

SB

169

<TARGET><BILL>SB 169</BILL><SUBJECT>SB
169</SUBJECT><COMM>SHSS28</COMM></TARGET>

CS FOR SENATE BILL NO. 169(HSS)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-EIGHTH LEGISLATURE - SECOND SESSION

BY THE SENATE HEALTH AND SOCIAL SERVICES COMMITTEE

Offered:

Referred:

Sponsor(s): SENATORS GIESSEL, French

A BILL

FOR AN ACT ENTITLED

1 **"An Act establishing in the Department of Health and Social Services a statewide**
2 **immunization program and the State Vaccine Assessment Council; creating a vaccine**
3 **assessment account; requiring a vaccine assessment from assessable entities and other**
4 **program participants for statewide immunization purchases; repealing the temporary**
5 **child and adult immunization program; and providing for an effective date."**

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

7 *** Section 1. AS 18.09 is amended by adding new sections to read:**

8 **Article 1A. Statewide Immunization Program.**

9 **Sec. 18.09.200. Statewide immunization program established;**
10 **commissioner's duties. (a) In addition to health promotion and vaccine registration**
11 **activities of the department, a statewide immunization program is established in the**
12 **department for the purpose of monitoring, purchasing, and distributing recommended**
13 **vaccines to providers approved by the department who agree to provide the**

1 recommended vaccines to state residents under terms consistent with the program and
2 state and federal law.

3 (b) The commissioner shall

4 (1) maintain a list of recommended vaccines for inclusion in the
5 program;

6 (2) for each recommended vaccine, establish the initial vaccine
7 assessment for the first year of the program and thereafter make annual assessments
8 based on the determinations made by the council established under AS 18.09.210;

9 (3) notify assessable entities and other program participants of the
10 annual vaccine assessment for each vaccine included in the program;

11 (4) devise a method for crediting to assessable entities and other
12 program participants overpayments of vaccine assessments made for reasons related to
13 administrative error, program termination, or lower than anticipated actual usage of
14 the program by covered individuals;

15 (5) coordinate collective purchases of recommended vaccines;

16 (6) establish a procedure for statewide distributions of vaccines
17 purchased under the program; and

18 (7) review vaccine assessment appeals for error.

19 **Sec. 18.09.210. State Vaccine Assessment Council; members; duties.** (a)

20 The State Vaccine Assessment Council is established in the department for the
21 purpose of determining the amount of vaccine assessments made by the commissioner
22 to be paid by assessable entities and other program participants in the state under
23 procedures established by the council.

24 (b) The council consists of eight members appointed by the commissioner as
25 follows:

26 (1) the department's chief medical officer for public health, who shall
27 serve as chair;

28 (2) two health care providers licensed in the state;

29 (3) three members representing health care insurers licensed in the
30 state under AS 21.54, one of whom must be a plan administrator; each insurer must
31 represent a different organization in the state;

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(4) a representative of a tribal or public health insurance plan;

(5) the director of the division of insurance or the director's designee.

(c) A member appointed to the council under (b)(2) - (4) of this section serves without compensation and reimbursement of expenses for a term of three years or until a successor is appointed. A member may not serve more than two consecutive terms.

(d) The council shall meet at the call of the chair and conduct business by majority vote.

(e) The department shall provide staff and other assistance to the council.

(f) The council shall

(1) establish and implement a plan of operation to

(A) determine the amount of the annual vaccine assessment, subject to review by the commissioner, for each recommended vaccine for each covered individual following the initial vaccine assessment amounts determined by the commissioner;

(B) use a method for determining the vaccine assessment amount that attributes to each assessable entity and other program participant the proportionate costs of recommended vaccines for covered individuals;

(C) establish procedures for the collection and deposit of the vaccine assessment;

(D) establish procedures for collecting and updating data from assessable entities and other program participants as necessary for the operation of the program and the determination of the annual vaccine assessment; the data collected must include the number of covered individuals by each assessable entity and other program participant and the annual vaccine program usage by each covered individual;

(E) devise a system for reducing surplus payments made by an assessable entity and other program participant by crediting past overpayments to current year vaccine assessments;

(2) submit to the commissioner, not later than July 1 of each year, an annual financial report, including assessment determinations, in a form acceptable to the commissioner;

1 (3) monitor compliance with the program requirements and vaccine
 2 assessments and submit a periodic noncompliance report to the commissioner and the
 3 director of insurance that lists assessable entities and other program participants that
 4 failed to

5 (A) remit vaccine assessments as determined by the council
 6 and approved by the commissioner; or

7 (B) comply with a reporting or auditing requirement under the
 8 program after notice from the council.

9 **Sec. 18.09.220. Vaccine assessment and reporting requirements.** (a) An
 10 assessable entity and other program participant shall

11 (1) pay to the department the annual combined vaccine assessments as
 12 determined under the program for the recommended vaccines covered by the
 13 assessable entity or other program participant for each covered individual on a
 14 schedule adopted by the council;

15 (2) provide information requested by the council to determine the
 16 number of covered individuals, actual vaccine usage under the program, and other data
 17 necessary to calculate and monitor compliance with the vaccine assessment; and

18 (3) provide audited financial statements upon request of the council.

