

2013 HOUSE HUMAN SERVICES

HB 1165

2013 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee Fort Union Room, State Capitol

HB 1165
January 21, 2013
Job #17448

Conference Committee

Committee Clerk Signature

Vicky Crabtree

Explanation or reason for introduction of bill/resolution:

Relating to North Dakota immunization information system.

Minutes:

See Testimonies #1-6

Chairman Weisz: Opened the hearing on HB 1165.

Rep: George Keiser: Introduced and sponsored the bill. North Dakota currently has an immunization information system and we require immunizations for children be recorded in that system. This bill is asking that we add adult immunizations to the requirement for reporting. I serve on the Sanford West Board and Chair the each Total Quality Management Committee in which we are constantly evaluating the quality measures and issues that arise within the health care facility. There are criteria established that facilities are rated on and given a score and those scores impact their funding. One of the measures is immunizations. If you check into the hospital as a patient and don't know if you have had the flu shot or not you will get one unless you say no. We asked Sanford West to give us a dollar on the immunizations that occurred last year just for influenza and the estimate is \$40,000. We are going to do as it because it is a quality measure in which they are judged. The state of North Dakota needs to get a handle on the adult community as much as the children. There is no known risk of giving multiple shots relating to influenza.

3:54 Chairman Weisz: Are you aware of the reason why we are going to keep information on adults when the current law made is perfectly clear we weren't going to do that?

Rep. Keiser: No I don't, but Health Dept. might.

Rep. Mooney: Is this related to the flu issues going on here recently or are there other reasons why this is coming forward?

Rep. Keiser: The flu vaccination is a major one. Let me ask you when you last had a tetanus shot and how often do you have to have it? It is not limited to influenza. MediQHome, based on first year analysis is saving health care a tremendous amount of money in ND. We should be looking at implementing that in the Medicaid arena within two years. It is a proactive system. My physician has three nurse practitioners and their entire purpose is to track acute and chronic disease for that patient base. As an example, I went

to the doctor and they asked me if I'd had a shingles shot. I said no and they said, "You need one".

Rep. Laning: Have you seen or had any problems with privacy laws?

Rep. Keiser: No. They fall under the coverage of HIPPA.

Rep. Fehr: You talked about Sanford West and tracking. This bill is for the DHS, so does pushing forth this bill make it a double tracking system?

Rep. Keiser: All medical facilities are required to meet requirements and immunization is one of them. The same shot may be given to someone when it isn't needed. They are being scored nationally and those scores have implications for reimbursement from the federal government.

Rep. Fehr: Are you saying the Dept. of Health would make that available to Sanford West?

Rep. Keiser: The Dept. of Health currently has the ND immunization information system. All facilities are reporting to it and would have access interactively just as they do with children with that system.

Rep. Porter: What if a person doesn't want their information in the state data base, but still wants the immunization?

Rep. Keiser: I'm not sure how we do that with children right now. You can ask the Health Dept.

Rep. Silbernagel: On the fiscal note a ballpark of \$100,000 impact to the state, but the long term savings to the consumer pretty significant?

Rep. Keiser: Just Sanford West believes they could reduce their annual influenza portion by \$40,000.

11:51 Mark Hardy: Assistant Executive Director of ND State Board of Pharmacy testified in support of bill. (See Testimony #1)

13:35 Rep. Mooney: Do you see this as a way of creating greater consistencies throughout ND?

Hardy: That would be very true.

14:26 Molly Howell: Immunization Program manager of ND Dept. of Health testified in support of the bill. (See Testimony #2)

20:54 Chairman Weisz: The fiscal note is showing the cost to the county through the local public health unit. Currently do the local health units send in adult immunizations data voluntarily?

Howell: Yes. In 2012 there were over 200,000 for adults entered into the registry and the health unit entered 36,901 of those. The fiscal note was written based on this 36,901 that were already entered into the registry.

Rep. Porter: Who can access the data that is inside of this?

Howell: State law allows health care providers, local public health units, the State Health Dept., pharmacies, long-term care, schools and child care providers.

Rep. Porter: Is there any provisions in the current law dealing with adults if they don't want to be tracked by this system?

Howell: They will automatically be entered. If they say they don't want to be in there they can opt out.

