

3146

Kathy Cooper

From: Molchanow, Karen <kamolchano@pa.gov>
Sent: Tuesday, May 10, 2016 11:08 AM
To: IRRRC
Subject: FW: PSEA Public Comments on Proposed Rulemaking: Chapter 23 and Chapter 11
Attachments: Immunization public comment letter 5 6 2106.pdf

Kathy,

Attached is an additional comment on the immunization regulations from PSEA. I do not see you in the cc list below.

Thanks,
Karen

Karen Molchanow
Executive Director, State Board of Education
333 Market Street, 1st Floor, Harrisburg, PA 17126
phone: (717) 346-9449; fax: (717) 787-7306
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IRRC
2016 MAY 10 PM 12:09

From: Government Relations [PA] [<mailto:governmentrelations@psea.org>]
Sent: Monday, May 09, 2016 2:27 PM
To: Findley, Cynthia
Cc: Molchanow, Karen; Olanoff, Beth; Clark, Lawrence; 'ismucker@pasen.gov'; 'andy@pasenate.com'; 'vance@pasen.gov'; 'kitchen@pasenate.com'; 'ssaylor@pahousegop.com'; 'jroebuck@pahouse.net'; 'mbaker@pahousegop.com'; 'ffabrizi@pahouse.net'
Subject: PSEA Public Comments on Proposed Rulemaking: Chapter 23 and Chapter 11

Attached please find the Public Comments of PSEA for the proposed revisions to Chapter 11, promulgated by the State Board of Education (Board) and, Chapter 23 revisions, promulgated by the PA Department of Health (Department).



"PSEA E-mail Firewall" annotation on Mon May 09 2016 14:26:28

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May 9, 2016

2016 MAY 10 PM 12: 09

Cynthia Findley
Director, Division of Immunization
PA Department of Health
625 Forster Street, Health and Welfare Building
Room 1026
Harrisburg, PA 17120

RE: PSEA Public Comments on Proposed Rulemaking:
Chapter 23 (PA Department of Health)
Chapter 11 (State Board of Education)

Dear Ms. Findley:

On behalf of the Pennsylvania State Education Association (PSEA) and our 1500 certified school nurses, we are writing to express support for the proposed revisions to Chapter 11, promulgated by the State Board of Education (Board) and, Chapter 23 revisions, promulgated by the PA Department of Health (Department).

Pennsylvania can be proud of its record for immunizing school-aged children, but it is clear that more needs to be done if we are to reach the “herd” immunization levels of 95 percent or greater as recommended by the Centers for Disease Control and Prevention. These proposed regulations represent a solid foundation for reaching that goal.

Certified school nurses understand that vaccination rates need to be nearly universal to make the school community as safe as possible from preventable diseases. This is particularly important for students who are immune-compromised in order to help reduce their exposure to infections that could have been prevented with a vaccine. Ensuring that children are healthy is a critical factor for keeping them in school and ready to learn.

Utilizing a variety of evidence-based immunization strategies - such as reminders about vaccine schedules, state immunization information systems (SIIS), strong vaccination recommendations, and vaccine education for students, staff, and families to help increase protection for students from preventable diseases – school nurses play an integral role in helping to protect children and whole school communities from vaccine-preventable diseases.

Data shows that the gap between PA’s current 91% immunization level and the ideal of 95% or above is primarily students (53,000 last year) that are *provisionally* allowed to attend school for most of the year. **PSEA strongly supports the Department’s effort to establish a sense of urgency around the issue of immunization through its proposed change from the current 8 month provisional period to a 5-day provisional period in Chapter 23.**

While PSEA strongly supports the intention behind the proposed change and encourages the swift adoption of the final form regulations, we do understand and respect the concerns that have been raised in some of the other public comments submitted to the Department specific to that provision. Therefore, **we urge policy makers to consider the challenges for implementation and barriers to compliance that would be presented should the regulations take effect at the start of the 2016-17 school year. Effectuating the change beginning in the 2017-18 school year would ensure adequate preparation for the change.** Health care providers, school administrators, school nurses, parents, and students need time to be educated about the changes and schools need time to establish processes and protocols to meet the new requirements.

From the perspective of a school nurse, if the provisional period is changed to five days it will be important for schools to develop processes to ensure that timeframe can be met within the framework of current responsibilities to be completed the first week of school. For school nurses, that week is focused collecting student emergency cards, writing student health plans, reviewing student paperwork for necessary medications, gathering medications, developing emergency plans for students with diabetes, life-threatening food allergies, asthma and more; and notifying teachers of student health needs. Reviewing the immunization records and communicating with parents about the need for the second dosage within 5 days can be done, but, again, it is important that the change go into effect with the establishment of clear systems and protocols to ensure implementation does not overwhelm students, parents, health care providers, school nurses, and school administrators.

