

# HOUSE OF REPRESENTATIVES STAFF ANALYSIS

**BILL #:** HB 1289

Immunizations

**SPONSOR(S):** Holder

**TIED BILLS:**

**IDEN./SIM. BILLS:** SB 2732

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) Committee on Health Innovation		Cicccone	Calamas
2) Healthcare Council			
3) Policy & Budget Council			
4)			
5)			

## SUMMARY ANALYSIS

House Bill 1289 provides legislative findings and statutory changes regarding immunizations to children.

The bill requires that pneumococcal conjugate vaccine be administered to children less than two years of age who are enrolled or are enrolling in child care facilities, family day care or child care homes. The bill directs the Department of Health (department) to implement rules to add pneumococcal conjugate vaccine to the current list of required vaccines and to establish protocols for children younger than two years of age to catch up on missed doses. The bill directs child care facilities, family day care homes and child care homes to provide proof of pneumococcal conjugate vaccination to the department for all children receiving care, by December 1, 2007.

The bill does not appear to have a fiscal impact on state or local governments.

The bill provides an effective date of July 1, 2007.

# FULL ANALYSIS

## I. SUBSTANTIVE ANALYSIS

### A. HOUSE PRINCIPLES ANALYSIS:

Provides limited government - The bill directs the Department of Health (department) to implement rules to add pneumococcal conjugate vaccine to the current list of required vaccines and to establish protocols for children younger than 2 years of age to catch up on missed doses.

Promote personal responsibility - The bill requires that pneumococcal conjugate vaccine be administered to children less than two years of age who are enrolled or are enrolling in child care facilities, family day care or child care homes.

### B. EFFECT OF PROPOSED CHANGES:

House Bill 1289 requires the age-appropriate series of pneumococcal conjugate vaccine, as recommended by the Advisory Committee on Immunization Practices of the Center for Disease Control and Prevention to be administered to a child younger than two years of age who is enrolled or enrolling in a child care facility. The bill establishes a prerequisite proof of vaccination(s) prior to enrolling in a child care facility, a family day care home or a large family child care home.

## **Background**

### **Pneumococcal Disease**

Pneumococcal pneumonia is a lower respiratory tract infection caused by the bacterium *Streptococcus pneumoniae* which colonizes in the lungs, but can potentially invade the bloodstream (causing bacteremia) and the tissues and fluids surrounding the brain and spinal cord (resulting in a form of meningitis, an inflammation of the tissues and fluids surrounding the brain and spinal cord). "Pneumonia" is not a single disease, but rather can have over 30 different causes. The five main causes of pneumonia in the U.S. are bacteria, viruses, mycoplasmas, chemical exposure, and exposure to other infectious agents such as fungi (including pneumocystis).

Pneumococcal pneumonia is the most common cause of bacterial pneumonia acquired outside of hospitals, as CDC estimates indicate that *S. pneumoniae* causes 500,000 cases of pneumonia and is blamed for 40,000 deaths annually in the United States.<sup>1</sup> This mortality figure is the highest among vaccine-preventable bacterial diseases in the U.S.

### **Florida's Public School Vaccination Schedule**

The following immunizations are required by age and school grade (up to Kindergarten):<sup>2</sup>

Immunizations Required for Preschool Entry (age-appropriate doses as are medically indicated):

Diphtheria-Tetanus-Pertussis Series  
Haemophilus Influenzae type b (Hib)  
Hepatitis B  
Measles-Mumps-Rubella (MMR)

<sup>1</sup> Pneumococcal Pneumonia, updated December 13, 2004, Department of Health and Human Services National Institute of Allergy and Infectious Diseases, available at [www.niaid.nih.gov/factsheets/pneumonia](http://www.niaid.nih.gov/factsheets/pneumonia).

<sup>2</sup> *Vaccine Information Florida Vaccine Requirements*, National Network for Immunization Information, available at [http://www.immunizationinfo.org/vaccineinfo/disease\\_stateinfo.cfv](http://www.immunizationinfo.org/vaccineinfo/disease_stateinfo.cfv); *Immunization and Record Requirements*, available at

[http://www.dog.state.fl.us/disease\\_ctrl/immune/school.pdf](http://www.dog.state.fl.us/disease_ctrl/immune/school.pdf)

Polio Series  
Varicella

Immunizations Required for Kindergarten Entry:

Diphtheria-Tetanus-Pertussis Series  
Hepatitis B Series  
Measles-Mumps-Rubella (two doses of Measles vaccine, preferably as MMR)  
Polio Series  
Varicella

