House
Legislative
Analysis
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CHILDHOOD IMMUNIZATION REGISTRY

House Bill 5477 as enrolled
Public Act 540 of 1996
First Analysis (1-14-97)

Sponsor: Rep. Tracey Yokich
House Committee: Health Policy
Senate Committee: Health Policy and Senior Citizens

THE APPARENT PROBLEM:

In early 1996, the Centers for Disease Control and Prevention (CDC) reported that Michigan's immunization rate for two-year-olds was only 64 percent -- the lowest in the nation. According to the governor's office, a state-wide survey conducted from mid-May through early September of 1996 by the Department of Community Health and the Michigan State University Institute of Public Policy and Social Research, under contract with the Michigan Public Health Institute, put the immunization rate at 74.1 percent. (The immunization rate for school age children is about 95 percent.) Though the more current Michigan survey (the CDC study was based on data from mid-1994 to mid-1995) shows that immunization rates for two-year-olds are increasing, many feel that the risk of complications from diseases for non-immunized young children are serious enough to aim for a 100 percent immunization rate.

In an effort to create a system whereby a child's immunization history could be tracked by health care providers, and which should further increase immunization rates, a provision was added to Senate Bill 847, which became Public Act 352 of 1996, to appropriate funds for the Department of Community Health (DCH) to implement a state-wide immunization registry that would be available to both public and private health care providers. In the August, 1996, issue of MichiganMedicine, James K. Haveman, Jr., the director of the DCH, describes how the registry will function. According to Mr. Haveman, the Michigan Children's Immunization Registry will be a state-wide network of regional systems. Each system will "maintain a database of information that will provide physicians with a child's immunization history and enable tracking and recall." Though it is currently required for parents to be given a card each time a child receives an immunization, it is not uncommon for such cards to be lost. In today's mobile society, even a young child may have several doctors or receive care from several clinics in a span of a few years. Therefore, a parent or treating physician may not be clear as to a child's immunization status.

With the creation of a state-wide registry, doctors would be able to verify a child's need for immunizations. If a child was due or overdue for a vaccination, the registry's tracking function would be able to flag patients and notify the parents that an appointment should be made. Doctors would be able to gain access to the registry via computer or touch-tone telephone. However, though Public Act 352 of 1996 required the DCH to create the registry and established funding for it, legislation is still needed to establish reporting criteria for immunizations administered by health care providers. Therefore, legislation has been proposed to set, among other things, reporting requirements, exceptions, and penalties for not reporting an immunization to the department.

THE CONTENT OF THE BILL:

The bill would amend the Public Health Code to create the Childhood Immunization Registry to record information regarding immunizations given under Part 92 of the code. Under the bill, the state registrar would have to transmit information contained in a birth registration to the Childhood Immunization Registry. Health care providers would have to report each immunization they administered to the Department of Community Health (DCH) in accordance with existing rules unless the parent, guardian, or person in loco parentis of the inoculated child first objected in writing to the provider. (Before giving a child an inoculation, a health care provider would have to notify the parent or guardian on a form provided by the department of the right to object to the bill's reporting requirement.) If a health care provider received such a written objection prior to notifying the department, the provider could not report the immunization. A health care provider who complied or failed to comply in good faith with the reporting requirement would not be civilly liable for

damages as a result of an act or omission, except for an act or omission that constituted gross negligence or willful and wanton misconduct. Failure by a provider to comply with the bill's reporting requirement would result in licensure sanctions, probation, a reprimand, or a fine. "Health care provider" would be defined as a health professional, health facility, or local health department.

Information contained in the Childhood Immunization Registry would be subject to existing confidentiality and disclosure provisions of the code. The department could use the registry's information in order to fulfill its duties under Part 92 of the code. The department could only use the registry's information for immunization purposes, and would have to delete an individual's information in the registry when he or she turned 20 years of age. In addition, the department would have to promulgate rules pertaining to the reporting requirement and the acquisition, maintenance, and dissemination of information contained in the Childhood Immunization Registry. Further, the bill would expand the definition of "immunizing agent" to mean a vaccine, antibody preparation, or other substance used to increase an individual's immunity to a disease or infectious agent. The bill would specify that "infectious agent" would mean that term as defined in R 325.9031 of the Michigan Administrative Code.

MCL 333.2821 et al.

