



Senate Fiscal Agency  
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## BILL ANALYSIS



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

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 The section added by the bill would be repealed on April 1, 2012.

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; and 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 for whom it was not medically contraindicated. If a person consented to be vaccinated 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 in as prescribed in the influenza immunization policy.

Proposed MCL 333.21529

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.

Date Completed: 9-17-09

Fiscal Analyst: Steve Angelotti