PSEA supports the Chapter 11 revisions proposed by the State Board of Education but we urge the Board to revise the current "may" provision to a "shall" provision in the final-form regulations, thereby requiring the exclusion of children who have not met the requirements for vaccination. The current "may" provision in Chapter 11 does not provide for consistent enforcement and application across the state, or even across school buildings. While that provision may have been well intentioned so as to provide for local discretion, the continuance of that discretion could undermine the very goal of achieving optimal immunization levels for students.

No policy should be implemented in a silo, however. PSEA advocates for the "shall" provision for consistency, **but we also urge the Department and the Board to work with school nurses and others to identify barriers that may exist for vaccination and help address those barriers with evidence-based strategies.**

PSEA does not want the "shall" provision to potentially become an unfair consequence for students for circumstances that may be outside of their control or the control of their family. Therefore we believe it is imperative that there be education and outreach for the health care provider community and for families; improved collection, sharing, and utilization of data regarding immunizations; and a review of possible barriers to access to vaccinations – including cost and system of delivery.

PSEA recommends that the Department do an educational campaign for parents, schools, and health care providers that administer immunizations, including pediatricians, family physicians, internists, CRNPs, pharmacists, and health clinics. The campaign could include model guidance and education materials that schools can use for educating parents about vaccine requirements, exceptions, provisional periods, and reporting. The training for providers, including their support staff, could include medically sound information about the revised immunization requirements, schedule and timing of shots, and indications and contraindications, as well as best practices for maximizing patient contacts – including acute office visits for minor illnesses – to keep children’s immunizations current.

In addition, it is important that providers are educated about their responsibility for follow-up care within the new 5-day window and also documentation under the new regulations – i.e. the provision of the medical certificate as proof that the student is scheduled to complete the required immunizations, as well as the written statement regarding a child’s history of measles, mumps, and rubella. This is not something the parent can provide any longer, but it is something the school must have on record to be in compliance.

The sharing of information between health care providers and schools, specifically school nurses, is another area PSEA hopes policymakers will work to address prior to the regulations going into effect. **PSEA strongly supports the Pennsylvania Statewide Immunization Information System (PA-SIIS) managed by the Department.** PA-SIIS is an effective tool but its effectiveness is greatly limited by the fact that many health care providers do not participate with the system or utilize it consistently. **PSEA encourages the Department to determine effective strategies to increase participation and utilization by physicians and other health care providers of PA-SIIS.** This would be particularly helpful for schools that need to verify vaccination records for students who may be moving, switching schools in the district, or in foster care, homeless or without an accompanied adult. Central collection of the immunization record would also help address some health care providers’ hesitation in sharing vaccination records with school nurses without parental consent based on privacy/HIPAA concerns.

Depending on what the data shows, PSEA urges the Department to implement evidence-based strategies to increase access to vaccinations where it is needed. One such strategy is the Department’s “Don’t Wait. Vaccinate” program. PSEA lauds the “Don’t Wait. Vaccinate” program and encourages the Department to work with schools and other community-based partners to increase awareness of the program for students and their families.

Another potential strategy to increase access to vaccinations is to bring the care direct to the students and their families. School-located vaccination clinics (SLV) could be something to consider where there are gaps in providers or other challenges to receiving vaccination. Utilizing schools as a venue for vaccine delivery can provide a convenient location and an alternative to vaccination at a physician’s office or public clinic, potentially reducing barriers to access because of family schedules, transportation, or concerns about additional co-pays or visits to providers. Collaboration between schools, public health departments, child health agencies,

Cynthia Findley
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families, and local healthcare providers is essential to make a successful SLV – both for vaccine delivery and for tracking and communication of immunizations.

Thank you for considering our comments as you finalize these regulations and work to reach the goal of herd immunity in Pennsylvania.

Sincerely,

Jerry Oleksiak, President
PSEA

Stacy Chiles, President
PSEA School Nurse Section

cc: Karen Molchanow, Executive Director, State Board of Education
Beth Olanoff, Policy Director, PA Department of Education
Lawrence Clark, Policy Director, PA Department of Health
Senator Smucker
Senator Dinniman
Senator Vance
Senator Kitchen
Representative Saylor
Representative Roebuck
Representative Baker
Representative Fabrizio