

ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

February 14, 2012

3:07 p.m.

MEMBERS PRESENT

Representative Wes Keller, Chair
Representative Alan Dick, Vice Chair
Representative Bob Herron
Representative Paul Seaton
Representative Bob Miller
Representative Charisse Millett

MEMBERS ABSENT

Representative Beth Kerttula

OTHER LEGISLATORS PRESENT

Senator Cathy Giessel

COMMITTEE CALENDAR

HOUSE BILL NO. 209

"An Act requiring a health care insurer to provide coverage for tobacco cessation treatment."

- HEARD & HELD

HOUSE BILL NO. 310

"An Act temporarily reinstating the child and adult immunization program in the Department of Health and Social Services; and providing for an effective date."

- HEARD & HELD

PREVIOUS COMMITTEE ACTION

BILL: HB 209

SHORT TITLE: INSURANCE COVERAGE FOR TOBACCO CESSATION

SPONSOR(S): REPRESENTATIVE(S) HERRON

03/25/11	(H)	READ THE FIRST TIME - REFERRALS
03/25/11	(H)	HSS, L&C
04/07/11	(H)	HSS AT 3:00 PM CAPITOL 106
04/07/11	(H)	Heard & Held

04/07/11 (H) MINUTE(HSS)
02/14/12 (H) HSS AT 3:00 PM CAPITOL 106

BILL: HB 310

SHORT TITLE: STATE IMMUNIZATION PROGRAM

SPONSOR(s): REPRESENTATIVE(s) HERRON

02/01/12 (H) READ THE FIRST TIME - REFERRALS
02/01/12 (H) HSS, FIN
02/14/12 (H) HSS AT 3:00 PM CAPITOL 106

WITNESS REGISTER

LIZ CLEMENTS, Staff
Representative Bob Herron
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: During discussion of HB 209, responded to questions on behalf of the bill sponsor, Representative Bob Herron.

LOIS KEITHLY, Director
Massachusetts Tobacco Control Program
Surveillance and Evaluation Director
Tobacco Control Program
Massachusetts Department of Public Health
Boston, Massachusetts

POSITION STATEMENT: Testified during discussion of HB 209.

JAMIE MORGAN
Senior Government Relations Director
American Heart Association (AHA)
Western States Affiliate
Sacramento, California

POSITION STATEMENT: Testified in support of HB 209.

PAT REYNAGA, Nurse
Lead Advocacy Volunteer
American Cancer Society
Cancer Action Network
Anchorage, Alaska

POSITION STATEMENT: Testified in support of HB 209.

SHEELA TALLMAN
Premera Blue Cross
Seattle, Washington

POSITION STATEMENT: Testified against HB 209.

GEORGE BROWN, MD
Glacier Pediatrics
Juneau, Alaska

POSITION STATEMENT: Testified in support of HB 310.

ROSALYN SINGLETON, MD
Alaska Native Tribal Health Consortium (ANTHC)
Immunization Program
Anchorage, Alaska

POSITION STATEMENT: Testified in support of HB 310.

RANDI SWEET, Director
Community Action
United Way of Anchorage
Anchorage, Alaska

POSITION STATEMENT: Testified in support of HB 310.

MARY SULLIVAN
Alaska Primary Care Association (APCA)
Anchorage, Alaska

POSITION STATEMENT: Testified in support of HB 310.

CARL ROSE, Executive Director
Association of Alaska School Boards (AASB)
Juneau, Alaska

POSITION STATEMENT: Testified in support of HB 310.

WARD HURLBURT, M.D., Chief Medical Officer/Director
Division of Public Health
Central Office
Department of Health and Social Services
Anchorage, Alaska

POSITION STATEMENT: Answered questions during discussion of HB 310.

ACTION NARRATIVE

[3:07:15 PM](#)

CHAIR WES KELLER called the House Health and Social Services Standing Committee meeting to order at 3:07 p.m. Representatives Keller, Seaton, Miller, and Herron were present at the call to order. Representatives Dick and Millett arrived as the meeting was in progress.

