

Department of Legislative Services
Maryland General Assembly
2009 Session

FISCAL AND POLICY NOTE

Senate Bill 699 (Senator Klausmeier)
Education, Health, and Environmental Affairs

Education - Immunizations - Children Entering Seventh Grade or Higher

This bill requires that regulations regarding childhood immunizations adopted by the Department of Health and Mental Hygiene (DHMH) include a requirement that parents and guardians ensure that their children are immunized for diphtheria, tetanus (lockjaw) toxoids, and acellular pertussis (whooping cough) before entering seventh grade. The regulations must also require that children transferring into the State at or after the seventh grade be immunized.

The bill takes effect July 1, 2009.

Fiscal Summary

State Effect: General fund and Medicaid (50% general fund/50% federal fund) expenditures increase by an estimated \$707,250 in FY 2010 to purchase the required vaccinations for children who are on Medicaid or are uninsured. Additional expenditures may also be necessary for an education campaign to alert parents and students of the new requirement. Future year expenditure estimates reflect inflation. Revenues are not affected.

(in dollars)	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	461,300	475,100	489,300	504,000	519,100
FF Expenditure	246,000	253,400	261,000	268,800	276,900
Net Effect	(\$707,300)	(\$728,500)	(\$750,300)	(\$772,800)	(\$796,000)

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate effect

Local Effect: To the extent parents and guardians use local health departments to obtain the required vaccination for their children, local health department expenditures may increase. These costs may be at least partly offset by the availability of federal funds.

Small Business Effect: Minimal.

Analysis

Current Law: Children enrolled in a public or private school must receive age-appropriate immunizations according to the schedule of immunizations recommended by the Subcommittee on Immunizations and Infectious Diseases of the Medical and Chirurgical Faculty of Maryland and the Secretary of Health and Mental Hygiene. Children must be immunized against a variety of diseases including diphtheria, polio, measles, mumps, and Hepatitis B. A parent or guardian must provide a physician's certificate of immunization so that the child may be admitted to school. This does not apply to a student who presents a written statement from a licensed physician or a health officer indicating that immunization against any of these diseases is considered not in the best interest of the child's health. In addition, a parent or guardian who objects to immunizations on the grounds of bona fide religious beliefs and practices is not required to present a physician's certificate of immunization so that the child may be admitted to school.

By regulation, a public or private school or a preschool must temporarily admit a student without required vaccines if the student is homeless. A student may also be temporarily admitted if the student's parent or guardian presents evidence of the student's appointment with a health care provider or local health department. The appointment must be within 20 days for the student to be admitted. The appointment may be to receive the required immunizations; reconstruct a lost record; or acquire evidence of age-appropriate immunity. The school must exclude from school a temporarily admitted student on the next school day following the appointment date if the student's parent or guardian fails to provide evidence of required immunizations.

A student may have an immunization administered by the student's personal physician. If a parent or guardian cannot obtain the service of a private physician, the parent or guardian of the student may take the student to the local health department for the immunizations.

Regulations require four doses of diphtheria immunization vaccine for a student younger than age seven, and three doses for a student older than seven. Four doses of tetanus immunization vaccine are required for a student younger than age seven and three doses for a student older than seven. For a student age seven or older, four doses of pertussis immunization vaccine are required.

Background: Diphtheria is a serious illness that can cause breathing difficulties, heart problems, nerve damage, pneumonia, and possibly death. The risk of serious complications is greater in very young children and the elderly. Tetanus (also known as lockjaw) is a very serious illness that causes seizures and severe muscle spasms that can be strong enough to cause bone fractures of the spine. The disease continues to occur almost exclusively among people who do not get vaccinated or do not have enough protection from previous vaccines. Pertussis (also known as whooping cough) is a serious disease that causes severe spells of coughing that can interfere with breathing. Pertussis can also cause pneumonia, long lasting bronchitis, seizures, brain damage, and death.

