

MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION

SFN 2053 (2/85) 5M



ROLL NUMBER

DESCRIPTION

2189

2005 SENATE HUMAN SERVICES

SB 2189

2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2189

Senate Human Services Committee

☐ Conference Committee

Hearing Date January 17, 2005

Tape Number	Side A	Side B	Meter #
1	x		00-1350
Committee Clerk Signature <i>Cathy Minard</i>			

Minutes:

Chairman Lee opened the hearing on SB 2189

All members were present.

Testimony in favor of Bill 2189:

Senator Kilzer is a sponsor of this bill and explained that the main reason this bill was introduced is to improve the efficiency and accuracy of providing children with immunizations. And this will not interfere with HIPPA.

Sen. Dever: Is it a stumbling block that the patient's consent is not required?

Sen. Kilzer: Yes, each time the health department wants to get information, they have to go through the written mode.

Chairman Lee explained why she saw the benefit of this service. Sometimes you go to several places to get immunizations, and some people might not have the information at hand.

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Senate Human Services Committee

Bill/Resolution Number SB 2189

Hearing Date January 17, 2005

Larry Shireley, Director of the Division of Disease Control for the North Dakota

Department of Health.

See attached written testimony (Attachment 1)

Sen. Warner: Do I have access to my records on your registry?

Shireley: This registry is not limited to children; right now it can be updated if providers volunteer this information.

There was general discussion on the use of the registry (tape 1 side 1 meter 700-880)

David Peske, North Dakota Medical Association: I have talked to the ND Medical Assoc. and they have no problem with the proposed change.

Chairman Lee asked Mr. Miller if this was okay with HIPPA laws; HE said it was fine. He also said there would be no dilution of confidential information (tape 1 side 1 meter 900-963)

Sen. Warner: My question is under HIPPA Are all of the agencies listed in the bill under the same confidentiality type agreements as the originator so there is no dilution of security information; as the information goes further and further away from the information source?

Mr. Miller said the agencies are under the same rules are the originator, except schools, they're under an agreement called FERPA, but that law covers the records of students. Mr. Miller also answered another question from Sen. Warner about flu shots, which are also covered under HIPPA.

If you disclose your medical information to a non medical entity, you still have to sign a form giving them authority to retrieve your information. Mr. Miller stated that day care providers would also be covered under this law.

Chairman Lee closed the public hearing on SB 2189.

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Senate Human Services Committee

Bill/Resolution Number SB 2189

Hearing Date January 17, 2005

Senator Brown moved Do Pass, seconded by Senator Dever.

Roll call vote: 5 yes, 0 no, 0 absent

Carrier: Sen. Brown

Date: 1/17/05
Roll Call Vote #: ~~2~~ 1

2005 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2189

Senate Human Services

Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass

Motion Made By Brown Seconded By Dever

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee - Chairman	✓		Sen. John Warner	✓	
Sen. Dick Dever - Vice Chairman	✓				
Sen. Richard Brown	✓				
Sen. Stanley Lyson	✓				

Total (Yes) 5 No 0

Absent 0

Floor Assignment Sen. Brown

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

REPORT OF STANDING COMMITTEE (410)
January 17, 2005 1:20 p.m.

Module No: SR-10-0552
Carrier: Brown
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

SB 2189: Human Services Committee (Sen. J. Lee, Chairman) recommends DO PASS
(5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2189 was placed on the
Eleventh order on the calendar.

2005 HOUSE HUMAN SERVICES

SB 2189

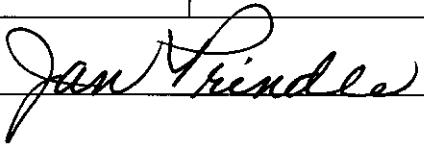
2005 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. **SB 2189**

House Human Services Committee

☐ Conference Committee

Hearing Date **23 February 2005**

Tape Number	Side A	Side B	Meter #
1	X		650 - 1209
Committee Clerk Signature 			

Minutes:

Chairman Price opened the hearing of SB 2189.

Senator Ralph Kilzer, District 47, introduced the bill. (Testimony attached.)

Heather Weaver, program manager of the ND Immunization Program for the ND

Department of Health, testified in favor of SB 2189. (Testimony attached.)

There was no further testimony.

Chairman Price closed the hearing of SB 2189.

2005 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. **SB 2189**

House Human Services Committee

☐ Conference Committee

Hearing Date **23 February 2005**

Tape Number	Side A	Side B	Meter #
1	X		3,640 - 4510
Committee Clerk Signature <i>Jan Prindle</i>			

Minutes:

At a later time on 23 Feb Chairman Price opened discussion of SB 2189.