HB 209-INSURANCE COVERAGE FOR TOBACCO CESSATION

3:07:38 PM

CHAIR KELLER announced that the first order of business would be HOUSE BILL NO. 209, "An Act requiring a health care insurer to provide coverage for tobacco cessation treatment."

3:08:13 PM

REPRESENTATIVE HERRON, introducing HB 209 as the prime sponsor of the bill, emphasized that dependence on tobacco was chronic, and it negatively affected the health, productivity, and well-being of all Alaskans who indulged in its use. He reported that tobacco was a leading cause of death for Alaskans, more than suicide, motor vehicle crashes, and liver disease combined. He added that the negative economic impact was huge, as it cost Alaskans more than \$300 million in direct medical expenditures, with an additional \$177 million in lost productivity. He declared "it's a hard habit to kick." He clarified that the proposed bill offered Alaskans an opportunity for the resources to end their tobacco addiction, through cessation treatments offered by insurance companies. He offered to listen to testimony whether to mandate this.

3:11:28 PM

CHAIR KELLER expressed his concern with a mandate for private insurance. He asked to clarify that Representative Herron would offer proposed HB 209 as an insurance policy option to buy, not as a mandated coverage.

3:12:03 PM

REPRESENTATIVE HERRON confirmed that testimony would determine if it was practical to delete "provide", and insert "offer," in the bill.

3:12:48 PM

CHAIR KELLER asked if there was other insurance coverage which had to be available, but was not mandated.

REPRESENTATIVE HERRON replied that he would research this.

CHAIR KELLER offered his belief that there was other coverage, and he expressed a desire to know how this had been received.

[3:13:28 PM](#)

REPRESENTATIVE SEATON directed attention to the proposed bill, page 2, Section 1, subsection (c)(3), which read: "Coverage for tobacco cessation treatment may not require an individual to participate in a counseling session in order to receive coverage for medication;" and asked for clarification with page 1, proposed Section 1, subsection (b)(1), which read: "coverage for a course of tobacco cessation treatment must include the cost of not less than four tobacco cessation counseling sessions provided by a qualified counselor"

[3:14:36 PM](#)

LIZ CLEMENTS, Staff, Representative Bob Herron, Alaska State Legislature, replied that the insurance company would be required to cover at least four counseling sessions per course of treatment, but that individual consumers would not be forced to attend counseling sessions as a condition of the treatment coverage. She declared that experience had shown that success was higher when the participant was able to determine "how they choose to quit."

[3:18:10 PM](#)

REPRESENTATIVE SEATON, directing attention to page 1, line 9, proposed Section 1(b)(1), "not less than four tobacco cessation counseling sessions provided by a qualified counselor," asked if there was a limit to the number of counseling sessions. Directing attention to proposed Section 1(b)(2), "over the counter medication or prescribed medication," he asked if the transition between paragraphs (1) and (2) was for "and," "or," or "and/or."

[3:19:04 PM](#)

MS. CLEMENTS, in response to Representative Seaton, agreed that the minimum number of counseling sessions requiring coverage would be four. She offered her belief that proposed HB 209 should include "and" between Section 1(b)(1) and (2).

[3:19:51 PM](#)

CHAIR KELLER suggested a similar review for the transitions between paragraphs (1), (2), (3), and (4) of proposed Section 1(c) as well.

REPRESENTATIVE SEATON suggested that Legislative Legal and Research Services be consulted.

[3:20:35 PM](#)

REPRESENTATIVE HERRON clarified that proposed HB 209 did not want to legislate over the counter medications.

[3:20:57 PM](#)

CHAIR KELLER opened public testimony.

[3:21:11 PM](#)

LOIS KEITHLY, Director, Massachusetts Tobacco Control Program, Surveillance and Evaluation Director, Tobacco Control Program, Massachusetts Department of Public Health, reported that, in 2006, a cessation benefit had been developed for the Medicaid population. She declared that access to all FDA-approved medications, "with 16 face to face counseling sessions," and low co-payments, had resulted in 40 percent use of the benefit, and a smoking prevalence decrease of 10 percent. She relayed that a review of the claims data from those smokers utilizing the benefit found a 46 percent decrease in the possibility of hospitalization for heart attack and a 49 percent decrease in the probability of hospitalization for acute coronary heart disease. She directed attention to a recent return of investment study by George Washington University which applied the findings of the aforementioned Medicaid benefit. The report estimated that every dollar spent for the benefit resulted in a \$3.12 savings for decreased cardiac hospitalization. She opined that this was strong evidence that encouraging smokers to quit could offset health care costs.

