

THE EPIDEMIOLOGY OF U.S. IMMUNIZATION LAW:
Translating CDC Immunization Guidelines into Practice:
State Laws Related to the Use of Standing Orders Covering Immunization Practice

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Winter, 2007

Increasing access to immunization services is a central aim of national immunization policy. *Healthy People 2010* recognizes that “improving the quality and quantity of vaccination delivery services,” will increase access to and protect individuals of all ages from vaccine preventable diseases.¹ Standing orders programs have proven to be an effective method to increase vaccine delivery. As policymakers seek to encourage innovations to achieve *Healthy People 2010* goals, standing orders have become required elements of federal healthcare programs. Thus, it is essential that state health officials and legislators develop a full understanding of standing orders and their potential as a method to reduce barriers to immunization. Universal adoption of medical and health professions practice acts that authorize broader immunization practice could prove valuable in eliminating disparities in immunization coverage, particularly for the nation’s most vulnerable populations.

This study examines the current status of state medical and health professions licensure laws that govern the parameters of medical practice among health professionals. Non-physician health professionals may be authorized to engage in any aspect of medical practice either under their own license or through delegated authority from a licensed physician and in a broad range of settings and conditions.

This paper begins with a description of the target populations whose access to immunization services might be affected by the scope of state medical and health professions practice acts. It also defines pertinent terms. The paper then sets out the study methodology, followed by a presentation of findings. A series of appendices to this report contain state laws governing medical and health professions practice:

- Appendix I presents the definition of medical practice for each jurisdiction.
- Appendix II contains a summary chart explaining how each jurisdiction addresses whether non-physician health professionals are authorized to engage in each of the elements of immunization practice. The tabs after Appendix II contain detailed analysis and statutory language on a state-by-state basis that support the summary chart.
- Appendix III outlines the settings in which each class of non-physician health professional is permitted to practice.
- Appendix IV is a working table that illustrates how each jurisdiction manages immunization practice of non-physician health professionals. The summary chart is followed by state-by-state illustrations.

¹ “Chapter 14: Immunization and Infectious Diseases.” [Healthy People 2010: Objectives for Improving Health](#). The goal vaccination rate is 90%.

- Appendix V provides citations for the state authorities referenced in this report.

BACKGROUND

Immunization Access and Vulnerable Populations

U.S. residents of all ages display significant variability in immunization rates. Vaccination rates are increasing among all children ages 19-35 months.² Traditionally underserved populations, such as racial and ethnic groups, have realized significant improvement in closing the coverage gap. In 2005, coverage for African-American children ages 19-35 months was 76.3% compared to 76% for whites.³ However, pockets of under-immunized children remain beyond the grasp of organized outreach efforts, particularly in urban areas,⁴ where optimal vaccine delivery continues to present challenges, and have been associated with lower coverage rates.⁵ For example, immunization rates for children range from 90.7% in Massachusetts to 62.9% in Vermont and 58.8% in Clark County, Nevada.⁶

For elderly adults, vaccination against influenza and pneumococcal have fallen short of national goals.⁷ Influenza causes the highest rates of serious morbidity and mortality among the elderly, and accounts for approximately 20,000 deaths per year in the United States.⁸ During the 2002-2003 influenza season, 60% of this population received pneumococcal vaccine,⁹ and in 2004-2005, 62.7% received influenza vaccine.¹⁰ Despite the provision of universal coverage under Medicare, 70% of nursing home residents receive influenza vaccine, and only 38% are vaccinated against pneumonia.¹¹ These low coverage rates represent a substantial health threat for the elderly.

Elements of Immunization Practice

The administration of vaccines is a routine and seemingly uncomplicated healthcare service. Immunization practice can be thought of as a “bundled” set of procedures that together result in the provision of an appropriate immunization to a patient; these procedures consist of: 1) assessment of a patient’s immunization status, 2) the prescribing of one or more vaccines

² Id.

³ The Centers for Disease Control and Prevention. “Estimated Vaccination Coverage with Individual Vaccines and Vaccination Series Among Children 19-35 Months of Age by Race/Ethnicity.” U.S. National Immunization Survey, 2005.

⁴ Id.

⁵ Szilagyi PG, et al. *Reducing Geographic, Racial, and Ethnic Disparities in Childhood Immunization Rates by Using Reminder/Recall Interventions in Urban Primary Care Practices*. Pediatrics Vol. 110 No. 5 November 2002, pp.e58.

⁶ The Centers For Disease Control And Prevention. “Racial Disparities In Childhood Immunization Coverage Rates Closing Overall: Rates Remain High for all Children.” September 14, 2006.

⁷ Department of Health and Human Services. “Health People 2010 Progress Review: Immunization and Infectious Diseases. August 20, 2003. A coverage rate of 90% is the Healthy People 2010 target for this population.

⁸ Centers for Disease Control and Prevention. “Use of Standing Orders Programs to Increase Adult Vaccination Rates.” *MMWR* 49(RR01); 15-26. March 24, 2000.

⁹ Singleton, JA. Et. al. “Influenza and pneumococcal vaccination of adults aged > or = 65: racial/ethnic differences.” *American Journal of Preventive Medicine*. 29 (5): 412-20. Dec. 2005

¹⁰ The Centers for Disease Control and Prevention. “Influenza Vaccine Bulletin #1 Flu Season 2005-2006.” June 29, 2005

¹¹ Centers for Disease Control and Prevention. “Facilitating Influenza and Pneumococcal Vaccination Through Standing Orders Programs.” *MMWR*. 52:69-69. 2003. Rpt. in *JAMA*. Vol. 289, No. 10. March 12, 2003.

depending on health status, practice standards, and other factors; and 3) the administration of one or more vaccines. Although these procedures are relatively straightforward and well understood, in fact they collectively amount to the diagnosis of a condition (i.e., the need for vaccine), the use of professional judgment in the formulation of a decision to treat, and the provision of medical treatment. As such, vaccine practice is a form of medical practice.

The Role of State Law in Regulating Medical Practice and Thus Immunization Practice

Under the U.S. Constitution¹² and long-established principles of American jurisprudence, states play the primary role in the regulation of the practice of medicine.¹³ Through the exercise of its “police powers,”¹⁴ each state has developed a body of law that regulates the practice of medicine, nurses, physician assistants, and pharmacists. These laws define medical practice and govern the extent to which licensed medical professionals are permitted to delegate¹⁵ their powers to other health professionals in both independent and institutional practice. Medical practice acts are the result of decades of customs, attitudes and beliefs regarding their requirements.¹⁶ Often lacking are formal interpretations of critical legal questions, and the existing judicial and administrative interpretations may be in conflict, depending on the conduct at issue in an individual case.

The complexity of state medical practice laws may be compounded by the broad nature of state laws governing other classes of health professionals. In many states, there is a lack of clarity concerning when certain forms of health care practice fall within parameters set for the legal practice of nursing as well as the practice of medicine. The borders of permissible conduct may be blurred, and it is often difficult to determine whether particular forms of health care practice can be carried out by one or more classes of licensed nurses. For example, any act conducted by a nurse could be categorized in one of three ways: 1) the nurse may be authorized to act independently and within the scope of his or her authority; 2) the nurse may be authorized to act only under a delegation of medical powers and in collaboration with physicians; or 3) the nurse may not be authorized to act under any circumstances if the health care practice is deemed to be reserved only for licensed physicians.

Almost half of all state laws fail to utilize immunization-specific language when addressing the management of medications by non-physician health professionals. Twenty-two

¹² “The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people.” U.S. Const. Amend. X.

¹³ Rand Rosenblatt, Sylvia Law and Sara Rosenbaum, *Law and the American Health Care System* (Foundation Press, NY, NY 1997); Rand Rosenblatt, Sara Rosenbaum, and David Frankford, *Law and the American Health Care System* (2001-2002 Supp.).

¹⁴ Police power is a state’s 10th Amendment right, subject to due-process and other limitations, to establish and enforce laws protecting the public’s health, safety, and general welfare, or to delegate this right to local governments.

¹⁵ This project has adopted the following definition of the term delegation: The act of entrusting another with authority or empowering another to act as an agent or representative.

¹⁶ Lawrence O. Gostin, *Public Health Law: Power, Duty, Restraint*, (Berkeley: University of California Press, 2000); The Turning Point Model State Public Health Act: A Tool for Assessing Public Health Laws; The Turning Point Public Health Statute Modernization Collaborative, available at: www.hss.state.ak.us/dph/improving/turningpoint/nav.htm.

states¹⁷ have not adopted language specific to immunizations when addressing the authority of nurses, physician assistants and pharmacists to assess, prescribe, and administer drugs. These states use general language that refers to medical assessments, prescription of Schedule I-IV controlled substances, legend drugs, or medications, and their administration. This language has been reviewed and interpreted to ascertain whether the state could authorize vaccine delivery under these procedures.

Twenty-nine jurisdictions¹⁸ utilize immunization-specific language as described below, according to the category of health professional, (further details are provided in Figure 4, page 18, entitled *State Laws Utilizing Immunization-Specific Language*).

Standing Orders Defined

U.S. health care systems have adopted evidence-based methods in order to deliver high quality care to all populations. Delegating certain medical powers to non-physician health providers is one method that states may employ to increase access to health care services that would otherwise be categorized as medical practice and whose provision therefore may be restricted to professionals holding medical licenses. All states, albeit with broad variation, permit the delegation of identified medical practice powers to varying degrees.

Some states permit the delegation of health care through standardized procedures termed “standing orders”. Standing orders are written protocols that delineate the circumstances under which an individual other than a physician can engage in the legal practice of medicine. Standing orders describe the specific type of medical practice that will be delegated, delineate the procedures that personnel must follow, identify the patient population that may be served, specify the level of physician supervision required, and govern the locations where the services may occur.

