

SENATE AMENDMENTS

2nd Printing

By: Klick, Oliverson, Howard, Jetton, Guerra,
et al.

H.B. No. 4272

A BILL TO BE ENTITLED

1 AN ACT

2 relating to requirements for information contained in the
3 immunization registry.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

5 SECTION 1. Sections 161.007(a) and (a-1), Health and Safety
6 Code, are amended to read as follows:

7 (a) The department, for the primary purpose of establishing
8 and maintaining a single repository of accurate, complete, and
9 current immunization records to be used in aiding, coordinating,
10 and promoting efficient and cost-effective communicable disease
11 prevention and control efforts, shall establish and maintain an
12 immunization registry. The executive commissioner by rule shall
13 develop guidelines to:

14 (1) protect the confidentiality of patients in
15 accordance with Section 159.002, Occupations Code;

16 (2) inform the individual or the individual's legally
17 authorized representative about the registry and that registry
18 information may be released under Section 161.00735;

19 (3) require the written or electronic consent of the
20 individual or the individual's legally authorized representative
21 before any information relating to the individual is included in
22 the registry;

23 (4) permit the individual or the individual's legally
24 authorized representative to withdraw consent for the individual to

1 be included in the registry; ~~and~~

2 (5) determine the process by which consent for the
3 individual's information to be included in the registry is
4 verified, including affirmation by a health care provider, birth
5 registrar, regional health information exchange, or local
6 immunization registry that consent has been obtained; and

7 (6) determine the process by which the immunization
8 information of a first responder or immediate family member of a
9 first responder may be accessed under Section 161.00708.

10 (a-1) The written or electronic consent required by
11 Subsection (a)(3) for an individual ~~[younger than 18 years of age]~~
12 is required to be obtained only one time. The written or electronic
13 consent of the individual, or, for a minor child, the individual's
14 parent, managing conservator, or guardian must be submitted to the
15 department ~~[before the individual's 18th birthday]~~. After consent
16 is submitted, the individual's immunization information may be
17 included in the registry ~~[until the individual becomes 26 years of~~
18 ~~age]~~ unless the consent is withdrawn in writing or electronically~~[~~
19 ~~or renewed after the individual's 18th birthday as provided by~~
20 ~~Subsection (a-2)]~~. A parent, managing conservator, or guardian of a
21 minor may provide the consent by using an electronic signature on
22 the minor's birth certificate.

23 SECTION 2. Section 161.00705, Health and Safety Code, is
24 amended by amending Subsections (d) and (e) and adding Subsections
25 (f-1), (f-2), (f-3), and (f-4) to read as follows:

26 (d) Sections 161.007, 161.0071, 161.0072, ~~and~~ 161.0074,
27 and 161.008 apply to the data elements submitted to the department

1 under this section, unless a provision in those sections conflicts
2 with a requirement in this section.

3 (e) The ~~[executive commissioner by rule shall determine~~
4 ~~the]~~ period during which the information collected under this
5 section must remain in the immunization registry following the end
6 of the disaster is seven years~~[, public health emergency, terrorist~~
7 ~~attack, hostile military or paramilitary action, or extraordinary~~
8 ~~law enforcement emergency]~~.

9 (f-1) The executive commissioner by rule shall develop
10 guidelines and procedures for obtaining the consent required by
11 Subsection (f) from an individual or the individual's legally
12 authorized representative for continued inclusion in the registry
13 of information collected under this section beyond the period
14 prescribed by Subsection (e).

15 (f-2) For an individual whose immunization history is
16 included in the registry under this section and for whom the consent
17 required under Subsection (f) for continued inclusion has not been
18 obtained from the individual or the individual's legally authorized
19 representative, prior to the expiration of the period prescribed by
20 Subsection (e), the department shall make a reasonable effort to
21 provide notice to the individual or the individual's legally
22 authorized representative. The reasonable effort shall include at
23 least two attempts by the department to provide the notice required
24 by this subsection by telephone or e-mail, or by regular mail to the
25 last known address of the individual or the individual's legally
26 authorized representative. The notice must inform the individual or
27 the individual's legally authorized representative that the

1 individual's immunization records collected under this section
2 will be removed from immunization registry on the expiration of the
3 period prescribed under Subsection (e) unless the individual or the
4 individual's legally authorized representative consents to
5 continued inclusion as provided by Subsection (f).

6 (f-3) The department shall make a reasonable effort to
7 obtain current contact information for written or electronic
8 notices sent by the department under Subsection (f-2) that are
9 returned due to incorrect address information.

