

**Department of Legislative Services**  
 Maryland General Assembly  
 2015 Session

**FISCAL AND POLICY NOTE**

Senate Bill 598 (Chair, Education, Health, and Environmental Affairs Committee)(By Request - Departmental - Health and Mental Hygiene)  
 Education, Health, and Environmental Affairs

**Public Health - Vaccination Reporting Requirements - ImmuNet**

This departmental bill requires health care providers (or their agents) to report to ImmuNet all vaccinations administered, with the exception of influenza, beginning October 1, 2015. By July 1, 2017, health care providers must also report all influenza vaccinations.

**Fiscal Summary**

**State Effect:** General fund expenditures increase by \$56,300 in FY 2016 to hire one full-time position to support ImmuNet in implementing the reporting requirement. Future years reflect annualization and inflation. Revenues are not affected.

(in dollars)	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	56,300	70,900	74,200	77,700	81,400
Net Effect	(\$56,300)	(\$70,900)	(\$74,200)	(\$77,700)	(\$81,400)

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

**Local Effect:** Depending on current reporting practices, local health departments likely require additional resources to enter immunization information into ImmuNet, particularly influenza vaccinations provided at mass influenza vaccination clinics.

**Small Business Effect:** The Department of Health and Mental Hygiene (DHMH) has determined that this bill has minimal or no impact on small business (attached). The Department of Legislative Services disagrees with this assessment as discussed below.

## Analysis

**Bill Summary:** “Health care provider” means a licensed health care practitioner authorized under the Health Occupations Article to administer vaccines in the State. “Immunization” means the process by which an individual becomes protected against disease. “Vaccination” means the administration of a killed or weakened infectious organism to prevent disease caused by that organism. “Vaccine” means a substance that may be administered by injection, mouth, or aerosol and produces immunity that protects the body from disease.

The term “immunization(s)” is generally replaced by the term “vaccination” or “vaccine.” The Secretary of Health and Mental Hygiene must make available (rather than distribute) “refusal to permit” forms to each health care practitioner who gives vaccinations. The department must make available (rather than distribute) brochures about ImmuNet to health care providers that administer vaccines. A health care provider (or the health care provider’s agent) who administers a vaccination must notify the individual or the parent or guardian of a minor of the right to refuse *to permit disclosure to an authorized user* (rather than disclose to ImmuNet).

**Current Law:** Chapter 412 of 2001 established ImmuNet, Maryland’s immunization registry. ImmuNet is a computerized information and reminder system used to improve the timely and appropriate delivery of immunizations; provide a coordinated network for reminder notices when immunizations are due; provide and collect information to be shared by authorized users; and provide a quality indicator for insurers, health care providers, and public health purposes. ImmuNet is a web-based database that is free to all Maryland vaccination providers and is an “opt-out” system; therefore, all immunization information can be entered unless a parent completes a data-sharing refusal form to make his or her child’s record inaccessible. Currently, all health care providers are authorized to participate in ImmuNet; however, pharmacists are the only providers required to report to ImmuNet the vaccinations they administer.

**Background:** As required by Chapters 255 and 256 of 2013, DHMH conducted a study of the feasibility and desirability of requiring all Maryland providers who administer vaccinations to report to ImmuNet. DHMH issued a report, [2013 Feasibility and Desirability of ImmuNet Reporting Requirement Study](#), which summarized existing literature and the input of Maryland stakeholders. In the report, DHMH recommended, based on the literature review conducted, the experiences of other states with reporting mandates, and the input of the stakeholders consulted, that all Maryland health care providers who administer vaccinations should be required to report those vaccinations to ImmuNet by October 2015.

The U.S. Community Preventive Services Task Force recommends immunization information systems (such as ImmuNet) on the basis of strong evidence of effectiveness in increasing vaccination rates. The task force found that immunization information systems increase vaccination rates and reduce vaccine-preventable diseases through their capabilities to (1) create or support effective interventions such as client reminder and recall systems, provider assessment and feedback, and provider reminders; (2) determine client vaccination status for decisions made by clinicians, health departments, and schools; (3) guide public health responses to outbreaks of vaccine-preventable disease; (4) inform assessments of vaccination coverage, missed vaccination opportunities, invalid dose administration, and disparities in vaccination coverage; and (5) facilitate vaccine management and accountability.

