

Comment Report

HSB 91

A bill for an act relating to the practice of pharmacy, including the prescription and administration of vaccines and collaborative pharmacy practice.(See HF 794.)

Subcommittee Members: Meyer, A.-CH, Bradley, Forbes

Date: 01/26/2021

Time: 12:30 PM

Location: Law Library

Name: Aubrey Schlue

Comment: Oppose. Dentists and pharmacists are not qualified to monitor the health of an individual after a vaccine is administered or to know the health history of the person they are administering vaccinations to. Will they know the difference between an allergic reaction, cardiac arrest, seizure, etc? Too many people are already injured by vaccines without proper reporting, we do NOT need to add more practitioners to the list who are not prepared for the negative consequences.

Name: Melissa Metheny

Comment: Oppose. Pharmacists are not qualified to administer vaccines, nor monitor after said vaccines.

Name: Christy Gotto

Comment: Oppose. Dentists and pharmacists are not qualified to monitor the health of an individual after a vaccine is administered or to know the health history of the person they are administering vaccinations to. Will they know the difference between an allergic reaction, cardiac arrest, seizure, etc? Too many people are already injured by vaccines without proper reporting, we do NOT need to add more practitioners to the list who are not prepared for the negative consequences.

Name: Naomi Maynes

Comment: I oppose HSB91. Pharmacists are not qualified to monitor the health of an individual after a vaccine is administered or to know the health history of the person they are administering vaccinations to. Will they know the difference between an allergic reaction, cardiac arrest, seizure, etc? Too many people are already injured by vaccines without proper reporting, we do NOT need to add more practitioners to the list who are not prepared for the negative consequences.

Name: Sheila Wemark

Comment: OPPOSE. This is not their specialty by any means. Vaccines carry risk. They have been classified by our Supreme Court as unavoidably unsafe. These MUST be continued to be administered in clinic and hospital settings where reactions can immediately be addressed. It would be a danger to allow for this to be done in a pharmacies provided the inherent risks.

Name: Alisha Bartlett

Comment: Oppose. Dentists and pharmacists are not qualified to monitor the health of an individual after a vaccine is administered or to know the health history of the person they are administering vaccinations to. Will they know the difference between an allergic reaction, cardiac arrest, seizure, etc? Too many people are already injured by vaccines without proper reporting, we do NOT need to add more practitioners to the list who are not prepared for the negative consequences.

Name: Katherine Lundberg

Comment: OPPOSE. Dentists and pharmacists are not qualified to monitor the health of an individual after a vaccine is administered or to know the health history of the person they are administering vaccinations to. Will they know the difference between an allergic reaction, cardiac arrest, seizure, etc? We do NOT need to add more practitioners to the list who are not prepared for the negative consequences!!

Name: Kayla Meirick

Comment: Oppose. I oppose HSB 91. Allowing anyone to administer vaccines without proper training is a public health hazard. Furthermore, forcing vaccination on anyone is unethical, inhumane due to the plethora of known reactions, and goes against our constitutional rights. Our healthcare should be our choice and personal responsibility. Please oppose this bill.

Name: emily lewis

Comment: oppose HSB91 pharmacists are not qualified to monitor the health of an individual after a vaccine is administered or to know the health history of the person they are administering vaccinations to. Will they know the difference between an allergic reaction, cardiac arrest, seizure, etc? Too many people are already injured by vaccines without proper reporting, we do NOT need to add more practitioners to the list who are not prepared for the negative consequences.

Name: Nick Golderman

Comment: Oppose These "vaccines" do not even meet the legal definition of a vaccine since they do not provide immunity and should not be administered as such.

Name: Kimberly Pestle

Comment: Please oppose HSB91 Dentist and pharmacists are not qualified to monitor the health of an individual after a vaccine is administered or to know the health history of the person they are administering vaccinations to. Will they know the difference between an allergic reaction, cardiac arrest, seizure, etc? Too many people are already injured by vaccines without proper reporting, we do NOT need to add more practitioners to the list who are not prepared for the negative consequences. I am a Registered Nurse and we are trained to follow the 7 rights to medication administration which are: 7 rights of medication administration: right patient, right drug, right dose, right time, right route, right reason and right documentation We are also trained to assess and monitor changes. There already has been a 15 year old child accidentally vaccinated with covid 19 vaccine and this bill could open up the possibility of more vaccine injuries. Kimberly Pestle RN

Name: Jaime Griffis

Comment: OPPOSE. Pharmacist do not have a full background knowledge of every patients medical history, therefore they should not be advising on or administering vaccines. In the case of an adverse reaction, pharmacies are not designed, nor equipped, to handle those reactions. We do not need to add additional practitioners to the list of those that can administer vaccines.

Name: Brei Johnson

Comment: Oppose. Theres a lot more that goes into receiving her vaccines and purely the administration of it. Pharmacist and pharmacy locations are not equipped to provide all of the necessary follow up care and health considerations for individuals wishing to receive vaccinations. Pharmacist need to stay in their lane and allow patients to work out their health decisions with their primary care physician.

Name: Katie Adrian

Comment: Opposed. Pharmacists are not qualified to monitor the health of an individual after a vaccine is administered or to know the health history of the person they are

administering vaccinations to. Will they know the difference between an allergic reaction, cardiac arrest, seizure, etc? Too many people are already injured by vaccines without proper reporting, we do NOT need to add more practitioners to the list who are not prepared for.

Name: Becky Bisho

Comment: Oppose. Pharmacists do not have the patients history and should not be administering vaccines especially since they cannot monitor them afterwards. Thank you.