Standing orders have increased access to immunizations and have improved vaccination rates for all age groups.¹⁹ When used effectively, standing orders programs have increased vaccination rates 30% - 52% over other institution-based strategies in settings that include: managed care, hospitals, emergency rooms, and long-term care facilities²⁰ Standing orders programs have been endorsed by federal public agencies. Based on the recommendation of the Advisory Committee on Immunization Practices (ACIP), the CDC and the Centers for Medicare

¹⁷ Alabama, Alaska, Connecticut, Florida, Georgia, Idaho, Illinois, Indiana, Kentucky, Maine, Michigan, Minnesota, Mississippi, Missouri, Nebraska, New Hampshire, Rhode Island, South Carolina, Tennessee, Vermont, West Virginia, Wyoming

¹⁸ Arizona, Arkansas, California, Colorado, Delaware, District of Columbia, Hawaii, Iowa, Kansas, Louisiana, Maryland, Massachusetts, Montana, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Dakota, Texas, Utah, Virginia, Washington, Wisconsin

¹⁹ Task Force on Community Preventive Services. Recommendations regarding interventions to improve vaccination coverage in children, adolescents, and adults. *Am J Prev Med* 2000; 18:92—140; and Health Care Financing Administration. Evidence report and evidence-based recommendations: interventions that increase the utilization of Medicare-funded preventive service for persons age 65 and older. Baltimore, Maryland: U.S. Department of Health and Human Services, Health Care Financing Administration, October 1999; HCFA publication no. HCFA-02151.

²⁰ Adult Immunization: Strategies that Work: Strategies for Increasing Adult Vaccination Rates. Available at <http://www.cdc.gov/nip/publications/adultstrat.htm>.

and Medicaid Services (CMS) have recommended the implementation of standing orders programs in hospitals, long-term care facilities and home health agencies.²¹

If a state's medical and health practice acts were to authorize immunization practice -- either explicitly or as interpreted -- it would be possible to expand access to immunizations through standing orders that permit assessment, prescription, and immunization administration services. Standing orders might be broadly fashioned or alternatively could permit identified health professionals to administer vaccinations in specific settings and under specific circumstances, with or without the need for a physician's direct supervision and patient-specific signoff.²²

METHODS

Utilizing a standard legal research database, researchers identified medical and health professional practice acts and regulations, attorney's general opinions, and professional licensing board decisions from fifty states and the District of Columbia. The data were analyzed to determine how the three elements of immunization practice (assessment, prescription and administration) were addressed, the permissible practice sites, and the definitions of medical practice. The resulting information is presented in tabular format and is separated into two categories: 1) permissible action under the professional's own license, and 2) permissible action under delegation.

Categories of health professionals addressed in this report include registered nurses, all categories of advanced practice nurses, physician assistants and pharmacists. In some cases, full immunization practice, may be performed by any single category of professional only with authority derived from both classes of legal permissions.

²¹ CDC. Use of standing orders programs to increase adult vaccination rates: recommendations of the Advisory Committee on Immunization Practices. MMWR 2000;49 (No. RR-1; 42 C.F.R. Parts 482 – 484.

²² MMWR 2000;49(RR-1): 15-26.

GENERAL FINDINGS

This national review of the law of standing orders for immunization practice produced five primary findings, as follows:

FIGURE 1: General Study Findings

1. Almost half of the states' laws fail to utilize immunization-specific language when addressing the management of medications among non-physician health professionals.
2. Nurses, physician assistants, and pharmacists have been granted limited power to conduct immunization practice under their own practice licenses.
3. There is broad variability in the extent to which states have expressly encouraged immunizations through the use of health professionals working under standing orders.
4. In order for a single health professional to conduct all three elements of immunization practice, a professional practice license combined with delegated power may be required.
5. State laws authorize health professionals to practice in a broad range of settings.

The states that authorize health professionals to conduct assessments, prescribe and administer vaccines under standing orders or the professional's license are highlighted in Figure 2, below:

FIGURE 2: State Authorization of Immunization Practice Among Health Professionals

UNDER STANDING ORDERS:

Maryland, Tennessee: Authorize nurse practitioners and physician assistants to conduct full immunization practice under standing orders

Nurses: Illinois, Maryland, Tennessee: Authorize nurses in advanced practice to conduct full immunization practice under standing orders.

Physician Assistants: Alaska, Arizona, California, Delaware, DC, Louisiana, Maryland, Minnesota, Mississippi, Montana, New Jersey, Ohio, Oklahoma, Tennessee, Texas, Utah, Virginia, Wisconsin: Authorize physician assistants to conduct full immunization practice under standing orders.

Pharmacists: No state authorizes pharmacists to conduct full immunization practice under standing orders.

UNDER HEALTH PROFESSIONS LICENSES:

Delaware, Idaho, Montana, New Hampshire, New York: Authorize advanced practice nurses or nurse practitioners to conduct full immunization practice under their practice license.

Physician Assistants: No state authorizes physician assistants to conduct full immunization practice under their practice license.

Pharmacists: No state authorizes pharmacists to conduct full immunization practice under a practice license.

DISCUSSION

It is widely reported that U.S. immunization coverage rates are increasing among all populations. However, policymakers remain concerned about concentrated areas of under-immunization throughout the country. Despite the proven positive impact of standing orders programs on vaccine delivery, approximately 50% of the country's state legislatures have failed to explicitly authorize the delegation of full immunization practice among *any* non-physician healthcare professional. Failure to close this gap in statutory approval, creates missed opportunities for recommended vaccinations and threatens both personal and public health.

Standing orders programs extend physicians' ability to deliver vaccines to populations with limited access to necessary medical care. Where programs exist, they have proven to be a safe and effective method to vaccinate large numbers of individuals who would not otherwise receive services. Non-physician health professionals are often the only reliable medical provider available to care for members of traditionally underserved populations, as well as residents in physician shortage areas. Increasingly, these providers serve as entry points to medical care and are often the only source of care for non-emergent needs.

This analysis documents the highly variable policies that states have adopted to govern non-physician health professionals relating to immunization practice. These differences reflect the response of fifty-one independent jurisdictions to their unique political, social and professional priorities.

For example, only three states have authorized nurses in advanced practice to conduct all elements of immunization practice under standing orders, while physician assistants are granted powers to conduct full practice in 18 jurisdictions. Pharmacists are prohibited from conducting full immunization practice in all states.

More than half of the nation permits some category of non-physician to conduct at least one element of immunization practice under standing orders. Different categories of nurses are most frequently permitted to prescribe and administer medications. Physician assistants may prescribe and administer, or prescribe only. Pharmacists are granted administration duties only.

These findings suggest that state laws and regulations do not uniformly support the use of standing orders for vaccine delivery. Health professionals are excluded from providing comprehensive immunization services. Prohibitions against performing even one element of immunization practice, compromises the vaccine delivery system and adversely affects patient access. For example, pharmacists are the most underutilized professional in the vaccine delivery system because they are prohibited from conducting patient assessments and executing prescriptions. A patient must receive an assessment conducted by a different qualified provider and may be issued a prescription, possibly from a yet another provider.

Without legal authority to utilize standing orders for vaccine delivery, health professionals will be unable to respond to the routine immunization needs of their patients, or to quickly establish mass immunization programs during periods of urgent need.

NEXT STEPS

Federal authority now requires the use of standing orders programs for Medicare/Medicaid. However, states have exclusive jurisdiction over the regulation of medical and health practice within their borders. Thus, any policy change designed to promote increased use of standing orders programs for immunization practice must be adopted and authorized at the state level. Enhancing standing orders programs would:

- create national uniformity for an otherwise fragmented delivery system;
- maximize the abilities of non-physician health professionals to deliver immunization services for routine needs and during emergencies;
- support patients with regular access to healthcare so that they would be able to obtain vaccines with more convenience in easy to access locations; and
- support patients with limited access to healthcare so that they would be able to receive necessary vaccines.

State legislatures could modify their laws to permit immunization practice under standing orders. Further work should be considered that would include two primary tasks:

- A model statute that permits delegation of full immunization practice to a broad range of health professionals in various settings is needed.
- The development of customized tables that identify each state's legal environment.

These tools would educate state legislators and other interested stakeholders. Areas where a state could modify their laws and regulations to fully utilize standing orders in an immunization context would be highlighted. States would be able to recognize opportunities to modify current language with that of the model.

SPECIFIC FINDINGS

Immunization Practice Among Health Professionals

Approaches to how each state has addressed immunization practice for nurses, physician assistants, and pharmacists, under standing orders, under their own practice license, and by combining both forms of authorization, is discussed below.

Nurses

State Utilization of Immunization-Specific Language Applicable to any Category of Nurse: Eight states²³ have adopted immunization-specific language that addresses nurses. An example from Massachusetts is below:

A written order, provided and signed by an authorized prescriber, is required in order for an R.N. or L.P.N. to administer any vaccine . . . Nurses shall be directly accountable for the delivery of safe and effective nursing care in the administration of immunizing agents. Parental permission must be obtained in the case of administration to children. *Administration of Immunizing Agents. Ruling 9804 (issued 1998, revised 2000)*

Jurisdictions that Authorize any Category of Nurse to Conduct 3 Elements of Immunization Practice under Standing Orders: Three states²⁴ permit particular categories of nurses to conduct all three elements of immunization practice under the direction of a licensed provider. Illinois authorizes advanced practice nurses, while Maryland and Tennessee allow only nurse practitioners to conduct full immunization practice. An example from Illinois is below:

“Advanced practice nurse” or “APN” means a person who: . . . has a written collaborative agreement with a collaborating physician . . . cares for patients . . . by using advanced diagnostic skills . . . prescribing medications and drugs by . . . administering medications and drugs. *68 Ill. Adm. Code 1305.10 (2006) Definitions*

Sec. 15-20. (a) A collaborating physician may, but is not required to, delegate limited prescriptive authority to an advanced practice nurse as part of a written collaborative agreement. This authority may, but is not required to, include prescription and dispensing of legend drugs and legend controlled substances categorized as Schedule III, IV, or V controlled substances . . . (d) Nothing in this Act shall be construed to limit the delegation of tasks or duties by a physician to a licensed practical nurse, a registered professional nurse, or other personnel. *225 ILCS 65/15-20 (2005) Prescriptive authority*