FISCAL IMPLICATIONS:

According to the Senate Fiscal Agency, since the Department of Community Health has already begun to develop and implement a childhood immunization registry, House Bill 5477 would not have a fiscal impact on the state. As to the costs involved in establishing a registry, the SFA reports that the state has already committed approximately $1.8 million from the Healthy Michigan Fund (six percent of the proceeds of the tax on tobacco products) for the initial design of the registry and the establishment of six regional networks. In fiscal year 1996-97, the department plans to commit an additional $2,640,000, with approximately $2 million from the Healthy Michigan Fund, and approximately $640,000 from federal sources, to registry software development; hardware acquisition and installation; enhancement of the Electronic Birth Certification System; and further regional network support. The projected annual operating costs of $1 million would be supported by the Healthy Michigan Fund. (1-14-97)

ARGUMENTS:

For:

In an age where many dangerous childhood illnesses can be prevented by timely vaccinations, reports of Michigan's dismal 64 percent immunization rate for two-year-olds were shocking to many health care providers and parents. Though the more recent Michigan survey shows a ten percent increase in immunization rates, Michigan should still aim for a 100 percent immunization rate for two-year-olds. It is important for children under two to receive vaccinations for such diseases as whooping cough, diphtheria, and others because the diseases have more serious consequences for younger children. Waiting until children are of school age, when vaccinations are required for admittance to elementary school, puts many young children at unnecessary risk. However, in our highly mobile society, where families may move or change insurance plans often (and therefore physicians), it is not uncommon for children to miss being vaccinated according to established immunization schedules. The establishment of the Childhood Immunization Registry will serve both parents and doctors in keeping an up to date and accurate record of a child's vaccination history, thus avoiding the confusion that could arise from missing or lost records that could in turn lead to a vaccination shot being missed or even administered twice. In addition, the bill does not remove the code's exemption to vaccinations based on a parent's religious or other objection. Further, if a parent gives a provider a written objection to his or her child's inoculations being included in the registry, the provider could not report the inoculation to the Department of Community Health.

Against:

Some lawmakers feel strongly that childhood immunization is a parental, not a governmental, responsibility. The fact that increased public education via television advertisements and articles in the print media has already increased the immunization rate of two-year-olds in one year demonstrates the effectiveness of such educational tools. Creating a state registry puts the burden of immunizing young children in the hands of the state, rather than the parents, where it belongs.

In addition, the registry is not cheap. Start-up costs will easily exceed several million dollars according to the Senate Fiscal Agency, and yearly operating costs are expected to be at least $1 million. At a time when social service and mental health budgets are being slashed,

perhaps the money could be better spent elsewhere, especially if lower cost educational campaigns could be equally, if not more, effective in boosting the immunization rate of young children.

Further, the existence of the registry, which would be based on birth records and which would flag patients who are due for a particular inoculation, could result in undue pressure on the part of physicians on parents who have religious or philosophical objections to vaccinations. This is especially of concern since the director of the Department of Community Health has repeatedly stressed that the goal of the registry and the department is to have a 100 percent immunization rate for two-year-olds. In fact, the governor's office stated in a November press release that Medicaid providers who do not reach the immunization goals of the department will be "subject to financial sanctions"; those exceeding the goals "will be rewarded".

The only way to obtain such goals is to eliminate, through laws or out and out pressure, any parental objections to vaccinating a young child. There are many books and articles, and much personal testimony, that support the contention that vaccinating a child under two carries a greater risk for allergic reactions resulting in death or physical or mental impairment. Many believe there is ample research to demonstrate that it is far safer to inoculate a child after the age of two. Still others believe that it is unnecessary to continue to vaccinate children against such diseases as whooping cough or diphtheria, which occur rarely but result in the greatest number of severe allergic reactions. Newspapers recently carried a story of researchers who feel that current increasing levels of asthma among young children could be a result of early immunizations -- the reasoning being that some childhood illnesses actually serve a purpose in desensitizing a child's respiratory system and thus perhaps preventing the development of asthma.

So, to maintain a governmental registry whose purpose is to primarily aid the state in attaining a 100 percent immunization rate among two-year-olds, in addition to punishing providers who fall short in inoculating their public-pay patients, can only result in parents being bullied by health care providers to vaccinate their young children despite their religious or personal convictions.

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This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.