Name: Brady Byrd

Comment: Oppose HSB921. Period. These people are not equipped to deal with the fallout of vaccines!

Name: Heather Hatch

Comment: OPPOSE: Dentists and pharmacists are not qualified to monitor the health of an individual after a vaccine is administered or to know the health history of the person they are administering vaccinations to. Will they know the difference between an allergic reaction, cardiac arrest, seizure, etc? Too many people are already injured by vaccines without proper reporting, we do NOT need to add more practitioners to the list who are not prepared for the negative consequences.

Name: Irina Primakov

Comment: I oppose this bill. Pharmacists are not qualified for the administration of vaccines. Please reconsider this bill!

Name: Leslie Beck

Comment: OPPOSE: I oppose HSB 91. Expanding vaccine administration would require pharmacies to have access to medical records to make an informed decision regarding administration and to avoid duplicate vaccines. Pharmacies are not equipped to deal with adverse reactions.

Name: James Pestle

Comment: Oppose. Dentists and pharmacists are not qualified to monitor the health of an individual after a vaccine is administered or to know the health history of the person they are administering vaccinations to. Will they know the difference between an allergic reaction, cardiac arrest, seizure, etc? Too many people are already injured by vaccines without proper reporting, we do NOT need to add more practitioners to the list who are not prepared for the negative consequences.

Name: Kim Smith

Comment: I oppose HSB 91 and I urge you to kill this bill to prevent it from getting past subcommittee. pharmacists have no business prescribing or administering vaccines of any kind. They do not have the complete health history of a patient, let alone the training or time on how to observe reactions. Will they know the difference between an allergic reaction, cardiac arrest, seizure, etc? Too many people are already injured by vaccines without proper reporting, we do NOT need to add more practitioners to the list who are not prepared for the negative consequences.

Name: Lacey Heinz

Comment: Oppose. Pharmacist are not trained to know signs of adverse reactions to vaccines. There are already enough adverse reactions to vaccines without adding

Name: Mieka Stecker

Comment: I oppose this bill. It is frightening to think that we would broaden our scope of who can administer vaccines when they are harmful to so many people, and would make it difficult to follow up and monitor the safety and wellness of said person being

given a shot by a pharmacist.

Name: Connie Huff

Comment: Oppose. Pharmacists are not qualified to monitor the health of an individual after a vaccine is administered or to know the health history of the person they are administering vaccinations to. Will they know the difference between an allergic reaction, cardiac arrest, seizure, etc? Too many people are already injured by vaccines without proper reporting, we do NOT need to add more practitioners to the list.

Name: Bethany Steichen

Comment: I oppose this bill. As a mother of a vaccine injured child this concerns me. Vaccine decisions should be made between a doctor and patient. Not a random pharmacist who does not know their medical history. I am also concerned about reactions being reported to VAERS too. We already have issues with normal medical doctors not reporting these, (less than 1% reported, <https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045lazarusfinalreport2011.pdf>) how do we know that allowing a pharmacist to administer vaccines won't make this worse? What patient is going to go back to a pharmacy to make sure a reaction is reported? Most people aren't even aware that VAERS exists to begin with.

Name: Mayara C.

Comment: OPPOSE HSB 91 There are more factors to consider relating to vaccines than how to properly administer them. Pharmacists don't generally have an established relationship of care, and are not responsible for follow up. This leaves reporting on potential adverse effects undone.

Name: Sue West

Comment: I oppose HSB 91. Dentists and pharmacists are not qualified to monitor the health of an individual after a vaccine is administered or to know the health history of the person they are administering vaccinations to. Will they know the difference between an allergic reaction, cardiac arrest, seizure, etc? Too many people are already injured by vaccines without proper reporting, we do NOT need to add more practitioners to the list who are not prepared for the negative consequences.

Name: Tracy Carman

Comment: I oppose HSB 71. Dentists are not qualified to monitor the health of an individual after a vaccine is administered or to know the health history of the person they are administering vaccinations to. Will they know the difference between an allergic reaction, cardiac arrest, seizure, etc? Too many people are already injured by vaccines without proper reporting, we do NOT need to add more practitioners to the list who are not prepared for the negative consequences.

Name: Oliver Bardwell

Comment: With all the potential adverse reactions to the new MRNA vaccines, its now more important than ever for someone chooses to be vaccinated to be in the care of a doctor, not a dentist or pharmacist.

Name: Miranda B

Comment: Oppose this bill. I know pharmacies already give vaccines, doesn't mean it's a good idea. But to add the younger kids into the mix can have frightening consequences. Small children cannot necessarily tell people when something doesn't feel right or if they are having a reaction. Adults often dismiss a young child's feelings about something as just being "scared" or "overreacting". If a reaction does occur, is a pharmacist going to even recognize it, know how to respond, how to report it to VAERS (which is already grossly under reported), and how to treat? I say no, they

won't. Pharmacies have the scope of facilitating medications to people, it's an important job, and is very busy and overburdened already. I have concern that they won't have the time to dedicate to a parent who might have questions or concerns about what their child is being given and provide full informed consent, know the health history, and be able to react in a situation. Please oppose this bill.

Name: Mindy Paulson

Comment: OPPOSE.

Name: Jon Ahrendsen

Comment: Representative Forbes should recuse himself from voting on this measure. As a pharmacist, he should be allowed to provide insight and perspective on this discussion, but as he would personally economically benefit from passage of this bill, Legislative guidelines indicate he should not vote on the bill. From the House Code of Ethics, Section 4(d) The member shall not vote on any question in which the member has an economic interest that is distinguishable from the interests of the general public or a substantial class of persons.



