



Senate Fiscal Agency
P. O. Box 30036
Lansing, Michigan 48909-7536

BILL



ANALYSIS

Telephone: (517) 373-5383
Fax: (517) 373-1986
TDD: (517) 373-0543

Senate Bill 722 (Substitute S-2 as passed by the Senate)
Sponsor: Senator Roger Kahn, M.D.
Committee: Health Policy

Date Completed: 10-23-09

RATIONALE

According to the Federal Centers for Disease Control and Prevention (CDC), 5% to 20% of the U.S. population gets the flu every year. More than 200,000 people are hospitalized and approximately 36,000 die due to flu-related complications. Those most at risk for serious flu complications are the elderly, young children, and people with certain health conditions that can compromise the immune system. In order to minimize the spread of the influenza virus, it has been suggested that hospitals should be required to establish an influenza immunization policy and to offer the vaccine to all high-risk patients.

CONTENT

The bill would amend the Public Health Code to require a hospital to establish an influenza immunization policy, beginning October 1, 2010; and require the hospital to offer the vaccine to all patients who were at least 65 years old or otherwise at risk, under certain circumstances.

A hospital's policy would have to be consistent with guidelines or recommendations issued by the CDC or by the Advisory Committee on Immunization Practices of the CDC.

A hospital would have to include all of the following in its 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 his or her 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, if the hospital had the influenza vaccine available and consistent with its policy, the hospital would have to 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, he or

she 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.

Proposed MCL 333.21529

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

According to the CDC, the best way to prevent seasonal flu is to get an influenza vaccination every year. In light of the serious complications that may result from the influenza virus, including pneumonia, ear and sinus infections, dehydration, and worsening of chronic medical conditions, it is important to identify people with an increased risk for contracting it and give them an opportunity to be vaccinated. The bill would help protect high-risk hospital patients and people who come into contact with them.

Legislative Analyst: Julie Cassidy

FISCAL IMPACT

The development and implementation of an influenza immunization policy would impose costs on public hospitals. The most expensive requirement in the bill likely would be the development of a system to document vaccination administration. The cost of this provision should be relatively minor.

Fiscal Analyst: Steve Angelotti

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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.