

HB

310

<TARGET><BILL>HB 310</BILL><SUBJECT>HB
310</SUBJECT><COMM>SHSS27</COMM></TARGET>

ALASKA STATE LEGISLATURE

Representative Bob Herron

Official Business



State Capitol
Juneau, Alaska
99801-1182

CS HB 310 (FIN) – 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-LS1273\I
Staff Contact: Liz Clement 465-6576

SPONSOR STATEMENT

HB 310 is a temporary measure to reinstate the Alaska Immunization Program (AIP), which supplies vaccinations to uninsured and underinsured Alaskans to effectively limit the occurrence of vaccine-preventable diseases in Alaska, to its former level of coverage. Without the protection these vaccines provide, Alaska communities are vulnerable.

For decades, 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 offerings for adults.

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

HB 310 makes no changes to the historically Federally funded program, and existing exemption policies for medical and religious reasons will continue.

HB 310 temporarily substitutes state funding for the decrease in federal funding to AIP, through FY2015, while we seek a more permanent solution. It preserves Alaskans' ability to choose for themselves, while providing a humane and business-smart solution to the growing problem of unnecessary disease wracking our communities.

Please join me in support of HB 310.

ALASKA STATE LEGISLATURE

Representative Bob Herron

Official Business



State Capitol
Juneau, Alaska
99801-1182

CS HB 310 (FIN) – State Immunization Program

Version 27-LS01471
Staff Contact: Liz Clement 465-6576

SECTIONAL SUMMARY

Section 1. Gives legislative intent that the Alaska Immunization Program be reinstated as it existed in the state in 2009, before the loss of significant federal funds. States that the program exists to make preventive vaccines available to underinsured children, as well as uninsured and underinsured adults.

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

Section 3. Authorizes the Department of Health and Social Services to adopt regulations governing administration of the program.

Section 4. Sets a repeal date for the program: June 30, 2015.

Section 5. Sets an immediate effective date.

FISCAL NOTE

STATE OF ALASKA
2012 LEGISLATIVE SESSION

Bill Version CSHB 310(FIN)
 Fiscal Note Number 2
 (H) Publish Date 4/4/12

Identifier (file name) HB310CS(FIN)-DHSS-EPI-04-02-12 Dept. Affected Health and Social Services
 Title State Immunization Program Appropriation Public Health
 Allocation Epidemiology
 Sponsor Representative Herron
 Requester House Finance 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	4,496.0	700.0	4,496.0	4,496.0				
Capital Outlay								
Grants, Benefits								
Miscellaneous								
TOTAL OPERATING	4,496.0	700.0	4,496.0	4,496.0	0.0	0.0	0.0	0.0

FUND SOURCE		(Thousands of Dollars)						
1002	Federal Receipts		70.0					
1003	GF Match							
1004	GF	4,496.0	630.0	4,496.0	4,496.0			
1005	GF/Prgm (DGF)							
037	GF/MH (UGF)							
1178	temp code (UGF)							
TOTAL		4,496.0	700.0	4,496.0	4,496.0	0.0	0.0	0.0

POSITIONS								
Full-time								
Part-time								
Temporary								

CHANGE IN REVENUES								

Estimated SUPPLEMENTAL (FY12) operating costs 0.0 (separate supplemental appropriation required,
 (discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY13) costs 0.0 (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)

The CS (FIN) version 1 amends Section 2, subsections (f), (g) & (h). Sec. (f)(1) adds meningococcal and rotavirus vaccines for children. Sec. (f)(2) adds zoster vaccine for adults. Sec. (g)(2) allows vaccines to be subtracted if the disease is eradicated or high-grade scientific evidence indicates it will result in optimal efficacy and efficiency. Sec. (h) adds a new section stating procurement is subject to available funding. The changes in this CS will reduce the risk of additional disease outbreaks for more preventable diseases. The changes increase the fiscal note by \$1,596.0 but otherwise have no significant operational impact.