**EIGHTY-EIGHTH GENERAL ASSEMBLY
HOUSE CODE OF ETHICS**

(House Resolution 6)

Adopted 2-13-2019

HOUSE CODE OF ETHICS

PREAMBLE. Every legislator and legislative employee has a duty to uphold the integrity and honor of the general assembly, to encourage respect for the law and for the general assembly, and to observe the house code of ethics. The members and employees of the house have a responsibility to conduct themselves so as to reflect credit on the general assembly, and to inspire the confidence, respect, and trust of the public. The following rules are adopted pursuant to chapter 68B of the Code, to assist the members and employees in the conduct of their activities:

1. DEFINITIONS. The definitions of terms provided in chapter 68B of the Code apply to the use of those terms in these rules.

2. ECONOMIC INTEREST OF MEMBER OR EMPLOYEE OF HOUSE.

a. *Economic or investment opportunity.* A member or employee of the house shall not solicit or accept economic or investment opportunity under circumstances where the member or employee knows, or should know, that the opportunity is being afforded with the intent to influence the member's or employee's conduct in the performance of official duties. If a member or employee of the house learns that an economic or investment opportunity previously accepted was offered with the intent of influencing the member's or employee's conduct in the performance of the official duties, the member or employee shall take steps to divest that member or employee of that investment or economic opportunity, and shall report the matter in writing to the chairperson of the house ethics committee.

b. *Excessive charges for services, goods, or property interests.* A member or employee of the house shall not charge to or accept from a person known to have a legislative interest, a price, fee, compensation, or other consideration for the sale or lease of any property or the furnishing of services which is in excess of that which the member or employee would ordinarily charge another person.

c. *Use of confidential information.* A member or employee of the house, in order to further the member's or employee's own economic interests, or those of any other person, shall not disclose or use confidential information acquired in the course of the member's or employee's official duties. For the purpose of this rule, information disclosed in open session at a public meeting and information that is a public record is not confidential information.

d. *Employment.* A member or employee of the house shall not accept employment, either directly or indirectly, from a political action committee. A member of the house shall not act as a paid lobbyist for any organization. However, this paragraph shall not prohibit a member or employee of the house from working for a candidate's committee, a political party's action committee, or a political action committee which does not expressly advocate the nomination, election, or defeat of a candidate for public office in this state or expressly advocate the passage or defeat of a ballot issue in this state and which is not interested in issues before the general assembly.

For the purpose of this rule, a political action committee means a committee, but not a candidate's committee, which accepts contributions, makes expenditures, or incurs indebtedness in the aggregate of more than one thousand dollars in any one calendar year to expressly advocate the nomination, election, or defeat of a candidate for public office or to expressly advocate the passage or defeat of a ballot issue or for the purpose of influencing legislative action.

e. *Solicitation of employment as lobbyist.* A member or employee of the house shall not solicit employment on behalf of the member or employee, or on behalf of another legislator or employee, as a lobbyist while the general assembly is in session.

f. *Certain goods or services.* A member or employee of the house shall not solicit or obtain goods or services from another person under circumstances where the member or employee knows or should know that the goods or services are being offered or sold with the intent to influence the member's or employee's

conduct in the performance of official duties. If a member or employee of the house is afforded goods or services by another person at a price that is not available to other members or classes of members of the general public or is afforded goods or services that are not available to other members or classes of members of the general public by another person where the member or employee knows or should know that the other person intends to influence the member's or employee's official conduct, the member or employee shall not take or purchase the goods or services.

3. **APPEARANCE BEFORE STATE AGENCY.** A member or employee of the house may appear before a state agency in any representation case but shall not act as a lobbyist with respect to the passage, defeat, approval, veto, or modification of any legislation, rule, or executive order. Whenever a member or employee of the house appears before a state agency, the member or employee shall carefully avoid all conduct which might in any way lead members of the general public to conclude that the member or employee is using the member's or employee's official position to further the member's or employee's professional success or personal financial interest.

4. **CONFLICTS OF INTEREST.** In order for the general assembly to function effectively, members of the house may be required to vote on bills and participate in committee work which will affect their employment and other areas in which they may have a monetary interest. Action on bills and committee work which furthers a member's specific employment, specific investment, or other specific interest, as opposed to the interests of the public in general or the interests of a profession, trade, business, or other class of persons, shall be avoided. In making a decision relative to a member's activity on particular bills or in committee work, the following factors should be considered:

- a. Whether a substantial threat to the member's independence of judgment has been created by the conflict situation.
- b. The effect of the member's participation on public confidence in the integrity of the general assembly.
- c. Whether the member's participation is likely to have any significant effect on the disposition of the matter.
- d. The need for the member's particular contribution, such as special knowledge of the subject matter, to the effective functioning of the general assembly.

If a member decides not to participate in committee work or to abstain from voting because of a possible conflict of interest, the member should disclose this fact to the legislative body. The member shall not vote on any question in which the member has an economic interest that is distinguishable from the interests of the general public or a substantial class of persons.

5. **STATUTORY REQUIREMENTS.** Members and employees of the house shall comply with the requirements contained in chapters 68B (Government Ethics and Lobbying), 721 (Official Misconduct), and 722 (Bribery and Corruption), and sections 2.18 (Contempt) and 711.4 (Extortion) of the Code.

6. **CHARGE ACCOUNTS.** Members and employees of the house shall not charge any amount or item to a charge account to be paid for by a lobbyist or any client of a lobbyist.