[3:25:33 PM](#)

REPRESENTATIVE SEATON asked to have the George Washington University study forwarded to the committee.

[3:25:57 PM](#)

REPRESENTATIVE MILLER asked to clarify the savings.

[3:26:33 PM](#)

MS. KEITHLY, in response to Representative Miller, replied that the savings reflected every dollar spent, which included medications, counseling, promotion, and staff time, which compared to the costs of the aforementioned acute cardiac conditions.

REPRESENTATIVE MILLER summarized that "it was profitable."

[3:27:35 PM](#)

REPRESENTATIVE SEATON asked if the counseling sessions were local, or centralized, and if the project paid the participants' transportation costs.

MS. KEITHLY replied that, in Massachusetts, transportation was never considered a cost. She reported that only 1 - 3 percent of the claims were for counseling, and the claims could only be submitted if the counseling was conducted in a hospital or community health setting.

CHAIR KELLER asked if the program was provided by a government or a private insurance plan.

MS. KEITHLY replied that this was a Medicaid program, which had been mandated by the Massachusetts State Legislature.

[3:30:07 PM](#)

CHAIR KELLER agreed to the benefits for tobacco cessation, but acknowledged the question of who would pay for the program.

[3:30:22 PM](#)

CHAIR KELLER closed public testimony.

[3:30:42 PM](#)

REPRESENTATIVE SEATON asked if a program benefit would include transportation for the tobacco counseling sessions.

REPRESENTATIVE HERRON offered to clarify this in proposed HB 209.

[3:31:59 PM](#)

CHAIR KELLER asked if other private medical insurance would cover counseling for similar programs.

MS. CLEMENTS replied that she would research this.

REPRESENTATIVE MILLETT asked if the State of Alaska covered tobacco cessation programs.

MS. CLEMENTS replied that she would defer to the Department of Health and Social Services.

[3:33:23 PM](#)

CHAIR KELLER asked if there was medical insurance coverage for over the counter medications. Directing attention to proposed Section 2, he offered his belief that lack of a requirement for pre-authorization implied that a person "could buy a tobacco cessation medication and then just directly submit the bill for the coverage. It just seems like that's out of the norm."

REPRESENTATIVE HERRON replied that he would research this.

[3:35:02 PM](#)

REPRESENTATIVE MILLETT, directing attention to the over the counter medication, asked if cost was an issue for tobacco cessation.

MS. CLEMENTS replied that several people had indicated that cost was a primary impediment.

[3:35:41 PM](#)

REPRESENTATIVE MILLETT asked if there was any money from the 1998 Tobacco Master Settlement Agreement award to offer for payment toward over the counter tobacco cessation products.

MS. CLEMENTS replied that she would research this.

[3:36:32 PM](#)

CHAIR KELLER opened public testimony.

[3:36:46 PM](#)

JAMIE MORGAN, Senior Government Relations Director, American Heart Association (AHA), Western States Affiliate, testified that the AHA supported proposed HB 209. She said that addressing the problem of smoking was a core component of the

AHA mission, and that "unrestricted access to smoking cessation treatment dramatically improves the success of the patient attempts, in some cases more than a doubling of the odds for successfully quitting." She reported that after one year of smoking cessation, the excess risk of coronary disease caused by smoking was reduced by half, and after 15 years, these coronary disease risks were similar to those who had never smoked. She stated that smoking was the leading cause of preventable death and a major risk factor for heart disease, stroke, and cancer. She said that unrestricted access to evidence based cessation treatment lead to a greater likelihood for successfully quitting smoking. She offered her belief that proposed HB 209 would "mean improved public health, cost reduction for treating chronic disease, and it will result in widespread economic gain." She urged support for proposed HB 209.

