

SENATE BILL REPORT

ESSB 5540

AS PASSED SENATE, MARCH 19, 1991

Brief Description: Requiring children and health care workers to be immunized against infectious diseases.

SPONSORS: Senate Committee on Health & Long-Term Care (originally sponsored by Senators West and L. Kreidler).

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: That Substitute Senate Bill No. 5540 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators West, Chairman; L. Smith, Vice Chairman; Amondson, Johnson, L. Kreidler, and Niemi.

Staff: Scott Plack (786-7409)

Hearing Dates: February 14, 1991; February 28, 1991

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: That Substitute Senate Bill No. 5540 as recommended by Committee on Health & Long-Term Care be substituted therefor, and the substitute bill do pass.

Signed by Senators McDonald, Chairman; Bailey, Bauer, Bluechel, Cantu, Gaspard, Hayner, Johnson, L. Kreidler, Metcalf, Murray, Newhouse, Niemi, Rinehart, Saling, L. Smith, Talmadge, West, Williams, and Wojahn.

Staff: Karen Hayes (786-7715)

Hearing Dates: March 11, 1991

BACKGROUND:

There has been an increase in the number of young children and adults contracting infectious diseases. The incidence of measles in Washington is at a ten-year high with over 350 cases reported in 1990. Cases of pertussis have also shown a steady increase over the past decade. This trend has occurred despite the availability of safe and effective immunizations that can prevent these life-threatening diseases. The populations most affected by the infectious disease outbreaks are preschoolers, health care workers and other at-risk adults. In response to this public health threat, the Legislature has appropriated sufficient funding to purchase enough vaccine for the at-risk populations, but the cost of administering the vaccine is the responsibility of the recipient.

Current law requires parents and guardians of children to present proof of full immunization, show acceptable progress on the appropriate immunization schedule, or provide an exemption waiver prior to the first day of attendance in private and public schools or licensed day care centers. This state policy has resulted in immunization rates of near 95 percent among this population. However, the recommended completion of most childhood immunizations is two years and compliance for this age group is currently about 50 percent. There is no requirement that children of this age group receive the recommended immunizations.

The outbreak of measles, rubella and hepatitis B among health care workers is both a worker safety and public health issue. As the rate of infectious disease grows, the incidence of infection among health care workers increases as they are exposed to patients carrying the disease. In 1990 approximately 20 percent of measles cases were acquired in medical care settings involving employees and patients.

The state's young adult population is also at risk of infectious disease which is preventable through vaccine. Adults born after 1957 may not have natural or acquired immunity from these diseases. Mass immunization efforts in the 1970s for this population may account for this. Earlier vaccines were not as effective as current ones and many were not stored properly leading to vaccination failure. In addition, overall success of mass immunization efforts resulted in drastic declines in outbreaks and decreased awareness and concern about the need for vaccinations.

SUMMARY:

A state policy is established declaring that it is the responsibility of the parent or legal guardian of every child to ensure that the child complies with the recommended immunizations for infectious diseases.

The state Board of Health is directed to establish a schedule of appropriate immunizations against infectious diseases for children, health care workers and other at-risk adults.

Parents or legal guardians of children who receive state purchased health care services through the Department of Social and Health Services (DSHS), Department of Health (DOH), the Basic Health Plan and the Health Care Authority are responsible for presenting proof of compliance with the appropriate immunization schedule or presenting a signed exemption waiver. This must be done by April 1, 1992 or within 90 days of eligibility for the service or benefit. A service or benefit may not be denied to the child for reason of noncompliance with the immunization requirement. The head of each of the agencies may devise a manner to periodically monitor compliance.

Each credentialed health professional determined by the state Board of Health to need immunizations shall receive such

immunizations, or sign an exemption waiver prior to renewal of a credential or prior to the issuance of a credential.

Every person working in a hospital, rural health care facility, nursing home, maternity home, health care clinic or other health care setting is required to receive appropriate immunizations, or present a signed exemption waiver, as a condition for employment or continued employment. Exemptions from this requirement are made for persons having no direct patient contact.

DSHS is authorized to establish up to two voucher immunization projects. The projects provide reimbursement to health care providers for immunizing children under age 18, prepares and distributes information about immunizations and tracks immunization compliance among children in the state.

The Secretary of Health is granted authority to establish up to four demonstration projects in urban and rural areas of the state with the goal of identifying innovative approaches to increase infectious disease immunization rates among at-risk populations. The Department of Health shall report to the Legislature by December 1, 1993 with an assessment of the projects and recommendations for continuation.

Sections of the bill authorizing the immunization program and the demonstration projects contain a null and void clause.

Appropriation: none

Revenue: none

Fiscal Note: available

Effective Date: The bill contains an emergency clause and takes effect immediately.

TESTIMONY FOR:

Efforts to increase immunization rates among children and at-risk adults is important. The method for requiring immunization of children is adopted from a current requirement for school children which has been very effective.

TESTIMONY AGAINST:

The immunization voucher program should be first tried on a demonstration project basis. There is concern about requiring children and health care workers to receive immunizations or sign waivers. Some feel this will discourage some state clients from seeking welfare program services.

TESTIFIED (Health & Long-Term Care): Kathy Morefield, Fair Budget Action Campaign and Children's Alliance (con); Russell Alexander, Seattle-King County Department of Public Health; Allene Mares, TPCHD Director, Communicable Disease Section; Diana Yu, Thurston County Health Department and WSALDHO; Mimi Field, DOH Health Officer; Jeff Graham, DSHS (con); Cliff

Armstrong, Christian Science Church; Clark Holloway,
Department of Licensing (con); Carrie Bashaw, WA Health Care
Association (con); Ken Bertrand, Group Health

TESTIFIED (Ways & Means): Mimi Fields, DOH Health Officer (pro)