

INFLUENZA IMMUNIZATION POLICY

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Senate Bill 722 (Substitute S-2)

Sponsor: Sen. Roger Kahn, M.D.

House Committee: Health Policy

Senate Committee: Health Policy

Complete to 11-9-09

A SUMMARY OF SENATE BILL 722 AS PASSED BY THE SENATE 9-22-09

Senate Bill 722 would add a new section to the Public Health Code (MCL 333.21529) to require a hospital to establish an influenza immunization policy, beginning October 1, 2010; and to require the hospital to offer the vaccine to all patients who were at least 65 years old or otherwise at risk, under certain circumstances.

The influenza immunization policy would have to be consistent with guidelines or recommendations issued by the federal Centers for Disease Control (CDC) or by the Advisory Committee on Immunization Practices of the CDC. The following would have to be included in a hospital's policy:

- A strategic plan for managing its supply of the influenza vaccine.
- Procedures for identifying individuals who were at least 65 years old and, at the hospital's discretion, other patients at risk who were admitted to the hospital.
- Procedures for offering immunization against the influenza virus during the influenza season (i.e., the period between October 1 and March 1) to people who were at least 65 years old and, at the hospital's discretion, other patients at risk who were admitted to the hospital for at least 24 hours.
- Procedures for ensuring that an individual offered the vaccination or an authorized representative received information regarding its risks and benefits.
- A standing order policy approved by the medical director or other appropriate health professional that included an assessment for medical contraindication to administering the vaccination.
- A system for documenting the influenza vaccination administration, medical contraindications, patient refusals, and any postvaccination adverse events.

During the influenza season, a hospital that had the influenza vaccine available would have to, consistent with its policy, inform individuals identified in the policy who were admitted for at least 24 hours that the vaccine was available, and offer to provide it to those people for whom it was not medically contraindicated.

If the person consented to be vaccinated against influenza and a physician, physician's assistant, nurse, pharmacist, or other independent practicing licensed health care professional determined that there was not a relative or absolute medical contraindication to giving the vaccine, the health care professional would have to administer the

vaccination before the patient was discharged from the hospital and document it as prescribed in the influenza immunization policy.

The section added by the bill would be repealed on April 1, 2012.

FISCAL IMPACT:

Under SB 722 (S-2), as passed by the Senate, public hospitals would incur some local and state costs in establishing and implementing an influenza immunization policy, which includes managing the supply of the influenza vaccine for persons 65 years of age or older and other at-risk patients admitted to the hospitals for a period of 24 hours or more. As of June 16, 2009, there were 14 Michigan public hospitals.

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