Jurisdictions that Authorize Nurses to Conduct fewer than 3 Elements of Immunization Practice under Standing Orders: Thirty jurisdictions²⁵ permit at least one category of nurse to conduct fewer than three elements of immunization practice under standing orders. Of these 30 jurisdictions, 8 jurisdictions²⁶ permit different categories of nurses to assess patient immunization status. An example from Arkansas follows:

1. [T]he registered nurse practitioner, [may] in collaboration with and under the direction of a licensed physician, to perform particular acts at the advanced and specialized levels as recognized

²³ California, Massachusetts, New York, North Dakota, Pennsylvania, Utah, Virginia, Washington

²⁴ Illinois, Maryland, Tennessee

²⁵ Alabama, Arizona, Arkansas, California, Colorado, DC, Georgia, Indiana, Iowa, Kansas, Maine, Massachusetts, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Virginia, Washington, Wisconsin

²⁶ Arizona, Arkansas, DC, Nebraska, New Mexico, Oklahoma, Rhode Island, South Carolina

by the nursing profession and which are in conformity with the Nurse Practice Act. a. Secures, records and evaluates the health . . . and developmental history of patients. B. Performs physician examinations using techniques of observation . . . j. Performs periodic health evaluations and plans for health maintenance of clients . . . 2. Protocols shall address: . . . c. . . . assessment, diagnosis, treatment and evaluation. . . **067 00 CARR 001 (2005) State Board of Nursing Rules and Regulations**

Nineteen jurisdictions states have authorized nurses to prescribe medications under standing orders.²⁷ Missouri, North Carolina, and Utah are the three states in this category that permit registered nurses to prescribe medications. The other jurisdictions restrict prescription issuance to nurses with advanced standing. Utah's requirements are shown below:

(1) The lawful scope of practice for an RN employed by a department of health shall include implementation of standing orders and protocols, and completion and providing to a patient of prescriptions which have been prepared and signed by a physician. . . **U.A.C. R156-31b-702 (2005) Scope of Practice**

Nineteen states allow nurses to administer medications under standing orders.²⁸ An example from Arizona is below:

In addition to the scope of practice permitted a professional nurse, an RNP may perform the following acts in collaboration with a physician: 1. Examine a patient and establish a medical diagnosis by client history, physical examination, and other criteria . . . 4. Identify, develop, implement, and evaluate a plan of care for a patient to promote, maintain, and restore health . . . 5. If authorized under *R4-19-507*, prescribe . . . dispense medication; **A.A.C. § R4-19-505 (2005) Scope of Practice of a Registered Nurse Practitioner**

A. The Board shall authorize an RNP to prescribe . . . dispense medication within the RNP's scope of practice . . . C. An RNP with P & D authority may: 1. Prescribe medications . . . **A.A.C. § R4-19-507 (2005) Prescribing and Dispensing Authority**

The most common combination of permissible duties is authorization to prescribe and administer medications. Seven states permit nurses to conduct these elements of immunization practice under standing orders.²⁹

Immunization Practice under Nurses' Practice Licenses: Five jurisdictions³⁰ permit either advanced practice nurses or nurse practitioners to conduct all three elements of immunization practice under their own license. Two states³¹ permit registered nurses to conduct all three elements of immunization practice under their own license. An example from Idaho is below:

Licensed professional nurses, also referred to as registered nurses or as "RNs," are expected to exercise competency in . . . administration of medications and treatments as prescribed by legally authorized persons. . . . 02. Functions. . . . The licensed professional nurse. . . . a. Assesses the health status of individuals and groups; and . . . d. Develops and documents a plan for nursing intervention based on assessment, analysis of data, identified nursing diagnoses and patient outcomes . . . ii. . . v. Implementing orders for medications and treatments issued by an authorized prescriber **IDAPA 23.01.01.401 (2005) LICENSED PROFESSIONAL NURSE (RN OR REGISTERED NURSE)**

²⁷ Alabama, Arkansas, California, Colorado, DC, Indiana, Kansas, Maine, Massachusetts, Missouri, Nevada, New Jersey, North Carolina, Oklahoma, Rhode Island, South Carolina, Tennessee, Utah, Virginia

²⁸ Arizona, California, Georgia, Iowa, Kansas, Massachusetts, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Carolina, Oklahoma, Oregon, South Dakota, Virginia, Washington, Wisconsin

²⁹ California, Kansas, Missouri, Nevada, North Carolina, Oklahoma, Virginia

³⁰ Delaware, Idaho, Montana, New Hampshire, New York

³¹ California, Idaho

02. Administration of Medications. The process whereby a prescribed medication is given to a patient by one (1) of several routes. . . . Licensed nurses may administer medications and treatments as prescribed by health care providers authorized by health care providers authorized to prescribe medications. . . . **IDAPA 23.01.01.010 (2005) DEFINITIONS**

04. Clinical Nurse Specialist. . . The clinical nurse specialist provides direct client care, which may include assessing, diagnosing, planning, health promotion and preventive care . . . **IDAPA 23.01.01.280 (2005) STANDARDS OF PRACTICE FOR ADVANCED PRACTICE PROFESSIONAL NURSING**

(c) “Nurse practitioner” means a licensed professional nurse . . . Nurse practitioners . . . may perform comprehensive health assessments, diagnosis, health promotion . . . the prescribing of pharmacologic and nonpharmacologic treatments as defined by rules of the board. **Idaho Code § 54-1402 (2006) Definitions**

Immunization Practice for any Category of Nurse through a Combination of Practice License and Standing Orders: In 7 states,³² nurse practitioners, midwives, advanced practice nurses, or clinical nurse specialists are permitted to access, prescribe and administer vaccines only by combining practice authorizations granted under their own practice license and under standing orders. In 3 states,³³ registered nurses may complete all three elements of immunization practice by combining practice authorizations granted under their own license and standing orders. An example from Missouri related to registered nurses is below:

“Professional nursing”, the performance . . . of any act . . . including, but not limited to . . . (b) Assessment, nursing diagnosis, nursing care, and counsel of persons who are ill, injured or experiencing alterations in normal health processes . . . **§ 335.016 R.S.Mo. (2005) Definitions**

(3) Methods of Treatment. (A) The methods of treatment and the authority to administer, dispense, and prescribe drugs delegated in a collaborative practice arrangement between a collaborating physician and collaborating registered professional nurse or advanced practice nurse shall be within the scope of practice of each professional and shall be consistent with each professional’s skill, training, education, and competence . . . (C) The methods of treatment and the authority to administer, dispense, and prescribe drugs delegated to the collaborating registered professional nurse or advanced practice nurse in a collaborative practice arrangement shall also be consistent with the scope of practice of the collaborating physician. . . **4 CSR 200-4.200 (2006) Collaborative Practice**

. . . 2. Collaborative practice arrangements, which shall be in writing, may delegate to a registered professional nurse the authority to administer, dispense, and prescribe drugs . . . if the registered professional nurse is an advance practice nurse . . . Such collaborative practice arrangements shall be in the form of written agreements, jointly agreed-upon protocols or standing orders for the delivery of health care services. . . **§ 334.104 R.S.Mo. (2005) Collaborative practice agreements, form, delegation of authority - - rules, approval, restrictions - - disciplinary actions - - nurses may provide anesthesia services, when**

“Professional nursing”, the performance . . . of any act . . . including, but not limited to . . . (c) The administration of medications and treatments as prescribed by a person licensed by a state regulatory board to prescribe medications and treatments . . . **§ 335.016 R.S.Mo. (2005) Definitions**

³² Alabama, Arizona, Kansas, Massachusetts, Nevada, North Carolina, North Dakota

³³ Missouri, North Carolina, South Carolina

Physician Assistants

State Utilization of Immunization-Specific Language Applicable to Physician Assistants: Three jurisdictions³⁴ have adopted immunization-specific language applicable to physician assistants. These jurisdictions authorize all physician assistants to conduct patient assessments, execute prescriptions, and administer vaccines only under standing orders. An example from Wisconsin is below:

- (1) SCOPE AND LIMITATIONS. In providing medical care, the entire practice of any physician assistant shall be under the supervision of a licensed physician. The scope of practice is limited to providing medical care specified in sub (2). A physician assistant's practice may not exceed his or her educational training or experience and may not exceed the scope of practice of the supervising physician . . . (2) MEDICAL CARE. Medical care a physician assistant may provide include: (a) Attending initially a patient of any age in any setting to obtain a personal medical history, perform an appropriate physical examination, and record and present pertinent data concerning the patient in a manner meaningful to the supervising physician . . . (c) Performing routine therapeutic procedures, including, but not limited to, injections, immunizations . . . (i) Issuing written prescription orders for drugs under the supervision of a licensed physician. *Wis. Adm. Code Med 8.07 (2005) Practice*

Jurisdictions that Authorize Physician Assistants to Conduct 3 Elements of Immunization Practice under Standing Orders: Eighteen jurisdictions³⁵ authorize physician assistants to conduct all three elements of immunization practice under the direction of a licensed provider. An example from Alaska is below:

(1) A physician assistant may examine . . . persons under the supervision, control, and responsibility of either a physician licensed under this chapter or a physician exempted from licensing . . . *Alaska Stat. § 08.64.170 (2006) License to practice medicine, podiatry, or osteopathy*

(f) A physician assistant may prescribe, order, administer, or dispense a medication that is not a controlled substance only with the authorization of the physician assistant's primary collaborating physician. *12 Alaska Admin. Code 40.450 (2006) Authority to prescribe, order, administer, and dispense medications*

Jurisdictions that Authorize Physician Assistants to Conduct fewer than 3 Elements of Immunization Practice under Standing Orders: Twenty-eight³⁶ states permit physician assistants to conduct fewer than three elements of immunization practice under standing orders. Of these 28 states, 16 states³⁷ authorize physician assistants to prescribe and administer under the direction of a licensed provider. Ten³⁸ states allow prescription duties only. One state³⁹ allows assessment and prescription duties and 1 state⁴⁰ allows only administration duties. An example from Idaho that illustrates permission to prescribe and administer is below:

