

SB

169

<TARGET><BILL>SB 169</BILL><SUBJECT>SB
169</SUBJECT><COMM>HFIN28</COMM></TARGET>

Fiscal Note

State of Alaska
2014 Legislative Session

Bill Version: SB 169
Fiscal Note Number: _____
() Publish Date: _____

Identifier: SB169HCSCS(HSS)-DHSS-HCMS-04-14-14
Title: IMMUNIZATION PROGRAM; VACCINE
ASSESSMENTS
Sponsor: GIESSEL
Requester: House Health & Social Services Committee

Department: Department of Health and Social Services
Appropriation: Medicaid Services
Allocation: Health Care Medicaid Services
OMB Component Number: 2077

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2015 Appropriation Requested	Included in Governor's FY2015 Request	Out-Year Cost Estimates					
			FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
OPERATING EXPENDITURES								
Personal Services	***		***	***	***	***	***	***
Travel								
Services								
Commodities								
Capital Outlay								
Grants & Benefits								
Miscellaneous								
Total Operating	***	0.0	***	***	***	***	***	***

Fund Source (Operating Only)

None								
Total	***	0.0	***	***	***	***	***	***

Positions

Full-time								
Part-time								
Temporary								

Change in Revenues

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Estimated SUPPLEMENTAL (FY2014) cost: 0.0 (separate supplemental appropriation required)
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2015) cost: 0.0 (separate capital appropriation required)
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
If yes, by what date are the regulations to be adopted, amended or repealed?

Why this fiscal note differs from previous version:

Updated for CS, version "D/B." No change.

Prepared By: Margaret Brodie
Division: Health Care Services
Approved By: Sarah Woods, Deputy Director, Finance & Management Services
Agency: Health & Social Services

Phone: (907)334-2520
Date: 04/14/2014 12:00 PM
Date: 04/14/14

Analysis

The bill establishes a statewide immunization program. Assessable entities (health insurers, third party administrators, and other public and private health coverage) and participating providers fund the program by paying an assessment fee. Medicaid is included in the definition of assessable entity but is exempt from participation until federal approval is obtained. In order for Medicaid to pay the assessment fee, the state of Alaska must seek federal approval to expend Medicaid dollars to pay the assessment fee versus individual pharmacy claims.

Under the federal 1115 demonstration waiver, states are allowed to add flexibility to the Medicaid rules to promote the objectives of Medicaid for the purpose of improving programs such as: Using innovative service delivery systems that improve care, increase efficiency, and reduce costs.

For Medicaid enrollees through age 18, the Advisory Committee for Immunization Practices (ACIP) recommended vaccines are now and will continue to be paid for through the Vaccines for Children program. For Medicaid dual enrollees, the vaccines are covered by Medicare.

If federal approval were granted, Health Care Medicaid Services could potentially see a cost savings; however, at this time we are unable to determine if Medicaid will receive Federal approval and thus we are indeterminate in our estimation of cost and cost savings.

Fiscal Note

State of Alaska
2014 Legislative Session

Bill Version: SB 169
Fiscal Note Number: _____
() Publish Date: _____

Identifier: SB169HCSCS(HSS)-DHSS-EPI-04-14-14
Title: IMMUNIZATION PROGRAM; VACCINE
ASSESSMENTS
Sponsor: GIESSEL
Requester: House Health & Social Services Committee

Department: Department of Health and Social Services
Appropriation: Public Health
Allocation: Epidemiology
OMB Component Number: 296

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2015 Appropriation Requested	Included in Governor's FY2015 Request	Out-Year Cost Estimates					
			FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
OPERATING EXPENDITURES								
Personal Services								
Travel								
Services	300.0		310.0	320.0	330.0	340.0	350.0	
Commodities	18,138.6	4,000.0	30,890.0	32,680.0	34,270.0	36,160.0	37,950.0	
Capital Outlay								
Grants & Benefits								
Miscellaneous	50.0							
Total Operating	18,488.6	4,000.0	31,200.0	33,000.0	34,600.0	36,500.0	38,300.0	

Fund Source (Operating Only)

1004 Gen Fund	(4,000.0)	4,000.0						
1178 temp code	22,488.6		31,200.0	33,000.0	34,600.0	36,500.0	38,300.0	
Total	18,488.6	4,000.0	31,200.0	33,000.0	34,600.0	36,500.0	38,300.0	

Positions

Full-time								
Part-time								
Temporary								

Change in Revenues	18,488.6		31,200.0	33,000.0	34,600.0	36,500.0	38,300.0	
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Estimated SUPPLEMENTAL (FY2014) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2015) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? Yes
If yes, by what date are the regulations to be adopted, amended or repealed? 01/01/15

Why this fiscal note differs from previous version:

Updated for CS(HSS) version "D/B" which allows a three year phase-in period for assessable entities (insurers); adds a sunset of January 1, 2021; and changes the effective date to January 1, 2015.

Prepared By:	Kerre L. Shelton, Director	Phone:	(907)269-2042
Division:	Public Health	Date:	04/14/2014 12:00 PM
Approved By:	Sarah Woods, Deputy Director, Finance & Management Services	Date:	04/14/14
Agency:	Health & Social Services		

Analysis

This bill establishes a Statewide Vaccination Program for children and adults, phased in over three years, which sunsets in six years. The function of the program is to monitor, purchase and distribute recommended vaccines to healthcare providers, making vaccines available universally for all ages. The proposed public/private partnership with the business sector increases access to vaccines while both insurance companies and healthcare providers would realize savings--at no cost to the state. Long-term, for every dollar spent on childhood vaccines, it is estimated that more than \$10 in preventable disease costs will be avoided down the road. Nine other states have similar programs. The bill does not mandate that individuals get vaccinated.

This is a net zero fiscal note. The expenses for the self-funded program (including administrative costs) will be offset by a new revenue source from vaccine assessment fees, deposited to a new account within the general fund for the purpose of purchasing vaccine. Overpayments are credited back to the payers. The assessments typically include a reasonable surcharge for operating expenses. The eight-member Vaccine Assessment Council appointed by the commissioner receives no reimbursement for travel or expenses. Vaccine assessment funds do not lapse. No new positions are requested.

For 30 years the state provided all vaccines for adults and children before federal funding began a steep decline in 2009. Currently, the state purchases about half of the vaccine supply. The rest is being paid by providers who then seek reimbursement from insurers. The state supplies vaccines using a variety of fund sources. Funds for children who are uninsured, Medicaid eligible, or Alaska Native come through the federal Vaccines for Children program. This program will continue unchanged. General funds from HB310 are used for selected vaccines for underinsured children, and under- and uninsured adults. The unobligated amount of FY2015 final year of temporary appropriations from HB310 (Ch. 24 SLA 2012) will be deposited into the vaccine account on January 1, 2015 to capitalize the new statewide vaccination program. Additionally a small amount of existing state GF and other federal funds provides a limited quantity of selected vaccine to high-risk individuals and those who otherwise have no access. This will not change. The state does not currently provide vaccine for fully insured children or adults, or Alaska Native adults seen at tribal facilities. Providers currently purchase vaccine independently for this population and seek reimbursement if available. Providers must maintain separate accounting and storage areas for vaccines received through the state and vaccines bought privately.

Participation in the assessment by assessable entities would be phased-in over three years. After the phase in period, assessable entities cannot opt out, and all assessable entities that can be mandated to participate, shall participate. "Assessable entity" includes entities defined in the insurance code (21.54.500) as health care insurers, plus health benefit plans, third party administrators, self-funded church or government plans, and, to the extent allowed by law, other public and private creditable coverage including Employee Retirement Income Security Act (ERISA) plans, Medicaid, Medicare, the Veteran's Administration, the military's TRICARE, and tribal health. It is currently unclear whether federal law might prohibit such a mandate for some or all of the plans. Assessable entities would be assessed and pay a fee up front which the state will use for purchasing vaccines in bulk at lower prices than health care providers could, independently.

Under this bill, health care providers can avoid the financial, logistical and administrative burdens associated with purchasing vaccines privately. They would receive vaccine at no charge for all children and adults who are covered by an assessable entity. Providers--not the state--would purchase vaccine privately for patients for whom no assessment is paid (uninsured or nonparticipating assessable entity). Providers who wish to obtain state-distributed vaccine not covered by an assessable entity can opt into the assessment as "other program participants" to receive discounted vaccine pricing and avoid managing multiple inventories. Providers who do not opt in to the assessment would still receive vaccine at no cost for whom an assessment was paid. Providers can continue to submit claims for administering the vaccine (i.e. office visit) and any vaccine they purchased on their own, but not for state supplied vaccine. Savings are passed on to patients, who would be charged only for the office visit.
(CONTINUED)

FISCAL NOTE ANALYSIS

Analysis Continued

Assumptions:

Assessments are made prospectively and payments are received *in advance*, most likely on a quarterly basis. The department determines the allocation of the assessment in the first year, the council in subsequent years, based on a plan of operation. Assessable entities (insurers) and other program participants (providers) who participate in the assessment will be allocated proportionately only for their own clients ("covered lives") and the vaccines they provide ("doses"). Any overpayments will be credited to the payer.

The projected *gross cost* for all vaccine needed is based on estimated population, immunization rates, and pricing, regardless if state-supplied or privately purchased. The gross cost is adjusted by 1) reducing for available federal grants and other state funds in Epidemiology's base budget, 2) deducting for vaccine privately purchased by providers (for patients who are uninsured or covered by nonparticipating assessable entities), and 3) increasing for other program participants, i.e. providers who opt into the assessment. The adjusted cost is the *vaccine assessment* amount and what will be state-supplied. Finally, a *surcharge* for overhead costs is added to the vaccine assessment to get the *grand total assessment* that will be allocated to assessable entities and other program participants.

The program's effective date is January 1, 2015, which aligns with the assessable entities' benefit year. The state would expect to use about 10% or \$500.0 of the \$4.5 million GF from HB310 between July 1, 2014 and January 1, 2015 to purchase vaccines (the majority of vaccine is typically purchased in the latter half of the fiscal year for flu season and back-to-school immunizations). This leaves \$4 million to capitalize the fund and provides adequate cash flow until the first fees are paid. This amount has been deducted from the gross cost in Year One. HB310 funds are no longer available after FY2015, reducing state funds to \$700.0 in out years.

All private insurers and Medicaid are assumed to participate as assessable entities in Year One; TRICARE by Year Two; and Medicare by Year Three during the phase in period. One-fourth of the providers are assumed to opt-in each year for three years for patients who are uninsured and covered by nonparticipating assessable entities (25%, 50% & 75%, respectively) while the remaining one-fourth choose to purchase independently. There is a one-time cost of \$50.0 in Year One for refrigeration equipment to store the additional vaccine the state will be distributing through its vaccine depot. Out years are adjusted for both inflation (2.5%) and population increases (1-1.2%). Additional program receipt authority may be needed in out years as assessments increase due to changes in population, vaccine pricing, immunization rates, inflation, and new recommended vaccines. The sunset date of January 1, 2021 occurs outside of the range of this fiscal note.

Year 1 estimates:

\$46,400.0 *gross cost* for vaccines needed for 12 months
 less \$14,600.0 federal funds
 less \$4,496.0 GF HB 310 temporary funding
 less \$700.0 other state funds (base)
 less \$1,600.0 providers privately purchased vaccine (uninsured)
 less \$7,000.0 providers privately purchased vaccine (nonparticipating assessable entities)
 plus \$2,150.0 providers who opt into assessment as "other program participants"
 = \$20,154.0 subtotal *vaccine assessment* for 12 months

times 90% adjustment to account for vaccine procured before program begins January 1
 = \$18,138.6 total *vaccine assessment* for six months (Jan-Jun)

plus \$300.0 surcharge for overhead costs
 plus \$50.0 surcharge for one-time costs
 = \$18,488.6 *grand total assessment* for Year One (Jan-Jun) This amount is proportionately allocated to assessable entities and other program participants.

Fiscal Note

State of Alaska
2014 Legislative Session

Bill Version: SB 169
Fiscal Note Number: _____
() Publish Date: _____

Identifier: SB169HCSCS(HSS)-DHSS-VAA-04-14-14
Title: IMMUNIZATION PROGRAM; VACCINE ASSESSMENTS
Sponsor: GIESSEL
Requester: House Health and Social Services Committee

Department: Fund Transfers
Appropriation: OpSys DGF Transfers (non-add)
Allocation: Vaccine Assessment Account
OMB Component Number:

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2015	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2015 Request	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
OPERATING EXPENDITURES	FY 2015	FY 2015					
Personal Services							
Travel							
Services							
Commodities	22,488.6		31,200.0	33,000.0	34,600.0	36,500.0	38,300.0
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	22,488.6	0.0	31,200.0	33,000.0	34,600.0	36,500.0	38,300.0

Fund Source (Operating Only)

1004 Gen Fund	4,000.0						
1005 GF/Prgm	18,488.6		31,200.0	33,000.0	34,600.0	36,500.0	38,300.0
Total	22,488.6	0.0	31,200.0	33,000.0	34,600.0	36,500.0	38,300.0

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues							
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Estimated SUPPLEMENTAL (FY2014) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2015) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
If yes, by what date are the regulations to be adopted, amended or repealed?

Why this fiscal note differs from previous version:

Updated for CS(HSS) version "D/B" which allows a three year phase-in period for assessable entities (insurers); adds a sunset of January 1, 2021; and changes the effective date to January 1, 2015.

Prepared By:	Kerre L. Shelton, Director	Phone:	(907)269-2042
Division:	Public Health	Date:	04/14/2014 12:00 PM
Approved By:	Sarah Woods, Deputy Director, Finance & Management Services	Date:	04/14/14
Agency:	Health & Social Services		

Analysis

The state provides general funds for selected vaccines for underinsured children, and under- and uninsured adults as a result of HB310, passed by the 27th Legislature (Ch. 24 SLA 12). The intent of HB310 was to provide temporary funding from FY2013-2015 to purchase vaccines while a long-term sustainable solution could be found. SB 169 repeals HB 310 and deposits the remaining unobligated funds into a new vaccine assessment account created by the the bill. The UGF in this fiscal note comes from Epidemiology (currently in the Governor's request) and the program receipts are the estimated vaccine assessment fees.

The program's effective date is January 1, 2015. The state would expect to use about \$500.0 of the \$4.5 million UGF from HB310 between July 1, 2014 and January 1, 2015 to purchase vaccines (the majority of vaccine is typically purchased in the latter half of the fiscal year for flu season and back-to-school immunizations). This leaves \$4 million to capitalize the fund and provides adequate cash flow until the first fees are paid.

Fiscal Note

State of Alaska
2014 Legislative Session

Bill Version: CSSB 169(HSS)

Fiscal Note Number: 4

(S) Publish Date: 2/24/14

Identifier: SB169-DCCED-DOI-02-14-14
Title: STATEWIDE IMMUNIZATION PROGRAM
Sponsor: GIESSEL
Requester: Senate Health and Social Services

Department: Department of Commerce, Community and
Economic Development
Appropriation: Insurance Operations
Allocation: Insurance Operations
OMB Component Number: 354

Expenditures/Revenues

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

(Thousands of Dollars)

	FY2015	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2015 Request	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
OPERATING EXPENDITURES	FY 2015	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Fund Source (Operating Only)

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues							
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Estimated SUPPLEMENTAL (FY2014) cost: 0.0 (separate supplemental appropriation required)
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2015) cost: 0.0 (separate capital appropriation required)
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
If yes, by what date are the regulations to be adopted, amended or repealed? n/a

Why this fiscal note differs from previous version:

Not applicable, initial version.

Prepared By: Marty Hester, Acting Division Director
Division: Division of Insurance
Approved By: Jeanne Mungle, Director
Agency: Administrative Services

Phone: (907)465-2515
Date: 02/14/2014 08:00 AM
Date: 02/14/14

FISCAL NOTE ANALYSIS #4

STATE OF ALASKA
2014 LEGISLATIVE SESSION

BILL NO. CSSB 169(HSS)

Analysis

SB169 would amend AS 21.09.242 by adding a new subsection that requires health care insurers to provide information and assessments to the Department of Health and Social Services and the State Vaccine Assessment Commission established under AS 18.09.210 as necessary, for the statewide immunization program established under AS 18.09.200.

The Division of Insurance does not anticipate a fiscal impact from this proposed legislation.

Fiscal Note

State of Alaska
2014 Legislative Session

Bill Version: CSSB 169(HSS)
Fiscal Note Number: 5
(S) Publish Date: 2/24/14

Identifier: SB169-DOA-HPA-02-18-14
Title: STATEWIDE IMMUNIZATION PROGRAM
Sponsor: GIESSEL
Requester: Senate Health & Social Services Committee

Department: Department of Administration
Appropriation: Centralized Administrative Services
Allocation: Health Plans Administration
OMB Component Number: 2152

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2015 Appropriation Requested	Included in Governor's FY2015 Request	Out-Year Cost Estimates				
			FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
OPERATING EXPENDITURES	***	0.0	***	***	***	***	***
Personal Services	***		***	***	***	***	***
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	***	0.0	***	***	***	***	***

Fund Source (Operating Only)

None							
Total	***	0.0	***	***	***	***	***

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues							
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Estimated SUPPLEMENTAL (FY2014) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2015) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? no
If yes, by what date are the regulations to be adopted, amended or repealed?

Why this fiscal note differs from previous version:

Not applicable, initial version.

Prepared By:	Mike Barnhill, Deputy Commissioner	Phone:	(907)465-5668
Division:	Department of Administration	Date:	02/14/2014 05:30 PM
Approved By:	Curtis Thayer, Commissioner	Date:	02/18/14
Agency:	Department of Administration		

FISCAL NOTE ANALYSIS #5

STATE OF ALASKA
2014 LEGISLATIVE SESSION

BILL NO. CSSB 169(HSS)

Analysis

SB169 establishes a statewide immunization program. Health insurers and participating providers fund the program by paying an assessment fee. AlaskaCare meets the definition of a government plan, and as such is considered a health care insurer under this bill.

The bill states that the amount of the vaccine assessment fee will be first determined by the Commissioner of the Department of Health and Social Services and determined by the State Vaccine Assessment Commission thereafter. SB169 also includes provisions for data collection and methodology development by the State Vaccine Assessment Commission that will allow the commission to set the amount of the assessment that the Department of Administration would owe under this bill at a future date. As a result, the department is unable to estimate the future assessment that would be set by the Commissioner or the State Vaccine Assessment Commission, and therefore submits an indeterminate fiscal note.

ALASKA STATE LEGISLATURE

Session
State Capitol Building
Juneau, Alaska 99801-1182
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Fax: (907) 465-3871



District
716 West 4th Avenue
Anchorage, Alaska 99501-2133
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SENATOR CATHY GIESSEL

SB 169 Statewide Vaccination Program Sponsor Statement (vsn B)

Co-Sponsors: Senator French. Sign-ons to bill after it left the Senate: McGuire, Coghill, Bishop, Gardner, Egan, Fairclough, Meyer, Dunleavy, Stevens, Olson, Micciche, Huggins. Also Rep. Hughes, companion bill Rep. Higgins.

