Senate Fiscal Agency
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BILL ANALYSIS

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House Bill 4172 (Substitute H-2 as passed by the House)
Sponsor: Representative Robert Jones
House Committee: Health Policy
Senate Committee: Health Policy

Date Completed: 2-25-10

CONTENT

The bill would amend the Public Health Code to require a hospital to inform individuals identified in its seasonal influenza immunization policy that the influenza vaccine was available; and offer to provide it to those for whom the vaccine was not medically contraindicative.

The bill would be repealed effective April 1, 2012. It is tie-barred to Senate Bill 722. Senate Bill 722 (H-2), as passed by the House, would require a hospital to establish a seasonal influenza immunization policy, including procedures for identifying individuals who were at least 65 years old and other patients at risk, as well as procedures for offering the influenza vaccine to those patients.

Under House Bill 4172 (H-2), during the influenza season (i.e., the period between October 1 and March 1), if a hospital had influenza vaccine available and consistent with its seasonal influenza immunization policy, the hospital would have to inform individuals identified in the policy who were admitted for a period of at least 24 hours that the vaccine was available and offer to provide it to those people for whom the vaccine was not medically contraindicative. If an individual consented to be immunized 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 it, the health care professional would have to administer the vaccination to the individual before he or she was discharged from the hospital, and document the vaccination in the manner prescribed in the hospital's influenza immunization policy.

Proposed MCL 333.21530 Legislative Analyst: Julie Cassidy

FISCAL IMPACT

The bill would lead to a minor increase in administrative implementation costs for public hospitals.

Fiscal Analyst: Steve Angelotti

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