Rep. Porter: How do they know it exists?

Howell: They are to be informed at the time of vaccination.

Rep. Porter: It is an informed consent to be put in?

Howell: Yes. It depends on the provider. Some providers use a vaccination administration record and on that record it says, "Pursuant to this law your dose will be entered into the registry" By law I don't know if it is required that they have to be notified.

Rep. Porter: Flu shots can be done by all sorts of people. How are they going to be entering these records into this system?

Howell: It is a web base system. The Health Dept. would be responsible in enrolling providers and notifying them of the law including paramedics, pharmacies, and long-term care facilities. They would use real time data entry if they had a computer or use a paper record and enter at a later time.

Rep. Porter: If someone says they want to opt out of having the flu shot entered into the system. How are they opted out?

Howell: The provider wouldn't enter it then.

Vice-Chair Hofstad: What other information is entered besides the name?

Howell: Yes, additional demographic information such as phone number, address, and name.

26:40 Sherry Adams Executive Officer of Southwestern District Health Unit testified in support of the bill. (See Testimony #3). Handed out two testimonies along with her own.

Ruth Bachmeier: Director at Fargo Cass Public Health. (See Testimony #4)

Wanda Kratochvil: Administrator of Walsh County Health District in Grafton: (See Testimony #5)

29:26 Rep. Fehr: Regarding all public health units cost approximately \$80,000 per biennium; are you saying collectively it costs that or each one costs that?

Adams: That is just an estimate based on the 36,000 entered into the system last year and multiplied it by how many minutes each entry would take and then multiplied it again by \$22. It is a little on the lower side since not all units have entered into the registry.

Rep. Porter: Where are the public health units going to get this \$80,000?

Adams: If the bill passes we will get it from the general mil dollars.

Rep. Porter: This will reflect back to the property taxpayers?

Adams: Yes. That will be the only other revenue we would have coming in.

Chairman Weisz: Out of the 28 health units how many are entering adults now?

Adams: Approximately half.

Rep. Mooney: Why only half?

Adams: All are entering child immunizations not all do adults.

Rep. Mooney: It is coming back to funding issues then?

Adams: Yes it is.

33:34 Shelly Peterson: President of the ND Long Term Care Association testified in support of the bill. (See Testimony #6).

36:21 Rep. Fehr: If this bill is enacted, what will be the benefit to long-term care in costs or health benefit?

Peterson: There would be the benefit to the individual as we could go into the system and see if they were immunized and not give repeated vaccination.

Rep. Fehr: Beyond the ease of tracking, are you expecting that in facilities there will be healthier people and less disease?

Peterson: We have a high rate of immunization rate. We think we are doing a good job and have that end covered.

NO OPPOSITION

Chairman Weisz closed the hearing on HB 1165.

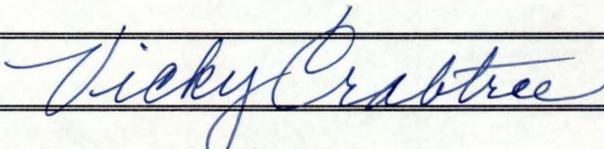
2013 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

HB 1165
January 22, 2013
Job #17550

Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:
Relating to ND immunization information system.

Minutes:

Chairman Weisz: Opened the meeting on HB 1165. It does have a fiscal note, but doesn't have to go to appropriations because it is a county fiscal note. Got an e-mail from a large public health unit and part of their issue is they are being forced to enter them twice. They said that would be 80,000 entries for them.

Rep. Mooney: Is that because the state and their system don't collaborate together?

Chairman Weisz: That's correct.

Rep. Mooney: The \$80,000 represents all 53 counties, right?

Chairman Weisz: It's an estimate by the department. It was about \$1.10 an entry.

Rep. Mooney: I would like to talk to our county health nurse and see how she feels.

Rep. Silbernagel: I think there are savings because of the elimination of duplication of immunizations.

Rep. Muscha: Did they give us a projection of when it will be up and running?

Chairman Weisz: No.

Rep. Laning: They are already adding children so it shouldn't be a shock to add adults.

Chairman Weisz: It is not. They are double entering the children already.

