

SUBJECT: Creating an immunization tracking registry

COMMITTEE: Public Health — favorable, without amendment

VOTE: 6 ayes — Berlanga, Hirschi, Glaze, Janek, Maxey, McDonald  
0 nays  
3 absent — Coleman, Delisi, Rodriguez

SENATE VOTE: On final passage, April 6 — 30-0

WITNESSES: For — Charles W. Mallory, City of Austin, Health and Human Services Dept.  
Against — None  
On — Susan Steeg and Robert D. Crider, Jr., Texas Department of Health

DIGEST: SB 1486 would require the Texas Department of Health to establish and maintain an immunization tracking registry, containing the immunization history of children under 18 years of age. Information obtained by the department would be confidential and not subject to the Open Records Act.

Each health care provider who immunizes a child and organizations that pay for a child's immunization, including insurance companies and health maintenance organizations, would be required to report to the department in an electronic, written or verbal format prescribed by the department.

An immunization record would be part of the tracking registry and would contain for each person immunized the person's name, date and type of immunization, and name and address of the health care provider administering the immunization. The record would be accessible to the public and would not be subject to the confidentiality provisions governing physician-patient communications.

SB 1486 would take effect September 1, 1995.

**SUPPORTERS  
SAY:**

SB 1486 would establish a tracking system that would save public program and private insurance costs and would ensure that children are receiving the immunizations they need. Last session the Legislature launched a major effort to improve the immunization rates of children, but measuring the effectiveness and adequacy of immunization rates is difficult without a registry.

Immunizations standards require that certain shots be given at specified ages in a child's development. Families who move residencies, who use public programs or who switch providers or health benefit plans often lose track of their child's immunization record. SB 1486 would establish a registry that would provide simple useful information to the public (such as a doctor, school nurse or social worker) about a child's immunization history, but keep confidential other relevant medical history information that could only be released through written patient or parent consent.

Reporting by insurance companies and health maintenance organizations would provide a method for the department to cross-check provider information and to keep accurate registry data. Many insurance companies and HMOs will not find the requirements burdensome because they could report to the department electronically. They could actually benefit from the reporting requirements because a registry will give them a tool to update their own records and to prevent paying for immunizations a child has already received.

**OPPONENTS  
SAY:**

Requiring insurance companies and HMOs to report to the department would be unnecessarily duplicative and add to the cost of insurance and immunizations. Reporting by health care providers should provide adequate information and would be in line with requirements for other departments.