³⁴ DC, Oklahoma, Wisconsin

³⁵ Alaska, Arizona, California, Delaware, DC, Louisiana, Maryland, Minnesota, Mississippi, Montana, New Jersey, Ohio, Oklahoma, Tennessee, Texas, Utah, Virginia, Wisconsin

³⁶ Alabama, Arkansas, Colorado, Connecticut, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Kansas, Kentucky, Maine, Massachusetts, Michigan, Nebraska, Nevada, New Mexico, New York, North Carolina, North Dakota, Oregon, Pennsylvania, Rhode Island, South Carolina, Vermont, Washington, Wyoming

³⁷ Alabama, Connecticut, Florida, Hawaii, Idaho, Kansas, Kentucky, Nevada, New Mexico, North Carolina, North Dakota, Oregon, Pennsylvania, South Carolina, Vermont, Wyoming

³⁸ Arkansas, Colorado, Georgia, Illinois, Maine, Michigan, Nebraska, New York, Rhode Island, Washington

³⁹ Massachusetts

⁴⁰ Indiana

01. Scope. The scope of practice of physician assistants and graduate physician assistants . . . b. The scope of practice may include prescribing, administering, and dispensing medical devices and drugs . . . while working under the supervision of a licensed medical physician. . . **IDAPA 22.01.03.028 (2005) SCOPE OF PRACTICE**

Immunization Practice under Physician Assistant Practice Licenses: No state authorizes physician assistants to conduct all three elements of immunization practice under their own license. No state authorizes physician assistants to issue prescriptions or administer immunizations, drugs, or medications utilizing their own practice license. Five states⁴¹ permit physician assistants to conduct assessments under their own license. An example from Pennsylvania is below:

Physician assistants may be permitted to perform the following functions. This list is not intended to be all-inclusive. (1) Screen patients to determine need for medical attention. (2) Review patient records to determine health status. (3) Take a patient history. (4) Perform a physical examination . . . (14) Provide counseling and instruction regarding common patient problems. **49 Pa. Code § 18.151 (2005) Role of physician assistant**

Immunization Practice for Physician Assistants through a Combination of Practice License and Standing Orders: In 3 states,⁴² physician assistants are permitted to access, prescribe and administer vaccines only by combining practice authorizations granted under their own practice license and standing orders. These 3 states permit assessments under the physician assistant's practice license, but require physician supervision to issue prescriptions and administer immunizations or medications. An example from Nevada is below:

Before offering advice about the means or instrumentality of treatment, the licensee shall undertake an assessment of the patient. The assessment must be documented in the medical chart of the patient and should include, without limitation, the conventional methods of diagnosis ordinarily utilized by physicians in good standing practicing in the same specialty field. The assessment may include nonconventional methods of diagnosis . . . **NAC 630.615 (2005) Assessment of patient; contents of assessment. (NRS 630.130) CHAPTER 630. Physicians, Physician Assistants and Practitioners of Respiratory Care**

1. . . a physician assistant who is authorized to prescribe . . . controlled substances, poisons, dangerous drugs and devices as applicable, only: (a) For a legitimate medical purpose; and (b) In such amounts as are authorized by his supervising physician except that the amounts must not exceed a 365-day supply.4. A physician assistant who prescribes . . . drugs to a patient under the direction of a supervising physician . . . shall do so by a written prescription, unless the prescription is issued as an oral order to a pharmacy. **NAC 639.280 (2005) Scope of authority to prescribe and dispense. (NRS 639.070, 639.1373)**

1. A physician assistant or an osteopathic physician's assistant may, if authorized by the board . . . prescribe . . . controlled substances or . . . prescribe . . . poisons, dangerous drugs and devices in or out of the presence of his supervising physician only to the extent and subject to the limitations specified in the registration certificate issued to the physician assistant or osteopathic physician's assistant, as appropriate, by the board pursuant to this section . . . **Nev. Rev. Stat. Ann. § 639.1373 (2005) Physician assistant and osteopathic physician's assistant: Authority regarding possession, administration and dispensing of controlled substances, poisons, dangerous drugs and devices; registration; regulations**

"Prescription" means authorization to administer medications or treatment issued by . . . a licensed physician assistant . . . in the form of a written or oral order, a policy or procedure of a facility or a

⁴¹ Hawaii, Nevada, Pennsylvania, Texas, West Virginia

⁴² Hawaii, Nevada, Pennsylvania

written protocol developed by the prescribing practitioner. *NAC 632.071 (2005) "Prescription" defined. (NRS 632.120)*

1. [A] physician assistant who is authorized to . . . dispense controlled substances, poisons, dangerous drugs and devices as applicable, only: (a) For a legitimate medical purpose; and (b) In such amounts as are authorized by his supervising physician except that the amounts must not exceed a 365-day supply. . . 4. A physician assistant who prescribes or dispenses drugs to a patient under the direction of a supervising physician . . . shall do so by a written prescription, unless the prescription is issued as an oral order to a pharmacy. *NAC 639.280 (2005) Scope of authority to prescribe and dispense. (NRS 639.070, 639.1373)*

1. A physician assistant or an osteopathic physician's assistant may, if authorized by the board . . . administer . . . controlled substances, or . . . administer . . . dangerous drugs or devices in or out of the presence of his supervising physician only to the extent and subject to the limitations specified in the registration certificate issued to the physician assistant or osteopathic physician's assistant, as appropriate, by the board . . . *Nev. Rev. Stat. Ann. § 639.1373 (2005) Physician assistant and osteopathic physician's assistant: Authority regarding possession, administration and dispensing of controlled substances, poisons, dangerous drugs and devices; registration; regulations*

Pharmacists

State Utilization of Immunization-Specific Language Applicable to Pharmacists: Twenty-three states⁴³ have adopted immunization-specific language applicable to pharmacists. These 23 states authorize pharmacists to conduct various elements of immunization practice under their own licenses or under standing orders. An example from Louisiana is below:

B. A licensed pharmacist may administer medication directly to a patient upon the prescription or order of a practitioner. Such a prescription or order shall be known as an "Authority to Administer" . . . Vaccines. The pharmacist shall maintain and furnish the following information to the practitioner within 24 hours of the administration . . . 2. age of the patient, if under 14 years of age. *LAC 46:LIII.521 Prescription Orders to Administer Medications*

(38) Pharmacy collaborative practice is that practice whereby a pharmacist has agreed to work in conjunction with one or more physicians licensed to practice medicine under written protocol. Any collaborative practice protocol shall adhere to established guidelines which have been approved and jointly promulgated by the Louisiana State Board of Medical Examiners and the Louisiana Board of Pharmacy. *LAC 46:LIII.909 Pharmacy Collaborative Practice*

Jurisdictions that Authorize Pharmacists to Conduct 3 Elements of Immunization Practice under Standing Orders: No state authorizes pharmacists to conduct all three elements of immunization practice under the direction of a licensed provider.

Jurisdictions that Authorize Pharmacists to Conduct fewer than 3 Elements of Immunization Practice under Standing Orders: Twenty-four states⁴⁴ permit pharmacists to conduct fewer than three elements of immunization practice under standing orders. Of these 24

⁴³ Arizona, Arkansas, Colorado, Delaware, Hawaii, Iowa, Kansas, Louisiana, Maryland, Montana, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Dakota, Texas, Virginia, Wisconsin

⁴⁴ Arizona, Arkansas, Colorado, Delaware, Iowa, Kansas, Louisiana, Maryland, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Tennessee, Texas, Vermont, Virginia, Wisconsin

states, 18 states⁴⁵ authorize pharmacists to administer vaccines under the direction of a licensed provider. Three⁴⁶ states permit assessment and administration duties. Two states⁴⁷ allow prescription and administration duties and 1 state⁴⁸ allows only prescription duties. Examples from Delaware and Nevada are below:

14.2.3 The pharmacist, before administering an Injectable medication, biological, or immunization, must counsel the patient and/or the patient's representative about contraindications and inform them in writing in specific and readily understood terms about the risks and benefits. Delaware. *CDR 24-2500 (2004) BOARD OF PHARMACY; RULES AND REGULATIONS*

1. A pharmacist may administer immunizations . . . in compliance with a written protocol from a physician that authorizes a pharmacist to administer such an immunization. *Nevada NAC 639.2971 (2005) Written protocol for immunization*

Immunization Practice under Pharmacist Practice Licenses: No state permits pharmacists to practice all three elements of immunization practice under their own practice license, and no state authorizes pharmacists to issue prescriptions under their own practice license.

One state⁴⁹ permits pharmacists to conduct patient immunization assessments, and 4 states⁵⁰ allow pharmacists to administer medications under their own license. An example from North Carolina regarding patient assessment is below:

(r) . . . A pharmacist may . . . assess, record and report adverse drug and device reactions; take and record patient histories relating to drug and device therapy. *N.C. Gen. Stat. § 90-85.3 (2005) Definitions*

Immunization Practice for Pharmacists through a Combination of Practice License and Standing Orders: No state has authorized pharmacists to conduct all elements of immunization practice by combining authorizations derived from their practice license and standing orders.

⁴⁵ Arizona, Arkansas, Colorado, Iowa, Kansas, Louisiana, Maryland, Montana, Nebraska, Nevada, New Jersey, North Carolina, Ohio, Oklahoma, Pennsylvania, Tennessee, Vermont, Wisconsin

⁴⁶ Delaware, Texas, Virginia

⁴⁷ New Mexico, North Dakota

⁴⁸ Oregon

⁴⁹ North Carolina

⁵⁰ Hawaii, Idaho, Oregon, South Dakota

Permissible Ages for Pharmacist Administered Immunizations: As Figure 3 shows, states have identified the populations that pharmacists may vaccinate. Sixteen states⁵¹ restrict pharmacist-administered vaccines to adults. Louisiana and Colorado allows pharmacists to vaccinate children.