7. **TRAVEL EXPENSES.** A member or employee of the house shall not charge to the state of Iowa amounts for travel and expenses unless the member or employee actually has incurred those mileage and expense costs. Members or employees shall not file the vouchers for weekly mileage reimbursement required by section 2.10, subsection 1 of the Code, unless the travel expense was actually incurred.

A member or employee of the house shall not file a claim for per diem compensation for a meeting of an interim study committee or a visitation committee unless the member or employee attended the meeting. However, the speaker may waive this provision and allow a claim to be filed if the member or employee attempted to attend the meeting but was unable to do so because of circumstances beyond the member's or employee's control.

8. **GIFTS ACCEPTED OR RECEIVED.** Members and employees of the house shall comply with the restrictions relating to the receipt or acceptance of gifts contained in section 68B.22 of the Code. The sponsor of a function under section 68B.22, subsection 4, paragraph “s”, shall electronically file a registration with the chief clerk of the house five days prior to the function disclosing the name of the sponsor, and the date, time, and location of the function. The sponsor shall also electronically file a report of expenditures as required pursuant to section 68B.22, subsection 4, paragraph “s”.

9. **HONORARIA RESTRICTIONS.** Members and employees of the house shall comply with the restrictions relating to the receipt of honoraria contained in section 68B.23 of the Code.

10. **DISCLOSURE REQUIRED.** Each member of the house and the chief clerk of the house shall file the personal financial disclosure statements required under section 68B.35 of the Code by February 15 of each year for the prior calendar year.

11. **HARASSMENT — SEXUAL HARASSMENT — RETALIATION.** Members and employees of the house shall not engage in conduct which constitutes harassment, including sexual harassment as defined in section 19B.12 of the Code, or retaliation, or conduct that is prohibited pursuant to any harassment policy adopted by the house committee on administration and rules. Harassment is a form of discrimination based on any protected basis, including race, color, national origin, religion, sex, pregnancy, physical or mental disability, age, marital status, veteran status, gender identity, sexual orientation, or any other characteristic protected by law, including the federal Civil Rights Act of 1964, the federal Age Discrimination in Employment Act of 1967, the federal Americans with Disabilities Act of 1990, and chapter 216 of the Code. Harassment of an individual based on any protected basis is unlawful if submission to or rejection of such conduct by an individual is made the basis for an employment decision affecting the individual or if such conduct is sufficiently severe or pervasive to create a hostile work environment. Members and employees of the house shall not engage in conduct which constitutes unlawful harassment or discrimination based on any protected basis, or retaliation for reporting harassment or discrimination, threatening to report harassment or discrimination, or participating in a harassment or discrimination investigation.

12. **COMPLAINTS.**

a. *Filing of complaint.* Complaints may be filed by any person believing that a member or employee of the house, a lobbyist, or a client of a lobbyist is guilty of a violation of the house code of ethics, the joint rules governing lobbyists, or chapter 68B of the Code.

b. *Complaints by committee.* The ethics committee may initiate a complaint on its own motion. Committee complaints may be initiated by the committee as a result of a committee investigation or as a result of receipt of any complaint or other information that does not meet the requirements of these rules regarding the form of a complaint but that contains allegations that would form the basis for a valid complaint.

c. *Form and contents of complaint.* A complaint shall be in writing.

Complaint forms shall be available from the chief clerk of the house, but a complaint shall not be rejected for failure to use the approved form if it complies with the requirements of these rules. The complaint shall contain a certification made by the complainant, under penalty of perjury, that the facts stated in the complaint are true to the best of the complainant’s knowledge.

To be valid, a complaint shall allege all of the following:

(1) Facts, that if true, establish a violation of a provision of chapter 68B of the Code, the house code of ethics, or joint rules governing lobbyists for which penalties or other remedies are provided.

(2) That the conduct providing the basis for the complaint occurred within three years of the filing of the complaint.

(3) That the party charged with a violation is a party subject to the jurisdiction of the ethics committee.

d. *Confidentiality of complaint.* The identity of the parties and the contents of the complaint shall be confidential until the time that the committee chairperson and ranking member determine under paragraph "f" that the complaint is sufficient as to form, unless either the complainant or the party charged in the complaint makes the identity of the parties, or the information contained in the complaint, public. The chief clerk of the house and the committee chairperson and ranking member may communicate confidentially with appropriate legislative staff during any stage of the complaint process.

e. *Notice of complaint.* Upon receipt of the complaint, the chief clerk of the house shall promptly notify the chairperson and ranking member of the ethics committee that a complaint has been filed and provide both the chairperson and the ranking member with copies of the complaint and any supporting information. Within two working days, the chief clerk shall send notice, either by personal delivery or by certified mail, return receipt requested, to the person or persons alleged to have committed the violation, along with a copy of the complaint and any supporting information. The notice to the accused person shall contain a request that the person submit a written response to the complaint within ten working days of the date that the notice was sent by the chief clerk. At the request of the accused person, the committee may extend the time for the response, not to exceed ten additional calendar days. A response to a complaint shall not be confidential.

f. *Hearing regarding validity of complaint.* The committee chairperson and the ranking member shall review the complaint and supporting information to determine whether the complaint meets the requirements as to form. If the complaint is deficient as to form, the complaint shall be returned to the complainant with instructions indicating the deficiency. If the complaint is in writing, is sufficient as to form, and contains the appropriate certification, as soon as practicable, the chairperson shall call a meeting of the committee to review the complaint to determine whether the complaint meets the requirements for validity and whether the committee should take action on the complaint pursuant to paragraph "g" or whether the committee should request that the chief justice of the supreme court appoint an independent special counsel to conduct an investigation to determine whether probable cause exists to believe that a violation of the house code of ethics, joint rules governing lobbyists, or chapter 68B of the Code, has occurred. The sufficiency as to form determination and the valid complaint requirements determination shall be based solely upon the original complaint and the response to the complaint. Additional documents or responses shall not be filed by the parties or otherwise considered by the committee prior to a validity determination. The committee shall not receive or consider oral testimony in support of or against a validity determination.