10 (f-4) Consent for inclusion in the immunization registry
11 obtained under Section 161.007(a-1) shall meet the consent
12 requirements of Subsection (f).

13 SECTION 3. Section 161.00708, Health and Safety Code, is
14 amended to read as follows:

15 Sec. 161.00708. ACCESS TO FIRST RESPONDER AND IMMEDIATE
16 FAMILY MEMBER IMMUNIZATION HISTORY. (a) The department shall
17 establish a process to provide an employer of a first responder with
18 direct access to the first responder's immunization information in
19 the immunization registry for verification of the first responder's
20 immunization history. The process must require:

21 (1) a first responder to provide electronic or written
22 consent before the employer is granted direct access to the first
23 responder's immunization information in the immunization registry;
24 and

25 (2) affirmation by the employer that the first
26 responder is a current employee of the employer.

27 (b) A first responder may withdraw consent provided under

1 Subsection (a)(1) at any time.

2 (c) [~~(b)~~] The department may establish a process to provide
3 a first responder or an immediate family member of a first responder
4 with access to the individual's own [~~first responder's~~]
5 immunization information in the immunization registry.

6 SECTION 4. Section 161.0071, Health and Safety Code, is
7 amended by adding Subsection (f) to read as follows:

8 (f) An individual or the individual's legally authorized
9 representative may request to exclude the individual's
10 immunization records from the registry through a secure portal
11 accessed through the department's website.

12 SECTION 5. Section 161.00735(e), Health and Safety Code, is
13 amended to read as follows:

14 (e) The [~~executive commissioner by rule shall determine~~
15 ~~the~~] period during which the information collected under Subsection
16 (c) must remain in the immunization registry following the end of
17 the disaster is seven years.

18 SECTION 6. Section 161.008, Health and Safety Code, is
19 amended by amending Subsections (c) and (d) to read as follows:

20 (c) The department may obtain the data constituting an
21 immunization record for an individual from a public health
22 district, a local health department, the individual or the
23 individual's legally authorized representative, a physician to the
24 individual, a payor, or any health care provider licensed or
25 otherwise authorized to administer vaccines. Except as provided by
26 Section 161.00705, the [~~The~~] department shall verify consent before
27 including the reported information in the immunization registry and

1 [~~The department~~] may not retain individually identifiable
2 information about an individual for whom consent cannot be
3 verified.

4 (d) The department may release the data constituting an
5 immunization record for the individual to:

6 (1) any entity that is described by Subsection (c);

7 (2) a school or child care facility in which the
8 individual is enrolled;

9 (3) a state agency having legal custody of the
10 individual; or

11 (4) an employer of a first responder, ~~or~~ a first
12 responder, or an immediate family member of a first responder in
13 accordance with Section 161.00708.

14 SECTION 7. Section 161.0107, Health and Safety Code, is
15 amended by amending Subsection (c) and adding Subsection (e) to
16 read as follows:

17 (c) The executive commissioner by rule shall specify:

18 (1) the fields necessary to populate the immunization
19 registry, including a "yes" or "no" field that indicates the
20 patient's consent to be listed in the immunization registry has
21 been obtained; and

22 (2) the data standards that must be used for
23 electronic submission of immunization information.

24 (e) The fields and data standards specified in Subsection
25 (c) relating to a patient's consent to be included in the registry
26 shall not include demographic information relating to the patient.

27 SECTION 8. Subchapter A, Chapter 161, Health and Safety

1 Code, is amended by adding Section 161.00709 to read as follows:

2 Sec. 161.00709. CONSENT PORTAL. The department shall
3 develop and maintain a secure Internet portal through which an
4 individual or the individual's legally authorized representative
5 may request to exclude the individual's immunization records from
6 the registry in accordance with Section 161.0071(f).

7 SECTION 9. Sections 161.007(a-2), (a-3), (a-4), (a-5), and
8 (a-6), Health and Safety Code, are repealed.

9 SECTION 10. As soon as practicable after September 1, 2021,
10 the Department of State Health Services shall develop the Internet
11 portal required by Section 161.00709, Health and Safety Code, as
12 added by this Act.

13 SECTION 11. This Act takes effect September 1, 2021.

ADOPTED

MAY 26 2021

By: Kolkhorst

Lately Saw
Secretary of the Senate

H.B. No. 4272

Substitute the following for H.B. No. 4272.

