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Title: Timely Recording of Vaccines in MCIR
Introduced by: Domenic Federico, MD, for the Kent County Delegation
Original Author: Gerald Lee, MD
Referred to: Reaffirmation Calendar
House Action: **REAFFIRM**

Whereas, patients do not always know what vaccines they have received and when, and

Whereas, through electronic records it is now possible to have one up-to-date, accurate and timely record, and

Whereas, some locations such as workplaces and Veterans Affairs’ clinics do not use the Michigan Care Improvement Registry (MCIR), and

Whereas, some employee clinics do not record in MCIR for weeks, and

Whereas, this can result in duplication, denied payments or putting patients at risk if not vaccinated; therefore be it

RESOLVED: That MSMS supports a requirement that all physician offices administering vaccines in the state of Michigan must record this information in MCIR within 72 hours.

WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE

Relevant MSMS Policy:

Mandatory Entry of Adult Immunization in MCIR

MSMS supports the entry of all immunizations administered to adults into the Michigan Care Improvement Registry within three business days. (Res19-13)

Report Immunizations to Primary Care Physicians and MCIR

MSMS supports the requirement that pharmacies and other entities providing immunizations to patients report such action and enter all immunizations administered to patients into the Michigan Care Improvement Registry and, if feasible, to the patient’s primary care physician either electronically or via fax. (Res03-15)

Michigan Public Health Code:

333.9206 Certificate of immunization required; form; contents; right to object to reporting requirement; report to department; failure to comply with subsection (3); “health care provider” defined. Sec. 9206.

(1) The health care provider administering an immunizing agent to a child shall present the person accompanying the child with a written certificate of immunization, or make an entry of the immunization on a certificate in the person's possession. The certificate shall be in a form prescribed by the department and shall indicate the diseases or infections for which the child has been immunized, the number of doses given, the dates when administered, and whether further immunizations are indicated.

(2) Before administering an immunizing agent to a child, a health care provider shall notify the parent, guardian, or person in loco parentis of the child, on a form provided by the department, of the right to object to the reporting requirement of subsection (3).

(3) Unless the parent, guardian, or person in loco parentis of the child who received the immunizing agent objects by written notice received by the health care provider prior to reporting, a health care provider shall report to the department each immunization administered by the health care provider, pursuant to rules promulgated under section 9227. If the parent, guardian, or person in loco parentis of the child who was immunized objects to the reporting requirement of this subsection by written notice received by the health care provider prior to notification, the health care provider shall not report the immunization.

(4) A health care provider who complies or fails to comply in good faith with subsection (3) is not liable in a civil action for damages as a result of an act or omission during the compliance, except an act or omission constituting gross negligence or willful and wanton misconduct.

(5) As used in this section, "health care provider" means a health professional, health facility, or local health department.

History: 1978, Act 368, Eff. Sept. 30, 1978 ;-- Am. 1996, Act 540, Imd. Eff. Jan. 15, 1997

Popular Name: Act 368

Michigan Administrative Rule:

R 325.163 Reportable information.

Rule 3. (1) A person who administers an immunization, as defined in section 5101(e) of the act after the effective date of these rules to a child who was born after December 31, 1993, shall report the immunization to the department in a manner consistent with the rules and under either of the following circumstances, unless the immunization need not be reported under section 9206(2) and (3):

(a) The individual was born after December 31, 1993.

(b) The individual is less than 20 years of age.

(2) A person who administers an immunization may report any immunization administered to an individual if the individual was born before January 1, 1994.

(3) Only a health care provider who is authorized to administer an immunizing agent under section 9204 of the act shall report an immunization.

(4) A health care provider shall submit all of the information required by the department.

(5) A health care provider who receives written notification from a person requesting that his or her (or his or her child's) immunization data not be reported to the registry shall forward the request to the department in a form provided by the department. The department shall not add any immunization information to that individual's or child's record after receipt of the request. This subrule does not apply to drugs, medications, chemicals, vaccines, or biological products being used in response to a public health emergency.

(6) A health care provider who is required to report an immunization shall submit the report within 72 hours of administering an immunization. The report shall be on a form provided by the department, except for a report that is submitted by electronic transmission or on electronic media.

(7) A health care provider who submits an immunization report by electronic transmission or on electronic media shall submit the report in the format provided by the department.

(8) If a public health emergency, and at the discretion of the director of the department in consultation with the chief medical executive, health care providers and other persons as defined by the director shall report to the department information regarding administration or dispensing of certain drugs, medications, chemicals, vaccines, or biological products used in response to the public health emergency. The department shall add functionality to the MCIR so that such information can be reported using the MCIR.

History: 1997 AACCS; 2009 AACCS; 2012 AACCS