Senate Bill 169 establishes a Statewide Vaccination Program and creates a vaccine assessment council in the Department of Health and Social Services. The purpose of the program is to monitor, purchase and distribute recommended vaccines to providers, making available universal access for all ages to vaccines. **This innovative program uses no unrestricted general funds in its operation.**

What we call the Iditarod today was the "Great Race of Mercy" in 1925. Nome and the surrounding communities were in the throes of a diphtheria epidemic and dog teams relayed the life-saving antitoxin to them. Because of vaccines, diphtheria, a disease of the throat, tonsils, and nose that restricts the airway, has been nearly eliminated from the United States. Next to clean drinking water and good nutrition, vaccines have saved more lives than any other public-health intervention.

The late Senator Ted Stevens was a champion for immunization for Alaskans, especially in rural areas. Since Senator Stevens' passing, federal funding has been significantly reduced, down from \$4.3 million in FY 2010 to \$700,000 in FY2013. In 2012, I introduced SB 140 (passed via HB 310) to provide additional state funding to fill the gap left by this reduction in federal funding. **This was meant to be a temporary measure while a more permanent solution was sought. SB 169 is that solution.**

SB 169 establishes an innovative public-private partnership that allows the state to use bulk-buying power to purchase vaccines that would be funded by assessments to insurance providers. Other states are using this creative model and they are enjoying costs savings while preserving their general funds and increasing vaccination rates. This bill packet is filled with letters of support from across the state, from pediatricians to community health centers, from private physicians to major insurance entities.

SB 169 provides a win-win-win scenario: providers can avoid the financial, logistical and administrative burdens associated with purchasing vaccines privately, insurance payers realize a cost saving using the bulk purchasing business model and Alaskans will enjoy increased access to vaccinations they need, from kids to seniors alike. As state and federal government budgets shrink and the cost of vaccines rises, it is important for the state to partner with the business sector, prioritizing a sound public health policy that lays the framework for a Statewide Vaccination Program to ensure healthier futures for all Alaskans.

ALASKA STATE LEGISLATURE

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Juneau AK 99801-1182
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North to the Future

Senator Cathy Giessel
Senate District N

April 16, 2014

Dear Finance Committee Members:

I was asked by Representative Tammy Wilson's aide how many Alaskans would be affected if SB 169 fails and received the below information from the Division of Public Health. The impact would be huge:

Without SB169 and once HB310 funds run out, providers will have to purchase vaccine for 50% of the children and 100% of the adults. That is estimated to be about **310,000** individuals of which 80,000 are children and 230,000 are adults. This is based on current population and immunization rates. Only the 50% of children covered by federal Vaccines for Children and a small number of high-risk children and adults covered with other state and federal funds will continue to receive state-supplied vaccine.

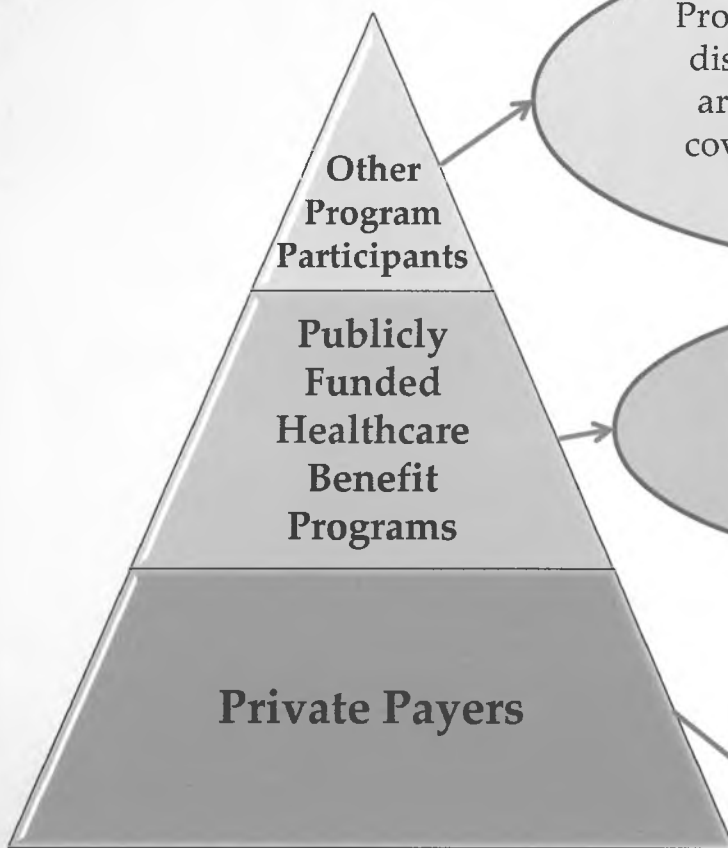
In terms of dollars, without SB169, the providers' share of vaccine spending will increase from about 50% currently to about 75%, or an extra \$12 million, increasing from \$23 million to \$35 million. This assumes immunization rates stay steady and that providers continue to purchase vaccine for the insured and uninsured.

Senator Cathy Giessel


Senate District N

Senator.Cathy.Giessel@akleg.gov

SB169 Statewide Immunization Program

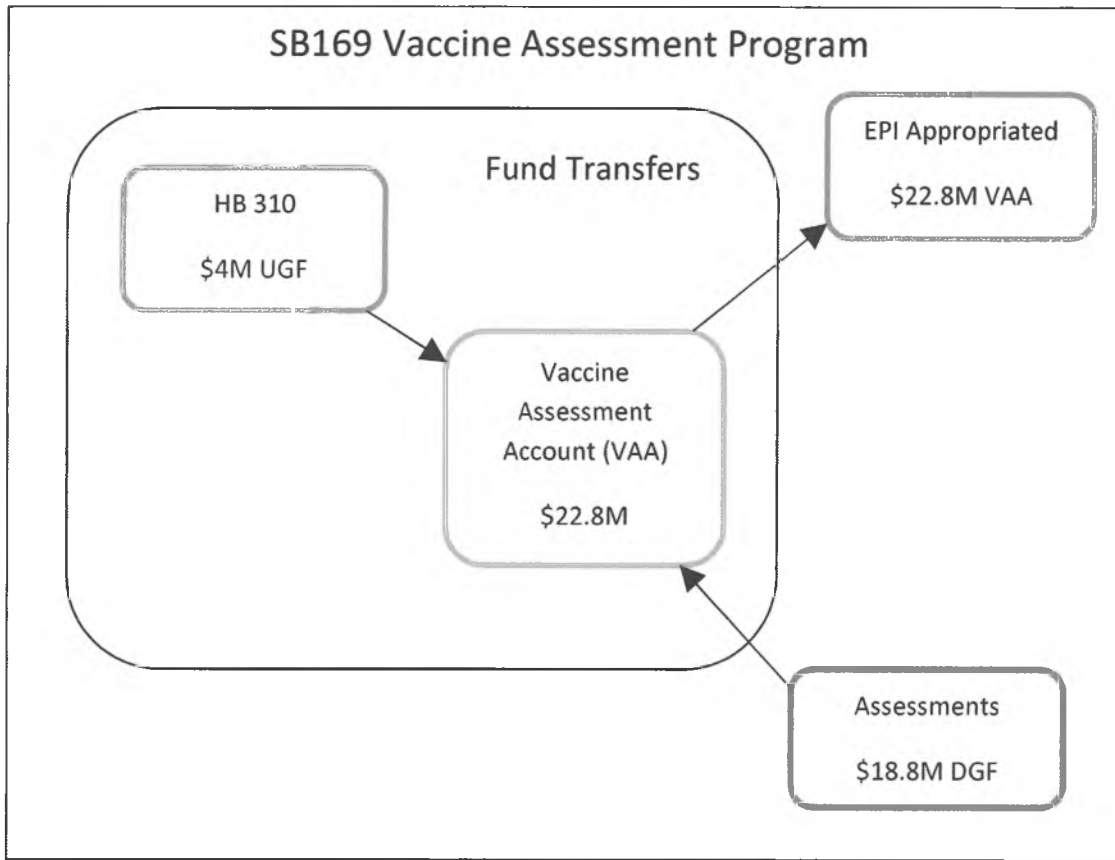


Providers who wish to obtain state-distributed vaccine for *adults* who are uninsured and not otherwise covered by an assessed payer may opt-in to the assessment

- e.g., Medicaid, Medicare, VA, TRICARE, and tribal health
- Payers will be phased in over 3 years and can opt-out.

- e.g., health care insurers, health benefit plans, third-party administrators
- Payers will be phased in over 3 years and can opt-out.

SB169 Vaccine Assessment Program



ALASKA STATE LEGISLATURE

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North to the Future

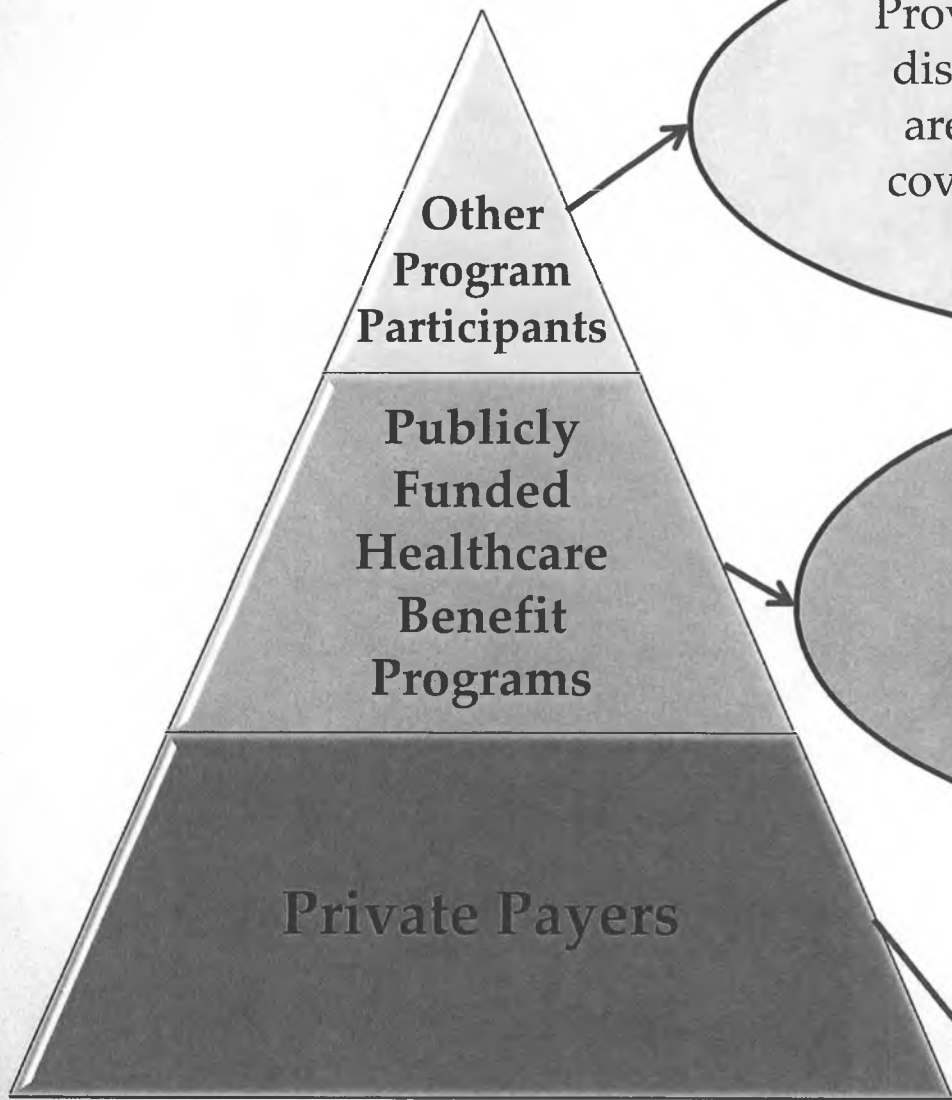
Senator Cathy Giessel Senate District N

SB 169 Explanation of Changes Versions I to Version B

- Page 2, line 3 Adds “ (1) establish a procedure to phase in the program over a three-year period that provides for participation by an assessable entity”
- Page 2, line 28 Adds “or the chief medical officer’s designee”
- Page 2, lines 29-30 Adds “one of whom must be a pediatrician”
- Page 3, line 31 Adds “and to the legislature”
- Page 4, lines 13-14 Adds “ after being phased into the program under procedures approved by the commissioner”
- Page 5, lines 4-5 Adds “(e) an assessable entity may opt out of the program during the three year phase-in period under procedures approved by the commissioner”
- Page 5, lines 9-12 Adds “(b) An assessable entity may not deny a claim for coverage by a health care provider of vaccines not distributed under the program” and
“(c) A health care provider may not bill a payor for or resell a vaccine distributed under the program”
- Page 6, line 30 Deleted the line from version I “Payment of an assessment may not be used by an assessable entity as a reason to deny a claim by a health care providers for coverage of vaccines” as this was addressed on page 5, (b)
- Page 7, lines 2-5 Repeals on January 1, 2021, the statutes pertaining to the adult vaccination program, and that necessitates an act by the Legislature to continue the adult portion of the immunization program set out in SB 169
- Page 7, line 6 Repeals Chapter 24, SLA 2012 (the current 3 year temporary fix program that uses state funds to continue immunizations in Alaska)
- Page 7, line 13 Changes effective date to January 1, 2015
- ***** Throughout bill changes the term “recommended” vaccine to “included” vaccine

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SB169 Statewide Immunization Program



Providers who wish to obtain state-distributed vaccine for *adults* who are uninsured and not otherwise covered by an assessed payer may opt-in to the assessment

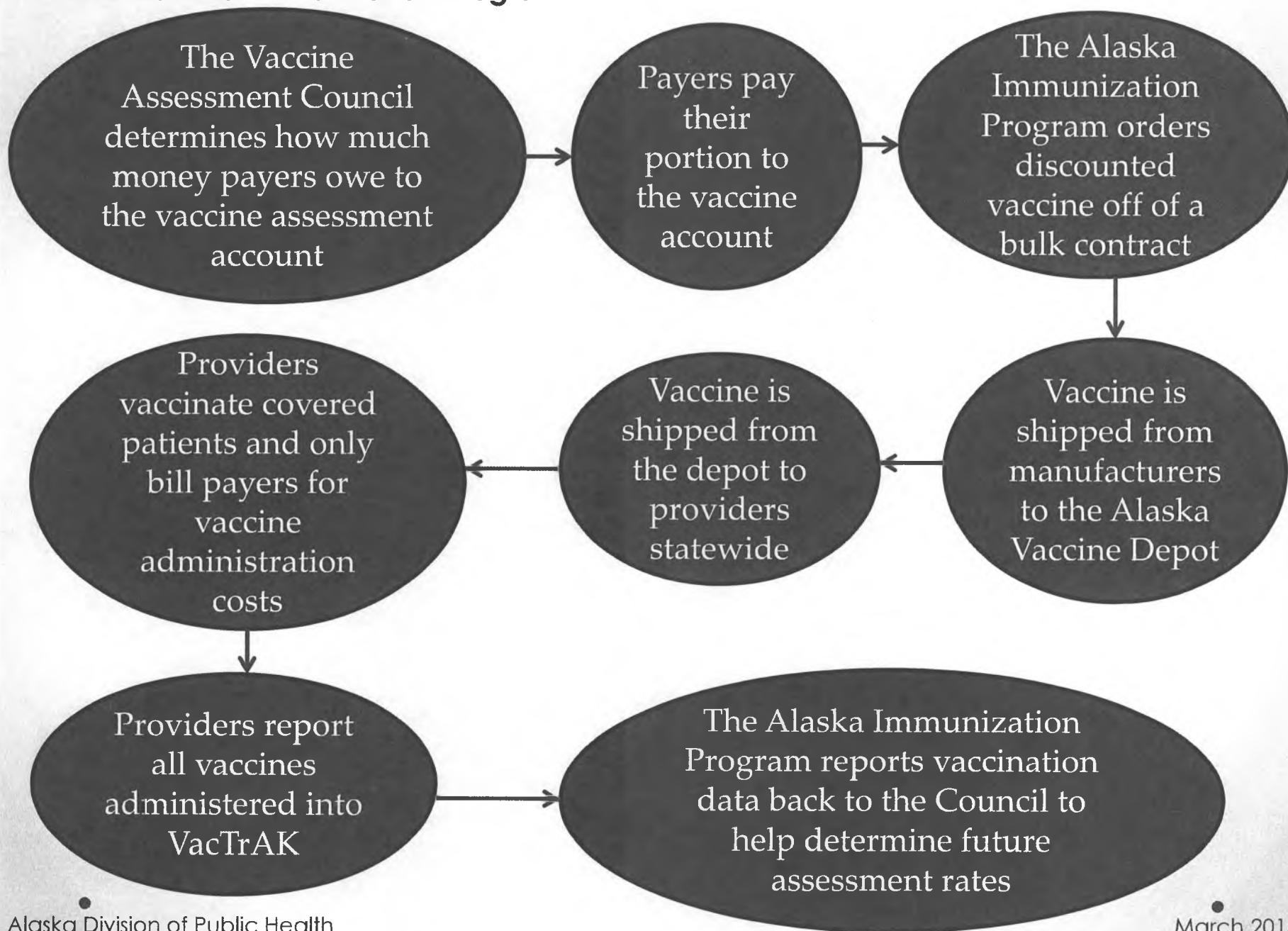
- e.g., Medicaid, Medicare, VA, TRICARE, and tribal health
- Public programs may opt-in to the assessment if Federal law precludes their mandatory participation under state law

- e.g., health care insurers, health benefit plans, third-party administrators
- Participation will be mandatory

The Payers

4/14/14

SB169 Statewide Immunization Program



ALASKA STATE LEGISLATURE

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North to the Future

Senator Cathy Giessel
Senate District N

SB 169 Statewide Immunization Program **Sectional Analysis (LS1219\B)**

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

Section 2. Definitions.

Section 3. Amends Title 21 (Insurance) to require assessable entities to provide information and pay assessments.

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

Section 5. Repeals this act on January 1, 2021.

Section 6. Repeals Ch. 24 SLA 2012.

Section 7. Redirects the unobligated funds from Ch. 24 SLA 2012 to be deposited into the vaccine assessment account.

Section 8. Makes the effective date January 1, 2015.

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

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

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

Sec. 18.09.210. Establishes the State Vaccine Assessment Council within HSS for the purpose of determining the assessment amount. The commission has 8 members appointed by the Commissioner: the state's Chief Medical Officer (chair); Division of Insurance Director; 3 health care insurers, one of whom must be a plan administrator; 2 health care providers, one of whom must be a pediatrician; and 1 representing a tribal or public health insurance plan who serve without compensation or reimbursement of expenses. Terms are 3 years with a 2-term limit. HSS will provide staff and other assistance to the commission. The commission establishes and implements a plan of operation, submits an annual financial report to HSS and the legislature each July 1st, and monitors compliance with the program.

