

SUBJECT: Immunization of elderly persons by certain health care facilities.

COMMITTEE: Public Health — favorable, without amendment

VOTE: 9 ayes — Delisi, Laubenberg, Coleman, Dawson, Jackson, McReynolds,  
Solis, Truitt, Zedler

0 nays

SENATE VOTE: On final passage, April 14 — 31-0, on Local and Uncontested Calendar

WITNESSES: None

BACKGROUND: Two vaccines currently are available to decrease morbidity and mortality rates for elderly persons due to influenza and pneumococcal infections. Under current law, nursing homes are required to offer the influenza and pneumococcal vaccines to elderly residents and to staff in contact with elderly residents.

DIGEST: SB 1330 would require additional healthcare facilities to offer influenza and pneumococcal vaccines to elderly residents.

The executive commissioner of the Health and Human Services Commission (HHSC) would require hospitals to inform all elderly persons admitted for 24 hours or more that the pneumococcal and influenza vaccines were available. Before a person was discharged, hospitals would have to make a vaccination available to someone who requested it.

The executive commissioner also would require end stage renal disease facilities to offer an elderly person who received ongoing care at the facility a chance to receive the vaccinations. If a facility determined that it was not feasible to offer the vaccines, it would provide the elderly person with information on other ways of obtaining them.

The Texas State Board of Medical Examiners (TSBME) would have to require physicians responsible for the management of offices that provided ongoing medical care to elderly persons to offer, if feasible, the same

vaccination services as end stage renal disease facilities.

Those required to offer vaccines under this bill would have to offer the influenza vaccine in October and November, as well as December if the vaccine were available. The pneumococcal vaccine would have to be offered year-round.

Those administering the vaccines would have to ask whether the elderly person was currently vaccinated against the influenza virus or pneumococcal disease, would administer the vaccines under institution- or physician-approved protocols, and would document the vaccination in the elderly person's medical records.

Educational and informational materials on vaccinations against influenza virus and pneumococcal disease would be made available to hospitals and end stage renal disease facilities by the HHSC and to physicians' offices by TSBME.

In adopting rules, the executive commission and TSBME would consider recommendations of the Advisory Committee on Immunization Practices at the Centers for Disease Control and Prevention and could consider the potential for a shortage of vaccines.

The bill would take effect on September 1, 2005.

**SUPPORTERS  
SAY:**

Influenza causes an average of 36,000 deaths each year in the United States, mostly among the elderly. Acute infection due to pneumococcus is the most common cause of serious infection in Americans. More than 7 million pneumococcal infections occur in the United States annually, and about 40,000 Americans die each year from pneumococcal infections, making it the most lethal bacterium in the United States. In fact, pneumococcal disease kills more people in the United States each year than all other vaccine-preventable diseases combined. Although anyone can get pneumococcal disease, those 65 years and older are at greater risk from the disease. Drugs such as penicillin were once effective in treating these infections, but the disease has become more resistant to these drugs, making treatment more difficult. This makes prevention of the disease through vaccination important, especially in elderly persons.

Despite recommendations, more than half of elderly Americans do not receive these vaccines. For elderly citizens in the community, these

vaccines are associated with reductions in rates of hospitalization, complications, and death compared to unvaccinated elderly persons. As adults become older and more susceptible to infections, the vaccines become less effective.

The Centers for Disease Control and Prevention (CDC) recommend that healthcare providers offer elderly persons pneumococcal vaccine year-round and influenza vaccine throughout the influenza season. As the CDC Advisory Committee on Immunization Practices recommends, SB 1330 would allow vaccination coverage for elderly persons to be increased by offering these vaccines during hospitalization or routine healthcare visits. Under the bill, the number of elderly persons receiving the vaccines would likely increase, which would reduce morbidity and mortality rates from influenza and pneumococcal infections among the elderly in Texas. According to the fiscal note, any cost would be absorbed by the agencies implementing the bill.

**OPPONENTS  
SAY:**

Because influenza and pneumococcal infections are such serious concerns for the elderly population in Texas and the United States, the bill should provide for hospitals to offer the vaccines to all elderly persons who receive treatment there, not just those admitted for at least 24 hours. Although elderly persons might visit the hospital for minor illnesses, because they are so much more susceptible to influenza and pneumococcal infections, they should always be offered the vaccines, just as at end stage renal disease facilities and physicians' offices.