[3:38:53 PM](#)

REPRESENTATIVE MILLER, reflecting that many ailments were negatively impacted by tobacco use, asked if smoking increased the incidence of miscarriages.

MS. MORGAN replied that this was correct.

[3:40:25 PM](#)

PAT REYNAGA, Nurse, Lead Advocacy Volunteer, American Cancer Society, Cancer Action Network, stated that "tobacco has had and continues to have devastating, adverse health effects on Alaskans." She shared that in prior years, the legislature had supported comprehensive programs, and she stated that tobacco cessation coverage was one of the most cost effective health insurance benefits, and that cessation was possible with evidence based programs.

[3:41:13 PM](#)

CHAIR KELLER asked how many times a smoker would try to quit before success.

MS. REYNAGA replied that there were up to 10 attempts, and she pointed out that 71 percent of Alaskan adult smokers wanted to quit.

[3:42:24 PM](#)

SHEELA TALLMAN, Premera Blue Cross, testified that Premera Blue Cross was in opposition to the current proposed version of HB 209. She said that Premera had submitted a letter outlining its concerns, and offering suggested amendments to the proposed bill. She reported that Premera currently provided comprehensive coverage to programs focused on wellness and prevention. She relayed that the majority of Premera plans covered tobacco cessation counseling and treatment programs, as well as certain prescription drugs. She said that the federal Patient Protection and Affordable Care law declared that insured and self-insured health plans must include preventive services such as tobacco cessation and counseling without cost sharing. She expressed concern that the proposed bill removed cost control tools such as prior authorization. She pointed out that federal law stated that nothing would prohibit insurers from implementing reasonable medical management techniques, and that the proposed bill went against this.

[3:45:07 PM](#)

REPRESENTATIVE MILLER asked for specifics about the cost sharing and cost control measures.

MS. TALLMAN, in response, said that cost sharing referenced any out of pocket cost to a member. She defined cost control tools as medical management techniques which included pre-authorization and frequency of services and treatments, in order for insurers to manage overall costs.

[3:47:10 PM](#)

REPRESENTATIVE MILLETT asked if insurance plans covered over the counter drugs.

MS. TALLMAN replied that she was not sure with respect to smoking cessation. She offered her belief that many of these could also be paid for through health care flexible spending accounts.

[3:48:03 PM](#)

REPRESENTATIVE MILLETT asked whether Premera supported that the proposed bill contained no connection between mandatory tobacco cessation counseling and use of over the counter medications.

MS. TALLMAN replied that the majority of the Premera plans covered cessation counseling and treatment programs.

REPRESENTATIVE MILLETT opined that the two should go hand in hand.

[3:50:29 PM](#)

CHAIR KELLER closed public testimony.

[HB 209 was held over.]

HB 310-STATE IMMUNIZATION PROGRAM

[3:50:48 PM](#)

CHAIR KELLER announced that the final order of business would be HOUSE BILL NO. 310, "An Act temporarily reinstating the child and adult immunization program in the Department of Health and Social Services; and providing for an effective date."

[3:51:04 PM](#)

REPRESENTATIVE HERRON, introducing HB 310 as the prime sponsor of the bill, said that the Alaska immunization program had benefited from federal grant money for vaccines to underinsured children and adults who would not, otherwise, have had access. He pointed out that recent reductions to federal grants had resulted in an 84 percent loss of funding. He reported that, thanks to the vaccines, many common, life threatening diseases were now virtually unheard of. He confirmed that, although the Alaska Health Care Commission did not specifically endorse legislation, its report encouraged the State of Alaska to "adequately support a program that improves immunization rates in order to protect Alaskans from serious, preventable diseases and their complications." He opined that this legislation would benefit all Alaskans.

[3:53:57 PM](#)

CHAIR KELLER confirmed that, as a member of the health commission, he had "become painfully aware of the dangers of continually expanding health care coverage, but this particular one is probably a cost savings measure. I think I'm probably convinced." He allowed that immunizations costs had been paid for many years, but that \$4.9 million of federal money was no longer available for immunizations. He offered his belief that similar situations would be forthcoming unless health care costs were managed.