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 4/12/2012 10:00:00 AM
 Date 4/2/2012

Analysis

This CS (FIN) requires the Department of Health and 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, and meningococcal.

This CS (FIN) 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. These are all vaccines the department has provided in the past and the infrastructure is still in place. The fiscal note does not involve any administrative costs because they are already in the base budget. This bill has a sunset date of June 30, 2015.

This CS (FIN) 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 that reside in Alaska. Underinsured children under the age of 19 years would receive vaccines required for school attendance, plus meningococcal, influenza, pneumococcal, and rotavirus vaccines. Underinsured or uninsured adults age 19 years and older would receive influenza, pneumococcal, tetanus/diphtheria/pertussis (Tdap), and zoster (shingles) vaccines. The Commissioner may add vaccines based on federal Advisory Committee on Immunization Practices' recommendations and available funding. Vaccines may be dropped if the disease has been declared eradicated by the Centers for Disease Control and Prevention or the commissioner finds that available high-grade scientific evidence indicates that subtracting the vaccine results in optimal efficacy and efficiency. The procurement of vaccines is subject to available funding.

Projected costs of selected vaccines for the total eligible population are based on the CDC's forecasting model and state and national immunization data. An 80% immunization rate is assumed for most vaccines (the recommended level to maintain immunity at the community level). The estimated annual cost of the vaccines (2013 prices) are below.

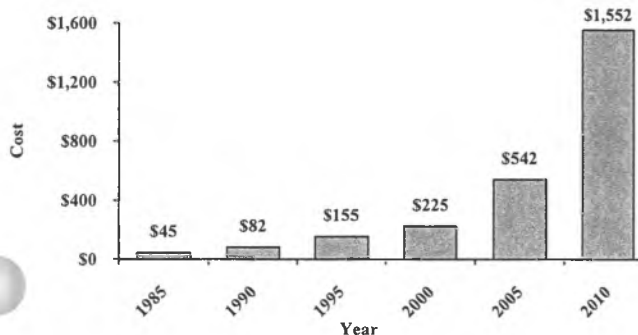
Vaccines required for school attendance: \$1,400.0;
 Pneumococcal vaccine for infants: \$1,250.0;
 Influenza vaccine annually for ages 6 months to 18 years: \$300.0;
 Rotavirus vaccine for infants: \$ 409.0;
 Meningococcal vaccine for adolescents: \$207.0;
 Pneumococcal vaccine for adults ages 50 years and older: \$250.0;
 Influenza vaccine annually for adults ages 19 years and older: \$400.0;
 Tdap vaccine for adults ages 19 years and older: \$700.0;
 Zoster vaccine for adults ages 50 years and older (4% immunization rate): \$980.0

The fiscal note takes into account funds the department assumes it will have to apply toward this vaccine program. The total cost to operate the program is estimated at \$5,896.0. The Division of Public Health's base budget for immunizations includes \$700.0 of the Federal "317" funds. The FY2013 Governor's Budget request also includes an increment for \$700.0 (\$630.0 GF, \$70.0 Fed). The remaining \$4,496.0 GF is requested in this fiscal note.

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

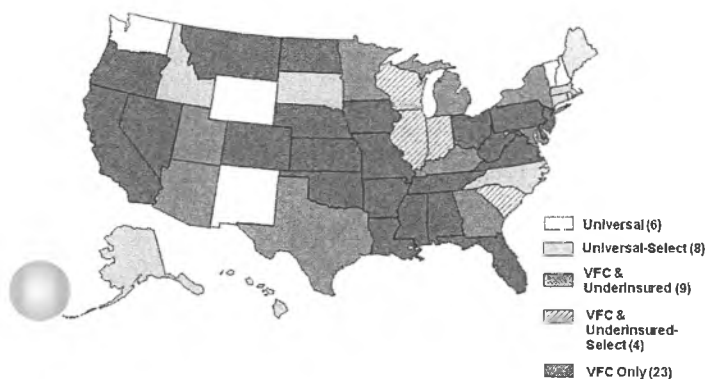
For over 30 years the Alaska Immunization Program maintained a "universal" vaccine program, distributing at no cost all Advisory Committee on Immunization Practices (ACIP)-recommended pediatric and selected adult vaccines to public and private providers in Alaska. This vaccine distribution has been supported 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).