FIGURE 3: PERMISSIBLE AGES FOR PHARMACIST ADMINISTERED IMMUNIZATIONS			
STATE	<18	18+	STATUTORY TEXT
Arizona		X	18 and older
Arkansas		X	Over age 18
Colorado	X		Childhood immunizations NOTE: Pharmacy interns may administer
Delaware		X	Adult immunizations
Hawaii		X	18 years of age and older
Iowa		X	Adult immunizations
Kansas		X	18 years or older
Louisiana	X	X	Can administer under age 14
Montana		X	Does not include immunization by injection for children under 18
Nevada		X	May not administer to patient who is less than 14 years of age
New Jersey		X	No pediatric immunizations
North Carolina		X	Not to under 18 years of age
North Dakota		X	More than 18
Ohio		X	Adult immunizations
Oregon		X	More than 18
Pennsylvania		X	More than 18
South Dakota		X	18 years or older influenza only
Wisconsin		X	May not administer a vaccine to a person who is under the age of 18

Source: GWU/SPHHS Review of Standing Orders – Fall 2006

⁵¹ Arizona, Arkansas, Delaware, Hawaii, Iowa, Kansas, Louisiana, Montana, New Jersey, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Wisconsin

Immunization Practice Settings Among Health Professionals

State laws authorize health professionals to practice in a broad range of settings. Thirty-three states⁵² address the settings where non-medical health professionals are authorized to practice. Settings include long-term care facilities, hospitals, private practice, clinics, physician shortage areas and various non-medical settings which include: correctional facilities and patient homes. In areas of physician shortage, in medically underserved areas, or among populations with limited access to medical care, health professionals may be authorized to exercise additional discretion.

Thirty four⁵³ states address the permissible settings for immunization practice. Physician assistants and, to a lesser extent, nurses may practice in a broad range of settings, including: long-term care facilities, hospitals, private practice, clinics, and non-medical settings.

Institutional Care Settings: Thirty-three states⁵⁴ address immunization practice by non-physicians in institutions. Examples from Washington and Texas are below.

(38) The supervising physician shall . . . (3) Permit the physician assistant to be utilized in any setting authorized by the supervising physician including, but not limited to, clinics, hospitals, ambulatory centers, patient homes, nursing homes, other lodging, and other institutional settings . . . (D) A physician assistant employed or extended privileges by a hospital or extended care facility may, if allowed under the bylaws, rules, and regulations of the hospital or extended care facility, write orders for medications Schedule II through V, for inpatients under the care of the supervising physician . . . *Washington WCHR § 16-85-40 (2004) Degree of Supervision*

A physician licensed by the board may delegate, to one or more physician assistants . . . acting under adequate physician supervision whose practice is facility-based at a licensed hospital or licensed long-term care facility, the administration or provision of a drug and the carrying out or signing of a prescription drug order. *Texas Tex. Occ. Code § 157.054(a). Prescribing at Facility-Based Practice Sites.*

Adult and Pediatric Practice: Twenty-five states⁵⁵ address health professionals practicing in adult and pediatric practices. Examples from Kentucky and Maine are shown below:

(7) A physician assistant may perform services in the offices or clinics of the supervising physician. A physician assistant may also render services in hospitals or other licensed health care facilities only with written permission of the facility's governing body, and the facility may restrict the physician assistant's scope of practice within the facility as deemed appropriate by the

⁵² Arizona, Arkansas, Connecticut, Delaware, Georgia, Hawaii, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Mississippi, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Texas, Vermont, Virginia, Washington, West Virginia

⁵³ Arizona, Arkansas, Connecticut, Delaware, Georgia, Hawaii, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Mississippi, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Texas, Vermont, Virginia, Washington, West Virginia

⁵⁴ Arizona, Arkansas, Connecticut, Delaware, Georgia, Hawaii, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Mississippi, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Texas, Vermont, Virginia, Washington, West Virginia

⁵⁵ Arizona, Arkansas, Delaware, Georgia, Hawaii,

facility. . . *Kentucky KRS § 311.858. (2005) Services and procedures that may be performed by physician assistant – Restrictions*

1. Nurses practicing in an expanded role (physician’s office, institution or private practice) shall practice in accordance with written guidelines. *Maine 244 CMR 4.22: Development, Approval, and Review of Guidelines for Nurse Midwives, Nurse Midwives, Nurse Practitioners and Nurse Anesthetists*

Public Health/Medically Underserved Clinics: Twenty-nine states⁵⁶ address whether clinics are a permissible setting for non-physicians to provide immunization services. Examples from Georgia and Maryland are below:

1. [P]hysician assistants may perform their duties in remote sites which are areas that can demonstrate a shortage and maldistribution of health care services, where the supervising physician maintains a principal office, clinic, or facility for the purpose of providing primary care services and at which the supervising physician is physically present for at least 25% of the time the site is open. *Georgia 360-5-.08 Remote Practice Sites, Amended.*

Non-Medical Setting: Twenty states⁵⁷ address immunization practice in non-medical settings. Examples from Georgia and Maryland are shown below.

(d) A physician’s assistant shall be allowed to perform his duties only in the principal offices of the applying physicians, which shall be those public or private places or health facilities where the applying physician regularly sees patients, provided that nothing in this article shall preclude a physician’s assistant from making house calls and hospital rounds, serving as an ambulance attendant, or performing any functions performed by the applying physician which the physician’s assistant is qualified to perform. *Georgia § 43-34-103 Application for assistant; number of assistants, new job descriptions; scope of duties; employment by nonpracticing physicians; delegated authority*

C. In order for a physician to delegate medical duties to a physician assistant, the supervising physician shall: . . . (14) Include an attestation that the supervising physician may not supervise more than two physician assistants at any one time, except as permitted in a: (a) Hospital; (b) Correctional facility; (c) Detention center; or (d) Public health facility. *Maryland COMAR 10.32.03.06 (2005) Delegation Agreements*

⁵⁶ Arizona, Arkansas, California, Connecticut, Delaware, Georgia, Hawaii, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Mississippi, Nebraska, New Jersey, North Carolina, North Dakota, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Texas, Vermont, Washington, West Virginia

⁵⁷ Arizona, Arkansas, Georgia, Hawaii, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Nevada, New Jersey, Oklahoma, Oregon, South Carolina, Texas, Vermont, West Virginia

FIGURE 4: State Laws Utilizing Immunization-Specific Language

State/NPHP	Text
<p>Arizona Pharmacist</p>	<p>A. Authority to administer hepatitis, influenza, meningococcal, pneumonia, smallpox, and tetanus toxoid immunizations and, in an emergency, epinephrine. If a pharmacist meets the qualifications and standards specified by this Section and the Board certifies the pharmacist, the pharmacist may administer hepatitis, influenza, meningococcal, pneumonia, smallpox, and tetanus toxoid immunizations and, in an emergency, epinephrine to an eligible patient 18 years of age and older upon receipt of a valid prescription order. . . <i>A.A.C. § R4-23-411(2005) Pharmacist-administered Immunizations</i></p>
<p>Arkansas Pharmacist</p>	<p>(16) (b) . . . the administration of medications shall be limited to the following classifications of medications: immunizations, vaccines . . . (c) The administration of medications shall not include the administration of medications to any person under the age of eighteen (18) . . .(22) (A) "Written protocol" means a physician's order, standing medical order, standing delegation order, or other order or protocol as defined by regulation of the Arkansas State Medical Board under the Arkansas Medical Practices Act . . . (B) Except for immunizations and vaccines, which may be general protocols, protocols shall be patient or physician or pharmacist-specific for prescriptions or orders given by the physician authorizing the protocol. <i>A.C.A. § 17-92-101 (2006) Definitions</i></p> <p>09-00-0002 - - PRESCRIPTION ORDERS TO ADMINISTER MEDICATION AND/OR IMMUNIZATIONS (a) Medications Administration Advisory Committee: . . . (b) Authority for pharmacists to administer medications/immunizations: (1) An Authority to Administer is a written protocol . . . from a practitioner for administration by a pharmacist of an approved . . . immunization. (2) Pharmacists may provide pharmaceutical care to patients over the age of eighteen (18) by administering . . . immunizations to an eligible patient upon receiving an Authority to Administer or a valid prescription order by a practitioner so authorized to prescribe such . . . immunizations. . . <i>070 00 CARR 001 (2005) Board of Pharmacy Regulations</i></p>
<p>California Nurses</p>	<p>(b) The practice of nursing . . . means . . . the administration of medications and therapeutic agents, necessary to implement a treatment, disease prevention, or rehabilitative regimen or ordered by and within the scope of licensure of a physician, dentist, podiatrist, or clinical psychologist . . . (3) The performance of . . . immunization techniques . . . <i>Cal Bus and Prof Code § 2725 (2005) Legislative intent; Practice of nursing defined</i></p>
<p>Colorado Pharmacist</p>	<p>19.00.00 ADMINISTRATION. 19.01.00 Immunizations. 19.01.10 Qualifications. a. A pharmacist, or pharmacy intern under the supervision of a pharmacist certified in immunization, may administer vaccines per authorization of a physician. . . . Routine childhood immunizations, as defined by the Colorado State Board of Health, shall comply with CDC guidelines. . . . 19.01.20 A trained pharmacist may delegate the administration of vaccines only to a trained pharmacy intern. 19.01.30 Policies and Procedures a. . . . The prescription drug outlet must obtain a physician protocol for addressing allergic reactions to immunizations. c. The prescription drug outlet must give the appropriate "Vaccine Information Statement" (VIS) to the patient or legal representative with each dose of vaccine covered by these forms. The pharmacist must ensure that the patient or legal representative has received and signed the informed consent form and has had their questions answered prior to the administration of the vaccine. d. The prescription drug outlet must report adverse events as required by the Vaccine Adverse Events Reporting System (VAERS) and to the primary care provider as identified by the patient. . . <i>3 CCR 719-1 (2005) PHARMACY RULES AND REGULATIONS</i></p>
<p>Delaware Pharmacist</p>	<p>(9) A pharmacist may administer injectable medications, biologicals and adult immunizations pursuant to a valid prescription or physician-approved protocol. The scope of the protocol or valid prescription must be limited to that physician's patient population. A Pharmacy Regulatory Council of the Board of Medical Practice shall establish requirements and regulations that pharmacists must meet in order to administer injectable adult immunizations, biologicals and medications. Those regulations shall include a list of those classes of and the indications for the biologicals, medications and adult immunizations that are appropriate to be administered by pharmacists who have been so authorized. . . <i>24 Del. C. § 2502 (2005) Definitions as used in this chapter</i></p> <p>14.2 Practice Requirements . . .14.2.3 The pharmacist, before administering an injectable medication, biological, or immunization, must counsel the patient and/or the patient's representative about contraindications and inform them in writing in specific and readily understood terms about the risks and benefits. A signed copy of the patient's consent shall be filed and available for inspection by the Board of Pharmacy. . . <i>CDR 24-2500 (2004) BOARD OF PHARMACY; RULES AND REGULATIONS</i></p>
<p>DC Physician Assistant</p>	<p>4911.2 . . . [A] physician assistant in collaboration with a licensed physician shall perform health care tasks . . . (b) The health care tasks are undertaken in immediate collaboration . . . with a supervising physician. . . . and may include the following: (a) Screening patients to determine the need for medical attention; (b) Taking a patient history; (c) Performing a physical examination . . . (12) Administration of injections, medications, immunizations, and intravenous fluids . . . <i>CDCR 17-4911 (2005) SCOPE OF PRACTICE</i></p>