3:56:10 PM

REPRESENTATIVE MILLER expressed his concern with page 3, lines 3-7 of the proposed bill, and asked about the uses of "recommended" and "approved." He asked for discussion to the exclusion of approval for two specific vaccines.

REPRESENTATIVE HERRON replied that testimony would be forthcoming on that section of proposed HB 310. He suggested not precluding the commissioner from making the determination of approval for the two specific vaccines, meningococcal and human papillomavirus vaccines. He affirmed that testimony would discuss the advantages and disadvantages for the State of Alaska to make the determination for these vaccines.

3:58:01 PM

CHAIR KELLER, referring to the recommended immunizations, asked if the Department of Health and Social Services would determine the provider.

REPRESENTATIVE HERRON agreed with a need for further discussion to this.

3:59:12 PM

CHAIR KELLER opened public testimony.

3:59:43 PM

GEORGE BROWN, MD, Glacier Pediatrics, read from a letter from Glacier Pediatrics [Included in members' packets]:

Please support HB 310. It is critical that children and families in our great state receive and have access to vaccinations, not only to ensure the overall health of our youngest members but also to lessen the possibility of dangerous infections ravishing our state. As a state that is working on improving our vaccine rates (we have been in the lowest 10 percent for the past several years), it can only happen if we continue to have vaccines available for all of our citizens. As pediatric health care providers, we know that if the Alaska vaccine program decreases or ends its' subsidy, the people who will suffer are the

working underinsured. We urge you to support House Bill 310.

4:01:32 PM

DR. BROWN agreed that it was necessary to have concern for cost, but he emphasized that providing vaccines saved money. He stated that in the past decade it had been shown that every dollar spent for measles, mumps, and rubella vaccines had saved \$16. He referred to a recent whooping cough outbreak in Juneau, and pointed out that these bacterial infections, including diphtheria and tetanus, required boosters. He allowed that without the vaccines, this outbreak would have been far worse. At that time, the vaccine cost \$3 or less per person, and the average cost of treatment was several thousand per hospitalization. He emphasized that this bill would save a lot of money, and "some major catastrophes."

4:04:40 PM

DR. BROWN, in response to Representative Miller, said that the Tdap vaccine was for tetanus, diphtheria, and pertussis.

4:05:41 PM

ROSALYN SINGLETON, MD, Alaska Native Tribal Health Consortium (ANTHC) Immunization Program, shared some background information on the use of vaccines in Alaska. She declared that vaccines were critical to the health of Alaskans. Speaking about Hepatitis A, she reported that before vaccines there had been massive epidemics every seven to ten years which had cost hundreds of thousands of dollars in health response. Since effective Hepatitis A vaccines were developed in 1995, infections had dramatically declined, and Alaska now had one of the lowest rates in the U.S., with the resultant savings of public health dollars. She reported that in the 1960s, five percent of the infants in Southwest Alaska, one to eleven months of age, died, with half of these deaths secondary to measles or pertussis. Since 1997, Alaska has been free of outbreaks from measles because of vaccines. She reminded that, because of the staged federal funding decreases in 2011, Alaska no longer provided adult vaccines; and, in 2012, Alaska would no longer provide vaccines to children who were not eligible for federally funded vaccinations. She pointed out that proposed HB 310 would reinstate these vaccines until there was a longer term solution. She stated that many small medical practices would stop providing vaccines, and that many parents were deferring them

until the vaccine was necessary for school attendance. She opined that a decrease in coverage could lead to an increased risk of outbreaks, and it would also leave Alaska without an adequate vaccine supply to respond to outbreaks.

[4:10:44 PM](#)

DR. SINGLETON explained that meningococcal and human papillomavirus vaccines were not included in proposed HB 310 because of cost. She said they were important vaccines, but as they were costly, they were left out of the proposed bill.

[4:11:20 PM](#)

CHAIR KELLER directed attention to the fiscal note, which confirmed the cost benefit ratio for these vaccines.

[4:12:00 PM](#)

REPRESENTATIVE DICK asked if Hepatitis A existed in Alaska before contact with Europeans.

