

HB

310

<TARGET><BILL>HB 310</BILL><SUBJECT>HB
310</SUBJECT><COMM>HHSS27</COMM></TARGET>

ALASKA STATE LEGISLATURE

Representative Bob Herron

Official Business



State Capitol
Juneau, Alaska
99801-1182

House Bill 310 – State Immunization Program

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

Version 27-LS1273A
Staff Contact: Liz Clement 465-6576

SPONSOR STATEMENT

HB 310 is a stop-gap measure to reinstate the Alaska Immunization Program (AIP), which aims to prevent and control vaccine-preventable diseases in Alaska, to its former level of coverage.

Every year, Alaskans remember a significant healthcare emergency – our Iditarod commemorates the 1925 “Great Race of Mercy” serum run to Nome. Then, Nome and several surrounding communities were in the throes of a diphtheria epidemic, and dog teams with their fearless mushers braved the elements to relay a life-saving antitoxin to them. Today, because of vaccines, the disease has been nearly eradicated from the United States.

Alaska’s communities are highly vulnerable to significant but entirely preventable health crises. For many years, Federal funding ensured the AIP could make preventative vaccines accessible to all Alaskans desiring them. But that funding has seen a sharp downturn – from \$4.3 Million in FY2010, to a mere \$700 thousand in FY2013. These reductions have cut the number of vaccines available to children, and completely discontinued those available to adults.

Preventative vaccines control diseases such as whooping cough, lockjaw, pneumonia, meningitis, polio, and others – saving lives every day. Prevention, generally, is key – and by far the most cost-effective way to address unavoidable health issues. If we do not prevent, we will have to treat, at far greater human and financial cost.

HB 310 and Senate Companion SB 144 temporarily substitute state funding for the decrease in federal funding to AIP, through FY2015, while we seek a more permanent solution. It provides a humane and business-smart solution to the growing problem of unnecessary disease wracking our communities.

Please join me in support of HB 310.

LEGAL SERVICES

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LEGISLATIVE AFFAIRS AGENCY
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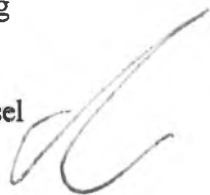
MEMORANDUM

January 24, 2012

SUBJECT: Sectional Summary (SB 144 (Work Order No. 27-LS1068\X))

TO: Senator Cathy Giessel
Attn: Sharon Long

FROM: Jean M. Mischel
Legislative Counsel



You have requested a sectional summary of the above-described bill.

As a preliminary matter, note that a sectional summary of a bill should not be considered an authoritative interpretation of the bill and the bill itself is the best statement of its contents. If you would like an interpretation of the bill as it may apply to a particular set of circumstances, please advise.

Section 1. Provides a statement of legislative intent pertaining to the child and adult immunization program established in sec. 2 of the bill. Includes a summary of the past and future of the program.

Section 2. Establishes a child and adult immunization program in the Department of Health and Social Services that requires the department to determine eligibility, adopt regulations, and apply for available funds. Establishes standards for provider and recipient participation in the program and types of vaccinations covered.

Section 3. Authorizes immediate adoption of regulations by the Department of Health and Social Services.

Section 4. Establishes a delayed repeal of the Act of June 30, 2015.

Section 5. Provides an immediate effective date.

JMM:plm
12-043.plm

HOUSE BILL NO. 310

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-SEVENTH LEGISLATURE - SECOND SESSION

BY REPRESENTATIVES HERRON, Peggy Wilson, Costello, Gruenberg, Edgmon

Introduced: 2/1/12

Referred: Health and Social Services, Finance

A BILL

FOR AN ACT ENTITLED

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

3 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

4 * **Section 1.** The uncodified law of the State of Alaska is amended by adding a new section
5 to read:

6 CHILD AND ADULT IMMUNIZATION PROGRAM; LEGISLATIVE INTENT
7 AND PURPOSE. (a) The legislature intends, by establishing the child and adult immunization
8 program in sec. 2 of this Act, to reinstate the program as it existed in the state and as
9 administered by the Department of Health and Social Services in 2009 by providing
10 additional state funding and authorization to fill the gap left by a reduction in federal funding
11 since that time and that resulted in a "universal select" program that fails to provide children
12 and adults who reside in the state with recommended immunizations. The purpose of this Act
13 is to ensure that select recommended vaccines are made available to underinsured children
14 and uninsured and underinsured adults by the state.

1 (b) The program established by this Act is made temporary only to better assess the
2 need and costs to the state of extending the full reach of the former immunization program. A
3 failure to extend the temporary reinstatement of the immunization program by future
4 legislatures is not intended to implicitly deauthorize a state immunization program.

5 (c) The Department of Health and Social Services may reinstitute former
6 immunization policies and procedures consistent with this Act.

7 * **Sec. 2.** The uncodified law of the State of Alaska is amended by adding a new section to
8 read:

9 CHILD AND ADULT IMMUNIZATION PROGRAM ESTABLISHED;
10 CONDITIONS. (a) A child and adult immunization program is established in the Department ^{who}
11 of Health and Social Services to distribute recommended vaccines to eligible providers under
12 the conditions established in this section.

13 (b) The department shall

14 (1) determine provider and recipient eligibility as provided under this section;

15 (2) adopt regulations necessary to carry out the program;

16 (3) apply for available federal, state, and private funding needed to support the
17 program;

18 (4) maintain an enrollment, renewal, and eligibility verification procedure
19 consistent with federal and state law.

20 (c) A provider of vaccinations under the program shall

21 (1) be licensed or exempt from licensure in the state to prescribe and
22 administer vaccines; Choice of Suppliers from CDC Approved List

23 (2) serve residents of the state;

24 (3) maintain accurate records of

25 (A) screening and eligibility of recipients;

26 (B) storage and distribution of vaccines;

27 (4) within 10 days, notify the department of a change in staffing, procedure, or
28 location to maintain eligibility in the program.

29 (d) Notwithstanding (c) of this section, a provider of vaccinations under the program
30 may be a federally designated rural health clinic.

31 (e) A person is eligible to receive from an eligible provider under the program all

1 recommended vaccines for the person's age group as provided in (f) of this section if the
2 person is a resident of the state and is uninsured or underinsured for vaccinations.

3 (f) The recommended vaccines included in the program

4 (1) ~~for a child under 19 years of age~~ are all vaccines approved by the
5 commissioner, except that the commissioner may not approve meningococcal and human
6 papillomavirus vaccines; when approving vaccines under this paragraph, the commissioner
7 shall consider the recommendations of the federal advisory committee on immunization
8 practices;

9 (2) for an adult 19 years of age or older are influenza, pneumococcal, and
10 Tdap.

11 (g) In addition to the vaccines listed in (f) of this section, the commissioner may add
12 or subtract vaccines for inclusion in the ~~program based on nationally recognized public health~~
13 standards and the availability of funding.

14 (h) In this section,

15 (1) "commissioner" means the commissioner of health and social services;

16 (2) "department" means the Department of Health and Social Services;

17 (3) "program" means the child and adult immunization program established
18 under (a) of this section;

19 (4) "underinsured" means a person who has health insurance, but the coverage
20 excludes all or select vaccines or that includes a limit on vaccinations;

21 (5) "uninsured" means a person who is not covered by a public or private
22 health insurance policy.

23 * **Sec. 3.** The uncodified law of the State of Alaska is amended by adding a new section to
24 read:

25 CHILD AND ADULT IMMUNIZATION PROGRAM; TRANSITION:
26 REGULATIONS. The Department of Health and Social Services may adopt regulations
27 necessary to implement the changes made by this Act. The regulations take effect under
28 AS 44.62 (Administrative Procedure Act), but not before the effective date of the law
29 implemented by the regulations.

30 * **Sec. 4.** This Act is repealed June 30, 2015.

31 * **Sec. 5.** This Act takes effect immediately under AS 01.10.070(c).

AMENDMENT

OFFERED IN THE HOUSE
TO: HB 310

BY REPRESENTATIVE HERRON

1 Page 1, line 12:

2 Delete "recommended"

3

4 Page 1, line 13:

5 Delete "recommended"

6

7 Page 3, line 1:

8 Delete "recommended"

9

10 Page 3, lines 3 - 8:

11 Delete all material and insert:

12 "(f) The vaccines included in the program

13 (1) for a child under 19 years of age are all vaccines required for
14 school attendance under AS 14.30.125 and influenza and pneumococcal vaccines;"

15

16 Page 3, line 13, following "standards":

17 Insert ", the recommendations of the federal advisory committee on immunization
18 practices,"

CS FOR HOUSE BILL NO. 310(HSS)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-SEVENTH LEGISLATURE - SECOND SESSION

BY THE HOUSE HEALTH AND SOCIAL SERVICES COMMITTEE

Offered:

Referred:

Sponsor(s): REPRESENTATIVES HERRON, Peggy Wilson, Costello, Gruenberg, Edgmon, Holmes

A BILL

FOR AN ACT ENTITLED

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8 program in sec. 2 of this Act, to reinstate the program as it existed in the state and as
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10 additional state funding and authorization to fill the gap left by a reduction in federal funding
11 since that time and that resulted in a "universal select" program that fails to provide children
12 and adults who reside in the state with immunizations. The purpose of this Act is to ensure
13 that select vaccines are made available to underinsured children and uninsured and
14 underinsured adults by the state.

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 2 need and costs to the state of extending the full reach of the former immunization program. A
 3 failure to extend the temporary reinstatement of the immunization program by future
 4 legislatures is not intended to implicitly deauthorize a state immunization program.

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13 (b) The department shall
 14 (1) determine provider and recipient eligibility as provided under this section;
 15 (2) adopt regulations necessary to carry out the program;
 16 (3) apply for available federal, state, and private funding needed to support the
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 18 (4) maintain an enrollment, renewal, and eligibility verification procedure
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 22 administer vaccines;
 23 (2) serve residents of the state;
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 25 (A) screening and eligibility of recipients;
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 27 (4) within 10 days, notify the department of a change in staffing, procedure, or
 28 location to maintain eligibility in the program.

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 30 may be a federally designated rural health clinic.

31 (e) A person is eligible to receive from an eligible provider under the program all

1 vaccines for the person's age group as provided in (f) of this section if the person is a resident
2 of the state and is uninsured or underinsured for vaccinations.

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4 (1) for a child under 19 years of age are all vaccines required for school
5 attendance under AS 14.30.125 and influenza and pneumococcal vaccines;

6 (2) for an adult 19 years of age or older are influenza, pneumococcal, and
7 Tdap.

8 (g) In addition to the vaccines listed in (f) of this section, the commissioner may add
9 or subtract vaccines for inclusion in the program based on nationally recognized public health
10 standards, the recommendations of the federal advisory committee on immunization practices,
11 and the availability of funding.

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24 REGULATIONS. The Department of Health and Social Services may adopt regulations
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27 implemented by the regulations.

28 * **Sec. 4.** This Act is repealed June 30, 2015.

29 * **Sec. 5.** This Act takes effect immediately under AS 01.10.070(c).

FISCAL NOTE

STATE OF ALASKA
2012 LEGISLATIVE SESSION

Bill Version HB310
 Fiscal Note Number _____
 () Publish Date _____

Identifier (file name) HB310-DHSS-EPI-2-10-12 Dept. Affected Health and Social Services
 Title State Immunization Program Appropriation Public Health
 Allocation Epidemiology
 Sponsor Herron
 Requester House Health & Social Services Committee OMB Component Number 296

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

	FY13 Appropriation Requested	Included in Governor's FY13 Request	Out-Year Cost Estimates					
			FY13	FY14	FY15	FY16	FY17	FY18
OPERATING EXPENDITURES								
Personal Services								
Travel								
Services								
Commodities	2,900.0	700.0	2,900.0	2,900.0				
Capital Outlay								
Grants, Benefits								
Miscellaneous								
TOTAL OPERATING	2,900.0	700.0	2,900.0	2,900.0	0.0	0.0	0.0	0.0

FUND SOURCE		(Thousands of Dollars)						
1002	Federal Receipts		70.0					
1003	GF Match							
1004	GF	2,900.0	630.0	2,900.0	2,900.0			
1005	GF/Prgm (DGF)							
1037	GF/MH (UGF)							
1178	temp code (UGF)							
	TOTAL	2,900.0	700.0	2,900.0	2,900.0	0.0	0.0	0.0

POSITIONS							
Full-time							
Part-time							
Temporary							

CHANGE IN REVENUES							

Estimated SUPPLEMENTAL (FY12) operating costs _____ (separate supplemental appropriation required;
 (discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY13) costs _____ (separate capital appropriation required)
 (discuss reasons and fund source(s) in analysis section)

Why this fiscal note differs from previous version (if initial version, please note as such)

Not applicable. Initial version.

