

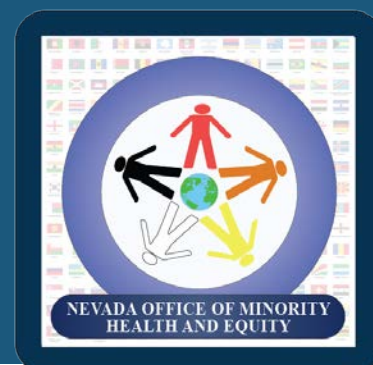
2020-2021 Seasonal Influenza in the Time of COVID-19: A Supplemental Action Brief

Prepared by the **Nevada Office
of Minority Health and Equity
(NOMHE)**

*Includes Results of
Community-Driven Listening Session*

August 2020

Revised August 27, 2020



I. INTRODUCTION

The mission of the Nevada Office of Minority Health and Equity (NOMHE) is to embed equitable, system-changing health principles and practices while: (1) improving the quality of health care access for members of vulnerable groups; (2) increasing access to health care services; (3) seeking ways to provide education to the community and; (4) addressing, preventing, and treating diseases and conditions that affect underserved populations.

As Nevada addresses the challenges created by the COVID-19 pandemic, we also face the overlapping 2020-2021 influenza season, aware that the effect of these two respiratory-based diseases will be difficult to manage. We are also aware both diseases disproportionately impact BIPOC (Black Indigenous Persons of Color) communities. And, therefore, public health officials must advocate specifically to these target populations. For example, a high-risk profile would be a Black or Hispanic male, 65 years or older, working in a frontline job and living in multi-generational housing.

NOMHE's 2020-2021 Influenza Season Supplemental Action Brief Purpose

In response to these circumstances, NOMHE has produced this Supplemental Action Brief to achieve the following:

(1) support outreach activities that address root causes of vaccine hesitancy (2) support development of community-level awareness that translates to actions positioning under-represented persons closer to vaccine awareness and compliance (3) contribute to efforts missioned to raise vaccination levels within Nevada's BIPOC (Black, Indigenous and Persons of Color) communities, and (4) contribute to actions that minimize flu-related caseloads in health care system during 2020-21 season

NOMHE will share the action brief will collaborating partners including the Nevada State Immunization Program (NSIP), the Office of Public Health Investigations and Epidemiology (OPHIE), and Immunize Nevada (IZ NV). Upon request, this document can be made available to other strategically aligned organizations.

The action brief is predicated on the outcomes of a NOMHE-sponsored, informal focus group on the topic of "***Flu Shot Perceptions***", integrated with results of a post-Listening Session Survey, stakeholder consultations and reviews of periodicals, academic articles and professional association websites. The action brief concludes with recommendations offered to support the outreach and actions of organizations committed to maximizing vaccine awareness and compliance.

II. "FLU SHOT PERCEPTIONS" LISTENING SESSION

(conducted virtually - July 23, 2020)

Every flu season is different, and the 2020-21 season will be even more so due to the COVID-19 pandemic. As we await a COVID-19 vaccination, we must maximize influenza vaccination compliance as a means to avoid concurrent epidemics. The scale of morbidity and mortality due to the COVID-19 pandemic will be directly related to the strength of the public health response, which must stress the importance of one of the most effective infection prevention tools currently available: **widespread implementation of seasonal influenza vaccination** until community immunity is achieved through an effective COVID-19 vaccine and/or natural infection (Influenza in the COVID-19 Era, Daniel Solomon, MD, JAMA Insights, 2020).

Nevada has one of the lowest flu vaccine compliance rates in the nation (Centers for Disease Control and Prevention, 2020). Known for promoting a sense of partnership, equality and fairness, NOMHE elected to utilize an informal listening session format to assess community perceptions on the flu shot and how to improve compliance.

Listening Session Strategic Design

The 90-minute virtual listening session allowed for participants from northern and southern Nevada to interact while maintaining compliance with current COVID-19 protocols.

The listening session utilized a Root Cause Analysis (RCA) approach – a process of discovering the root causes of problems in order to identify appropriate and effective solutions. RCA assumes, when tasked with solving a larger problem, it is much more efficient to systematically prevent and solve for its underlying issues. By asking a series of “But Why” questions, participants in the interactive dialogue define the smaller issues allowing for stakeholders and resources to be identified and assigned. The Listening Session’s discussion was initiated by posing questions around the following root cause categories, as they relate to flu shot hesitancy:

- Education/Awareness
- Access
- Personal History / Experience

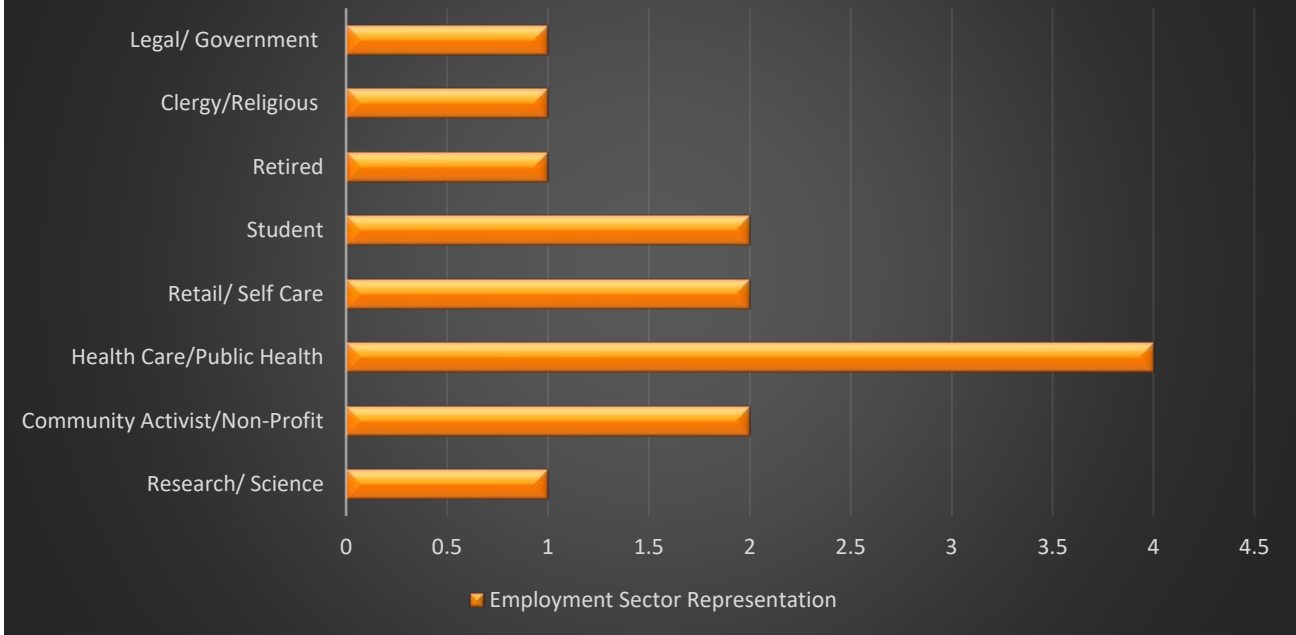
The listening session discussions examined the concerns that resulted in vaccine hesitancy and contemplated the current approaches used in response. The recommendations provided in the action brief are derived from and/or inspired by the group’s solutions.

