

THE FLORIDA SENATE
2019 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/HB 213 — Immunization Registry

by Health and Human Services Committee and Rep. Massullo and others (CS/SB 354 by Education Committee and Senator Montford)

The bill amends s. 381.003, F.S., relating to programs for the prevention and control of vaccine-preventable diseases within the Department of Health (DOH), including programs to immunize school children and the development of an automated, electronic, and centralized database and registry of immunizations.

Regarding statutory provisions allowing a child's parent or guardian to refuse to have his or her child included in the immunization registry, the bill provides that:

- For a child from birth through 17 years of age, a consent-to-treatment form must contain a notice that the parent or guardian may refuse to have the child included in the immunization registry;
- A parent or guardian wishing to opt-out of the registry must provide an opt-out form to the health care practitioner or the entity administering the vaccination upon administration of the vaccination, and such health care practitioner or entity must submit the form to the DOH;
- Such a parent or guardian may also submit the opt-out form directly to the DOH; and
- Any records or identifying information pertaining to the child must be removed from the registry if the child's parent or guardian has refused to have his or her child included in the immunization registry.

Regarding a college or university student aged 18 years of age to 23 years of age who obtains a vaccination from a college or university student health center or clinic, the bill provides that:

- A student may refuse to be included in the DOH immunization registry by signing a form obtained from the DOH, health center, or clinic indicating that the student does not wish to be included in the registry;
- A student wishing to opt-out must provide an opt-out form to the health center or clinic upon administration of the vaccination, and the health center or clinic must submit the form to the DOH;
- A student wishing to opt-out may also submit the opt-out form directly to the DOH; and
- Any records or identifying information pertaining to the student must be removed from the registry if the student has refused to be included in the registry.

The bill provides that a health care practitioner licensed under chs. 458 or 459, F.S. (a physician or physician assistant) or under ch. 464, F.S. (a nurse or related practitioner) who administers vaccinations or causes vaccinations to be administered to children from birth through 17 years of age, is required to report vaccination data to the DOH immunization registry, unless a parent or guardian of a child has refused to have the child included in the registry. Such a health care practitioner who administers vaccinations or causes vaccinations to be administered to college or university students from 18 years of age to 23 years of age at a college or university student

health center or clinic, is required to report vaccination data to the immunization registry, unless the student has refused to be included in the registry.

The bill provides that the DOH must make immunization records “electronically available” to entities that are required by law to have such records, as opposed to current law that requires DOH to “electronically transfer” the records. The bill provides that such entities include, but are not limited to, schools and licensed child care facilities, as opposed to current law specifying that such entities also include any other entity that is required by law to obtain proof of a child's immunizations.

The bill deletes language from current law providing authorization for such a practitioner who complies with rules adopted by the DOH to access the immunization registry and, through the immunization registry, to directly access immunization records and update a child's immunization history or exchange immunization information with another authorized practitioner, entity, or agency involved in a child's care.

The bill amends the DOH’s rulemaking authority to adopt rules to implement s. 381.003, F.S., by specifying that such rules must be adopted pursuant to ss. 120.536(1) and 120.54, F.S. The bill deletes from s. 381.003(2), F.S., specific authority for such rules to include the following:

- Procedures for investigating disease, timeframes for reporting disease, definitions, procedures for managing specific diseases, requirements for follow-up reports of known or suspected exposure to disease, and procedures for providing access to confidential information necessary for disease investigations; and
- For purposes of the immunization registry, procedures for a health care practitioner to obtain authorization to use the immunization registry, methods for a parent or guardian to elect not to participate in the immunization registry, and procedures for a health care practitioner described above to access and share electronic immunization records with other entities allowed by law to have access to the records.

The bill also amends s. 1003.22, F.S., relating to school-entry health examinations, immunization against communicable diseases, exemptions, and duties of the DOH.

The bill requires each district school board and the governing authority of each private school to establish and enforce a policy requiring that, prior to admittance to or attendance in a public or private school, grades kindergarten through 12, or any other initial entrance into a Florida public or private school, each child is required to have on file with the DOH immunization registry a certification of immunization for the prevention of those communicable diseases for which immunization is required by the DOH. The bill deletes the current-law allowance for such a child to “present to” or have such certification on file with his or her school.

However, the bill provides that any child who is excluded from participation in the immunization registry pursuant to s. 381.003, F.S., must present or have on file with his or her school such certification of immunization.

The bill also requires each district school board and the governing authority of each private school to establish and enforce a policy to require the screening of students for scoliosis at the appropriate age, as opposed to at “the proper age” as under current law.

If approved by the Governor, these provisions take effect January 1, 2021.

Vote: Senate 38-0; House 111-2