

Department of Legislative Services
 Maryland General Assembly
 2019 Session

FISCAL AND POLICY NOTE
 Third Reader - Revised

House Bill 316

(Delegate Kelly, *et al.*)

Health and Government Operations

Education, Health, and Environmental Affairs

Public Health - Vaccination Reporting Requirements - ImmuNet

This bill requires health care providers (or their agents) to report to ImmuNet all vaccines administered. The requirement does not apply to a health care provider who administers a vaccine in a nursing facility, assisted living program, continuing care retirement community, or medical day care program.

Fiscal Summary

State Effect: General fund expenditures increase by \$144,500 in FY 2020 to hire staff to support ImmuNet in implementing the reporting requirement; future year expenditures reflect annualization. Revenues are not affected.

(in dollars)	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	144,500	163,600	168,800	174,300	180,100
Net Effect	(\$144,500)	(\$163,600)	(\$168,800)	(\$174,300)	(\$180,100)

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

Local Effect: No impact on local health departments as they are already in compliance with the bill’s requirement.

Small Business Effect: Potential meaningful.

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 a

disease including, as the result of having a disease, receiving a vaccination, or receiving preformed antibodies. “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 a disease.

The term “immunization(s)” is generally replaced by the term “vaccination” or “vaccine.” The Secretary of Health must make available (rather than distribute) “refusal to permit” forms to each health care practitioner who gives vaccinations. The Maryland Department of Health (MDH) must make available (rather than distribute) brochures about ImmuNet to health care providers that administer vaccines.

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 to permit” form to make his or her child’s record inaccessible.

Generally, all health care providers are *authorized* to participate in ImmuNet; however, pharmacists are *required* to report the vaccinations they administer. Effective January 2017, providers that administer vaccines through the Vaccines for Children Program (VFC, a federally funded program that provides vaccines at no cost to children that might not be vaccinated due to inability to pay) are *required* to report data to ImmuNet for patients administered VFC vaccines.

Background: Per Chapters 255 and 256 of 2013, MDH (then the Department of Health and Mental Hygiene) conducted a study of the feasibility and desirability of requiring all Maryland providers who administer vaccinations to report to ImmuNet. The department subsequently recommended that all Maryland health care providers should be required to report to ImmuNet by October 2015. Departmental legislation to require reporting was introduced during the 2015 legislative session; however, it did not pass.

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.

According to MDH’s Prevention and Health Promotion Administration (PHPA), as of February 2019, there are 4,284 health provider practices reporting into ImmuNet and 14,013 active users, including providers, pharmacies, health plans, and schools. To date, 5.8 million patients and 50.2 million immunizations have been reported to ImmuNet, with 3.7 million immunizations administered in 2018.

Other states have established mandatory reporting of selected vaccines by all health care professionals; 31 (58%) of the 53 jurisdictions with immunization information systems mandated at least one type of provider or entity to report immunizations, and 21 (40%) mandated all immunization providers to report. Jurisdictions with mandated reporting requirements include Delaware, the District of Columbia, New Jersey, Philadelphia, South Carolina, and West Virginia.

State Expenditures: PHPA estimates that the number of provider practices reporting to ImmuNet will likely double under the bill, necessitating an increase in staff. Currently, five full-time equivalent staff support ImmuNet. Thus, general fund expenditures increase by \$144,475 in fiscal 2020, which accounts for the bill’s October 1, 2019 effective date. This estimate reflects the cost of hiring one full-time data quality specialist, one part-time (50%) user support specialist, and one part-time (50%) epidemiologist to provide information, technical assistance, and support to ImmuNet users; monitor data feeds and ensure quality data collection; and monitor and track provider compliance. It includes salaries, fringe benefits, one-time start-up costs, additional outreach (including printing and distributing ImmuNet brochures) to providers who do not currently participate in ImmuNet, and ongoing operating expenses.

Positions (full-time equivalents)	2.0
Salaries and Fringe Benefits	\$115,742
One-time Start-up Costs	14,670
Outreach/Brochures for Providers	7,500
Ongoing Operating Expenses	<u>6,563</u>
Total FY 2020 State Expenditures	\$144,475

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

Small Business Effect: Health care providers that do not currently report all vaccines administered may incur additional costs to comply with the bill. Potential costs include costs and time associated with data entry, integrating ImmuNet-related procedures into existing work flow, and training staff. Actual costs vary based on the number of vaccines provided and the method by which information is provided to ImmuNet (manually or automated through electronic health records systems).

Additional Information

Prior Introductions: Similar legislation, SB 598 of 2015, received an unfavorable report from the Senate Education, Health, and Environmental Affairs Committee.

Cross File: None.

Information Source(s): Maryland Department of Health; Department of Legislative Services

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