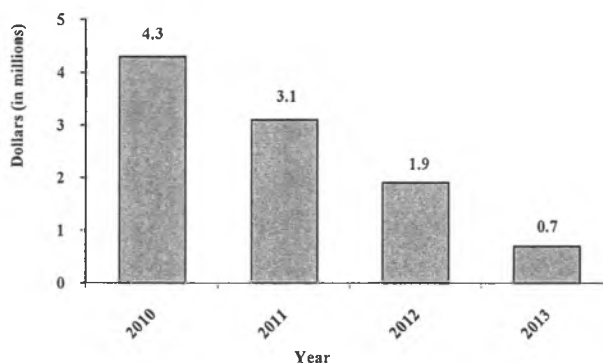
Figure 2: Public Purchase Pediatric Vaccine Supply Policy — United States, July 2010¹



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

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:

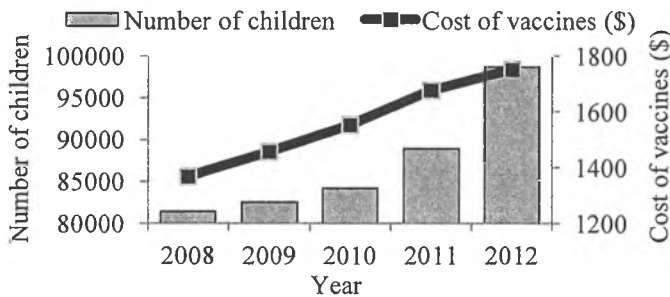
Further Cuts in State-Provided Vaccines for VFC-Ineligible Children in 2012

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

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

- 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).
- 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.
- Manufacturer contact information for vaccine ordering is posted on the SOE website to assist providers in purchasing vaccines for VFC-ineligible children.⁷

References

- Unpublished data obtained from CDC's 2011 Vaccine Cost Affordability Tool.
- CDC's Vaccine Price List. Updated September 29, 2011. Available at: <http://www.cdc.gov/vaccines/programs/vfc/cdc-vac-price-list.htm>
- Section of Epidemiology *Bulletin*. "Only Pediatric/Adolescent Vaccines to be Supplied by State Beginning in 2011" No. 21 October 6, 2010. Available at:



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

Alaska Health Care Commission

Ward Hurlburt, MD, MPH, Chair

Patrick Branco

C. Keith Campbell

Valerie Davidson

Jeffrey Davis

Emily Ennis

Paul Friedrichs, MD

Allen Hippler

T. Noah Laufer, MD

David Morgan

Lawrence Stinson, MD

Ex Officio Members:

Linda Hall

Senator Donny Olson, MD

Representative Wes Keller

Deborah Erickson, Executive Director



Sean Parnell
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 –

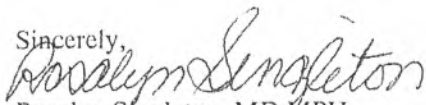
- In 2011 the State stopped providing any adult vaccine.
- In 2012, the State Immunization Program will no longer provide the following childhood vaccines to non-VFC eligible children: *influenza, pneumococcal conjugate, rotavirus, and varicella.*
- In 2013, the State Immunization Program will no longer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



MARY ANN JACOB, M.D.

2841 DeBarr Rd.
Suite 45
Anchorage, AK 99508

T (907) 274-0274
F (907) 274-7809
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.