The Centers for Disease Control and Prevention (CDC) recommends five combined tetanus, diphtheria, and pertussis (Tdap) shots for maximum protection for young children. The first four are given before the child is two years old; the fifth shot is given when a child enters school between four to six years old. On June 30, 2005, the Advisory Committee on Immunization Practices at CDC voted to recommend the routine use of the Tdap vaccine in adolescents ages 11 to 18 in place of the tetanus and diphtheria toxoids (Td) vaccines. This booster vaccine should be administered at age 11 or 12 for those who have completed the recommended childhood DTP/Tdap vaccination series and have not received a Td booster dose. A five-year interval from the last Td dose is encouraged when Tdap is used as a booster dose; however, a shorter interval may be used if pertussis immunity is needed. Some other states including Virginia and North Carolina require a Tdap booster shot before entering the sixth grade.

During the 2007-2008 school year, when vaccinations for chickenpox and Hepatitis B were required, more than 2,600 students in Prince George's County and 900 students in Baltimore City were banned from school because they lacked the vaccinations or documentation of the vaccinations. To increase compliance, Prince George's County officials sought to make it easy to get the vaccinations by offering free vaccination clinics on Saturdays, in the early morning, and in schools. In addition, officials sent out multiple letters, made telephone calls, and visited the homes of students out of compliance. Parents and guardians were even threatened with a \$50 per day fine and up to 10 days in jail if they refused to get their children vaccinated. Even with these efforts, by the end of the school year, approximately 900 Prince George's County students and 400 Baltimore City students still had not met the vaccination requirement.

The State receives funds through the federal vaccines for children program (VFC) to provide vaccines at no cost to children who are eligible for Medicaid. In fiscal 2009, the State was appropriated \$4.5 million in VFC funding. The State distributes the funds and vaccinations to local health departments and other VFC providers.

State Expenditures: General fund and Medicaid (50% general fund/50% federal fund) expenditures increase by an estimated \$707,250 in fiscal 2010 to purchase Tdap boosters for an estimated 23,000 children who are expected to go to local health departments to get the immunizations. This estimate is based on the following information and assumptions.

- Approximately 70,000 students per year enter seventh grade in Maryland public and private schools.
- Approximately 10% of children age 7 to 12 (or about 7,000 of the new seventh grade enrollees each year) are uninsured. The State will bear the full cost of vaccines for these students, an estimated \$215,250.
- Approximately 23% of children age 7 to 12 (or about 16,000 of the new seventh grade enrollees each year) are on Medicaid. State general funds will support 50% of the cost of the vaccines for these children (\$246,000), with federal Medicaid funds supporting the other 50%.
- Each Tdap booster dose costs \$30.75.

Future years assume annual 3% increases in costs for the Tdap vaccines.

Due to the short timeframe for acquiring the vaccinations and based on past experience with new immunization requirements, DHMH also estimates significant costs associated with a multi-media education campaign to alert students and parents of the mandate. However, to the extent that school newsletters, flyers, web sites, and other less expensive means are effective in relaying the message about the new requirement, some of the costs for a more extensive advertising campaign may be avoided.

Local Fiscal Effect: In light of past difficulties with vaccination compliance, DHMH estimates that local health departments will need a total of \$1.0 million per year to support their night and weekend vaccination clinics in order to vaccinate seventh graders without access to private doctors. DHMH estimates that a significant number of students who are eligible for the federal VFC program will go to their local health department for their vaccinations. Local health departments provide the vaccines for free to children who are not insured but receive at least partial reimbursement for children eligible for VFC.

Montgomery County estimates that in fiscal 2010 it will need to hire an additional community health nurse and an additional nurse aid to handle the additional vaccinations that will be required during a short timeframe.

Small Business Effect: Private doctor's revenues may increase to the extent parents and guardians may make additional visits to get their children the required vaccinations. Many private doctors are also VFC providers.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Maryland State Department of Education, Department of Health and Mental Hygiene, Montgomery County, Centers for Disease Control and Prevention, Department of Legislative Services

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Analysis by: Caroline L. Boice

Direct Inquiries to:
(410) 946-5510
(301) 970-5510