**South Carolina General Assembly**

119th Session, 2011-2012

**H. 4150**

**STATUS INFORMATION**

Concurrent Resolution

Sponsors: Rep. White

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Introduced in the House on April 28, 2011

Introduced in the Senate on May 11, 2011

Currently residing in the Senate Committee on **Banking and Insurance**

Summary: Influenza vaccinations

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

4/28/2011 House Introduced ([House Journal‑page 4](file:///h:\hj%20archive\2011\04-28-11.docx))

4/28/2011 House Referred to Committee on **Medical, Military, Public and Municipal Affairs** ([House Journal‑page 4](file:///h:\hj%20archive\2011\04-28-11.docx))

5/4/2011 House Recalled from Committee on **Medical, Military, Public and Municipal Affairs** ([House Journal‑page 37](file:///h:\hj%20archive\2011\05-04-11.docx))

5/5/2011 House Adopted, returned to Senate with concurrence ([House Journal‑page 24](file:///h:\hj%20archive\2011\05-05-11.docx))

5/11/2011 Senate Introduced ([Senate Journal‑page 16](file:///h:\sj%20archive\2011\05-11-11.docx))

5/11/2011 Senate Referred to Committee on **Banking and Insurance** ([Senate Journal‑page 16](file:///h:\sj%20archive\2011\05-11-11.docx))

**VERSIONS OF THIS BILL**

[4/28/2011](file:///p:\pprever\2011-12\4150_20110428.docx)

[5/4/2011](file:///p:\pprever\2011-12\4150_20110504.docx)

RECALLED

May 4, 2011

**H. 4150**

Introduced by Rep. White

S. Printed 5/4/11--H.

Read the first time April 28, 2011.

**A** **CONCURRENT RESOLUTION**

TO ENCOURAGE PRIVATE INSURERS, THAT COVER INFLUENZA VACCINATIONS, TO COVER THE COST AND ADMINISTRATION OF THE VACCINE WHEN IT IS ADMINISTERED IN SCHOOL SETTINGS, AND OTHER RELATED SETTINGS, IN ORDER TO MAKE THIS VACCINE MORE READILY AVAILABLE TO CHILDREN, A HIGH RISK POPULATION FOR CONTRACTING AND TRANSMITTING INFLUENZA AND TO ENCOURAGE THE PUBLIC HEALTH COMMUNITY AND VACCINE STAKEHOLDERS TO PROMOTE SCHOOL LOCATED VACCINATION PROGRAMS AND HELP EDUCATE PRIVATE INSURERS ABOUT THE PUBLIC HEALTH BENEFITS OF THESE ALTERNATIVE VACCINATION LOCATIONS.

Whereas, every year in the United States, on average, more than 200,000 people are hospitalized from influenza related complications and about 36,000 people, mostly the elderly, die from influenza related causes; and

Whereas, the most effective strategy for preventing influenza is annual vaccination; and

Whereas, school aged children five to nineteen years of age have the highest rates of influenza infection and school aged children are the major vectors for influenza transmission that spread the virus to adults and the elderly in the community, causing substantial socioeconomic impact; and

Whereas, the United States Centers for Disease Control and Prevention recommends annual seasonal influenza vaccination for all eligible persons in the United States, including eligible children six months through eighteen years of age; and

Whereas, influenza vaccination rates for school aged children five to seventeen years of age remain low, ranging from 24.6 percent (healthy) to 34.7 percent (high-risk) in the 2008‑2009 influenza season, and new immunization strategies are needed to improve vaccination in this population; and

Whereas, the potential threat of an influenza pandemic underscores the importance of building a school located vaccination infrastructure as federal pandemic preparedness plans call for the vaccination of an unprecedented number of children in the school setting; and

Whereas, school located influenza vaccination programs have grown substantially across the country in recent years and have been particularly successful in schools in which a majority of children qualify for vaccines through the federal Vaccines for Children program; and

Whereas, private insurance’s recognition of alternative delivery venues, such as schools, for the administration of influenza vaccines would increase access for all school aged children to be vaccinated to protect themselves and their communities from influenza; and

Whereas, school located influenza vaccination programs would help increase school aged children’s access to immunization, help protect them from influenza related illness and reduce school absenteeism due to influenza, and help provide protection to the community at large; and

Whereas, the need to build a comprehensive school located vaccination infrastructure is even more urgent in light of the potential for future influenza pandemics; and

Whereas, private insurance recognition of school located vaccination programs for routine seasonal influenza vaccination could enhance public health and the nation’s pandemic preparedness by providing a familiar and accessible place and a practiced protocol for vaccination against pandemic influenza. Now, therefore,

Be it resolved by the House of Representatives, the Senate concurring:

That the members of the South Carolina General Assembly, by this resolution, urge private insurers, who already cover influenza vaccination, to cover all reasonable and customary expenses, including the cost of the vaccine and the administration fee, incurred when the influenza vaccine is administered outside of a physician’s office in a school setting or in another related setting.

Be it further resolved that the public health community and vaccine stakeholders are encouraged to work together to help promote the recognition and development of school located influenza vaccination programs and to educate private insurers about the greater influenza vaccination rate of school aged children and public health benefits when the influenza vaccination is administered in school settings and other related settings.

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