

BILL ANALYSIS

C.S.H.B. 1896
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Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

According to expert testimony before the House Public Health; Culture, Recreation & Tourism; and Agriculture Committees earlier this session, one of the best ways Texans can prepare for an inevitable pandemic influenza event is to avail ourselves of vaccines when available and appropriate. The Texas Department of State Health Services (department) is required by the federal Pandemic Influenza Grant to have a tracking system in place for children and adults that receive antivirals and/or vaccines should a public health emergency occur. In an emergency situation, data will need to be entered into the system at the point-of-service. ImmTrac, the current Texas immunization registry, provides a viable option for a tracking system that meets federal Pandemic Influenza Grant requirements.

ImmTrac is currently required to delete the vaccination records of a child that reaches 18 years of age, however. There are numerous other reasons to access individual vaccination records beyond that age. Health care research has recently found that some childhood vaccines require adult boosters to remain effective through a lifetime. Immunization records are needed for entry into college and other advanced degree programs. The average nursing student in Texas, for example, is 28 years old. Nursing students who can not show they have had the necessary vaccines to work in a clinical setting often can not enroll in classes, or must spend hundreds of dollars to obtain the vaccinations.

During Hurricane Katrina, Louisiana state health officials were able to provide immunization records for more than 56,000 evacuated children. Consequently, emergency personnel in Texas saved an estimated \$4.2 million in revaccination costs and were able to allocate their limited resources effectively and deliver care to those evacuees with the highest need.

CSHB 1896 will create a comprehensive state registry that will allow the state to comply with federal Pandemic Influenza Grant mandates at no cost, help protect Texans in various emergencies, and help track vaccine and antiviral supplies that may be limited, disrupted or tainted.

RULEMAKING AUTHORITY

It is the committee's opinion that rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 2, 8 and SECTION 12 of this bill.

ANALYSIS

CSHB 1896 changes the current immunization registry from a childhood registry that maintains immunization information only until 18 years of age into a lifetime registry, and replaces "child" with "patient" throughout the bill to reflect the change. The Department of State Health Services (department) is required to keep immunization information on a person until their death, unless the individual requests in writing at any time to have their records removed from the registry.

CSHB 1896 amends the definition of "data elements" and payor and defines a "patient's legally authorized representative." The bill replaces "parent, managing conservator, or guardian" or "child's parent, managing conservator, or guardian" with "the patient or the patient's legally authorized representative" throughout the bill.

CSHB 1896 requires the department, by rule, to develop guidelines to determine the process by which consent is verified, including affirmation by a health care provider, birth registrar, regional health information exchange, or local immunization registry that consent has been obtained for the immunization registry.

CSHB 1896 authorizes, rather than prohibits, the department to retain individually identifiable information about a person for whom consent can not be verified, but prohibits the department from disclosing such information to other users of the registry until consent is verified.

CSHB 1896 authorizes a health care provider who administers an immunization to a person over 18 years of age to submit data elements regarding an immunization to the department, and requires the department to verify consent before disclosing, rather than including, the information to other users of the immunization registry.

The bill requires the department, the first time the department receives registry data for a patient, for whom the department has received consent to be included in the registry, the department shall send a written notice to the patient or the patient's legally authorized representative disclosing certain information.

CSHB 1896 defines "first responder" as having the meaning assigned by Section 421.095, Government Code and requires the department to develop a program for informing first responders about the immunization registry and educating first responders about the benefits of being included in the immunization registry, including ensuring that first responders receive necessary immunizations to prevent the spread of communicable diseases to which a first responder may be exposed during a public health emergency, and preventing duplication of vaccinations.

CSHB 1896 requires the department to maintain a registry, as part of the immunity registry, of persons who receive an immunization, antiviral, and other medication administered to prepare for a potential disaster or public health emergency or in response to a declared disaster or public health emergency. A health care provider who administers certain medications may provide the data elements to the department, and are required to provide the data elements to the extent that reporting is required by Section 161.007, of the Health and Safety code.

CSHB 1896 requires the department to track adverse reactions to an certain medications administered to prepare for a potential disaster or public health emergency or in response to a declared disaster or public health emergency, and authorizes a health care provider to provide data related to the adverse reactions to the department. The bill provides that certain sections apply to the submitted data elements unless a provision in those sections conflict with a requirement in the section.

CSHB 1986 authorizes the executive commissioner of the Health and Human Services Commission (HHSC) to adopt rules necessary to implement this section.

CSHB 1896 adds any adverse or unexpected events for a vaccine, and any additional information specified in certain adopted rules, to the information contained in a immunization record. The bill sets forth that a regional health information exchange and a local immunization registry are additional sources from which the department may receive an immunization record.

CSHB 1896 provides that certain persons that submit or obtain data elements from the department, in good faith, and in compliance with certain provisions or rules is not liable for any civil damages.

CSHB 1896 requires the department to consult with public health departments and appropriate health care providers to identify adult immunization that may be necessary to respond to or prepare for a public health disaster.

CSHB 1896 defines "Electronic medical records software package or system" as an electronic system for maintaining medical records in the clinical setting. It defines "Medical records" as the meaning assigned by Section 151.002, Occupations Code.

CSHB 1896 requires that a person who sells, leases, or otherwise provides an electronic medical records software package or system to a person who administers immunizations in this state or to an entity that manages records for the person to provide, as part of the electronic medical records software package or system, the ability to electronically interface with the immunization registry created under this subchapter; and generate electronic reports that contain the fields necessary to populate the immunization registry;

The bill requires the executive commissioner of HHSC, by rule, to specify certain fields and data standards regarding immunizations and the registry and provides that the data standards must be compatible with certain standards. The attorney general is authorized to bring an action to enjoin certain violations, and providing that the state prevails in a suit under this section, authorizes the attorney general to recover on behalf of the state reasonable attorney fees, court costs, and reasonable investigative costs incurred in relation to the proceeding.

EFFECTIVE DATE

Upon passage, or, if the Act does not receive the necessary vote, the Act takes effect September 1, 2007.

COMPARISON OF ORIGINAL TO SUBSTITUTE

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COMPARISON OF ORIGINAL TO SUBSTITUTE

CSHB 1896 adds to the definition of "data elements" to include in the registry information regarding adverse or unexpected events for a vaccine and information required by rules DSHS is authorized to adopt to implement a federally-required disasters and emergencies registry.

CSHB 1896 includes regional health information exchanges among a list of entities that can affirm consent verification.

CSHB 1896 further expands the registry by requiring the department to maintain information regarding antiviral and other medication administered to prepare for a potential disaster or public health emergency or in response to a declared disaster or public health emergency. CSHB 1896 authorizes the executive commissioner of HHSC to implement rules.

CSHB 1896 authorizes, but does not mandate, a health care provider who administers an antiviral, or other medication to provide the data elements to the department.

CSHB 1896 requires the department to track adverse reactions to an immunization, antiviral, and other medication administered to prepare for a potential disaster or public health emergency or in response to a declared disaster or public health emergency.

CSHB 1896 adds definitions for "Electronic medical records software package or system" and "medical records," requires the HHSC executive commissioner to issue rules to specify the fields necessary to populate the immunization registry and the data standards that must be used for electronic submission of immunization information, and requires that the rules be compatible with federal standards being developed for electronic health records and immunization registries.

CSHB 1896 clarifies that the new Sec. 161.0108, Health and Safety Code, applies only to actions after the effective date of new rules required by this bill.

CSHB 1896 makes other clarifying, conforming, non-substantive and technical changes.