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FISCAL IMPACT REPORT

ODICINIA DATE 01/04/10

SPONSOR	Beffort	LAST UPDATED		_
SHORT TITL	E Reports to Immuni	Reports to Immunization Registry		58
ANALY			ANALYST	Esquibel

APPROPRIATION (dollars in thousands)

Appropr	iation	Recurring	Fund
FY13	FY14	or Nonrecurring	Affected
N/A	N/A	N/A	N/A

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From
Medical Board (MB)
Board of Nursing (BN)
Human Services Department (HSD)
Department of Health (DOH)

SUMMARY

Synopsis of Bill

Senate Bill 58 (SB58) would make mandatory instead of elective that physicians, nurses, pharmacists and other health care providers report on immunizations to the immunization registry administered by the Department of Health, unless the patient, or the patient's guardian if the patient is a minor, refuses to allow reporting of this information.

FISCAL IMPLICATIONS

Senate Bill 58 contains no appropriation.

SIGNIFICANT ISSUES

The HSD indicates childhood immunizations are generally provided through the Vaccines for Children program, for which the practitioner receives the vaccine from the DOH at no cost. However, payment is still made for the administration of the vaccine by most healthcare payers including the Medicaid program. For uninsured patients paying out of pocket, there is a limit on

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the amount that a provider can charge the patient when the vaccine came from the Vaccines for Children program. The Vaccines for Children program generally does require providers to report vaccinations to the immunization registry, known as the New Mexico Statewide Immunization Information System (NMSIIS), so the bill may have limited affect on reporting for standard child immunizations or the costs to healthcare payers.

However, for vaccines not covered under the Vaccines for Children program, which includes virtually all adult vaccinations (e.g. flu, shingles, pneumonia, etc.), HSD indicates providers may choose not to report the immunizations to the NMSIIS because doing so adds to their office workload. However, as a public health concern, it would be reasonable to ensure that immunizations are reported.

Currently, even though there is a continual increase in pharmacies administering vaccines for flu, hepatitis, shingles, and other diseases, these vaccinations are not generally reported to NMSIIS. SB58 would require pharmacists to start to report such immunizations, which would make the vaccination database much more accurate for adults in New Mexico.

OTHER SUBSTANTIVE ISSUES

The DOH indicates in New Mexico, immunization reporting to the New Mexico Statewide Immunization Information System (NMSIIS) for young children is very good. Approximately 93 percent of children 19-35 months of age have two or more vaccinations recorded in NMSIIS (Immunization Information System Annual Report CY2011). Reporting drops off rapidly as children get older. Only about 51 percent of adolescents 13-17 years of age have two or more immunizations recorded (Immunization Information System Annual Report CY2011). Only 26 percent of adults over 19 years of age have one or more immunizations recorded, and only 20 percent of adults over age 50 have one or more immunizations recorded in the NMSIIS (Immunization Information System Annual Report CY2011).

The NMSIIS provides a single statewide source of individual immunization records. It helps prevent disease outbreaks by tracking and ensuring that residents are up-to-date on immunizations, keeping records safe in natural disasters such as hurricanes and wildfires, and ensuring children do not miss any shots or get too many shots.

These benefits are compromised when immunizations are not reported to the NMSIIS. Low reporting of adolescent and adult vaccinations can have a significant impact on public health. For example, pertussis (whooping cough) is generally spread by adolescents and adults whose immunity has waned due to lack of booster shots. Pertussis booster shots are recommended every 10 years, yet most adults do not receive them as recommended. Additionally, older adults who are susceptible to influenza and pneumonia may get confused when they had their last influenza or pneumonia vaccination leading to over or under immunization. Requiring the reporting of all immunizations would make it easier for health care providers to know when to give an immunization, lead to a decrease in over or under immunizing individuals, and reduce vaccine-preventable diseases.

Children and parents would also benefit from a universal reporting requirement as it would ease school registration by ensuring that 100 percent of immunizations records are available to school nurses during the registration process. Complete immunization records increases compliance with the statutory immunization requirement for school entry.

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Requiring entry of immunization records into the NMSIIS would also support public health efforts in the event of a disease outbreak. The NMSIIS could be used to identify communities and populations in need of vaccine.

RAE/svb:blm