If the committee finds that a complaint does not meet the content requirements for a valid complaint, the committee shall dismiss the complaint and notify both the complainant and the party alleged to have committed the violation of the dismissal and the reasons for dismissal. A dismissal for failure to meet the formal requirements for the filing of a complaint shall be without prejudice and the complainant may refile the complaint at any time within three years of the date that the alleged violation took place. If the dismissal is based upon a failure to allege facts and circumstances necessary for a valid complaint, the dismissal shall be with prejudice and the party shall not be permitted to file a complaint based upon the same facts and circumstances.

g. *Action on undisputed complaint.*

If the committee determines a complaint is valid and determines no dispute exists between the parties regarding the material facts that establish a violation, the committee may take action on the complaint under this paragraph without requesting the appointment of an independent special counsel.

The committee may do any of the following:

(1) Issue an admonishment to advise against the conduct that formed the basis for the complaint and to exercise care in the future.

(2) Issue an order to cease and desist the conduct that formed the basis for the complaint.

(3) Make a recommendation to the house that the person subject to the complaint be censured or reprimanded.

h. *Request for appointment of independent special counsel.* If, after review of the complaint and any response made by the party alleged to have committed the violation, the committee determines that the complaint meets the requirements for form and content and the committee has not taken action under paragraph "g", the committee shall request that the chief justice of the supreme court appoint independent special counsel to investigate the matter and determine whether probable cause exists to believe that a violation of chapter 68B of the Code, the house code of ethics, or the joint rules governing lobbyists has occurred.

i. *Receipt of report of independent special counsel.* The report from the independent special counsel regarding probable cause to proceed on a complaint shall be filed with the chief clerk of the house. Upon receipt of the report of the independent special counsel, the chief clerk shall notify the chairperson of the filing of the report and shall send copies of the report to the members of the ethics committee. As soon as practicable after the filing of the report, the chairperson shall schedule a public meeting for review of the report. The purpose of the public meeting shall be to determine whether the complaint should be dismissed, whether a formal hearing should be held on the complaint, or whether other committee action is appropriate. The complainant and the person alleged to have committed the violation shall be given notice of the public meeting, shall have the right to be present at the public meeting, and may, at the discretion of the committee, present testimony in support of or against the recommendations contained in the report.

If the committee determines that the matter should be dismissed, the committee shall cause an order to be entered dismissing the matter and notice of the dismissal shall be given to the complainant and the party alleged to have committed the violation. If the committee determines that the complaint should be scheduled for formal hearing, the committee shall issue a charging statement which contains the charges and supporting facts that are to be set for formal hearing and notice shall be sent to the complainant and the accused person.

The notice shall include a statement of the nature of the charge or charges, a statement of the time and place of hearing, a short and plain statement of the facts asserted, and a statement of the rights of the accused person at the hearing.

j. *Formal hearing.* Formal hearings shall be public and conducted in the manner provided in section 68B.31, subsection 8 of the Code. At a formal hearing the accused shall have the right to be present and to be heard in person and by counsel, to cross-examine witnesses, and to present evidence. Members of the committee shall also have the right to question witnesses.

The committee may require, by subpoena or otherwise, the attendance and testimony of witnesses and the production of such books, records, correspondence, memoranda, papers, documents, and any other things it deems necessary to the conduct of the inquiry.

Evidence at the formal hearing shall be received in accordance with rules and procedures applicable to contested cases under chapter 17A of the Code.

The committee chairperson, or the vice chairperson or ranking member in the absence of the chairperson, shall preside at the formal hearing and shall rule on the admissibility of any evidence received. The ruling of the chairperson may be overturned by a majority vote of the committee. Independent special counsel shall present the evidence in support of the charge or charges. The burden shall be on the independent special counsel to prove the charge or charges by clear and convincing evidence. Upon completion of the formal hearing, the committee shall adopt written findings of fact and conclusions concerning the merits of the charges and make its report and recommendation to the house.

k. *Disqualification of member.* Members of the committee may disqualify themselves from participating in any investigation of the conduct of another person upon submission of a written statement that the

member cannot render an impartial and unbiased decision in a case. A member may also be disqualified by a unanimous vote of the remaining eligible members of the committee.

A member of the committee is ineligible to participate in committee meetings, as a member of the committee, in any proceeding relating to the member's own official conduct.

If a member of the committee is disqualified or ineligible to act, the majority or minority leader who appointed the member shall appoint a replacement member to serve as a member of the committee during the period of disqualification or ineligibility.

1. *Recommendations by the committee.* The committee shall recommend to the house that the complaint be dismissed, or that one or more of the following be imposed:

(1) That the member or employee of the house or lobbyist or client of a lobbyist be censured or reprimanded, and the recommended appropriate form of censure or reprimand be used.

(2) That the member of the house be suspended or expelled from membership in the house and required to forfeit the member's salary for that period, the employee of the house be suspended or dismissed from employment, or that the lobbyist's or lobbyist's client's lobbying privileges be suspended.