19 (b) A vaccine assessment must include a reasonable contribution toward
 20 support of the program and appropriate reserve funds, as determined by the council. A
 21 vaccine assessment may not include a provider fee for the administration of the
 22 vaccine.

23 (c) A vaccine assessment shall be construed as a medical expense of the
 24 assessable entity or other program participant.

25 (d) An assessable entity or other program participant may appeal a
 26 determination of a vaccine assessment made by the council to the commissioner
 27 within 10 days after receiving notification of the assessment. The commissioner shall
 28 review the appeal and all materials relevant to the assessment that is the subject of the
 29 appeal and shall modify the assessment if the commissioner finds substantial evidence
 30 of an error.

31 **Sec. 18.09.225. Other program participants.** A health care provider or group

1 of providers may opt into the program if approved by the commissioner under
2 regulations adopted by the department.

3 **Sec. 18.09.230. Vaccine assessment account; creation.** (a) The vaccine
4 assessment account is created as an account in the general fund for the purpose of
5 receiving vaccine assessments and purchasing recommended vaccines under the
6 program. The account consists of money appropriated, including income from the
7 account and money deposited into the account from program receipts. Appropriations
8 to the account do not lapse.

9 (b) The legislature may make appropriations from the vaccine assessment
10 account for the purchase of recommended vaccines for the benefit of state residents in
11 an amount requested by the department and for other purposes of the program.

12 **Sec. 18.09.240. Penalties.** An assessable entity or other program participant
13 that fails to pay a required annual vaccine assessment after notification of the
14 assessment or fails to comply with a request for information necessary for
15 determination of the assessment may be assessed an additional noncompliance fee as
16 determined by the commissioner under regulations adopted by the department.

17 * **Sec. 2.** AS 18.09.990 is amended by adding new paragraphs to read:

18 (3) "assessable entity" means

19 (A) a health care insurer as defined in AS 21.54.500;

20 (B) an entity that provides the state health care plan described
21 in AS 39.30.090 and 39.30.091;

22 (C) a public or private entity that offers a publicly funded plan
23 in the state, to the extent participation in the program is authorized by law; and

24 (D) a third-party administrator as defined in AS 21.97.900;

25 (4) "commissioner" means the commissioner of health and social
26 services;

27 (5) "council" means the State Vaccine Assessment Council;

28 (6) "covered individual" means an adult or child who resides in the
29 state and who is provided insurance coverage for a recommended vaccine by an
30 assessable entity or who is a patient of another program participant;

31 (7) "other program participant" and "another program participant"

1 mean a health care provider or group of providers who have opted into the program
 2 under AS 18.09.225 to both purchase vaccines for and administer vaccinations to
 3 residents of the state;

4 (8) "program" means the statewide immunization program;

5 (9) "provider" means a person licensed or certified by the state to
 6 administer vaccines or provide health care services or a partnership, corporation, or
 7 other entity made up of persons licensed or certified to administer vaccines or provide
 8 health care services;

9 (10) "recommended vaccine" means a vaccine recommended by the
 10 Advisory Committee on Immunization Practices of the Centers for Disease Control
 11 and Prevention, United States Department of Health and Human Services, and
 12 included on a list maintained by the commissioner for inclusion in the program;

13 (11) "vaccine" means a preparation of killed microorganisms, living
 14 attenuated organisms, living fully virulent organisms, or other substances that are
 15 administered to humans for the purpose of producing or artificially increasing specific
 16 immunity to life-threatening and disabling diseases.

17 * **Sec. 3.** AS 21.09.242 is amended by adding a new subsection to read:

18 (b) An assessable entity, as defined in AS 18.09.990, shall provide
 19 information and assessments to the Department of Health and Social Services and the
 20 State Vaccine Assessment Council established under AS 18.09.210 as necessary for
 21 the statewide immunization program established under AS 18.09.200.

22 * **Sec. 4.** AS 37.05.146(c) is amended by adding a new paragraph to read:

23 (87) the vaccine assessment account under AS 18.09.230.

24 * **Sec. 5.** Chapter 24, SLA 2012, is repealed.

25 * **Sec. 6.** The uncodified law of the State of Alaska is amended by adding a new section to
 26 read:

27 TRANSITION; DEPOSIT OF FUNDS REMAINING FROM CHILD AND ADULT
 28 IMMUNIZATION PROGRAM. All unobligated funds remaining in the program established
 29 under sec. 2, ch. 24, SLA 2012, shall be deposited into the account created in AS 18.09.230,
 30 added by sec. 1 of this Act.

31 * **Sec. 7.** This Act takes effect July 1, 2014.