Participants

With recommendations from NOMHE’s community-based, state-wide partner network (a collection of persons with affiliations ranging from grass roots non-profits to academia to health systems to elected officials). In all, over 60 candidates were considered. Ultimately, fourteen (14) Listening Session participants were selected. Participants were chosen to reflect diversity across the following categories:

- Employment (see Figure 1)
- Age
- Race/Ethnicity
- Flu Vaccine Compliance

Figure 1: Employment Sector Representation



A goal of the listening session recruitment process was to have participants that reflected Nevada’s past (i.e. low) flu vaccine rates to ensure the availability of historical context (see Figure 6). Over the last nine (9) years, Nevada has had an estimated 30% flu vaccine compliance rate. (Centers for Disease Control and Prevention, 2019). During the Nevada 2018-2019 flu season, it was estimated around 25% of people, age 18-64 received a flu vaccine. Those, age 65 and older had a compliance of around 65% (CDC, 2019). Refer to Figure 2A, Figure 2B and Figure 3 for the demographic descriptions of the NOMHE listening session participants.

Figure 2A: Age of Listening Session Participants

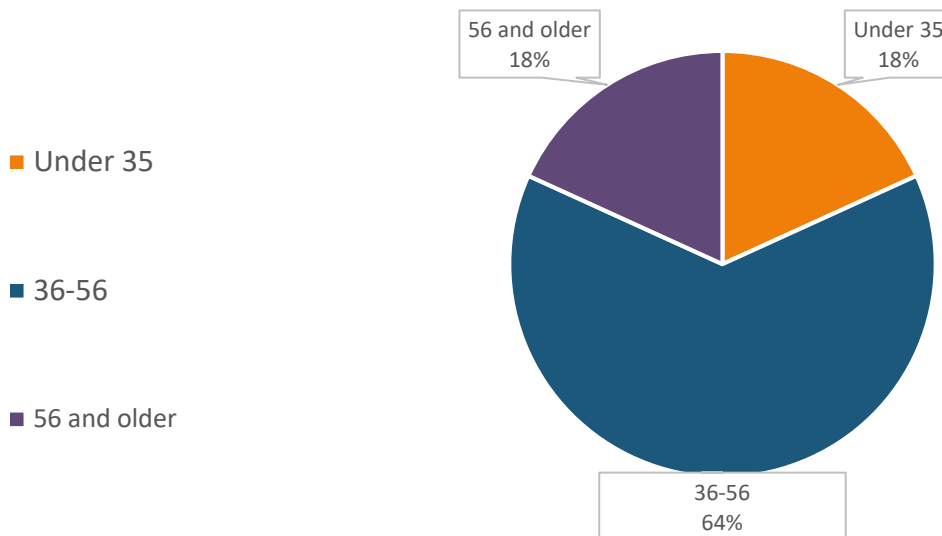


Figure 2B: Race/Ethnicity

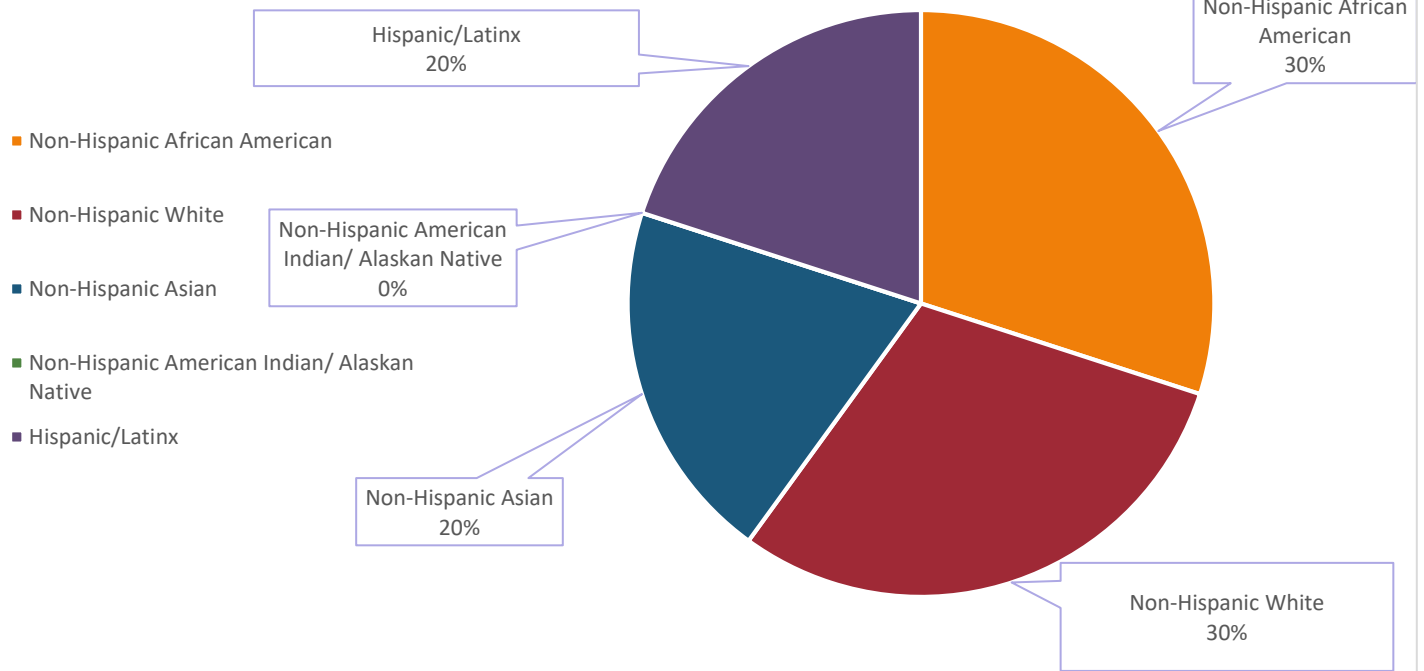
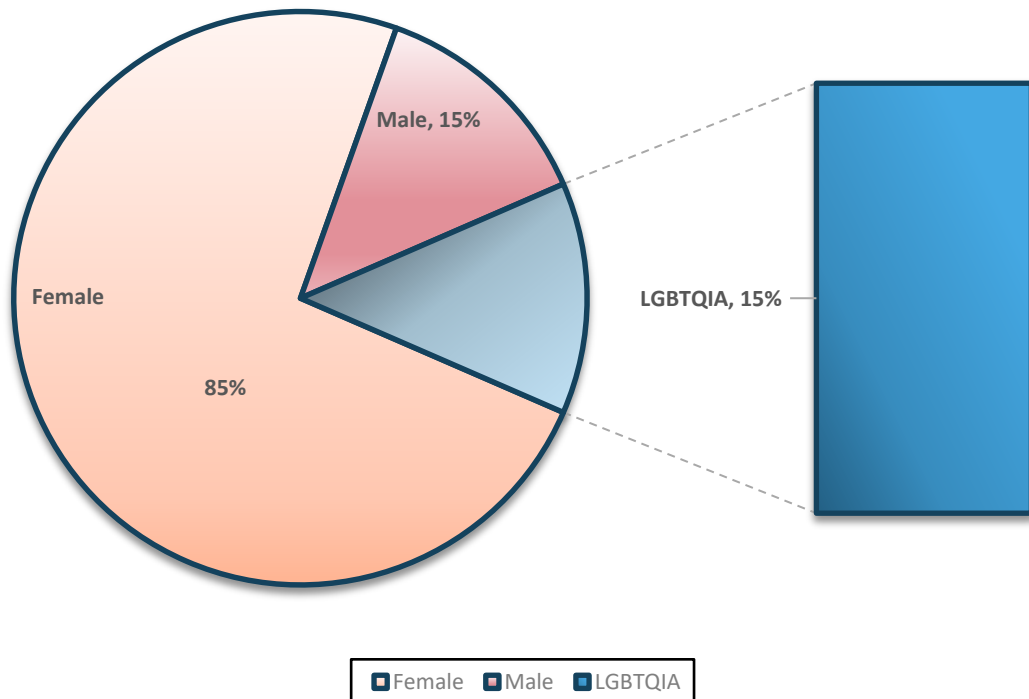