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

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

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

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

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

Sec. 18.09.220(e). Allows an assessable entity may opt out of the program during the three-year phase-in period.

Sec. 18.09.225. This allows health care providers to opt into the program to purchase vaccine. Claims for coverage by a health care provider for vaccines not distributed under the program may not be denied. Health care providers may not bill a payer or resell a vaccine distributed under the program.

Sec. 18.09.230. This creates a special account in the general fund for the purpose of purchasing vaccines. The legislature may appropriate program receipts from vaccine assessments, money from other sources, and interest earned. Appropriations do not lapse.

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

Section 2. 18.09.900. Defines the terms assessable entity, commissioner (Health & Social Services), council, covered individual, included vaccine, other program participant, program, provider, and vaccine.

Sec. 18.09.900(3). An "assessable entity" means a health care insurer, the state health care plan, a public or private entity that offers a publicly funded plan (to the extent allowed by law), and third-party administrators.

Section 3. Requires assessable entities to provide information to the department under (AS 21.09.242)

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

Section 5. Repeals this act on January 1, 2021

Section 6. Repeals Ch. 24, SLA 2012 (HB310), a temporary statewide immunization program

Section 7. Redirects the remaining HB310 funds to be deposited to the vaccine account

Section 8. Makes the act effective January 1, 2015

Regional Overview:

Vaccination trends/issues since the decrease of federal funds for immunizations

Data supplied by AK Division of Public Health
April 2014

Bethel Sub-region

In past years, public health nurses have always gone to the Senior Center in Bethel to provide flu shots. This year they were unable to do that because of the changes in funding. When they did go in the past, they would usually give 25-50 flu shots to seniors.

Dillingham Sub-region

In recent years the need to turn seniors seeking flu shots away and refer them to their primary medical provider instead caused confusion among the elders. Dillingham immunizations this past year dropped off because those that could afford to travel received their flu shot in Anchorage. Hospitals stepped up and offered more flu vaccine clinics (free). This was well received, but is not sustainable.

Kodiak

Before the changes in funding were in effect, public health nurses used to go to the Adult Day Care Center and provide flu, Tdap, and pneumonia vaccines annually. They would get a list of seniors, pull all the records, see what people were due for, and then hold a mini-clinic for them at the Adult Day Care. They also went to the assisted living facility and did the same, and even provided vaccines for a few seniors living in the senior apartments in the same building. They also did a few clinics during lunchtimes at the senior center. They are no longer able to see these clients. Seniors report that it is hard for them to all get to their providers or Safeway to receive vaccines.

When the state held a Public Health Center open house in December, public health nurses talked with several elders about vaccines. Elders were delighted to hear that they could receive zoster vaccine as that was out of reach for most financially. Several made appointments for zoster that day, and then they told their friends, and they called and made appointments, so, happily, they had a bit of a run on zoster vaccine. They also see a lot of elders for flu vaccine, especially in the immigrant community, and whenever possible, nurses screen elders for all vaccinations due.

Response from Southwest Region Itinerant

Itinerant (travelling) public health nurses have been focusing on Zoster vaccine as very few villages have the capacity to store zoster vaccine; all individuals seen were also screened for other vaccines (flu, Tdap or pneumonia). Nurses have been collaborating extensively with both South Central Foundation and Eastern Aleutian Tribal organizations to assure elders have access to Zoster vaccine. Neither organization has the proper storage facilities (dedicated deep freeze) to order and stock Zostavax. It is simply not available in many communities due to logistical reasons.

- McGrath Trip 10/2013: Facilitated (transported, screened and administered) Zostavax-focused clinic for elders in upper Kuskokwim region where vaccine is simply not available.

- King Cove Trip 1/2014: In collaboration with Eastern Aleutian Tribes transported, screened and administered zoster vaccine to high-risk elders; including one home visit to a home-bound elder with dementia.
- Takotna Trip 2/2014: Same as above, vaccine is not available through Tribal Health system, the usual sole provider of health care for the region. Public health nurses again transported, screened and administered zoster vaccine.
- Nikolai Trip 3/2014: Community has been without consistent coverage by any health provider since January. (Sporadic trips from community health aide/practitioner and/or mid-level provider) but are not assured day-to-day coverage at the clinic. Public health nursing services needed as this vaccine simply not available in these communities.

Mat-Su Sub-region

Public health nurses no longer go to the Senior Centers. Usually they would give 50-60 flu shots for seniors at each Senior Center.

- Glennallen - in previous years, public health nurses were able to provide flu vaccine to any senior whom requested it. The Public Health Center often had clients calling to request the flu shot and nurses always travelled with ample supply to accommodate the demand. The Public Health Center consistently used up everything they ordered and in 2011 even requested extra flu vaccine from other regions because of the high demand in the Glennallen area. This year, there was only 1 uninsured senior in the Glennallen area eligible to receive state-supplied vaccine.
- Mat-Su - This year public health nurses were unable to accommodate the senior centers (2 in Wasilla and 1 in Palmer) or other seniors because of the flu vaccine restrictions. The Public Health Center dealt almost daily with upset seniors calling to schedule an appointment, especially in areas where local pharmacies did not participate in Medicare billing for flu vaccine. The Mat Su Public Health Center had to turn away seniors that came into the health center requesting a flu shot and were unable to accommodate them.

Kenai Sub-region

During community outreach events public health nurses have received interest in flu vaccine from seniors in Nikiski, Cooper Landing and Sterling specifically, but because of changes vaccine funding, a low amount of seniors qualify for state-supplied vaccine. Seniors have expressed interest in public health nurses coming to the Senior Centers, siting access as a barrier. Either seniors no longer drive, do not like to drive, or have difficulty understanding why their usual providers haven't told them they should receive the vaccine.

- Cooper Landing - many seniors are interested in zoster vaccine, yet only 10 qualified with the current restricted funding. Only 20 qualified for flu – all others were referred to their medical provider. Many stated the long drive to their medical provider as a barrier to receiving immunizations.
- Nikiski – there is high interest in zoster and flu amongst seniors, however, only two seniors qualified for both with the current restricted funding.

- Sterling – currently about 32 seniors are interested in receiving vaccines. The public health nurse is screening seniors for vaccines in Sterling during April. The expectation is that more than half will not qualify for state-supplied vaccine, as evidenced by Nikiski and Cooper Landing's experience.

Fairbanks Sub-region

Public health nurses used to provide flu clinics at local assisted living homes, giving up to 300 flu immunizations yearly. They are no longer able to go to any of these sites due to the limited amount of state-supplied vaccine. The Public Health Center's total immunization visits for their age 50+ population in the Fairbanks communities for 2013 were just over 300. Considering that they used to give that much just in assisted living homes, they know that numbers have decreased vastly.

This year Fairbanks public health nurses offered two zoster clinics at senior centers instead of flu clinics. They provided at least 60 zoster vaccines, but were unable to provide flu shots at the same time due to restricted state-supplies.

Juneau Sub-region

In the past public health nurses have done Senior Center flu clinics (3 senior centers in Juneau) every December – there were about 20-30 doses of flu vaccines given at each. For the last 2- 3 years, however, since they no longer give flu vaccines to those who are insured, the number of flu vaccines given to the senior population by Juneau public health nurses was very small. There are a very small number of underinsured/uninsured seniors who are eligible for state supplied flu vaccine. Public health nurses have done a few (less than 5) home visit flu vaccine to Medicaid/Medicare seniors who can't go outside easily.

Increasingly, public health nurses have been utilizing state-supplied zoster vaccines as many insurance plans do not cover zoster vaccine. Juneau public health nurses have done a zoster vaccine outreach clinic (along with flu vaccine) at a Senior Center for the last two years. In 2012, there was huge demand and with their limited supply ended up with a waiting list. In 2013, there was increased demand because Alaska Care Retirement health insurance was not covering zoster.

Haines Sub-region

The Public Health Center has done an immunization talk at the senior center for the last 2 years. Most of clients were not eligible for state-supplied vaccines as they had insurance.

Sitka Sub-region

Since 1990s, public health nurses hosted a yearly flu vaccine clinic at the Senior Center. Since 2011-2012 flu season, nurses have collaborated with Mountainside Clinic to hold the Senior Center flu clinic: public health nurses support the clinic by helping to give flu shots while the flu vaccine is supplied by Mountainside Clinic.

Petersburg PHN:

Public health nurses in Petersburg have had numerous seniors tell them that Public Health Centers are the only way they can get the shingles vaccine since few insurance companies cover it and it is a very expensive (\$300-500) vaccine. When public health nurses give seniors the shingles vaccine, it is good opportunity to screen them for all vaccines and help get fully vaccinated at the same time. This is particularly important since most of the seniors are grandparents and may not have heard about the Tdap vaccine or how getting it can help protect those that are the most vulnerable, like their own

grandchildren. Public health nurses have seen a huge increase in utilization of services by seniors due to their interest in immunizations.

Ketchikan Sub-region:

Public health nurses have noticed a definite decrease in flu vaccines for seniors. It has been confusing for the public following changes from year to year regarding who qualifies and who doesn't. Public Health Centers no longer see many seniors for flu vaccines -- people go to the pharmacy or their health care provider if they have insurance. This decreases public health nurses' interaction with clients and opportunities to counsel/educate them on other health issues they may have.

Public health nurses held two zoster clinics in Metlakatla at their request. The tribal clinic did not have the vaccine yet many elders needed it. A total of 52 clients were immunized for zoster

Craig Public Health Center /Prince of Wales Island:

The Public Health Center has seen a significant rise in older adult vaccinations in 2013 and the beginning of 2014. The increase in zoster vaccination is related to a growing awareness that they are available through the public health center if the vaccine is not available in their rural community provider setting. Native beneficiaries that do not have access to zoster through SEARHC are very excited and relieved to be getting zoster from public health nurses. Many of the elders have stories of friends and relatives that have suffered from getting shingles and really do not want to experience this for themselves.

Flu immunizations for elders have risen recently in part due to the improved access in the outlying communities and flu clinics at basketball games. Many elders were vaccinated during special rural clinics. The Prince of Wales Health Network Immunization Initiative yearlong advertising campaign has increased global awareness of the importance of vaccinating.

Wrangell PHN:

Public health nurses made 2 trips to Kake at SEARHC's request for a zoster clinic where 45 elders were immunized. There was a lot of coordination between the public health nurses and the Senior Center. The clinic was well received by the village. The nurses also made a home visit for a homebound senior to provide a flu vaccine at the request of Alaska Island Community Health Services.



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of **ALASKA**
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**Creating a Vaccine Assessment Account in Alaska
Frequently Asked Questions and Answers**

Updated March 7, 2014 for SB169 (Version: CS 28-LS1219I)

(The information contained in this FAQ is based on the best available information at the time, and will be updated frequently.)

1. Why is a vaccine assessment account being discussed now?

For over 30 years, the Alaska Immunization Program had a "universal" vaccine program – distributing recommended childhood and adult vaccines to all Alaskans. However, Federal Section 317 vaccine funding to Alaska has declined from \$4.3 million in 2010 to \$200 thousand in 2014. In 2012, legislation (HB 310) was passed to provide \$4.5 million in state general funds each year for 3 years to temporarily reinstate vaccine funds for underinsured children and underinsured/uninsured adults until a long-term vaccine financing solution could be created; the HB310 funding will end on July 1, 2015. The intent of Senate Bill 169 is to preserve universal access to state-distributed vaccines for children and to provide state-distributed vaccines for "covered" adults (see #9 and #10 below) through the creation of a vaccine assessment account--a self-sustaining vaccine financing solution.

2. How could a vaccine assessment program reduce costs and barriers for providers and patients?

By collecting payments from payers (see #9 and #10 below) and remitting assessed funds to the Alaska Immunization Program to buy vaccines at a discount off a bulk contract, a vaccine assessment program would make it possible for:

- health care providers to receive state-distributed vaccines for all covered patients and avoid the financial and administrative burdens of purchasing vaccines and maintaining separate vaccine storage and tracking systems;
- payers to participate in a more efficient, cost-effective vaccination system; and
- the public to have improved access to the recommended vaccines, which are estimated to lower health care costs considerably (for every \$1 spent on recommended vaccines, approximately \$10 is saved in health care costs).

3. Is the intent of the bill to provide state-distributed vaccine for children and adults?

State-distributed vaccine would be available to providers for a) all children, and b) adults who are covered by an assessed payer (see #9 below). Additionally, the DHSS Commissioner or the Vaccine Assessment Council would ideally have the authority (possibly through regulation) to reduce the scope of the Assessment to only cover children if circumstances (e.g., economic or administrative) existed that would threaten the viability of the children's program if the adult program persisted.

4. Where might the seed money come from to purchase the initial vaccine for a vaccine assessment account?

Potential sources of start-up funds might include the remainder of House Bill 310 funding, or prospective payments from payers.

5. Does the bill establish whether the assessment will be a covered lives model or dosage-based model?

No, the bill allows the Vaccination Assessment Council to determine which model will be best for Alaska.

6. How would payer assessment costs be determined under a covered lives assessment model?

First, the Alaska Immunization Program would determine the projected assessment cost at the beginning of each year based on the number of Alaskans expected to be vaccinated that year, the discounted (bulk-rate) vaccine costs, and overhead for running the program. Next, the Vaccination Assessment Council would equitably assess each payer based on the payer's projected market share of vaccinations to be administered to patients under their coverage, and set the payment schedule (e.g., annual vs. quarterly). The primary advantage of this model is its administrative simplicity. The primary disadvantage of this model is that payer assessments are based on projected vaccine administration numbers, which lack precision.

7. How would payer assessment costs be determined under a dosage-based assessment model?

The major distinction of the dosage-based assessment model from the covered lives assessment model (see #6 above) is that in the dosage-based model, payers pay into the assessment account throughout the year as patients covered under their plan receive vaccine instead of being assessed at the beginning of the year based on projected costs. The primary advantage of this model is

that it offers a more precise assessment for payers. The primary disadvantage of this model is that it more cumbersome to operationalize (e.g., it involves more paperwork, a longer start-up time, and more administrative requirements for providers).

8. How is “health care insurer” defined in the bill?

In the bill, the definition of “health care insurer” is per AS 21.54.500(17): a person transacting the business of health care insurance, including an insurance company licensed under AS 21.09, a hospital or medical service corporation licensed under AS 21.87, a fraternal benefit society licensed under AS 21.84, a health maintenance organization licensed under AS 21.86, a multiple employer welfare arrangement, a church plan, and a governmental plan, except for a nonfederal governmental plan that elects to be excluded under 42 U.S.C. 300gg-21(b)(2) (Health Care Portability and Accountability Act of 1996).

9. For whom would participation in the program be mandatory?

The bill mandates participation from all “assessable entities” including health care insurers, health benefit plans, third-party administrators, and all public or private entities that offer a publicly funded plan, to the extent participation in the program is authorized by law. This includes Employee Retirement Income Security Act (ERISA) plans and public coverage like Medicare, Medicaid, TRICARE, the state’s high risk pool, and the tribal health system, to the extent allowed by law (see #12 below).

10. For whom would participation in the program be voluntary?

Voluntary participation in the assessment only applies to providers who wish to obtain state-distributed vaccine for *adults* who are uninsured and not otherwise covered by an assessed payer (see #16 and #20 below). Providers who care for large numbers of non-qualifying participants (e.g., Federally Qualified Health Centers and Community Health Centers) already purchase vaccine from the marketplace for their clients, and it is expected that they would continue to do so if they decide not to opt-in to the assessment. The benefits of opting-in are summarized in #2 above.

11. Would providers incur a higher assessment cost for adult vaccines than they are currently paying? Because vaccines will be purchased in bulk at discounted pricing, providers are expected to incur lower costs by opting-in to the assessment for adult vaccines; however, each provider will need to determine if it is in their best interest to participate. The provider’s share of the total assessment is based on their market share, which reflects the provider’s proportionate cost.

12. Would publicly-funded healthcare benefit plans be mandated to participate in the program?

Publicly funded healthcare benefit plans are included in the bill’s definition of “health care insurer” (see #8 and #9 above). However, it is currently unclear whether this bill could legally require *federally*-funded healthcare benefit plans (e.g., Medicaid, Medicare, the Veteran’s Administration, the military’s TRICARE, and tribal health) to participate in the assessment, as federal law might prohibit such a mandate for some or all of the plans. For federal plans that would not be required to participate, they would need to either opt-in to the assessment or directly purchase vaccine for those clients not covered in the assessment by another payer.

13. Would pharmacists who give shots at retail pharmacies be able to participate in the program?

Yes, pharmacists with a collaborating physician would be able to receive vaccine for uninsured adults if they pay an assessment. If they don’t opt-in they will continue to directly purchase vaccine for their customers.

14. Would Employee Retirement Income Security Act (ERISA) plans be included?

Yes; ERISA does not preempt the state from assessing fees on the payer. To the extent allowed by federal law, ERISA plans would be expected to pay under the definition for “health care insurer”. As was previously stated above, third party administrators—who are often contracted to perform claims processing activities for ERISA plan trustees—would also be included in the mandatory assessment.

15. Will the childhood and adult vaccine populations be combined to form a single assessment cost per payer?

This will be addressed by the Vaccine Assessment Council in its plan of operation under AS 18.09.210(f)(1). The plan must use a method that attributes equitable costs, by payer. In Vermont, childhood and adult vaccine costs have been assessed separately.

16. What provisions would be made to avoid double-counting individuals who are eligible for state-distributed vaccines in multiple ways (e.g., a person who has “coverage” through two or more payers)?

This will be addressed by the Vaccine Assessment Council in its plan of operation under AS 18.09.210(f)(1). The plan must use a method that equitably attributes costs by payer. This could, for example, exclude assessments for beneficiaries whose vaccines are supplied by other means, e.g., TRICARE beneficiaries who receive vaccines exclusively at military clinics on-base.

