

MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION
SFN 2053 (2/85) 5M



ROLL NUMBER

DESCRIPTION

10884

2007 HOUSE HUMAN SERVICES

HB 1084

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1084

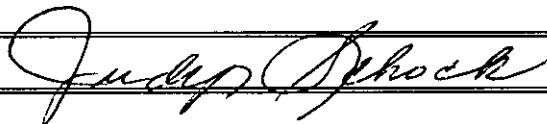
House Human Services Committee

Check here for Conference Committee

Hearing Date: 01/08/2007

Recorder Job Number: 722

Committee Clerk Signature



Minutes:

Chairman Price opens HB 1084.

Kirby Kruger: I am the state epidemiologist for the ND Department of Health. I am in support of HB 1084. See attached.

Representative Porter: Without the current mandate, we have a 99% success rate of getting immunizations registered in the State. Who belongs in the 1%?

Kirby Kruger: Those are providers that currently do not participate. Molly Zander is our immunization program manager. She may have the answer.

Molly Zander: Basically the ND Dept of Health in the past has always provided immunizations and vaccines for all providers in the State to give to all children. All providers in that program are also entering data into the ND immunization information system. There are a few providers sending in vaccine immunization records, and they are entered manually.

Reasoning being they may not have the technology or they have their own records and enter them into their own system. I think a lot of it has to do with not wanting to duplicate data entry into both systems.

Representative Porter: In the current system, what keeps a parent from accessing the system and printing out their child's immunization records, and why can't they?

Kirby Kruger: The system right now is set up on a secured system allowing health care providers to access. Currently providers are under obligation to protect the information as they are with in the other medical records. That is what we are relying on.

Chairman Price: Will there be duplicate reminders sent out with this system?

Molly Zander: Basically the reminder recall rests on the last provider visited. So in the registry it keeps track of the last provider visited. We could if we choose to give other counties or public health units the ability to recall all kids to go into who ever their provider is to be vaccinated. The reminders could come from the clinic not the individual providers.

Kirby Kruger: The 100% that I referred to from ages 4 months to 6 years are based on national standards. The second part of that is, we feel that with the way vaccine are evolving and that new vaccines are being added into age groups that are moving above and beyond the traditional childhood immunizations into adolescents and that type of thing. Those age groups may not be captured as these would be in NDHIS, because you are now seeing providers, providing immunizations that traditionally have them. Usually family practitioners and pediatricians are using the system. We wanted to be sure we are capturing all of these vaccinations. We want to prevent these diseases.

Chairman Price: Asking for testimony for support or opposition for HB 1084. Having none we will close the hearing on HB1084.

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1084

House Human Services Committee

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Hearing Date: 01/08/2007

Recorder Job Number: 725

Committee Clerk Signature

Judy Schock

Minutes:

Chairman Price opens HB 1084 for committee discussion.

This is a difficult one at best. We have 1% of the providers out there that for one reason or another aren't able to report, or don't. I would think if those practitioners aren't on this system aren't there for a reason. One of the things they brought up, those who are not doing the electronic form are mailing in paper into the state, and the state enters their data for them.

We do not like the possible duplication of notifications, and would like a medical home.

Mandating something that seems to be working makes no sense. The 1% that is not participating obviously has a reason. We only have 2 vaccinations recorded at 100%. There is quite a few more required that 2. That doesn't mean we have 100% coverage. There is room for improvement. Possibly the state needs to figure out how to work with others.

Representative Porter: I move for a do not pass.

Representative Kaldor: I am hesitant to a do not pass. I can see a need.

Representative Porter: I move for a do not pass.

Representative Weisz : I second the motion.

Chairman Price: Any discussion?

The system will be going forward anyway. Will 2 years make a difference? We have a system that is working at 99%, and truly a 100%, just not filed electronically. I think the cart is way in front of the horse. It is just not a necessary piece of legislation at this time.

We will vote on a do not pass. 11 yeas, 1 nay and 0 absent. Representative Uglem will carry to the floor.

FISCAL NOTE
Requested by Legislative Council
12/27/2006

Bill/Resolution No.: HB 1084

1A. State fiscal effect: *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2005-2007 Biennium		2007-2009 Biennium		2009-2011 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures						
Appropriations						

1B. County, city, and school district fiscal effect: *Identify the fiscal effect on the appropriate political subdivision.*

2005-2007 Biennium			2007-2009 Biennium			2009-2011 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2A. Bill and fiscal impact summary: *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

House Bill 1084 provides statutory language that allows the department of health to establish an immunization information system and to require specific immunization information reportable. The North Dakota Immunization Information System was developed over the last several years.