By: Hel Seliger

C.S. H.B. No. 4272

A BILL TO BE ENTITLED

AN ACT

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relating to requirements for and prohibited uses of information contained in the immunization registry.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Sections 161.007(a) and (a-1), Health and Safety Code, are amended to read as follows:

(a) The department, for the primary purpose of establishing and maintaining a single repository of accurate, complete, and current immunization records to be used in aiding, coordinating, and promoting efficient and cost-effective communicable disease prevention and control efforts, shall establish and maintain an immunization registry. The executive commissioner by rule shall develop guidelines to:

(1) protect the confidentiality of patients in accordance with Section 159.002, Occupations Code;

(2) inform the individual or the individual's legally authorized representative about the registry and that registry information may be released under Section 161.00735;

(3) require the written or electronic consent of the individual or the individual's legally authorized representative before any information relating to the individual is included in the registry;

(4) permit the individual or the individual's legally authorized representative to withdraw consent for the individual to

1 be included in the registry; ~~and~~

2 (5) determine the process by which consent for the
3 individual's information to be included in the registry is
4 verified, including affirmation by a health care provider, birth
5 registrar, regional health information exchange, or local
6 immunization registry that consent has been obtained; and

7 (6) determine the process by which the immunization
8 information of a first responder or immediate family member of a
9 first responder may be accessed under Section 161.00708.

10 (a-1) The written or electronic consent required by
11 Subsection (a)(3) for an individual ~~[younger than 18 years of age]~~
12 is required to be obtained only one time. The written or electronic
13 consent of the individual, or, for a minor child, the individual's
14 parent, managing conservator, or guardian must be submitted to the
15 department ~~[before the individual's 18th birthday]~~. After consent
16 is submitted, the individual's immunization information may be
17 included in the registry ~~[until the individual becomes 26 years of~~
18 ~~age]~~ unless the consent is withdrawn in writing or electronically ~~or~~
19 ~~renewed after the individual's 18th birthday as provided by~~
20 ~~Subsection (a-2)]~~. A parent, managing conservator, or guardian of a
21 minor may provide the consent by using an electronic signature on
22 the minor's birth certificate.

23 SECTION 2. Section 161.00705, Health and Safety Code, is
24 amended by amending Subsections (d) and (e) and adding Subsections
25 (f-1), (f-2), (f-3), and (f-4) to read as follows:

26 (d) Sections 161.007, 161.0071, 161.0072, ~~and~~ 161.0074,
27 and 161.008 apply to the data elements submitted to the department

1 under this section, unless a provision in those sections conflicts
2 with a requirement in this section.

3 (e) ~~The [executive commissioner by rule shall determine the~~
4 ~~period during which the]~~ information collected under this section
5 must remain in the immunization registry for seven years following
6 the end of the disaster, public health emergency, terrorist attack,
7 hostile military or paramilitary action, or extraordinary law
8 enforcement emergency.

9 (f-1) The executive commissioner by rule shall develop
10 guidelines and procedures for obtaining the consent required by
11 Subsection (f) from an individual or the individual's legally
12 authorized representative for continued inclusion in the registry
13 of information collected under this section beyond the period
14 prescribed by Subsection (e).

15 (f-2) The department shall make a reasonable effort to
16 provide notice to an individual or an individual's legally
17 authorized representative of the inclusion of the individual's
18 immunization history in the registry under this section if the
19 consent required under Subsection (f) has not been obtained before
20 expiration of the period prescribed by Subsection (e). The
21 reasonable effort shall include at least two attempts by the
22 department to provide the notice required by this subsection by
23 telephone or e-mail, or by regular mail to the last known address of
24 the individual or the individual's legally authorized
25 representative. The notice must inform the individual or the
26 individual's legally authorized representative that the
27 individual's immunization records collected under this section

1 will be removed from the immunization registry on the expiration of
2 the period prescribed under Subsection (e) unless the individual or
3 the individual's legally authorized representative consents to
4 continued inclusion as provided by Subsection (f).

5 (f-3) The department shall make a reasonable effort to
6 obtain current contact information for written or electronic
7 notices sent by the department under Subsection (f-2) that are
8 returned due to incorrect address information.

9 (f-4) Consent for inclusion in the immunization registry
10 obtained under Section 161.007(a-1) must meet the consent
11 requirements of Subsection (f).

