

Legislative Analysis



INFLUENZA IMMUNIZATION POLICY

Mitchell Bean, Director
Phone: (517) 373-8080
<http://www.house.mi.gov/hfa>

House Bill 4172 (Substitute H-2)
Sponsor: Rep. Robert Jones

Senate Bill 722 (Substitute H-2)
Sponsor: Sen. Roger Kahn, M.D.

House Committee: Health Policy
Senate Committee: Health Policy

First Analysis (11-25-09)

BRIEF SUMMARY: The bills would require a hospital to establish a seasonal influenza immunization policy, beginning October 1, 2010; require the hospital to offer the vaccine to all patients who were at least 65 years old or otherwise at risk, under certain circumstances; and repeal these requirements April 1, 2012.

FISCAL IMPACT: Under the bills, public hospitals would incur some local and state costs in establishing and implementing a seasonal 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.

THE APPARENT PROBLEM:

Simply put, tens of thousands of people die each year in the U.S. from complications from the flu, and another 200,000 or more are hospitalized. Lives could be saved and health care costs to treat the complications could be reduced if more people were immunized against seasonal flu viruses. For instance, according to the federal Centers for Disease Control and Prevention (CDC), 30 percent of those over 65 do not get annual flu vaccinations, even though they are at greater risk for developing complications or dying from the flu. Increasing access to flu vaccines for high-risk populations may be one way to increase the numbers of individuals receiving annual vaccinations. Legislation has been introduced to address this issue in regards to the role hospitals can play.

THE CONTENT OF THE BILLS:

Together, the bills would

- Require a hospital to establish a policy that, among other things, managed its supply of influenza vaccine and identified elderly patients and patients at risk for complications from the flu.

- Require a hospital to administer the vaccine before an elderly or at-risk patient was discharged, if certain conditions were met.
- Define the term “influenza season” to mean the period between October 1 and March 1.

Each bill would add a new section to the Public Health Code that would be repealed effective April 1, 2012. In addition, the bills are tie-barred to each other, meaning that neither bill can take effect unless both are enacted.

Senate Bill 722

The bill would add a new section to the Public Health Code (MCL 333.21529) to require a hospital to establish a seasonal influenza immunization policy, beginning October 1, 2010.

The seasonal influenza immunization policy would have to be consistent with guidelines or recommendations issued by the federal Centers for Disease Control and Prevention (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 procedural plan for managing its supply of any 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 (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.

House Bill 4172

The bill would add a new section to the Public Health Code (MCL 333.21530) to require the hospital to offer the influenza vaccine to all patients who were at least 65 years old or otherwise at risk, under certain circumstances. During the influenza season, a hospital that had the influenza vaccine available would have to, consistent with its seasonal influenza immunization 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 individuals for whom it was not medically contraindicated.

The health care professional would then be required to administer the influenza vaccination before the individual was discharged from the hospital and document the vaccination as prescribed in the seasonal influenza immunization policy. This would apply if the individual consented to be immunized against the influenza virus, and a physician, physician's assistant, nurse, pharmacist, or other independent practicing licensed health care professional determined that there was not an authorized representative opposed to giving the vaccine or an absolute medical contraindication to giving the vaccine.

BACKGROUND INFORMATION:

For more information on the flu, including where an individual can receive a flu shot, see www.flu.gov.

ARGUMENTS:

For:

There are many reasons why a person may not get an annual flu vaccination – too busy, afraid, doesn't want to take time off work for a doctor's appointment, a clinic is too far away, and so on. However, it is extremely important that persons with certain medical conditions, such as diabetes, asthma, and kidney disease; the very young or very old; and persons with compromised immune systems be immunized against the flu. The bills could result in more people who are at greater risk for complications or death from the flu being vaccinated.

The bills would not mandate that hospitals vaccinate their patients against the flu. Senate Bill 722 simply requires the development of a policy by each hospital to manage its supply of flu vaccines and to identify those patients admitted for over 24 hours who are in the at-risk population (which includes persons 65 years of age or older). House Bill 4172 requires a hospital to offer the vaccine to any of those high-risk patients for whom the vaccine is not medically contraindicated (for instance, persons with some illnesses should not receive the nasal spray, and no one allergic to eggs or who has had a serious allergic reaction to a flu vaccine should receive either the nasal spray or the flu shot unless the underlying allergy has been addressed and controlled).

A patient can accept or refuse the vaccination. If the patient has an authorized representative, such as a parent in the case of a minor, or a patient advocate or person with durable power of attorney, the authorized representative can consent or object to the vaccination. Only if there are no medical contraindications, the patient has consented, and the patient's authorized representative has not objected, is the hospital required to administer the vaccine. The hospital must also document the vaccination according to its policy.

The benefits to the patients include eliminating the need to make an appointment to obtain a flu vaccination when at home recovering from an accident or illness and, for those with longer hospital stays, being protected from flu viruses brought into the hospital

by staff, visitors, and other patients. Thus, the bills have the potential to save lives and save health care dollars by reducing the number of influenza infections and serious complications that may result.

Against:

According to information provided by M.O.M., an organization that opposes mandatory vaccination policies, the actual flu deaths in the U.S. in recent years have been much lower than the 36,000 figure that is widely publicized, and so accurate information – that includes the effectiveness against the predominant influenza virus – needs to be offered to the hospitalized patient or his or his representative. In addition, M.O.M. questions the need for the legislation considering that flu vaccines are relatively inexpensive and readily accessible. Clinics are offered in a variety of settings that seniors and others frequent, such as grocery stores, drug stores, county health departments, senior health fairs, and churches. Moreover, flu vaccines contain Thimerosal, a preservative that contains small amounts of mercury that many believe contribute to the onset of autism and other disorders and illnesses.

Response:

Neither the nasal mist nor the single-dose pre-filled syringe contains Thimerosal, although a multi-dose vial containing 10 doses does contain the preservative. However, to date, many studies have failed to link Thimerosal to diseases or conditions such as autism spectrum disorder. Further, for some patients, receiving a flu shot or the nasal mist before or upon discharge from a hospital could be a convenient option. For instance, a person with a broken leg, had surgery, or was recuperating from an illness may not be able to easily make it to a health fair or drug store when flu shots were being offered.

POSITIONS:

The Department of Community Health indicated support for the bills. (11-10-09)

The Michigan Health & Hospital Association indicated support for the bills. (11-10-09)

AARP/Michigan indicated support for the bills. (11-10-09)

Sanofi Pasteur, makers of Fluzone, indicated support for the bills. (11-10-09)

M.O.M. (Michigan Opposing Mandatory Vaccines) is neutral on a version of Senate Bill 722 that included the provisions now in House Bill 4172. (11-10-09)

Legislative Analyst: Susan Stutzky
Fiscal Analyst: Margaret Alston

■ 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.