13. **COMMUNICATIONS WITH ETHICS COMMITTEE.** After a complaint has been filed or an investigation has been initiated, a party to the complaint or investigation shall not communicate, or cause another to communicate, as to the merits of the complaint or investigation with a member of the committee, except under the following circumstances:

a. During the course of any meetings or other official proceedings of the committee regarding the complaint or investigation.

b. In writing, if a copy of the writing is delivered to the adverse party or the designated representative for the adverse party.

c. Orally, if adequate prior notice of the communication is given to the adverse party or the designated representative for the adverse party.

d. As otherwise authorized by statute, the house code of ethics, joint rules governing lobbyists, or vote of the committee.

14. **PERMANENT RECORD.** The chief clerk of the house shall maintain a permanent record of all complaints filed and any corresponding committee action. The permanent record shall be prepared by the ethics committee and shall contain the date the complaint was filed, name and address of the complainant, name and address of the accused person, a brief statement of the charges made, any evidence received by the committee, any transcripts or recordings of committee action, and ultimate disposition of the complaint. In recording the ultimate disposition of a complaint that is dismissed, the information shall include whether the complaint was dismissed due to formal insufficiency or due to a failure to meet the content requirements of a valid complaint. Except as provided in rule 12, paragraph "d", the chief clerk shall keep each complaint confidential until public disclosure is made by the ethics committee.

15. **MEETING AUTHORIZATION.** The house ethics committee is authorized to meet at the discretion of the committee chairperson in order to conduct hearings and other business that properly may come before it. If the committee submits a report seeking house action against a member or employee of the house or lobbyist after the second regular session of a general assembly has adjourned sine die, the report shall be submitted to and considered by the subsequent general assembly.

16. ADVISORY OPINIONS.

a. *Requests for formal opinions.* A request for a formal advisory opinion may be filed by any person who is subject to the authority of the ethics committee. The ethics committee may also issue a formal advisory opinion on its own motion, without having previously received a formal request for an opinion, on any issue that is within the jurisdiction of the committee. Requests shall be filed with either the chief clerk of the house or the chairperson of the ethics committee.

b. *Form and contents of requests.* A request for a formal advisory opinion shall be in writing and may pertain to any subject matter that is related to application of the house code of ethics, the joint rules governing lobbyists, or chapter 68B of the Code to any person who is subject to the authority of the ethics committee. Requests shall contain one or more specific questions and shall relate either to future conduct or be stated in the hypothetical. A request for an advisory opinion shall not specifically name any individual or contain any other specific identifying information, unless the request relates to the requester's own conduct. However, any request may contain information which identifies the kind of individual who may be affected by the subject matter of the request. Examples of this latter kind of identifying information may include references to conduct of a category of individuals, such as but not limited to conduct of legislators, legislative staff, or lobbyists.

c. *Confidentiality of formal requests and opinions.* Requests for formal opinions are not confidential and any deliberations of the committee regarding a request for a formal opinion shall be public. Opinions issued in response to requests for formal opinions are not confidential, shall be in writing, and shall be placed on file in the office of the chief clerk of the house. Persons requesting formal opinions shall personally receive a copy of the written formal opinion that is issued in response to the request.

17. PERSONAL FINANCIAL DISCLOSURE FORM. The following form shall be used for disclosure of economic interests under these rules and section 68B.35 of the Code:

STATEMENT OF ECONOMIC INTERESTS

Name: _____

(Last) (First) (Middle Initial)

Address: _____

(Street Address, Apt.#/P.O. Box)

(City) (State) (Zip)

Phone:(Home)_____/_____-_____(Business)_____/_____-_____

This form is due each year on or before February 15. The reporting period is the most recently completed calendar year. An amended form shall be filed if a change in business, occupation, or profession reported in Division I of the form has occurred. The amended form shall include the date the change took effect and must be filed within thirty days of the first day of the change in employment or engagement necessitating the amended form. If the date of the change occurs between January 1 and February 15, the change shall be included in the filing due February 15.

In completing Division III of this form, if your percentage of ownership of an asset is less than 100 percent, multiply your percentage of ownership by the total revenue produced to determine if you have reached the \$1,000 threshold.

Do not report income received by your spouse or other family members.

In completing this form, if insufficient space is provided for your answer, you may attach additional information/answers on full-size sheets of paper.

Division I. Business, Occupation, or Profession.

List each business, occupation, or profession in which you are engaged, the nature of the business if not evident, and your position or job title. No income threshold or time requirement applies.

Examples:

If you are employed by an individual, state the name of the individual employer, the nature of the business, and your position.

If you are self-employed and are not incorporated or are not doing business under a particular business name, state that you are self-employed, the nature of the business, and your position.

If you own your own corporation, are employed by a corporation, or are doing business under a particular business name, state the name and nature of the business or corporation and your position.

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____

Division II. Commissions from Sales of Goods or Services to Political Subdivisions.

This part is to be completed only by Legislators. If you received income in the form of a commission from the sale of goods or services to a political subdivision, state the name of the purchasing political subdivision. The amount of commission earned is not required to be listed.

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____

Division III. Sources of Gross Income.

In each one of the following categories list each source which produces more than \$1,000 in annual gross income, if the revenue produced by the source was subject to federal or state income taxes last year. List the nature or type of each company, business, financial institution, corporation, partnership, or other entity which produces more than \$1,000 of annual gross income. Neither the amount of income produced nor value of the holding is required to be listed in any of the items.

