

BILL ANALYSIS

Senate Research Center
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S.B. 1330
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AUTHOR'S/SPONSOR'S STATEMENT OF INTENT

The elderly are at high risk for complications from both pneumococcal disease and influenza. Pneumococcal disease kills more people in the United States every year than all other vaccine-preventable diseases combined. Annually, pneumococcal disease leads to 3,000 cases of meningitis, 50,000 cases of bacteremia, and 500,000 cases of pneumonia. About one in 20 persons infected with pneumococcal pneumonia dies, about two in 10 persons with bacteremia die, and about three in 10 persons with meningitis die. Similarly, influenza results in over 200,000 hospitalizations and causes approximately 36,000 deaths a year, mostly among the elderly.

Although current statutes require nursing homes to offer pneumococcal and influenza vaccines to elderly residents, no such requirement exists for hospitals. As proposed, S.B. 1330 requires hospitals to offer elderly patients admitted for over 24 hours vaccines for both pneumococcal disease and influenza. Hospitals would be required to administer the vaccines prior to discharge, if requested to do so. Moreover, S.B. 1330 requires ongoing care facilities (such as physician offices and public health clinics) to offer the opportunity for an elderly patient to obtain the vaccines if possible. If not, ongoing care facilities would provide information on other options for obtaining the vaccines.

RULEMAKING AUTHORITY

Rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 1 (Section 161.0052, Health and Safety Code) of this bill.

SECTION BY SECTION ANALYSIS

[While the statutory reference in this bill is to the Texas Department of Health (TDH), the following amendments affect the Department of State Health Services, as the successor agency to TDH.]

SECTION 1. Amends Subchapter A, Chapter 161, Health and Safety Code, by adding Section 161.0052, as follows:

Sec. 161.0052. IMMUNIZATION OF ELDERLY PERSONS BY HOSPITALS AND ONGOING CARE FACILITIES. (a) Defines "elderly person," "hospital," and "ongoing care facility."

(b) Requires the executive commissioner of the Health and Human Services Commission (executive commissioner), by rule, to require a hospital to inform each elderly person admitted to the hospital for a period of 24 hours or more that the pneumococcal and influenza vaccines are available. Requires the hospital, if the elderly person requests a vaccine, to make the vaccination available to the person before the person is discharged from the hospital.

(c) Requires the executive commissioner, by rule, to require an ongoing care facility to offer, to the extent possible, the opportunity to receive the pneumococcal and influenza vaccines to each elderly person who receives ongoing care at the facility. Requires the facility, if the facility decides it is not

feasible to offer the vaccine, to provide the person with information on other options for obtaining the vaccine.

(d) Sets forth requirements for rules adopted under this section.

(e) Requires the executive commissioner, in adopting rules under this section, to consider the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.

(f) Authorizes rules adopted under this section to consider the potential for a shortage of a vaccine.

(g) Requires the Texas Department of Health to make available to hospitals and ongoing care facilities educational and informational materials concerning vaccination against influenza virus and pneumococcal disease.

SECTION 2. Effective date: September 1, 2005.