Prepared by Ward B. Hurlburt, M.D., MPH / Chief Medical Officer-Director
 Division Public Health
 Approved by Nancy Rolfzen, Assistant Commissioner
DHSS Finance & Management Services

Phone 269-6680
 Date/Time 2/3/12 12:00 AM
 Date 2/10/2012

FISCAL NOTE

STATE OF ALASKA
2012 LEGISLATIVE SESSION

BILL NO. HB310

Analysis

This bill requires the Department of Health & Social Services to establish an immunization program ~~that would purchase and distribute recommended vaccines to children and adults who do not have coverage elsewhere.~~ The intent is to restore funding to the 2009 level before federal cuts were implemented. Limited vaccine funding for this population is available through Section 317 of the U.S. Public Health Service Act ("317") and administered by the Centers for Disease Control and Prevention. Funding has been cut 84% from \$4.3 million in 2010 to \$700 thousand in 2013. As a result, by January 2012 the Immunization Program has stopped supplying all adult vaccines and select childhood vaccines: influenza, pneumococcal, rotavirus, human papillomavirus (HPV), and meningococcal.

4.3
- .7

3.6

This bill has an immediate effective date. It is assumed that the program is implemented on July 1, 2012. Currently the department has regulations in place to implement this program immediately. This bill has a sunset date of June 30, 2015.

The bill targets underinsured children under the age of 19 years and underinsured or uninsured adults age 19 years and older that reside in Alaska. Children would receive recommended vaccines with the exception of the HPV and meningococcal vaccines. Those vaccines are not required for school entry and have a lower cost/benefit. Adults would receive influenza, pneumococcal, and tetanus/diphtheria/pertussis (Tdap) vaccines. The Commissioner may add or subtract vaccines based on nationally recognized recommendations and available funding. This bill would provide vaccine to enrolled providers for an estimated 47,000 underinsured children under the age of 19 years and about 110,000 doses of vaccines to underinsured and uninsured adults.

The fiscal note is based on the projected cost of selected vaccines for the total eligible population using the CDC's forecasting model. The pediatric vaccines include all vaccines needed for school entry, plus pneumococcal and influenza vaccines. In comparison to the pediatric vaccines provided before 2009, this fiscal note does not include rotavirus, HPV, or meningococcal vaccines. With these assumptions, immunizing the total eligible population would cost \$5,375.0. This total, adjusted for an 80% immunization rate (the recommended level to maintain immunity at the community level), would equal \$4,300.0. This amount would allocate \$2,950.0 for pediatric vaccines and \$1,350.0 for adults.

Since \$700.0 of the Federal "317" funds are already included in the Division of Public Health's base budget for immunizations, the total fiscal note of this bill is \$3,600.0. This includes \$700.0 (\$630.0 GF, \$70.0 FF) as part of the FY2013 Governor's Budget request and an additional \$2,900.0 in General Fund. If this bill were to pass it would include the portion of vaccines in the budget proposal that are intended for underinsured children and uninsured and underinsured adults. While the budget proposal overlaps with this bill, it differs somewhat in both the vaccines and age groups covered. The budget increment includes coverage for children aged 19-35 months regardless of insurance status. In the Governor's budget request, adults aged 65 years and up who do not have other resources would receive influenza and pneumococcal vaccine. The small amount of federal funds in the budget proposal assumes reimbursement from Medicaid administrative claiming.

Note that this bill excludes Medicaid enrollees (they already have coverage); therefore, this bill's expenditures are not eligible for federal reimbursement.

Does private INS pay for immunizations?

5.375
- .8

4.575

for 310

Physician Freedom of Vaccine Choice Act

AN ACT

relating to requiring the Department of Health and Social Services to implement a provider choice system for certain vaccines.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF Alaska:

SECTION 1.

Section _____, is amended by adding Subsection ____ to read as follows:

PROVIDER CHOICE SYSTEM. (1) The department shall implement a provider choice system for the vaccines for children program operated by the department under authority of 42 U.S.C. Section 1396s.

(2) The department shall ensure that eligible health care providers participating in the vaccines for children program, including local health departments, federally qualified health centers, rural health clinics, or any other program that supplements the vaccine for children program using state funds, may select any licensed vaccine, including combination vaccines and any dosage forms that:

a. are recommended by the federal Advisory Committee on Immunization Practices; and

b. are made available to the department by the Centers for Disease Control and Prevention of the United States Public Health Service.

(3) For the purposes of this section, "equivalent vaccines" means two or more vaccines that meet all of the following:

(1) protect a recipient of a vaccine against the same infection or infections;

(2) require the same number of doses;

(3) have similar safety and efficacy profiles; and

(4) are recommended for comparable populations by the Centers for Disease Control and Prevention of the United States Public Health Service.

(4) The department shall provide a vaccine selected by a health care provider under this subsection only if the cost to the department of providing the vaccine is not more than 115 percent of

the lowest-priced equivalent vaccine.

(5) The department shall allow for vaccine product selection at all regular ordering and reordering intervals throughout the calendar year.

(6) This section does not apply in the event of a disaster or public health emergency, terrorist attack, hostile military or paramilitary action, or extraordinary law enforcement emergency.

SECTION 2. The Department shall implement all or part of the provider choice system as soon as it is determined to be feasible, provided, however, that the department shall complete implementation of the system not later than July 1, 2012.

SECTION 3. Except as provided by this Act, this Act takes effect immediately upon becoming law.



Department of Health and Social Services
William J. Streur, Commissioner

Division of Public Health
Ward B. Hurlburt, MD, MPH, CMO/Director

Editors:
Joe McLaughlin, MD, MPH
Louisa Castrodale, DVM, MPH

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Bulletin No. 28 October 19, 2011

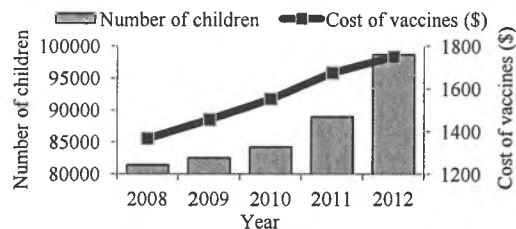
Further Cuts in State-Provided Vaccines for VFC-Ineligible Children in 2012

Background

In Alaska, state-supplied childhood vaccines are funded almost entirely through two federal funding sources. The primary source is the *Vaccines for Children (VFC) Program*, which pays for all Advisory Committee on Immunization Practices (ACIP)-recommended vaccines for children who are Medicaid eligible, American Indian/Alaska Native, and uninsured. Underinsured children (i.e., children with private health insurance that covers no or only selected vaccines, or caps vaccine coverage at a certain amount) are also eligible to receive VFC vaccine, but only if they are seen at a specified Rural Health Clinic (RHC) or at a Federally Qualified Health Center (FQHC). FQHCs are health centers designated by the federal Health Resources and Services Administration to provide health care to medically underserved populations.

The second funding source is *Section 317 of the U.S. Public Health Service Act (317)*, which provides limited vaccine funding for VFC-ineligible persons (i.e., adults, fully insured children, and underinsured children who are not seen at a FQHC or a RHC). The number of VFC-ineligible children in Alaska is increasing steadily, as is the cost to fully vaccinate a child through age 18 years (Figure).^{1,2} Of the estimated 98,689 Alaska children who will be VFC-ineligible in 2012, 46,884 (48%) will be underinsured.¹

Figure. Number of VFC-Ineligible Children and Estimated Cost of Recommended Vaccines for One Child from Birth through Age 18 Years — Alaska, 2008–2012



On October 6, 2010, the Section of Epidemiology (SOE) published a *Bulletin* describing a \$1.2 million annual decrease in Alaska's 317 federal funding for 3 years starting in 2011 (from \$4.3 million in 2010 to \$700,000 in 2013).³ The rationale for the cuts was that Alaska had been "significantly overfunded" relative to other state immunization programs for many years and, due to budgetary constraints, the U.S. Centers for Disease Control and Prevention (CDC) was no longer able to support Alaska's universal immunization program.³

In order to absorb this enormous reduction in 317 funding, the Alaska Immunization Program has implemented mitigation measures over the past 2 years, including the following:

- Discontinuation of 317-funded adult vaccines;³
- Discontinuation of 317-funded meningococcal (MCV4) and human papillomavirus (HPV) vaccine for VFC-ineligible children;³
- Requiring dose-level accountability for state-supplied vaccine;⁴ and
- Educating providers on ways to reduce vaccine wastage.⁵

Alaska's 317-funded Vaccines in 2012

Alaska's 317 budget for 2012 is \$1.9 million. To meet this budget, the Immunization Program must further reduce the number of 317-funded vaccines available for Alaska's VFC-ineligible children. Factors involved in deciding which vaccines to cut in 2012 included public health impact, vaccine costs, and school/childcare compliance requirements.

In addition to HPV and MCV4, the following three vaccines will no longer be supplied by the state for VFC-ineligible children: as of January 2012, *pneumococcal conjugate (PCV 13)* and *rotavirus*; as of July 2012, *influenza* (Table).

Table. State-Supplied Vaccines that will be Available to VFC-Ineligible Children in Alaska in 2012

ACIP Recommended Childhood Vaccines	Estimated Cost of Vaccines for VFC-Ineligible Children in 2012	State-Supplied Vaccines Available in 2012 to VFC-Ineligible Children
DTaP	\$234,038	Available
Hepatitis A	\$177,755	Available
Hepatitis B	\$106,463	Available
Hib	\$137,498	Available
HPV	\$350,307	Not available (as of 1/09)
Influenza	\$371,881	Not available (as of 7/12)
MCV4	\$256,695	Not available (as of 1/09)
MMR	\$143,497	Available
PCV 13	\$1,655,175	Not available (as of 1/12)
Polio	\$152,783	Available
Rotavirus	\$530,870	Not available (as of 1/12)
Td/Tdap	\$132,449	Available
Varicella	\$779,434	Available
Total Cost	\$5,028,845	\$1,863,917 (for available vaccines)

Some Good News

In the near future, public health centers statewide will be able to provide VFC-funded vaccines to underinsured children.

Here's how: FQHCs are allowed to vaccinate underinsured children using VFC vaccine. Additionally, FQHCs are allowed to delegate their authority to (i.e., deputize) public health VFC providers (e.g., public health centers and local health departments) to vaccinate underinsured children on their behalf. On September 23, 2011, the Anchorage Neighborhood Health Center (an FQHC) signed a memorandum of agreement with SOE that authorizes the Alaska Immunization Program to administer delegation of authority to SOA public health centers statewide to vaccinate underinsured children using VFC vaccine. PHCs will implement this authority as soon as possible.

Recommendations

1. Health care providers *must screen all children for VFC-eligibility at each visit* prior to administering state-supplied vaccine;⁶ VFC-ineligible children may only receive select state-supplied vaccines (Table).
2. Underinsured children may be referred to an FQHC, RHC, or public health center where they are eligible to receive all ACIP-recommended vaccines for free under the VFC Program.
3. Manufacturer contact information for vaccine ordering is posted on the SOE website to assist providers in purchasing vaccines for VFC-ineligible children.⁷

References

1. Unpublished data obtained from CDC's 2011 Vaccine Cost Affordability Tool.
2. CDC's Vaccine Price List. Updated September 29, 2011. Available at: <http://www.cdc.gov/vaccines/programs/vfc/cdc-vnc-price-list.htm>
3. Section of Epidemiology *Bulletin*, "Only Pediatric/Adolescent Vaccines to be Supplied by State Beginning in 2011," No. 31, October 6, 2010. Available at: http://www.epi.alaska.gov/bulletin/docs/b2010_31.pdf
4. CDC's VFC Operations Guide, Module 8, January 2011. Available at: <http://www.cdc.gov/vaccines/programs/vfc/docs/vfc-ops-guide/17-module-8.pdf>
5. Wood L. "Vaccine Financing — What Does it Mean for Alaska?" Available at: http://www.epi.alaska.gov/irz/online/2011/Wood_VaccineFinancing_WhatDoesItMeanforAlaska.pdf
6. Alaska's VFC Patient Eligibility Screening Form. Available at: http://www.epi.alaska.gov/irz/online/2011/VFC_Patient_Eligibility_Screening_Form.pdf
7. Alaska Immunization Program homepage. Available at: <http://www.epi.alaska.gov/id/immu.htm>



Department of Health and Social Services
William H. Hogan, MSW, Commissioner

Division of Public Health
Ward Hurlburt, MD, MPH, CMO/Director

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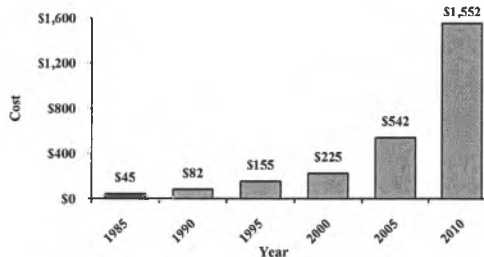
Local (907) 269-8000
24 Hour Emergency 1-800-478-0084

Bulletin No. 31 October 6, 2010

Only Pediatric/Adolescent Vaccines to be Supplied by State Beginning in 2011

For over 30 years the Alaska Immunization Program maintained a "universal" vaccine program, distributing at no cost all Advisory Committee on Immunization Practices (ACIP)-recommended pediatric and selected adult vaccines to public and private providers in Alaska. This vaccine distribution has been supported almost entirely with two sources of federal funding. The *Vaccines for Children (VFC) Program* pays for vaccines for children who meet certain federal criteria. *Section 317 of the U.S. Public Health Service Act (317)* covers the cost of vaccines for the approximately one-third of Alaska children who are not VFC-eligible, as well as adult vaccines. As a federal entitlement program, VFC funding increases to support newly recommended vaccines for children; however, 317 funding has not kept pace with rapidly rising vaccine costs, which have risen almost seven-fold in the last 10 years (Figure 1).