A. Securities: State the nature of the business of any company in which you hold stock, bonds, or other pecuniary interests that generate more than \$1,000 in annual gross income. Income generated by multiple holdings in a single company are deemed received from a single source.

- _____
- _____
- _____
- _____
- _____

B. Instruments of Financial Institutions: State the types of institutions in which you hold financial instruments, such as certificates of deposit, savings accounts, etc., that produce annual gross income in excess of \$1,000, e.g., banks, savings and loans, or credit unions.

C. Trusts: State the nature or type of any trust from which you receive more than \$1,000 of gross income annually.

D. Real Estate: State the general nature of real estate interests that generate more than \$1,000 of gross income annually, e.g., residential leasehold interest or farm leasehold interest. The size or location of the property interest is not required to be listed.

E. Retirement Systems: State the name of each pension plan or other corporation or company that pays you more than \$1,000 annually in retirement benefits.

F. Other Income Categories Specified in State and Federal Income Tax Regulations.

(Signature of Filer)

(Date)

Name: Joel Kurzman

Comment: Thank you for receiving the attached comments.

January 26, 2021

Rep. Ann Meyer
Chair, Human Resources Committee
Human Resources Subcommittee
The Iowa Legislature
via email: Ann.Meyer@legis.iowa.gov

Rep. Steven Bradley
Vice Chair, Human Relations Committee
Human Resources Subcommittee
The Iowa Legislature
via email: Steven.Bradley@legis.iowa.gov

Rep. John Forbes, RPh
Member
Human Resources Subcommittee
The Iowa Legislature
via email: john.forbes@legis.iowa.gov

Re: Support for HSB 91 – Driving population health and expanding patient access to critical vaccinations and pharmacy care

Dear Reps. Meyer, Bradley, and Forbes:

The National Association of Chain Drug Stores (NACDS) appreciates the opportunity to support HSB 91 related to expanding access to patient care through pharmacy healthcare destinations. Specifically, the bill would authorize pharmacists to order and administer point-of-care testing and treatment for influenza and streptococcus A and to order, initiate, and administer immunizations and vaccines. The healthcare industry continues to advance the practices of patient care by transforming the healthcare environment, which should include the entire care continuum to better improve quality, care, and access for patients. The current global COVID pandemic has further emphasized the need for such advancement. HSB 91 aims to modernize the state's pharmacy care policies to secure more value, drive innovation, and provide cost-effective healthcare services to improve the health and well-being of Iowa residents.

NACDS represents traditional drug stores, supermarkets, and mass merchants with pharmacies. In Iowa, chain pharmacy companies operate over 410 pharmacies and employ over 1,500 pharmacists. Across the country, chains operate over 40,000 pharmacies, and NACDS' over 80 chain member companies include regional chains, with a minimum of four stores, and national companies. Chains employ nearly 3 million individuals, including 155,000 pharmacists. They fill over 3 billion prescriptions yearly, and help patients use medicines correctly and safely, while offering innovative services that improve patient health and

healthcare affordability. NACDS members also include more than 900 supplier partners and over 70 international members representing 21 countries. Please visit nacds.org.

Expand patient access to pharmacy care through point-of-care testing and treatment for influenza and streptococcus A via statewide protocols.

NACDS commends Iowa for expanding access to care for Iowans by recognizing innovative healthcare destinations, such as community pharmacies. Pharmacists' ability to provide quality care by initiating naloxone and tobacco cessation products, formerly nicotine replacement products, via statewide protocols are recent examples. Throughout the nation, numerous other states have begun to use statewide protocols as well to expand access to patient care. During the COVID pandemic, the Department of Health and Human Services' issued vital guidance recognizing pharmacists' ability to expand access to COVID testing and immunization services. Majority of states have recognized this expanded authority for pharmacists to order and test for COVID-19, as well as initiate, order, and administer vaccines.

Pharmacists are qualified and capable of addressing preventive or acute care, or self-limiting conditions that require no diagnosis or are easily diagnosed. Additionally, with the tremendous workloads and excessive administrative burdens that other providers face, pharmacists provide uncomplicated, timely, and routine care for patients within the community in many other states.¹ The implementation of statewide protocols for pharmacists to conduct pharmacy care services result in other providers having the opportunity to focus on more complex and challenging patients, especially amid the ongoing COVID pandemic.² Building off Iowa's commitment to expand access to patient care, NACDS strongly urges the enactment of HSB 91 to expand the implementation of additional statewide protocols for point-of-care testing and treatment for influenza and streptococcus A.

Several studies reveal that when pharmacists have the authority to test and treat for conditions, such as influenza and streptococcus A, access to care increases significantly for those who do not have a primary care physician. Testing and furnishing the appropriate and necessary treatment by pharmacists also supports community antibiotic stewardship efforts, which is especially important given estimates that over 20% of outpatient antibiotic use is inappropriate.³ Pharmacists can significantly help reduce such unnecessary use as they have been shown to better adhere to evidence-based assessment and prescribing protocols and standards/guidelines of care compared to other prescribers.⁴ Also, the CLIA-waived tests, known for their simplicity in use and low risk for incorrect results, used in pharmacies are the same as the

¹ It has been observed that general practitioners have about 2 minutes per clinic visit to properly implement preventive care, leading to a care deficit of over 5 hours per day for preventive care. Caverly TJ et al. Much to do with nothing: microsimulation study on time management in primary care. 2018. BMJ. 2018;363 <https://www.bmj.com/content/363/bmj.k4983>

² It's been estimated that 1,773 hours of a physician's annual time, or 7.4 hours per working day would be needed to fully satisfy the United States Preventive Services Task Force (USPSTF) recommendations for these preventive services.