Rep. Kaldor: I move Do Pass

Rep. Porter: I second.

Rep. Porter: I did talk with Larry Schierele when he wanted this bill introduced and also with Mr. Mullen today to make sure the Attorney General's office from the standpoint of HIPPA and those regulations because it is data that is limited to the date and type of immunization so the only information that is actually shared is the way the state law is written. The testimony was a bit wrong because a parent can opt out of any of the immunizations and that information would be shared and there's nothing that would be shared and there's nothing that would stop them from participating in our public school systems. Then that information would be shared also that the child does not have immunizations that are currently required.

Chairman Price: Can they share that they opted out? Or just that they didn't have them?

Rep. Porter: It would be my understanding that they would only have the information that they didn't them because the records with the shot date, the vaccine, and the lot number are all registered up at the health department in case there is something that comes back through the CDC that says this lot that lot was no good. Which did happen a few years ago that people had to go back in and get reimmunized because of that. It does slow down the communication between the parties and the health department with the written and verbal consent. They're either telling them that yes they had their tetanus shot on November 1 or they're telling them no they did not have a tetanus shot. That's really all they are telling them.

Chairman Price: I wonder how many families lost their immunization records during the flood.

Rep. Porter: I would guess a lot.

Rep. Weisz: I just have a real problem taking it out of the parent's consent which is what this is doing. You can hand it over to anybody you want. I don't have any issue with the rationale of why they want it. I can understand what they are trying to get at and what they are trying to do and it's a reasonable thing. It's the parent's responsibility and as Rep. Porter said, you don't have to be immunized to go to school now. That's not a requirement.

Chairman Price: In the case of a divorced couple the mother maybe has all the medical information. If the kid gets hurt on the weekend. Not all custody orders even allow the non-custodial parent to do some of those things.

Rep. Porter: I guess I look at it more from the standpoint an emergency type situation where the child is in the custody of a coach or on a field trip situation where they need the immunization records and they access them by bypass the parents even though the school probably has a signed release that makes that coach or that teacher the guardian for the day they still don't have access

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House Human Services Committee

Bill/Resolution Number **SB 2169**

Hearing Date **23 Feb 05**

to this information and it does allow some assistance from the health department to that teacher or the hospital on that data without going through the hoops of getting the consent signed because they have the information in their data base. The information then can be shared. It is important that they have information in those situations.

A roll call vote was taken.

Yes: 8 No: 1 Absent: 3 (Nelson, Devlin, Sandvig)

Rep. Kaldor will carry the bill.

1) Do Pass - Rep Kaldor
Rep Potter

Date: 2/23/09

Roll Call Vote #:

2005 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. ~~HB~~ SB 2189

House _____ Human Services _____ Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken D Pass

Motion Made By Kaldor

Seconded By Porter

Representatives	Yes	No	Representatives	Yes	No
Chairman C.S. Price	✓		Rep.L. Kaldor	✓	
V Chrm.G. Kreidt	✓		Rep.L. Potter		
Rep. V. Pietsch	✓		Rep.S. Sandvig	<u>AB</u>	
Rep.J.O. Nelson		<u>AB</u>			
Rep.W.R. Devlin		<u>AB</u>			
Rep.T. Porter	✓				
Rep.G. Uglem	✓				
Rep C. Damschen	✓				
Rep.R. Weisz		✓			

Total () 8 yes No 1

Absent 3

Floor Assignment Rep Kaldor

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

REPORT OF STANDING COMMITTEE (410)
March 2, 2005 7:51 a.m.

Module No: HR-28-3924
Carrier: Kaldor
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

SB 2189: Human Services Committee (Rep. Price, Chairman) recommends DO PASS
(8 YEAS, 1 NAY, 3 ABSENT AND NOT VOTING). SB 2189 was placed on the
Fourteenth order on the calendar.

2005 TESTIMONY

SB 2189

Testimony

Senate Bill 2189

Senate Human Services Committee

Monday, January 17, 2005; 9 a.m.

North Dakota Department of Health

Good morning, Chairman Lee and members of the Senate Human Services Committee. My name is Larry Shireley, and I am director of the Division of Disease Control for the North Dakota Department of Health. I am here today to testify in support of Senate Bill 2189.

Immunizations are one of the most effective public health preventive measures, and I am pleased to say that through the collaborative efforts of the state's public and private health providers, North Dakota has one of the highest childhood immunization rates in the nation.