Figure 1: Alaska Immunization Program Estimated Cost to Purchase Recommended Vaccines for One Child from their Year of Birth through Age 18 Years, for Selected Years from 1985 through 2010



The rising cost and growing number of recommended vaccines has made it increasingly challenging for Alaska to maintain its vaccine distribution policy; however, these challenges are not unique to Alaska. Almost one-half (23/50) of U.S. states supply vaccines only for VFC-eligible children, i.e., vaccines are not supplied for children who do not meet program eligibility criteria or for adults. Other state vaccine supply policies include *universal purchase* (all vaccines for all children), *universal purchase select* (vaccines for all children except selected expensive vaccines available for VFC-eligibles only), and *VFC and underinsured* and *VFC and underinsured select* (varying levels of coverage for underinsured children) (Figure 2).

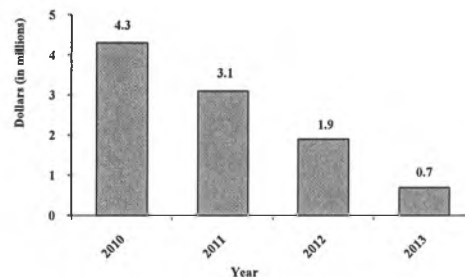
Figure 2: Public Purchase Pediatric Vaccine Supply Policy — United States, July 2010¹



Alaska's vaccine purchases are supported almost entirely with funding from the U.S. Centers for Disease Control and Prevention (CDC). In 2008, CDC informed Alaska that the state had been "significantly overfunded" relative to other state and local immunization programs for many years, and the agency could no longer support Alaska's universal immunization program. CDC agreed to maintain 317 funding at ~\$4.3 million through 2010, with the understanding that funding would decrease in subsequent years. To meet the challenges presented by increased vaccine costs and reduced funding, Alaska has taken incremental steps to reduce vaccine expenditures while trying to maintain maximum availability

of pediatric vaccines. In 2007, the Immunization Program discontinued shipments of adult influenza vaccine to private providers. In January 2009, the state limited the provision of human papillomavirus (HPV) and meningococcal conjugate vaccines to children who met the federal eligibility requirements of the Vaccines for Children (VFC) Program.² These program modifications helped trim vaccine costs by more than \$2 million per year. However, CDC has notified Alaska that, beginning in 2011, the state's 317 vaccine dollars will be reduced by ~\$1.2 million for each of the next 3 years, at which time Alaska's funding will be proportionate to that received by other immunization programs in the United States (Figure 3). Therefore, a change in Alaska's vaccine supply policy is necessary (Box).

Figure 3: Projected 317 Vaccine Funding for Alaska, 2010–2013



Box. The Alaska Immunization Program's 2011 Vaccine Supply Policy

Due to the increased cost of vaccines and federal 317 funding cuts, the following Alaska Immunization Program vaccine supply policy will become effective on **January 1, 2011**:

- All ACIP-recommended pediatric vaccines except HPV and MCV4 will continue to be supplied for all children through age 18 years. HPV and MCV4 will continue to be available for VFC-eligible children only.
- **Adult vaccines that historically have been provided by the Alaska Immunization Program (i.e., influenza, pneumococcal, tetanus/diphtheria) will no longer be supplied to public or private sector providers.**

Alternate Resources Available for Adult Vaccines

Private insurance policies and Medicare frequently support the cost of adult vaccines. Resource information related to Medicare billing and other potential funding sources is posted on the Section of Epidemiology website.³ Manufacturer contact information for vaccine ordering also is included.

Conclusion

Although the Alaska Immunization Program regrets this policy change for adult vaccines, we are pleased that we can continue to provide pediatric vaccines at the current level throughout 2011. As the state's 317 funding levels continue to decrease over the next 3 years, this pediatric policy may need to be reconsidered. We will also continue to monitor the implementation of the Patient Protection and Affordable Care Act to determine its potential impact on vaccine funding in the future. To the greatest extent possible, we will continue our commitment to eliminate vaccine-preventable diseases in Alaska's children.

References

1. Vaccine Financing/Supply Policy, University of Michigan Division of General Pediatrics, Child Health Evaluation and Research Unit and the Association of Immunization Managers, July 2010. Available at: <http://immunizationmanagers.org/about/VaxSupplyPolicyMapJuly2010.pdf>
2. Alaska Section of Epidemiology. Alaska to Initiate Federal Vaccines for Children Program for Human Papillomavirus and Meningococcal Vaccines. *Bulletin* No. 21, November 3, 2008. Available at: http://www.epi.hss.state.ak.us/bulletins/docs/b2008_21.pdf
3. Alaska Section of Epidemiology. Adult Vaccine Availability: A Resource Guide for Alaska Immunization Providers. Available at: <http://www.epi.alaska.gov/id/iz/AdultVaccineResources.pdf>



Transforming Health Care in Alaska 2011 Report/2010-2014 Strategic Plan Update

Alaska Health Care Commission

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Representative Wes Keller

Deborah Erickson, Executive Director



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Governor
State of Alaska



William J. Streur
Commissioner
Department of Health & Social Services

6. Immunization against Vaccine-Preventable Disease

Findings

- Until the mid-20th century infectious diseases were a leading cause of illness, disability and death in Alaska. Few effective treatment and preventive measures existed. Since that time there has been a dramatic decline in the burden of infectious disease in the population due to significant achievements in control measures, especially for those diseases for which vaccines have been developed.
- During the 20th century the success of biomedical science in development of vaccines combined with the success of the public health system in immunizing the population led to the eradication of smallpox from the worldwide population and the elimination of polio from the U.S. population. Furthermore, immunizations have resulted in substantial declines in other diseases that had previously been a common cause of serious illness and death among children, such as measles, mumps, rubella, diphtheria, tetanus, pertussis, and bacterial meningitis.
- Despite remarkable progress in vaccine development and use, there are a number of challenges in maintaining sufficient immunization levels to protect the population.
 - Vaccination schedules have become increasingly complex. U.S. children require 19 doses of vaccine by age 35 months to be protected against 11 childhood diseases.
 - The success of immunization policies in controlling once-dreaded diseases has led to complacency among some subsets of the population toward vaccines.
 - Insufficient and erroneous information about vaccine safety and effectiveness creates confusion among parents, who must recognize immunizations as an important tool in protecting their children's health and actively seek them.
 - Health care providers must be kept informed of the latest developments and recommendations.
 - Vaccine supplies and financing must be made more secure.
 - Researchers must address increasingly more complex questions about safety, efficacy, indications, contraindications, and delivery.
 - Information technology must be used to support timely vaccination.
 - Adolescents and adults must be targeted for vaccine-preventable diseases that affect their age groups, such as influenza and pneumonia.
- Alaska's childhood immunization rate has declined in recent years to nearly the lowest in the nation. Alaska's rate of immunization completion for children ages 19 months to 35 months was just 56.6% in 2009, compared to the national average of 70.5%, ranking Alaska 49th among the 50 states and leaving Alaska's children vulnerable to preventable diseases that can result in serious complications, preventable hospitalizations, and in some cases death.
- The Alaska Division of Public Health, Department of Health & Social Services, maintained a "universal vaccine program" (providing all recommended childhood and adult vaccines to public and private health care providers in the state) for over three decades. The vaccine program was supported almost entirely with federal funding from two different sources, one of which is reducing its annual allocation to Alaska by \$3.6 million in a phased 3-year reduction starting in FFY 11.

- As a result of the loss of funding the state discontinued provision of all adult vaccine and of human papillomavirus and meningococcal vaccines for children in FFY 11, and will no longer provide the following childhood vaccines for children who are not eligible for the Vaccines for Children Program (“VFC”; a program for children who are American Indian/Alaska Native, on Medicaid, or uninsured) beginning in FFY 12: influenza, pneumococcal conjugate, and rotavirus.
- Elimination of the universal vaccine program is expected to have the following consequences:
 - Reduction in the number of small private medical practices that provide vaccine to their patients due to the complexities of maintaining separate vaccine supplies (per VFC administrative requirements), and the cost of up-front purchase of expensive vaccine;
 - Reduced immunization coverage leading to increased risk of vaccine-preventable diseases such as measles, mumps, pertussis, chicken pox and hepatitis A; and,
 - Inability to maintain a stockpile of vaccine to support timely response to outbreaks of vaccine-preventable disease.

Recommendations

- The Alaska Health Care Commission recommends the State of Alaska ensure the state’s immunization program is adequately funded and supported, and that health care providers give priority to improving immunization rates in order to protect Alaskans from serious preventable diseases and their complications.

Rosalyn Singleton MD
ANTHC Immunization Program
Address: AIP-CDC, 4055 Tudor Centre Dr
Anchorage, AK 99508
907-729-3418

February 10, 2012

RE: Letter of Support, House Bill 310

As a long-time Alaska pediatrician I am writing in support of House Bill 310 to temporarily reinstate the child and adult immunization program.

For over 30 years, the Alaska Department of Health and Social Services Immunization Program had a "universal" vaccine program – distributing all recommended childhood and adult vaccines to public and private providers in Alaska. These vaccines were supported almost entirely with 2 sources of federal funding. Vaccines for Children (VFC) Program (an entitlement program) pays for children who meet federal criteria; and Section 317 of the U.S. Public Health Service Act covered the cost for children not VFC-eligible and adult vaccines. In 2008, the federal government notified the State that the State had been "overfunded" with 317 funding compared with other states and that Centers for Disease Control would be decreasing the Section 317 funding to the State during 2010 to 2013 from \$4.3 million to \$0.7 million. Therefore, Alaska is losing \$3.5 million dollars in federal funding for critical vaccines between 2010 and 2013.

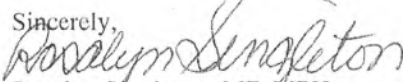
This staged funding decrease started in 2011 –

- In 2011 the State stopped providing any adult vaccine.
- In 2012, the State Immunization Program will no longer provide the following childhood vaccines to non-VFC eligible children: *influenza, pneumococcal conjugate, rotavirus, and varicella*.
- In 2013, the State Immunization Program will no longer provide any vaccines except for VFC eligible children.

Why should we be concerned?

1. When faced with the complexities of maintaining two separate vaccine supplies for VFC and non-VFC eligible children, as well as fronting the cost for expensive vaccines, many small medical practices will stop providing vaccines to their patients.
2. This decrease in provision of vaccines will result in a critical decrease in immunization coverage (proportion of vaccinated children) in children, leading to increased risk of outbreaks from diseases like measles, mumps, pertussis, chicken pox and hepatitis A. Vaccines are cost saving. Alaska cannot afford further downward trend in coverage – in 2009 our 2 year old vaccination rate was 49th in the nation.
3. The State could be left without an adequate vaccine supply and infrastructure to allow for timely response to outbreaks of measles, mumps, hepatitis A, pertussis, if such outbreaks were to occur in Alaska.

House Bill 310 is a stop-gap measure to fill the gap left by the reduction in federal funding and reinstate the Alaska Immunization Program's ability to provide vaccine for under-insured and uninsured Alaskans currently not covered by other programs. I urge Alaskans to support this bill.

