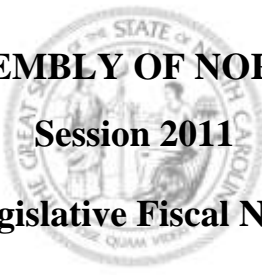


GENERAL ASSEMBLY OF NORTH CAROLINA



Session 2011

Legislative Fiscal Note

BILL NUMBER: Senate Bill 246 (First Edition)

SHORT TITLE: Expand Pharmacists' Immunizing Authority.

SPONSOR(S): Senator Hartsell

FISCAL IMPACT					
	Yes (X)	No ()	No Estimate Available ()		
	<u>FY 2011-12</u>	<u>FY 2012-13</u>	<u>FY 2013-14</u>	<u>FY 2014-15</u>	<u>FY 2015-16</u>
REVENUES					*None Anticipated*
EXPENDITURES					
REVENUES					
Department of Health & Human Services	\$1,247,610	\$151,840	\$156,380	\$155,590	\$160,367
POSITIONS (cumulative):					
REVENUES					*None Anticipated: See Assumptions and Methodology*
PRINCIPAL DEPARTMENT(S) & PROGRAM(S) AFFECTED: North Carolina Board of Pharmacy, North Carolina Board of Nursing, North Carolina Medical Board, and Department of Health and Human Services.					
EFFECTIVE DATE: October 1, 2011.					

BILL SUMMARY:

Senate Bill 246 enacts new General Statutes 90-85.3A in Article 4A of Chapter 90 to authorize a pharmacist who meets four specified criteria to administer any vaccine or immunization recommended or required by the Centers for Disease Control and Prevention, provided the pharmacist follows the listed limitations and requirements.

Senate Bill 246 deletes the description of practice of pharmacy in General Statutes 90-85.3(r), incorporates those provisions into new General Statutes 90-85.3A, and makes a conforming change. Pertaining to immunization under the Public Health Law, this bill also makes conforming changes to General Statutes 130A-153 and 130A-154(a).

Source: Bill Digest (March 7, 2011)

ASSUMPTIONS AND METHODOLOGY:

Expenditures

Licensing Boards

Under Senate Bill 246, a pharmacist who received special training may be authorized and permitted to administer drugs pursuant to a specific prescription order in accordance with rules adopted by each of the following: the Board of Pharmacy, the Board of Nursing, and the North Carolina Medical Board.

The North Carolina Board of Pharmacy (NCBOP) reports that Senate Bill 246 would have no fiscal impact on its current operations because the bill would not create materially different or additional functions for the staff. The North Carolina Board of Nursing and the North Carolina Medical Board also estimate that the bill would have no fiscal impact on their current operations. Fiscal Research concurs with this assessment and estimates that this would not have a fiscal impact on the State.

Department of Health and Human Services

Under Senate Bill 246, a pharmacist who administers a vaccine or immunization to any patient would have to 1) successfully complete training approved by the Division of Public Health's Immunization Branch for participation in the North Carolina Immunization Registry (NCIR) and 2) record the vaccine or immunization administered in the NCIR. The Department of Health and Human Services (DHHS) anticipates that it would not be able to absorb the additional workload required under the bill. DHHS estimates that it would cost \$1,247,610 to train all pharmacies in the State to use the NCIR. Currently, DHHS does not levy a fee for the NCIR training.

DHHS reports that the NCBOP indicated that there are 1,200 licensed pharmacies in the State participating in some form of vaccine administration program. DHHS reports that a minimum of two days—or 2,400 training days—would be required to train each pharmacy to use the NCIR. If the Immunization Branch employed 14 trainers for this task, DHHS estimates that 171 training days per trainer would be required. If each trainer worked 8 hours per day, 1,371 hours per trainer would be required to finish the project.

DHHS reports that the Information Technology Services lists \$65 per hour as the average rate of pay for Information Technology trainers in its Short Term IT Staffing Convenience Contracts. DHHS reports that it would cost \$89,143 per trainer (\$65 per hour multiplied by 1,371 working hours) or \$1,247,610 for the 14 trainers to complete the required training for the 1,200 pharmacies.

DHHS reports that NCBOP also indicated that approximately 146 new pharmacies are licensed each year. If two trainers are employed to train these new pharmacies on the use of the NCIR, the estimated cost would be \$151,840 per year (2 days of training per pharmacy multiplied by 8 hour

days multiplied by \$65 per hour). The recurring cost of Senate Bill 246 would increase based on inflation in future years.

SOURCES OF DATA: North Carolina Board of Pharmacy, North Carolina Board of Nursing and the North Carolina Medical Board.

TECHNICAL CONSIDERATIONS: None

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DATE: May 31, 2011



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