SUBJECT: Requiring education program on immunization programs

COMMITTEE: Public Health — committee substitute recommended.

VOTE: 9 ayes — Capelo, Laubenberg, Truitt, Coleman, Dawson, McReynolds, Naishtat, Taylor, Zedler

0 nays

WITNESSES: For — Ari Brown, M.D., Texas Pediatric Society, Texas Medical Association; Carrie Coleman, Texas Association of Health Plans; James Willmann, Texas Nurses Association. *(Registered, but did not testify:)* Tom Banning, Texas Academy of Family Physicians; Julie Boom, M.D., Texas Children's Hospital, Texas Pediatric Society; Melody Chatelle, Children's Hospitals and Related Institutions of Texas; Robert Feather, Cook Children's Health Care System; Aron Head, Amerigroup Texas Inc.; Greg Hoke, Wyeth Vaccines; Susan Hopkins Craven, Texans Care for Children; Mazie Jamison, Children's Medical Center of Dallas; Carrie Kroll, Texas Pediatric Society; Gaspar Laca, Glaxo Smith Kline; Susan McMahan; Frankie Lynn Milley; Jane Penrod; Bryan Sperry, Children's Hospital Association of Texas; Rosie Valadez McStay, Texas Children's Hospital; Lynda Woolbert, Coalition for Nurses in Advanced Practice

Against — Dawn Richardson, Parents Requesting Open Vaccine Education (PROVE). *(Registered, but did not testify:)* Merry Lynn Gerstenschlager, Texas Eagle Forum; Allison Hill; James King; Jim Wilson

On — Sharilyn Stanley, M.D., Texas Department of Health

BACKGROUND: The Texas Department of Health (TDH) participates in the federal Vaccines For Children Program, which began in 1994. The program provides free vaccines to health care providers for children of families that lack sufficient insurance coverage for early childhood immunizations and cannot pay for them.

TDH is part of the Texas Immunization Partnership, which includes representatives from medical groups, consumer organizations, parents,

pharmaceutical companies, and other interested parties. The partnership developed a state plan for increasing childhood immunization rates in Texas, identified barriers, and provided recommendations for improvement, which included improving ImmTrac.

ImmTrac is the statewide immunization registry for children from birth to age 18 established under Health and Safety Code, sec. 161.007. This section outlines reporting requirements for providers and insurance companies and stipulates that TDH is required to protect the confidentiality of patients in the registry, to disclose information only with the written consent of the child's parent, and permit a parent to withdraw consent for a child to be included in the registry. Under Sec. 161.009, a person can be held criminally liable for negligently releasing or disclosing information in the database for an unauthorized use or using the information to solicit new patients or clients.

DIGEST:

CSHB 1920 would require TDH to develop continuing education programs for vaccine providers relating to immunizations and the Vaccines For Children program. TDH would establish a work group made up of doctors, nurses, TDH representatives, and others to assist the department in these programs and program materials.

The bill would allow a provider to enroll in the program on the same application form used for Medicaid health care providers. It also would allow providers to report vaccines administered under this program to the immunization registry, to use the registry to determine whether a child had received a vaccination, and for other purposes related to the provider's ordinary course of business.

The bill would take effect September 1, 2003.

SUPPORTERS SAY:

HB 1920 would help TDH improve vaccination rates by encouraging the participation of providers. Texas consistently ranks near the bottom in rates of immunization for children under two years of age — 42nd among states according to 2001 National Immunization Survey (NIS) data. Because Vaccines For Children is a federally funded program, there would be no cost to the state to promote this great public health benefit. Texas has a long way to go in improving immunization rates, but this bill would be a big step in the right direction.

From a public health standpoint, Texas has a compelling interest in recruiting vaccine providers to help raise rates of childhood immunization. Diseases such as polio once were commonplace, but they have been virtually eradicated due to widespread programs of immunization. Such programs only work, however, when participation in them is universal. The fact that more than 600 cases of whooping cough, a vaccine-preventable illness, were diagnosed in Texas in 2001 suggests that the state might already be suffering the consequences for low immunization rates. If significant numbers of parents opt their children out of immunization programs, it could allow much more dangerous illnesses, such as polio, to regain prevalence in Texas.

Side effects to immunizations are uncommon and generally mild, and clinical evidence linking immunizations to autism is extremely thin. Without question, the proven risk of not immunizing children against killer diseases such as polio and measles far outweighs tenuous and unproven theories about a link between immunizations and autism. The medical community overwhelmingly supports broad-based childhood vaccination programs, and this bill would allow more providers to join the Vaccines For Children Campaign.