[4:12:31 PM](#)

DR. SINGLETON replied that testing for Hepatitis A had only begun about 30 years ago, but that "people have had hepatitis and yellow jaundice for many years." She spoke about the successes for eliminating chronic Hepatitis B, with Alaska Natives now having the lowest rate for any racial or ethnic group in the U.S.

[4:14:54 PM](#)

RANDI SWEET, Director, Community Action, United Way of Anchorage, expressed support for proposed HB 310, and its stopgap funding for the Alaska immunization program through 2015. She lauded the framing and analysis for development of a long term funding resolution so that vulnerable children and adults would receive needed vaccines. She stated that access to vaccines was necessary for quality health care. She remarked on the economic attraction of a healthy Alaska to businesses. She pointed to the Alaska Constitution, which stated that the legislature shall "provide for the promotion and protection of public health." She stated that through this temporary solution, the legislature would "promote prevention of illness and protect the public health of Alaskans from unnecessary

exposure to and spreading of disease and associated illness or death."

[4:16:14 PM](#)

MARY SULLIVAN, Alaska Primary Care Association (APCA), confirmed that APCA represented the 143 community health centers in Alaska. She reported that these mostly small clinics would be severely impacted with this loss of funding. She announced that some clinics had already overspent their immunization budget, with an expectation of zero compliance and an increase to serious public health risk from measles, mumps, rubella, and pertussis. She reported that many of the APCA providers were less concerned with the language about meningococcal. She suggested that a better funding stream could include more expensive serums, as some providers had suggested that increased funding could free up money in immunization budgets to purchase the more expensive vaccines.

[4:20:12 PM](#)

REPRESENTATIVE MILLETT asked if shingles was recognized as an adult vaccination.

MS. SULLIVAN offered her belief that shingles was covered by Medicare.

[4:21:07 PM](#)

CARL ROSE, Executive Director, Association of Alaska School Boards (AASB), submitted a letter in support of proposed HB 310.

Chair Keller read the letter from Mr. Rose:

AASB supports HB 310/SB 144. AASB believes that the health, welfare, safety and education of Alaska's children and youth are our highest priority. As such, AASB supports the establishment of a child and adult immunization program in the Department of Health and Social Services. Thank you for reading my statement of support to the House Health and Social Services Standing Committee.

[4:22:11 PM](#)

CHAIR KELLER declared that he would leave public testimony open.

4:22:50 PM

WARD HURLBURT, M.D., Chief Medical Officer/Director, Division of Public Health, Central Office, Department of Health and Social Services, mentioned that Hepatitis B had resulted in a huge number of liver cancer cases, but that vaccines had reduced it to an uncommon cancer. He pointed out that measles, pneumonia and encephalitis no longer threatened the lives of infants. He reported that the Centers for Disease Control and Prevention (CDC) offered statistics for immunizations which showed that every \$1 spent would save \$16 in overall direct health care costs and time lost from work. He stated that although vaccines were not 100 percent effective, they provided herd immunity, which meant that the whole population was protected if about 80 percent of the population were vaccinated. He noted that the American Committee on Immunization Practices (ACIP) and the American Academy of Pediatrics (AAP) both made regular recommendations about new vaccines. He noted that most states, including Alaska, mandated certain vaccines for school attendance, although these were fewer than on the recommended list. He explained that therapeutic and preventative interventions were often determined by a quality adjusted life year (QALY), which involved input from statisticians and clinicians, and required a philosophical decision. He referred to the proposed bill, which would provide vaccinations to the 25 percent of kids in Alaska who were under insured. He noted that currently almost half the kids in Alaska received vaccines paid by the federal government under the Vaccines for Children program, but there were still 25 percent of the kids who were not covered. He addressed the ACIP list of recommended vaccines, which was used to determine the Alaska vaccine list. He shared that the QALY value had to be less than \$25,000 each year for a vaccine to be included. He reported that, for adults, this list included the flu and pneumococcal vaccines, as these were especially effective for herd immunity. He offered his belief that the intent of proposed HB 310 was to leave some flexibility for vaccine choice to the Department of Health and Social Services.