Sincerely,

Rosalyn Singleton, MD MPH



February 10, 2012

Jack C. McRae
Senior Vice President

Representative Bob Herron
State Capitol Room 411
Juneau, Alaska 99801

Re: HB 310, Temporary Child and Adult Immunization Program

Dear Representative Herron,

I am writing in support of House Bill 310, which seeks to *temporarily reinstate* the child and adult immunization program in the Department of Health and Social Services.

As one of the largest healthcare insurers in Alaska, Premera Blue Cross Blue Shield of Alaska provides comprehensive, tailored services to our members, including innovative programs focused on wellness and prevention. We agree with you that prevention is important in ensuring a healthier future for Alaskans. Our plans echo that sentiment: Premera currently covers all CDC recommended vaccinations for members under age 19 and certain vaccines for adults. This is provided without cost sharing.

We believe HB 310 and its temporary establishment of a state-funded immunization program is a good approach to the process of determining a permanent solution to the gap in federal funding for vaccinations that Alaska is experiencing. Other states have also realized a decrease in federal Vaccines for Children (VFC) and Section 317 funding and have created innovative, durable solutions to this funding gap to sustain full vaccination program financing. We look forward to working with you, the Department of Health and Social Services, in conjunction with the Alaska Health Care Commission, on developing a sustainable solution for the State that takes into account Alaska's needs and financial constraints.

In the meantime, we believe that the approach outlined in HB 310, to put in place a temporary, state-funded solution to vaccination access for children and adults in Alaska, is financially sensible and offers the state ample time to develop a carefully planned, fairly funded and permanent program.

Thank you for your time and consideration and please give either myself or Jerry Reinwand (907/586-8966), our lobbyist in Juneau, a call if you have any questions pertaining to this letter.

Sincerely,

A handwritten signature in black ink that reads "Jack C. McRae".

Jack C. McRae



MARY ANN JACOB, M.D.

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jacobmd@mac.com

December 1, 2011

Dear Ms. Erickson,

As a pediatrician in a small, solo practice, I am writing to voice my support for the Alaska Health Care Commission's recommendation that the Alaska legislature fully fund the immunization and vaccine program.

Changes in funding will lead to small practices like my own being unable to provide vaccine for our patients. I have estimated the costs for the first year to be equivalent to hiring another full-time employee. But, even more importantly, ethically, I feel medical practices should try to provide vaccines to their pediatric patients. This is part of the "medical home" model which we are being encouraged to follow, which is associated with better outcomes for children. If patients have to go to another clinic for their vaccines, some of them will forget or "be too busy". The end result will be a less immune set of children, more susceptible to infectious diseases that should be things of the past. The recent pertussis outbreak in California (10,000 case, 10 deaths) stands as a warning for what Alaska could be facing. The treatment of these diseases is much more expensive than their prevention by vaccination. At a time when Alaska is ranked 49th in vaccination rates among the United States, we really cannot afford this short-sighted approach.

Sincerely yours,

Mary Ann Jacob, M.D., F.A.A.P.

GLACIER PEDIATRICS, LLC

Amy Dressel, M.D.

Mary Ellen Arvold, P.N.P.

Monica Gross, M.D.

George Brown, M.D.

1600 GLACIER AVENUE
JUNEAU, AK 99801

Phone
(907) 586-1542
Fax 586-1849

February 13, 2012

Dear HESS Members:

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.

Sincerely,

The pediatricians and nurse practitioners of Glacier Pediatrics

Mary Ellen Arvold PNP
George W. Brown MD

Monica Gross M.D.
Amy Dressel MD
Kathy Stepien MD

Dr. George Brown, Dr. Monica Gross, Dr. Kathy Stepien, Dr. Amy Dressel and Mary Ellen Arvold, PNP

Representative Bob Herron

Rep.Bob.Herron@legis.state.ak.us

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House District 38
Kuskokwim & Johnson Rivers
Kuskokwim Bay & Nelson Island

Akiachak
Akiak
Atmautluak
Bethel
Cheforak
Eek
Goodnews Bay
Kasigluk
Kipnuk
Kongiganak
Kwethluk
Kwigillingok
Lower Kalskag
Mekoryuk
Mertarvik
Napakiak
Napaskiak
Newtok
Nightmute
Nunapitchuk
Oscarville
Platinum
Quinhagak
Toksook Bay
Tuluksak
Tununak
Tuntutuliak
Upper Kalskag

February 2, 2012

Representative Wes Keller, Chair
House Health and Social Services Committee
State Capitol Room 432
Juneau, AK 99801

Representative Keller,

I respectfully request a hearing of HB 310, "State Immunization Program", in the House Health and Social Services Committee.

A bill packet is attached, ordered as specified in the committee's hearing request memo dated January 20, 2011.

A list of expected testifiers, and any special accommodations they may require, will be provided once the bill is scheduled, to allow my staff to confirm availability.

Thank you for your consideration. Please feel free to contact me, or aide Liz Clement (x6576 direct), with any questions.

Representative Bob Herron

A handwritten signature in black ink, appearing to read "J. Herron".

What have vaccines done for you lately?



October 2011
ANTHC Immunization Program;
Rosalyn Singleton MD MPH
ris2@cdc.gov
729-3418

Impact of Vaccines

Comparison of disease: before vaccine and 2006

Disease	Pre-vaccine Era*	2006**	% decrease
Diphtheria	175,885	0	100
Measles	503,282	55	99.9
Mumps	152,209	6,584	95.7
Pertussis	147,271	15,632	89.4
Polio (paralytic)	16,316	0	100
Rubella	47,745	11	99.9
Congenital Rubella Syn.	823	1	99.9
Tetanus	1,314	41	96.9
<i>H. influenzae</i> type b and unknown (<5 yrs)	20,000+	208	99.0
Total	1,064,854	22,532	97.9

* Baseline 20th century annual morbidity

+ Estimated because no national reporting existed in the pre-vaccine era

** Source: *MMWR* 2007;56(33):851-64

Herd Immunity



If enough children are vaccinated then a disease cannot spread in their community. This is known as “community” or “herd immunity”

Polio

- In 1952 there were 21,000 cases of paralytic polio in the US
- The last case of polio in the US occurred in 1979
- Polio continues in India, Nigeria, Afghanistan, and Pakistan
- Polio is just one plane flight away

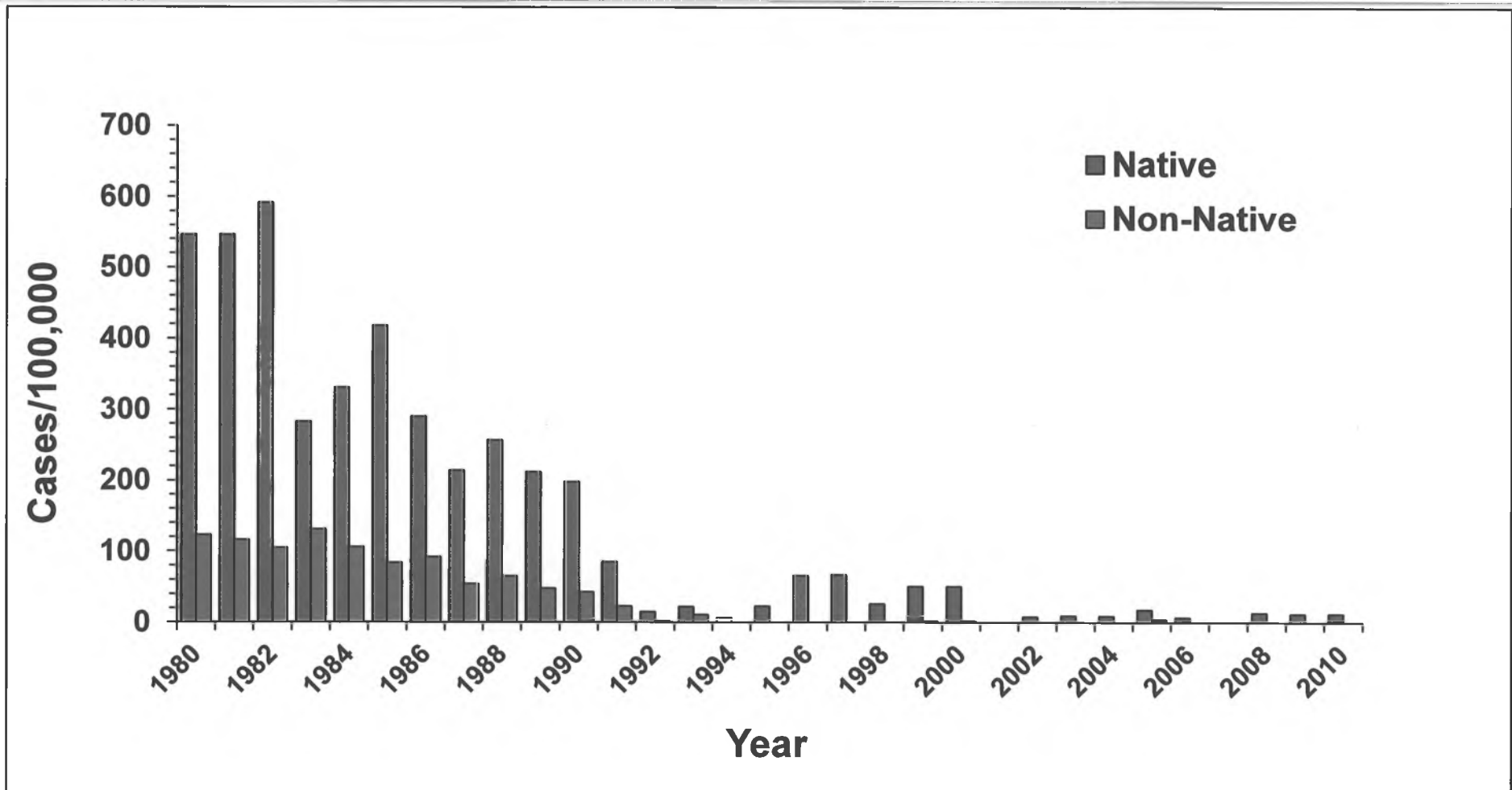


Diphtheria

- In 1925 a diphtheria epidemic threatened Nome. The nearest serum was in Anchorage.
- A relay of dog teams rushed the vaccine from Nenana to Nome.
- Gunnar Kaasen and his dog Balto drove the final legs into Nome
- The serum arrived in time to prevent the epidemic and save hundreds of lives.