B. Fiscal impact sections: *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

3. State fiscal effect detail: *For information shown under state fiscal effect in 1A, please:*

A. Revenues: *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

B. Expenditures: *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

C. Appropriations: *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

Name:	Kathy J. Albin	Agency:	Health
Phone Number:	328.4542	Date Prepared:	01/02/2007

REPORT OF STANDING COMMITTEE

HB 1084: Human Services Committee (Rep. Price, Chairman) recommends DO NOT PASS (11 YEAS, 1 NAY, 0 ABSENT AND NOT VOTING). HB 1084 was placed on the Eleventh order on the calendar.

2007 TESTIMONY

HB 1084

Testimony

House Bill 1084

Human Services Committee

Monday, January 8, 2007; 9 a.m.

North Dakota Department of Health

Good morning, Chairman Price and members of the Human Services Committee. My name is Kirby Kruger, and I am the state epidemiologist for the North Dakota Department of Health. I am here today to testify in support of House Bill 1084, which requires the use of the North Dakota Immunization Information System by all health-care providers who administer childhood immunizations.

North Dakota Immunization Information System (NDIIS)

The NDIIS is a confidential, population-based, computerized information system designed to collect vaccination data about all North Dakotans. The NDIIS is an important tool for increasing and sustaining high vaccination coverage because it consolidates vaccination records of children from multiple providers, provides official vaccination records and vaccination coverage assessments, and soon will be able to generate vaccination reminder notices for each child. Children are entered into the NDIIS at birth through a linkage with electronic birth records. Children also can be entered into the system by a health-care provider at the time of a child's first immunization. The NDIIS has the capability of collecting vaccination data on adult patients, as well as children.

History of the NDIIS

The NDIIS was established in 1988. The original system required users to dial in via a modem to connect and search for patients' vaccination records. The North Dakota Department of Health contracted with Blue Cross Blue Shield of North Dakota (BCBSND) in 1996 to develop upgrades from the original system. In November 2001, the existing registry was converted into a web-based application. BCBSND continues to perform maintenance and upgrades on the NDIIS today.

NDIIS Data

One of the national health objectives for 2010 is to increase to 95 percent the proportion of children younger than 6 who participate in fully operational population-based immunization information systems. North Dakota currently is meeting that objective, as 100 percent of North Dakota children between the ages of 4 months and 6 years have at least two vaccinations recorded in the NDIIS. The United States average is 56 percent for the same age group.

One hundred percent of public and 99 percent of private immunization sites in North Dakota enter vaccine information into the NDIIS. The United States average for private provider participation is 44 percent. The majority of private providers who are currently reporting immunizations to the NDIIS are pediatricians and family practitioners. However, with the increasing numbers of recommended immunizations and immunizations being delivered in new settings by emergency departments, colleges, and obstetricians and gynecologists, it is important to ensure that records of all immunizations are collected in the NDIIS.

Benefits of the NDIIS

Health-care providers, schools and parents all benefit from the use of the NDIIS. For example:

- Because the NDIIS consolidates immunization records from providers across the state, providers and parents will always be able to access their patients' and children's records.
- The capability to send vaccine reminders is currently being added to the NDIIS. Studies show that reminder systems are effective at increasing immunization rates. One study found that sending reminders significantly increased influenza immunization in children with high-risk conditions, with a vaccination rate of 42 percent for those who received a reminder, compared to 25 percent for those who did not.
- Forecasting of the immunization schedule is currently available on the NDIIS. The forecaster tells providers whether or not a child is up-to-date on immunizations and when future immunizations are due. The forecaster prevents providers from giving immunizations at inappropriate times, and it also assists providers in avoiding missed opportunities for vaccination.
- The capability to share data with other facilities' electronic medical records is currently in development. This capability will reduce the need for duplicate data entry of doses.
- Health-care providers are able to access their clinic immunization rates and identify areas needing improvement.
- Health-care providers are able to print immunization records for parents to take to their children's schools and day cares.
- School nurses may access the NDIIS to check students' immunization records to ensure all children are up-to-date for school entry.

Support for Requiring the Reporting of Immunizations to the NDIIS

Six immunization forums were held throughout North Dakota in October 2006. More than 200 immunization stakeholders were in attendance. Forum participants identified the requirement of the use of the NDIIS as one of the top ways to increase immunization rates in North Dakota.

Conclusion

The North Dakota Immunization Information System has one of the highest provider participation rates in the nation. Requiring the use of the NDIIS will help us to increase vaccination rates and continue to provide important immunization services to physicians, parents and children across North Dakota.

This concludes my testimony. I am happy to answer any questions you may have.