

# Legislative Analysis



## FLU VACCINE FOR ELDERLY PERSONS

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**House Bill 5325 as introduced**

**Sponsor: Rep. Kevin Green**

**Committee: Senior Health, Security, and Retirement**

### **First Analysis (12-7-05)**

**BRIEF SUMMARY:** The bill would amend the Public Health Code require hospitals to require a hospital, during flu season, to inform each person 65 years of age and older admitted to the hospital for a period of 24 hours or more that the flu vaccine is available. The vaccine would then be administered if the patient requested it and the appropriate health care providers determined that the vaccination was in the patient's best interest.

**FISCAL IMPACT:** Requiring a hospital to administer the flu vaccination to an elderly person before he or she is discharged, if certain criteria have been met, would create an additional administrative burden upon hospitals and result in increased staffing costs. Staffing costs for hospitals are allowable under Medicaid reimbursement policies.

### **THE APPARENT PROBLEM:**

The Center for Disease Control (CDC) estimates that between 5 and 20 percent of the population gets the flu each year. More than 200,000 people are hospitalized each year in the U.S. for flu complications, and about 36,000 people die from the flu. Among those that the CDC says should be at high risk for complications from the flu and should be vaccinated are people 65 years of age or older. Legislation has been proposed to make it more likely that the target senior citizen population is immunized.

### **THE CONTENT OF THE BILL:**

The bill would amend the Public Health Code to require a hospital, during flu season, to inform each elderly person admitted to the hospital for a period of 24 hours or more that the influenza vaccine is available. (This would apply unless a flu vaccine shortage has been declared causing a hospital to have an inadequate supply in stock.)

If an elderly person requests to be vaccinated, and a physician, physician's assistant, or certified nurse practitioner determines the vaccine is in the patient's best interest, the hospital would have to administer the vaccination to the elderly person before he or she is discharged and document the vaccination in the patient's medical record.

The bill would define an "elderly person" to mean an individual 65 years of age or older. "Flu Season" would be defined to mean that period between September 1 and April 1

MCL 333.21529

## ***ARGUMENTS:***

### ***For:***

Supporters say this legislation will make a difference in the lives of seniors and in the overall cost of health care by improving flu prevention. They believe it will save lives and prevent unnecessary flu-related complications. Vaccinations would only be administered if it is an elderly patient's best interest, as determined by a physician, physician assistance, or certified nurse practitioner. The vaccination would be documented in the patient's medical records.

### ***Response:***

Although the concept of the bill is appreciated, critics caution that passage of the bill could add to administrative costs, paperwork burdens and other compliance costs. It is important to understand the timing of the distribution of the vaccine. In order to vaccinate for the a given flu season, the amount of the vaccinations needed would have to be estimated and ordered approximately eight months before the season begins. Thus, the supply for this flu season has already been dispensed, which means the mandate in the bill could create problems even if a vaccine shortage is not declared. Policymakers should also consider the fact that some elderly citizens have difficulty remembering if they have received a flu vaccine. Because there is no statewide information clearinghouse, the potential for vaccination duplication increases. Further, reportedly vaccine manufacturers recommend vaccines be administered by a treating physician when the patient is not acutely ill.

## ***POSITIONS:***

Department of Community Health supports the bill with amendments. (11-1-05)

Sanofi Pasteur supports the bill (11-1-05)

Michigan Health and Hospital Association is neutral on the bill. (11-1-05)

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