North Dakota law requires certain immunizations for children in day-care facilities and schools. Medical facilities also require that their staff receive certain immunizations for protection of both staff and patients. The North Dakota Department of Health maintains the North Dakota Immunization Information System, an immunization registry that contains the immunization histories of more than 400,000 people. Health-care providers also maintain immunization information for their patients and staff.

It is important not only that people are immunized, but also that they receive their immunizations according to prescribed schedules and recommendations. Unavailable immunization information can result in people receiving unnecessary immunizations, which also can lead to serious side effects. Currently, the law prohibits sharing of immunization information among health-care providers and agencies that have a need to know unless the person explicitly consents.

The North Dakota Department of Health and health-care providers frequently receive requests for a person's immunization history from child-care facilities, schools, public health agencies and health-care providers. The current consent requirement is inconvenient for the requestor and can result in exclusion of children from school or child care because of the delay in obtaining immunization information.

Health-care providers have expressed their frustration at not being able to receive or provide necessary, prompt immunization information because of the current requirement of having the patient's verbal or written consent. In fact, the change to current law was introduced at the request of one of North Dakota's leading medical centers.

All of us involved in health care recognize the need to maintain confidentiality of sensitive health information, which is reinforced by guidelines and requirements under HIPAA privacy rules. The legislation continues to limit the information to be released to only the dates and types of immunizations.

Removing the portion of the current law requiring verbal or written consent for release of immunization information will help ensure that people receive prompt, efficient and necessary medical care and that immunization information can be provided expediently when necessary to those who have a need to know.

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

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Testimony SB 2189
House Human Services Committee
Senator Kilzer
February 23, 2005

Madame Chairman and members of the House Human Services Committee;

It is my privilege to appear before you as the sponsor and supporter of SB 2189. The bill was submitted at the request of the epidemiology division of the North Dakota Department of Health.

Several months ago Larry Shireley told me about the problem that they were having when immunizing groups of school children; how difficult it was to obtain information about time and place and information concerning previous vaccinations of the child. This was searched out by the Department of Health so as not to violate any of the privacy or HIPAA federal regulations. I was assured that the bill as crafted does not regulate any of the HIPAA regulations.

The bill allows exchange of immunization data so it is really quite restricted as to what information might be the subject of the exchange.

Thank you for allowing me to appear before you. I would be happy to answer any questions. I know that representatives of the State Health Department will speak to the bill and can answer questions better than I do.

Thank you

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Testimony

Senate Bill 2189

House Human Services Committee

Wednesday, February 23, 2005; 2:30 p.m.

North Dakota Department of Health

Good afternoon, Chairman Price and members of the House Human Services Committee. My name is Heather Weaver, and I am program manager of the North Dakota Immunization Program for the North Dakota Department of Health. I am here today to testify in support of Senate Bill 2189.

The amendments proposed in Senate Bill 2189 remove the requirement of written or verbal consent for the exchange of immunization information to certain entities, but limit the release to the dates and types of immunization.

This bill has been proposed because of the inconvenience it results for health-care providers, schools and child-care providers who have a "need to know" an individual's immunization status because of statutory immunization requirements, and for the administration of necessary and appropriate medical care.

North Dakota law requires certain immunizations for children in day-care facilities and schools. Medical facilities also require that their staff receive certain immunizations for protection of both staff and patients. The North Dakota Department of Health and health-care providers frequently receive requests for a person's immunization history from child-care facilities, schools, public health agencies and health-care providers. The current consent requirement is inconvenient for the requestor and can result in exclusion of children from school or child care because of the delay in obtaining immunization information.

In addition, it is important not only that people are immunized, but also that they receive their immunizations according to prescribed schedules and recommendations. Unavailable immunization information can result in people receiving unnecessary immunizations, which also can lead to serious side effects. Health-care providers have expressed their frustration at not being able to receive or provide necessary, prompt immunization information because of the current requirement of having the patient's verbal or written consent. In fact, one of North Dakota's leading medical centers requested the amendment be introduced to allow them to expediently exchange immunization information.

All of us involved in health care recognize the need to maintain confidentiality of sensitive health information, which is reinforced by guidelines and requirements under HIPAA

privacy rules. The changes to this legislation limit the information to be released to only the dates and types of immunizations.

Removing the portion of the current law requiring verbal or written consent for release of immunization information will help ensure that people receive prompt, efficient and necessary medical care and that immunization information can be provided expediently when necessary to those who have a need to know.

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