Figure 3: Sexual Orientation/ Gender Identity Representation



Education /Awareness (as a Root Cause of Vaccine Hesitancy)

NOMHE sought to learn about the public’s knowledge and understanding regarding influenza infection, the flu vaccine, and whether they felt their educational needs regarding this topic were being met. A majority of participants knew the general timeframe for the seasonal flu. The participants also knew that influenza is caused by a virus. However, it was noted there are often misconceptions about the fact there is more than one virus that can cause influenza. Another misperception presented by a participant was that immunity to the flu is developed immediately after vaccination. Both were suggested as possible education opportunities to clarify the information for the surrounding communities. Multiple participants noted there is a common belief that a person will receive the flu from shot or vaccination. It was recommended and agreed upon by several participants that physicians should go further to explain flu vaccines, various strains, and the potential effects. It was suggested by a listening session participant that NOMHE and the Nevada Department of Health and Human Services (DHHS) programs utilize faith-based organizations as partners to educate the public and form how the information is presented to the community. Participants also noted the information they received from providers and government officials was often inconsistent with each other. It was suggested this often leads to a lack of trust in both information sources and a strong vaccine hesitancy. The current politicization of science as it relates to health care was cited as a contributing factor. It should be noted two of the community listening session participants identified as immune compromised and cannot receive the flu vaccine. All participants were also asked about where they receive their information about the flu vaccine and their health concerns. The responses are illustrated in Figures 4 and 5.

Figure 4: Source Used for Flu Vaccine Information

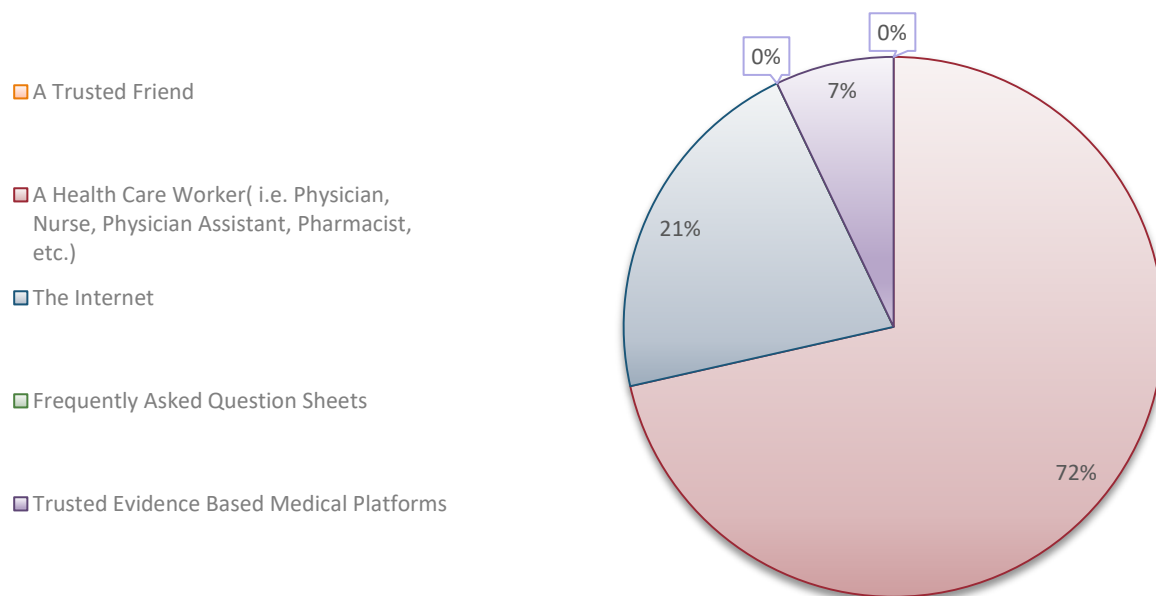
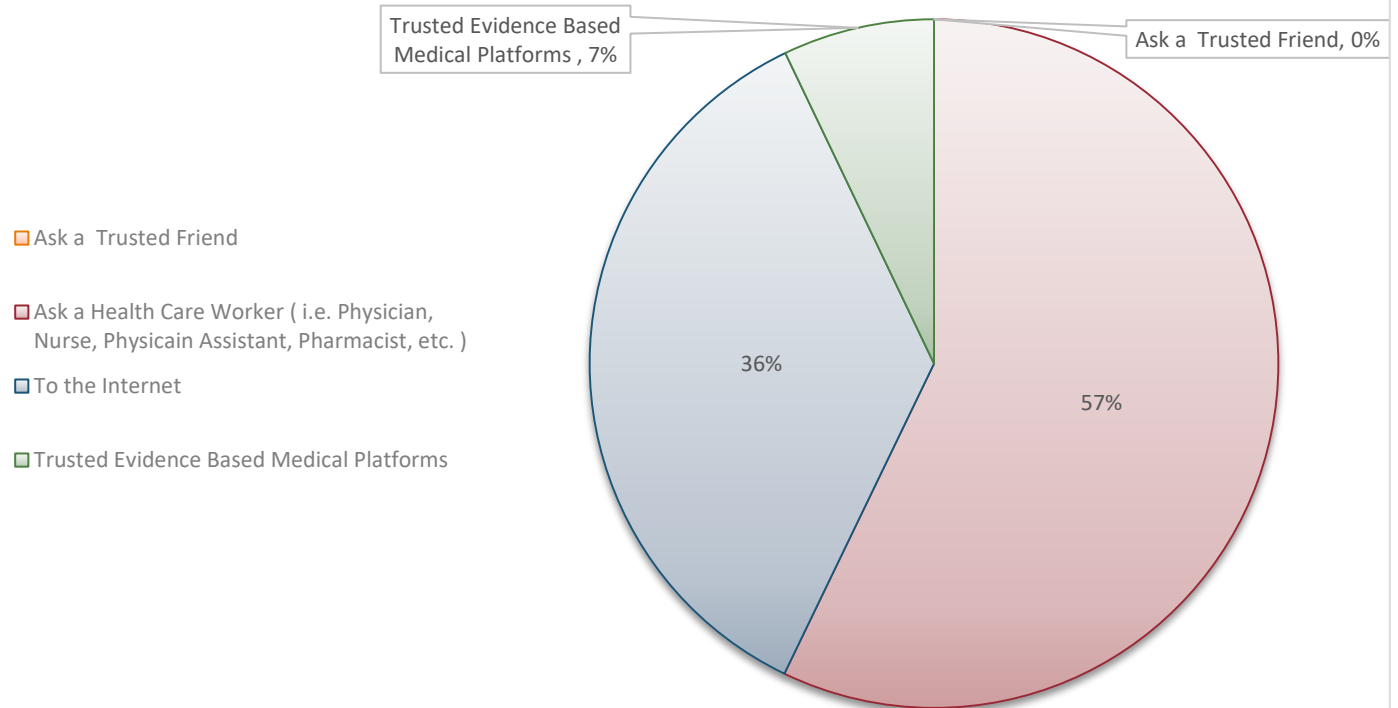