**State Expenditures:** General fund expenditures increase by \$56,254 in fiscal 2016, which accounts for the bill’s October 1, 2015 effective date. This estimate reflects the cost of hiring one full-time administrator II in the Prevention and Health Promotion Administration to register and train providers, facilitate provider participation, provide technical assistance, and ensure provider reporting as required under the bill. It includes a salary, fringe benefits, one-time start-up costs, and ongoing operating expenses.

Position	1
Salary and Fringe Benefits	\$51,530
One-time Start-up Costs	4,285
Ongoing Operating Expenses	<u>439</u>
<b>Total FY 2016 State Expenditures</b>	<b>\$56,254</b>

Future year expenditures reflect a full salary with annual increases and employee turnover as well as annual increases in ongoing operating expenses.

**Local Impact:** All 24 local health departments are enrolled in ImmuNet; however, not all vaccinations administered are reported. Depending on current reporting practices, local health departments likely require additional staff resources to enter immunization information into ImmuNet, especially vaccinations provided at mass influenza vaccination clinics. According to DHMH, the delayed start for the reporting of influenza vaccination is intended to provide local health departments with sufficient time to make any necessary operational changes to meet the reporting requirement. DHMH is currently working with local health departments to address this issue.

**Small Business Effect:** DHMH estimates that the bill has minimal or no economic impact on small businesses in the State. The Department of Legislative Services disagrees and notes that there is a potentially meaningful impact on some small business health care providers to report to ImmuNet. As noted by DHMH in its 2013 feasibility report, the cost is likely greatest to those providers who are not yet using electronic health records (EHRs)

or who are using EHRs that are not compatible with ImmuNet. Potential costs to providers include (1) costs and time associated with data entry; (2) costs and time associated with accessing and retrieving data from ImmuNet; (3) costs associated with integrating ImmuNet-related procedures into existing business practices and work flow; (4) costs of training staff on use of ImmuNet; and (5) costs associated with clinic information technology staff and/or an EHR vendor implementing direct electronic reporting from EHRs into ImmuNet. Actual costs to providers vary based on the number of vaccinations provided and the method by which vaccination information is provided to ImmuNet (manually or automated).

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### **Additional Information**

**Prior Introductions:** None.

**Cross File:** None.

**Information Source(s):** U.S. Community Preventive Services Task Force, Department of Health and Mental Hygiene, Department of Legislative Services

**Fiscal Note History:** First Reader - February 23, 2015  
md/ljm

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# **ANALYSIS OF ECONOMIC IMPACT ON SMALL BUSINESSES**

TITLE OF BILL: Health Care Providers – Vaccination Reporting Requirements -  
ImmuNet

BILL NUMBER: SB 598

PREPARED BY: Prevention and Health Promotion Administration/Infectious Disease  
Bureau

## **PART A. ECONOMIC IMPACT RATING**

This agency estimates that the proposed bill:

  X   WILL HAVE MINIMAL OR NO ECONOMIC IMPACT ON MARYLAND SMALL  
BUSINESS

OR

       WILL HAVE MEANINGFUL ECONOMIC IMPACT ON MARYLAND SMALL  
BUSINESSES

## **PART B. ECONOMIC IMPACT ANALYSIS**

Currently, 1150 health care providers or provider groups are already reporting to ImmuNet; this legislation will have no fiscal or operational effect on those providers. However, this legislation would have an operational and a likely though not well-defined fiscal impact on those health care providers not currently reporting to ImmuNet. These costs will be greatest for providers who are not currently using electronic health records (EHRs), or who are currently using EHR systems that are not capable of achieving the meaningful use requirements. Little published data exists on the costs of mandated reporting to an immunization registry for health care providers, and no studies to quantify these costs were identified. Data on the number of health care providers or provider groups in Maryland that may be affected by this new requirement that is not available, and the impact of this requirement would vary from practice to practice. The Department is unable to determine what the total impact of this requirement may be on health care providers not currently reporting to ImmuNet. Nonetheless, surveys have documented at least some potential costs, including expenditures and time associated with: dual data entry if that is necessary; accessing and retrieving data from the registry; integrating registry-related procedures into existing business practices and work flow; training staff on use of a registry; and clinic IT staff and/or EHR vendors implementing direct electronic reporting from EHR into the registry.