interns, and technicians all authorized to administer a wide array of needed immunizations. It's now our charge to work with our states' legislatures to make these changes permanent.

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