- 17. Could providers get vaccine for uninsured adults, funded by surplus funds, even if they don't opt-in?**
No. The Alaska assessment fund is expected to be sufficient to cover Alaska children who are not eligible for Federally-supplied (Vaccine for Children; VFC) vaccine and not covered by an assessed payer; however, the account is not expected to have enough surplus funds to cover adults who are uninsured or not covered by an assessed payer.
- 18. Would the Patient Protection Affordable Care Act (PPACA) preempt any provision(s) of the vaccine assessment account?**
No. Title I of PPACA contains the following provision: *No Interference with State Regulatory Authority—Nothing in this title shall be construed to preempt any State law that does not prevent the application of the provisions of this title.* The vaccine assessment account supports the PPACA requirement that coverage be provided without the imposition of cost-sharing for immunizations for routine use in children and adults.
- 19. Would payments made by insurers be accountable as a medical expense?**
Yes, payments are considered a medical expense.
- 20. How would providers be compensated for the administration of vaccines?**
Since the assessment only covers the cost of the vaccine, providers would bill payers/patients as they currently do for vaccine administration fees.
- 21. How will the program equitably respond to fluctuations in health insurance plan population demographics?**
This will be addressed by the Vaccine Assessment Council in its plan of operation under AS 18.09.210(f)(1). The plan must establish appropriate procedures (including frequency) of vaccine assessment collections and deposits.
- 22. How might a vaccine assessment account affect which vaccines are available through the State?**
Historically, the Alaska Immunization Program has decided which vaccines to purchase for the state-supplied vaccine formulary, and has purchased one vaccine brand in each antigen category for the entire state. Several factors are used to determine which vaccines to include in the formulary, such as cost, efficacy, and ease of utilization. Establishment of a vaccine assessment account could bring forward requests to revisit the topic of vaccine choice and ensure that every manufacturer could participate in a universal purchase system.
- 23. How much did the State spend on vaccine during the 2013 CDC Federal Contract Year?**
Alaska expended \$13.6 million--\$9.7 million in federal funds and \$3.9 million in state funds--on vaccine for the 2013 CDC Federal Contract Year from October 2012 to September 2013. This includes influenza vaccine purchases for the entire 2013-14 flu season (some of this vaccine was purchased outside of the CDC Federal Contract Year).
- 24. Where would the State store the vaccine?**
State-distributed vaccine would be stored in the Alaska Division of Public Health's Vaccine Depot (in Anchorage).
- 25. Would this bill mandate that all children need to be vaccinated.**
No, this bill does not address childhood vaccination mandates.
- 26. Can state-distributed vaccine be resold or billed by providers to other payers?** No.
- 27. Would this bill create a new Governor-appointed council?**
No, the eight Vaccine Assessment Council members would be appointed by the DHSS Commissioner.
- 28. Would council members be compensated for their work?**
No, council members would not be compensated for their work.
- 29. What would the Vaccine Assessment Council's plan of operation need to address?**
The "plan of operation" would need to include the method for calculating the assessment amount for each covered individual; the method for determining proportional costs to insurers/participants; procedures for the collection and deposit of assessment fees; procedures for collecting data which includes at a minimum the number of covered individuals and vaccine usage; and a system for crediting overpayments.
- 30. What role would DHSS play in this effort?**
DHSS would maintain a list of recommended vaccines for inclusion in the program; establish the 1st year's assessment, and thereafter make annual assessments based on commission determinations; notify insurers and other program participants of the assessment amount; devise a method for crediting overpayments; coordinate the bulk purchase of vaccine for the best price; set procedures for distributing vaccines; and review appeals for errors.

31. Does the Commissioner or the Council have the authority to contract out for administrative services in support of this new program, as has been done in other states?

AS 18.09.210(e) directs the Department of Health and Social Services to provide staff and other assistance to the Council; this includes the authority to contract for administrative services. Other states with vaccine assessment accounts contract with an administrator (e.g., some states have contracted with KidsVax.org).

32. Doesn't the Affordable Care Act (ACA) sufficiently address the financial barriers to immunization?

While the ACA does require private insurers to cover ACIP-recommended vaccines for children and adults with no out-of-pocket expense and no deductible, ACA does not solve the financial liability for providers. Providers would still need to front the cost of vaccines for their patients and maintain separate stocks of vaccine, which is becoming increasingly more costly and burdensome.

33. Would implementation of a universal purchase program overburden DHSS with additional administrative costs of managing the vaccine supply for the entire state, such as warehousing and shipping doses to multiple sites?

No. DHSS has many years of experience with the administrative process required to maintain vaccine distribution for a universal program and under the current system, the Alaska Immunization Program manages most of the statewide vaccine supply.

34. Would a universal purchase program create an unnecessary pass-through of a federal discount intended for vulnerable populations since vaccine costs are not a substantial cost for insurers as a portion of insurance premiums?

The cost of vaccinating a child through 18 years has been increasing significantly in the past 30 years, from \$50 in the 80s to \$2250 in 2012 (Pediatrics 2014;133:367). In a recent survey, 10% of physicians had seriously considered discontinuing providing all childhood vaccines to privately insured patients because of cost issues; for private pediatric offices, the cost of vaccines has become one of the top overhead expenses, magnifying the risks of uncompensated expenses (Pediatrics 2014;133:367).

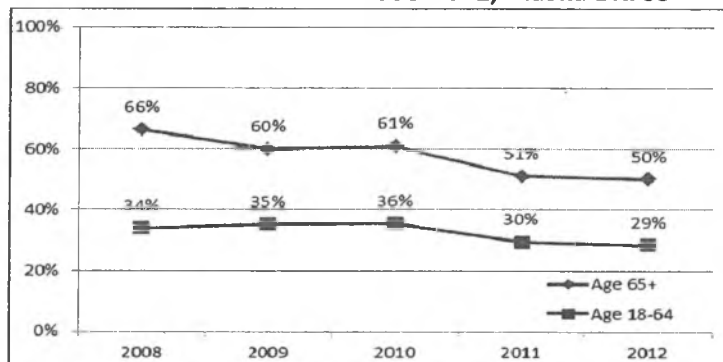
Alaska Immunization Data

Behavioral Risk Factor Surveillance System

Seasonal Flu Vaccine, 2012

- All adults 18 years and older – 31% had a flu vaccine in the past 12 months
- Adults 65 years and older – 50% had a flu vaccine within the past 12 months
 - Males – 50%; Females – 51%
 - White - 66% ; Alaska Native -58%; Other race – 43%
- Adults age 18-64 years – 29% has a flu vaccine within the past 12 months
 - Males – 28%; Females – 30%
 - White - 29% ; Alaska Native -31%; Other race – 24%
- Most common locations to receive flu vaccine – all adults
 - Health Clinic/Community Health Center – 23%; Doctor’s office – 20%; A store - 18%; Workplace – 16%

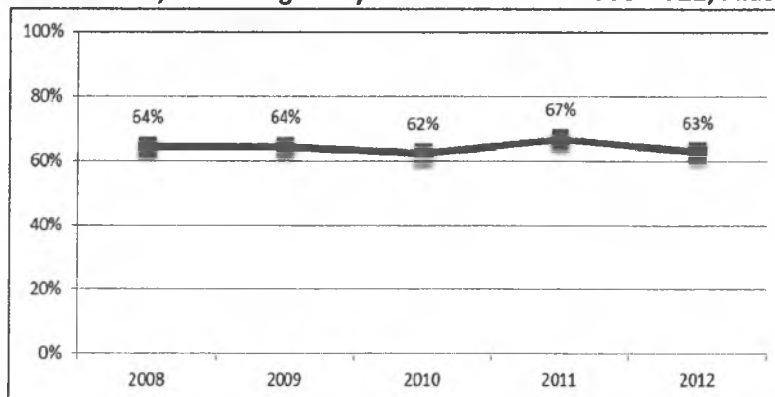
Seasonal flu vaccine – 2008-2012, Alaska BRFSS



Pneumonia vaccine, 2012

- Adults age 65 years and older – 63% ever had a pneumonia vaccine
 - Males – 57%; Females – 68%
 - White – 66% ; Alaska Native -58%; Other race – Data statistically unreliable

Pneumonia Vaccine, Adults Age 65 years and older – 2008-2012, Alaska BRFSS



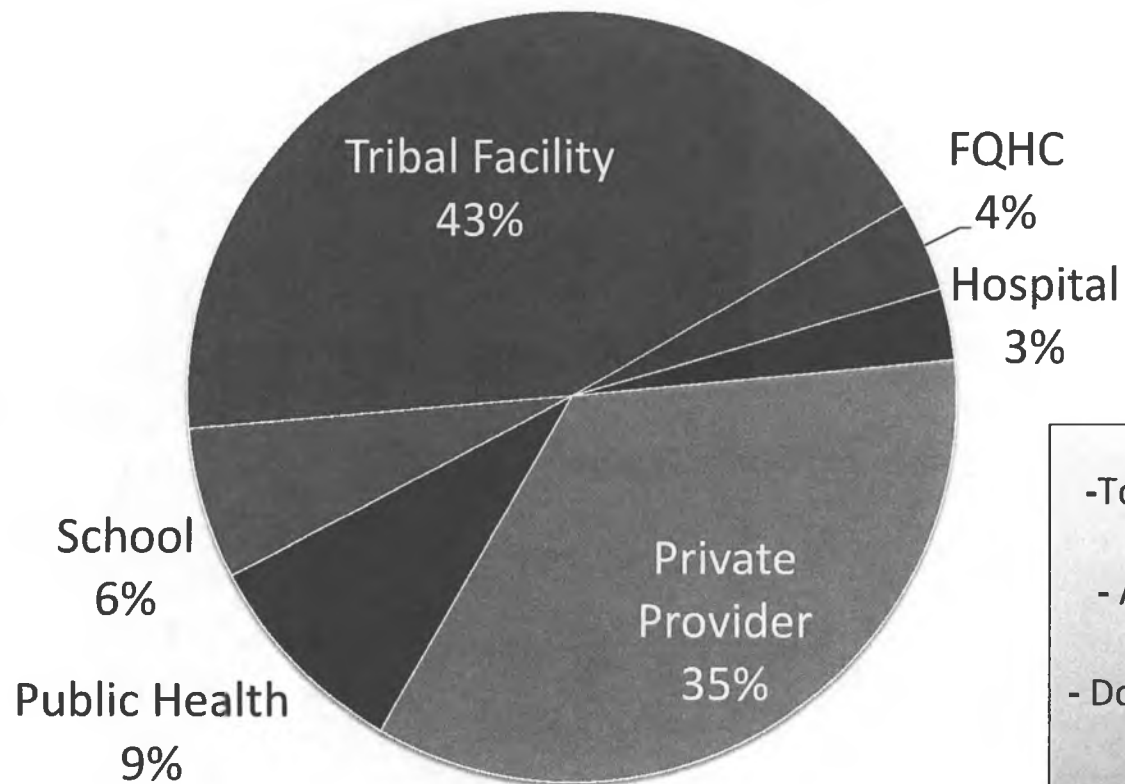
Who Pays for Vaccine in Alaska?

Current System <i>(through July 1, 2015 when HB310 ends)</i>	Medicaid	Amer Ind/ AK Native	Uninsured	Privately Insured	VA, Military, TRICARE	Medicare
Children Aged 0-35 months	State supplies at no cost to provider					
Children Aged 3-18 yrs	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> Provider purchases after FY2015 </div> Provider privately purchases and seeks reimbursement if available					
Adults Aged 19 yrs -65						
Adults Aged 65+						

SB169 Vaccine Assessment <i>(beginning July 1, 2014)</i>	Medicaid	Amer Ind/ AK Native	Uninsured	Privately Insured	VA, Military, TRICARE	Medicare
Children Aged 0-35 months	State supplies at no cost to provider					State supplies if entities can be assessed, otherwise provider purchases or can opt-in
Children Aged 3-18 yrs	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> State supplies if entities can be assessed, otherwise provider purchases or can opt-in </div> State supplies if entities can be assessed, otherwise provider purchases or can opt-in					
Adults Aged 19 yrs -65						
Adults Aged 65+						

**State supplied vaccine may be available for FY2015 for uninsured adults age 19-65 years using HB310 GF.*

Volume of State-Supplied Vaccine Distributed by Provider Type, 2013



- Total doses in calendar year = 276,000.
- About 1/3 for adults; 2/3 for children.
- Does not include private purchase vaccine.
- FQHC: federally qualified health center

Questions raised by Representative Higgins on March 26, 2014

1. Fiscal Note Explanation by David Teal
David Teal is available at 3pm for the meeting. He would like to be first so he can meet his other scheduling obligations. Further questions after he leaves can be fielded by Jill Lewis.
2. Similar to #1 above, a clear explanation on how the state is NOT on the hook for \$28 million dollars
The fiscal note overview should put this question to rest. The state will receive assessment payments *in advance*, throughout the year so we will already have the money in hand when we purchase vaccines. The state will only supply vaccines for which funds are available—through assessments, federal grants, or the \$700.0 GF already in the department's base budget. The healthcare provider, not the state, will be responsible for purchasing vaccine for which there is no assessment paid (such as uninsured adults or TRICARE children vaccinated off base.) Simply put, if we don't have money from an assessment, then we don't buy vaccine. This entire private public partnership was designed to NOT USE state dollars and is the intent of the legislation.
3. You said a graph or pictogram on how the program works....like the oval chart in your binder....but layer that with how/when the money comes in and how it is used.
We will try to have that by committee time, but we may not have enough time to accomplish it, but we will get it to you soon.
4. If SB 169 does not pass, and we only have a very limited amount of money to spend on vaccines, we have stated that will result in only 50% of Alaska children will be covered. You want to know who those other 50% of the kids are that won't be covered.
Covered: uninsured, Medicaid eligible, Alaska Native/American Indian children ages 0-18 yrs with federal funds (Vaccine For Children) and insured/covered children ages 0-35 months with the department's limited GF in base budget (the \$700.0). Not covered: insured children ages 3-18 yrs and 100% of adults. See the "Who Pays" document included with this.
5. You are trying to figure out how the medical coding will work when the provider will be dividing out the vaccine cost from the office visit to bill the insurance company. I told you that was outside my knowledge base. Jill will have to answer that one.
As we understand it, the cost of the vaccine and administration of the vaccine, currently have different procedure codes with modifier codes to identify state supplied vaccine. State supplied vaccine cannot be resold/reimbursed so the cost of the ingredient would be billed as zero. This practice would not change. What would be different is that more of the vaccine would be state supplied with a zero claim. The administration fee would continue to be billed and reimbursed the same as it is now. Pat Senner, who will be on line, can help explain how that works as the division doesn't bill insurance.
6. You asked for a breakdown of who administers the bulk of the vaccines by type of clinic or facility.
We are working to compile this information in time for the hearing, however, this is not information that the department has on hand.

**Additional Questions from Rep. Pete Higgins
Answers from Public Health/Jill Lewis
March 26, 2014**

How many uninsured children still receive vaccines purchased with the federal funds that have been cut since Sen. Stevens left office?

Federal Section 317 vaccine funding to Alaska has declined from \$4.3 million in 2010 to \$700,000 in 2013 and will drop to \$200,000 in 2014. Section 317-purchased vaccine has most recently been allocated to supplement the HB310 funding on select vaccines for 3,000-5,000 uninsured adults or insured adults in rural areas without access to care. None of the Section 317 funds has gone toward uninsured children.

What percentage of children will not be eligible for state supplied vaccine without SB169?

Currently, the state supplies 100% of the vaccine for children age 0-35 months and about 75% of the vaccine for children ages 3 – 18 years. The state does not currently supply any vaccine for fully insured children or adults, or Alaska Native adults seen at tribal facilities. The rest of the vaccine is being supplied by providers who purchase vaccine directly then seek reimbursement from insurers. Without SB169, once the HB310 funding ends June 30, 2015, the state would only supply vaccines for the 50% of the children with remaining federal and state funds. Providers must purchase vaccine themselves for the other 50% of the children and 100% of the adults. this population and seek reimbursement if available.

What is the projected impact without SB169? What groups would be hurt the most?

Without SB169,

- Health care providers would not to receive state-distributed vaccines for all covered patients and would not avoid the financial and administrative burdens of purchasing vaccines and maintaining separate vaccine storage and tracking systems;
- Health insurance plans/health care coverage will not be able to participate in a more efficient, cost-effective vaccination system; and
- The public would not have improved access to the recommended vaccines, which are estimated to lower health care costs considerably (for every \$1 spent on recommended vaccines, approximately \$10 is saved in health care costs).

JILL LEWIS | DEPUTY DIRECTOR | ALASKA DIVISION OF PUBLIC HEALTH

P.O. Box 110610, Juneau, Alaska 99811-0610 | 907-465-8617 (W) | 907-209-6754 (M) | jill.lewis@alaska.gov



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Alaska – What have vaccines done for you?



February 2014
ANTHC Immunization Program;
Rosalyn Singleton MD MPH

729-3418

Vaccination: an ounce of prevention saves a ton of lives

- Vaccination is a Global Issue: The World Health Organization estimates that vaccination saves between 2 and 3 million lives every year.
- In the US, vaccination has prevented 103 million infections and disease rates are at historic lows – However, 1.5 million vaccine-preventable deaths occur each year around the world.
- Keeping vaccination rates high requires sustained commitment and access to vaccines.

Vaccine-Preventable Disease Success, Alaska

■ BEFORE VACCINES:

- Hib meningitis and sepsis – 40-80 cases/yr in children.
- Hepatitis A – Alaska-wide epidemics with up to 4,000 cases.
- Hepatitis B – 10% of Alaska Natives in some regions.
- Measles outbreaks contributed to high infant mortality.

■ BECAUSE OF VACCINES:

- 0-2 cases of Hib per year!
- No hepatitis A epidemics since vaccine!
- Alaska Natives have the lowest rate of Hepatitis B in the U.S.
- No measles cases in Alaska since 2000!

Polio

- Polio attacks the nervous system and can cause muscle weakness, paralysis or death.
- In 1952 there were 21,000 polio cases in the US – the last US polio case was in 1979.
- Thanks to polio vaccination, polio cases are down 99%; however, polio has recently reemerged in areas that had been polio-free for years.
- 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.
- The serum arrived in time to prevent the epidemic and save hundreds of lives.
- Today diphtheria is a disease of the past because of vaccine.
- However, a US citizen who had refused Td vaccine died from diphtheria after visiting Haiti.



Hib disease

- *Haemophilus influenzae* type b (Hib) causes meningitis, pneumonia, cellulitis, epiglottitis and sepsis in infants & children.
- **Alaska Native Hib disease before Vaccine**
 - 5-10 times higher rate of disease than other US children
 - Younger peak age (4-6 months)
- **Since Hib Vaccine:** Hib disease has decreased >95%



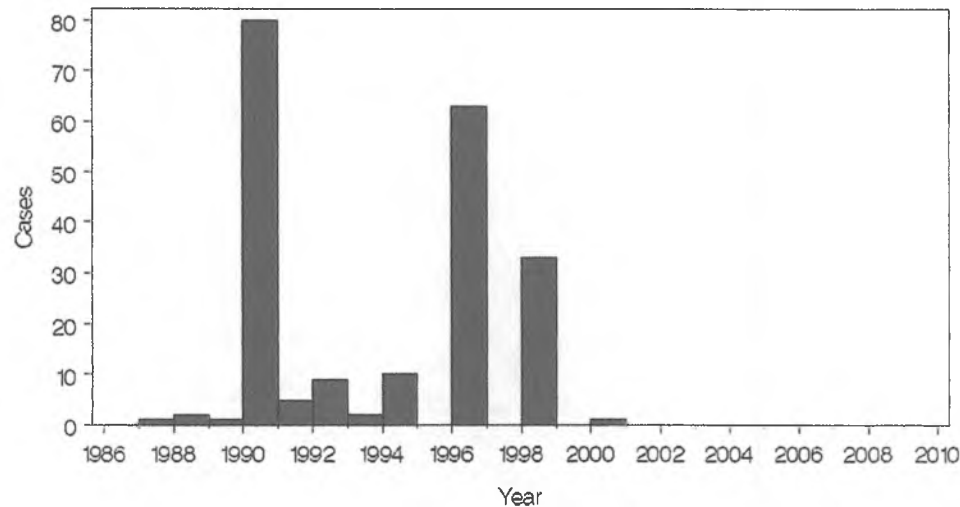
Hepatitis A and B in Alaska

- In 1970s-80 Alaska Natives had the highest rate of hepatitis B infection and liver cancer any non-immigrant group in US
- Alaska also had the highest rates of hepatitis A infections in US in most years up to 1995.
- **Universal vaccination and School requirements have eliminated spread of hepatitis A and B in Alaska**
 - Alaska Native people have the lowest hepatitis B infection rate of any US ethnicity:
 - Alaska has one of the lowest rates of hepatitis A infection of any state.

