

SB 169 Statewide Immunization Program

Sectional Analysis (LS1219\O)

Section 1. Establishes a Statewide Immunization Program with a State Vaccine Assessment Commission; sets requirements for vaccine assessments, reporting and penalties for health care insurers and other program participants; and creates a vaccine assessment account.

Section 2. Definitions.

Section 3. Amends Title 21 (Insurance) to require health care insurers to provide information and pay assessments.

Section 4. Adds the vaccine assessment account to the list of program receipts authorized in the budget.

Section 5. Repeals Ch. 24 SLA 2012.

Section 6. Redirects the unobligated funds from Ch. 24 SLA 2012 to be deposited into the vaccine assessment account.

Section 7. Makes the effective date July 1, 2014.

Section 1. Adds Article 1A Statewide Immunization Program to AS 18.09.

Sec. 18.09.200(a). Establishes a statewide immunization program in the Department for the purpose of monitoring, purchasing, and distributing vaccines to providers.

Sec. 18.09.200(b). The Department of Health and Social Services shall maintain a list of recommended vaccines for inclusion in the program; establish the 1st year's assessment & thereafter make annual assessments based on commission determinations; notify insurers and other program participants of the assessment amount; devise a method for crediting overpayments; coordinate the bulk purchase of vaccine for the best price; set procedures for distributing vaccines; and review appeals for errors.

Sec. 18.09.210. Establishes the State Vaccine Assessment Commission within HSS for the purpose of determining the assessment amount. The commission has 8 members (HSS Chief Medical Officer (chair); Division of Insurance Director; 3 insurers, one of

whom must be a plan administrator; 2 health care providers; and 1 tribal or public health insurance plan) who serve without compensation or reimbursement of expenses. Terms are 3 years with a 2-term limit. HSS will provide staff and other assistance to the commission. The commission establishes and implements a plan of operation, submits an annual financial report to HSS each July 1st, and monitors compliance with the program.

Sec. 18.09.210(f)(1). The “plan of operation” must include the method for calculating the assessment amount for each covered individual; the method for determining proportional costs to insurers/participants; procedures for the collection and deposit of assessment fees; procedures for collecting data which includes at a minimum the number of covered individuals and vaccine usage; and a system for crediting overpayments.

Sec. 18.09.220(a). Requires the insurers/participants to pay the assessment to the department for each covered individual; provide information about number of covered individuals and actual usage; and provide audited financial statements upon request.

Sec. 18.09.220(b). Requires that the assessment include reasonable costs for overhead. The provider’s fee for administration of the vaccine is excluded from the assessment.

Sec. 18.09.220(c). States that an assessment is a medical expense for the insurer/participant.

Sec. 18.09.220(d). Provides for a process to appeal the assessment determination to the commissioner.

Sec. 18.09.225. Allows health care providers to opt into the program to purchase vaccine.

Sec. 18.09.230. Creates a special account in the general fund for the assessment fees for the purpose of purchasing vaccines. Appropriations by the legislature will not lapse.

Sec. 18.09.240. Allows the commissioner to determine a monetary penalty for noncompliance.

Section 2. 18.09.900. Defines the terms commission, commissioner (Health & Social Services), covered individual, health care insurer, participating provider, program, provider, recommended vaccine, and vaccine.

Sec. 18.09.900(6). Defines “health care insurer” under AS 21.54.500 to include traditional health care insurers, health benefit plans, self-funded church or government plans, and other types of “creditable coverage” such as self-funded plans, third party

administrators and public coverage like Medicare, Medicaid and the tribal health system, to the extent allowed by law.

Section 3. Requires insurers to provide information under the insurance code (AS 21.09.242).

Section 4. Adds the vaccine assessment account to the list of special accounts for program receipts (AS 37.05.146(c)).

Section 5. Repeals Ch. 24, SLA 2012 (HB310), a temporary statewide immunization program.

Section 6. Redirects the remaining HB310 funds to be deposited to the vaccine account.

Section 7. Makes the act effective July 1, 2014.