STATE LAW, INFLUENZA VACCINATION & HEALTHCARE PERSONNEL: An Update

For

The National Influenza Vaccine Summit
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DISCLOSURES

• This project was funded by:
  – AHRQ, CDC, NVPO, OHW on behalf of the Federal Increasing Influenza Vaccination Coverage Among Healthcare Workers Working Group

• Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services or of the Occupational Safety and Health Administration However, I am solely responsible for the project’s findings.

• Period of Performance: Fall 2010 – Summer 2011

Government project managers were Mark Grabowski and Ray Strikas.
PROJECT GOALS

• Analyze state laws that address mandatory influenza vaccination of HCP
• Develop recommendations & model language for state laws that will decrease transmission of flu from HCP to patients
• Collaborate with states to create a legal environment that encourages flu vaccination of all HCP
1. After extensive discussion with experts and a literature review, we identified 6 elements of a comprehensive mandatory flu vaccination program:

   - definition of affected personnel
   - definition of an affected employer
   - outline health care employer obligations
   - outline health care personnel obligations
   - incorporate an exemption policy
   - include a standard of care (The next slide describes the elements in detail)

2. Identified state laws that address flu vaccination of HCP
3. Compared each state’s law to the 6 essential elements
4. Developed state summaries to describe each state’s law
5. Drafted a model law that incorporates the 6 elements
<table>
<thead>
<tr>
<th>ELEMENTS OF THE MODEL LAW</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AFFECTED HCP</strong></td>
</tr>
<tr>
<td><strong>AFFECTED EMPLOYERS</strong></td>
</tr>
<tr>
<td><strong>HCP OBLIGATIONS</strong></td>
</tr>
<tr>
<td><strong>STANDARD</strong></td>
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It’s interesting to note how the laws have evolved since we began this project. The 2 new regulations are stronger than the older laws and directly address some of the primary barriers to a successful program.

**Source:** GWU/SPHHS, Developing a Model State Law, Summer 2011, Updated 12/12
<table>
<thead>
<tr>
<th>AFFECTED HCP</th>
<th>COLORADO: Paid by the health care entity (Excludes: volunteers/contractors)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RHODE ISLAND:</td>
<td>Paid, unpaid, contractor, housekeeping, laundry, maintenance, administrative staff (Excludes: Visitors)</td>
</tr>
<tr>
<td>AFFECTED HCE</td>
<td>COLORADO: Hospital, Hospital Unit, Ambulatory Surgical Center, LTC</td>
</tr>
<tr>
<td>EMPLOYER OBLIGATIONS</td>
<td>COLORADO:</td>
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<tr>
<td>1) Develop written policy 2) Inform all HCP of requirement 3) Provide vaccine when it is readily available 4) Enforce policy &amp; provide masks for unvaccinated HCP 5) Maintain documentation of vaccination status 6) Track &amp; report vaccination rates annually for Health Dept.</td>
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Other HCEs not listed shall: 1) Conduct an assessment to develop a flu vx policy 2) develop a written policy that offers flu vx, documents status, educates HCP, tracks & reports vaccination rate annually for Health Dept.

Excludes: HCEs that have vaccinated a targeted % of HCP (60% by 12/31/12 75%/2013 90%/2014)

<table>
<thead>
<tr>
<th>RHODE ISLAND:</th>
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<tr>
<td>1) Require vaccination 2) Provide free vaccine 3) Track &amp; record vaccination levels for the Dept. of Health 4) Require unvaccinated HCP to wear surgical masks during direct patient contact, when flu is widespread 5) Provide free masks 6) Pay $100 fine for each breach</td>
</tr>
</tbody>
</table>
| HCW OBLIGATIONS | COLORADO: Comply with policy  
| RHODE ISLAND: Comply with policy regardless of any provision in any Collective bargaining agreement or other contract or policy Section 5.7 |
| EXEMPTION POLICY | COLORADO: Medical  
| RHODE ISLAND: 1) Medical 2) Signed Declination Form including agreement to wear mask & pay $100 fine for each breach = unprofessional conduct |
| STANDARD OF CARE | COLORADO: None identified  
| RHODE ISLAND: ACIP |
CONCLUSION

• State law is the more effective & reliable method to increase HCP vaccination when compared to individual facility-based policies:
  – Statewide impact
  – Establish uniform requirements
  – Incorporate all HCP & HCE
  – Governing framework is already established

• The most effective state law would include all 6 elements of the model

• NEXT STEPS: 1) How federal policies impact uptake (FEDS have a role (Education, Recommendations, Building Evidence Base, Managing Federal Personnel);
RESOURCES

• Project materials are available at:
  http://www.gwumc.edu/sphhs/departments/healthpolicy/influenza/

• We are available to:
  – Collaborate with state & local policymakers, program administrators
  – Update or modify existing policies
  – Support coalitions that increase HCP flu vaccination
  – Develop state case studies to support policy change
  – Draft & present testimony before legislators
  – Conduct public health analyses
  – Develop educational materials