12 SECTION 3. Section 161.00708, Health and Safety Code, is
13 amended to read as follows:

14 Sec. 161.00708. ACCESS TO FIRST RESPONDER AND IMMEDIATE
15 FAMILY MEMBER IMMUNIZATION HISTORY. (a) The department shall
16 establish a process to provide an employer of a first responder with
17 direct access to the first responder's immunization information in
18 the immunization registry for verification of the first responder's
19 immunization history. The process must require:

20 (1) a first responder to provide electronic or written
21 consent before the employer is granted direct access to the first
22 responder's immunization information in the immunization registry;
23 and

24 (2) affirmation by the employer that the first
25 responder is a current employee of the employer.

26 (b) A first responder may withdraw consent provided under
27 Subsection (a)(1) at any time.

1 (c) [~~(b)~~] The department may establish a process to provide
2 a first responder or an immediate family member of a first responder
3 with access to the individual's own [~~first responder's~~]
4 immunization information in the immunization registry.

5 SECTION 4. Subchapter A, Chapter 161, Health and Safety
6 Code, is amended by adding Section 161.00709 to read as follows:

7 Sec. 161.00709. CONSENT PORTAL. The department shall
8 develop and maintain a secure Internet portal accessible through
9 the department's Internet website through which an individual or
10 the individual's legally authorized representative may request
11 exclusion of the individual's immunization records from the
12 registry in accordance with Section 161.0071(f).

13 SECTION 5. Section 161.0071, Health and Safety Code, is
14 amended by adding Subsection (f) to read as follows:

15 (f) An individual or the individual's legally authorized
16 representative may request exclusion of the individual's
17 immunization records from the registry through a secure portal
18 accessed through the department's Internet website.

19 SECTION 6. Section 161.00735(e), Health and Safety Code, is
20 amended to read as follows:

21 (e) The [~~executive commissioner by rule shall determine the~~
22 ~~period during which the~~] information collected under Subsection (c)
23 must remain in the immunization registry for seven years following
24 the end of the disaster.

25 SECTION 7. Section 161.008, Health and Safety Code, is
26 amended by amending Subsections (c) and (d) and adding Subsection
27 (c-1) to read as follows:

1 (c) The department may obtain the data constituting an
2 immunization record for an individual from a public health
3 district, a local health department, the individual or the
4 individual's legally authorized representative, a physician to the
5 individual, a payor, or any health care provider licensed or
6 otherwise authorized to administer vaccines.

7 (c-1) Except as provided by Section 161.00705, the [the]
8 department shall verify consent before including the reported
9 information in the immunization registry. The department may not
10 retain individually identifiable information about an individual
11 for whom consent cannot be verified.

12 (d) The department may release the data constituting an
13 immunization record for the individual to:

- 14 (1) any entity that is described by Subsection (c);
15 (2) a school or child care facility in which the
16 individual is enrolled;
17 (3) a state agency having legal custody of the
18 individual; or
19 (4) an employer of a first responder, ~~or~~ a first
20 responder, or an immediate family member of a first responder in
21 accordance with Section 161.00708.

22 SECTION 8. Subchapter A, Chapter 161, Health and Safety
23 Code, is amended by adding Section 161.0085 to read as follows:

24 Sec. 161.0085. COVID-19 VACCINE PASSPORTS AND VACCINATION
25 AS EMPLOYMENT CONDITION PROHIBITED. (a) In this section,
26 "COVID-19" means the 2019 novel coronavirus disease.

27 (b) A governmental entity in this state, using information

1 from the immunization registry authorized by Section 161.007, may
2 not issue a vaccine passport, vaccine pass, or other standardized
3 documentation to certify an individual's COVID-19 vaccination
4 status to a third party for a purpose other than health care or
5 otherwise publish or share any individual's COVID-19 immunization
6 record or similar health information for a purpose other than
7 health care.

8 (c) A business in this state, using information from the
9 immunization registry authorized by Section 161.007, may not
10 require a customer to provide any documentation certifying the
11 customer's COVID-19 vaccination or post-transmission recovery on
12 entry to, to gain access to, or to receive service from the
13 business. A business that fails to comply with this subsection is
14 not eligible to receive a grant or enter into a contract payable
15 with state funds.

16 (d) An employer in this state, using information from the
17 immunization registry authorized by Section 161.007, may not fail
18 or refuse to hire, discharge, or otherwise discriminate against an
19 individual with respect to compensation or the terms, conditions,
20 or privileges of employment because the individual does not provide
21 any documentation or other proof certifying the individual's
22 COVID-19 vaccination status.

23 (e) Notwithstanding any other law, each appropriate state
24 agency shall ensure that businesses and employers in this state
25 comply with Subsections (c) and (d), as applicable, and may require
26 compliance with those subsections as a condition for a license,
27 permit, or other state authorization necessary for conducting

1 business or employing individuals in this state.