FIGURE 4: State Laws Utilizing Immunization-Specific Language

State/NPHP	Text
Hawaii Pharmacist	“Practice of pharmacy” means: (E) Administering immunizations orally, by injection, or by intranasal delivery, to persons eighteen years of age or older, by a pharmacist having appropriate training . . . <i>HRS § 461-1 (2005) Definitions.</i>
Iowa Pharmacist	A physician may prescribe via written protocol adult immunizations for influenza and pneumococcal vaccines for administration by an authorized pharmacist if the physician meets these requirements for supervising the pharmacist. 8.33(1) Definitions. A. “Authorized pharmacist” means an Iowa-licensed pharmacist who has documented that the pharmacist has successfully completed an educational program meeting the training standards on vaccine administration . . . B. “Vaccine” means a specially prepared antigen which, upon administration to a person, will result in immunity and, specifically for the purposes of this rule, shall mean influenza and pneumococcal vaccines. c. “Written protocol” means a physician’s order for one or more patients that contains, at a minimum, the following: (1) A statement identifying the individual physician authorized to prescribe drugs and responsible for the delegation of administration of adult immunizations for influenza and pneumococcus; . . . (3) A statement that forbids an authorized pharmacist from delegating the administration of adult immunizations to anyone other than another authorized pharmacist, a registered pharmacist-intern under the direct personal supervision of the authorized pharmacist, or a registered nurse; (4) A statement identifying the vaccines that may be administered by an authorized pharmacist, the dosages, and the route of administration; (5) A statement identifying the activities an authorized pharmacist shall follow in the course of administering adult immunizations, including: 1. Procedures for determining if a patient is eligible to receive the vaccine . . . <i>653 IAC 13.3 (147) (2005) Supervision of pharmacists who administer adult immunizations</i>
Kansas Pharmacist	(jj) “Vaccination protocol” means a written protocol, agreed to by a pharmacist and a person licensed to practice medicine and surgery . . . which establishes procedures and recordkeeping and reporting requirements for administering a vaccine by the pharmacist for a period of time specified therein, not to exceed two years. . . <i>K.S.A. § 65-1626 (2005 Definitions)</i> (a) A pharmacist may administer vaccine to a person 18 years of age or older pursuant to a vaccination protocol if the pharmacist has successfully completed a course of study and training . . . (c) A pharmacist may not delegate to any person the authority granted under this act to administer a vaccine. <i>K.S.A. § 65-1635a (2005) Administration of vaccine; education and reporting requirements; delegation of authority prohibited</i>
Louisiana Pharmacist	B. A licensed pharmacist may administer medication directly to a patient upon the prescription or order of a practitioner. Such a prescription or order shall be known as an “Authority to Administer.” . . . Vaccines. The pharmacist shall maintain and furnish the following information to the practitioner within 24 hours of the administration: . . . 2. age of the patient, if under 14 years of age. <i>LAC 46:LIII.521 Prescription Orders to Administer Medications</i> (38) Pharmacy collaborative practice is that practice whereby a pharmacist has agreed to work in conjunction with one or more physicians licensed to practice medicine under written protocol. Any collaborative practice protocol shall adhere to established guidelines which have been approved and jointly promulgated by the Louisiana State Board of Medical Examiners and the Louisiana Board of Pharmacy. <i>LAC 46:LIII.909 Pharmacy Collaborative Practice</i>
Maryland Pharmacist	(p) Practice pharmacy. - - (1) “Practice pharmacy” means to engage in any of the following activities: . . . (viii) Administering an influenza vaccination . . . <i>Md. HEALTH OCCUPATIONS Code Ann. § 12-101 (2005) Definitions</i> (a) Permitted. - - A pharmacist may administer an influenza vaccination to an individual, in accordance with regulations adopted under subsection (c) of this section . . . <i>Md. HEALTH OCCUPATIONS Code Ann. § 12-508 (2005) Administration of influenza vaccination</i>
Mass. Nurses	A written order, provided and signed by an authorized prescriber, is required in order for an R.N. or L.P.N to administer any vaccine. . . . Nurses shall be directly accountable for the delivery of safe and effective nursing care in the administration of immunizing agents. Parental permission must be obtained in the case of administration to children. <i>Administration of Immunizing Agents. Ruling 9804 (issued 1998, revised 2000)</i>
Montana Pharmacist	(1) (a) “Administer” means the direct application of a drug to the body of a patient by injection, inhalation, ingestion, or any other means. (b) The term does not include immunization by injection for children under 18 years of age . . . (4) “Collaborative pharmacy practice” means the practice of pharmacy by a pharmacist who has agreed to work in conjunction with one or more prescribers, on a voluntary basis and under protocol, and who may perform certain patient care function are certain specified conditions, or limitations authorized by the prescriber. (5) “Collaborative pharmacy practice agreement” means a written and signed agreement between one or more pharmacists and one or more prescribers that provides for collaborative pharmacy practice for the purpose of drug therapy management of patients. <i>Mont. Code Anno., § 37-7-101 (2005) Definitions</i>

FIGURE 4: State Laws Utilizing Immunization-Specific Language

State/NPHP	Text
<p>Nevada Pharmacist</p>	<p>1. A pharmacist may administer immunizations by an intranasal, intramuscular or subcutaneous injection in compliance with a written protocol from a physician that authorizes a pharmacist to administer such an immunization. Such a protocol must contain: . . . I The location or locations at which the pharmacist may administer immunizations; (d) The immunizations that may be administered by the pharmacist; . . . (h) A restriction that the pharmacist may not administer any immunization to a patient who is less than 14 years of age; (i) A restriction that the pharmacist may not delegate his authority to administer an immunization; . . . NAC 639.2971 (2005) Written protocol for immunization; deviation. (NRS 454.213, 639.070)</p>
<p>N. Jersey Pharmacist</p>	<p>b. Notwithstanding any law, rule or regulation to the contrary, other than for pediatric immunizations, a pharmacist may administer drugs in immunization programs and programs sponsored by governmental agencies that are not patient specific provided the pharmacist is appropriately educated and qualified, as determined by the board in accordance with the requirements set forth in the rules jointly promulgated by the board and the State Board of Medical Examiners. N.J. Stat. § 45:14-63 (2005) Administration of prescription medication directly to patient, immunizations</p>
<p>N. Mexico Pharmacist</p>	<p>A. PROTOCOL: (1) Prescriptive authority for vaccines shall be exercised solely in accordance with the written protocol for vaccine prescriptive authority approved by the Board . . . C. AUTHORIZED DRUGS: (1) Prescriptive authority shall be limited to those drugs and vaccines delineated in the written protocol for vaccine prescriptive authority approved by the Board and; (2) Other vaccines as determined by the CDC or New Mexico Department of Health that may be required to protect the public health and safety in an established emergency. . . E. NOTIFICATION: (1) Upon signed consent of the patient or guardian, the pharmacist shall notify the New Mexico Department of Health Immunization Program of any vaccine administered . . . 16.19.26.8 NMAC (2006) VACCINES</p>
<p>N. York Nurses</p>	<p>1. The practice of the profession of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential health problems through such services as . . . provision of care supportive to or restorative of life and well-being, and executing medical regimens prescribed by a licensed . . . physician . . . or other licensed health care provider. . . A nursing regimen shall be consistent with and shall not vary any existing medical regimen. . . 3. (b) Prescriptions for . . . immunizing agents may be issued by a nurse practitioner . . . in accordance with the practice agreement and practice protocols. . . § 6902. Definition of practice of nursing.</p> <p>4. A certified nurse practitioner may prescribe and order a non-patient specific regimen to a registered professional nurse . . . consistent with the public health law, for: (a) administering . . . immunizations. § 6909. Special provision.</p> <p>(a) Immunizations. (1) . . . a registered professional nurse shall be authorized to administer immunization agents . . . pursuant to a non-patient specific order and protocol prescribed and ordered by a licensed physician or a certified nurse practitioner . . . (2) Authorized immunization agents. (i) Adult immunizations. A registered professional nurse . . . shall be authorized to administer the following immunization agents to patients 18 years of age or older, pursuant to a non-patient specific order and protocol prescribed and ordered by a licensed physician or a certified nurse practitioner . . . (ii) Child immunizations. A registered professional nurse . . . who is employed or is acting as an agent for the Visiting Nurses Association or other equivalent organization as determined by the department that is legally authorized to provide nursing services, or for a State, county, municipal or other government agency, shall be authorized to administer the following immunization agents to patients under the age of 18, pursuant to a non-patient specific order and protocol prescribed and ordered by a licensed physician or a certified nurse practitioner. . . . (iii) Epidemics. . . . [A] registered professional nurse . . . shall be authorized to administer to patients, pursuant to a non-patient specific order and protocol prescribed and ordered by a licensed physician or a nurse practitioner . . . any immunization agents authorized under such order and protocol to be administered as part of an immunization program maintained, authorized, or under the auspices of the Commissioner of Health, a county commissioner of health, or a county public health director, when such an immunization program is instituted pursuant to an epidemic declared by such official. . . (4) Order and Protocol . . . (iii) The protocol, incorporated into the order prescribed in subparagraph (ii) of this paragraph, shall require the registered professional nurse to meet the following requirements:(a) The registered professional nurse shall ensure that each potential recipient is assessed for untoward conditions that would preclude immunization(s) and each recipient's record of immunization with manufacturer and lot number or a potential recipient's refusal to be immunized shall be documented in accordance with section 29.2(a)(3) of this Title. 8 NYCRR § 64.7 Immunizations, emergency treatment of anaphylaxis, and purified protein derivative (PPD) mantoux tuberculin skin tests pursuant to non-patient specific orders and protocols.</p>

