

**Illinois House of Representative  
Human Services Committee**

**March 9, 2010**

**HB 1338 - Immunization Data Registry Act**

**WRITTEN TESTIMONY**

Submitted by

Rashmi Chugh, M.D., M.P.H.

Medical Officer, DuPage County Health Department  
Public Health Committee Chair, Illinois Academy of Family Physicians

Good afternoon members of the Human Services Committee. My name is Rashmi Chugh, DuPage County Health Department Medical Officer and Public Health Committee Chair for the Illinois Academy of Family Physicians.

Thank you for the opportunity to provide information about Illinois' immunization registry. I ask that you kindly consider supporting House Bill 1338, which would define with whom immunization information may be shared and for what purposes. Furthermore, it provides rules for how parents can opt out of participating in Illinois' Computerized Immunization Registry System I-CARE (Illinois Comprehensive Automated Registry Exchange). **All states have some form of an immunization registry, and currently, 41 states have implemented similar "opt-out" systems.**

To give you a little background, I-CARE is an immunization record-sharing computer program developed by the Illinois Department of Public Health. The program allows private and public health care providers to **confidentially share the immunization records** of Illinois residents in order to optimize accurate immunization status tracking. The registry allows physicians, as necessary, to access patient records for information about immunizations administered outside their practices. Currently, the program contains more than 37 million immunization records.

Besides keeping track of the immunizations a child has already received, I-CARE forecasts immunization due dates based on the nationally recognized "Recommended Childhood Immunization Schedule." These recommendations are approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians.

I-CARE is HIPAA-compliant, and is designed to **protect patient confidentiality** while at the same time providing access to statewide registry information. Confidentiality is maintained through several security controls.

Open access to the statewide registry is not allowed. Information is available only on a need-to-know basis, and only registered I-CARE users have access to the data. In other words, an I-CARE user **cannot browse through patient records** without a specific name or ID search criteria.

An audit log at the statewide registry tracks all updates to patient records. In addition, a site can only produce reports for patients seen at its clinic site.

If a child's parent or guardian wishes to opt out and does not give consent to be included in the statewide registry, the patient's immunization record can still be included in the physician's office or clinic confidential records. However, this **patient's information will not be shared** outside the medical office or clinic, and will not be included in de-identified statewide registry vaccination coverage level reports.

The **primary goal** of I-CARE is to increase the immunization coverage level of Illinois' 2-year-olds to 90 percent. In 2008, approximately 77 percent of Illinois' 2-year-olds were properly immunized, according to a National Immunization Survey. Twenty-three percent were under-immunized or unimmunized. While this goal focuses on 2-year-olds, I-CARE can include patients of all ages.

I-CARE program also **has the potential to integrate a statewide obesity surveillance system**, instead of the paper-collected data from Kindergarten, 6th and 9th grade physicals that are not systematically organized or analyzed. I-CARE currently maintains optional Body Mass Index (BMI)-related data fields, and has the capacity to calculate BMI percentile, the primary indicator for tracking weight status among children and teens. Developing a statewide obesity surveillance system is a critical prerequisite for objectively assessing and monitoring Illinois children's health status and the impact of obesity prevention efforts and resources.

Eliminating opt-in written consent would greatly reduce the amount of paperwork required by providers who use I-CARE, and would allow providers to confidentially enter patient records without requiring providers to track down patients in order to obtain signed consent forms. An opt-out system would potentially **encourage more providers to utilize I-CARE** in their practices, thereby **increasing the number of participants in I-CARE** as well as the number of providers using I-CARE. These are both essential components for an effective Illinois immunization registry system, which in turn, will help to increase immunization rates and reduce vaccine-preventable disease and deaths among our most vulnerable residents.

I thank you for your time and attention, and for your consideration of House Bill 1338, an important public health initiative that would support disease control and prevention efforts, and promote the health of Illinois residents.

Thank you.

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