

AMENDED IN ASSEMBLY MARCH 19, 2012

CALIFORNIA LEGISLATURE—2011–12 REGULAR SESSION

ASSEMBLY BILL

No. 2009

Introduced by Assembly Member Galgiani

February 23, 2012

An act to ~~add Chapter 6 (commencing with Section 120490) to Part 2 of Division 105~~ amend Section 104900 of the Health and Safety Code, relating to communicable disease.

LEGISLATIVE COUNSEL'S DIGEST

AB 2009, as amended, Galgiani. Communicable disease: influenza vaccinations.

Under existing law, the State Department of Public Health administers various programs for the protection of public health. The department provides a biennial report to the ~~legislature~~ *Legislature* on the immunization status of young children in California.

~~This bill would require, by July 1, 2013, the department, in consultation with the State Department of Education and the State Department of Health Care Services, to establish a one year pilot program to provide, at no charge, the seasonal influenza vaccine through the federal Vaccines for Children Program at the elementary or secondary schools of not more than 3 participating school districts and counties. The bill would require the State Department of Health Care Services shall establish an administration fee, as specified. This bill would also require participating counties and school districts to prepare and submit to the department a specified report.~~

Existing law requires the State Department of Public Health to provide appropriate flu vaccine to local governmental or private nonprofit agencies at no charge in order that the agencies may provide the

vaccine, at a minimal cost, at accessible locations in the order of priority first for all persons 60 years of age or older in this state and then to any other high-risk groups identified by the United States Public Health Service. The department and the California Department of Aging are required to prepare, publish, and disseminate information regarding the availability of the vaccine and the effectiveness of the vaccine in protecting the health of older persons.

This bill would include persons who are not more than 18 years of age among those who have priority to receive the vaccine. The bill would make findings and declarations regarding the transmission of influenza by children to adults and the elderly.

Vote: majority. Appropriation: no. Fiscal committee: yes.

State-mandated local program: no.

The people of the State of California do enact as follows:

1 *SECTION 1. The Legislature hereby finds and declares all of*
 2 *the following:*

3 *(a) School-based influenza vaccine programs help protect public*
 4 *health by reducing the spread of influenza in the community.*

5 *(b) Pandemic preparedness is enhanced through the*
 6 *implementation of a school-located influenza vaccination program*
 7 *in the state.*

8 *(c) The federal Centers for Disease Control and Prevention*
 9 *(CDC) recommend annual seasonal influenza vaccination for all*
 10 *persons six months of age and older.*

11 *(d) Current law related to prioritization for influenza vaccines*
 12 *is outdated and needs to be updated to reflect current CDC*
 13 *recommendations.*

14 *(e) Children have the highest rates of influenza infection and*
 15 *schoolaged children are the major vectors for influenza*
 16 *transmission that spread the virus to adults and the elderly in the*
 17 *community.*

18 *(f) Eligible low-income and uninsured children can access*
 19 *vaccine at no cost through the federally funded Vaccines for*
 20 *Children (VFC) Program.*

21 *(g) Currently, school districts are restricted when seeking*
 22 *reimbursement from Medi-Cal for influenza vaccinations*
 23 *administered in schools.*

1 (h) Currently, limits exist on the ability of a school district to
2 become a VFC provider in order to obtain influenza vaccine.

3 (i) It is, therefore, the intent of the Legislature that the State
4 Department of Health Care Services make it a priority to amend
5 California's Medicaid State Plan Amendment to accomplish
6 various goals to enhance Medi-Cal services provided at
7 schoolsites, including a mechanism to defray the cost of
8 school-based influenza vaccine programs.

9 (j) In addition, it is the intent of the Legislature that the State
10 Department of Public Health develop a plan, in coordination with
11 local public health officers, to authorize school districts to receive
12 influenza vaccine through the federally funded VFC Program.

13 SEC. 2. Section 104900 of the Health and Safety Code is
14 amended to read:

15 104900. (a) The department shall provide appropriate flu
16 vaccine to local governmental or private, nonprofit agencies at no
17 charge in order that the agencies may provide the vaccine, at a
18 minimal cost, at accessible locations in the order of priority first,
19 for all persons *who are not more than 18 years of age and persons*
20 *who are at least 60 years of age* ~~or older~~ in this state and then to
21 any other high-risk groups identified by the United States Public
22 Health Service. The department and the ~~State~~ *California*
23 Department of Aging shall prepare, publish, and disseminate
24 information regarding the availability of the vaccine and the
25 effectiveness of the vaccine in protecting the health of older
26 persons.