STATE OF ALASKA

DEPT. OF HEALTH & SOCIAL SERVICES

Alaska Commission on Aging

SEAN PARNELL, GOVERNOR

P.O. BOX 110693
JUNEAU, ALASKA 99811-0693
PHONE: (907) 465-3250
FAX: (907) 465-1398

February 27, 2012

The Honorable Wes Keller, Chair
The Honorable Alan Dick, Chair
House Health & Social Services Committee
Alaska State Capitol, Rooms 432 & 104
Juneau, AK 99801-1182

Subject: Support for HB 310, Temporary Reinstatement of the Child and Adult Immunization Program

Dear Chair Keller and Chair Dick:

The Alaska Commission on Aging (ACoA) supports passage of HB 310, a bill to re-establish and fund the child and adult immunization program as it existed in 2009 targeting children and adults who are uninsured and underinsured. This legislation is authored by Representative Herron and co-sponsored by Representatives Wilson, Costello, Gruenberg, Edgmon, and Holmes.

Preventive services, such as immunizations, are important tools for maintaining the health of all Alaskans at every stage of life. Immune systems weaken with age, which place older people at greater risk for severe illness from influenza and pneumonia. The U.S. Preventive Services Task Force (2011) recommends influenza and pneumococcal vaccinations for persons age 65 and older. The Alaska Behavior Risk Factor Surveillance System (BRFSS 2011) reports underutilization of these vaccines by seniors with more than 36 percent reporting not receiving a flu shot within the past year and 33.5 percent having never received a pneumonia vaccination. Older adults who receive immunizations from providers who do not accept Medicare reimbursement and seniors who have not contributed to Medicare would not be eligible for free immunizations, which may explain some of the underutilization by the senior population of these vaccines. In addition, seniors ages 60 to 64 who are not eligible for Medicare and are low-income, uninsured or unemployed may find the cost of obtaining flu and pneumonia vaccines prohibitive. For these reasons, HB 310 will help increase senior access to immunizations.

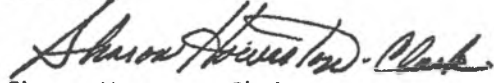
A growing number of Alaska seniors are grandparents raising their grandchildren on a fixed income with limited insurance coverage. They desire healthy grandchildren who have access to the recommended immunizations recognized by public health standards. Medicare does not cover the cost of childhood immunizations. Rather than seeing their grandchildren go without immunizations, which are required for admission to public schools, many grandparents will make personal and financial sacrifices to insure their grandchildren receive the recommended immunizations.

Although not on the list of select immunizations, the ACoA recommends consideration of the shingles vaccine as a qualified immunization targeting low-income uninsured/underinsured older adults. Shingles most often strikes older people, particularly those with weakened immune systems. Shingles, caused by the varicella zoster (or the "chicken pox" virus on first infection), is a debilitating and painful rash that can be accompanied by irritation and nerve inflammation. The Centers for Disease Control and Prevention recommends the vaccine for all people over the age of 60. The shingles vaccine has been shown effective in reducing the number of outbreaks by 55 percent in a recent study of 300,000 elderly patients however it is used by only 11 percent of the older adult population. While Medicare and most insurance plans cover the cost of the vaccination, some seniors may need to pay deductibles, co-pay expenses, or the full cost of the vaccine if their provider does not accept Medicare

reimbursement. These additional costs are believed to be contributing to the underutilization of the shingles vaccine by seniors.

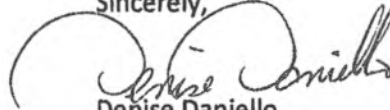
The ACoA supports HB 310 as a temporary measure to ensure that select vaccines are made available to underinsured and uninsured Alaskans of all ages. We appreciate your consideration and support of this legislation. Please feel free to contact Denise Daniello, ACoA's executive director, by phone (465-4879) or email (denise.daniello@alaska.gov) should you have questions or require additional information.