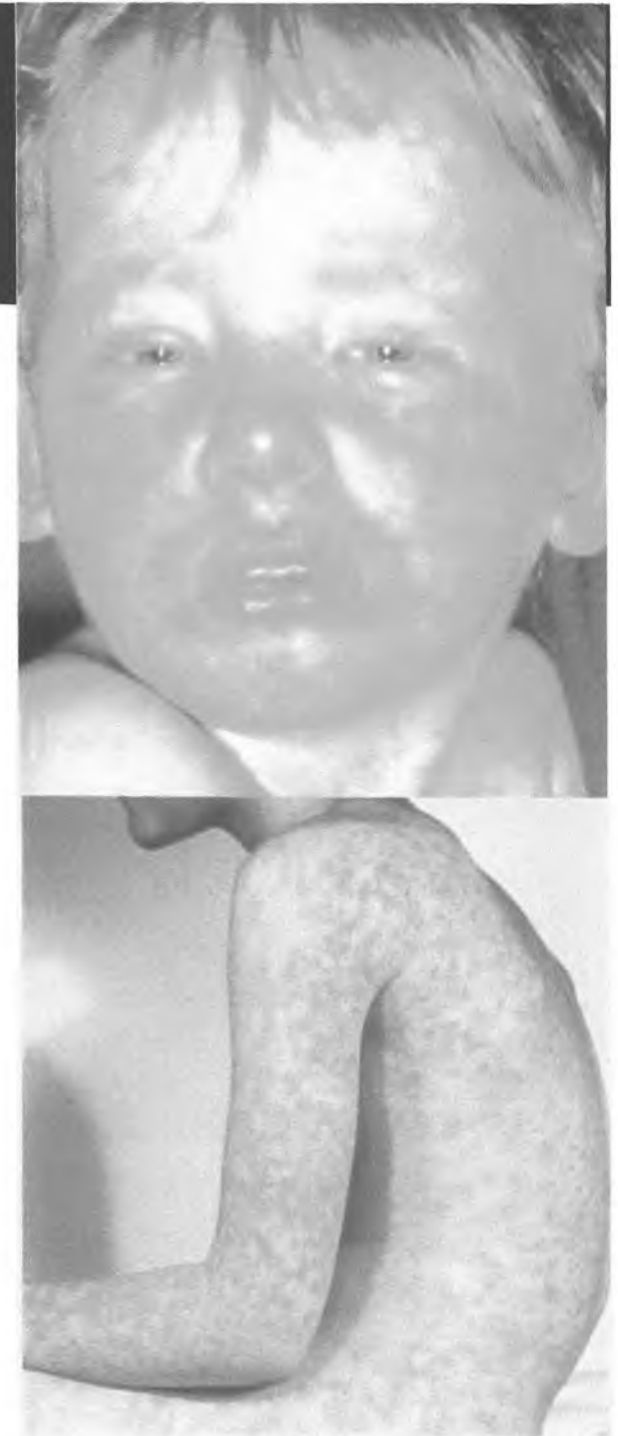


Measles

- Measles causes a rash, fever, pneumonia and diarrhea, and can leave children blind, deaf or brain damaged.
- Measles deaths have decreased globally by 74%, but measles still kills 450 people each day.
- Although measles is imported into the United States every week, Alaska has had no measles since 2000 – thanks to our 2 dose MMR school requirement



Measles in Alaska 1986-2010



Mr. Chairman and Committee members, my name is Phyllis Arthur and I represent the Biotechnology Industry Organization (BIO) and I am here to speak on Senate Bill 169.

BIO opposes Senate Bill (S.B.) 169. While we recognize and share the State's goals of increasing the administrative ease of vaccine administration and achieving high vaccination rates, we believe the proposed program would result in an additional administrative burden for the State, create redundancy relative to the Affordable Care Act (ACA) and have very little impact on immunization rates among Alaskans.

America's vaccine manufacturers strongly support efforts by states to increase immunization rates among people of all ages. We work closely with state governments, insurers and other vaccine stakeholders to develop and implement solutions that are proven to increase access to immunizations through **sustainable** public-private partnerships.

I would like to discuss three key issues:

1. UP programs have not actually helped to increase immunization rates;
2. The implementation of this program may not actually solve the current issues of many providers; and
3. Providing private insurers access to federally discounted vaccine intended for disadvantaged children runs counter to the original intent of the VFC program and provides a pass through to insurers at the expense of vaccine companies.

The UP program created by S.B. 169, will most likely not lead to higher immunization rates.

- For 30 years, Alaska had a full UP program. Higher immunization rates along with increased access to vaccines have long been touted as benefits of universal purchase programs.
- However, according to 2012 data from the CDC, only 3 UP states were ranked among the top 10 states nationally for childhood immunization rates while another 3 UP states were ranked in the bottom 10.^[1]
- From 2000 to 2009 Alaska ranked at or well below the U.S. average for all standard series vaccines.
- In 2012, the year for which the most recent CDC data is available, the estimated vaccination coverage rate among children aged 19–35 months in Alaska was 59.5%, the lowest in the nation for the standard series.^[2]

¹ CDC Estimated Vaccination Coverage Rate % Vaccination Series Among Children 19-35 Months of Age by State, U.S., National Immunization Survey, Q1/2012-Q4/2012. Data for 4:3:1 plus ≥ 3 doses of Hib

The Affordable Care Act (ACA) has addressed many of the financial barriers to immunization affecting patients by requiring private insurers to cover ACIP-recommended vaccines for children, adolescents and adults with no out-of-pocket expense and no deductible. While there are still some issues affecting providers, UP programs may not help to solve these problems.

- The ability of the state to assess all types of insurance plans in the state is unclear and may not be allowed under federal law. This may result in a multi-tiered immunization system where providers still must access the private sector for some patients or specific vaccines but with smaller volumes.
- In addition providers will still be required to screen patients for eligibility, stock private sector doses for children and adults whose insurance plan is not paying into the assessment pool, submit for reimbursement and track use of these doses. Moreover, providers will still need to bill for the administration of vaccines.
- Lastly UP programs often burden state health departments with the additional administrative costs of managing the vaccine supply for the entire state, such as warehousing and shipping doses to multiple sites. Accountability for ordering, storing, tracking and shipping vaccine ultimately rests with the Alaska Department of Health during a time when public sector funding for infrastructure is being cut.

Lastly this type of UP program, tax assessments and insurance pools, create a pass through of a federal discount intended for vulnerable populations.

- Parents and employers pay premiums for their immunization coverage, so the vaccine cost is already paid for, as is the visit and all of the other medical care.
- Vaccine costs are not a high or significant cost for insurers as a portion of insurance premiums. In fact a 2009 HHS study showed that vaccine coverage accounts for only 0.8% of family premiums.²
- Health plans reap the benefits of fully immunized populations through reductions in health expenditures for hospitalizations, office visits, testing, and treatment.

vaccine of any type, 3 or more doses of HepB, 1 or more doses of varicella vaccine, and 4 or more doses of PCV. Available at: http://www.cdc.gov/vaccines/stats-surv/nis/data/tables_2012.htm#overall .

¹ Alaska Department of Health and Social Services. State of Alaska Epidemiology Bulletin. Published February 17, 2011. Available at: http://www.epi.hss.state.ak.us/bulletins/docs/b2011_02.pdf

² Rose Chu, presentation at June 2009 NVAC meeting, "2009 Premiums for Routine Immunizations."

America's vaccine manufacturers are continuously investing in both existing and new vaccines for children, adolescents and adults. This is only possible when there is a sustained, viable market for these vital public health products.

BIO believes that a private sector solution can be found that solves the issues of all vaccine stakeholders – patients, providers, insurers and vaccine manufacturers. We have worked closely with states to develop public-private solutions to many of these same problems. For example, in Colorado BIO works with a large coalition of vaccine stakeholders to develop a set of recommendations for the state on ways to increase immunization access and rates. The group is evaluating unique contracting options specifically targeted to small volume providers in rural and underserved areas, researching organizations that can help providers with billing of insurance plans and developing better educational programs for provider offices and staff. We are working on similar programs in California and New Mexico.

Thank you again for this opportunity to share our issues. I will be glad to answer any questions.

March 4, 2014

Mr. Chairman and Committee members, my name is Rosalyn Singleton. I am a pediatrician representing myself and other Alaska providers and I am here to respond to written concerns about Senate Bill 169 submitted by Phyllis Arthur from the Biotechnology Industry Organization (BIO)

First of all, we look forward to having BIO's support going forward since we pursue the same goal of increasing immunization rates among people of all ages.

I would like to address 3 concerns brought up by BIO:

- 1. Universal Purchase (UP) programs have not actually helped to increase immunization rates;**
 - a. Only a handful of states have universal purchase programs. If 3 are in the top 10% for childhood immunizations, that's actually pretty impressive! I believe the three in the bottom 10% are Alaska, Vermont, and Idaho. Each of those states has unique challenges for vaccine delivery. The universal purchase programs certainly haven't *hurt* immunization rates there.
 - b. New Hampshire has had a vaccine association for over 10 years, and it has consistently been a leader in childhood immunizations. According to the recent CDC survey, NH has an immunization rate of 80.1%, which is second in the country only to Hawaii's 80.2%.
 - c. Maine lost its universal status and saw a decrease in immunization coverage. However, it regained universal status and between 2010 and 2012, it jumped from 41st to 14th in the nation.
 - d. Washington also saw a jump in immunization rates. It went from 45th in 2005, to 29th in 2010, to 18th in 2012.
 - e. There are many reasons for low immunization rates in Alaska, among them access to vaccines - In 2012 Alaska did have low rates among 19-35 month olds who would have received vaccines during 2009-2012 when Alaska was experiencing decreases in universal access. Alaska's low rates should spur us to look at all means (reminder recall, parent education, reduced barriers to providers, and increased access to vaccines for parents) to improve immunization rates.
- 2. The Affordable Care Act (ACA) has addressed many of the financial barriers to immunization affecting patients by requiring private insurers to cover ACIP-recommended vaccines for children, adolescents and adults with no out-of-pocket expense and no deductible.**
 - a. The ACA doesn't solve the issues for PROVIDERS. They still have to purchase vaccines up front and await repayment from insurers, often at discounted rates. Under the Affordable care Act providers would still need to keep separate stocks of vaccine
 - b. The ACA does not address insurance payment levels to providers for vaccine purchase and administration
- 3. The ability of the state to assess all types of insurance plans in the state is unclear and may not be allowed under federal law. This may result in a multi-tiered immunization system where providers still must access the private sector for some patients or specific vaccines but with smaller volumes.**
 - a. The model would allow an opt-in for uninsured adults but would cover all children and all insured adults. This would still be a significant improvement from the current system which requires separate private and public stocks of vaccine for childhood as well as adult vaccines.
 - b. If this is an ERISA preemption argument, it is misguided. In fact, no preemption claim has yet been asserted in states with similar models. If it were, the ERISA argument should fail because these vaccine programs should not burden the plans; they should provide a benefit because they lower healthcare costs.
 - c. In addition, based upon the ERISA statute, ERISA trustees may actually have a legal obligation to participate because they have a fiduciary duty to serve their beneficiaries. Lower healthcare costs through participation would be more consistent with trustees' legal duties than resisting programs such as that proposed which will lower their costs.

4. **UP programs often burden state health departments with the additional administrative costs of managing the vaccine supply for the entire state, such as warehousing and shipping doses to multiple sites.**
 - a. The State already has recent experience with a universal program and under the current two-tiered system still manages much of the vaccine supply
 - b. The administrative costs are minimal compared to the public health benefits. Healthier people make less work for the Health Departments.
5. **In addition providers will still be required to screen patients for eligibility, stock private sector doses for children and adults whose insurance plan is not paying into the assessment pool, submit for reimbursement and track use of these doses.**
 - a. By requiring all insurers and TPAs to participate, the separate stock issue is eliminated.
6. **This type of UP program, tax assessments and insurance pools, create a pass through of a federal discount intended for vulnerable populations. Vaccine costs are not a high or significant cost for insurers as a portion of insurance premiums. In fact a 2009 HHS study showed that vaccine coverage accounts for only 0.8% of family premiums.**
 - a. The study cited is from 2009 and cost of vaccinating a child through 18 years has been increasing significantly in the past 30 years, from \$50 in the 80s to \$2250 in 2012. In a recent survey 10% of physicians had seriously considered discontinuing providing all childhood vaccines to privately insured patients because of cost issues. For private pediatric offices the cost of vaccines has gone from a minor consideration in the overhead in the 1980s to one of the top overhead expenses – magnifying the risks of uncompensated expenses. (Pediatrics 2014;133:367).
7. **America's vaccine manufacturers are continuously investing in both existing and new vaccines for children, adolescents and adults. This is only possible when there is a sustained, viable market for these vital public health products.**
 - a. Universal purchase programs seek to ENLARGE the market. They strive to increase vaccine usage. They also provide a reliable source of funding so that financing risk is eliminated. Adult vaccination rates are very low in the U.S. – for instance, only 14.2% of US adults ≥ 19 years have received Tdap vaccine recommended for all adults, and only 20.1% of adults ≥ 60 years old have received a Zoster vaccine. Universal access to vaccine for adults could dramatically increase these rates.
8. **Providing private insurers access to federally discounted vaccine intended for disadvantaged children runs counter to the original intent of the VFC program and provides a pass through to insurers at the expense of vaccine companies.**

The VFC statute specifically allows states to purchase vaccines for insured children at the federal contract rate. Congress's intent was to improve childhood health generally and to help states improve childhood immunization rates.

See 42 U.S.C. § 1396s(d)(4)(B):

(B) each State, at the option of the State, shall be permitted to obtain additional quantities of pediatric vaccines (subject to amounts specified to the Secretary by the State in advance of negotiations) through purchasing the vaccines from the manufacturers at the applicable price negotiated by the Secretary consistent with paragraph (3), if

(i) the State agrees that the vaccines will be used to provide immunizations only for children who are not federally vaccine-eligible children and

(ii) the State provides to the Secretary such information (at a time and manner specified by the Secretary, including in advance of negotiations under paragraph (1)) as the Secretary determines to be necessary, to provide for quantities of pediatric vaccines for the State to purchase pursuant to this subsection and to determine annually the percentage of the vaccine market that is purchased pursuant to this section and this subparagraph.

Sincerely,

Rosalyn Singleton MD MPH
22423 Columbia Glacier Lp
Eagle River, AK 99577
907-729-3418

MUNICIPALITY OF ANCHORAGE

Department of Health and Human Services



907-343-6718

Mayor Dan Sullivan

Senator Cathy Giessel
State Capitol, Room 427
Juneau, AK 99801

Dear Senator Giessel:

Our Department's Clinical Services includes the Disease Prevention and Control Section. This Section works primarily to treatment for tuberculosis as well as prevention through epidemiology. We support Senate Bill 169 which will lead to a self-sustaining vaccine financing solution for those whose insurance does not cover immunizations we consider essential to good public health.

As the State and even moreso, Anchorage, we have one of the lowest immunization rates nationally. Let's work toward becoming a state that is on the cutting edge like other states who have already successfully maintained universal access to state-supplied vaccines.

Our department serves 270,000 potential clients/citizens locally. We oftentimes see clients who are under insured and/or in a difficult situation where they are faced with the personal tough choice of good health for themselves, their children versus food on the table. We support Senate Bill 169 for a more efficient and cost-effective vaccination system that decreases administrative burden for health providers and increases access to all Alaskans.

Thank you.

Sincerely,

Janet S. Vietmeier

Janet S. Vietmeier

cc: Kenneth Takakuwa, DHHS, Direct Services Division Manager
Kerre Shelton, SOA, Public Health Nursing, Director



Alaska Primary Care
ASSOCIATION

February 21, 2014

Senator Cathy Giessel
Senator.Cathy.Giessel@akleg.gov

The importance of vaccinations cannot be denied. From childhood immunizations to those for seniors, vaccinations save lives and protect the public's health.

Alaska's Community Health Center (CHC) system of 27 organizations and more than 160 clinic locations across the state serve more than 98,000 patients every year. And our primary care providers administer a very large number of immunizations.

Alaska's CHCs will be financially, administratively, and programmatically negatively affected by the termination of State of Alaska support for the Immunization Program (HB 310, SB 140) in June 2015.

You have proposed a solution, however, in Senate Bill 169 to establish a vaccine assessment account and implement a self-sustaining vaccine financing solution to preserve universal access to State-supplied vaccines.

The Alaska Primary Care Association energetically supports SB 169, as it will save money and time for our CHC primary care providers, as well as helping to ensure universal access to life-saving immunizations for Alaskans at all stages of their lives.

Sincerely,

Nancy Merriman
Executive Director

Alaska State Medical Association

4107 Laurel Street • Anchorage, Alaska 99508 • (907) 562-0304 • (907) 561-2063 (fax)

February 19, 2014

Honorable Cathy Giessel
Alaska Senate
State Capital Room 427
Juneau, AK 99801

RE: Senate Bill 169

Dear Senator Giessel:

The Alaska State Medical Association (ASMA) represents physicians statewide and is primarily concerned with the health of all Alaskans.

Thank you for introducing Senate Bill 169. It is well documented that vaccines improve the overall health of our communities and can ultimately prove to save future health care costs. ASMA supports your effort to increase the availability of vaccines to Alaskans and supports passage of SB 169.

Please let us know if there is anything we can do to further support passage of this legislation.

Sincerely,



Michael Haugen, JD, MBA.
Executive Director
Alaska State Medical Association



Asthma and Allergy
Foundation of America®

ALASKA CHAPTER

AAFA Alaska Chapter
P.O. Box 201927
Anchorage, AK 99520-1927

February 19, 2014

Dear Senator Giessel,

On behalf of the Asthma and Allergy Foundation of America - Alaska Chapter, I am writing to you in support of SB 169. This bill, in addition to health promotion would give the state a tool to monitor trends of vaccine usage. In a state with that has many challenges with access to healthcare it is imperative that we can study areas with low vaccination rates to determine if they are caused by a lack of education or by lack of financial access to services.

Adults and children living with asthma are at an increased risk of illness and unfortunate outcomes from a variety of diseases that are currently preventable. Common illnesses like influenza in an asthmatic person can lead to more serious conditions as well as death. However many asthmatics do not receive the flu vaccine either due to a misunderstanding of its benefits or because they do not have the financial resources to do so. It is imperative that patients have access to vaccines at a fiscally appropriate level.

