

Legislative Analysis



EXPAND HEALTH CARE REGISTRY

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Senate Bill 728 as passed by the Senate

Sponsor: Sen. Bill Hardiman

House Committee: Health Policy

Senate Committee: Health Policy

First Analysis (2-22-06)

BRIEF SUMMARY: The bill would change the name of the Childhood Immunization Registry to the Michigan Care Improvement Registry; require the Department of Community Health to promulgate rules, and to use the information in the registry; and eliminate a requirement for local health department authorization when a health professional other than a physician administered an immunizing agent.

FISCAL IMPACT: Senate Bill 728, as passed by the Senate, may have fiscal implications for the Department of Community Health. The bill permits significant expansion of the Michigan Childhood Immunization Registry to all Michigan residents and integration with other public health data. Registry expansion and integration may have costs related to rule-making, initial setup tasks, ongoing tasks, training, technical support, and increased volume of data. The fiscal impact of the bill, both costs and benefits, will be dependent on the degree of expansion implemented by the Department.

The Department projects that implementation of the provisions of bill will be budget neutral.

In FY 2005-06 the Department's planned spending on the existing Michigan Childhood Immunization Registry totals approximately \$3.14 million, and includes \$2.1 million from the Healthy Michigan Fund, \$400,000 of federal Medicaid matching funds, and \$649,400 GF/GP. The funds support six Registry regions of the state, DCH Registry staff, computer and communications costs, training, and contractual support.

THE APPARENT PROBLEM:

In 1996, the legislature enacted Public Act 540 to require that the Department of Community Health establish a record of all immunized children in the state, a program called the Michigan Childhood Immunization Registry.

At the time the legislation was enacted, children's immunization records were required for school enrollment. However, some expressed concern that such a registry could violate an adult's right to privacy. Due to these concerns, the law limits the registry only to immunization information about children. And to add additional privacy protection, the law also requires that an individual's registry information be deleted when he or she reaches age 20.

During the last decade, the possibility of a global disease pandemic has increased. To ensure that such a pandemic can be contained, public health officials must be able to access immunization records quickly and efficiently.

It has been suggested that maintaining immunization records for adults as well as children, and expanding the Registry to include other information could improve public health.

THE CONTENT OF THE BILL:

The bill would amend Part 92 (Immunization) of the Public Health Code to do the following:

- Change the name of the Childhood Immunization Registry to the Michigan Care Improvement Registry, beginning on the bill's effective date.
- Require the DCH to promulgate rules to implement the expansion of the registry.
- Allow the DCH to use the information in the registry as authorized by rule.
- Eliminate a requirement for local health department authorization when a health professional other than a physician administers an immunizing agent under a physician's direction.

The code required the DCH to establish the registry to record information regarding immunizations performed under Part 92. The DCH must record in the Registry the information it receives under Sections 2821 and 9206 of the Code.

(Section 2821 requires birth registration for each individual born in Michigan. Under that section, a record of each live birth must be filed at the office of the local registrar within five days after the birth. The birth must be registered when the filing is completed. Upon receiving a birth registration transmitted by a local registrar under the Code, the State Registrar must transmit the information to the registry.

Under Section 9206, a health care provider administering an immunizing agent to a child must present the person accompanying the child with a certificate of immunization. The certificate must indicate the diseases or infections for which the child has been immunized, the number of doses given, the dates when administered, and whether further immunizations are indicated. The provider must report to the DCH each immunization administered, unless the child's parent, guardian, or person in *loco parentis* objects in writing to the reporting requirement.)

The bill would delete a provision allowing the DCH to use the Registry information only for immunization purposes, as well as a requirement that the DCH delete information in the Registry pertaining to an individual child immediately when the child reaches the age of 20.

The bill would require the DCH to promulgate rules to implement the Registry's expansion to include the reporting and recording of additional information, such as lead screening performed on children.

MCL 333.9201 et al.

HOUSE COMMITTEE ACTION:

The House Committee on Health Policy reported out Senate Bill 728 (S-1) as it passed the Senate, without amendments. Some of the information in this analysis is derived from information in the Senate Fiscal Agency analysis dated 2-1-006.

ARGUMENTS:

For:

It is important that all people, regardless of age, have access to their comprehensive health histories, including immunization records. Adults who need vaccination records for various purposes, such as entering the military or enrolling in a higher education program, frequently are surprised to learn from their local health departments that their information is no longer accessible. Lacking accurate documentation, they might be revaccinated unnecessarily.

Originally, the Immunization Registry was limited to children's records because they already were required for enrollment in school. Since then, several measures at both the state and federal levels have been enacted to strengthen privacy protections for health information. Eliminating the requirement that registry information be deleted when an individual turns 20 would ensure that individuals have a lifelong record of their vaccinations. Perhaps immunization rates for adults would improve, just as children's immunization rates improved after the Registry was established. In turn, certain diseases would be prevented more frequently, alleviating the strain on health care resources.

The bill would require the DCH to promulgate rules for the registry's expansion by integrating it with other public health data systems. For example, Public Act 55 of 2004 requires the DCH to determine the statewide average of lead screening tests performed on Medicaid-enrolled children, and, if the rate is below 80 percent, use federal funds to contract with community agencies to reach that rate. The bill could help the state track screening rates for lead, as well as newborn screening and hearing and vision testing. Parents who were uncertain if their children had undergone various tests could check the registry and avoid paying unnecessarily to have their children retested.

In addition, the bill could enhance emergency preparedness. During a public health crisis, the DCH and local health departments must be able to track vaccines and medications, which might be in limited supply, in order to control the spread of communicable diseases. The existing registry has the capacity to do this, but currently is limited to children's data and may be used only for purposes specified in the Public Health Code.

Eliminating the age barrier and allowing for the registry's integration with other public health databases would prevent the need to create redundant systems.

According to the DCH, the bill is consistent with recommendations of the Centers for Disease Control and Prevention, Advisory Committee on Immunization Practices, and with the American Academy of Pediatrics and the American Academy of Family Physicians.

Against:

The bill should be amended to allow citizens the opportunity to "opt out," if they wish to protect their privacy and decline to participate in the registry.

Response:

An amendment is expected to be offered on the House Floor to accomplish this end.

POSITIONS:

The Michigan Department of Community Health supports the bill. (2-21-06)

The "Get the Lead Out" Coalition of Grand Rapids supports the bill. (2-21-06)

The Michigan Association of Health Plans supports the bill. (2-21-06)

The Michigan State Medical Society supports the bill. (2-21-06)

The Michigan Environmental Council supports the bill. (2-21-06)

Michigan Opposing Mandatory Vaccines requests that an opt-out provision be added to ensure the privacy of health information for those individual who want it. (2-21-06)

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■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.