4:32:51 PM

REPRESENTATIVE HERRON surmised that Dr. Hurlburt had put parameters on the use of higher priced vaccines in order to offer more of the other vaccines to more people.

DR. HURLBURT endorsed this to be the reasonable, prudent decision when resources were limited.

[4:34:45 PM](#)

REPRESENTATIVE MILLER asked if there were any other vaccinations more specific to Alaska which should be recommended.

[4:35:25 PM](#)

DR. HURLBURT replied "basically, our diseases are what are seen elsewhere." He noted that the some, such as hepatitis A, had already been addressed in Alaska with dramatic success. He allowed that regional outbreaks did occur, such as a recent outbreak of pertussis in California.

[4:37:16 PM](#)

REPRESENTATIVE MILLER, directing attention to the fiscal note which mentioned rotavirus, asked why it was not included in the proposed bill.

REPRESENTATIVE HERRON replied that he did not know.

DR. HURLBURT, in response to Representative Miller, said that there were not unlimited dollars for the program, so the cost benefit ratio was utilized in the decision. He opined that rotavirus was a more common problem, and that he would suggest it be added first if more money became available.

[4:39:00 PM](#)

REPRESENTATIVE MILLETT, reflecting on the 50 percent success for shingles vaccine, asked about the success rate for the rotavirus vaccine.

DR. HURLBURT said that he would find out.

[4:39:34 PM](#)

REPRESENTATIVE MILLETT asked about the increase to the fiscal note if these two vaccines were included.

DR. HURLBURT, in response to Representative Millett, explained that the equation used for determining vaccines had established the additional cost to include rotavirus would be \$409,000 and to include the shingles vaccine would cost \$980,000 each year.

[4:41:23 PM](#)

REPRESENTATIVE MILLETT asked if there were specific problems for shingles in Alaska.

DR. HURLBURT replied that there was nothing out of the norm in Alaska.

[4:41:48 PM](#)

CHAIR KELLER agreed with the necessity that "following the money to try to figure these things out [was] a worthwhile thing to do." He reviewed that proposed HB 310 offered coverage to 25 percent of Alaska children, and he asked to clarify what other payment coverage, along with private insurance, covered the remaining 75 percent.

DR. HURLBURT declared that the federal Vaccines for Children program immunized anyone with Medicaid and all Alaska Native children. He stated the immunization rates for Alaska Native children to be "admirable." He pointed out that immunization to the rest of the state's children only ranked 42nd in the U.S.

CHAIR KELLER asked for more information about the providers.

DR. HURLBURT explained that the vaccine would be significantly less expensive if the State of Alaska procured the vaccine for all the providers, and maintained a single stock of each vaccine. He described that currently each provider had to maintain separate refrigerators and supplies for the privately insured patients and for the Medicaid patients. He said that pediatricians, family medicine physicians, and nurse practitioners provided vaccines. He noted that the federally qualified health clinics and public health nurses could give vaccines to uninsured kids. He emphasized that it was necessary to find a way to procure vaccines from one source to make the cost of the process reasonable for private practices, to ensure they also participate.

[4:45:44 PM](#)

CHAIR KELLER asked if there was any danger to a central vaccine supply.

[4:46:36 PM](#)

DR. HURLBURT replied that central procurement for vaccines was through CDC. He stated that the Division of Public Health

maintained the handling chain for vaccines. He described parental hesitancy, when parents were reluctant to have their children immunized, as even a two-year old required 15 shots. He reported that Alaska had the highest rate, 9 percent, of parental hesitancy in the U.S. He stressed a need for education about vaccines and the recommended schedule for shots. As an example, he pointed to the debunked British physician and researcher who had published a purported study that measles, mumps and rubella vaccines lead to autism. He emphasized that this had been proven to be a deliberate falsification of the data, and the researcher had since lost his physician's license. He repeated the need for education for patients and parents.

[4:49:47 PM](#)

CHAIR KELLER shared that one community health center in his constituency had reported never having treated a child who was up to date on immunizations.

[HB 310 was held over.]

[4:50:25 PM](#)

ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 4:50 p.m.