FIGURE 4: State Laws Utilizing Immunization-Specific Language

State/NPHP	Text
<p>N. Carolina Pharmacist</p>	<p>(a) The purpose of this section is to provide standards for pharmacists engaged in the administration of influenza vaccines . . . (c) . . . (1) Pharmacists must follow a written protocol . . . for administration of influenza vaccines and the treatment of severe adverse events following administration. . . (5) The pharmacist shall not administer influenza vaccines to patients under 18 years of age. <i>21 N.C.A.C. 32U.0101 (2005) ADMINISTRATION OF VACCINES BY PHARMACISTS</i></p>
<p>N. Dakota Pharmacist Nurse</p>	<p>6. "Prescriptive practices" means assessing the need for drugs, immunizing agents, or devices . . . <i>N.D. Cent. Code, § 43-12.1-02 (2005) Definitions</i></p> <p>1. "Administration" means the direct application of a drug to the body of a patient. a. The term includes: . . . (2) Immunization and vaccination by injection of an individual who is more than eighteen years of age, upon an order by a physician or nurse practitioner authorized to prescribe such a drug or by written protocol with a physician or nurse practitioner . . . 23. "Practice of pharmacy" means . . . drug administration . . . <i>N.D. Cent. Code, § 43-15-01 (2005) Definitions</i></p> <p>The order must be written, received electronically or if received orally be reduced to writing, and must contain at a minimum the: . . . 3. Identity of the medication or vaccine, and dose, to be administered . . . <i>N.D. Admin. Code 61-04-11-04 (2005) Requirements of physician or nurse practitioner order for a pharmacist to administer injections</i></p> <p>A physician or nurse practitioner may prepare a written protocol governing the administration of medications by injection with an authorized pharmacist for a specific period of time or purpose. . . . The protocol must contain the: . . . 2. Identity of the immunization or vaccination which may be administered; 3. Identity of the patient or groups of patients to receive the authorized immunization or vaccination. . . 6. Identify of the location at which the pharmacist may administer the authorized immunization or vaccination . . . <i>N.D. Admin. Code 61-04-11-05 (2005) Requirement of written protocol</i></p>
<p>Ohio Pharmacist</p>	<p>(B) "Practice of pharmacy" means providing pharmacist care. . . As used in this division, "pharmacist care" includes the following . . . (9) Administering the adult immunizations . . . <i>ORC Ann. 4729.01 (2006) Definitions</i></p> <p>(A) A pharmacist licensed under this chapter who meets the requirements of division (B) of this section may administer adult immunizations for any of the following: (1) Influenza; (2) Pneumonia; (3) Tetanus; (4) Hepatitis A; (5) Hepatitis (B) To be authorized to administer the adult immunizations specified in division (A) of this section, a pharmacist shall. . . (3) Practice in accordance with a definitive set of treatment guidelines specified in a protocol established by a physician and approved by the state board of pharmacy. The protocol shall include provisions requiring that the pharmacist do both of the following: (a) Observe an individual who has been immunized by the pharmacist to determine whether the individual has an adverse reaction to the immunization. The length of time and location of the observation shall be specified in rules adopted by the state board of pharmacy. . . (b) Not later than thirty days after administering an adult immunization to an individual, notify the individual's family physician or, if the individual has no family physician, the board of health of the health district in which the individual resides. (C) No pharmacist shall do either of the following: (1) Engage in the administration of adult immunizations by injection unless the requirements of division (B) of this section have been met; (2) Delegate to any person the pharmacist's authority to administer adult immunizations. . . <i>ORC Ann. 4729.41 (2006) Administration of certain adult immunizations by pharmacists</i></p> <p>(K) "Standing order" will mean the same as the term "protocol". (L) "Protocol" is defined as: (1) A definitive set of written treatment guidelines that include definitive orders for drugs and their specified dosages which have been authorized by a prescriber and have been approved by the state board of pharmacy. . . A protocol may be used only by licensed health care professionals when. . . (2) A definitive set of written treatment guidelines that include definitive orders for drugs and their specified dosages which have been authorized by a prescriber and have been approved by the state board of pharmacy. . . A protocol may be used only by licensed health care professionals when administering biologicals or vaccines to individuals for the purpose of preventing diseases . . . <i>OAC Ann. 4729-5-01 (Anderson 2005) Definitions</i></p>
<p>Oklahoma Physician Assistant, Pharmacist</p>	<p>As used in the Physician Assistant Act: . . . 3. "Health care services" means services which require training in the diagnosis, treatment and prevention of disease, including the use and administration of drugs, and which are performed by physician assistants under the supervision and at the direction of physicians. Such services include, but are not limited to: a. initially approaching a patient of any age group in a patient care setting to elicit a detailed history, performing a physical examination, delineating problems and recording the data . . . d. ordering and performing routine procedures such as injections, immunizations . . . <i>59 Okl. St. § 519.2 (2005) Definitions</i></p>

FIGURE 4: State Laws Utilizing Immunization-Specific Language

State/NPHP	Text
	<p>(a) Health care services allowed. A physician assistant may perform the following health care services under the supervision and at the direction of the supervising physician. Such services include, but are not limited to: (1) Initially approach a patient of any age group in a patient care setting to elicit a detailed history . . . (4) Order . . . or perform routine procedures such as injections, immunizations . . . <i>O.A.C. § 435:15-5-1.1 (2005) Health care services performed and prohibited</i></p> <p>B. The Board of Pharmacy shall develop and prepare permanent rules relating to training requirements and administration of immunizations and therapeutic injections in consultation within the State Board of Medical Licensure and Supervision and the State Board of Osteopathic Examiners. C. A pharmacist who has completed a requisite course of training . . . may administer immunizations and therapeutic injections only upon patient specific orders from an osteopathic physician or allopathic physician. D. In the case of both immunization and therapeutic injection to be administered by a pharmacist, the required patient specific prescriptions shall be written in accordance with rules promulgated by the licensing board of the licensed practitioner issuing the prescription. <i>59 Okl. St. § 353.30 (2005) Use of agreements - - Training requirements and administration of immunizations and therapeutic injections</i></p> <p>(a) A D.Ph. must have completed an approved training course and received registration for immunization with the Board prior to administering immunizations. (b) A D.Ph. shall administer immunizations only on the patient specific prescription order of a prescribing practitioner. . . <i>O.A.C. § 535:10-11-3 (2005) D.Ph. administering of immunization requirements</i></p>
<p>Oregon Pharmacist</p>	<p>The practice of pharmacy means . . . the administering of vaccines and immunizations pursuant to ORS 689.645 . . . the responsibility for advising, where necessary or where regulated, of therapeutic values, content, hazards and use of drugs and devices. <i>ORS § 689.015 (2003) Practice of pharmacy defined.</i></p> <p>(1) In accordance with rules adopted by the State Board of Pharmacy . . . a pharmacist may administer vaccines and immunization only to persons who are more than 18 years of age. <i>ORS §689.645 (2003) Authority to administer vaccines and immunizations; Immunization Advisory Committee; rules.</i></p>
<p>Penn. Nurses Pharmacist</p>	<p>(b) A CRNP may prescribe and dispense a drug relevant to the area of practice of the CRNP from the following categories if that authorization is documented in the collaborative agreement (unless the drug is limited or excluded under this or another subsection): . . . (17) Serums, toxoids and vaccines. . . <i>49 Pa. Code § 18.54 (2005) Prescribing and dispensing parameters; 49 Pa. Code § 21.284 (2005) Prescribing and dispensing parameters</i></p> <p>(a) Immunization and skin testing is a proper function of a registered nurse . . . and the function may not be performed unless all of the following conditions are met: (1) A written order has been issued by a licensed physician. The order may be a standing order applicable to individuals or groups. (2) The policies and procedures under which the registered nurse may administer immunizing agents and do skin testing have been established by a committee representing the nurses, the physicians and the administration of the agency or institution. These written policies and procedures shall be available to the nurse. The committee shall also perform the following functions: (i) Identify the immunizing and skin testing agents which the nurse may administer. (ii) Determine contraindications for the administration of specific immunizing and skin testing agents. (iii) Outline medical principles governing the treatment of possible anaphylactic reactions. (iv) Establish instruction and supervised practice required to insure competency in administering immunizing and skin testing agents. (b) Following skin testing, the size of the induration or its absence may be observed and recorded by the properly instructed registered nurse. <i>49 Pa. Code § 21.16 (2005) Immunizations</i></p> <p>(b) The LPN administers medication and carries out the therapeutic treatment ordered for the patient in accordance with the following: (1) The LPN may accept a written order for medication and therapeutic treatment from a practitioner authorized by law and by facility policy to issue orders for medical and therapeutic measures. (2) The LPN may accept an oral order if the following conditions are met . . . (e) The LPN may administer immunizing agents and do skin testing only if the following conditions are met: (1) The LPN has . . . satisfactorily completed a . . . program . . . intended to provide training necessary for administering immunizing agents and for performing skin testings. (2) A written order has been issued by a licensed physician pertaining to an individual patient or group of patients. (3) Written policies and procedures under which the LPN may administer immunizing agents and do skin testing have been established by a committee representing the nurses, the physicians and the administration of the agency or institution employing or having jurisdiction over the LPN. . . The policies and procedures shall provide for: (i) Identification of the immunizing and skin testing agents which the LPN may administer. (ii) Determination of contraindications for the administration of specific immunizing and skin testing agents. (iii) The listing,</p>