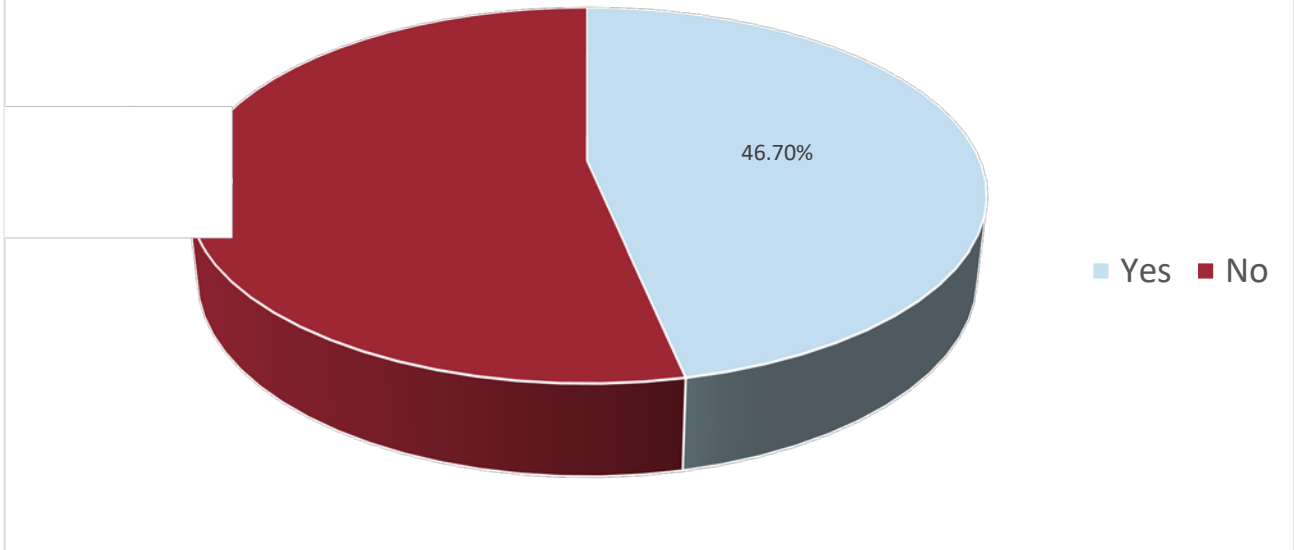
Figure 5: Information Source Used to Fact Check Personal Medical Information



**Access
(as a Root Cause of Vaccine Hesitancy)**

NOMHE then sought to learn about the barriers that could be preventing Nevadans from receiving and accessing the flu vaccine. It was noted there was significant concern for the cost burden (with little knowledge about resources to offset cost), the ability to take time from work, and actual access to the flu shot. Multiple participants stated that younger individuals age 35 or younger often avoid seeing their health care provider due to cost. It was also stated parents often consider the flu shot cost prohibitive. An example was provided that parents schedule appointments for their children to receive the flu vaccine but are told that demand exceeds supply and that the office has no dosages to administer. Participants noted this can cause further issues for parents due to an inability to take off work or pay for a vaccine elsewhere. Often, places of employment are not sensitive to the needs of parents to be able to disengage from work for their children’s healthcare. Another possible barrier of access discussed was placement and days/hours of operation of locations administering flu vaccine and information about its availability. Participants discussed information being presented to minority communities in a way that is tailored to those communities. Listening session participants suggested utilizing COVID-19 testing sites as information distribution centers for Frequently Asked Question (FAQ) sheets about the flu and the flu shot. It was also suggested that lists of available vaccination sites in close proximity to COVID-19 testing sites be created and distributed. In the listening session, it was asked if the participants would be willing to visit a neighborhood pharmacy for their flu vaccine. Approximately 48% of the participants said they would visit a neighborhood pharmacy for the flu vaccine if it was available (see Figure 6). The participants suggested school nurses, barber shops, hair salons, and QR codes all have flu shot information to overcome barriers that the community may have.

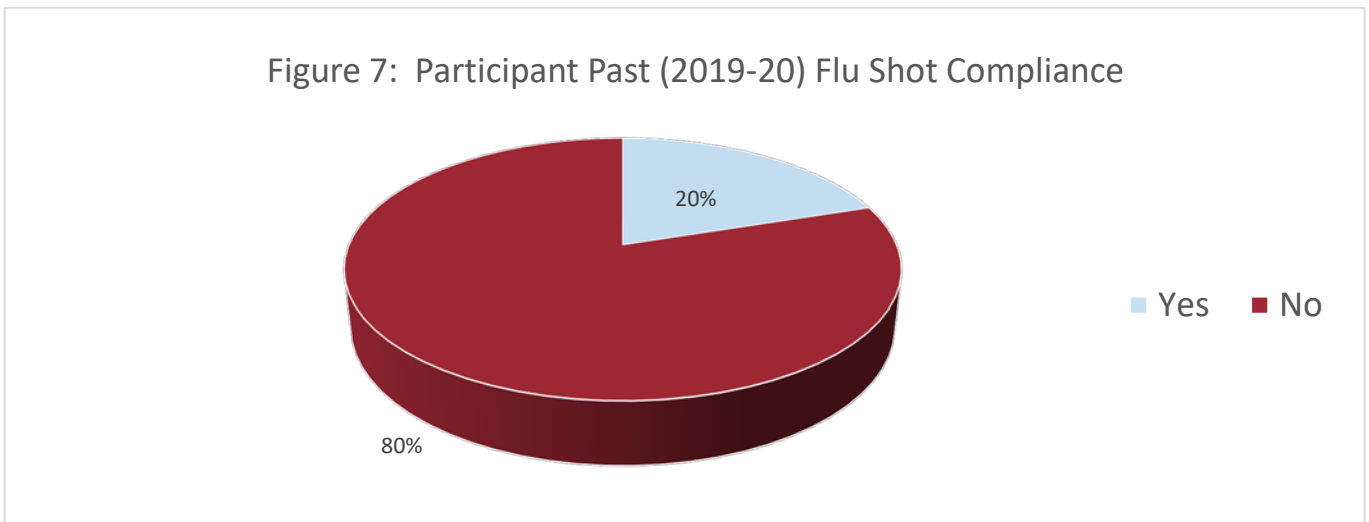
Figure 6: Willingness to Use Neighborhood Pharmacies for Flu Vaccine Administration



**Personal History / Experience
(as a Root Cause of Vaccine Hesitancy)**

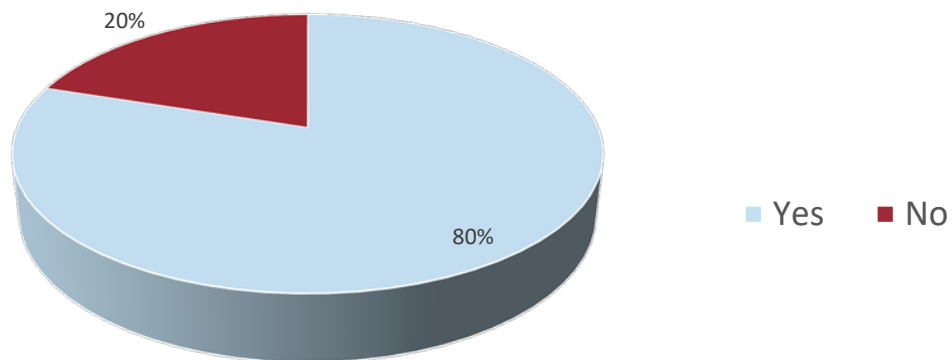
NOMHE sought to understand the personal history, experiences and attitudes the listening session cohort had about the flu vaccine. It was established that past experiences dictate how the community perceives the flu shot. Perceptions were heavily influenced by “bad experiences” whether personal in nature or not. One participant (in the older age group), mentioned she has never contracted the flu or pneumonia and she receives her flu shot regularly now that she is above the age 65. Hearing her share her positive experience with conviction made a notably strong impression.