Diseases like pertussis are also preventable with a vaccine however, babies and the elderly are always at risk due to vaccine timing. Asthmatic babies and adults are at even a greater risk as they already live with compromised airways. If these vulnerable populations are exposed to someone with pertussis the outcome can be grim. AAFA Alaska supports any and all programs that will allow the state to study the current levels of pertussis vaccinations in Alaska. While some people make a choice to not get vaccinated, many would like to receive the vaccination but find that their primary clinics do not carry the vaccine. The clinic are making this choice due to the cost of maintaining two sets of documentation for vaccinating children with and without vaccine funding eligibility.

The health and productivity of the people of Alaska depends on your decision. Vaccines have a real, practical and positive impact on the lives of the adults and children. Prevention of disease not only saves lives, but also reduces missed work time and school absences. All things that are good for the people of Alaska.

Sincerely,

Dale Knutsen
Executive Director
AAFA Alaska Chapter



ALASKA ACADEMY OF FAMILY PHYSICIANS

35555 Spur Highway #266, Soldotna, AK 99669 akafp@gci.net www.alaskaafp.org 907 258-2255 office 530 326-5612 fax

January 20, 2014

Re: Alaskan Vaccine Association

Dear Senator Giessel:

The Alaska Academy of Family Physicians supports the development of an Alaskan Vaccine Association. Alaska has had low childhood immunization coverage, leaving our children vulnerable to disease outbreaks. It is critical to develop a long term solution to vaccine access in Alaska and improve our children's health. We support the development of a Vaccine Association. It has proven to be successful in other states. A Vaccine Association is a self sustaining solution which facilitates universal purchase of vaccines by collecting payments from health plans, insurers and other payers and remitting funds directly to the State. A Vaccine Association makes it possible for:

- physicians, clinics and hospitals to receive State supplied vaccines at no charge ,
- all children to have easy access to critical vaccines,
- all payers to participate in one of the most efficient, cost effective systems in the country for purchasing and distributing childhood vaccines.

Currently, several small family practice offices find it burdensome to front the cost of vaccines and maintain separate public and private supplies of vaccines. Creating a Vaccine Association will improve the ability of health care providers throughout Alaska to offer vaccines. We support the development of a Vaccine Association this session.

The Alaska Academy of Family Physicians is a state chapter of the American Academy of Family Physicians which was founded in 1947; the AAFP represents more than 100,000 physicians and medical students nation-wide. It is the only medical society devoted solely to primary care. Family medicine's cornerstone is an ongoing, personal patient-physician relationship focused on integrated care.

Thank you for your attention to this important health matter.

Respectfully,

Triin Minton, MD
President-Elect

From: Tomasoski, Therese [<mailto:Therese.Tomasoski@providence.org>]
Sent: Wednesday, February 19, 2014 8:48 AM
To: Sen. Cathy Giessel
Subject: Senate Bill 169

Dear Senator Giessel,

For over 30 years, the State of Alaska Immunization Program had a “universal” vaccine program – distributing childhood and adult vaccines to all Alaskans. Vaccine costs increases and federal funding declines led to a reduction in this “universal” program. In 2012, legislation was introduced to provide \$4.5 million in state general funds to fill the gap left by this reduction in federal funding. The intent of House Bill 310 (Senate Bill 140) was to temporarily reinstate funds for underinsured children and underinsured/uninsured adults while permanent solutions were sought. This funding will no longer be available after June 30, 2015. We support Senate Bill 169 to establish a vaccine assessment account and implement a self-sustaining vaccine financing solution that has been implemented in other states to preserve universal access to state-supplied vaccines. This bill provides for a more efficient cost-effective vaccination system and reduces administrative burden for health providers and increases access to vaccines for all Alaskans.

Please help get this bill passed. As a pediatrician I have seen the cost of vaccines be an obstacle for parents deciding whether to vaccinate their child. It is in the best interest of the child and this state to have a universal access to state supplied vaccines. Thank you for all you do.

Sincerely,

Therese Tomasoski, MD

Providence Matanuska Health Care

Phone: 907 761-5900

Fax: 907 761-5975

Rosalyn Singleton MD
22423 Columbia Glacier Loop
Eagle River, AK
907-229-1989
907-729-3418
Ris2@cdc.gov

February 10, 2014

RE: Letter of Support for Senate Bill 169 to establish a Vaccine Assessment Account

As a long-time Alaska pediatrician I am writing about my concerns regarding gaps in access to critical childhood and adult vaccines in Alaska. House Bill 310 temporarily reinstated funds for a period of 3 years for underinsured children and underinsured and uninsured adults. This legislation is temporary and funding will go away in 2015.

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. Vaccines were supplied with federal funding from the Vaccines for Children (VFC) Program (an entitlement program which pays for children who meet federal criteria); and Section 317 of the U.S. Public Health Service Act which covered vaccine cost for VFC-ineligible children and adult. In 2008, the federal government notified the state immunization program that they were decreasing the Section 317 funding to the State during 2010 to 2013 from \$4.3 million to \$0.7 million. House Bill #310 attempted to temporarily reinstate funds for underinsured children and underinsured/uninsured adults while permanent solutions were sought but this bill runs out in 2015.

Unfortunately, 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, some small medical practices have stopped providing vaccines to their patients.

Alaska has had low immunization coverage rates in children, exacerbated by difficult access to vaccine for some. These low immunization coverage rates increase the imminent threat that our state could experience outbreaks of diseases like measles and hepatitis A which have been well-controlled for many years. Measles outbreaks are occurring across Europe and the Middle East and imported measles cases are increasing in the US. Paralytic polio remains endemic in a few countries and is only a plane flight away.

This is a critical time to develop a long-term solution to vaccine access in Alaska. Other states, including Washington and Idaho, have found a solution in developing a Vaccine Assessment Account which facilitates universal purchase of vaccines. By collecting payments from health plans, insurers, and other payers and remitting the funds to the state, the Vaccine Account makes it possible for:

- Physicians, clinics, and hospitals to receive state-supplied vaccines at no charge
- All children and adults to have easy access to critical vaccines
- All payers to participate in one of the most efficient, cost-effective systems in the country for purchasing and distributing childhood vaccines.

House Bill 310 is a stop-gap measure which is running out. The current system in Alaska leaves many without easy access to affordable vaccines. Our childhood immunization rates are among the lowest in the nation. I urge the legislature to take action and support Senate Bill 169 to increase access to vaccine for all Alaskans.

Sincerely,

Rosalyn Singleton, MD MPH



3340 Providence Dr. #500, Anchorage, AK 99508 / T. 907-562-2423 / F. 907-563-1170

OFFICE OF THE GOVERNOR
MAILROOM

JAN 30 2014

HV

The Honorable Sean Parnell
Alaska State Capitol Building
PO Box 11001
Juneau AK 99811-0001

23 January 2014

Dear Governor Parnell

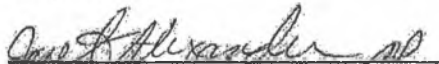
Anchorage Pediatric Group would like to encourage the formation of an Alaska Immunization Association, with the appropriate legislation.


As you are aware Alaska previously was a universal vaccine state. After the decrease in funding and the change to a VFC only State (Vaccines for Children). Our office had to develop a new process of purchasing, maintaining, and delivering private stock vaccines for the rest of our pediatric patients. This was an expensive decision in time, money and office resources. I know that many offices chose not to take on the additional difficulty and stopped providing immunizations.

Alaska has many barriers accessing medical care. Our already low immunization rates paired with a new barrier of a 2 tier system which makes it cumbersome to administer vaccines only adds to the problem. A Vaccine Association will help by streamlining the process for the state, providers, and patients alike. Studies have shown that many states have developed self-sustaining immunization programs that increase immunization rates while decreasing the overall cost(s) for everyone.

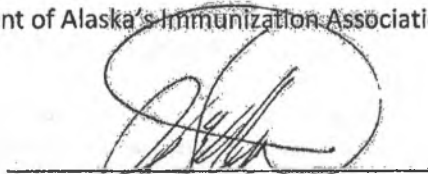
Please give careful consideration to the development of Alaska's Immunization Association

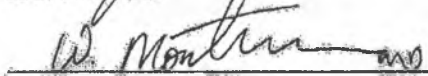
Respectfully,


Janet Alexander MD


Susan Beesley MD


Jody Butto MD FAAP


Jodi Elliot DO


Willow Monterrosa MD


Charles Ryan MD

Jane Conway

m: Jane Conway
Sent: Thursday, February 20, 2014 3:58 PM
To: Jane Conway
Subject: Support SB 169 Atwood

From: Atwood, Jesse W [<mailto:Jesse.Atwood@providence.org>]
Sent: Thursday, February 20, 2014 3:48 PM
To: Jane Conway
Subject: Support for Senate Bill 169

Ms. Conway,

My name is Jesse Atwood. I am a Pediatrician, practicing in the Matsu Valley at Providence Matanuska Health Care Clinic. I have been practicing pediatrics for over 16 years, and have done extensive personal research into vaccines, their side effects, and their benefits. After having given thousands of vaccines to children over the years, and seeing the beneficial results of widespread immunization to both the individual, and society collectively, I am thoroughly convinced that the benefits of vaccines FAR outweigh any perceived or potential risks. It also seems consistent that some financial / governmental support to promote vaccinations improves vaccination rates, and improves the overall health of our communities, likely paying financial dividends down the road. But regardless of any financial benefits, there is almost no medical advancement in the history of the world that has had a greater impact in reducing suffering and death than what immunization programs have achieved. The numbers of people who suffered and even died from many / most of the diseases we vaccinate compared to the numbers suffering or dying from these diseases since the individual vaccines were approved, is staggering. Why wouldn't we want to promote one of the most successful advancements in the history of mankind?

To that end, I am writing to ask that you support in any way possible Senate Bill 169, to establish a vaccine assessment account, and implement a self-sustaining vaccine financing solution that has been implemented in other states, to preserve universal access to state-supplied vaccines. As a pediatrician, I feel that this bill provides for a more efficient cost-effective vaccination system, and reduces the ever increasing administrative burden for health care providers, a burden that can and will eventually result in a deterrent to providing vaccinations for some. I also feel that this bill will increase access to vaccines for all Alaskans, and serve to improve our health and well-being as a state and as a community.

I thank you for your service to our State and our community, and for your attention to this matter.

Respectfully yours,

Jesse Atwood MD

2250 S Woodworth Loop, Suite #101

mer, AK 99645 Ph: 907-761-5900

George W. Brown, MD *Community Pediatrician*
1640 Second Street Douglas, AK 99824 -5211 907 364 2726 gbrow177687@yahoo.com

Senators Stedman, Micciche, Ellis, Kelly, and Meyer
Senate Health and Social Services Committee
28th Alaska State Legislature
Juneau, AK 99801

February 19, 2014

Honorable Senators:

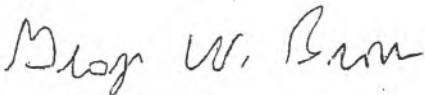
Thank you for the opportunity to provide written testimony in strong support of SB 169 to assure effective vaccines will continue to be available for all Alaska citizens, especially children who are our real future. Thank you for your public service, a somber load where your decisions will guide our public future and where competing voices are respectfully heard as you have to make responsible decisions.

I am unable to speak in person for the Friday, February 21 hearing. Last year, you listened carefully as Dr. Hurlbert and I emphasized our personal 1960's – 1980's experiences of treating many children suffering severe infectious illnesses which are now fully preventable with current immunization resources. Such is an undeniable investment in the future health of our state. The savings in dollar costs and personal agony are magnified many times for the program costs. Establishing a lasting system which assures public and private partnership is a wise choice for which you will look back on your public service career with satisfaction.

As one Alaska citizen, I personally will be happy to pay state tax to underwrite such an investment if that becomes clearly necessary. Next to assuring access to public education for all Alaska children, which is the bed rock support of citizen guided democracy, preventing unnecessary infectious illnesses must remain our top priority.

As Senators Giessel's and French's leadership moves this bill through this session, I will follow its progress and do my best to testify in person as needed.

Respectfully,



George W. Brown, MD

From: The Brands [<mailto:brand@mtaonline.net>]
Sent: Thursday, February 20, 2014 9:45 AM
To: Sen. Cathy Giessel
Subject: Senate Bill 169

Dear Senator Giessel:

I have been a Pediatrician in Alaska since 1982. I have seen immunizations fully funded by the CDC, partially funded by the CDC and also a time in the 80's when there was no funding except for Medicaid patients. During that period in the 80's our immunization rates tanked.

Since the reduced Federal funding immunization purchase and fees have yo-yo'd from full to partial and it is unwieldy for all. A consortium with insurances and MC funding a pool would stabilize funding, availability and make for consistent delivery across the board. Please advance SB 169.

Jeff Brand ,

jbrand@latouchepediatrics.net

Jane Conway

From: Sen. Cathy Giessel
Sent: Thursday, February 20, 2014 10:49 AM
To: Jane Conway
Subject: FW: Senate Bill #169

Follow Up Flag: Follow up
Flag Status: Flagged

From: Doris [mailto:dorie@alaska.net]
Sent: Thursday, February 20, 2014 10:48 AM
To: Sen. Cathy Giessel; Sen. Hollis French
Subject: Senate Bill #169

I strongly support Senate Bill 169 as I have been a supporter of vaccinations for many years. The distribution of vaccines in the State of Alaska in order to insure vaccination of our population, and especially our children, is one of the most important health programs in the State. The idea that it should end is awful. It could so easily cause an epidemic that our State would have to spend a great deal more than the cost of vaccination to try to remedy. The remedy would never erase the suffering an epidemic would cause.

Thank you for all you do for our beautiful State and thank you for supporting this legislation. Following this personal comment I am including some boiler plate information which I have received and which has induced me to let you know of my personal support.

For over 30 years, the State of Alaska Immunization Program had a "universal" vaccine program – distributing childhood and adult vaccines to all Alaskans. This universal program insured that all Alaskans had equal access to vaccines. Vaccine costs increases and federal funding declines led to a reduction in this "universal" program. In 2012, legislation was introduced to provide \$4.5 million in state general funds to fill the gap left by this reduction in federal funding. The intent of House Bill 310 (Senate Bill 140) was to temporarily reinstate funds for underinsured children and underinsured/uninsured adults while permanent solutions were sought. This funding will no longer be available after June 30, 2015. *We support Senate Bill 169 to establish a vaccine assessment account and implement a self-sustaining vaccine financing solution that has been implemented in other states to preserve universal access to state-supplied vaccines. This bill provides for a more efficient cost-effective vaccination system and reduces administrative burden for health providers and increases access to vaccines for all Alaskans.*

Doris Bailey dorie@alaska.net

Barrow, Alaska

Dear Senator Giessel,

As you know, I have been practicing pediatrics in Anchorage for over 30 years, and have seen the benefit of the the State of Alaska's universal vaccine program. This ensured that all Alaskans had equal access to vaccines. Vaccine cost increases and federal funding declines have led to a reduction in this program.

Temporary solutions are fine for the interim, but our children need a permanent solution to this problem.

The benefits of vaccination are undeniable. vaccines (along with clean water and good nutrition) have saved more lives than any other public health intervention.

I support Senate Bill 169 to establish a vaccine assessment account.

This bill provides for a more efficient, cost-effective, and self-sustaining vaccination system, reduces administrative burden for health care providers and increases access to vaccines for all Alaskans.

The risks of having a less-vaccinated, less protected population are clear, as some vaccine-preventable diseases are re-emerging in areas of this country and of the world where vaccination rates have declined.*

Thank you for working to get this legislation passed.

Sincerely,

Phyllis Kiehl, M.D.

*See this map showing outbreaks of vaccine-preventable diseases.

And be aware, it is not completely up to date, as it does not include some of these diseases reported in Alaska (among undoubtedly other areas). (For example, we know that Pertussis has been increasing here).

http://www.cfr.org/interactives/GH_Vaccine_Map/#map

From: Elizabeth Galloway <gall_eliz@hotmail.com>

Date: February 19, 2014 at 8:19:11 PM AKST

To: "Senator.Cathy.Giessel@akleg.gov" <Senator.Cathy.Giessel@akleg.gov>

Subject: Support for senate bill 169

Senator Giessel, thank you for your time. I am a pediatric ICU doctor at providence. I wanted to lend my support to senate bill 169. Vaccinations work when every child has access to them. Any program the state can enact to help our population stay vaccinated will keep more children out of my ICU. Thank you for your time and efforts.

Sincerely

Elizabeth Galloway MD

PAMC PICU

907 306 5929

From: Tsao-Wu, George [<mailto:GTsao-Wu@SouthcentralFoundation.com>]

Sent: Wednesday, February 19, 2014 1:14 PM

To: Sen. Cathy Giessel

Subject: Bill 169

Hello Cathy Giessel,

I just want you to know that I support the new bill 169 that you have introduced. As a pediatrician in Alaska since 1996, I have had the privilege of taking care of many children. I am thankful that only a handful of them were infected and injured by bacteria or viruses for which we have vaccines. This is in part because of the generous program that the State of Alaska has had in providing vaccines for children. In order to keep our populace as healthy as possible we definitely need a more permanent solution to vaccine funding and this bill 169 seems like a proven and effective methodology to do just that.

Thanks for taking up the cause for vaccinating our kids!

Sincerely,

George Tsao-Wu, MD

Pediatric Clinic Medical Director

Alaska Native Medical Center

Southcentral Foundation

4320 Diplomacy Dr Ste 2300

Anchorage AK 99508

(907) 729-8913

Jane Conway

From: Thad Woodard <twoodard@AKPeds.com>
Sent: Friday, February 14, 2014 9:23 AM
To: Sen. Cathy Giessel; Jane Conway
Subject: self-sustaining vaccine financing solution

Follow Up Flag: Follow up
Flag Status: Flagged

Senator Giessel and Ms Conway, I am writing to strongly support the adoption of Senate Bill 169 designed to develop a vaccine assessment account providing a sustainable vaccine financing solution for Alaska. One of the most beneficial public health achievements of mankind has been the use of immunizations to prevent life threatening illnesses. There is abundant evidence of the safety, efficacy, cost effectiveness and success of this effort. However the cost of vaccines and the ease of providing them to patients has been a worsening burden over time and as a result Alaska's immunization levels and health care costs related to vaccine preventable diseases are rising. Vaccine assessment accounts have been shown in other states to relieve the problems related to increased costs and help to increase immunization rates. I support Senate Bill 169 for these reasons.

T Woodard, MD

Thad Woodard, MD
Alaska Center for Pediatrics
1200 Airport Heights Drive Suite 140
Anchorage, Alaska 99508
907.777.1800
www.akpeds.com



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From: "Mary Ann Jacob, M.D." <jacobmd@mac.com>

Date: February 12, 2014 at 3:25:09 PM AKST

To: <Senator.Cathy.Giessel@akleg.gov>

Subject: Vaccine Assessment Bill

Dear Senator Giessel:

Thanks so much for your interest in Senate Bill 169. As a pediatrician in Anchorage, I have seen firsthand many of the diseases that are vaccine-preventable. I've also struggled to continue to provide vaccines at my small private practice, due to the difficult requirements that we keep duplicate stocks of these expensive vaccines for differently insured patients. It's my understanding that the proposed bill will end up costing everyone less money by doing away with multiple "layers" of bureaucratic requirements and paperwork. I believe that if this bill becomes law, small practices like my own will be more likely to continue offering vaccines to our patients. This increased availability translates into higher vaccination rates. Children will be healthier (and their parents will miss less work). Employers will pay less for insurance (polio vaccine is much cheaper than treating a case of polio!); and since many children are insured directly or indirectly by state funds, Alaska will save money, too.