2 (f) This section may not be construed to:

3 (1) restrict a business or employer from implementing
4 COVID-19 screening and infection control protocols in accordance
5 with state and federal law to protect public health; or

6 (2) interfere with an individual's right to access the
7 individual's personal health information under federal law.

8 SECTION 9. Section 161.0107, Health and Safety Code, is
9 amended by amending Subsection (c) and adding Subsection (e) to
10 read as follows:

11 (c) The executive commissioner by rule shall specify:

12 (1) the fields necessary to populate the immunization
13 registry, including a "yes" or "no" field that indicates the
14 patient's consent to be listed in the immunization registry has
15 been obtained; and

16 (2) the data standards that must be used for
17 electronic submission of immunization information.

18 (e) The fields and data standards described by Subsection
19 (c) may not include demographic information relating to the
20 patient.

21 SECTION 10. Sections 161.007(a-2), (a-3), (a-4), (a-5), and
22 (a-6), Health and Safety Code, are repealed.

23 SECTION 11. As soon as practicable after the effective date
24 of this Act, the Department of State Health Services shall develop
25 the Internet portal required by Section 161.00709, Health and
26 Safety Code, as added by this Act.

27 SECTION 12. This Act takes effect September 1, 2021.

ADOPTED

VV
MAY 26 2021

FLOOR AMENDMENT NO. 1

BY: L. W. Kolbe

Ratey Law
Secretary of the Senate

Amend C.S.H.B. No. 4272 (senate committee printing) as follows:

(1) In SECTION 8 of the bill, in added Section 161.0085(d), Health and Safety Code (page 3, between lines 65 and 66), strike "An" and substitute "Except as provided by Subsection (d-1), an".

(2) In SECTION 8 of the bill, immediately following proposed Section 161.0085(d), Health and Safety Code (page 4, between lines 2 and 3), by inserting the following:

(d-1) Subsection (d) does not apply to a health care facility, as defined by Section 224.001.

ADOPTED

MAY 26 2024

FLOOR AMENDMENT NO. 2

Patricia Spaw
Secretary of the Senate

BY:

L. W. Kelleher

1 Amend C.S.H.B. No. 4272 (senate committee printing) in
2 SECTION 9 of the bill, in added Section 161.0107(e), Health and
3 Safety Code (page 4, line 26), between "(c)" and "may" by inserting
4 "relating to a patient's consent".

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 87TH LEGISLATIVE REGULAR SESSION

May 27, 2021

TO: Honorable Dade Phelan, Speaker of the House, House of Representatives

FROM: Jerry McGinty, Director, Legislative Budget Board

IN RE: HB4272 by Klick (Relating to requirements for and prohibited uses of information contained in the immunization registry.), **As Passed 2nd House**

Estimated Two-year Net Impact to General Revenue Related Funds for HB4272, As Passed 2nd House : a positive impact of \$25,001 through the biennium ending August 31, 2023.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

General Revenue-Related Funds, Five- Year Impact:

<i>Fiscal Year</i>	Probable Net Positive/(Negative) Impact to General Revenue Related Funds
2022	(\$480,399)
2023	\$505,400
2024	\$505,400
2025	\$505,400
2026	\$505,400

All Funds, Five-Year Impact:

<i>Fiscal Year</i>	Probable Savings/(Cost) from General Revenue Fund 1
2022	(\$480,399)
2023	\$505,400
2024	\$505,400
2025	\$505,400
2026	\$505,400

Fiscal Analysis

The bill would require the Department of State Health Services (DSHS) to establish a process for a first responder or an immediate family member to access the immunization information of a first responder.

The bill would require consent for inclusion in the immunization registry to be provided once and authorize the individual's immunization records to be maintained in the registry unless consent is withdrawn.

The bill would require DSHS to maintain information collected on administrations of immunizations and medications for certain disasters and emergencies for seven years. The bill would require DSHS to make at least two attempts to provide notice that an individual's disaster-related immunization records would be removed from the immunization registry prior to the expiration of the seven-year period unless consent is provided for continued inclusion.

The bill would require DSHS to have employers affirm that a first responder is currently employed by them prior to receiving access to the first responder's immunization history.

The bill would require DSHS to develop and maintain a secure internet portal through which an individual or the individual's legally authorized representative could request to exclude the individual's immunization records from the immunization registry.

