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BILL ANALYSIS

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Senate Bill 728 (as enrolled)
Sponsor: Senator Bill Hardiman
Senate Committee: Health Policy
House Committee: Health Policy

PUBLIC ACT 91 of 2006

Date Completed: 7-5-06

RATIONALE

Public Act 540 of 1996 required the Department of Community Health (DCH) to establish the Michigan Childhood Immunization Registry. Due to privacy concerns, the legislation limited the Registry only to information about children, since childhood immunization records already were required for school enrollment. Also, an individual's Registry information had to be deleted when he or she reached age 20. It was suggested that maintaining immunization records for adults as well, and expanding the Registry to include other information will improve public health.

CONTENT

The bill amended 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.**
- Delete a requirement that an individual's information be deleted from the Registry when he or she reaches age 20.**
- 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 bill took effect on April 4, 2006.

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 deleted 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 requires the DCH, upon receiving a written request from an individual who is at least 20 years old, to make any immunization information in the Registry pertaining to him or her inaccessible. The request must be in a form prescribed or otherwise authorized by the Department.

The bill also requires 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.

ARGUMENTS

(Please note: The arguments contained in this analysis originate from sources outside the Senate Fiscal Agency. The Senate Fiscal Agency neither supports nor opposes legislation.)

Supporting Argument

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

Originally, the 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 will ensure that individuals have a lifelong record of their vaccinations. This might lead to an improvement in immunization rates for adults, just as children's immunization rates improved after the Registry was established. In turn, certain diseases may be prevented more frequently, alleviating the strain on health care resources.

The bill requires 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%, use Federal funds to contract with community agencies to reach that rate. The bill might help the State track screening rates for lead, as well as newborn screening and hearing and vision testing. Parents who are uncertain if their children have undergone various tests can check the Registry and avoid paying unnecessarily to have their children retested.

In addition, the bill will 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. Although the Registry already had the capacity to do this, it previously was limited to children's data and could be used only for purposes specified in the Code. Eliminating the age barrier and allowing for the Registry's integration with other public health databases will 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.

Legislative Analyst: Julie Koval

FISCAL IMPACT

The bill may lead to a small increase in administrative cost associated with the creation and distribution of the rules mandated by the bill. The DCH also may incur additional administrative cost in processing requests making individual information in the Registry inaccessible to the public.

Fiscal Analyst: David Fosdick

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This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.