Rep. Damschen: This put some expense on the counties if I understand that right.

Chairman Weisz: That is an issue. The argument would be if we pass this the counties will tell us we should appropriate some money to them to fund the extra FTEs, which is a legitimate argument.

Vice-Chair Hofstad: It goes to personal responsibility and taking care of our own business. We are always trying to surplant our personal responsibility with the government.

Rep. Silbernagel I move a Do No Pass.

Rep. Anderson: Second

Discussion: Rep. Mooney wanted to discuss this with her local nurse.

Chairman Weisz: The advantage to the bill is the Health Dept. would be a repository for the adult immunization which would make it more available for research.

ROLL CALL VOTE: 7 y 6 n 0 absent

DO NOT PASS MOTION CARRIED

More discussion followed and so decided to hold bill for now. No bill carrier was assigned.

FISCAL NOTE
Requested by Legislative Council
01/14/2013

Bill/Resolution No.: HB 1165

- 1 A. **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.*

	2011-2013 Biennium		2013-2015 Biennium		2015-2017 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			\$14,138		\$7,674	
Appropriations			\$14,138		\$7,674	

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

	2011-2013 Biennium	2013-2015 Biennium	2015-2017 Biennium
Counties		\$80,122	\$80,122
Cities			
School Districts			
Townships			

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

The bill requires the Department's immunization information system to provide for the receipt and retention of data on all adult immunizations in addition to childhood immunizations, which are currently being tracked.

- 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.*

Section 1 of the bill requiring receipt and retention of data on all adult immunizations would require the Department to enroll, train, and provide technical assistance on the North Dakota Immunization Information System (NDIIS) to health care providers, not already using the NDIIS.

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.*

The Department estimates that 10% of a FTE's time would be needed to enroll, train, and provide technical assistance to providers who are required to enter adult immunizations in the NDIIS. During the 2015-2017 biennium, the percentage of time should drop to 5%, due to most adult immunization providers being enrolled in the previous biennium. The Local Public Health Units (LPHUs) would be required to enter adult immunizations into the immunization information system. It is estimated to cost \$1.11 for each immunization that will need to be entered. Approximately 36,091 immunizations are estimated to be given to adults by LPHUs per year for a total biennial cost of \$80,122.

- 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.*

Funding for this effort is not included the Department's appropriation bill (SB 2004.)

Name: Brenda M. Weisz

Agency: Department of Health

Telephone: 328-4542

Date Prepared: 01/18/2013

Date: 1-22-13
 Roll Call Vote #: 1

**2013 HOUSE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. 1165**

House Human Services Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: Do Pass Do Not Pass Amended Adopt Amendment
 Rerefer to Appropriations Reconsider

Motion Made By Rep. Silbernagel Seconded By Rep. Anderson

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ	✓		REP. MOONEY		✓
VICE-CHAIRMAN HOFSTAD	✓		REP. MUSCHA		✓
REP. ANDERSON	✓		REP. OVERSEN		✓
REP. DAMSCHEN	✓				
REP. FEHR		✓			
REP. KIEFERT	✓				
REP. LANING		✓			
REP. LOOYSEN		✓			
REP. PORTER	✓				
REP. SILBERNAGEL	✓				

Total (Yes) 7 No 6

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1165: Human Services Committee (Rep. Weisz, Chairman) recommends **DO NOT PASS** (7 YEAS, 6 NAYS, 0 ABSENT AND NOT VOTING). HB 1165 was placed on the Eleventh order on the calendar.

2013 TESTIMONY

HB 1165



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~~HB~~ #1
support

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House Bill No 1165 – Immunization Reporting

House Human Services Committee – Fort Union Room
9:00 AM - Monday – January 21, 2013

Chairman Weisz, members of the House Human Services Committee, for the record I am Mark J. Hardy, PharmD, Assistant Executive Director of the North Dakota State Board of Pharmacy. I appreciate the opportunity to be here to speak to you today.

The Board of Pharmacy is supportive of HB 1165 as we feel it is important to have all immunizations reported to the State Immunization Information System. We believe it is important for pharmacists to be reporting all immunization and will continue to advocate for this. Having the full immunization profile of a patient is important so those involved in the care of the patient can make the right decisions.

