



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF OPERATIONS SUPPORT  
*ADMINISTRATIVE RULES UNIT*

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May 2, 2016

Representative Carol M. McGuire, Chair  
Joint Legislative Committee on Administrative Rules  
State House Annex, Room 219  
Concord, NH 03301

Dear Representative McGuire:

At the Joint Legislative Committee on Administrative Rules (JLCAR) meeting on March 18, 2016, JLCAR made a preliminary objection to final proposal 2015-203 of the Department of Health and Human Services (Department) containing He-P 307 relative to the immunization/vaccination registry (registry). Pursuant to RSA 541-A:13, V(c), the Department is responding to the preliminary objection. The preliminary objection, dated March 23, 2016, is based "on the ground that the rules are not in the public interest as currently worded." The specific concerns cited are as follows: (1) There is a lack of historical information establishing the need for or usefulness of a registry; (2) The registry is too expensive in relation to its efficiency; (3) Security of the information stored in the registry; and (4) The rules do not create an effective and cost-efficient registry, as required by RSA 141-C:20-f, I. There were no specific comments provided by JLCAR staff on the final proposal and no suggested wording proposed by the JLCAR, and so, no amendments are being made to the proposed rule as a result of the preliminary objection. The Department thanks the JLCAR for its help with promoting the best possible service for NH residents through an administrative rule.

*Concern #1 There is a lack of historical information establishing the need for or usefulness of a registry.*

In response to the first concern regarding the need for and usefulness of a registry, a registry offers numerous benefits to NH residents. Decreased unnecessary duplicate immunizations, decreased healthcare costs, and increased immunization rates are all documented benefits of an immunization registry. Registries reduce healthcare costs by reducing manually performed vaccination-related activities such as pulling records (health care and education system), contacting previous providers for vaccination histories, and generating immunization-related reports. There are also costs savings from reducing unnecessary and duplicate vaccinations that occur more frequently in the absence of an electronic registry<sup>1</sup>. Participating patients and families would benefit from having access to a complete electronic immunization record that includes information from multiple healthcare organizations instead of a paper record. See the attached document "Benefits of Immunization Registries for Individuals and Stakeholders" which summarizes the benefits of a registry to various stakeholder groups.

<sup>1</sup> Patel *et al.* Economic Review of Immunization Information Systems to Increase Vaccination Rates: A Community Guide Systematic Review. *J Public Health Management Practice*, 2015, 21(3), 253–262.

Not only would a registry offer convenience and efficiency for residents and healthcare providers receiving and administering vaccines, but a registry would improve the Department's ability to prevent and control outbreaks of vaccine preventable diseases, which are becoming increasingly more common in the United States as immunization rates decline in some areas due to anti-vaccine sentiment. While NH has worked hard to achieve one of the highest vaccination rates in the country, it can take a single infected person traveling to NH to cause an outbreak of measles or mumps, for example. With a registry, the Department could work with healthcare providers to automatically identify patients due for vaccine to help prevent outbreaks, and if an outbreak does occur, the Department can use the registry to identify people at risk and control the spread of the infection more quickly and efficiently.

As an example, during the 2009 H1N1 influenza pandemic, the Department had to determine which groups should be prioritized to receive a very limited supply of vaccine. In the absence of an immunization registry that would have been able to provide much more accurate information on where vaccine was being administered in the state and which patients had already received doses of the vaccine, the Department was forced to make decisions on priority groups mostly blindly, with only U.S. Census data to guide decisions. There have been several other incidents of vaccine preventable disease in NH, primarily pertussis and chickenpox in schools, that may have been more quickly controlled and more efficiently investigated if the Department did not have to make multiple phone calls to healthcare providers requesting vaccination status of affected people. On average 123 cases of chickenpox and 138 cases of pertussis are reported to the Department each year; these investigations result in hundreds of phone calls to collect vaccination histories of cases and their close contacts that would otherwise be available immediately in a registry.

A comprehensive review of 240 published articles and conference abstracts (Groom, *et al.*)<sup>2</sup> demonstrated evidence that immunization registries (1) support effective interventions such as patient reminder and recall and provider reminders, (2) help determine client vaccination status for decision-making by clinicians, health care systems, and schools, (3) help generate and evaluate public health responses to outbreaks of vaccine preventable disease, (4) inform assessments of vaccination coverage, missed vaccination opportunities, invalid dose administration, disparities in vaccination rates, and vaccine safety and effectiveness, and (5) facilitate vaccine management and accountability. This summary article is significant because it is a comprehensive review of 240 reports. The authors applied a standard and stringent method in assessing the evidence presented in the reports, and their findings were peer-reviewed by experts in the field. Such reviews are among the best evidence to support practice because the findings are not based on a single study or observation, but rather on a body of evidence, in this case 240 reports.

