NEW HAMPSHIRE PHARMACIST VACCINATION LAW: NEW EXPANSION
Issue Brief

Senate Bill 93 (2011) (effective August 26, 2011)

Scope of Law
Since 2008, pharmacists in New Hampshire have been permitted to administer the influenza vaccine to any patient, regardless of age, if certain criteria are met. Effective August 26, 2011, pharmacists may also administer pneumococcal and varicella zoster (shingles) vaccines to individuals 18 years of age or older.

Requirements
To be permitted to administer vaccines, the pharmacist must:

• Hold a current license to practice as a pharmacist in New Hampshire.
• Possess at least $1,000,000 of professional liability insurance coverage.
• Complete training specific to administering these vaccines. This training may include programs approved by the Accreditation Council for Pharmacy Education (ACPE) or curriculum-based programs from an ACPE-accredited college of pharmacy or state or local health department programs or programs recognized by the New Hampshire Pharmacy Board.
• Provide to the Board evidence of compliance with the first three points.
• Provide notice to the patient’s primary care provider of the administration of the pneumococcal and varicella zoster vaccines, when the patient provides provider information. This provision does not apply to administration of the influenza vaccine.
• Maintain a record of administration of pneumococcal and varicella zoster vaccinations for each individual as required by state and federal law. This provision does not apply to administration of the influenza vaccine.

Trend
All 50 states permit pharmacists to administer vaccines, however, the laws vary with respect to the types of vaccines permitted, the qualifications or requirements for pharmacists, the age of the patients who may receive vaccines, whether a physician prescription is required and other factors (see Trends in State Vaccination Laws and Moving Toward the Expansion of Pharmacist-Administered Vaccines). There appears to be a trend toward expansion of the pharmacists’ authority in this area; some physicians and physicians’ groups oppose these laws and particularly the expansion of them. The goal of the laws is to increase population access to
vaccines and thereby increase rate of vaccination. The concern of physicians generally is both that only a medical doctor can safely determine whether a patient should receive a vaccine and patients should have a medical home with a comprehensive record of all medical matters, including vaccinations. Given the low risk of harm from vaccine and continuing struggles with health insurance coverage, the trend may nevertheless continue. For information about a particular state’s law, please make a request through the Network for Public Health Law Web site (www.networkforphl.org/get-assistance); e-mail the Eastern Region (easternTA@networkforphl.org) or call the Eastern Region at (410) 706-5575.

**Vaccine Liability Protection Afforded to Vaccine Administrators**

One benefit enjoyed by those who administer vaccines, including pharmacists, is liability protection provided by the National Vaccine Injury Compensation Program (VICP). This federal program is a mandatory "no-fault" alternative to the tort system for resolving vaccine injury claims. Whether a vaccine administrator is afforded the liability protections of the National Childhood Vaccine Injury Act depends upon whether the vaccine is covered under the VICP. Currently the Act covers the following vaccines: diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis A, hepatitis B, haemophilus influenza type b, varicella, rotavirus, pneumococcal conjugate, trivalent influenza, human papillomavirus and meningococcal. A fee attached to each vaccine produced supports the Fund. The administrative process allows for more efficient and faster resolution of claims. The VICP is credited with assuring that vaccines are available in sufficient quantity by significantly reducing manufacturers’ and administrators’ legal exposure.

**Additional resources**

For more information regarding vaccination laws, please see the following resources:

CDC Morbidity and Mortality Report June 17, 2011 (Place of Influenza Vaccination Among Adults--2010-11 Flu Season): [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6023a3.htm?s_cid=mm6023a3_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6023a3.htm?s_cid=mm6023a3_w)


**SUPPORTERS**

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