Pharmacies continue to provide a readily accessible option for patient to receive immunizations. We have over 200 pharmacists located in North Dakota that are certified to give immunizations and injectable medications by the Board of Pharmacy.

Again, we support HB1165, and would be happy to answer any questions.

#2

**Testimony
House Bill 1165
House Human Services Committee
January 21, 2013
North Dakota Department of Health**

Good morning, Chairman Weisz and members of the House Human Services Committee. My name is Molly Howell, and I am the Immunization Program manager for the North Dakota Department of Health. I am here today to provide testimony in support of House Bill 1165.

North Dakota Immunization Information System

The North Dakota Immunization Information System (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 Immunization Program 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.

The NDIIS is a confidential, population-based, computerized information system that attempts to collect vaccination data about all North Dakotans. The NDIIS is an important tool to increase and sustain high vaccination coverage by consolidating vaccination records of North Dakotans from multiple providers, generating reminder and recall vaccination notices, and providing official vaccination forms and vaccination coverage assessments.

During the 2009 Legislative Session, NDIIS entry became mandated for childhood immunizations. During the 2011 Legislative Session, a change was made to the law to require entry of childhood immunizations in the NDIIS within four weeks of administration.

Children are entered into the NDIIS at birth through a linkage with electronic birth records. An NDIIS vaccination record also can be initiated by a health-care provider at the time of an immunization. Currently, the NDIIS is electronically connected to Altru Health System's electronic medical records, which means when Altru staff enter vaccinations into their electronic medical record, that dose is automatically sent to the NDIIS. The NDIIS is in the testing phase for interoperability with two additional health systems and plans to directly connect to a total of seven health systems across the state. The NDIIS

will also be connected to the North Dakota Health Information Network, which will allow additional providers to electronically submit data to the NDIIS.

NDIIS Immunization Data

The NDIIS is one of the most highly populated immunization registries in the United States. In fact, North Dakota is one of only seven sentinel sites in the United States that receive additional grant funding from the Centers for Disease Control and Prevention for higher standards of data quality in the NDIIS and to routinely analyze data for programmatic decision-making.

The vast majority of childhood immunizations are entered into the NDIIS. Ninety-four percent of children ages 4 months through 6 years of age have two or more immunizations in the NDIIS. Ninety-seven percent of adolescents, ages 13 to 17, have at least two doses of vaccine in the NDIIS. The two Air Force Bases in North Dakota do not enter into the NDIIS.

Many adult immunizations are also entered into the NDIIS. It is estimated that 69 percent of North Dakota adults ages 19 and older have at least one dose of vaccine in the NDIIS. Seventy-six percent of North Dakota adults ages 50 and older have at least one dose of vaccine in the NDIIS. These estimates are based on the number of doses in the NDIIS and the state's population. Various providers from around the state entered 200,318 doses into the NDIIS for adults in 2012 (36,901 of those were entered by local public health units).

More than 1,000 (1,010) sites and 29,188 users are actively using the NDIIS to enter and look up immunizations. These providers range from private clinics and local public health units to pharmacies, schools, and long-term care facilities.

Benefits of the NDIIS

Health-care providers and patients benefit from the use of the NDIIS for adults. The following are a few examples of benefits:

- The NDIIS consolidates immunization records from providers across the state, so providers, patients and parents of children will always be able to access their immunization records. The NDIIS reduces the possibility of patients receiving extra immunizations, due to the need to be revaccinated if a record cannot be found.
- The NDIIS is capable of conducting reminder/recall notifications to remind people when immunizations are due. Studies show that reminder/recall systems are effective at increasing immunization rates.

One study found that reminder/recall significantly increased influenza immunization in children with high-risk conditions, with a vaccination rate of 42 percent in those recalled, compared with 25 percent in those not recalled.

