SENATE BILL 168

J12lr0052 (PRE-FILED) By: Chair, Education, Health, and Environmental Affairs Committee (By Request Departmental – Health) Requested: October 5, 2021 Introduced and read first time: January 12, 2022 Assigned to: Education, Health, and Environmental Affairs Committee Report: Favorable with amendments Senate action: Adopted Read second time: February 1, 2022 CHAPTER AN ACT concerning Department of Health - ImmuNet and Statewide Advisory Commission on **Immunizations** FOR the purpose of repealing the exemption for certain health care providers or agents from the requirement to provide individuals receiving vaccinations with certain documents, notify the individuals or the parent or guardian of a minor of a certain right, and report all vaccines administered to ImmuNet; altering the membership of and term limits for members of the Statewide Advisory Commission on Immunizations; and generally relating to ImmuNet and the Statewide Advisory Commission on Immunizations. BY repealing and reenacting, with amendments, Article – Health – General Section 18–109(d)(6) and 18–214 Annotated Code of Maryland (2019 Replacement Volume and 2021 Supplement) SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows: Article - Health - General

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

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18–109.

Strike out indicates matter stricken from the bill by amendment or deleted from the law by amendment.



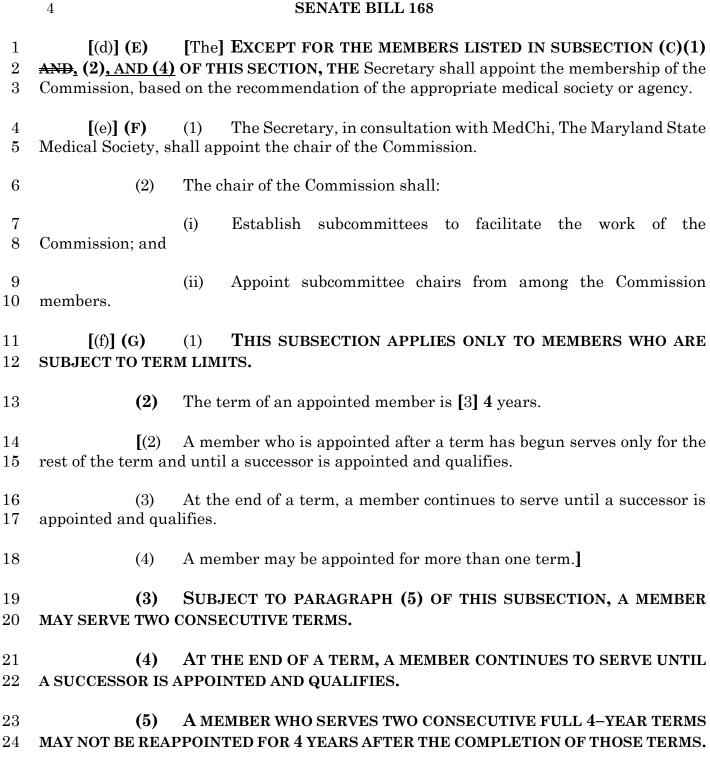
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(6)

1 2 3	(d) (6) [(i) Except as provided in subparagraph (ii) of this paragraph, a] A health care provider who administers a vaccine, or the agent of the health care provider, shall:		
4 5	[1.] (I) Provide the individual with a copy of the form and the brochure described in paragraphs (2) and (4) of this subsection;		
6 7	[2.] (II) Notify the individual or the parent or guardian of a minor of the right to refuse to disclose to ImmuNet; and		
8	[3.] (III) Report to ImmuNet all vaccines administered.		
9 10 11 12	care provider, or an agent of a health care provider, who administers a vaccine in a nursing facility, an assisted living program, a continuing care retirement community, or a medical		
13	18–214.		
14 15	(a) In this section, "vaccine" means a product intended to elicit, in humans, active or passive immunity against an infectious agent or product of an infectious agent.		
16	(b) There is a Statewide Advisory Commission on Immunizations.		
17 18	(c) The [Commission consists of the] following members SHALL SERVE WITHOUT TERM LIMITS:		
19 20 21 22	(1) [One physician member of MedChi, The Maryland State Medical Society;] THE STATE SUPERINTENDENT OF SCHOOLS OR THE STATE SUPERINTENDENT'S DESIGNEE WITH KNOWLEDGE OF THE IMMUNIZATIONS REQUIRED OF CHILDREN ENTERING SCHOOLS;		
23 24	(2) The chair of the Maryland Childhood Immunization Partnership, OR THE CHAIR'S DESIGNEE;		
25 26	(3) (2) [Two physician members of the Maryland Chapter of the American Academy of Pediatrics with experience in private practice and infectious diseases;		
27	(4) One physician member of the Maryland Academy of Family Physicians;		
28 29	(5) One physician member of the American College of Physicians – Internal Medicine Society of Maryland:		

