

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 1045 Immunization Registry
SPONSOR(S): Health Quality Subcommittee; Pigman
TIED BILLS: **IDEN./SIM. BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health Quality Subcommittee	15 Y, 0 N, As CS	Siples	McElroy
2) Health Care Appropriations Subcommittee			
3) Health & Human Services Committee			

SUMMARY ANALYSIS

Florida law requires children to comply with an immunization schedule established by the Department of Health (DOH), or register a religious objection to immunizations. A parent or guardian must provide a school or child care facility a form signed by administering health care practitioner that shows compliance with the immunization requirements.

Every child born in the state is entered into an electronic database maintain by DOH to record vaccines received by a child; children who are not born in Florida are entered as they are immunized in Florida. A health care practitioner may voluntarily enter immunization records into the database and schools and child care facility may obtain the immunization records of a student as authorized by a parent or guardian. Although all children are listed in the database, a parent or guardian may opt to prohibit access to his or her child's electronic immunization record.

HB 1045 requires physicians, physician assistants, and nurses who administer vaccines to children aged 18 or younger or to students, aged 19 to 23, at a Florida college or university health care facility to report the vaccination to the immunization registry. The bill also authorizes automated data uploads to the immunization registry from existing electronic health record systems. The bill repeals the ability of a parent or guardian of a child to opt to exclude his or her child from participating in the immunization registry.

The bill eliminates examples of the types of rules that DOH may promulgate related to the prevention and control of communicable diseases and the immunization registry, but retains DOH's authority to adopt rules as needed to administer the programs.

The bill requires that school districts and private schools have a policy that requires each student to have a certification of immunizations on file with the state's immunization registry.

The bill will have no fiscal impact on state or local governments.

The bill has an effective date of July 1, 2020.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Present Situation

Vaccinations

DOH is authorized to implement a program to prevent and control vaccine-preventable diseases, including the immunization of all children in this state and the development of an automated, electronic, and centralized registry of immunizations.¹ For school admission or attendance, a child must obtain the following vaccinations:²

- Hepatitis B;
- Diphtheria, tetanus, and pertussis;
- Varicella (Chickenpox);
- Measles, mumps, rubella (MMR);
- Haemophilus influenza type b (Hib); and
- Polio.

Meningococcal meningitis and hepatitis B vaccines are required for individuals residing in on-campus housing of a postsecondary educational institution and are recommended for every student.³

All children born in this state are included in the immunization registry and other children are added to the registry as immunizations are provided.⁴ A health care practitioner who provides an immunization that is required for school admittance or attendance documents such immunization on a Florida Certification of Immunization Form (immunization form) or submits such information to the Florida State Health Online Tracking System (SHOTS) for electronic certification.⁵ Any child entering a preschool, school (K-12), licensed childcare facility, or family daycare home must present an immunization form.⁶

Florida SHOTS

Florida SHOTS is the statewide, online immunization registry employed by DOH to track immunization records.⁷ The system is only accessible by authorized health care practitioners, schools, and childcare providers.⁸ A health care practitioner voluntarily enrolls to access SHOTS, and once enrolled, may upload his or her patients' immunization history into the system.⁹ More than 15,000 practitioners are reporting data to SHOTS.¹⁰ An enrolled school or childcare facility, may access the system to obtain certification of a child's immunizations.

¹ Section 381.003(1)(e), F.S.

² Department of Health, *Immunization Guidelines: Florida Schools, Childcare Facilities, and Family Daycare Homes*, (March 2013), incorporated by reference in r. 64D-3.046, F.A.C., available at <http://www.floridahealth.gov/programs-and-services/immunization/children-and-adolescents/documents/school-guide.pdf> (last visited January 7, 2018). The schedule and the number of doses required varies by age.

³ Section 1006.69, F.S. A student or the parent of a minor who is required to have such vaccines, may refuse by signing a waiver for each vaccine.

⁴ Id.

⁵ Rule 64D-3.046, F.A.C.