Concern #2 The registry is too expensive in relation to its efficiency.

Like all health information systems, immunization registries require funds to support and maintain them. Nationally, annual cost savings from immunization registries have been estimated at \$280 million (American Academy of Pediatrics Policy Statement<sup>3</sup>), which applied to NH would equate to an annual savings of approximately \$1 million. These savings come from reductions in time spent pulling and reviewing medical records manually, duplicate immunizations, time spent completing required immunization assessment activities in schools and childcare programs, as well as other activities. Furthermore, the immunization registry would be part of a larger immunization information system already in use in NH. This system is currently being used for vaccine ordering. It does not cost the

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<sup>2</sup> Groom, *et al.* Immunization Information Systems to Increase Vaccination Rates: A Community Guide Systematic Review. *J Public Health Management Practice*, 2015, 21(3), 227–248.

<sup>3</sup> AAP Policy Statement. Immunization Information Systems. *Pediatrics*, 2006, 118(3), 1293–1295.

Department any additional money to “turn on” the registry component of this system, so the adoption of the proposed rules will have no additional financial impact on the Department or the taxpayers of NH. The cost of this system is \$215,000 this fiscal year, an amount that is much lower than the estimated \$1 million cost savings of a registry, and therefore it is cost-efficient. The \$215,000 spent on an immunization information system is minute compared to the \$27 million spent on the actual vaccines being distributed to children in the state each year. This system as a whole is critical for tracking and monitoring the millions of dollars of vaccine in the state; enabling the registry component of this system will come at no additional cost and only further allow the Department to assure vaccine funding accountability.

Concern #3 Security of the information stored in the registry.

The Department appreciates the concern expressed by the JLCAR in response to the security of information contained within the registry. The Department takes very seriously its obligation to protect health information and has numerous safeguards in place. As a Health Insurance Portability and Accountability Act (HIPAA)-covered entity, the Department complies with all physical and electronic security requirements and has an extensive security and confidentiality policy in place to protect health data. Should the rules be adopted, immunization data would be secured in a vendor-hosted electronic data system that employs all industry-standard safeguards and requires user authentication and appropriate permissions for data access. Only authorized and trained individuals who have signed confidentiality agreements will be granted access to the system. The vendor has entered into a Business Associate Agreement with the Department that requires the vendor to comply with all physical and electronic security measures required under HIPAA. Therefore, data contained in the immunization registry would be as secure as they are stored in the healthcare provider’s record.

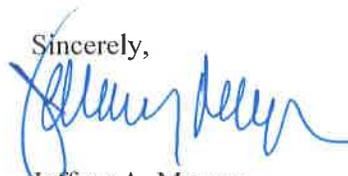
Concern #4 The rules do not create an effective and cost-efficient registry.

Regarding the final concern that the rules themselves do not create an effective and cost-efficient registry, the rules have been developed with stakeholder input and are effective and as efficient as possible while being responsive to concerns around privacy and participation in the registry. As already described, the registry incurs no additional cost to the taxpayers of NH and is therefore cost-efficient. Regarding its effectiveness, as described above, the registry offers numerous and significant benefits to the residents of NH. To summarize, in contrast to the reasons cited for the preliminary objection, the proposed rules do provide for an effective, secure, cost-efficient immunization registry.

An immunization registry is in the best public interest and is considered good public policy in 49 other states. In fact, nearly half of the JLCAR members present at the March 18th meeting agreed that the proposed rules were in the best public interest. I urge the members of JLCAR to consider this response, reconsider the proposed rules, and vote to approve He-P 307 Immunization/Vaccination Registry. Immunization registries are a key component of immunization best practices recommended by the federal Centers for Disease Control and Prevention and are supported by national healthcare organizations. Both residents and healthcare providers in NH would benefit from a registry, which is why the medical and provider communities in NH support the proposed rules. It is important not to confuse the registry with anti-vaccine sentiments. The proposed rules are not about who should be vaccinated, but simply put, the rules create a registry that will bring NH into the 21st century and allow for the efficient sharing of immunization information in a way similar to other mechanisms already in place to share healthcare information. Immunization registries help protect the public’s health and adopting rules to create an immunization registry is the right thing to do for NH.