The bill would repeal the requirement that DSHS contact individuals twice at 18 years of age and twice at 25 years of age in order to notify them that their information will be removed from the registry if they do not provide adult consent by their 26th birthday.

The bill would prohibit a governmental entity using information from the immunization registry from issuing a vaccine passport for a purpose other than healthcare, prohibit businesses using information from the registry from requiring documentation certifying the customer's COVID-19 vaccination or recovery, prohibit certain employers using information from the registry from employment discrimination because an individual does not provide documentation of COVID-19 vaccination, and require state agencies to ensure businesses in the state comply and may require compliance as a condition for receiving licenses, permits, or other authorizations.

Methodology

The analysis assumes DSHS could establish a process for a first responder or an immediate family member to access the immunization information of a first responder using existing resources.

According to DSHS, there would be significant costs to implement the provisions of the bill requiring the agency to make at least two attempts to provide notice that an individual's disaster-related immunization records would be removed from the immunization registry, but those costs would not occur until seven years after the implementation of the bill. DSHS estimates that the immunization registry will contain approximately 18 million records for individuals who have received disaster-related COVID-19 vaccines, and that costs to provide the required notice by mail to individuals without a listed phone number would be approximately \$5.2 million starting in fiscal year 2028.

The analysis assumes DSHS could establish a process to have employers affirm that the first responder is currently employed by them prior to receiving access to the first responder's immunization history using existing resources.

According to DSHS, removing the requirement for DSHS to contact individuals twice at 18 years of age and twice at 25 years of age would result in cost savings. The requirement for contacting individuals twice at 25 years of age was set to go into effect in fiscal year 2023, so savings would be greater starting in fiscal year 2023. DSHS estimated that savings would be \$177,333 in fiscal year 2022 and \$505,400 in subsequent fiscal years.

It is assumed the provisions of the bill relating to COVID-19 vaccine passports could be implemented by state agencies using existing resources.

Technology

According to DSHS, the agency would have technology-related costs of \$657,732 in fiscal year 2022 for application/system modifications for ImmTrac2, the Texas immunization registry, in order to develop the secure internet portal required by the bill.

Local Government Impact

No significant fiscal implication to units of local government is anticipated.

Source Agencies: 529 Hlth & Human Svcs Comm, 537 State Health Services

LBB Staff: JMc, AKI, JLI, NDA

**LEGISLATIVE BUDGET BOARD
Austin, Texas**

FISCAL NOTE, 87TH LEGISLATIVE REGULAR SESSION

May 21, 2021

TO: Honorable Lois W. Kolkhorst, Chair, Senate Committee on Health & Human Services

FROM: Jerry McGinty, Director, Legislative Budget Board

IN RE: HB4272 by Klick (Relating to requirements for and prohibited uses of information contained in the immunization registry.), **Committee Report 2nd House, Substituted**

Estimated Two-year Net Impact to General Revenue Related Funds for HB4272, Committee Report 2nd House, Substituted : a positive impact of \$25,001 through the biennium ending August 31, 2023.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

General Revenue-Related Funds, Five- Year Impact:

<i>Fiscal Year</i>	Probable Net Positive/(Negative) Impact to General Revenue Related Funds
2022	(\$480,399)
2023	\$505,400
2024	\$505,400
2025	\$505,400
2026	\$505,400

All Funds, Five-Year Impact:

<i>Fiscal Year</i>	Probable Savings/(Cost) from General Revenue Fund 1
2022	(\$480,399)
2023	\$505,400
2024	\$505,400
2025	\$505,400
2026	\$505,400

Fiscal Analysis

The bill would require the Department of State Health Services (DSHS) to establish a process for a first responder or an immediate family member to access the immunization information of a first responder.

The bill would require consent for inclusion in the immunization registry to be provided once and authorize the individual's immunization records to be maintained in the registry unless consent is withdrawn.

The bill would require DSHS to maintain information collected on administrations of immunizations and medications for certain disasters and emergencies for seven years. The bill would require DSHS to make at least two attempts to provide notice that an individual's disaster-related immunization records would be removed from the immunization registry prior to the expiration of the seven-year period unless consent is provided for continued inclusion.

The bill would require DSHS to have employers affirm that a first responder is currently employed by them prior to receiving access to the first responder's immunization history.

The bill would require DSHS to develop and maintain a secure internet portal through which an individual or the individual's legally authorized representative could request to exclude the individual's immunization records from the immunization registry.

The bill would repeal the requirement that DSHS contact individuals twice at 18 years of age and twice at 25 years of age in order to notify them that their information will be removed from the registry if they do not provide adult consent by their 26th birthday.