Figure 7: Participant Past (2019-20) Flu Shot Compliance



During the listening session, many of the participants stated they had not received the flu shot during the past flu season (see Figure 7). This was reconfirmed as part of the post session survey. The participants reflected the current flu shot statistics for the state of Nevada. According to the Centers for Disease Control and Prevention (CDC), Nevada’s overall flu shot compliance has been around 37% for the past nine (9) flu seasons. This places Nevada at the lowest flu shot compliance in the nation. Those between the ages of 18-64 averaged a compliance rate of 25%. This is a point of concern as the flu shot is one of the best ways to protect against influenza. (CDC, 2019).

Figure 8: Participant Anticipated (2020 - 2021) Flu Shot Compliance



In an interesting turn of events, by the end of the listening session, the majority of the participants stated they anticipate receiving the flu shot this upcoming season (see Figure 8). They stated they felt better about information sources after attending the session. The positive perspectives that were shared were effective in addressing their vaccine hesitancy. They also agreed to further contribute information and be a part of NOMHE’s partnership group in disseminating information to the community.

III. RECOMMENDATIONS

The following recommendations to support the outreach and actions of organizations committed to maximizing vaccine awareness and compliance. Some may have been actioned by other providers and agencies. Repeating of recommendations serves to reinforce replication of an effective action/strategy.

- Co-Joining/Teaming Vaccinations with Well-Check Visits and/or Mandatory Health services
 - In order to avoid overwhelming pharmacists at neighborhood locations we recommend.
 - Utilize the Roseman University School of Pharmacy and students/interns to help promote and participate in vaccine education and administration.
 - Homebound Services for Elderly or Physically Challenged
 - DHHS Aging and Disability Services Division Programs
 - Dental Visits
 - Advocate for dentists being allowed to administer certain vaccinations during dental care visits. This could be modeled after Oregon initiative. (See Addendum)

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- Reach out to individual American Indian Tribes through tribal liaisons and the health service departments like the Indian Health Services to coordinate information dissemination and logistical vaccine administration efforts.
 - Collaborate with American Indian Community Centers in urban areas for information release and flu shot administration.
 - Collaborate with State-Affiliated Emergency Response Teams (for example Battle Born Medical Corps)
 - Aligning Vaccine Awareness Efforts with (Monthly) Wellness Recognition Events
 - Focus on Events with Disease Profiles that Reflect Chronic Diseases, Impact Populations with Low Flu Vaccine Coverage and COVID 19 Risk and Outcomes (see Addendum for full list).
For example:
 - September (a critical month to flu season) is Sickle Cell Awareness Month
 - NOMHE can coordinate /broker collaborative partnerships
 - Social Media Usage – Incorporate POSITIVE Content on to Platform that Resonates According to Age Group. For example:
 - Under 35 years of age (QR Codes)
 - Display QR codes at COVID sites so when scanned, multi-lingual lists of available flu vaccination sites in close proximity is provided.
 - 36 – 56 years of age (Text Campaign)
 - Strategic texting currently in use; amplify focus on this age range with sharable reminders and information about Flu Shots
 - 56 years of age and older (No Consensus on Preferred Platform Reached During Listening Session)
 - Receiving information from health care professionals or the internet was a general theme; inter-personal connection with health care professional the most utilized resource (Figure 4)
 - Stop Misinformation (Myth Busting)
 - Address misconceptions head on; use FAQ Sheets to identify the incorrectly held beliefs and clearly debunk
 - More frequently asked questions and literature. One side should include an infographic explaining Influenza, flu season, signs, and symptoms. The other side providing information to de-mystify complex aspects such as the different strains of influenza, how the vaccine is chosen, how the vaccine will help, who should and should not receive it.
 - All literature should be culturally sensitive, reflecting primary spoken language based on the area in which it will be distributed
 - Place flu shot literature at COVID-19 Testing Sites .
 - Work with Health Care Providers (Physicians, Physician Assistants, Nurses, etc.) to assure patients feel they are receiving adequate amount of information about the flu vaccine
 - Maximize Election Cycle / Involve Candidates and Legislators
 - Elected officials and candidates are very connected to their districts and often advocate (or campaign) based on demographic information. Enlist their help to provide platform for outreach and informing the community about flu season,
 - Conduct vaccination awareness specific presentations per candidate hosted campaign events which will coincide with flu season

- Employ Outreach Reflective of the Community to Quickly and Authentically Achieve Racial Concordance (i.e. Racial Harmony)
 - Use diverse public relations resources to source for, produce and feature public service announcements. For example:
 - Alicia Gibbs/VegasEVibe on Facebook
 - Shaundell Newsome, Sumnu Marketing
 - Utilize community health workers including Doulas and Promotores reflecting the ethnicity of the communities they are servicing
- Creating and Utilizing Racially Concordant (i.e. racially harmonious) Partnership Group
 - Create a Faith Based Organization Distribution Network
 - Engage medical doctor (M.D.) candidates from Touro and UNLV chapters of Student National Medical Association (SNMA)
- Empower Employers and Employees
 - Suggest employers prioritize employees and their families during flu season by either requiring the flu shot for those who are able (i.e. Las Vegas Culinary Industry) or allowing them to take time off without penalties for vaccination appointments.
- Utilize these methods for other therapies such as child and adult immunizations

IV. Other Findings

Overlapping Vulnerabilities

Earlier it was discussed people often hesitate to access the flu shot due to a cost burden. NSIP reviewed Nevada’s Statewide Immunization Information System (i.e. WebIZ) data (www.webiz.nv.gov) and Vaccine For Children (VFC) population data (www.vfcnevada.org) by zip code in Clark and Washoe counties to determine where the most VFC youth reside and where the greatest need for increased access to flu vaccine exists. They were able to identify two zip codes in Clark County (89115 and 89108) and one in Washoe County (89431) with large VFC populations, but low vaccination rates. After further research, it was discovered that the health demographics contained in each of the Clark County zip codes were a prime example of how outreach and recommendation application should differ based on the demographics. Zip Code 89108 has a population of approximately 77,000. The population is predominantly White, African American and Hispanic/Latino. The majority of the population is between ages 25-64 and 8.84% of the population is unemployed while 14.93% of the families are below the poverty line (Nevada, 2020). With this information, we can infer that people in this community may feel the cost burden is prohibitive. The information provided to this zip code should be reflective of their needs.

Dual Diagnosis

While presenting in very small percentages, a person can be ill from influenza and COVID-19 viruses simultaneously. Because distinguishing symptoms remains a source of confusion for the general public, consider incorporating this information into flu awareness campaigns. Once a person is symptomatic, diagnostic testing for both pathogens so that the appropriate treatment and post-diagnosis protocols may be initiated, (including but not limited to in the case of COVID-19), contact tracing to contain spread. The CDC has developed a test that will do the following:

Check for A and B type seasonal flu viruses and SARS CoV-2, the virus that causes COVID-19. This test will be used by U.S. public health laboratories. Testing for these viruses at the same time will give

public health officials important information about how flu and COVID-19 are spreading and what prevention steps should be taken. The test will also help public health laboratories save time and testing materials, and to possibly return test results faster (Centers for Disease Control and Prevention National Center for Immunization and Respiratory Diseases [NCIRD], 2020)

It is important to note that a number of manufacturers are modifying existing analysis methodologies to allow for multiplex testing of influenza, COVID-19 and other respiratory viruses using a single test cartridge. (Influenza, 2020).

Use of NPI

Intuitively, it stands to reason nonpharmaceutical interventions (NPI) protocols such as wearing masks, social distancing, working from home, closing schools, and other strategies to minimize the spread of COVID-19 would lessen transmission of other respiratory infectious diseases, including influenza. Because NPI protocols are considered effective COVID-19 prevention tools, consider incorporating this information into flu awareness campaigns.

V. Limitations

The listening session was conducted using Microsoft Teams. Participants could only access listening session with a computer with audio/camera features. While the participant's demographic representation was comprehensive, they represented small sample size. There was only one session.