Invasive Hib Disease, Children Aged <5 yrs, Alaska, 1980-2010

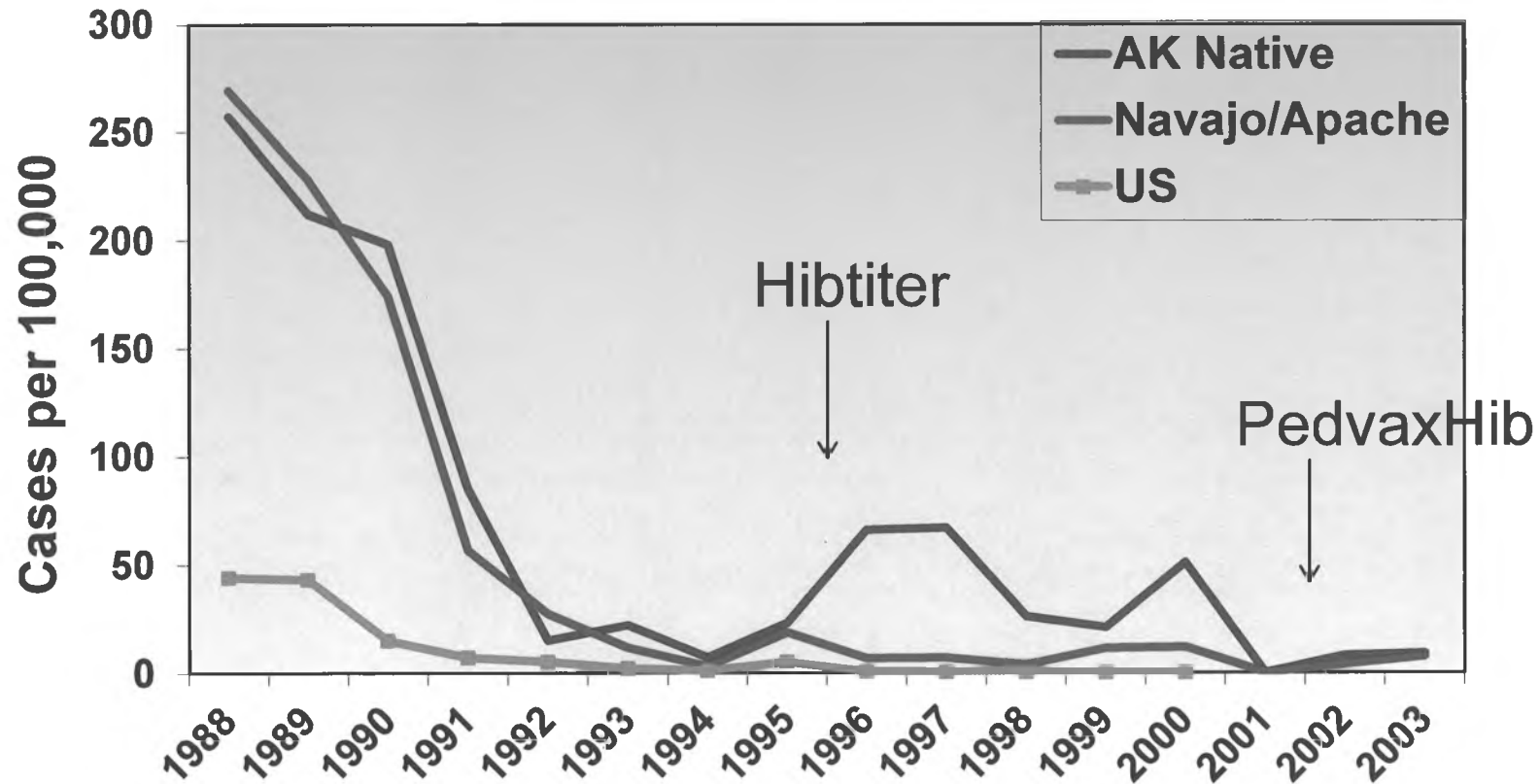


Singleton, Pediatrics 2006 & CDC unpublished data

Decline in Hib Disease:

US, Navajo/ Apache, AK Native, 1988-2003

Before Hib vaccination started in 1990, Alaska Native children were 6 times more likely than other US children to get Hib meningitis. Now Hib meningitis is rare because of routine childhood vaccination.



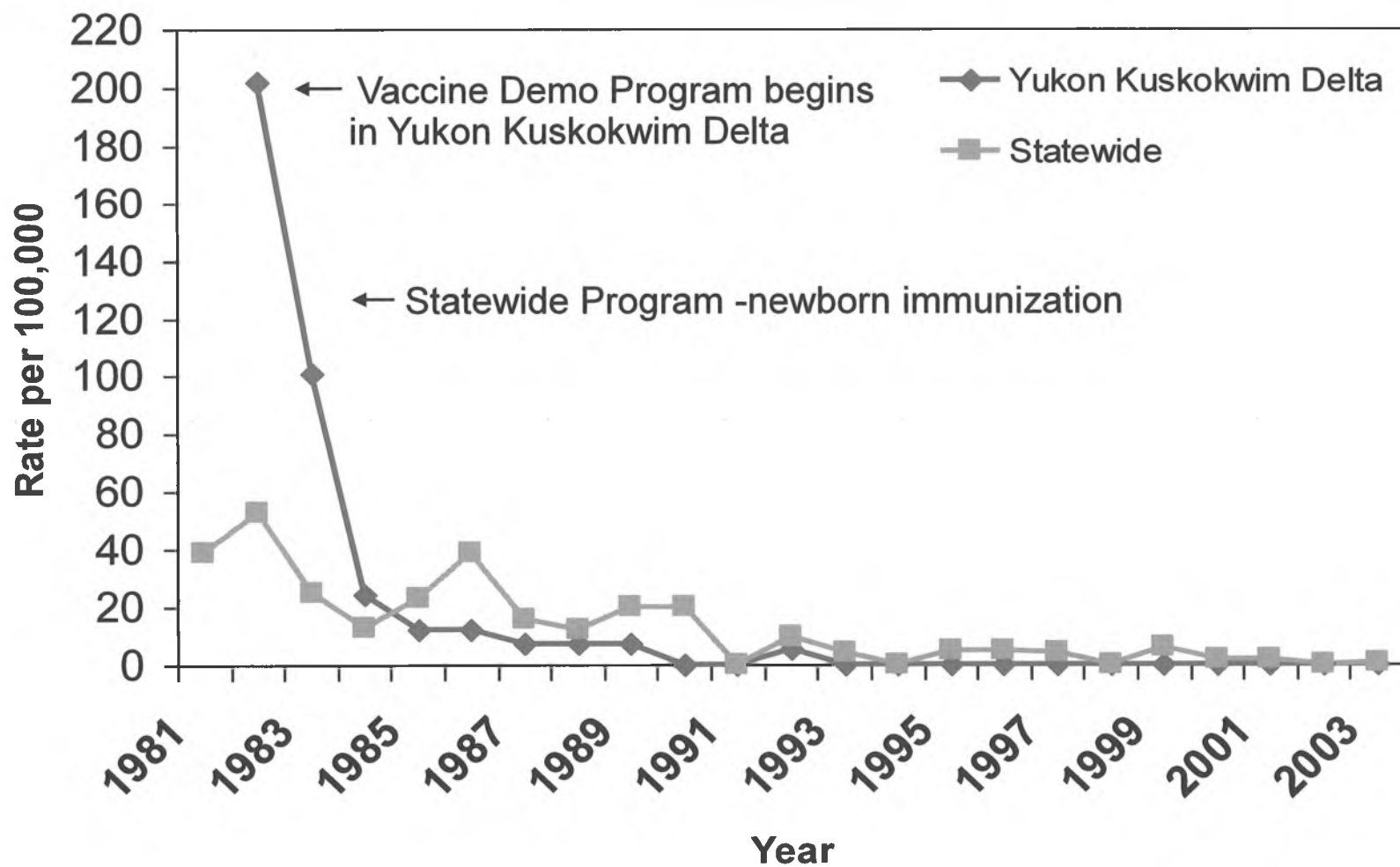
Hepatitis B in Alaska Native persons

- Before Vaccine :
 - 6% had been infected
 - 1500 hepatitis B carriers
 - Incidence 50 times the general U.S. population
- Vaccination strategies
 - universal infant & catch-up vaccination starting in 1983
- Post-Vaccine Rate:
 - declined from 250 to $<0.4/100,000$
 - lowest hepatitis B incidence of any U.S. ethnicity.



Harpaz. Elimination of new Hepatitis B infections. J Infect Dis 2000;181;413-8

Incidence Symptomatic Hepatitis B in AK Native Persons 1981- 2003

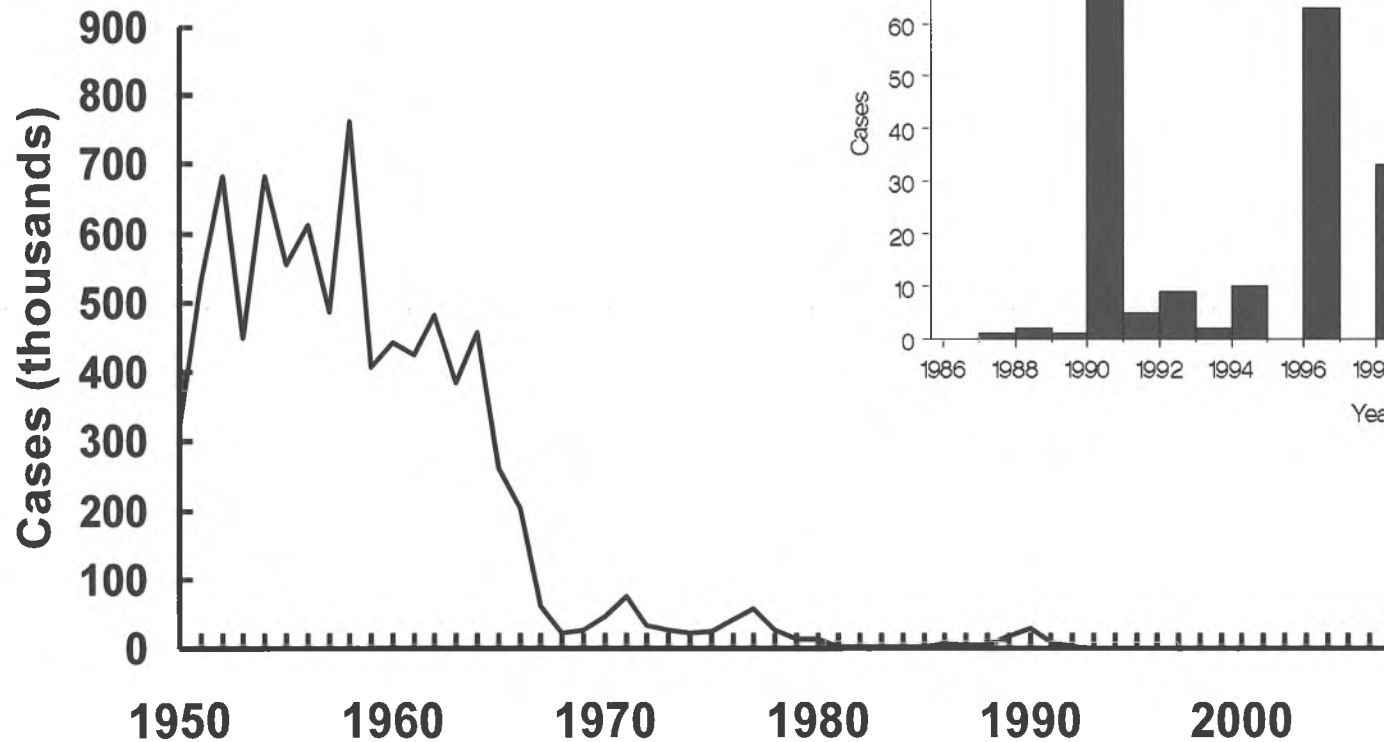


Measles Clinical Features

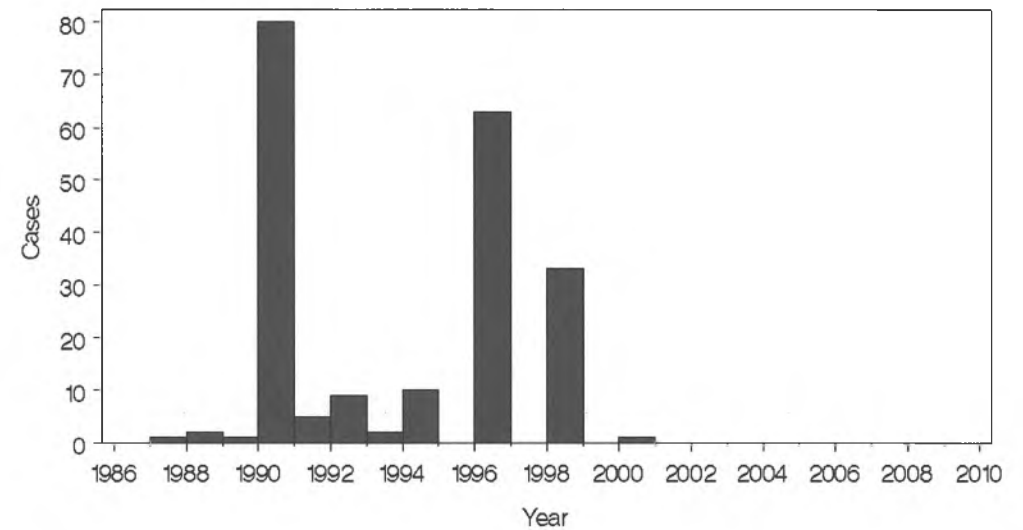
- Highly contagious viral illness
- Incubation period 10-12 days
- Prodrome
 - Stepwise increase in fever to 103°F+
 - Cough, coryza, conjunctivitis
 - Rash – maculopapular, 2-4 days after prodrome beginning face and head