The bill would prohibit a governmental entity using information from the immunization registry from issuing a vaccine passport for a purpose other than healthcare, prohibit businesses using information from the registry from requiring documentation certifying the customer's COVID-19 vaccination or recovery, prohibit employers using information from the registry from employment discrimination because an individual does not provide documentation of COVID-19 vaccination, and require state agencies to ensure businesses in the state comply and may require compliance as a condition for receiving licenses, permits, or other authorizations.

Methodology

The analysis assumes DSHS could establish a process for a first responder or an immediate family member to access the immunization information of a first responder using existing resources.

According to DSHS, there would be significant costs to implement the provisions of the bill requiring the agency to make at least two attempts to provide notice that an individual's disaster-related immunization records would be removed from the immunization registry, but those costs would not occur until seven years after the implementation of the bill. DSHS estimates that the immunization registry will contain approximately 18 million records for individuals who have received disaster-related COVID-19 vaccines, and that costs to provide the required notice by mail to individuals without a listed phone number would be approximately \$5.2 million starting in fiscal year 2028.

The analysis assumes DSHS could establish a process to have employers affirm that the first responder is currently employed by them prior to receiving access to the first responder's immunization history using existing resources.

According to DSHS, removing the requirement for DSHS to contact individuals twice at 18 years of age and twice at 25 years of age would result in cost savings. The requirement for contacting individuals twice at 25 years of age was set to go into effect in fiscal year 2023, so savings would be greater starting in fiscal year 2023. DSHS estimated that savings would be \$177,333 in fiscal year 2022 and \$505,400 in subsequent fiscal years.

It is assumed the provisions of the bill relating to COVID-19 vaccine passports could be implemented by state agencies using existing resources.

Technology

According to DSHS, the agency would have technology-related costs of \$657,732 in fiscal year 2022 for application/system modifications for ImmTrac2, the Texas immunization registry, in order to develop the secure internet portal required by the bill.

Local Government Impact

No significant fiscal implication to units of local government is anticipated.

Source Agencies: 529 Hlth & Human Svcs Comm, 537 State Health Services

LBB Staff: JMc, AKI, JLI, NDA

**LEGISLATIVE BUDGET BOARD
Austin, Texas**

FISCAL NOTE, 87TH LEGISLATIVE REGULAR SESSION

May 18, 2021

TO: Honorable Lois W. Kolkhorst, Chair, Senate Committee on Health & Human Services

FROM: Jerry McGinty, Director, Legislative Budget Board

IN RE: HB4272 by Klick (Relating to requirements for information contained in the immunization registry.),
As Engrossed

Estimated Two-year Net Impact to General Revenue Related Funds for HB4272, As Engrossed : a positive impact of \$25,001 through the biennium ending August 31, 2023.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

General Revenue-Related Funds, Five- Year Impact:

<i>Fiscal Year</i>	Probable Net Positive/(Negative) Impact to General Revenue Related Funds
2022	(\$480,399)
2023	\$505,400
2024	\$505,400
2025	\$505,400
2026	\$505,400

All Funds, Five-Year Impact:

<i>Fiscal Year</i>	Probable Savings/(Cost) from General Revenue Fund 1
2022	(\$480,399)
2023	\$505,400
2024	\$505,400
2025	\$505,400
2026	\$505,400

Fiscal Analysis

The bill would require the Department of State Health Services (DSHS) to establish a process for a first responder or an immediate family member to access the immunization information of a first responder.

The bill would require consent for inclusion in the immunization registry to be provided once and authorize the individual's immunization records to be maintained in the registry unless consent is withdrawn.

The bill would require DSHS to maintain information collected on administrations of immunizations and medications for disasters and emergencies for seven years. The bill would require DSHS to make at least two attempts to provide notice that an individual's disaster-related immunization records would be removed from the immunization registry prior to the expiration of the seven-year period unless consent is provided for continued inclusion.

The bill would require DSHS to have employers affirm that a first responder is currently employed by them prior to receiving access to the first responder's immunization history.

The bill would require DSHS to develop and maintain a secure internet portal through which an individual or the individual's legally authorized representative could request to exclude the individual's immunization records from the immunization registry.

The bill would repeal the requirement that DSHS contact individuals twice at 18 years of age and twice at 25 years of age in order to notify them that their information will be removed from the registry if they do not provide adult consent by their 26th birthday.

Methodology

The analysis assumes DSHS could establish a process for a first responder or an immediate family member to access the immunization information of a first responder using existing resources.