Yarnall, Kimberly S H et al. "Primary care: is there enough time for prevention?" American journal of public health vol. 93,4 (2003): 635-41. doi:10.2105/ajph.93.4.635 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447803/>

³ Chua K, Fischer MA, Linder, JA. Appropriateness of outpatient antibiotic prescribing among privately insured US patients: ICD-10-CM based cross sectional Study. January 2019. <https://www.bmj.com/content/364/bmj.k5092>

⁴ Poh EW, McArthur A, et al. Effects of pharmacist prescribing on patient outcomes in the hospital setting. JBI Database of Systematic Reviews and Implementation Reports. September 2018. https://journals.lww.com/jbisrir/Abstract/2018/09000/Effects_of_pharmacist_prescribing_on_patient.9.aspx

clinical diagnostic devices used in medical practices.⁵ Ultimately, the expansion of pharmacist authority via statewide protocol to include testing and treatment for specific conditions leads to less burdensome administrative efforts for the healthcare team, eliminates unnecessary system costs, and increases accessibility, convenience, and timely care for patients.

Given the compelling evidence, NACDS strongly urges your support for HSB 91, legislation aimed at expanding access to care by permitting pharmacists, pursuant to statewide protocols, to conduct point-of-care testing and treatment for influenza and streptococcus A for patients 18 years of age and older.

Permit pharmacists to order, initiate, and administer immunizations and vaccinations.

The prevalence of vaccine-preventable diseases in adults remains a significant public health issue in the United States. Vaccinations reduce the rates of disease and improve overall lifespans by controlling the spread of infectious diseases, mitigating the severity of disease, and helping to protect unvaccinated people, including those who are contraindicated for the vaccine.⁶ In addition to public health benefits, vaccines have a societal economic benefit. Vaccine-preventable diseases and deaths create an approximately \$9 billion economic burden on the healthcare system in hospital and doctor visits and loss of income each year.⁷ Unfortunately, low immunization uptake has been observed and immunization rates are below the Healthy People 2020 goals.⁸ As such, NACDS advocates for pharmacies as healthcare settings where patients are able to access cost-effective immunization services and quality patient care.

Pharmacists are highly trained and capable of providing necessary vaccination services to the communities they serve.⁹ Broadening Iowa pharmacists' immunization authority will help increase patient access and expand the community-level benefit of protecting the entire population. Leveraging pharmacists to provide these services may therefore prove crucial in the uptake of other vaccines.¹⁰ Moreover, initiatives to improve immunization access, especially in reaching vulnerable populations or those who would otherwise not be vaccinated, only stand to benefit from the accessibility of community pharmacies. According to a recent survey, most Americans prefer to receive their vaccinations at their community pharmacy, citing reasons of convenience.¹¹ NACDS applauds Iowa's recognition of pharmacists' ability to expand access to the COVID vaccine. Similarly, to improve immunization rates by expanding access to vaccination destinations that best meet patients' needs, we encourage Iowa lawmakers to ensure that the public may more easily access a broader portfolio of vaccines from their local pharmacies.

⁵ <https://www.cdc.gov/clia/test-complexities.html>

⁶ Winegarden, Wayne; "Promoting Access and Lowering Costs in Health Care: The Case of Empowering Pharmacists to Increase Adult Vaccination Rates;" (2018). https://www.pacificresearch.org/wp-content/uploads/2018/04/AdultVaccination_F_web.pdf

⁷ Sachiko Ozawa, et al.; "Modeling the Economic Burden of Adult Vaccine-Preventable Diseases in the United States.;" Health Affairs; November 2016. <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2016.0462>

⁸ Office of Disease Prevention and Health Promotion. U.S. Department of Health and Human Services. Healthy People 2020. Available at: <https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases#one>

⁹ O'Dea, Jim. "The Pharmacy's New Role in Providing Healthcare Services." PM3260 Magazine. January 23, 2014. <https://www.pm360online.com/the-pharmacys-new-role-in-providing-healthcare-services/>

¹⁰ Drozd, E. M., Miller, L., & Johnsrud, M. (2017). Impact of Pharmacist Immunization Authority on Seasonal Influenza Immunization Rates Across States. Clinical Therapeutics, 39(8). doi:10.1016/j.clinthera.2017.07.004

¹¹ Goad JA, Taitel MS, Fensterheim LE, Cannon AE. Vaccinations administered during off-clinic hours at a national community pharmacy: implications for increasing patient access and convenience. Ann Fam Med. 2013;11(5):429-36.

To that end, NACDS strongly urges your support for HSB 91, legislation aimed at driving population health by allowing pharmacists to order, initiate, and administer immunizations and vaccinations to patients three years of age and older and influenza or other emergency immunizations and vaccinations to patients six months of age and older.

NACDS applauds the state's current efforts to enhance the delivery of healthcare and greatly appreciates the opportunity to urge support for HSB 91 to broaden pharmacist immunization authority and to expand pharmacy care to include point-of-care testing and treatment for influenza and streptococcus A via statewide protocols. We welcome the opportunity for further discussion; for any questions, please contact NACDS' Joel Kurzman at jkurzman@nacds.org or 847-905-0555.

Sincerely,

A handwritten signature in black ink, appearing to read "Steven C. Anderson". The signature is fluid and cursive, with a long horizontal stroke at the end.

Steven C. Anderson, FASAE, CAE, IOM
President and Chief Executive Officer