For More Information Contact

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References / Document Review

- Influenza in the COVID-19 Era, Daniel A. Solomon, MD, Amy C. Sherman, MD, Sanjat Kanjilal MD,MPH, JAMA Insights (August 14, 2020) Retrieved from: <https://jamanetwork.com/journals/jama/fullarticle/2769676?widget=personalizedcontent&previousarticle=2769835> Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases. (2019, October 29). *2018-19 Influenza Season Vaccination Coverage Dashboard*. Retrieved August 10, 2020, <https://www.cdc.gov/flu/fluview/reportshtml/reporti1819/reportii/index.html>
- Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases. (2019, October 29). *2010-11 through 2018-19 Influenza Seasons Vaccination Coverage* Retrieved August 10, 2020 <https://www.cdc.gov/flu/fluview/reportshtml/trends/index.html>
- Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases. (2020, January 03). *Vaccine Effectiveness: How Well Do the Flu Vaccines Work?* Retrieved August 10, 2020 <https://www.cdc.gov/flu/vaccines-work/vaccineeffect.htm>
- Nevada, S. (2020). 2020 Demographics. Retrieved August 10, 2020, from <http://www.healthysouthernnevada.org/?module=demographicdata>
- Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases. (2020, August 20). *Frequently Asked Influenza (Flu) Questions: 2020-2021 Season*. Retrieved August 27, 2020. https://www.cdc.gov/flu/season/faq-flu-season-2020-2021.htm#anchor_1591372261934

ADDENDUM

ITEM #	TITLE / DESCRIPTION
1	Annual List of Health Awareness Recognitions by Month
2	House Bill 2220 80 th Oregon Legislative Assembly – 2019 Regular Session Authorizes trained and certified dentists to prescribe and administer vaccines. https://olis.leg.state.or.us/liz/2019R1/Downloads/MeasureDocument/HB2220/Introduced https://olis.leg.state.or.us/liz/2019R1/Downloads/MeasureDocument/HB2220/Introduced

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List of Annual Health Wellness Events

	Key Health Awareness Observances	Key Health Awareness Dates	Event	Event Sponsor Info	Event Date
2020					
<u>Sept</u>					
	<u>National Sickle Cell Month</u>	September 1st-30th			
			Sickle Cell Blood Drive	Sickled Not Broken Foundation	9/12/2020
	<u>Blood Cancer Awareness Month</u>	September 1st-30th			
	<u>Childhood Cancer Awareness Month</u>	September 1st-30th			
	<u>Healthy Aging Month</u>	September 1st-30th			
	<u>National Atrial Fibrillation Awareness Month</u>	September 1st-30th			
	<u>National Childhood Obesity Awareness Month</u>	September 1st-30th			
	<u>National Cholesterol Education Month</u>	September 1st-30th			
	<u>National Preparedness Month</u>	September 1st-30th			
	<u>National Recovery Month</u>	September 1st-30th			
	<u>Ovarian Cancer Awareness Month</u>	September 1st-30th			
	<u>Sexual Health Awareness Month</u>	September 1st-30th			
	<u>National Suicide Prevention Week</u>	September 6-12th			
	<u>National Women's Health and Fitness Day</u>	September 30th			
	<u>World Heart Day</u>	September 29th			
<u>Oct</u>					
	<u>Health Literacy Month</u>	October 1st-31st			
	<u>Healthy Lung Month</u>	October 1st-31st			

	<u>National ADHD Awareness Month</u>	October 1st-31st			
	<u>National Breast Cancer Awareness Month</u>	October 1st-31st			
	<u>Pregnancy and Infant Loss Awareness Month</u>	October 1st-31st			
	<u>National Down Syndrome Awareness Month</u>	October 1st-31st			
	<u>Domestic Violence Awareness Month</u>	October 1st-31st			
	<u>Mental Illness Awareness Week</u>	October 4th-10th			
	<u>World Mental Health Day</u>	October 10th			
	<u>Bone and Joint Health National Action Week</u>	October 12-20th			
	<u>International Infection Prevention Week</u>	October 16th-22nd			
	<u>World Food Day</u>	October 16th			
	<u>National Healthcare Quality Week</u>	October 18th-24th			
	<u>National Health Education Week</u>	October 20th-24th			
	<u>Respiratory Care Week</u>	October 25th-31			
<u>Nov</u>					
	<u>American Diabetes Month</u>	November 1st-30th			
	<u>Bladder Health Month</u>	November 1st-30th			
	<u>Chronic Obstructive Pulmonary Disease (COPD) Awareness Month</u>	November 1st-30th			
	<u>Lung Cancer Awareness Month</u>	November 1st-30th			
	<u>National Alzheimer's Disease Awareness Month</u>	November 1st-30th			
	<u>National Epilepsy Awareness Month</u>	November 1st-30th			
	<u>National Stomach Cancer Awareness Month</u>	November 1st-30th			
	<u>Pancreatic Cancer Awareness Month</u>	November 1st-30th			
	<u>Prematurity Awareness Month</u>	November 1st-30th			

	<u>World Antibiotic Awareness Week</u>	November 11th-17th			
	<u>National Family Health History Day</u>	November 26th			
<u>Dec</u>					
	<u>World Aids Day</u>	December 1st			
	<u>National Handwashing Awareness Week</u>	December 6th-12th			
2021					
<u>Jan</u>		January 1st-31st			
	<u>Cervical Health Awareness Month</u>	January 1st-31st			
	<u>National Birth Defects Prevention Month</u>	January 1st-31st			
	<u>National Glaucoma Awareness Month</u>	January 1st-31st			
	<u>Thyroid Awareness Month</u>	January 1st-31st			
<u>Feb</u>					
	<u>AMD/ Low Vision Awareness Month</u>	February 1st-28th			
	<u>American Heart Month</u>	February 1st-28th			
	<u>International Prenatal Infection Prevention Month</u>	February 1st-28th			
	<u>National Children's Dental Health Month</u>	February 1st-28th			
	<u>African Heritage and Health Week</u>	First week of february			
	<u>Children's Mental Health Awareness Week</u>	February 3rd-9th			
<u>March</u>					
	<u>Multiple Sclerosis Education and Awareness Month</u>	March 1st-31st			
	<u>National Bleeding Disorders Awareness Month</u>	March 1st-31st			
	<u>National Colorectal Cancer Awareness Month</u>	March 1st-31st			
	<u>National Endometriosis Awareness Month</u>	March 1st-31st			
	<u>National Kidney Month</u>	March 1st-31st			
	<u>National Nutrition Month</u>	March 1st-31st			

	<u>National Traumatic Brain Injury Awareness Month</u>	March 1st-31st			
	<u>Trisomy Awareness Month</u>	March 1st-31st			
	<u>National Sleep Awareness Week</u>	March 1st-7th			
	<u>National School Breakfast Week</u>	March 2nd-6th			
	<u>Patient Safety Awareness Week</u>	March 2nd-6th			
	<u>National Women and Girls HIV/AIDS Awareness Day</u>	March 8th-14th			
	<u>World Kidney Day</u>	March 12th			
	<u>National Native American HIV/AIDS Awareness Day</u>	March 20th			
	<u>World Tuberculosis Day</u>	March 24th			
	<u>National Drug and Alcohol Facts week</u>	March 30th-April 5th			
<u>April</u>					
	<u>Alcohol Awareness Month</u>	April 1st-30th			
	<u>Irritable Bowel Syndrome Awareness Month</u>	April 1st-30th			
	<u>National Autism Awareness Month</u>	April 1st-30th			
	<u>National Facial Protection Month</u>	April 1st-30th			
	<u>National Minority Health Month</u>	April 1st-30th			
	<u>National Sarcoidosis Awareness Month</u>	April 1st-30th			
	<u>Oral Cancer Awareness Month</u>	April 1st-30th			
	<u>Sexual Assault Awareness Month</u>	April 1st-30th			
	<u>STD Awareness Month</u>	April 1st-30th			
	<u>Women's Eye Health and Safety Month</u>	April 1st-30th			
	<u>National Minority Cancer Awareness Month</u>	April 1st-30th			
	<u>National Public Health Week</u>	April 6th-12th			
	<u>World Health Day</u>	April 7th			
	<u>National Youth HIV/AIDS Awareness Day</u>	April 10th			