FIGURE 4: State Laws Utilizing Immunization-Specific Language

State/NPHP	Text
	<p>identification, description and explanation of principles, including technical and clinical indications, necessary for the identification and treatment of possible adverse reactions. (iv) Instruction and supervised practice required to insure competency in administering immunizing and skin testing agents. . . 49 Pa. Code § 21.145 (2005) Functions of the LPN</p> <p>(a) Within eighteen months from the effective date of this section, the board shall by regulation establish education and training standards and practice guidelines pursuant to which pharmacists shall be authorized to administer injectable medications, biologicals and immunizations to persons who are more than eighteen years of age. Such standards and guidelines shall include, but not be limited to, the following . . . (3) That the administration of injectable medications, biologicals and immunizations be in accordance with a definitive set of treatment guidelines established by a physician and approved by the board. (4) That a minimum of two hours of the thirty-hour requirement for continuing education for license renewal be dedicated to this area of practice. (b) A pharmacist's authority to administer injectable medications, biologicals and immunizations shall not be delegated to any other person. 63 P.S. § 390-9.2 (2005) Authority to administer injectable medications, biologicals and immunizations</p>
<p>S. Dakota Pharmacist</p>	<p>A pharmacist may administer influenza immunizations to eligible patients eighteen years of age and older if the pharmacist has met the qualifications set forth by this chapter and has been granted authorization by the board. The board may issue a certificate authorizing this function to the pharmacists who meets the qualifications . . . The authority to administer influenza immunizations is valid only for the pharmacist meeting this requirement and may not be delegated to any other pharmacist or employee. ARSD 20:51:28:01 (2005) Authority to administer influenza immunizations</p>
<p>Texas Pharmacist, Qualified Non-physician</p>	<p>(a) The board shall specify conditions under which a pharmacist may administer medication, including an immunization and vaccination. . . . (6) the pharmacist administers an immunization or vaccination under a physician's written protocol and meets the standards established by the board; and (7) the authority of a pharmacist to administer medication may not be delegated. Tex Occ. Code § 554.004 (2004) Administration of Medication.</p> <p>Vaccines may be administered by a qualified non-physician even though his supervising doctor has not made an individual determination as to each person's need for the vaccine, providing the recipient is free of any condition for which the immunization is contraindicated. No provision is made for prescription for individual patients. . . . A non-physician may determine that a person is free from conditions for which vaccine is contraindicated, if he can obtain that information by questioning the person without having to diagnose any illness himself. A non-physician could administer vaccine in compliance with the Dangerous Drug Act if he did so as the agent or employee of a physician in his practice or in the performance of official duties. Opinion No. MW-318, 1981 Tex. AG Delegation of medical acts by means of standing orders</p>
<p>Utah Nurses</p>	<p>(2) A health department may implement the prescription procedure under Subsection (3) for prescription drugs, other than controlled substances, for use in clinics providing: . . . (c) travel immunization. (3) The following prescription procedure shall be carried out in accordance with the requirements of Subsection (4) and may be used only in the clinics listed under Subsection (2): (a) a physician writes and signs a prescription for prescription drugs, other than controlled substances, without the name and address of the patient and without the date the prescription is provided to the patient; and (b) the physician authorizes a registered nurse employed by the health department to complete the prescription written under this Subsection (3) by inserting the patient's name and address, and the date the prescription is provided to the patient, in accordance with the physician's standing written orders and a written health department protocol approved by the physician and the medical director of the state Department of Health. . . . Utah Code Ann. § 58-17b-620 (2005) Prescriptions issued within the public health system</p>
<p>Virginia Nurses, Pharmacist</p>	<p>A protocol shall be submitted to the board prior to the administration of an adult immunization program which includes the following . . . 7. Immunization procedures . . . 10. Qualification of immunization providers. A. Virginia licensure as a registered nurse, licensed practical nurse. 18 VAC 90-20-410 (2005) Requirements for Protocol for Administration of Adult Immunization</p> <p>A protocol shall be submitted to the board prior to the administration of an adult immunization program which includes the following . . . 7. Immunization procedures . . . 10. Qualification of immunization providers. A. Virginia licensure as a . . . pharmacist. 18 VAC 90-20-410 (2005) Requirements for Protocol for Administration of Adult Immunization</p>
<p>Washington Nurses</p>	<p>(2) . . . licensed midwives may obtain and administer the following medications: . . . (e) Measles, Mumps, and Rubella (MMR) vaccine to nonimmune postpartum women, HBIG and HBV for neonates born to hepatitis B+ mothers . . . (4) The midwife must have a procedure, policy or guideline for the use of each drug. WAC § 246-834-250 (2005) Legend drugs and devices</p>

FIGURE 4: State Laws Utilizing Immunization-Specific Language

State/NPHP	Text
<p>Wisconsin</p> <p>Physician Assistant,</p> <p>Pharmacist</p>	<p>(1) SCOPE AND LIMITATIONS. In providing medical care, the entire practice of any physician assistant shall be under the supervision of a licensed physician. The scope of practice is limited to providing medical care specified in sub. (2). A physician assistant's practice may not exceed his or her educational training or experience and may not exceed the scope of practice of the supervising physician. . . . (2) MEDICAL CARE. Medical care a physician assistant may provide include: (a) Attending initially a patient of any age in any setting to obtain a personal medical history, perform an appropriate physical examination, and record and present pertinent data concerning the patient in a manner meaningful to the supervising physician. . . . (c) Performing routine therapeutic procedures, including, but not limited to, injections, immunizations . . . (i) Issuing written prescription orders for drugs under the supervision of a licensed physician. <i>Wis. Adm. Code Med 8.07 (2005) Practice</i></p> <p>(2t) A pharmacist may not administer a vaccine under this subsection to a person who is under the age of 18. . . .(2g) A person engaged in the practice of pharmacy . . . may not administer a vaccine unless he or she acts under the direct supervision of a pharmacist . . . <i>Wis. Stat. § 450.035 (2005) Administration of drug products and devices; vaccines</i></p>

SOURCE: GWU/SPHHS Review of Standing Orders - Fall 2006

Figure 5 summarizes immunization practice under practice licenses and standing orders:

FIGURE 5: SUMMARY OF ELEMENTS OF NON-PHYSICIAN IMMUNIZATION PRACTICE																			
STATE	NON-PHYSICIAN LICENSE									STANDING ORDERS									
	<i>Any Category of Nurse</i>			<i>Pharmacist</i>			<i>Physician Assistant</i>			<i>Any Category of Nurse</i>			<i>Pharmacist</i>			<i>Physician Assistant</i>			
	<i>Ass</i>	<i>Pre</i>	<i>Adm</i>	<i>Ass</i>	<i>Pre</i>	<i>Adm</i>	<i>Ass</i>	<i>Pre</i>	<i>Adm</i>	<i>Ass</i>	<i>Pre</i>	<i>Adm</i>	<i>Ass</i>	<i>Pre</i>	<i>Adm</i>	<i>Ass.</i>	<i>Pre</i>	<i>Adm</i>	
Alabama	X		X								X						X	X	
Alaska	X	X	X													X	X	X	
Arizona	X		X							X	X			X	X	X	X		
Arkansas			X							X	X			X		X			
California	X										X	X				X	X	X	
Colorado											X				X		X		
Conn.										X	X	X					X	X	
Delaware	X	X	X										X		X	X	X	X	
DC	X	X	X							X	X					X	X	X	
Florida	X		X														X	X	
Georgia												X					X		
Hawaii	X	X	X			X	X										X	X	
Idaho	X	X	X			X											X	X	
Illinois	X		X							X	X	X					X		
Indiana	X										X							X	
Iowa	X		X									X			X				
Kansas	X										X	X			X		X	X	
Kentucky	X		X														X	X	
Louisiana	X	X	X											X	X	X	X		
Maine	X		X								X						X		
Maryland	X	X	X							X	X	X			X	X	X	X	
Mass.	X	X	X								X	X				X	X		
Michigan																	X		
Minn.																X	X	X	
Miss.	X	X	X									X				X	X	X	
Missouri	X										X	X							
Montana	X	X	X									X			X	X	X	X	
Nebraska	X		X							X		X			X		X		
Nevada	X		X				X				X	X			X		X	X	
N. Hamp.	X	X	X																
N. Jersey	X									X	X				X	X	X	X	
N. Mex.		X								X		X		X	X		X	X	
N. York		X								X	X	X					X		
N. Car.	X		X	X							X	X			X		X	X	
N. Dak.	X		X							X	X	X		X	X		X	X	
Ohio	X									X	X	X			X	X	X	X	
Okla.	X									X	X				X	X	X	X	
Oregon	X	X				X						X		X			X	X	
Penn.							X			X	X	X			X		X	X	
R. Island										X	X						X		
S. Carolina			X							X	X						X	X	
S. Dakota	X	X				X						X							
Tenn.	X	X	X							X					X	X	X	X	
Texas	X						X			X	X	X	X		X	X	X	X	
Utah	X	X	X							X						X	X	X	
Vermont	X	X	X												X		X	X	
Virginia	X		X									X	X		X	X	X	X	
Wash.	X	X										X					X		
W. Vir.	X	X					X												
Wis.	X											X			X	X	X	X	
Wyo.	X	X	X														X	X	
TOTALS	40/51	21/51	29/51	1/51	0/51	4/51	5/51	0/51	0/51	19/51	25/51	25/51	3/51	3/51	23/51	19/51	45/51	35/51	

SOURCE: GWU/SPHHS Review of Standing Orders - Fall 2006