- Forecasting of the immunization schedule is currently available on the NDIIS. The forecaster tells providers whether or not a patient is up-to-date on immunizations and when future immunizations are due. The forecaster helps to prevent providers from giving immunizations at inappropriate times, and it also assists providers in avoiding missed opportunities for vaccination.
- Health-care providers are able to access their clinic immunization rates and identify areas of improvement in immunization rates using the NDIIS.
- Health-care providers are able to print immunization records for parents to take to their children's schools and child care facilities and for adults to use when applying for college or jobs.
- The NDIIS is useful during emergencies. During the H1N1 influenza outbreak of 2009, the NDIIS was able to track vaccinations and provide important information about which high-risk groups were being vaccinated and where vaccine was needed. During flooding in 2011, the Department of Health was able to stand up a hotline and look up tetanus immunization records in the NDIIS for the public. Unfortunately, some adult vaccinations were not in the NDIIS at that time.

Conclusion

The NDIIS is one of the most populated immunization registries and has one of the highest provider participation rates in the nation. Requiring the use of the NDIIS for adult vaccinations will ensure patients do not receive extra doses of vaccine, thereby protecting patient safety. NDIIS adult immunization entry also improves continuity of care by having one central database for immunizations for North Dakota residents of all ages and consolidating records from multiple providers.

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

Southwestern District Health Unit
Testimony
On
HB1165
January 21, 2013

Good morning, Representative Robin Weisz, and members of the Human Services Committee. I am Sherry Adams, Executive Officer of Southwestern District Health Unit (SWDHU).

Southwestern District Health Unit covers the eight counties in southwestern North Dakota including: Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Slope and Stark. I am here today to support HB 1165 and to discuss the benefits this bill affords to the clients that I serve.

The North Dakota Department of Health has an Immunization Registry, known as NDIIS. This tool allows that child's immunization history to be entered and then to be accessed by any health care provider serving that child. This also allows for tracking which vaccines a child has, and what they need.

Currently, there are no requirements for adult vaccines to be entered into the NDIIS system thus resulting in confusion and potential duplication of vaccinations. There are more and more vaccines recommended for the adult population such as: shingles, Measles, Mumps, and Rubella, and Pertussis boosters, that having them entered into this system, would hopefully alleviate any duplication of vaccinations for adults, as well. Our health Unit does support entering all vaccines into the system, even though there is an increase in staff time, particularly in influenza season. It is estimated that it costs all local public health units approximately \$80,000 per biennium to enter adult vaccines. Some health units are not able to enter adult vaccinations into the system due to staff time and costs. While the cost to enter adult vaccines

is a financial burden for some health units, our health unit thinks that this bill would allow for consistency across the state for tracking vaccinations for all of our population.

I will be happy to answer any questions.

#4

Human Services Committee
House Bill 1165
January 21, 2013
Ruth Bachmeier, Fargo Cass Public Health

Good morning Chairman Weisz and members of the Committee. I am Ruth Bachmeier, Director at Fargo Cass Public Health (FCPH). I would like to provide support for HB 1165 and discuss the benefits of such a bill.

Three years ago, FCPH made the decision to enter all immunizations that we administer into the North Dakota immunization registry, regardless of the age of the recipient or type of vaccine given. We made this decision for several reasons;

- Communication with our local healthcare partners regarding vaccination status is vital; the registry is our primary communication tool with our partners regarding individual immunization status.
- Universal entry into and consistent review of the registry can help decrease missed opportunities and duplication of vaccination. Both are patient safety issues.
- FCPH is an active partner in assuring the vaccination status of our community. The registry is one way that immunization status of our community is reviewed. Data retrieved from the registry is only as good as what is entered.
- Doing so provides consistency in our internal policies/procedures regarding immunizations, all vaccinations given at FCPH are handled the same way, eliminating confusion on what is entered and what is not.

I do acknowledge that entering all vaccinations into the registry does require extra staff time; however the benefits of doing so outweigh this additional time requirement. Thank you for your consideration of this bill.

Good morning, Representative Robin Weisz, and members of the Human Services Committee. My name is Wanda Kratochvil, Administrator of the Walsh County Health District in Grafton. I am here today to support HB 1165 and to discuss the benefits this bill affords to the clients that I serve.

The North Dakota Immunization Registry, known as NDIIS, is a tool that immunization providers within the state currently use to enter all childhood vaccines. This allows that child's immunization history to be accessed by any health care provider serving that child, and assures that at each visit the child's immunization status is reviewed and their vaccinations are updated as needed, thus assuring that children are up to date on necessary vaccines and protected against deadly diseases.