	<u>National Infertility Awareness Week</u>	April 19th-25th			
	<u>Every Kid Healthy Week</u>	April 20th-24th			
	<u>World Meningitis Day</u>	April 24th			
	<u>World Immunization Week</u>	April 24th-30th			
	<u>National Infant Immunization Week</u>	April 26th-May 3rd			
<u>May</u>					
	<u>American Stroke Awareness Month</u>	May 1st-31st			
	<u>Arthritis Awareness Month</u>	May 1st-31st			
	<u>Cystic Fibrosis Awareness Month</u>	May 1st-31st			
	<u>Global Employee Health and Fitness Month</u>	May 1st-31st			
	<u>Healthy Vision Month</u>	May 1st-31st			
	<u>Hepatitis Awareness Month</u>	May 1st-31st			
	<u>Lupus Awareness Month</u>	May 1st-31st			
	<u>Mental Health Month</u>	May 1st-31st			
	<u>Melanoma/Skin Cancer Detection and Prevention Month</u>	May 1st-31st			
	<u>National Asthma and Allergy Awareness Month</u>	May 1st-31st			
	<u>National High Blood Pressure Education Month</u>	May 1st-31st			
	<u>National Osteoporosis Awareness and Prevention Month</u>	May 1st-31st			
	<u>National Physical Fitness and Sports Month</u>	May 1st-31st			
	<u>National Teen Pregnancy Prevention Month</u>	May 1st-31st			
	<u>National American Occupational Safety and Health Week</u>	May 3rd-9th			
	<u>National Women's Health Week</u>	May 10th-16th			
	<u>ME/CFS and Fibromyalgia International Awareness Day</u>	May 13th-19th			
	<u>HIV Vaccine Awareness Day</u>	May 18th			

	<u>National Asian and Pacific Islande HIV/AIDS Awareness Day</u>	May 19th			
	<u>World Autoimmune Arthritis Day</u>	May 20th			
	<u>World Preeclampsia Day</u>	May 22nd			
	<u>National Senior Health Fitness Day</u>	May 27th			
<u>June</u>					
	<u>Alzheimer's and Brain Awareness Month</u>	June 1st-30th			
	<u>Cataract Awareness Month</u>	June 1st-30th			
	<u>Hernia Awareness Month</u>	June 1st-30th			
	<u>Men's Health Month</u>	June 1st-30th			
	<u>National Aphasia Awareness Month</u>	June 1st-30th			
	<u>National Congenital Cytomegalovirus Awareness Month</u>	June 1st-30th			
	<u>Family Health and Fitness Day</u>	June 13th			
	<u>World Sickle Cell Day</u>	June 19th			
	<u>PTSD Awareness Day</u>	June 27th			
<u>July</u>					
	<u>International Group B Strep Throat Awareness Month</u>	July 1st-31st			
	<u>Juvenile Arthritis Awareness Month</u>	July 1st-31st			
	<u>National Cleft and Craniofacial Awareness and Prevention Month</u>	July 1st-31st			
	<u>World Hepatitis Day</u>	July 28th			
<u>Aug</u>					
	<u>Children's Eye Health and Safety Month</u>	August 1st-30th			
	<u>Gastroparesis Awareness Month</u>	August 1st-30th			
	<u>National Immunization Awareness Month</u>	August 1st-30th			
	<u>Psoriasis Awareness Month</u>	August 1st-30th			
	<u>National Health Center Week</u>	August 9th-15th			

House Bill 2220

Sponsored by Representatives SCHOUTEN, HAYDEN; Representatives NOSSE, SALINAS (Presession filed.)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Authorizes trained and certified dentists to prescribe and administer vaccines. Directs Oregon Board of Dentistry to adopt rules related to prescription and administration of vaccines by dentists. Declares emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to vaccines administered by dentists; creating new provisions; amending ORS 433.095,
3 679.010 and 679.020; and declaring an emergency.

4 **Be It Enacted by the People of the State of Oregon:**

5 **SECTION 1. Section 2 of this 2019 Act is added to and made a part of ORS chapter 679.**

6 **SECTION 2. (1) In accordance with rules adopted by the Oregon Board of Dentistry, a
7 dentist certified under subsection (2) of this section may prescribe and administer vaccines
8 to a person with whom the dentist has established a patient relationship.**

9 **(2)(a) The board shall issue a vaccination certificate to a dentist who:**

10 **(A) Has completed a training course described in this subsection;**

11 **(B) Pays the certification fee; and**

12 **(C) Meets other requirements of the board established by rule.**

13 **(b) The board shall approve a training course on the prescription and administration of
14 vaccines. The board may approve a training course offered by the Centers for Disease Con-
15 trol and Prevention, the American Dental Association or its successor organization or other
16 similar federal agency or professional organization.**

17 **(c) The board may adopt other rules as necessary to establish the vaccination certificate
18 process, including rules related to renewal of the vaccination certificate.**

19 **(3) The board shall adopt rules relating to the prescription and administration of vaccines
20 by dentists, including rules requiring dentists to:**

21 **(a) Report the prescription and administration of vaccines to the immunization registry
22 created by the Oregon Health Authority pursuant to ORS 433.094;**

23 **(b) Prior to administering a vaccine, review the patient's vaccination history in the im-
24 munization registry described in this subsection;**

25 **(c) Comply with protocols established by the authority for the prescription and adminis-
26 tration of vaccines under section (1) of this section; and**

27 **(d) Comply with any applicable rules adopted by the authority related to vaccines.**

28 **(4) In consultation with the board, the authority may adopt rules related to vaccines
29 prescribed and administered by dentists.**

30 **SECTION 3. ORS 433.095 is amended to read:**

31 **433.095. The Oregon Health Authority shall adopt rules requiring **dentists and** pharmacists to**

NOTE: Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted. New sections are in **boldfaced** type.

1 report information about the administration of vaccines to the immunization registry created under
 2 ORS 433.094.

3 **SECTION 4.** ORS 679.010 is amended to read:

4 679.010. As used in this chapter and ORS 680.010 to 680.205, unless the context requires other-
 5 wise:

6 (1) "Dental assistant" means a person who, under the supervision of a dentist, renders assistance
 7 to a dentist, dental hygienist, dental technician or another dental assistant or who, under the
 8 supervision of a dental hygienist, renders assistance to a dental hygienist providing dental hygiene.

9 (2) "Dental hygiene" is that portion of dentistry that includes, but is not limited to:

10 (a) The rendering of educational, preventive and therapeutic dental services and diagnosis and
 11 treatment planning for such services;

12 (b) Prediagnostic risk assessment, scaling, root planing, curettage, the application of sealants
 13 and fluoride and any related intraoral or extraoral procedure required in the performance of such
 14 services; and

15 (c) Prescribing, dispensing and administering prescription drugs for the services described in
 16 paragraphs (a) and (b) of this subsection.

17 (3) "Dental hygienist" means a person who, under the supervision of a dentist, practices dental
 18 hygiene.

19 (4) "Dental technician" means a person who, at the authorization of a dentist, makes, provides,
 20 repairs or alters oral prosthetic appliances and other artificial materials and devices that are re-
 21 turned to a dentist and inserted into the human oral cavity or that come in contact with its adjacent
 22 structures and tissues.

