

SUBJECT: Establishing an immunization registry

COMMITTEE: Public Health — committee substitute recommended

VOTE: 6 ayes — Berlanga, Hirschi, Coleman, Glaze, Janek, Maxey
0 nays
2 absent — Davila, Delisi

WITNESSES: For — Fernando Guerra, City of San Antonio; I. Celine Hanson; Cliff Price, M.D., Texas Pediatrics Society; William C. Watson, All Kids Count
Against — None
On — Diane Simpson, Texas Department of Health

BACKGROUND : The 74th Legislature enacted requirements on hospitals, physicians and certain state agencies for reviewing and administering immunizations to children.

DIGEST: CSHB 3054 would require the Texas Department of Health to establish and maintain an immunization registry on children younger than 18 years of age. Physicians, insurance companies, HMOs and other organizations that pay for immunization claims would have to report immunization histories to the department. The department could use the registry to notify parents whose children were due or overdue for immunizations.

An immunization record would contain the name and date of birth of the child immunized; the dates of immunization; types of immunizations administered; and the name and address of the health care provider administering the immunization.

Information obtained by the department would be confidential and could be disclosed only with the written consent of the child's parent or in other circumstances, such as to a public health district, local health department, schools and child care facilities. Parents could require the department to withhold the child's record from the registry and could obtain registry

information on their children.

A Class A misdemeanor would be committed if a person negligently released or disclosed immunization registry information or negligently used the information to solicit new patients or for other purposes, which would be punishable by a maximum penalty of one year in jail and a \$4,000 fine.

TDH would have to evaluate the registry and report to the Legislature on February 1 of each odd-numbered year.

The act would take effect September 1, 1997, and the reporting requirements would take effect January 1, 1999.

**SUPPORTERS
SAY:**

CSHB 3054 would establish a statewide tracking system that would help providers and families keep track of immunizations. Immunization is the most basic kind of preventive care for children, but Texas has had a poor record of ensuring that children are immunized. CSHB 3054 would enact a cost-effective public health measure to address the mobile, migrant, diverse and growing population of Texas.

Parents often forget or lose track of their children's immunizations, which are scheduled in multiple stages depending on the age of the child and the type of vaccination. A statewide registry would provide a stable source of information for parents and providers and would be especially useful to families who have moved or changed physicians.

This bill would not infringe on parental rights or family privacy because it would:

- allow a child's immunization record to be withheld from the department upon parental request;
- allow parents to prohibit or restrict the release of their children's immunization records;
- allow parents access to their child's records in the registry; and
- specifically state that nothing in the bill would diminish a parent's responsibility for having a child immunized properly.

This bill would require reporting by health care providers or insurance companies, HMOs and other organizations, which would create a kind of double-pronged tool to help ensure the state obtains necessary immunization information, but that reporting efforts and associated costs were not duplicated. Information that could not be provided by health insurers would have to be provided by health care providers.

OPPONENTS
SAY:

This bill would establish a state registry and parental notification system that could intrude on parental rights and family privacy. The state should not oversee private family decisions; some parents choose not to immunize their children and should not be monitored by state registry mechanisms. The registry, and the information contained in it, could be the first step in a “big brother” approach over family-related health choices.

Health insurers are not in the business of reporting public health data; they are in the business of insurance coverage and claims processing, and often do not have on hand pertinent patient care information. Reporting should be the sole responsibility of the health care providers who administer the immunizations and maintain full records on patient characteristics and care.

OTHER
OPPONENTS
SAY:

This bill may need modification to ensure that the state receives immunization information from children covered under self-insured employer health plans. The state is prevented from regulating self-insured plans due to federal laws, so this bill’s requirements for reporting may not affect self-insured plans. Also, self-insured plans are often administered by well-known insurance entities, and patient proof of coverage does not usually identify whether the plan is self-insured. Even though physicians would be required to report immunization information to the state when insurers did not, physicians may not be aware that a patient was covered under a self-insured plan.

NOTES:

The committee substitute changed the original version of the bill by adding reporting requirements for health insurers, HMOs and other organizations, among other changes.