27 (b) The department may provide appropriate pneumonia vaccine
28 to local governmental or private, nonprofit agencies at no charge
29 in order that the agencies may provide the vaccine, at a minimal
30 cost, at accessible locations for groups identified as high risk by
31 the United States Public Health Service.

32 (c) The program shall be designed to utilize voluntary assistance
33 from public or private sectors in administering the vaccines.
34 However, local governmental or private, nonprofit agencies may
35 charge and retain a fee not exceeding two dollars (\$2) per person
36 to offset administrative operating costs.

37 (d) Except when the department determines that it is not feasible
38 to utilize federal funds due to excessive administrative costs, the
39 department shall seek and utilize available federal funds to the
40 maximum extent possible for the cost of the vaccine, the cost of

1 administering the vaccine and the minimal fee charged under this
2 section, including reimbursement under the Medi-Cal program for
3 persons eligible therefor to the extent permitted by federal law.

4 (e) Administration of the vaccine shall be performed either by
5 a physician, a registered nurse, or a licensed vocational nurse acting
6 within the scope of their professional practice acts. The physician
7 under whose direction the registered nurse or a licensed vocational
8 nurse is acting shall require the nurse to satisfactorily demonstrate
9 familiarity with (1) contraindication for the administration of such
10 immunizing agents, (2) treatment of possible anaphylactic
11 reactions, and (3) the administration of treatment, and reactions
12 to such immunizing agents.

13 (f) No private, nonprofit volunteer agency whose involvement
14 with an immunization program governed by this section is limited
15 to the provision of a clinic site or promotional and logistical support
16 pursuant to subdivision (c), or any employee or member thereof,
17 shall be liable for any injury caused by an act or omission in the
18 administration of the vaccine or other immunizing agent to a person
19 60 years of age or older or to members of high-risk groups
20 identified by the United States Public Health Service, if the
21 immunization is performed pursuant to this section in conformity
22 with applicable federal, state, or local governmental standards and
23 the act or omission does not constitute willful misconduct or gross
24 negligence. As used in this subdivision, "injury" includes the
25 residual effects of the vaccine or other immunizing agent. It is the
26 intent of the Legislature in adding this subdivision to affect only
27 the liability of private, nonprofit volunteer agencies and their
28 members that are not health facilities as defined in Section 1250.

29 (g) Nothing in this section shall be construed to require physical
30 presence of a directing or supervising physician, or the examination
31 by a physician of persons to be tested or immunized.

32 ~~SECTION 1. It is the intent of the Legislature to do both of~~
33 ~~the following:~~

34 ~~(a) Protect public health by reducing the spread of influenza in~~
35 ~~the community.~~

36 ~~(b) Help improve pandemic preparedness through the~~
37 ~~implementation of a school located influenza vaccination program~~
38 ~~in the state.~~

39 ~~SEC. 2. Chapter 6 (commencing with Section 120490) is added~~
40 ~~to Part 2 of Division 105 of the Health and Safety Code, to read:~~

1 CHAPTER 6. SCHOOL BASED INFLUENZA VACCINATION PROGRAM

2
3 ~~120490. (a) By July 1, 2013, the department, in consultation~~
4 ~~with the State Department of Education and the State Department~~
5 ~~of Health Care Services, shall establish a one year pilot program~~
6 ~~to provide, at no charge, the seasonal influenza vaccine through~~
7 ~~the federal Vaccines for Children Program (42 U.S.C. Sec. 1396s)~~
8 ~~at the elementary or secondary schools of not more than three~~
9 ~~participating school districts and counties. The State Department~~
10 ~~of Health Care Services shall establish an administration fee~~
11 ~~pursuant to the federal program to provide the influenza vaccine~~
12 ~~to participating school districts where more than 50 percent of the~~
13 ~~pupils qualify for Medi-Cal.~~

14 ~~(b) No later than 90 days following the completion of the pilot~~
15 ~~program, participating county and a school district shall submit a~~
16 ~~written report on the results of the program to the department. The~~
17 ~~report shall include all of the following:~~

18 ~~(1) An assessment of the seasonal influenza vaccination rates~~
19 ~~of school-aged children in localities where the program is~~
20 ~~implemented, compared to the national average.~~

21 ~~(2) An assessment of the number of education days gained,~~
22 ~~including statistics on the average daily attendance rates and~~
23 ~~absenteeism among school-aged children and faculty.~~

24 ~~(3) If feasible, an assessment of other indirect benefits, including~~
25 ~~the impact on hospital stays for influenza-like-illness, physician~~
26 ~~visits, and medication usage.~~

27 ~~(4) A recommendation of whether the pilot program should be~~
28 ~~expanded.~~