23 (5) "Dentist" means a person who may perform any intraoral or extraoral procedure required
 24 in the practice of dentistry.

25 (6) "Dentist of record" means a dentist that either authorizes treatment for, supervises treat-
 26 ment of or provides treatment for a patient in a dental office or clinic owned or operated by an in-
 27 stitution as described in ORS 679.020 (3).

28 (7)(a) "Dentistry" means the healing art concerned with:

29 (A) The examination, diagnosis, treatment planning, treatment, care and prevention of conditions
 30 within the human oral cavity and maxillofacial region, and of conditions of adjacent or related tis-
 31 sues and structures; and

32 (B) The prescribing, dispensing and administering of prescription drugs for purposes related to
 33 the activities described in subparagraph (A) of this paragraph.

34 (b) "Dentistry" includes, but is not limited to[,]:

35 (A) The cutting, altering, repairing, removing, replacing or repositioning of hard or soft tissues
 36 and other acts or procedures as determined by the Oregon Board of Dentistry and included in the
 37 curricula of:

38 [(A)] (i) Dental schools accredited by the Commission on Dental Accreditation of the American
 39 Dental Association;

40 [(B)] (ii) Post-graduate training programs; or

41 [(C)] (iii) Continuing education courses.

42 **(B) The prescription and administration of vaccines.**

43 (8) "Direct supervision" means supervision requiring that a dentist diagnose the condition to be
 44 treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the
 45 dental treatment room while the procedures are performed.

1 (9) “Expanded practice dental hygienist” means a dental hygienist who performs dental hygiene
 2 services in accordance with ORS 680.205 as authorized by an expanded practice dental hygienist
 3 permit issued by the board under ORS 680.200.

4 (10) “General supervision” means supervision requiring that a dentist authorize the procedures
 5 by standing orders, practice agreements or collaboration agreements, but not requiring that a den-
 6 tist be present when the authorized procedures are performed. The authorized procedures may also
 7 be performed at a place other than the usual place of practice of the dentist.

8 (11) “Indirect supervision” means supervision requiring that a dentist authorize the procedures
 9 and that a dentist be on the premises while the procedures are performed.

10 **SECTION 5.** ORS 679.020 is amended to read:

11 679.020. (1) A person may not practice dentistry without a license.

12 (2) Only a person licensed as a dentist by the Oregon Board of Dentistry may own, operate,
 13 conduct or maintain a dental practice, office or clinic in this state.

14 (3) The restrictions of subsection (2) of this section, as they relate to owning and operating a
 15 dental office or clinic, do not apply to a dental office or clinic owned or operated by any of the
 16 following:

17 (a) A labor organization as defined in ORS 243.650 and 663.005 (6), or to any nonprofit organ-
 18 ization formed by or on behalf of such labor organization for the purpose of providing dental ser-
 19 vices. Such labor organization must have had an active existence for at least three years, have a
 20 constitution and bylaws, and be maintained in good faith for purposes other than providing dental
 21 services.

22 (b) The School of Dentistry of the Oregon Health and Science University.

23 (c) Public universities listed in ORS 352.002.

24 (d) Local governments.

25 (e) Institutions or programs accredited by the Commission on Dental Accreditation of the
 26 American Dental Association to provide education and training.

27 (f) Nonprofit corporations organized under Oregon law to provide dental services to rural areas
 28 and medically underserved populations of migrant, rural community or homeless individuals under
 29 42 U.S.C. 254b or 254c or health centers qualified under 42 U.S.C. 1396d(1)(2)(B) operating in com-
 30 pliance with other applicable state and federal law.

31 (g) Nonprofit charitable corporations as described in section 501(c)(3) of the Internal Revenue
 32 Code and determined by the Oregon Board of Dentistry as providing dental services by volunteer
 33 licensed dentists to populations with limited access to dental care at no charge or a substantially
 34 reduced charge.

35 (h) Nonprofit charitable corporations as described in section 501(c)(3) of the Internal Revenue
 36 Code and determined by the Oregon Board of Dentistry as having an existing program that provides
 37 medical and dental care to medically underserved children with special needs at an existing single
 38 fixed location or multiple mobile locations.

39 (4) For the purpose of owning or operating a dental office or clinic, an entity described in sub-
 40 section (3) of this section must:

41 (a) Except as provided in ORS 679.022, name an actively licensed dentist as its dental director,
 42 who shall be subject to the provisions of ORS 679.140 in the capacity as dental director. The dental
 43 director, or an actively licensed dentist designated by the director, shall have responsibility for the
 44 clinical practice of dentistry, which includes, but is not limited to:

45 (A) Diagnosis of conditions within the human oral cavity and its adjacent tissues and structures.

1 (B) Prescribing drugs that are administered to patients in the practice of dentistry.

2 (C) The treatment plan of any dental patient.

3 (D) Overall quality of patient care that is rendered or performed in the practice of dentistry.

4 (E) Supervision of dental hygienists, dental assistants or other personnel involved in direct pa-
5 tient care and the authorization for procedures performed by them in accordance with the standards
6 of supervision established by statute or by the rules of the board.

7 (F) Other specific services within the scope of clinical dental practice.

8 (G) Retention of patient dental records as required by statute or by rule of the board.

9 (H) Ensuring that each patient receiving services from the dental office or clinic has a dentist
10 of record.

11 **(I) The prescription and administration of vaccines.**

12 (b) Maintain current records of the names of licensed dentists who supervise the clinical activi-
13 ties of dental hygienists, dental assistants or other personnel involved in direct patient care utilized
14 by the entity. The records must be available to the board upon written request.

15 (5) Subsections (1) and (2) of this section do not apply to an expanded practice dental hygienist
16 who renders services authorized by a permit issued by the board pursuant to ORS 680.200.

17 (6) Nothing in this chapter precludes a person or entity not licensed by the board from:

18 (a) Ownership or leasehold of any tangible or intangible assets used in a dental office or clinic.
19 These assets include real property, furnishings, equipment and inventory but do not include dental
20 records of patients related to clinical care.

21 (b) Employing or contracting for the services of personnel other than licensed dentists.

22 (c) Management of the business aspects of a dental office or clinic that do not include the clin-
23 ical practice of dentistry.

24 (7) If all of the ownership interests of a dentist or dentists in a dental office or clinic are held
25 by an administrator, executor, personal representative, guardian, conservator or receiver of the es-
26 tate of a former shareholder, member or partner, the administrator, executor, personal represen-
27 tative, guardian, conservator or receiver may retain the ownership interest for a period of 12 months
28 following the creation of the ownership interest. The board shall extend the ownership period for
29 an additional 12 months upon 30 days' notice and may grant additional extensions upon reasonable
30 request.

31 **SECTION 6. (1) Section 2 of this 2019 Act and the amendments to ORS 433.095, 679.010**
32 **and 679.020 by sections 3 to 5 of this 2019 Act become operative on January 1, 2020.**

33 **(2) The Oregon Board of Dentistry and the Oregon Health Authority may take any action**
34 **before the operative date specified in subsection (1) of this section that is necessary to enable**
35 **the board and the authority to exercise, on and after the operative date specified in sub-**
36 **section (1) of this section, all of the duties, functions and powers conferred on the board and**
37 **the authority by section 2 of this 2019 Act and the amendments to ORS 433.095, 679.010 and**
38 **679.020 by sections 3 to 5 of this 2019 Act.**

39 **SECTION 7. This 2019 Act being necessary for the immediate preservation of the public**
40 **peace, health and safety, an emergency is declared to exist, and this 2019 Act takes effect**
41 **on its passage.**