Sincerely,



Sharon Howerton-Clark
Chair, Alaska Commission on Aging

Sincerely,



Denise Daniello
ACoA Executive Director

Cc: Representative Herron
Representative Seaton
Representative Kerttula
Representative Miller
Representative Millett

Representative Peggy Wilson
Representative Costello
Representative Gruenberg
Representative Edgmon
Representative Holmes



AARP Alaska
3601 C Street
Suite 1420
Anchorage, AK 99503

T. 1-866-227-7447
F. 907-341-2270
TTY 1-877-434-7598
www.aarp.org/ak

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
*State Immunization
Program*

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.

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, 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.

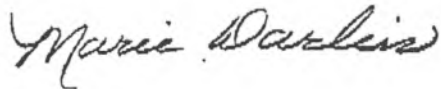
Vaccines are like seat belts. We wear them to prevent injury or death if someone decides to run a red light. We still need to have vaccines available to prevent injury or death from bacteria and viruses that exist and can still be passed on to us.

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, 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

Providence Alaska Medical Center
3200 Providence Drive
PO Box 196604
Anchorage, Alaska 99519-6604
t: (907) 562 2211
www.providence.org/alaska



February 28, 2012

The Honorable Bob Herron
Alaska State House of Representatives
State Capitol, Room 411
Juneau, AK 99801

Dear Representative Herron:

As physician leaders of Providence Health and Services, Alaska's largest health system, we write today to thank you for introducing HB 310, and offer our strong support for this legislation.

We recognize the individual and public health consequences of unchecked infectious disease and believe that HB 310, 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,

A handwritten signature in black ink, appearing to read "Richard Mandsager".

Richard Mandsager, MD
CEO, Providence Alaska Medical Center

A handwritten signature in black ink, appearing to read "Tom Hunt".

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

A handwritten signature in black ink, appearing to read "Michael Acarregui".

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

cc: Representative Wes Keller
Commissioner Bill Streur

Alaska State Chapter
3209 Denali Street, Suite 200
Anchorage, AK 99503
(907) 276-4111
1-800-478-5245
Fax: (907) 276-3375

February 22, 2012

marchofdimes.com

The Honorable Bob Herron
State Capitol, Room 411
Juneau, AK 99801

RE: Support for House Bill 310 pending in the Senate Finance Committee

Dear Representative Herron:

We are writing to you to express the support of March of Dimes for **House Bill 310**. Historically, the March of Dimes has been centrally involved in immunization issues as the organization was founded in 1938 with the mission to prevent polio.

The March of Dimes supports ongoing efforts to increase immunization rates so that children are protected from vaccine-preventable diseases to assure that such diseases of the past do not return. In our view, the nation should pursue the goals that all eligible children complete the recommended series of immunizations, and that no family face financial barriers to obtaining full immunization for their children.

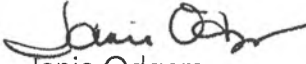
House Bill 310 intends to reinstate the immunization program as it existed and was administered by the Department of Health and Social Services in 2009 by providing additional state funding and authorization to fill the gap left by a reduction in federal funding for immunization.

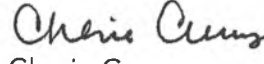
Childhood immunizations are among the most cost-effective preventive health measures known:

- Every dollar invested in immunizing a child fully saves \$16.50 in medical and societal costs.
- Every dollar invested in varicella (chicken pox) vaccine saves \$4.37 in direct medical costs and other societal costs.

March of Dimes is a leading nonprofit organization for maternal, infant and child health. With chapters nationwide and its premier event, March for Babies, March of Dimes works to improve the health of women, infants and children. **We urge you bring House Bill 310 before the Senate Finance Committee for a vote and to ensure passage of this important piece of legislation.**

Sincerely,


Janie Odgers
State Director


Cherie Curry
Public Affairs Chair

march  of dimes®



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,

Jack C. McRae



4/2/12

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 HB 310. 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 HB 310 helps address a growing problem. I urge your support.

Sincerely,

Marilyn Kasmar, CEO
Alaska Primary Care Association