I strongly encourage you to support this bill.

Sincerely,
Mary Ann Jacob, M.D.

-----Original Message-----

From: Dave Bomalaski [mailto:dbomalaski@gci.net]

Sent: Thursday, February 20, 2014 8:56 AM

To: Sen. Cathy Giessel

Cc: Jane Conway; Singleton, Rosalyn J. (CDC/OID/NCEZID)

Subject: Senate Bill 169

Dear Senator Giessel,

One of the greatest assets of our state is the vast expanse of wilderness that is the envy of the world. At the same time, it imposes significant challenges to the delivery of healthcare in terms of cost, access and quality. We are still obligated to provide the same quality of healthcare to Alaska's children as is given in the lower 48 where they do not face our additional burden of geography and environment. Children's vaccines save lives. It is one of the most cost effective means of preventing disease and reducing healthcare costs.

Other states in the Pacific Northwest have recognized this and established partnerships between practitioners, industry and government to meet this moral obligation. Senate Bill 169 is to establish a vaccine assessment account and implement a self-sustaining vaccine financing solution that has been implemented in other states to preserve universal access to state-supplied vaccines. This bill provides for an efficient cost-effective vaccination system, reduces administrative burden for health providers and increases access to vaccines for all Alaskans.

The Alaska medical community strongly supports Senate Bill 169 to provide access to vaccines for Alaskans in all communities.

Sincerely,

M. David Bomalaski, MD, FAAP

Alaska Chapter of the American Academy of Pediatric

Alaska Urology

3841 Piper St., Ste. T300

Anchorage, AK 99508

907-563-3103

From: William Saltonstall <willsaltonstall@gmail.com>
Date: February 20, 2014 at 11:29:48 PM AKST
To: <Senator.Cathy.Giessel@akleg.gov>
Subject: Senator Giessel:

As a physician and one of your constituents please let me support you in encouraging Senate Bill 169. Vaccination rates are down. We are seeing pertussis and other preventable diseases. A universal state organized vaccine program would help improve accessibility and reduce administrative costs by providing a single vaccine source. Vaccination is one of the positive, preventative services we offer reducing illness and costs in the future.

Thanks for pursuing this bill.

William Saltonstall M.D.

From: <mcuster@alaska.net>
Date: February 20, 2014 at 11:04:05 PM AKST
To: <Senator.Cathy.Giessel@akleg.gov>
Subject: Senate Bill 169

Dear Senator Giessel,

Thank you for introducing Senate Bill 169. This bill will help improve access to vaccines across the state, and will bring us closer to the universal access we once had. The model for a vaccine account has worked well in other states, and reduced costs.

Sincerely,

Marcy Custer, R.N.

From: LPNAKA@aol.com [<mailto:LPNAKA@aol.com>]
Sent: Saturday, February 22, 2014 7:50 PM
To: Sen. Cathy Giessel
Cc: ris2@cdc.gov; risingleton@anthc.org
Subject: SB169

Honorable Senator Cathy Giessel,

I am writing to you in strong support of your efforts to promote SB169. Prior to my retirement in the year 2001, my active years in clinical pediatrics, public health, and administrative medicine included four years on the staff of the Alaska Native Health Hospital, two years as the director of the health program for the

residents of Bethel and the fifty native communities receiving medical services through the now replaced "old" Bethel hospital and its supportive rural public health services. On leaving Alaska in 1974, I served as the medical director for the health services for the Navajo Nation and subsequently in the same capacity for the Native people in the States of Oregon, Idaho, and Washington States. I returned to Alaska in 1991 at the request of the administration of Governor Walter Hickel to serve four years as the State Director of Public Health. I subsequently served six years in the same capacity under the Governorship of Tony Knowles before finding retirement being dictated by personal health problems.

I state the above only to demonstrate that I do have experience and credentials to speak on the critical requirement of a strongly based and supported immunization program for all residents of the State of Alaska. Access to strong adult and childhood immunization services were instrumental in the positive gains to the improved health of Alaskans witnessed since my initial introduction to the health needs of its citizens in 1969. The contents of SB169 will help to assure the well demonstrated benefits of a universal adult and childhood vaccination service in a time of increased vaccine costs and decreased federal support. A proposal to assess insurance companies and various agencies responsible for making access to medical and health services and the bulk acquisition of vaccines by the State of Alaska should decrease the cost of vaccines as well as reduce the probability of any increased costs to the State.

Thanks to you and your fellow Colleagues for introducing and supporting the proposed SB 169

Peter Nakamura M.D. Ped. MPH Retired.

-----Original Message-----

From: David Baines [<mailto:bumlegbaines@hotmail.com>]

Sent: Thursday, February 20, 2014 4:08 PM

To: Sen. Cathy Giessel

Subject: SB 169

For over 30 years, the State of Alaska Immunization Program had a "universal" vaccine program – distributing childhood and adult vaccines to all Alaskans. This universal program insured that all Alaskans had equal access to vaccines. Vaccine costs increases and federal funding declines led to a reduction in this "universal" program.

In 2012, legislation was introduced to provide \$4.5 million in state general funds to fill the gap left by this reduction in federal funding. The intent of House Bill 310 (Senate Bill 140) was to temporarily reinstate funds for underinsured children and underinsured/uninsured adults while permanent solutions were sought. This funding will no longer be available after June 30, 2015.

While I support Senate Bill 169 to establish a vaccine assessment account and implement a self-sustaining vaccine financing solution that has been implemented in other states to preserve universal access to state-supplied vaccines as a vast improvement, I feel the state could go one step further. As an Alaska Native and Physician I feel it should cover all Alaskan including uninsured adults.

I used to work in Dutch Harbor (2005-2009) and the vaccine program helped us vaccinate the large foreign born workforce there for Hepatitis B, a big public health issue. Thanks to the program that provided the vaccines free of charge we could pass those savings on to our patients who had no medical insurance and otherwise would have not been immunized. That coverage allowed us to break the cycle of passing Hepatitis B from generation to generation. This bill still charges providers who see uninsured

adults which would be a barrier to that vulnerable population getting immunized. Thanks for your hard work in improving access to vaccinations but I think it should be that our wonderful state can provide this basic service to all of us who call Alaska home regardless of financial status.

Sha aam dza waan (Wishing you well), David R Baines MD

March 25, 2014

Senator Cathy Giessel
State Capitol Room 427
Juneau, Alaska 99801

Re: **SB 169**

Dear Senator Giessel,

I am writing in support of Senate Bill 169, *an act establishing in the Department of Health and Social Services a statewide immunization program and the State Vaccine Assessment Council.*

Premera Blue Cross Blue Shield of Alaska provides healthcare coverage to over 100,000 members in Alaska and offers a range of innovative programs focused on wellness and prevention to help members improve their overall health. Our health benefit plans cover in-network preventive care in full which includes coverage for all vaccinations recommended by the U.S. Centers for Disease Control and Prevention for members under age 19 and certain vaccines for adults without cost sharing.

Premera supports SB 169 to maintain the state's universal vaccine program to ensure that Alaskans can continue to access the recommended vaccines in a cost-effective manner. The state would continue to purchase vaccines at a bulk, discounted rate thereby minimizing healthcare costs for these critical immunizations. The bill would also establish a financing mechanism such that all payers are paying for their fair share of vaccines that are administered.

While a number of details will need to be discussed and resolved for implementation, we look forward to working with the stakeholders and the Department of Health and Social Services to establish a sustainable solution for the Alaska market that helps to lower healthcare costs while preserving access to important preventive healthcare services.

Thank you for your time and consideration.

Sincerely,



Sheela Tallman
Senior Manager, Legislative Policy



an exeter health resource | The Art of Wellness

Alaska State Legislature
Re: Support for Senate Bill 169

March 10, 2014

I wish to thank the distinguished members of the Alaska state legislature for affording me the opportunity to express my support for the bill to preserve universal access to state-supplied vaccines in Alaska.

My name is Dr. Everett Lamm, and I am an American Board of Pediatrics Certified, New Hampshire State-licensed Pediatrician and a Fellow of the American Academy of Pediatrics. I am employed by Exeter, NH's Core Pediatrics where I have been practicing community-based pediatrics for the past 12 years on New Hampshire's Seacoast. I also recently joined the Board of the New Hampshire Vaccine Association (NHVA), a not-for-profit corporation that assesses insurers and other payers to fund New Hampshire's universal childhood vaccine purchasing program.

I understand that in the past, Alaska had a universal vaccine program funded with federal and state dollars, and that the recently-introduced Senate Bill 169 would establish a self-sustaining vaccine financing solution similar to the one implemented in New Hampshire. I also understand that questions have been raised regarding the benefits of such a program, both for health care providers and for the children of Alaska. I am writing to share my experience as a pediatrician practicing under such a program and to share with you the beneficial impacts that this program has had on the children and physicians in my state.

In its approximately 11 years of operation, the NHVA has produced over \$45 million dollars in health care cost savings. Not only has the program saved our state significant sums of money, but it has also contributed to New Hampshire's consistently high rankings for childhood immunization. Currently, we rank second in the nation with an 80.1% childhood immunization rate. The NHVA represents a highly successful, cost-saving, joint public-private venture, whose achievements have been made possible through bipartisan legislative sensibility, medical ingenuity and corporate compassion.

Much of NHVA's success is due to the fact that the program makes it possible for the state to distribute vaccines to providers free of charge, thus making it possible for all providers to offer immunization services. With the advent and technological advancement of childhood vaccines, there is considerably less work for pediatricians. Quite literally, pediatricians are vaccinating

Core Pediatrics Exeter
Mark Covey, MD, FAAP
Eileen Forrest, MD, MPH, FAAP
Kristen Johnson, MD, FAAP
Daniel Kyle, MD, FAAP
Everett Lamm, MD, FAAP
Steven Loh, MD, FAAP
Lori McClure, APRN
Jan Michaud, APRN
Elizabeth Williams, APRN

Core Pediatrics Epping
Alexandra Bonesho, MD, FAAP
Thomas Fitzgerald, MD, FAAP
Jo Ann Gates, MD, FAAP
Jennifer Jones, MD, FAAP
Shanta Dawson, APRN
Danielle Lambert, APRN

Core Pediatrics Plaistow
Elizabeth, Melody, MD, FAAP
Andrea Westinghouse, MD, FAAP

ourselves out of jobs. Years ago, treating infectious disease was the mainstay or "bread and butter" of pediatrics. These illnesses have not mysteriously disappeared; rather our population has grown healthier by receiving immunity through vaccination. As a result of childhood vaccination, pediatric hospitalizations and office visits are at an all-time low. Vaccination is by no means a get-rich-quick scheme for doctors. In fact, there are significant financial and administrative burdens on providers who offer immunization services.

In states without universal vaccine purchasing programs, providers must pay the up-front costs for vaccines out of their own pockets and await reimbursement from insurers, often at reduced rates. Additionally, even in universal purchase states, every provider bears the burden and expense of managing their vaccine inventory, cold storage through costly closely-monitored refrigerators and freezers, state-of-the-art thermometers, syringes, needles, alcohol wipes, electricity which includes the need for back-up generators (because there are penalties for losses due to weather, power outages, equipment failure, etc.), and emergency kits which include date-sensitive, expensive medications which are available in the unlikely event of any rare adverse reactions. Additional costs are incurred through shipping, medical record updating and office staffing which is required to maintain, inventory and administer the supply. These supplies and costs are independent of the physical space and the considerable time needed to provide federally-mandated vaccine information, address questions, obtain appropriate consents, then ensure safe and proper vaccine administration, all-the-while meticulously documenting and accounting for each and every one given. For many providers, especially those in small practices, these burdens are just too great, forcing the difficult decision to stop offering immunization services.

Physicians across the country experience these challenges. One of my colleagues, formerly a busy solo-practice pediatrician, was forced to close her practice in a neighboring state due to financial hardship. The cost of maintaining vaccines for her patients was overwhelming and insurmountable. She attempted to maintain an office-based vaccine supply, but was unable to as a result of the expense of the vaccines and their associated costs. In order to continue practicing in a manner consistent with her high standards, she relocated to New Hampshire, where she could access recommended vaccines for children without facing these burdens.

In New Hampshire, we are fortunate that the universal vaccine purchasing program funded by the NHVA allows our state to purchase vaccines at substantially discounted rates and distribute them to providers free of charge, ensuring that all children have access to critical vaccines regardless of insurance coverage or income. This approach also permits state health officials to manage the supply of vaccines, thereby lowering providers' administrative costs and ensuring that the state can quickly supply vaccines to vulnerable patient groups, particularly during emergencies or vaccine shortages.

We know that offering all recommended childhood vaccines in all medical provider offices throughout the state, regardless of office size and location and provider ability to up-front the cost of vaccines, keeps our entire population healthier. There may be questions related to school necessary vaccines; in my state, these serve as minimal guidelines as New Hampshire is not a

state where mandates are well tolerated. I have heard that Alaskans share this independent mindset. State-supplied vaccines benefit all children and everyone in and out of our school systems, particularly those who are immunocompromised and unable to receive vaccines themselves. Additionally, when vaccines are managed by the state, there is no concern for patient's or their family's ability to pay for them.

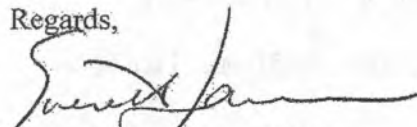
If states stop offering all recommended childhood vaccines, we must then prepare for the return of previously seen widespread diseases that infected millions of people in our own country and still cause widespread morbidity and mortality in under-developed and medically under-served parts of our globally interdependent world. You would be asking my colleagues and me to diagnose and treat devastatingly infectious diseases, such as Haemophilus, poliovirus and diphtheria to name a few, which I have fortunately never seen in my combined 7 years of medical training and 12 additional years of pediatric practice.

While there is no denying that there are considerable financial costs associated with immunizing our population, the overall medical expense and societal effects of not immunizing children will far exceed the current expenditures should Alaska limit its vaccine program. As noted above, New Hampshire's program has produced short and long-term savings of millions of dollars and at the minimum, hundreds of lives in the state over the past decade. Via the New Hampshire Vaccine Association, this has been made possible due to the collaborative efforts of insurers, healthcare providers and the NH Departments of Insurance and Health & Human Services. Our system for immunization funding and distribution is safe, cost-effective and efficient, and it ultimately keeps the children of our state among the healthiest in the nation. Our methods are not secrets; the NHVA Board is devoted to transparency, fairness and integrity through its adherence to right to know principles and responsible governance. This organization strives to make every bit of information from minutes, agendas, financials, etc. easily accessible to anyone who is interested, from legislators to laymen alike. As you carefully consider the vaccine legislation before you, I urge you to evaluate the success of a similar state program in New Hampshire.

It is a privilege for me, as a pediatrician, to serve and collaborate with dedicated and committed individuals who scrupulously tend to the governance of the New Hampshire Vaccine Association. I take tremendous pride, both personally and professionally, in knowing that our actions and hard work positively and directly impact the health of our children.

Again, I thank you for allowing me this time to express my support for the bill to preserve universal access to state-supplied vaccines in Alaska. Please accept my best wishes toward your continued efforts to protect the health and safety of Alaska's children.

Regards,



Everett Lamm, MD, FAAP

Jane Conway

From: Lily J. Lou <lilylou@mindspring.com>
Sent: Monday, March 31, 2014 1:34 PM
To: Rosalyn J. (CDC/OID/NCEZID) Singleton; Jane Conway; Lewis, Jill (HSS); Marin Granholm; Patricia Senner; Jody Butto (jlbutto@gci.net)
Subject: Fwd: please support SB 169-vaccine commission

Follow Up Flag: Follow up
Flag Status: Flagged

Just sent this to Les Gara,
Lily

Begin forwarded message:

From: "Lily J. Lou" <lilylou@mindspring.com>
Subject: please support SB 169-vaccine commission
Date: March 31, 2014 1:32:23 PM AKDT
To: Rep.Les.Gara@akleg.gov

Dear Representative Gara,

I had the pleasure of meeting you several years ago at the March of Dimes Legislative Summit and I appreciate your track record as a champion for health care excellence here in Alaska. I am a pediatrician with the subspecialty of neonatology, the current Medical Director of the NICU at Providence. I am also the AAP (American Academy of Pediatrics)-Alaska Chapter President. I serve on the executive committee of the AAP Section on Perinatal Pediatrics, and I am on the March of Dimes Board of Directors.

I am writing to you today to encourage your strong support of SB 169 in the House Finance Committee. This is the bill which would create a vaccine commission, with a proposal for a universal purchase program for vaccines for Alaskans. **There is no doubt in my mind that this is essential for our state at this point in time.** Immunizations are one of very few public health measures that are proven to work. We are currently in a 3-year stop-gap coverage mode, which will end in 2015 and we must find a way to provide this essential need before this funding ends.

I recently returned from a national forum of leaders in pediatric care. I spoke with several physicians who have passed similar legislation in their states. All are extremely grateful that they have taken that route--for improvements in their immunizations rates, standardization of their processes, and in their cost savings. Alaska can now learn from the experience of others and move forward with the benefit of their groundwork.

I understand that there has been significant opposition from PHARMA to this bill in the House. I'd like to highlight 3 specific points:

Alaska had a 30 year history of federal funding for immunizations. The state is currently providing three years of interim funding, until we can craft a good permanent solution. This proposal will appropriately shift costs from the state to insurance payers, but *the ability to purchase vaccines at a discount will benefit all of us*

(except perhaps the pharmaceutical companies, who will lose the benefit of Alaskans having to pay full price for their products. This is a great opportunity for a win-win public-private collaboration that assures a sound strategy for the future.

2. It is important to include adults in this program. There is more federal support for children's immunizations than for adults with gaps in coverage. We are grateful for help in taking care of our children, but *we cannot afford to leave uninsured adults in our neighborhoods unprotected*. Immunizations work partly by decreasing the burden of contagious infection on a community-wide basis. Prevention is always more cost-effective than treatment after someone gets sick and starts spreading it around.

3. Health care is getting more complex and the paperwork is getting more cumbersome every day. This is actually a proposal that will streamline our health care system and eliminate the costs of duplicate ordering, storage, and administrative tracking systems. *Simplifying the system will reduce errors and decrease management costs*.

Please support this legislation, which will provide a healthy strategy for disease prevention in Alaska. Be careful of inaccuracies and misrepresentations in testimony from factions who will be treated fairly but will not benefit from this legislation. I wholeheartedly believe that this is a thoughtfully crafted proposal that will serve our state well.

Thank you for your attention to my concerns as a citizen and health care provider. As always, please feel welcome to contact me any time if I can be of service in legislative issues concerning the health of Alaska's children.