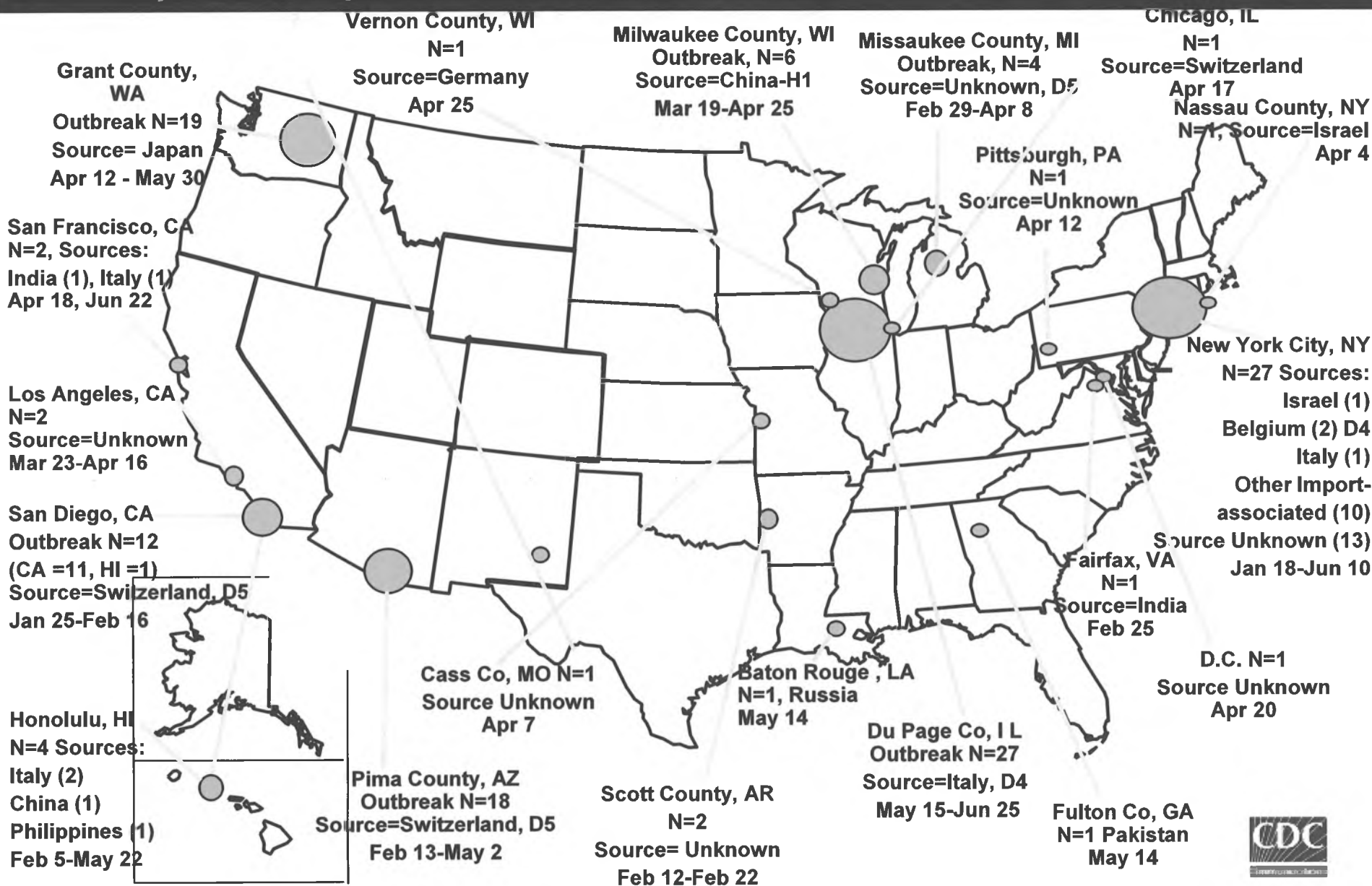
Measles - United States, 1950-2007



Measles in Alaska 1986-2010

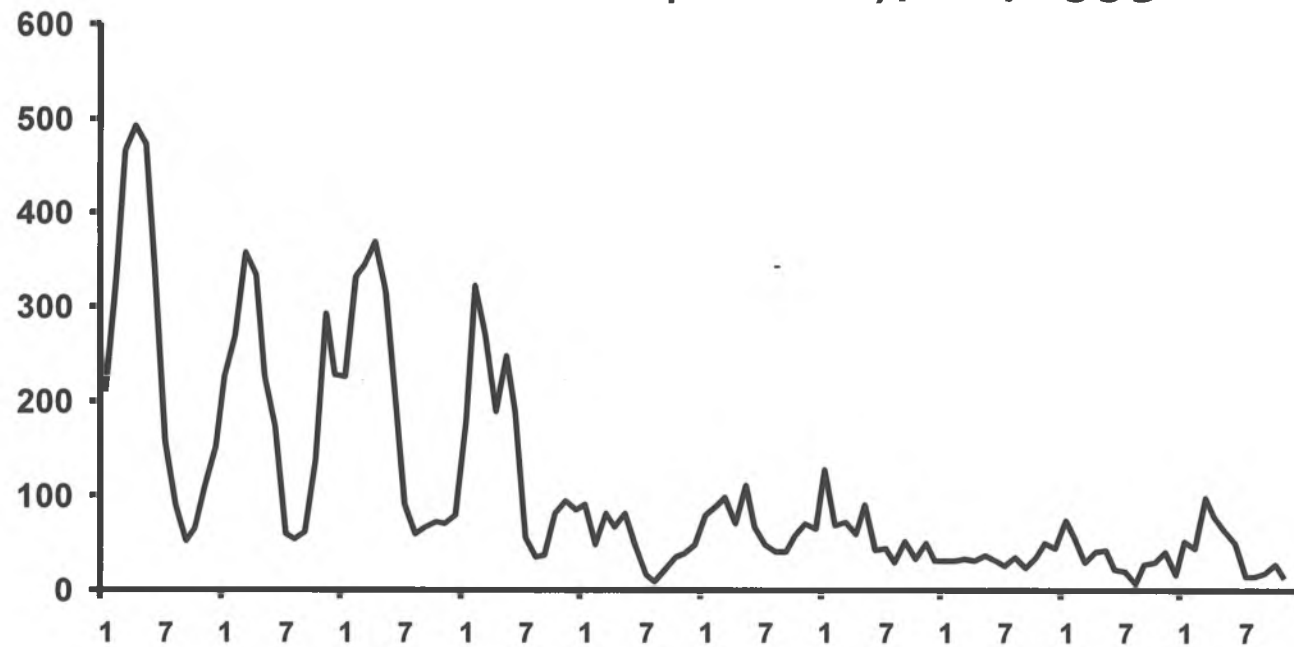


Measles Cases Reported to CDC/NCIRD January 1 to July 11, 2008 (N= 132)



Varicella Cases by Month - Antelope Valley, CA, 1995-2004

- Varicella cases decrease in Antelope Valley, CA, 1995-2004



- Varicella hospitalizations decreased 80% since vaccine
- Varicella deaths have plummeted 88% since vaccine

Hepatitis A in Alaska

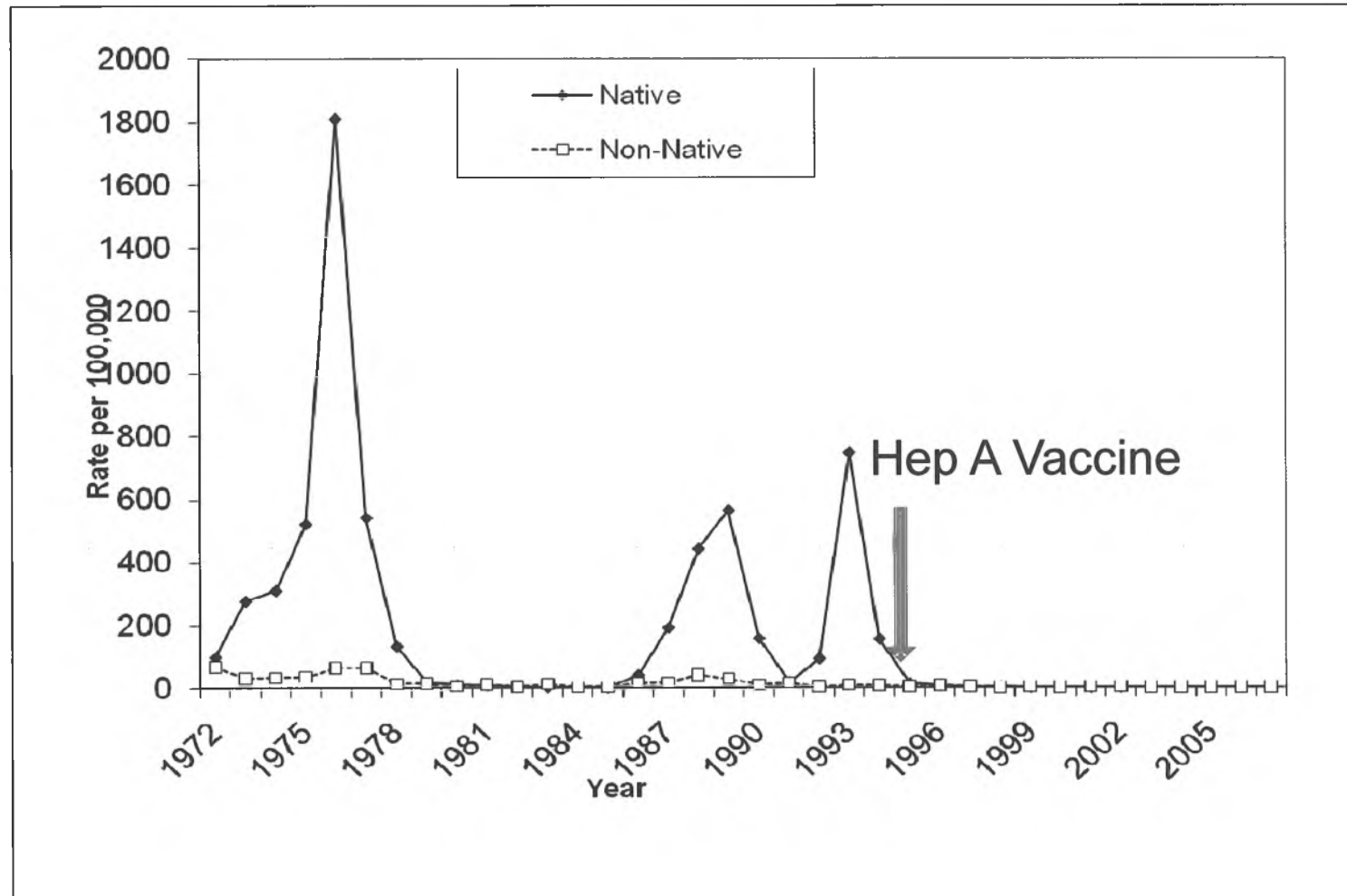
- Pre-Vaccine Incidence –
 - Large outbreaks
 - Lifetime risk in villages ~90%
 - 1992-3 : 4 deaths from fulminant Hep A
- Hepatitis A Vaccine (1996)
 - Universal vaccine for children
 - School requirement
- Rates have declined >99%
 - Rate now lower than US rate
 - No epidemics! – no transmission in villages