Immunizations required for Child Care and/or Family Day Care

Diphtheria Tetanus-Pertussis  
Haemophilus Influenzae type b  
Measles-Mumps-Rubella  
Polio  
Varicella

**Child Care Facilities**

Chapter 402, F.S., defines child care to mean the care, protection and supervision of a child, for a period of less than 24 hours a day on a regular basis, which supplements parental care, enrichment, and health supervision for the child in accordance with his or her individual needs, and for which a payment, fee or grant is made for care. <sup>3</sup>

There are basically three types of child care facilities as follows:

- Child Care Facility<sup>4</sup> -- any child care center or child care arrangement which provides child care for more than five children unrelated to the operator and which received a payment, fee, or grant for any of the children receiving care, wherever operated, and whether or not operated for profit. The following are not included:
  - Public schools and nonpublic schools, and their integral programs, except as provided in s. 402.3025, F.S.;
  - Summer camps having children in full-time residence;
  - Summer day camps;
  - Bible schools normally conducted during vacation periods; and
  - Operators of transient establishments, as defined in chapter 509, F.S., which provide child care services solely for the guests of their establishment or resort, provided that all child care personnel of the establishment are screened according to the level 2 screening requirements of chapter 435, F.S.
- Family Day Care Home<sup>5</sup> -- an occupied residence in which child care is regularly provided for children from at least two unrelated families and which receives a payment, fee, or grant for any of the children receiving care, whether or not operated for profit. A family day care home shall be allowed to provide care for one of the following groups of children, which shall include those children under 13 years of age who are related to the caregiver:
  - A maximum of four children from birth to 12 months of age;
  - A maximum of three children from birth to 12 months of age, and other children, for a maximum total of six children;
  - A maximum of six preschool children if all are older than 12 months of age; or

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<sup>3</sup> s. 402.302(1), F.S.

<sup>4</sup> s. 402.302(2), F.S.

<sup>5</sup> s.402.302(3), F.S.

- A maximum of 10 children if no more than 5 are preschool age and, of those 5, no more than 2 are 12 months of age.
- Large Family Child Care Home<sup>6</sup> -- an occupied residence in which child care is regularly provided for children from at least two unrelated families, which receives a payment, fee, or grant for any of the children receiving care, whether or not operated for profit, and which has at least two full-time child care personnel on the premises during the hours of operation. One of the two full-time child care personnel must be the owner or occupant of the residence. A large family child care home must first have operated as a licensed family day care home for 2 years, with an operator who has had a child development associate credential or its equivalent for 1 year, before seeking licensure as a large family child care home. A large family child care home shall be allowed to provide care for one of the following groups of children, which shall include those children under 13 years of age who are related to the caregiver:
  - A maximum of 8 children from birth to 24 months of age; or
  - A maximum of 12 children, with no more than 4 children under 24 months of age.

C. SECTION DIRECTORY:

Section 1. Amends s. 402.305(9), F.S., by adding new (b) relating to immunizations, relating to agency rules and protocols, and redesignating current (b) and (c), F.S. as (c) relating to admission and record keeping.

Section 2. Creates s 402.313 (14), F.S., relating to immunizations of children younger than 2 years of age; relating to agency rules and protocols.

Section 3. Creates s. 402.3131 (9), F.S., relating to immunizations of children younger than 2 years of age; relating to rules and protocols.

Section 4. Provides an effective date of July 1, 2007.

## II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

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<sup>6</sup> s. 402.302(4), F.S.

Parents and guardians of children less than two years of age who are enrolled or are enrolling in a child care facility, family day care home or large family child care home will be required to have the child receive the age-appropriate series of pneumococcal conjugate vaccine. The cost of administering the vaccination(s) will likely be born by the child's parent or guardian. The cost for a pneumococcal conjugate vaccine (Pevnar) is between \$57-74 per dose.

D. FISCAL COMMENTS:

None.

**III. COMMENTS**

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

This bill does not require counties or municipalities to spend funds or take action requiring the expenditure of funds. This bill does not reduce the percentage of a state tax shared with counties or municipalities. This bill does not reduce the authority that municipalities have to raise revenues.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The department is authorized to develop rules to add pneumococcal conjugate vaccine to the current list of required vaccines and establish protocols for children younger than two years of age to catch up on missed doses.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

D. STATEMENT OF THE SPONSOR

No statement provided.

**IV. AMENDMENTS/COUNCIL SUBSTITUTE CHANGES**