

**CONFIDENTIAL**  
**LEGISLATIVE BILL REVIEW FORM 2015**



Bill Number: \_\_\_\_\_ H. 98 \_\_\_\_\_ Name of Bill: \_\_\_\_\_

Agency/Dept: Human Services/Health \_\_\_\_\_ Author of Bill Review: \_\_\_\_\_ Harry Chen \_\_\_\_\_

Date of Bill Review: \_\_\_\_\_ 5/18/15 \_\_\_\_\_ Related Bills and Key Players \_\_\_\_\_

Status of Bill: (check one): \_\_\_\_\_ Upon Introduction \_\_\_\_\_ As passed by 1<sup>st</sup> body \_\_\_\_\_  As passed by both

**Recommended Position:**

Support \_\_\_\_\_ Oppose \_\_\_\_\_ Remain Neutral \_\_\_\_\_ Support with modifications identified in #8 below

**Analysis of Bill**

**1. Summary of bill and issue it addresses.**

**Cancer Registry**

- Lengthens amount of time for health care facilities and providers to report cancer to Health Commissioner. This is consistent with other state's cancer registries.
- Also allows Breast and Cervical Cancer Early Detection Program to receive confidential information.

**HIV/AIDS Information**

This bill proposes to normalize the storage and handling of HIV/AIDS information. Currently, HIV/AIDS data must be stored on non-networked computers.

**IZ Registry**

The bill proposes three changes which will amend existing legislation regarding the Vermont Immunization Registry [18 V.S.A. § 1129. Immunization registry]. It will allow:

- Direct registry access to school administrators who could apply for access in the absence of a school nurse
- Interstate data sharing specifically for the purpose of obtaining comprehensive immunization records
- Researchers to have access to Registry information to explore immunization questions important to the health of Vermonters. Access is subject to approvals by an independent Institutional Review Board and the Commissioner of Health.

**Immunizations**

Amends the Immunization Subchapter. Changes include:

- Removes the "philosophical exemption" from the list of exemptions 18 V.S.A. § 1122 that allow a student to attend school, public or private, without the required vaccinations. The religious and medical exemptions remain.
- The creation of a Vaccine Advisory Counsel to advise the Commissioner of Health on matters related to the vaccine schedule

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- Requires reporting by physicians of all adverse reactions to vaccine to the Vaccine Adverse Event Reporting System (VAERS), something that is partially required by federal regulation and is common practice.
- Requires the immunization schedule to be adopted by rulemaking.
- Allows the Department to implement quality improvement initiatives in any school that has a provisional admittance rate or an exemption rate above the State average.
- Requires VDH, in consultation with the Agency of Education, to recommend to the General Assembly whether school personnel should be required to be vaccinated as a term of employment.
- Modifies the language concerning the standard for granting a medical exemption; the modification does not have medical or legal significance.

## 2. Is there a need for this bill?

### **Cancer Registry**

Yes. The disclosure provision change complies with federal requirements. The participation provision change allows more time for accurate recording of stage and treatment data and is consistent with other states' laws.

### **HIV/AIDS Information**

Yes. Current requirements for handling HIV/AIDS data differently than that of other reportable diseases perpetuate a stigma, are inefficient, and prevent the use of electronic reporting.

### **IZ Registry**

Yes.

Direct registry access for health care provider networks: Health care provider networks conduct quality improvement initiatives with providers.

Direct registry access for school administrators: Access to the Registry will help administrators in schools that do not have a school nurse obtain records that a parent may be unable to easily provide.

Interstate Data Sharing will allow VT to obtain vaccination history for individuals who are living in VT but received care in other states. The result is a consolidated immunization history.

Research access will allow researchers to explore immunization questions important to the health of Vermonters.

### **Immunizations**

Yes. Vermont ranks 37<sup>th</sup> in the nation for childhood immunizations and has the second lowest immunization rates in New England. Many Vermont schools have immunization rates well below levels needed to achieve herd immunity. Children with compromised immune systems are particularly at risk for contracting preventable, expensive and life-threatening diseases.

States that do not have philosophical exemptions average higher immunization rates than states that do. Of the eight states with the highest immunization rates, six do not have a philosophical exemption.

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Of the six states with the lowest immunization rates, five have philosophical or personal belief exemptions. We can reasonably infer from this that the elimination of the philosophical exemption will, over time, raise immunization rates in Vermont.

The sections related to immunizations, such as mandatory VAERS reporting, the advisory council, school quality improvement are not necessarily needed, but are intended to instill a confidence in the decisions regarding the vaccination schedule.

### **3. What are likely to be the fiscal and programmatic implications of this bill for this Department?**

#### **Cancer R**

There are no fiscal implications. Programmatically, the Department could expect: (1) more efficient processing for data exchanged between the Cancer Registry and Ladies First programs; and (2) more streamlined cancer data quality indicator reporting.

#### **HIV/AIDS**

The proposed change will allow routine backup of HIV/AIDS data on the secure network, along with all other reportable disease data. Under the current requirements, HIV/AIDS data must be backed up manually on a flash drive and walked to a bank safe deposit box for storage on a monthly basis.

#### **IZ**

There are no fiscal implications for this section of the bill, as the Registry itself is funded through the annual immunization grant from the Centers for Disease Control. Overall, registry access will create efficiencies for quality improvement initiatives by health care provider networks and help them help providers deliver better care.

#### **Immunizations**

There will be short-term costs in updating the Departments forms and educational materials for both schools and child care facilities as well as the costs of rulemaking and producing the required report.

### **4. What might be the fiscal and programmatic implications of this bill for other departments in state government, and what is likely to be their perspective on it?**

#### **Immunizations**

Schools will have to expend time to monitor compliance with the new law and provide education and information to parents.

The Agency of Education has indicated that it does not anticipate a fiscal impact.

### **5. What might be the fiscal and programmatic implications of this bill for others, and what is likely to be their perspective on it? (for example, public, municipalities, organizations, business, regulated entities, etc)**

#### **Registries**

Schools, providers, and the HIV/AIDS communities all support this portion of the bill.

## 6. Other Stakeholders:

### 6.1 Who else is likely to support the proposal and why?

#### Cancer

Health care facilities and providers support the bill. It allows more time for the collection and reporting of accurate staging and treatment data for cancer patients.

#### HIV/AIDS

The HIV/AIDS Community in Vermont support the bill. It helps to modernize reporting abilities and positions Vermont to have a better quality of data in real time for prevention and care activities.

#### IZ Registries and Immunizations

The Vermont Chapters of the AAP and AAFP, Health Care Providers, Vermont School Nurses Association, UVM, Centers for Disease Control and Prevention, other state Immunization Registries, health insurers, American Immunization Registry Association, as well as many parents and schools systems throughout the state.

### 6.2 Who else is likely to oppose the proposal and why?

#### IZ

The Vermont Coalition for Vaccine Choice and those that share their view(s), have publicly opposed the bill citing various privacy concerns and asserted “parental rights.”

## 7. Rationale for recommendation: *Justify recommendation stated above.*

#### Registries

For the reasons stated above in 2.

#### Immunizations

For the reasons stated above in 2.

## 8. Specific modifications that will be needed to recommend support of this bill: *Not meant to rewrite bill, but rather, an opportunity to identify simple modifications that will change recommended position.*

## 9. Gubernatorial appointments to board or commission?

Yes. The Governor has the opportunity to appoint certain members of the Vermont Immunization Advisory Council.

**Secretary/Commissioner has reviewed this document:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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