The executive director of the Maryland Partnership for Prevention;

1		(7)] One local health officer;
2 3	Children Pr	[(8)] (4) (3) One representative from the Department's Vaccines for ogram; AND
4 5	of the immu	[(9) One representative from the Maryland school system with knowledge nizations required of children entering schools;]
6		[(10)] (5) (4) The Maryland State Epidemiologist[;].
7	(D)	THE FOLLOWING MEMBERS ARE SUBJECT TO TERM LIMITS:
8	group;	[(11)] (1) One representative from a public health consumer advocacy
10		[(12)] (2) One nurse practitioner;
11		[(13)] (3) One representative from a health insurance carrier;
12		[(14)] (4) One consumer; [and]
13		[(15)] (5) One pharmacist;
14 15	MEDICAL S	(6) ONE PHYSICIAN MEMBER OF MEDCHI, THE MARYLAND STATE SOCIETY;
16 17 18		(7) TWO PHYSICIAN MEMBERS OF THE MARYLAND CHAPTER OF THE ACADEMY OF PEDIATRICS WITH EXPERIENCE IN PRIVATE PRACTICE TIOUS DISEASES;
19 20	FAMILY PH	(8) ONE PHYSICIAN MEMBER OF THE MARYLAND ACADEMY OF IYSICIANS;
21 22	MARYLANI	(9) ONE SCHOOL-BASED HEALTH CARE PROVIDER MEMBER OF THE DASSEMBLY ON SCHOOL-BASED HEALTH CARE;
23 24	OF SCHOOL	(10) ONE SCHOOL NURSE MEMBER OF THE MARYLAND ASSOCIATION L HEALTH NURSES OR THE MARYLAND NURSES ASSOCIATION;
25 26	PHYSICIAN	(9) (11) ONE PHYSICIAN MEMBER OF THE AMERICAN COLLEGE OF IS – INTERNAL MEDICINE SOCIETY OF MARYLAND; AND
27 28	SECRETAR	(10) (12) UP TO THREE ADDITIONAL MEMBERS SELECTED BY THE Y.



- 25 The terms of the members of the Commission are staggered as [(5)] **(6)** 26 required by the terms provided for the members of the Commission on June 1, 2010.
- IF A VACANCY FOR AN APPOINTED MEMBER OF THE COMMISSION 27 28 OCCURS, THE SECRETARY SHALL PROMPTLY APPOINT A SUCCESSOR.

- 1 A member of the Commission may not receive compensation but is [(g)] (I) 2 entitled to reimbursement for expenses under the Standard State Travel Regulations, as 3 provided in the State budget. 4 [(h)] **(J)** The Department shall provide the staffing for the Commission. [(i)] **(K)** The Commission shall: 5 6 Determine where community vaccine shortages exist and which 7 vaccines are in short supply; 8 Develop a recommendation for a plan to effectuate the equitable distribution of vaccines: 9 10 (3)Review: Potential provider reimbursement barriers to increasing 11 (i) 12 immunizations: 13 (ii) The relative effectiveness of outreach programs that educate the public about the benefits of immunizations: 14 15 Potential cost-shifting of immunization expenses for privately (iii) 16 insured patients who receive immunizations at local health departments; and 17 (iv) Potential administrative burdens associated with State 18 purchasing of vaccines; 19 (4) Based on the review required under item (3) of this subsection, make 20recommendations on how to increase immunizations, including catch—up immunizations, 21among adults, adolescents, and children who are recommended to receive immunizations; 22and 23 Study and make recommendations about other related issues as (5)24determined by the Commission, including: 25(i) Immunizations required of children entering schools; 26 All available options for the purchasing of vaccines, including the 27 development of a Universal Vaccine Purchasing System, or a similar program to increase 28access to necessary vaccines, for the State;
- 29 (iii) An update on the status of the use of thimerosal in vaccines, 30 including the availability and affordability of thimerosal—free vaccines, and any other issue 31 related to the use of thimerosal in vaccines that is identified by the Commission;

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(iv) Elimination of any vaccine distribution disparities;

$\frac{1}{2}$	(v) A public education campaign in the event of a vaccine shortage or public health emergency involving immunizations; and			
3 4	(vi) The availability and affordability of adult, adolescent, and childhood vaccines.			
5 6	[(j)] (L) The Commission may recommend to the Department that information on vaccine safety be communicated to health care providers.			
7 8 9 10 11	[(k)] (M) On or before December 15 of each year, the Commission shall submit a report on its findings and recommendations to the Governor and, in accordance with § 2–1257 of the State Government Article, to the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee.			
12 13	SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2022.			
	Approved:			
	Governor.			
	President of the Senate.			
	Speaker of the House of Delegates.			