I thank you, the JLCAR, and the Office of Legislative Services, for your comments and for your cooperation and assistance with this process.

Sincerely,



Jeffrey A. Meyers  
Commissioner

Enclosure

**New Hampshire Department of Health and Human Services  
Benefits of Immunization Registries for Individuals and Stakeholders**

Immunization registries can...

**Individuals:**

- Consolidate in one site all immunizations a person has received;
- Provide an accurate, official copy of a person's immunization history;
- Help ensure that a person's immunizations are up to date;
- Provide reminders when an immunization is due and recalls for missed immunizations;
- Help ensure timely immunization for persons who move or switch health-care providers;
- Prevent unnecessary (duplicate) immunizations; and
- Track vaccines and antibiotics in the event of a public health crisis.

**Providers and Health Plans:**

- Consolidate immunizations from all providers into one record;
- Provide a reliable immunization history for a person, whether a new or continuing patient;
- Provide definitive information on immunizations due or overdue;
- Provide current recommendations and information on new vaccines;
- Produce reminders and recalls for immunizations due or overdue;
- Complete immunization record requirements;
- Facilitate introduction of new vaccines or changes in the vaccine schedule;
- Help manage vaccine inventories; and
- Generate coverage reports for managed-care and other organizations.

**Communities:**

- Help control vaccine-preventable diseases;
- Help identify high-risk and under-immunized populations;
- Help prevent disease outbreaks; and
- Provide information on community and state coverage rates.

**Public Health Officials:**

- Provide information to identify pockets of need, target interventions and resources, and evaluate programs;
- Promote reminder and recall of children and adults who need immunizations;
- Ensure providers follow the most up-to-date recommendations for immunization;
- Facilitate introduction of new vaccines or changes in the vaccine schedule;
- Integrate immunization services with other public health functions; and
- Help monitor adverse events.

**Hospitals and Clinics:**

- Provide information on a patient's most recent tetanus booster or pneumococcal shot in order to provide proper care;
- Provide information on immunization status of employees to ensure that, as healthcare workers, they are up to date; and
- Assist hospitals with qualifying for Medicare reimbursement by meeting CMS patient safety goals, including assurance of proper screening and administration of immunizations.

**Pandemic Influenza Preparedness:**

- Identify priority populations for vaccine and track how many doses of vaccine a person has received in order to distribute vaccine appropriately when vaccine demand exceeds availability.

**New Hampshire Department of Health and Human Services  
Benefits of Immunization Registries for Individuals and Stakeholders**

**Colleges:**

- Provide information on immunizations students have received in order to comply with legal requirements for student immunization.

**Occupational Health:**

- Provide immunization information to occupational health nurses for their employees, who may have worked for other healthcare systems, to ensure they have been vaccinated against diseases like hepatitis B, measles, rubella, and chickenpox in order to protect patients; and
- Save facilities time and money by tracking new and existing employee immunization histories.

**Communicable Disease Surveillance:**

- Efficiently serve as the primary source of immunization histories when conducting vaccine-preventable disease outbreak investigations; and
- Permit the examination of immunization records of adults exposed to disease in order to offer vaccine or antibiotics to control the spread and transmission of vaccine preventable diseases.

**School Based Clinics:**

- Provide information on a student's immunization status in order to appropriately provide needed vaccinations in a school based clinic.

**Correctional Facilities:**

- Provide information on an inmates vaccination status to appropriately vaccinate these high-risk individuals while avoiding costly over-immunization.

**Underimmunized Populations:**

- Help target public health campaigns to areas where they will be most effective; and
- Allow healthcare and public health agencies to know which populations are under-immunized and what age groups need services.

**Senior Citizens:**

- Avoid over-immunization of residents 65 years of age and older who need a single immunization against pneumococcal disease; this vaccine could be given in a variety of settings such as primary care, emergency departments, or during a hospital admission, so the physician needs to know whether the patient has already had it. Not having a way to determine a persons vaccination history definitively leads to over-immunization (unnecessary immunization of people already vaccinated).

**Vaccine Inventory:**

- Increase capability to track vaccine inventory supply, distribution, and administration in accordance with Centers for Disease Control and Prevention (CDC) requirements;
- Streamline vaccine management; and
- Ensure adequate supplies of vaccine are distributed where most needed to reduce costs and increase efficiency of the vaccine distribution program.