Currently, there are no requirements for adult vaccines to be entered into the NDIIS system thus resulting in confusion and potential duplication of vaccinations. Our public health unit enters all adult vaccines including flu shots into NDIIS since we also use it as a billing system. Not all health units currently enter adult vaccines, particularly flu vaccines since the staff time to do so is significant. It is estimated that it costs all local public health units approximately \$80,000 per biennium to enter adult vaccines. While the cost to enter adult vaccines is a financial burden for some health units, our health unit is committed to doing so to benefit our clients and fellow health care providers in our community.

Thank you for this opportunity to support HB1165.

6

Testimony on HB 1165 House Human Services January 21, 2013

Good morning Chairman Weisz and members of the House Human Services Committee. My name is Shelly Peterson, President of the North Dakota Long Term Care Association. We represent assisted living, basic care and nursing facilities. I am here to testify in support of HB 1165, regarding the establishment of an immunization information system.

We support the overarching goal of establishing an immunization information system. Long term care facilities care for approximately 19,000 individuals annually. Having one information source to determine the immunization status of an individual would be helpful in the admission process. Sometimes residents (or families) don't know if they've been vaccinated and trying to track down this information can be difficult.

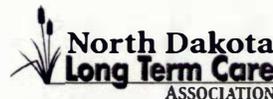
Nursing facilities are required to offer immunization against influenza annually and immunization against pneumococcal disease once, unless medically contraindicated or the resident or the residents' legal representative refuses immunizations.

This federal mandate was implemented in 2005 and it was intended to increase the number of elderly receiving influenza and pneumococcal immunizations and decrease the morbidity and mortality rate from influenza and pneumococcal diseases. I'm pleased to report North Dakota nursing facilities are top performers on this measure. Our immunization rates are in the top quadrant.

North Dakota and National Vaccination Rates October 1, 2011 – June 30, 2012

	ND Influenza	National Influenza	ND Pneumococcal	National Pneumococcal
Short Stay Nursing Facility Residents	87.3%	83.1%	86.1%	82.1%
Long Stay Nursing Facility Residents	95.7%	93.4%	97.7%	94.3%

We just have one question related to the bill. On page two of the bill it states, "The state department of health shall make a report to the health care providers' occupational licensing entity outlining that providers' failure to comply with the reporting requirements in this section". Who is intended to be reported in this



section? The physician, the nurse, or the nursing facility administrator? Each has occupational licensing boards. It would not be our intent to be noncompliant; however questions have been raised about "who" would be reported in this section.

I've also attached some charts and data from the State Health Department related to the current influenza season and long term care. Since the report was released on January 17, 2013, many more facilities have reported. The Health Department believes long term care has done very well getting residents vaccinated; however we have substantial gaps in employee vaccinations. Thank you for the opportunity to testify on HB 1165. We are supportive of an electronic registry for recording this important data on resident specific vaccinations.

Shelly Peterson, President
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CHAPTER 23-06.5 HEALTH CARE DIRECTIVES

23-06.5-01. Statement of purpose.

Every competent adult has the right and responsibility to make the decisions relating to the adult's own health care, including the decision to have health care provided, withheld, or withdrawn. The purpose of this chapter is to enable adults to retain control over their own health care during periods of incapacity through health directives and the designation of an individual to make health care decisions on their behalf. This chapter does not condone, authorize, or approve mercy killing, or permit an affirmative or deliberate act or omission to end life, other than to allow the natural process of dying.

23-06.5-02. Definitions.

In this chapter, unless the context otherwise requires:

1. "Agent" means an adult to whom authority to make health care decisions is delegated under a health care directive for the individual granting the power.
2. "Attending physician" means the physician, selected by or assigned to a patient, who has primary responsibility for the treatment and care of the patient.
3. "Capacity to make health care decisions" means the ability to understand and appreciate the nature and consequences of a health care decision, including the significant benefits and harms of and reasonable alternatives to any proposed health care, and the ability to communicate a health care decision.
4. "Health care decision" means consent to, refusal to consent to, withdrawal of consent to, or request for any care, treatment, service, or procedure to maintain, diagnose, or treat an individual's physical or mental condition, including:
 - a. Selection and discharge of health care providers and institutions;
 - b. Approval or disapproval of diagnostic tests, surgical procedures, programs of medication, and orders not to resuscitate;
 - c. Directions to provide, withhold, or withdraw artificial nutrition and hydration and all other forms of health care; and
 - d. Establishment of an individual's abode within or without the state and personal security safeguards for an individual, to the extent decisions on these matters relate to the health care needs of the individual.
5. "Health care directive" means a written instrument that complies with this chapter and includes one or more health care instructions, a power of attorney for health care, or both.
6. "Health care instruction" means an individual's direction concerning a health care decision for the individual, including a written statement of the individual's values, preferences, guidelines, or directions regarding health care directed to health care providers, others assisting with health care, family members, an agent, or others.
7. "Health care provider" means an individual or facility licensed, certified, or otherwise authorized or permitted by law to administer health care, for profit or otherwise, in the ordinary course of business or professional practice.
8. "Long-term care facility" or "long-term care services provider" means a long-term care facility as defined in section 50-10.1-01.
9. "Principal" means an adult who has executed a health care directive.

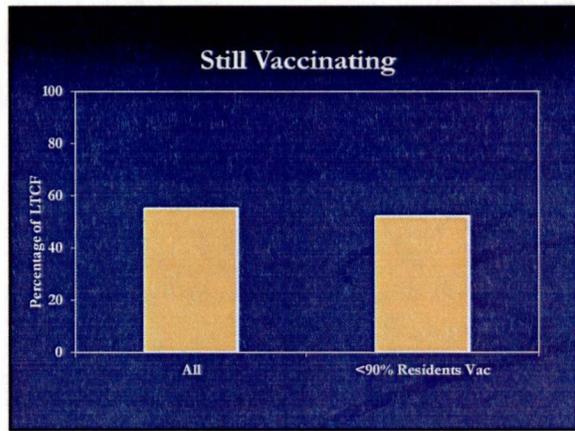
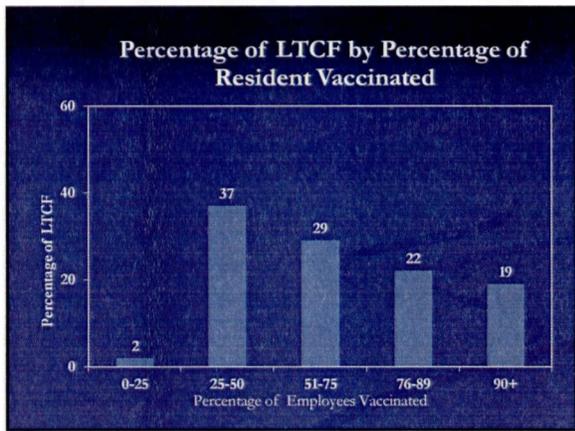
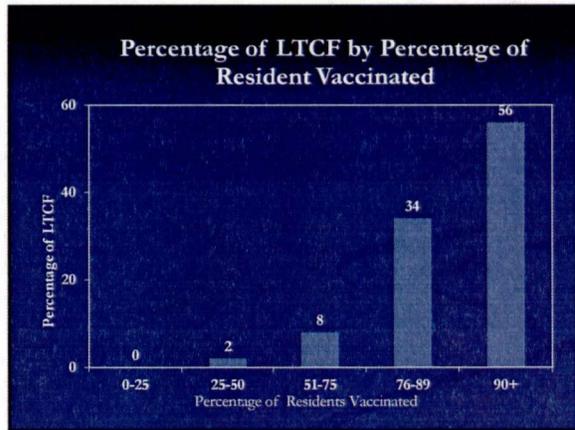
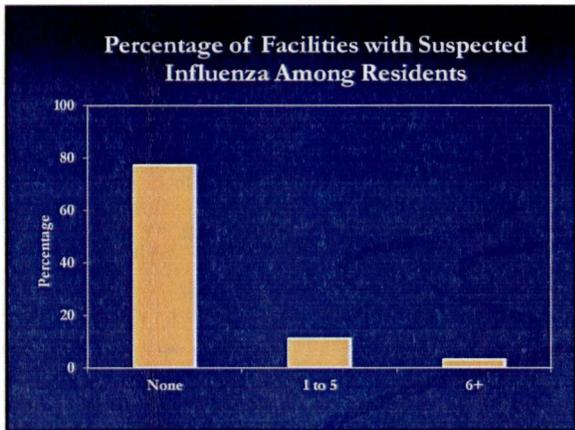
23-06.5-03. Health care directive.