⁶ *Supra* note 2. A parent who has a religious objection to the administration of vaccines may apply to DOH for an exemption. A child may also be exempted from immunizations based on medical reasons.

⁷ Department of Health, *Frequency Asked Questions*, available at <http://www.floridahealth.gov/programs-and-services/immunization/immunization-faq.html> (last visited January 7, 2018).

⁸ Id.

⁹ Id.

¹⁰ Department of Health, *2018 Agency Legislative Bill Analysis for House Bill 1045*, dated December 20, 2017, (on file with the Health Quality Subcommittee).

A parent or guardian may access SHOTS to track their children's immunizations.¹¹ Authorized users may access and use SHOTS at no charge.¹²

A parent or guardian may opt out of the immunization registry or SHOTS by submitting a request to exclude his or her child from SHOTS.¹³ The opt-out does not exempt a child from obtaining required immunizations.¹⁴ The exclusion only prevents the child's immunization record from being accessed electronically; however, the child's record is still maintain in the registry and includes a notation that the parent has opted out of participation.¹⁵

The immunization registry includes:¹⁶

- The child's name, date of birth, address, and other unique identifiers necessary;
- The immunization record, including the date, type of vaccine administered, and vaccine lot number; and
- The presence or absence of any adverse reaction or contraindication related to the immunization.

DOH must maintain the confidentiality of such information and any health care practitioner or other agency that obtains such information must maintain the confidentiality.¹⁷

Effect of Proposed Changes

HB 1045 requires physicians, physician assistants, and nurses who administer vaccines to children aged 18 or younger or to students, aged 19 to 23, at a Florida college or university health care facility to report the vaccination to the immunization registry. Vaccinations administered to other individuals may be entered but is not required. The bill authorizes automated data uploads to the immunization registry from existing systems.

The bill eliminates the ability of a parent or guardian of a child to opt to exclude his or her child from participating in the immunization registry. Currently, a parent may opt out of having his or her child's immunization from being accessible by authorized users of the immunization registry. The bill does not affect the ability to object to the administration of vaccines

The bill eliminates examples of the types of rules that DOH may promulgate related to the prevention and control of communicable diseases and the immunization registry, but retains DOH's authority to adopt rules as needed to administer the programs.

The bill requires that school districts and private schools have a policy that requires each student to have a certification of immunizations on file with the state's immunization registry.

The bill provides an effective date of July 1, 2020.

¹¹ *Supra* note 7. A parent must obtain the identification and certification PIN numbers of their child's immunization record from the child's physician to access the information.

¹² Florida SHOTS, *Frequently Asked Questions*, available at <http://flshotsusers.com/resources/frequently-asked-questions> (last visited January 14, 2018).

¹³ *Supra* note 1.

¹⁴ *Id.* See also Department of Health, *Florida SHOTS Notification and Opt Out Form*, Form DH-1478 (Sept. 3, 2014), available at <http://flshotsusers.com/sites/default/files/docs/DH%201478ENGLISH0914.pdf> (last visited January 7, 2018).

¹⁵ Rule 64D-3.046(6), F.A.C.

¹⁶ *Supra* note 1.

¹⁷ *Id.*

B. SECTION DIRECTORY:

Section 1: Amends s. 381.003, F.S., relating to communicable diseases and AIDS prevention and control.

Section 2: Amends s. 1003.22, F.S., relating to school-entry health examinations; immunizations against communicable diseases; exemptions; duties of Department of Health.

Section 3: Provides an effective date of July 1, 2020.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Health care practitioners who do not currently enter vaccination into the system and do not have the technology to do so may experience costs associated with acquiring necessary technological equipment. Health care practitioners who choose to have their electronic health records interface with the SHOTS system may incur costs associated with facilitating such access.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not Applicable. This bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

On January 24, 2018, the Health Quality Subcommittee adopted an amendment that limited the mandatory reporting of vaccinations administered at a college or university health center to those administered to students aged 19 to 23, and changed the effective date of the bill to January 1, 2020.

The bill was reported favorably as a committee substitute. The analysis is drafted to the committee substitute as passed by the Health Quality Subcommittee.