Respectfully,
Lily Lou

Lily J. Lou
16501 Chasewood Lane
Anchorage, Alaska 99516
(907) 222-3273
lilylou@mindspring.com

Please support S.B. 169 re-establishing the universal vaccination program. Currently we keep 2 sets of vaccines on hand at our small non profit clinic. One set for vaccine eligible children obtained from the state, and one set for children with private insurance obtained from a private supplier. This can be confusing. To avoid the loss that comes with expiration of very expensive vaccines we keep only small amounts of state and private vaccines on hand. There is a mechanism in place to remedy mistakes however I am finding that having to keep 2 separate supplies contributes to waste of both supplies. Additionally we are unable to keep all of the available state vaccines because I do not want them to be wasted. Some of the purchased vaccines are available only in lots of 10. We purchase the expensive vaccines from a local pharmacy in small lots to avoid waste. This increases our costs for each vaccine and additionally we must pay a courier to pick up the vaccines in Anchorage. I am assuming that other small and rural clinics face the same problems.

S. B. 169 funds vaccines through contributions from insurers, groups, etc. SOA buys the vaccine, using their lowest cost ability through CDC. . There will be no increase in the cost to the SOA over the cost of the current program. Our clinicians will be spending their time educating parents and vaccinating children instead of sorting out who gets which vaccines. Many parents continue to believe that MMR's cause autism and that vaccines are "toxic" and "foreign substances". Having all the vaccines available for children allows us to seize the moment to have a factual dialogue with parents and get their children vaccinated. S.B. 169 would relieve the burden of keeping track of double sets of vaccines for Alaska children resulting in improved vaccination rates for all our children.

Sincerely,
Kerry Dorius RN, MS, ANP
Executive Director Girdwood Health Clinic.

Allergy, Asthma and Immunology Center of Alaska, L.L.C.

March 25, 2014

Mark Neuman
Chairman, Health & Social Services: Finance Subcommittee
Alaska State Legislature
Representative, District 10
State Capitol Room 513
Juneau AK, 99801

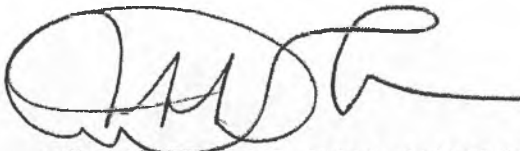
Re: Senate Bill 169

Dear Mr. Neuman,

I am writing in support of SB-169, which would establish a statewide immunization program, and a State Vaccine Assessment Council within the Department of Health and Social Services. This Act will provide less expensive, broader access to immunizations for all Alaskans, and will lead to a significant reduction in influenza and other infections and reduce morbidity and mortality among our population. It would reduce the cost not only of vaccines, but also the costs associated with handling, recording and administering them. Vaccines remain the single most important advancement in health care.

I urge you to support immunization coverage to both adults and children, by passing SB169.

Sincerely,



Jeffrey G Demain, MD, FAAAAI, FAAAAI, FAAP
Director, Allergy Asthma & Immunology Center of Alaska
Clinical Professor, University of Washington
Adjunct Professor, University of Alaska

From: "alaskacares ." <afmc4045@gmail.com>

Date: March 24, 2014 at 8:52:22 PM AKDT

To: <Sen.Cathy.Giessel@akleg.gov>

Subject: Vaccines

Senator Cathy Giessel;

I am writing in support of your universal vaccination program for children and adults. It is very confusing as a practitioner to try and keep two separate lots of vaccines one from the state for the poor and a separate set of vaccines I purchase for those who are insured ie" the rich" when income between the two groups is often similar. The volume of immunizations was too low in our office to support two sets of vaccines so I made a decision recently to stop providing vaccines for children altogether because it was too expensive and time consuming to have two separate accounting systems. There ended up being too much waste as vaccines cost me over \$5000.00 last year alone and they have short expiration dates.

I find that many people are not getting their shingles vaccine because of expense, and have seen several cases of shingles recently. I have also seen cases of pertussis, flu, and pneumonia. At one time we had a universal immunization program here in Alaska for both adults and children. I would like to see this again as I find people on Medicaid are getting immunized better than other children because of cost barriers re immunizations. Our tax dollars should be used to benefit all and not just a few that state has designated as poor as this is very discriminatory and prevents everyone from having access to the vaccines that all would benefit from obtaining.

Pertussis and pneumonia are debilitating diseases in adults that can lead to chronic respiratory problems, hospitalization and death. I would like to see more adults vaccinated to help prevent these diseases and believe your legislation would help achieve this goal. I like the Alaska vaccine program and would like to see it continue for both adults and children. Let me know how we can work together to get this legislation passed.

Ilona Farr MD



To: Alaska State Legislature

Date: March 19, 2014

Re: Support for Senate Bill 169

As a Washington state pediatrician, I have been administering vaccines to my patients since 1997. I am also a long-time advocate of the universal purchase of vaccines by states so that all children and adolescents have access to recommended vaccinations in their medical home without cost or access barriers.

I was vice president of the Washington Chapter of the American Academy of Pediatrics when our state's universal purchase program was threatened by budget cuts in 2009. Our leadership surveyed members of the WCAAP to see if they had concerns about losing universal purchase. Our members were overwhelmingly concerned that they would not be able to continue providing access to vaccines in their clinics due to new burdens of keeping two separate stocks of vaccines and the financial overhead to start purchasing new private stock. Because of our members' concerns the WCAAP and immunization leaders in our state gathered stakeholders to try to find a solution to save universal purchase. The result of this work was the formation of the Washington Vaccine Association (WVA). The WVA is a nonprofit organization legislated to assess private health insurers for vaccines for the state's privately insured children. The assessments become part of the state's general fund and support the continuation of Washington's universal purchase system so all children continue to have access to vaccines in their medical home.

In my capacity as a pediatrician, a WVA founding board member, and the past president of the Washington Chapter of the American Academy of Pediatrics, I welcome the opportunity to support universal purchase of childhood vaccines for the children of Alaska.

Without state-supplied vaccines for privately insured patients, the average pediatric practice would have to spend \$50,000 to \$100,000 per month to buy vaccines, negotiate new contracts with health plans, and potentially settle for less than full reimbursement. In addition, practices would need to add refrigerators, separate vaccine storage for publicly and privately insured children, and find a way to track their vaccine stock. The degree of administrative complexity, as well as the financial burden this entails would have discouraged many providers from offering vaccinations to children; lacking access to vaccines in their medical home, many parents would simply forgo vaccinations for their children. In our state there is no public health clinic backup option. From our surveys the most rural and isolated regions of our state had the least ability to support access to vaccines if our system did away with universal purchase.

To summarize the benefits of universal purchase in Washington to state-wide pediatricians, clinics, and other providers:

- Providers receive vaccines at no charge from the state Department of Health, affording their patients easy access to critical vaccinations.
- Providers don't have to independently manage supplies for new vaccines or vaccine shortages — all vaccines are available from the state in a timely fashion.
- No cash outlay or additional staff is necessary to acquire vaccines. Providers use the state's online immunization information system to choose their vaccine brand preferences from the full list of childhood vaccines.

In addition to these significant benefits for providers and families, universal purchase of childhood vaccines holds many advantages for the state's public health system, as well as for insurers, health plans, and other payers. Universal purchase benefits Public Health by:

- Preserving the relationship between providers and public health
- Simplifying vaccine ordering and distribution
- Streamlining vaccine management and quality assurance
- Ensuring access to vaccines in children's medical homes

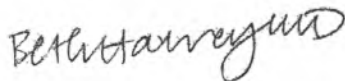
In Washington state, despite the presence of one of the country's most active anti-vaccine contingents, immunization rates have held steady over the last decade — and the cost of these vaccines has remained stable. The percentage of Washington state kindergarteners with complete immunizations has improved steadily since 2009.¹

Here, the amount health plans contribute to support the universal purchase system is done using a dosage-based assessment. All vaccines recommended by the federal Advisory Committee on Immunization Practices (ACIP) are accessible to all children in a timely fashion, and available in all provider offices regardless of the size of the practice or the remoteness of the practice's location.

Our universal purchase program has allowed us to have a unique public private partnership where we focus on access to all vaccines for children. We have an open formulary and the state does not restrict any vaccines from physicians. We are able to rapidly adjust to shortages as the state supply fluctuates. As a pediatrician in private practice with many Medicaid patients, having less capital outlay has allowed me to invest in more patient services such as care coordination, medical home transformation and purchase of an electronic health record. I firmly believe that if we had lost universal purchase of vaccines our immunization rates would have fallen instead of increased.

I think we were successful because we kept children and their health our focus and we tried to keep the system as simple as possible. Best wishes in your efforts.

Sincerely,



¹ WA State Dept. of Health, Office of Immunization and Child Profile, see [Kindergarteners with Complete Immunizations for each Vaccine, 2003-04 to 2012-13](#)

March 14, 2014



new 3/10/14

Planned Parenthood Votes Northwest

Senator Cathy Giessel
Alaska Legislature
State Capitol Room 427
Juneau, AK 99801

Re: SB 169

March 4, 2014

Dear Senator Giessel,

On behalf of Planned Parenthood Votes Northwest, I write today to thank you for sponsoring Senate Bill 169, which would establish a statewide immunization program in Alaska.

As a health care organization and a provider of vaccines, we know that immunizations are safe and effective in preventing serious diseases. In fact, vaccines are one of the most successful and cost-effective health investments in history, and this program will help ensure that Alaskans have better access to this critical health care.

It's in our state's best interest to rid the population of vaccine-preventable diseases. Expanding access to vaccines strengthens our ability to fight disease, keeps our families healthy, and improves economic stability. Immunized children are more likely to succeed in school and become healthy, productive adults.

Vaccines work to level the playing field so that everyone, no matter their circumstances, has a shot at a healthy life. Increasing access is one of the best steps we can take towards improving public health in our state. Thank you for your leadership on this issue.

Sincerely,

A handwritten signature in black ink that reads 'Jessica Cler'. The signature is fluid and cursive.

Jessica Cler
Alaska Public Affairs Manager

Planned Parenthood Votes Northwest
4050 Lake Otis Parkway Suite 205 Anchorage, AK 99516
907.770.9705 | jessica.cler@ppvotestnorthwest.org



THE STATE
of **ALASKA**
GOVERNOR SEAN PARNELL

Department of
Health and Social Services

ALASKA COMMISSION ON AGING

P.O. Box 110693
Juneau, Alaska 99811-0693
Main: 907.465.3250
Fax: 907.465.1398

March 3, 2014

Senator Cathy Giessel
Alaska Capitol, Room 427
Juneau, Alaska 99801-1182

Subject: Support SB 169, Statewide Immunization Program

Dear Senator Giessel:

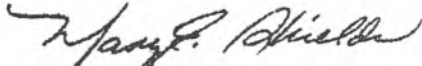
The Alaska Commission on Aging (ACoA) is pleased to express our support for SB 169 to establish a statewide immunization program that will provide recommended vaccines for Alaskans of all ages. This legislation, authored by you and co-sponsored by Senator French, proposes a business model that allows the program to become self-sustaining over time with revenues collected from assessment fees paid by health insurance payers and savings resulting from the state's bulk purchase of vaccine supplies at a reduced cost. It creates a permanent solution to fill the fiscal gap of reduced federal funding for Alaska's immunization program. HB 310 (SB 144) addressed this issue as a temporary measure in 2012, legislation which ACoA supported, that is scheduled to expire on July 1, 2015. Although SB 169 addresses the immunization needs of all Alaskans, our comments will focus on the benefits of this legislation we perceive for older Alaskans.

Preventative 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 places older people at risk for severe illnesses from pneumonia, influenza, and shingles. The Centers for Disease Control and Prevention recommends vaccines for these conditions for all people over the age of 60. Based on our understanding, vaccines for pneumonia, influenza and shingles would be included under the statewide immunization program proposed by SB 169. Your legislation would help improve access to these vaccines by seniors who are low-income, those not eligible for Medicare, and for seniors who receive services by providers who do not accept Medicare.

SB 169 will also help a growing number of Alaskan seniors who are grandparents raising grandchildren on a fixed income with limited insurance coverage. They desire healthy grandchildren who have access to recommended immunizations recognized by public health standards. Medicare does not cover the cost of childhood immunizations, which are required for admission to public schools. Rather than seeing their grandchildren go without immunizations, many grandparents will make personal and financial sacrifices to insure their grandchildren receive the recommended immunizations. SB 169 will help reduce the cost of immunizations and improve access for these children being raised by grandparents with modest incomes.

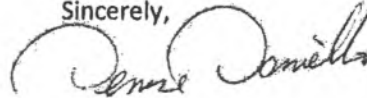
The ACoA supports SB 169 and believes this legislation provides an innovative public-private partnership solution that will create a strong foundation for ensuring improved health outcomes for Alaskans. We thank you and Senator French for your leadership on SB 169.

Sincerely,



Mary E. Shields
Chair, Alaska Commission on Aging

Sincerely,



Denise Daniello
ACoA Executive Director

Cc: Senator French



Editorial: Keep up the pressure - support vaccination

Posted: March 28, 2014 - 12:00am

More often than not, we use this space to criticize. This time, we'd like to offer our congratulations.

One week ago, 18 Alaska Senators voted in favor of SB169, a measure that will provide vaccines to all Alaska children and to most adults. Alaska will buy vaccines in bulk and sell them to clinics, hospitals and others who administer vaccinations.

Sens. Cathy Giessel and Hollis French should be commended for their sponsorship of this bill, which will benefit all Alaskans.

Patients benefit — they receive vaccines more cheaply. The state benefits — it has a healthy workforce. Children benefit — they are protected from deadly disease.

Now it's up to the Alaska House to ensure this program moves forward.

Vaccination is the most powerful tool in modern public health. It has saved more lives than any other medical innovation since the dawn of history.

Humanity has eliminated smallpox. It has almost eliminated polio. Other diseases will follow, we hope.

But there are problems — not with the vaccines, but with people.

Anti-vaccination campaigns are hurting public health. Ignorance and doubt persist despite the evidence. In the 18th and 19th centuries, there were anti-vaccination riots. In the early 20th century, New York City mustered its police force to break down doors and ensure the vaccination of newly arrived immigrants.

Now, we have people who — either through fear or mistrust of government and big business — refuse to vaccinate themselves or their children.

As a result, long-disappeared illnesses have returned: measles, in New York City and British Columbia; whooping cough, here in Juneau. The consequences of these diseases can be fatal.

That's a high price to pay for ignorance, and that's why we support SB169 and urge the House to pass it as soon as possible.

This bill will not eliminate ignorance. It will not eradicate hesitation. But it will be a good first step.

• Empire editorials are written by the Juneau Empire's editorial board. Members include Publisher Rustan Burton, rustan.burton@juneauempire.com; Director of Audience Abby Lowell, abby.lowell@juneauempire.com; Managing Editor Charles L. Westmoreland,

Jane Conway

m: Jane Conway
Sent: Monday, March 17, 2014 11:53 AM
To: Sen. Cathy Giessel; Lindsay Williams; 'Lewis, Jill (HSS)' (jill.lewis@alaska.gov); jason.hooley@alaska.gov; Rosayln Singleton MD (risingleton@anthc.org)
Subject: Editorial Vaccination saves lives Juneau Empire - Alaska's Capital City Online Newspaper

March 17, 2014 | 11:48 am



Editorial: Vaccination saves lives

Posted: March 16, 2014 - 12:03am

In July 1881, naturalist Edward William Nelson landed on St. Lawrence Island and found horror.

"In July, I landed at a place on the northern shore where two houses were standing, in which wrapped in their fur blankets on the sleeping platforms lay about 25 dead bodies of adults, and upon the ground and outside were a few others. Some miles to the eastward, along the coast, was another village, where there were 200 dead people," he wrote in his book, "The Eskimo about Bering Strait."

St. Lawrence Island had suffered famine, then various diseases brought by traders and explorers.

These diseases had been beaten by vaccination in the United States, but St. Lawrence Island had no vaccination program in 1881. When disease arrived, it found fertile ground for death.

Vaccination is the greatest single medical breakthrough in human history. It has saved more lives than any other medical innovation, but its overwhelming success has made us forget what life was like before vaccination.

Last week, we were alarmed to learn of an outbreak of chickenpox on the Kenai Peninsula. The three reported cases were reportedly among people who had not been vaccinated.

We think of chickenpox as a mild disease, but it can cause complications including pneumonia, encephalitis and — occasionally — death.

More than the disease itself, this outbreak is a signal that Alaskans may not be protecting themselves from more serious diseases.

Last year, an outbreak of whooping cough struck Southeast Alaska. Worldwide, measles is on the rebound as the scared and misinformed keep their kids unprotected by shunning vaccination.

In 1988, the British medical journal Lancet published discredited research from Andrew Wakefield, who incorrectly linked the measles vaccination with autism.

No one has ever reproduced Wakefield's results, and Lancet retracted the article. But Wakefield's misinformation lives on.

Alaskans were offered a vaccine against broken legs — take this, and you'll never break a leg again — there would be a run on pharmacies. Why are we reluctant to protect ourselves against diseases so much worse than a broken leg?

Perhaps cost or accessibility are the problems. The Alaska Legislature is considering SB169, a proposal that would revive the state's universal vaccination program. Children and some adults would have universal access to state-distributed vaccines.

Expect the Legislature to approve this obviously needed measure, but you can help, too.

Don't neglect your own vaccinations or those of your children. The more Alaskans who are vaccinated, the better-protected the state is. The more people who are vaccinated, the harder it is for disease to spread.

The world has eradicated smallpox with a dedicated vaccination effort, and polio is nearly extinct. You can do your part to keep Alaska safe from other diseases and avoid the horrifying scenes Nelson observed.



Anchorage, Alaska 1954 "AaNA raises money for Polio Patient" Early in the 1950's the Territory of Alaska, especially Anchorage, Fairbanks, and Seward, suffered two polio epidemics. This era was prior to the polio vaccine. Public Health nurses were immunizing children with gamma globulin from the Korean War and hospital nurses were trained in the use of the iron lung. The west side hallway of the "old" Providence Hospital Located on L Street had 6 - 7 iron lung machines in constant use.

Original Caption: "Elma White (cap & cape), Edna Thompson, and Providence Sister _____, with Lorraine, a recent polio epidemic patient still under treatment."



THE JEFFERSONIAN PROJECT
JEFFERSONIAN
PROJECT

ISSUE ALERT

The Jeffersonian Project has significant concerns regarding SB 169, which would attempt to pass-through a federal vaccine discount intended for vulnerable children to insurers in an effort to provide vaccines for adult Alaskans.

While it makes sense for states to take advantage of economies of scale in attempting to negotiate discounts, state legislators should consider tradeoffs, including unintended consequences. **Leveraging an existing federal program intended to serve children in order to reduce prices for adult vaccines runs contrary to free market and limited government principles and undermines the intent of the federal safety-net program.**

Expanding access to and utilization of vaccines is a goal shared by many. Unfortunately, attempting to do so using the means outlined in SB 169 gives cause for concern.

*The Jeffersonian Project is the 501(c)4 affiliate of the
American Legislative Exchange Council.*