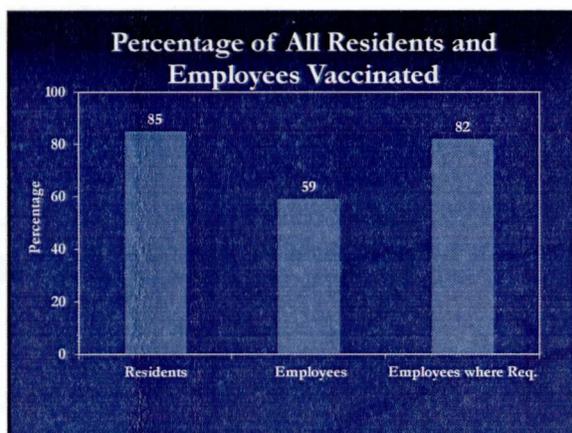
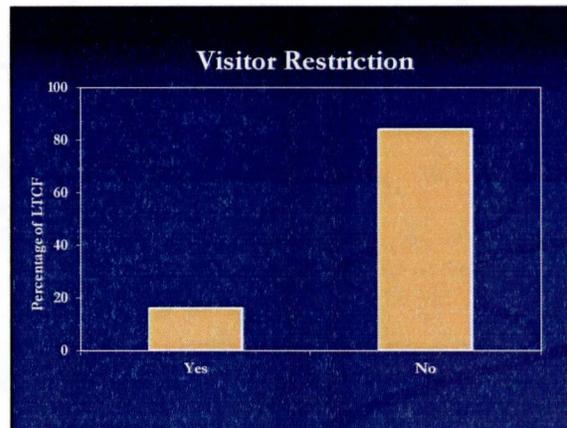
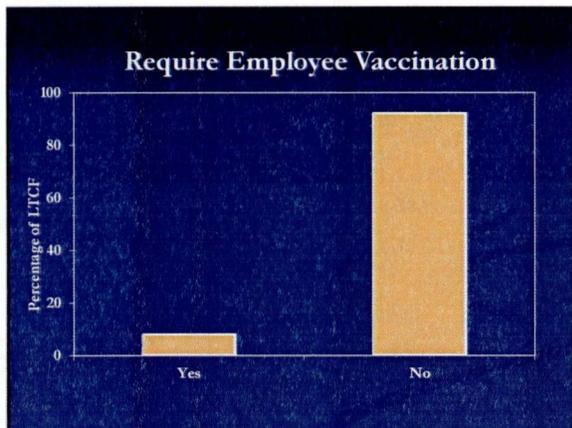
1. A principal may execute a health care directive. A health care directive may include one or more health care instructions to health care providers, others assisting with health care, family members, and a health care agent. A health care directive may include a power of attorney to appoint an agent to make health care decisions for the principal when the principal lacks the capacity to make health care decisions, unless otherwise specified in the health care directive. Subject to the provisions of this chapter and any express limitations set forth by the principal in the health care

LTC Vaccine Survey

January 15, 2013

- ## Background
- 61 LTC facilities reporting
 - Questions
 - Census
 - # employees
 - % residents vaccinated
 - % employees vaccinated
 - # staff out sick
 - Still vaccinating
 - Require employee vaccination
 - Restricting visitors





- ### Risk of Illness
- Facilities with less than 90% of residents vaccinated were 5.3 times more likely to have sick residents at this time
 - Facilities with less than 75% of employees vaccinated were 3.5 times more likely to have sick employees
 - Facilities with less than 75% of employees vaccinated were 3.1 times more likely to have sick residents
 - Too few facilities had required employee vaccination to assess risk to residents for the policy

- ### Conclusions
- Long term care has done very well getting residents vaccinated.
 - Substantial gaps remain in LTC employee vaccination.
 - Failure to vaccinate both staff and residents is associated with increased risk of illness among residents.