

## STATEMENT OF PURPOSE

### RS21595

Idaho's immunization registry (IRIS) was authorized in Idaho Code (39-4803) in 1999 as a voluntary registry of the immunization status of Idaho children against childhood diseases. Since then, several changes in medical practice and advances in technology have occurred, necessitating a change in this statute to align the registry use and management with modern medical care and record keeping.

Immunizations are now routinely given from birth until school entry, again during adolescence, and during adulthood. Most persons will receive immunizations during their lifetime from multiple providers, which may include pediatricians, adult medicine specialists, public health workers, employee health nurses, and pharmacists. In addition, electronic medical records (EMR) are becoming standard in medical offices. With more immunization events from multiple providers, it is more difficult for any one provider, or any one individual patient, to record and track all of their immunizations. Having a complete record is important not only for childcare or school entry, but for providers and hospitals to determine if patients are up-to-date or need influenza, pneumonia, or other vaccinations. Having complete records in their EMR will reduce the chance that providers may over-immunize a patient, since medical protocols sometimes say "when in doubt, immunize." In order to facilitate the exchange of data between providers, it is desirable to be able to bi-directionally exchange immunization information with these other systems to allow providers to receive immunization data on their patients into their EMRs. This automatic data exchange will lower costs in medical provider offices as it will reduce the amount of data entry required to keep their EMRs current. As currently written the IRIS statute prohibits such data sharing from IRIS into providers' EMRs or any other health data system unless redisclosure could be prevented, specifically stating "A person or entity to whom information is disclosed from the registry may not thereafter disclose it to others." Technically, it is not feasible to prevent such redisclosure once IRIS data has been released into another provider's EMR or the Idaho Health Data Exchange, and, in fact, is considered undesirable for purposes of medical care in instances, for example, where one doctor is transferring care (and data from his EMR) of a patient to another provider.

The proposed changes would enable IRIS to be used for bi-directional exchange of immunization information; allow IRIS to send historical data back to a provider's EMR to ensure that the provider has their patients' complete immunization records in the EMR; and replace the word "child" with the word "individual" in multiple places to further clarify that IRIS is a "birth-to-death" registry that contains immunization information for both children and adults.

## FISCAL NOTE

The IRIS system is already capable of bi-directionally exchanging immunization data, though the functionality is not being used. There will be no fiscal impact from this legislation, as no system enhancements within IRIS would be required. Furthermore, there will be a cost savings to the medical community due to the reduced cost of data entry, and the reduced chance for over-immunization.



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