TDH attributes the state's lackluster immunization rates in part to the reluctance of heath care professionals to participate due to administrative hassles. By allowing providers to enroll in the program using the Medicaid provider application, which many of them fill out anyway, this bill would remove one of the main barriers to recruitment faced by Vaccines For Children.

Although the Vaccines For Children program would not pay a service fee for immunizations, providers still would be willing to participate. Reimbursement for vaccine administration is small in any case, and many providers are more than willing to donate their time and expertise to this worthy public health cause, so long as the cost of the vaccine is covered and the paperwork is not too burdensome. This bill would meet the needs of providers on both counts.

CSHB 1920 also would generate accurate and useful immunization data for the organizations that need it. By reporting vaccinations to the immunization registry and being able to access the database, a provider could determine what vaccines a new patient needed, and ensure that the child would not receive a duplicate immunization, thus preventing vaccine waste. A complete

and accurate registry also would allow providers to print reminder cards to be sent to parents when it was time for the child to receive another immunization. In addition, a provider conveniently could produce a child's shot record for parents when it was needed for school enrollment or another purpose.

Current law allows parents to opt their children out of the registry and allows disclosure of confidential information only following a parent's written consent. It also establishes criminal liability for the negligent release or disclosure of immunization registry information for commercial or other unauthorized purposes, so fears that this bill would contribute to the abuse of immunization data are unfounded.

Managed care companies should not have access to the database. The vaccines are paid for by the federal program, not by managed care companies, so these companies have no special right to this information. Because accreditation agencies use immunization rates as performance measures for managed care organizations, some managed care companies would use the state registry to evaluate their risk pools and drop children from coverage because they had not received certain immunizations, regardless of the reason why. This is not the intended use for the registry, and this bill correctly would not allow it.

OPPONENTS SAY:

The process for reporting vaccines would remain long and cumbersome even under this bill. Although it might be easier for some providers to enroll using Medicaid forms, it would be little help to the many providers in Texas who do not take Medicaid patients. In addition, the registry database is difficult to use and requires a lot of data entry, which is just one more reason why already overworked providers likely would not flock to this program.

Even if it were easier for providers to enroll, they still would be discouraged from participating because the Vaccines for Children program pays only for the vaccine and not for the cost of the visit. The reimbursement rate is approximately $5 with actual costs totaling more than $8 per vaccine administered. With decreasing reimbursement that providers already receive from insurance companies and government programs, combined with increasing overhead and insurance costs, providers would be unable to afford to participate in yet another program that offered partial reimbursement and

increased administrative hassles.

Vaccines are potentially harmful to kids, and there is evidence linking them to autism. Whether or not to vaccinate should be a choice between parents and doctors, and parents should not feel pressure from the state to vaccinate their kids. Some parents elect not to vaccinate their children for religious or health reasons. Immunizations are not for everyone, and it would be inappropriate for the state to spend its resources encouraging all parents to have their children vaccinated.

The registry might also pose confidentiality concerns. Too many organizations would have access to private health information, and people that have declined immunizations might worry that their decision could one day be held against them by an insurer or some other group. For this reason, efforts to expand the immunization registry should be discouraged.

OTHER OPPONENTS SAY:

Managed care companies should be allowed access to the database. They oversee all areas of children's health and could use the database as a means of encouraging parents to get their children vaccinated, thereby increasing compliance.

NOTES:

The committee substitute differs from the bill as introduced by requiring provider education programs, but not informational materials. It would replace "physician" with "provider" in reference to continuing education programs, and would include representatives of managed care organizations and health plan providers in the TDH workgroup. It would allow providers to enroll in the program on the Medicaid application, but not also on the Children's Health Insurance Program (CHIP) enrollment forms, and would remove the section allowing providers to be reimbursed under Medicaid and CHIP. It would allow providers to use information from the registry to determine whether a child had received a vaccination, and for other purposes related to the provider's ordinary course of business.

A related bill, HB 1926 by Capelo, which would require TDH to conduct and facilitate public awareness campaigns designed to raise the statewide childhood immunization rate, also is on today's General State Calendar.

Other related bills have been set on Wednesday's General State Calendar. SB 43 by Zaffirini, which passed the Senate by voice vote on February 27, would require TDH to report to the Legislature the results of a best practice pilot program to boost immunization rates. SB 40 by Zaffirini, which passed the Senate by voice vote on March 12, would require TDH to partner with other public and private entities to coordinate a unified statewide vaccination education campaign.