According to DSHS, there would be significant costs to implement the provisions of the bill requiring the agency to make at least two attempts to provide notice that an individual's disaster-related immunization records would be removed from the immunization registry, but those costs would not occur until seven years after the implementation of the bill. DSHS estimates that the immunization registry will contain approximately 18 million records for individuals who have received disaster-related COVID-19 vaccines, and that costs to provide the required notice by mail to individuals without a listed phone number would be approximately \$5.2 million starting in fiscal year 2028.

The analysis assumes DSHS could establish a process to have employers affirm that the first responder is currently employed by them prior to receiving access to the first responder's immunization history using existing resources.

According to DSHS, removing the requirement for DSHS to contact individuals twice at 18 years of age and twice at 25 years of age would result in cost savings. The requirement for contacting individuals twice at 25 years of age was set to go into effect in fiscal year 2023, so savings would be greater starting in fiscal year 2023. DSHS estimated that savings would be \$177,333 in fiscal year 2022 and \$505,400 in subsequent fiscal years.

Technology

According to DSHS, the agency would have technology-related costs of \$657,732 in fiscal year 2022 for application/system modifications for ImmTrac2, the Texas immunization registry, in order to develop the secure internet portal required by the bill.

Local Government Impact

No significant fiscal implication to units of local government is anticipated.

Source Agencies: 529 Hlth & Human Svcs Comm, 537 State Health Services

LBB Staff: JMc, AKI, JLI, NDA

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 87TH LEGISLATIVE REGULAR SESSION

April 20, 2021

TO: Honorable Stephanie Klick, Chair, House Committee on Public Health

FROM: Jerry McGinty, Director, Legislative Budget Board

IN RE: HB4272 by Klick (Relating to requirements for information contained in the immunization registry.),
As Introduced

Estimated Two-year Net Impact to General Revenue Related Funds for HB4272, As Introduced : a negative impact of (\$2,900,000) through the biennium ending August 31, 2023.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

General Revenue-Related Funds, Five- Year Impact:

<i>Fiscal Year</i>	Probable Net Positive/(Negative) Impact to General Revenue Related Funds
2022	(\$2,100,000)
2023	(\$800,000)
2024	\$0
2025	\$0
2026	\$0

All Funds, Five-Year Impact:

<i>Fiscal Year</i>	Probable Savings/(Cost) from General Revenue Fund 1
2022	(\$2,100,000)
2023	(\$800,000)
2024	\$0
2025	\$0
2026	\$0

Fiscal Analysis

The bill would require the Department of State Health Services (DSHS) to establish a process for a first responder or an immediate family member to access the immunization information of a first responder.

The bill would require DSHS to maintain information collected on administrations of immunizations and medications for disasters and emergencies for seven years. The bill would require DSHS to make at least two attempts to provide notice that an individual's disaster-related immunization records would be removed from the immunization registry prior to the expiration of the seven-year period unless consent is provided for continued inclusion.

The bill would require DSHS to have employers affirm that a first responder is currently employed by them prior to receiving access to the first responder's immunization history.

The bill would require DSHS to develop and maintain a secure internet portal through which an individual or the individual's legally authorized representative could request to exclude the individual's immunization records from the immunization registry.

Methodology

The analysis assumes DSHS could establish a process for a first responder or an immediate family member to access the immunization information of a first responder using existing resources.

According to DSHS, there would be significant costs to implement the provisions of the bill requiring the agency to make at least two attempts to provide notice that an individual's disaster-related immunization records would be removed from the immunization registry, but those costs would not occur until seven years after the implementation of the bill. DSHS estimates that the immunization registry will contain approximately 18 million records for individuals who have received disaster-related COVID-19 vaccines, and that costs to provide the required notice by mail to individuals without a listed phone number would be approximately \$5.1 million starting in fiscal year 2028.

The analysis assumes DSHS could establish a process to have employers affirm that the first responder is currently employed by them prior to receiving access to the first responder's immunization history using existing resources.

Technology

The analysis assumes technology-related costs would be \$2.1 million in fiscal year 2022 and \$0.8 million in fiscal year 2023. These costs would be for application/system modifications and auxiliary technology services for ImmTrac2, the Texas immunization registry, in order to develop the secure internet portal required by the bill.

Local Government Impact

No significant fiscal implication to units of local government is anticipated.

Source Agencies: 529 Hlth & Human Svcs Comm, 537 State Health Services

LBB Staff: JMc, AKI, JLI, NDA