CDC MMWR 1992;41:6

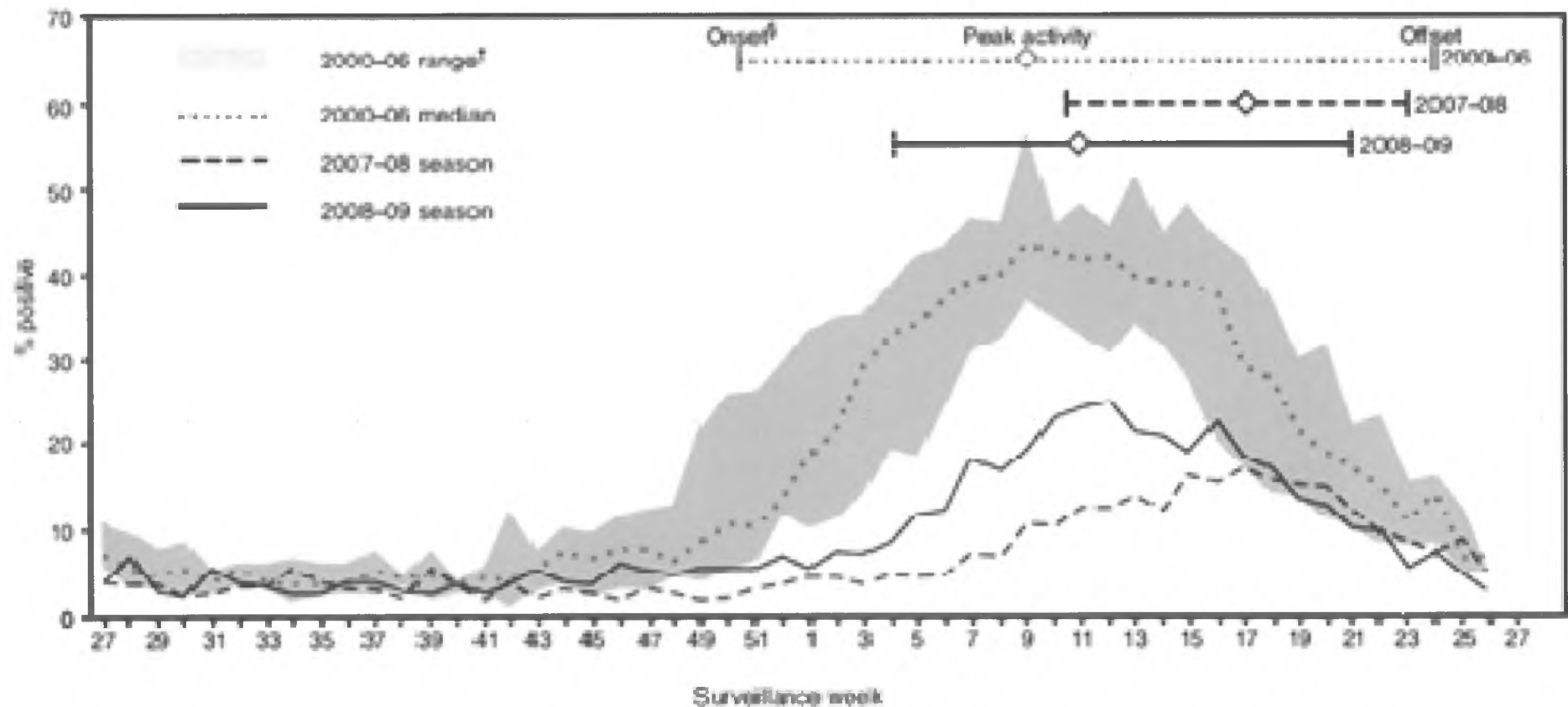
Bialek. Hepatitis A in AI/AN. Am J Pub Hlth 2004;94 996-1001

Incidence of Hepatitis A infections in Alaskans, Native and Non-Native, 1972-2007



Singleton, McMahon, Castrodale et al. Impact of vaccine program in Alaska VACCINE 2010;28:6298-304

National Rotavirus Surveillance



Percentage of rotavirus positive results, by surveillance week National Respiratory and Enteric Virus Surveillance System (NREVSS), United States, July 2000--June 2009*.

Varicella (Chickenpox): Not always a “Harmless” Childhood Disease

- Before vaccine there were 100 deaths/yr from complications of chicken pox
- Varicella deaths decreased 88% since routine vaccination
- Adolescents and adults get much sicker with natural chicken pox.
- Some breakthrough chicken pox infections after vaccine occur - usually very mild.
- Varicella vaccine is recommended at 1 year of age; second dose at school entry.



Rotavirus Disease and Rotavirus vaccine



- **Rotavirus**
 - Most common cause of diarrhea, peak at 6-24 months
 - 1/3 of diarrhea hospitalizations
 - 55,000 hospitalizations in the US
 - 550,000 clinic and ER visits in the US
- **Rotavirus vaccine - provided by the State**
 - Studies show Efficacy: 98% reduction of severe rotavirus
- **Rotavirus disease post-vaccine**
 - Significant decrease in diarrheal hospitalizations in children
 - Significant drop in all Rotavirus hospitalizations in US since Rotavirus vaccine became available ~ 2007



AARP Alaska
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April 4, 2012

TO: Members of the Alaska House of Representatives

RE: HB 310 (Herron)—Support

On behalf of the members of AARP in Alaska, we encourage you to support HB 310, authored by Representative Bob Herron and co-sponsored by Representatives Mia Costello, Bryce Edgmon, Peggy Wilson, Max Gruenberg, Lindsey Holmes, Mike Doogan and Les Gara.

In the past, Alaska and Alaskans of all ages have benefited from a comprehensive vaccination program primarily funded by the federal government. HB 310 would provide state funding to make up the shortfall on a temporary basis.

From the standpoint of older citizens, AARP recognizes that providing free vaccines for influenza, pneumonia, shingles and Tdap, to adults is a good effective public health measure.

From the standpoint of grandparents, AARP members recognize that restoring the thirteen previously covered vaccines for children is an excellent decision for our state leadership to make.

According to the Vaccine Research Group at the Mayo Clinic, 50,000 to 70,000 Americans die each year from diseases that could be prevented by vaccines.

Vaccine-preventable diseases have many costs, both economical and social. Parents who need to stay home to take care of sick children lose time from work. Preventable diseases also result in more physician visits, hospitalizations and even death. Vaccinations work. Think of the savings for Medicaid and PERS and TRS if we can restore the vaccination program and prevent costly illnesses.

Vaccines are like seat belts. We wear them to prevent injury or death if someone decides to run a red light. We still need to have vaccines available to prevent injury or death from bacteria and viruses that exist and can still be passed on to us.

AARP requests an "AYE" vote on HB 310.

Should you have any questions about our position, please feel free to contact me (586-3637) or Patrick Luby, AARP Advocacy Director (907-762-3314).

Thank you for your consideration.

Sincerely,

Marie Darlin

Marie Darlin, Coordinator
AARP Capital City Task Force
415 Willoughby Avenue, Apt. 506
Juneau, AK 99801
586-3637 (voice)
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February 14, 2012

The Honorable Wes Keller, Co-Chair
House Health and Social Services Committee
Alaska Capitol, Room 432
Juneau, AK 99801-1182

RE: HB 310 (Herron)—Support

Dear Chair Keller:

On behalf of the members of AARP in Alaska, we encourage you and your colleagues on the House Health and Social Services Committee to support HB 310, authored by your Committee colleague Representative Bob Herron and co-sponsored by Representatives Peggy Wilson, Mia Costello, Max Gruenberg, Bryce Edgmon, and Lindsey Holmes.

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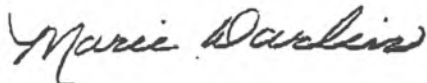
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Sincerely,



Marie Darlin, Coordinator
AARP Capital City Task Force
415 Willoughby Avenue, Apt. 506
Juneau, AK 99801
586-3637 (voice)
463-3580 (fax)

CC: Vice-Chair Alan Dick
Representative Bob Herron
Representative Paul Seaton
Representative Sharon Cissna
Representative Bob Miller
Representative Charisse Millett

January 24, 2012

Dear Senator Giessel,

This email is to support Senate Bill 144. As a family physician (and also medical director and clinic administrator at the Ethel Lund Medical Center, SEARHC, Juneau) I emphasize the important role in prevention that vaccines provide. The vaccines are critical to the public health of adults and children here in Alaska.

Sincerely,

Janice Sheufelt, MD

--

Janice Sheufelt, MD

Clinic Administrator/Medical Director

SEARHC Ethel Lund Medical Center

www.searhc.org

(907) 463-4057

(907) 364-4490 (fax)

January 30, 2012

Representative Reggie Joule
House Committee Members
Senate Committee Members
State Capitol Building #410
Juneau, Alaska 99801

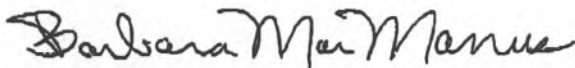
Dear Representative Joule and Members of the House and Senate Committees:

I am writing in support of SB 144. As a village Based Counselor with an office in our village clinic, I can see first-hand the impact that vaccination can have. There are immunizations available for many potentially deadly diseases, and it is disheartening to see that some Alaskans will not have access to the vaccines they need to stay healthy because the Alaska Immunization Program is no longer adequately funded.

While only temporary, this bill helps ensure that Alaskans of all ages will have access to the vaccinations they need to remain healthy. It also provides ample time for all parties to come together and work towards a more permanent solution.

The health of Alaskans and their families is an important issue, and SB 144 helps address a growing problem. I urge your support.

Sincerely,



Barbara MacManus
P.O. Box 68
Ambler, Alaska 99786
bj_macmanus@yahoo.com



Mt. Edgecumbe Hospital
222 Tongass Drive, Sitka, AK 99835
907.966.2411 - www.searhc.org

January 24, 2012

Dear Committee members of the House and Senate:

As physicians who care for children and their families, we are encouraged to see SB144 introduced. This bill would reinstate the funding for underinsured children who don't have access to VFC vaccine, and for underinsured and uninsured adults. With the current gaps in payment for vaccine coverage, we risk seeing a significant drop in vaccination rates and risk consequent outbreaks of preventable illnesses in our Southeast Alaska communities. One of the most effective public health advances of the twentieth century was the development of vaccines. The vaccine coverage that has recently been cut is not for rare and obscure illnesses. The vaccines that will not be completely funded without SB 144 prevent such devastating illnesses as pneumonia, meningitis (a deadly brain infection), cervical cancer in women, and life-threatening diarrhea-causing infections in infants. By having a robust statewide vaccination program, and fully funding it, Alaskans can be proud to provide the very best of basic preventive health care to all. By leaving funding gaps and having incomplete coverage, our legislature sends the message to our communities and citizens that such basic public health care is not a priority of our state. We recognize the current economic climate requires frugality, but cutting evidence-based preventive health services will not result in long-term savings or wellness for our state. As health care providers and concerned citizens, we strongly urge you to support Senate Bill 144.

John Baciocco, MD
A Blake MD
Elliot Bruhl
Valerie Edwards MD
H. Martin Grasmeder MD
Connie Kreiss MD
Donna Smith MD
David Vastola, MD

Sincerely,

SEARHC Medical Staff members:

Dr. John Baciocco MD
Dr. Suzanne Blake MD
Dr. Elliot Bruhl MD
Dr. Thomas Conley MD
Dr. Valerie Edwards MD
Dr. H. Martin Grasmeder MD
Dr. Connie Kreiss MD
Dr. Donna Smith MD
Dr. David Vastola MD

Cc: Senator Bert Stedman & Representative Peggy Wilson



1/26/12

**Marilyn Kasmar, CEO
Alaska Primary Care Association
903 W. Northern Lights Blvd., Suite 200
Anchorage, Alaska 99503
907-929-2722
Marilyn@alaskapca.org**

Dear Members of the House and Senate Committees:

I am writing in support of SB 144. The Alaska Primary Care Association represents the 143 (and growing) clinics operated by our 25 Community Health Center organizations. As such, we understand the vital importance of vaccination to Alaska's public health. There are immunizations available for many potentially deadly diseases, and it is disheartening to see that some Alaskans will not have access to the vaccines they need to stay healthy because the Alaska Immunization Program is no longer adequately funded.

While only temporary, this bill helps ensure that Alaskans of all ages will have access to the vaccinations they need to remain healthy. It also provides ample time for all parties to come together and work towards a more permanent solution.

The health of Alaskans and their families is an important issue, and SB 144 helps address a growing problem. I urge your support.

Sincerely,

**Marilyn Kasmar, CEO
Alaska Primary Care Association**

January 29, 2012

Senator Cathy Giessel
State Capitol Room 7
Juneau, AK 99801

Dear Senator Giessel:

This letter is written in support of SB 144. This past fall I worked as a Nurse Practitioner at Covenant House Alaska to fill in for their NP who was on sick leave. I was saddened to find out that I could no longer give state-provided Tdap to the Covenant House 19 and 20 year olds.

Many of the young adults that come to Covenant House become young parents, or have friends who are young parents. We have had youth come to stay with us who have been exposed to confirmed cases of whooping cough. It is important that we protect these young adults, and the young children they come in contact with, from contracting and spreading this disease.

I feel that providing vaccines is one of the best investments the State of Alaska can make in protecting the health of Alaskans of all age groups.

Sincerely,

Patricia Senner RN, ANP

Rosalyn Singleton MD
ANTHC Immunization Program
Address: AIP-CDC, 4055 Tudor Centre Dr
Anchorage, AK 99508
907-729-3418

January 24, 2012

RE: Letter of Support, Senate Bill 144

As a long-time Alaska pediatrician I am writing in support of Senate Bill 144 to temporarily reinstate the child and adult immunization program.

For over 30 years, the Alaska Department of Health and Social Services Immunization Program had a “universal” vaccine program – distributing all recommended childhood and adult vaccines to public and private providers in Alaska. These vaccines were supported almost entirely with 2 sources of federal funding. Vaccines for Children (VFC) Program (an entitlement program) pays for children who meet federal criteria; and Section 317 of the U.S. Public Health Service Act covered the cost for children not VFC-eligible and adult vaccines. In 2008, the federal government notified the State that the State had been “overfunded” with 317 funding compared with other states and that Centers for Disease Control would be decreasing the Section 317 funding to the State during 2010 to 2013 from \$4.3 million to \$0.7 million. Therefore, Alaska is losing \$3.5 million dollars in federal funding for critical vaccines between 2010 and 2013.

This staged funding decrease started in 2011 –

- In 2011 the State stopped providing any adult vaccine.
- In 2012, the State Immunization Program will no longer provide the following childhood vaccines to non-VFC eligible children: *influenza, pneumococcal conjugate, rotavirus, and varicella*.
- In 2013, the State Immunization Program will no longer provide any vaccines except for VFC eligible children.

Why should we be concerned?

1. When faced with the complexities of maintaining two separate vaccine supplies for VFC and non-VFC eligible children, as well as fronting the cost for expensive vaccines, many small medical practices will stop providing vaccines to their patients.
2. This decrease in provision of vaccines will result in a critical decrease in immunization coverage (proportion of vaccinated children) in children, leading to increased risk of outbreaks from diseases like measles, mumps, pertussis, chicken pox and hepatitis A. Alaska cannot afford further downward trend in coverage – in 2009 our 2 year old vaccination rate was 49th in the nation.
3. The State could be left without an adequate vaccine supply and infrastructure to allow for timely response to outbreaks of measles, mumps, hepatitis A, pertussis, if such outbreaks were to occur in Alaska.

Senate Bill 144 is a stop-gap measure to fill the gap left by the reduction in federal funding and reinstate the Alaska Immunization Program’s ability to provide vaccine for under-insured and uninsured Alaskans currently not covered by other programs. I urge Alaskans to support this bill.

Sincerely,

Rosalyn Singleton, MD MPH

Janet Ogan

From: Laughlin, Wilda J (HSS) <wilda.laughlin@alaska.gov>
Sent: Tuesday, February 14, 2012 5:36 PM
To: Janet Ogan; Rep. Charisse Millett; Liz Clement; Rep. Bob Herron
Cc: Hurlburt, Ward B (HSS); Lewis, Jill (HSS)
Subject: FW: rotavirus vaccine efficacy (CDC)

Follow Up Flag: Follow up
Flag Status: Flagged

Rep. Millett, below is a response to the question you asked in today's House HSS hearing. Let me know if you need anything else on this.

Janet, I trust you will get to the other committee members.
w.

Wilda J. Laughlin
Legislative Liaison, Dept. of Health and Social Services
Phone (907) 465-1613
Fax (907) 465-3068
Cell (907) 723-3802

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From: McLaughlin, Joseph B (HSS)
Sent: Tuesday, February 14, 2012 4:42 PM
To: Hurlburt, Ward B (HSS); Lewis, Jill (HSS)
Subject: rotavirus vaccine efficacy (CDC)

How well does rotavirus vaccine work to prevent rotavirus disease?

Efficacy studies have demonstrated that rotavirus vaccine is 85%-98% protective against severe rotavirus disease and 74%-87% protective against rotavirus disease of any severity in the first year after vaccination.

<http://www.cdc.gov/vaccines/vpd-vac/rotavirus/vac-faqs.htm>

CDC

*Joe McLaughlin, MD, MPH
State Epidemiologist and Chief,
Alaska Section of Epidemiology
3601 C Street, Suite 540
Anchorage, AK 99503
Phone: 907-269-8000
Fax: 907-561-6588*

February 13, 2012

Dear Senate Finance Committee,

Please support SB 144. 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 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 Senate Bill 144.

Sincerely,

The pediatricians and nurse practitioners at Glacier Pediatrics

Dr. George Brown, Dr. Amy Dressel, Dr. Monica Gross, Dr. Kathy Stepien,
MaryEllen Arvold

February 7, 2012

Dear Senator Giessel,

I am writing in support of Senate Bill 144, to restore funding for vaccinations in Alaska. I am a Family Nurse Practitioner working in an emergency room and see first-hand the results of preventable illness. Immunizations are one of the most cost-effective public health achievements in the past century.

While the costs of immunizations have increased substantially in recent years, the burden of paying to control an outbreak of a preventable disease is far greater. Immunizations for young children, such as influenza, Rotavirus and pneumococcal, may not be required for school attendance but they greatly reduce hospitalization rates and costs for treating those who would become ill. There is a synergistic effect with immunizations, if you vaccinate a mother against Pertussis, you are also protecting her newborn baby who is too young to be immunized. We need to work together to provide immunizations to all Alaskans in as cost effective a manner as possible.

Sincerely,

Eva Stassen, DNP, DCC, FNP-C

February 8, 2012

Dear Senator Giessel,

I am writing to ask that funding for the State of Alaska vaccination program be fully funded. I am a Family Nurse Practitioner working full time in a Community Health Center in Skagway. We as providers work very hard to insure that vaccinations are available and apply due diligence to safety issues and education. This clinic charges for vaccination administration fee, as sliding fee scale is available for low income families, but of course, do not have to charge for pediatric immunization. We are even happier when the Public Health Nurse position is filled and patients can receive preventive care and vaccinations without charge. If immunizations are not available, the concern is that the appalling trend toward non-vaccination will not only continue but increase, resulting in loss of community immunity to commonly carried diseases, and increased morbidity and mortality in children and adults. This is especially true as we attempt to educate parents to the new HPV vaccination which prevents cancer in young women and men as well as the other vaccinations we give.

Of the funding this state provides, this is one of the most important in my opinion.
Please share this email with anyone you feel would be interested.

Thank You,

Lynne V. Cameron, Family Nurse Practitioner
Dahl Memorial Clinic
Skagway, AK 99840

February 5, 2012

Dear Senator Giessel:

I am writing to applaud your introduction of SB 144.

Annually, we hear tragic stories about death and disability caused by under-immunized adults and children. This winter, there is an outbreak of pertussis in Chicago.

The decrease in federal funding for immunizations increases the probability that we will have outbreaks of diseases that I have not had to deal with in my long nursing career. The impact on children, adults and the elderly, in urban and rural Alaska could be catastrophic.

I support this bill, and thank you for moving it forward- for the health of all Alaskans.

Sincerely,

Dr Deborah Kiley DNP, FNP, FAANP

Anchorage, Alaska

February 8, 2012

Dear Senator Giessel,

I am writing in support of SB 144. As a Family Nurse Practitioner, I spend a great deal of time education patients and parents about health promotion/disease prevention. Vaccinations are one of the main strategies to prevent many of the diseases that caused many deaths and disabilities in the past. During these difficult economic times, preventative health measures that are out of pocket, are often viewed as non-essential and therefore postponed or not obtained at all.

For the general health of the people in the state adequate vaccination rates are important in protecting the entire community; this is known as "herd immunity". When the percentage of the population immunized declines, we are at increased risk.

Thank you for your support in this bill.

Sincerely,

Tracy Baum, ANP

February 6, 2012

Jack C. McRae
Senior Vice President

Senator Cathy Giessel
Alaska State Legislature
State Capitol Room 7
Juneau, AK 99801

Re: SB 144, Temporary Child and Adult Immunization Program

Dear Senator Giessel,

I am writing in support of Senate Bill 144, which seeks to *temporarily reinstate* the child and adult immunization program in the Department of Health and Social Services.

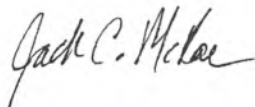
As one of the largest healthcare insurers in Alaska, Premera Blue Cross Blue Shield of Alaska provides comprehensive, tailored services to our members, including innovative programs focused on wellness and prevention. We agree with you that prevention is important in ensuring a healthier future for Alaskans. Our plans echo that sentiment: Premera currently covers all CDC recommended vaccinations for members under age 19 and certain vaccines for adults. This is provided without cost sharing.

We believe SB 144 and its temporary establishment of a state-funded immunization program is a good approach to the process of determining a permanent solution to the gap in federal funding for vaccinations that Alaska is experiencing. Other states have also realized a decrease in federal Vaccines for Children (VFC) and Section 317 funding and have created innovative, durable solutions to this funding gap to sustain full vaccination program financing. We look forward to working with you, the Department of Health and Social Services, in conjunction with the Alaska Health Care Commission, on developing a sustainable solution for the State that takes into account Alaska's needs and financial constraints.

In the meantime, we believe that the approach outlined in SB 144, to put in place a temporary, state-funded solution to vaccination access for children and adults in Alaska, is financially sensible and offers the state ample time to develop a carefully planned, fairly funded and permanent program.

Thank you for your time and consideration and please give me a call any time if you would like to discuss or need additional information.

Sincerely,



Jack C. McRae



January 25, 2012

The Honorable Cathy Giessel
Alaska State Senate
State Capitol, Room 7
Juneau, AK 99801

The Honorable Donny Olson
Alaska State Senate
State Capitol, Room 508
Juneau, AK 99801

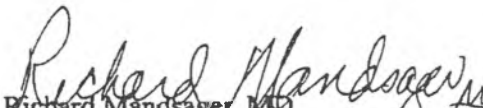
Dear Senators Giessel and Olson:


As physician leaders of Providence Health and Services, Alaska's largest health system, we write today to thank you for introducing SB 144, and offer our strong support for this legislation.

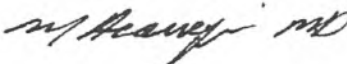
We recognize the individual and public health consequences of unchecked infectious disease and believe that SB 144, with the goal of temporarily reinstating funding through the Department of Health and Social Services for adult and child immunizations, is a positive step. Providence believes it is our heritage and responsibility to advocate specifically for our state's most vulnerable population; our children.

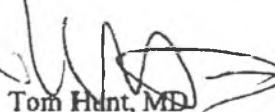
Thank you again for introducing this legislation and thank you too for your work on behalf our public's health.

Sincerely,


Richard Mandsager, MD
CEO, Providence Alaska Medical Center


Roy Davis, MD
CMO, Providence Health & Services Alaska


Michael Acarregui, MD, MBA
Medical Director, Pediatric Subspecialty
Services, Providence Alaska Medical
Services


Tom Hunt, MD
Physician Chief Executive,
Providence Medical Group Alaska

cc: Senator Bettye Davis
Commissioner Bill Streur

January 26, 2012

Hello Senator Giessel;

I have been a nurse in Dillingham for almost 30 years. For the past 10 years I have worked as an Immunization Program Manager within a tribal health corporation. In the two decades of nursing prior to this, I have witnessed Elimination of diseases like HIB and Hepatitis B and Hepatitis A. I can not tell you how immense the feeling is to now be vaccinating a second generation of infants whose young parents were protected from diseases that their parents (the grandparents) were not.

The confusion of multiple pay systems for vaccines, multiple classifications for Who can receive state vaccine, and the elimination of providing adult vaccine to those who do not have equitable or other resources (one of several examples would be any non native person living in rural Alaska), will continue to keep Alaska at the bottom of an immunization rate race that it is on the verge of toppling.

The new state Immunization Registry, VacTrAK has barely come on line. Once it is fully functioning and accepting records from EVERY corner of the state, our rates will naturally climb. The capture of data is elemental for accurate representation of the vaccination rate of Alaska's population.

I applaud your SB 144 to restore funding for vaccines and vaccine delivery. It will be vital to those who see Public Health Centers around the state as a source for flu vaccine every fall. As I start a new career in public health, a cut in funding to support immunization delivery is counter to one of public health's main tenets; to promote the health of All Alaskans. Believe me, I know the benefit of immunization. I have lived it.

Thank you!

Gina Carpenter, RN
Dillingham Alaska

Katy Sheridan MD
245 N Binkley St Ste 203
Soldotna AK 99669
Phone (907) 260-3121
Fax (907) 260-4022

Feb. 12, 2012

Greetings Senators Hoffman, Stedman, Olson, Egan, Thomas, Ellis, and McGuire,

I would like to express my support of SB 144.

I have been administrating state provided immunizations in my office since returning to Soldotna in 1996. The administrative burden has become more cumbersome yearly, however we have continued to meet the requirements because it is best for our patients. Limiting the coverage of recommended childhood and adult vaccines as occurred on Jan. 1, 2012, has resulted in more children and adults walking out of my office without their recommended vaccines then ever before. This is especially frustrating for my nurse and I since we have the vaccines (state provided) they need in our office, some with expiration dates which could result in being thrown away unused. Furthermore, our administrative burden tripled, as we must figure out who qualifies for state vaccines vs. billing insurance, purchasing separate vaccine, etc. As a small business owner, in private solo practice this is stretching resources to a non-sustainable point.

I support the bill as a temporary fix and would challenge our state public health system to look at a permanent long-term solution.

Sincerely,

Katy Sheridan, MD