SB 169

Statewide Immunization Program

Changes from Version O to the CS (which is version P)

JMC 2/21/2014

We made a couple changes to the bill that I would like to outline for you:

- The original bill used the name “State Vaccine Assessment Commission “ for the group being set up to administer the vaccine program. However, we decided to change it to the “State Vaccine Assessment ‘Council’ “so it would not in any way be confused by the department or the public with the current state Healthcare Commission.

So you will see that change in several places throughout the bill where the name of the council occurs.

- We changed the term “health care insurer” to an “assessable entity” to be broader; it is also a term that is commonly used in other states with Vaccine Assessment programs such as this. This change is throughout the bill as well.
- On page 5, line 18, the way the definition of assessable entity / health care insurer is written out is different than version O, but by using the reference to AS 21.54.500 in version P, it still encompasses the detailed list that was written out in O. This language was recommended by Legal Services.

SENATE COMMITTEE REPORT First Committee of Referral

DATE: 2/10/14

FURTHER: Rules

Date of 5-Day Notice: _____
(in accordance with Uniform Rule 23)

DATE TURNED
IN TO OFFICE: 2/24/14

Health and Social Services Committee considered SENATE BILL NO. 169

SB 169-STATEWIDE IMMUNIZATION PROGRAM

"An Act establishing in the Department of Health and Social Services a statewide immunization program and the State Vaccine Assessment Commission; creating a vaccine assessment account; requiring a fee assessment from health care insurers and other program participants for statewide immunization purchases; repealing the temporary child and adult immunization program; and providing for an effective date."

and recommends:

- be replaced with CS SB 169 (HSS) [] Same Title [] New Title
- adopt previous CS _____ SCS/CS- Forthcoming) [] Same Title [] New Title
- attached amendment(s)
- adopt _____ Letter of Intent
- further referral to _____ Committee

Dept Abbr.	
ADM	LWF
CED	LAW
COR	LEG
CRT	MVA
EED	DNR
DEC	DPS
DFG	REV
GOV	DOT
DHS	UA

NEW FISCAL NOTE(S)				
Dept.	Fiscal	Indet.	Zero	FN #
DHS	✓			1
DHS		✓		2
DHS	✓			3
CED			✓	4
Adm		✓		5

PREVIOUS FISCAL NOTE(S)				
Dept.	Fiscal	Indet.	Zero	FN #

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	PRINTED LAST NAME	DO PASS	DO NOT PASS	NO REC	AMEND
	Micciche	✓			
	Mayer	✓			
	Ellis	✓			
CHAIR:	Stedman	✓			

28-LS1219\P
Mischel
2/18/14

CS FOR SENATE BILL NO. 169()

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-EIGHTH LEGISLATURE - SECOND SESSION

BY

Offered:
Referred:

Sponsor(s): SENATORS GIESSEL, French

A BILL

FOR AN ACT ENTITLED

1 "An Act establishing in the Department of Health and Social Services a statewide
2 immunization program and the State Vaccine Assessment Council; creating a vaccine
3 assessment account; requiring a vaccine assessment from assessable entities and other
4 program participants for statewide immunization purchases; repealing the temporary
5 child and adult immunization program; and providing for an effective date."

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

7 * Section 1. AS 18.09 is amended by adding new sections to read:

8 **Article 1A. Statewide Immunization Program.**

9 **Sec. 18.09.200. Statewide immunization program established;**
10 **commissioner's duties.** (a) In addition to health promotion and vaccine registration
11 activities of the department, a statewide immunization program is established in the
12 department for the purpose of monitoring, purchasing, and distributing recommended
13 vaccines to providers approved by the department who agree to provide the

1 recommended vaccines to state residents under terms consistent with the program and
2 state and federal law.

3 (b) The commissioner shall

4 (1) maintain a list of recommended vaccines for inclusion in the
5 program;

6 (2) for each recommended vaccine, establish the initial vaccine
7 assessment for the first year of the program and thereafter make annual assessments
8 based on the determinations made by the council established under AS 18.09.210;

9 (3) notify assessable entities and other program participants of the
10 annual vaccine assessment for each vaccine included in the program;

11 (4) devise a method for crediting to assessable entities and other
12 program participants overpayments of vaccine assessments made for reasons related to
13 administrative error, program termination, or lower than anticipated actual usage of
14 the program by covered individuals;

15 (5) coordinate collective purchases of recommended vaccines;

16 (6) establish a procedure for statewide distributions of vaccines
17 purchased under the program; and

18 (7) review vaccine assessment appeals for error.

19 **Sec. 18.09.210. State Vaccine Assessment Council; members; duties.** (a)

20 The State Vaccine Assessment Council is established in the department for the
21 purpose of determining the amount of vaccine assessments made by the commissioner
22 to be paid by assessable entities and other program participants in the state under
23 procedures established by the council.

24 (b) The council consists of eight members appointed by the commissioner as
25 follows:

26 (1) the department's chief medical officer for public health, who shall
27 serve as chair;

28 (2) two health care providers licensed in the state;

29 (3) three members representing health care insurers licensed in the
30 state under AS 21.54, one of whom must be a plan administrator; each insurer must
31 represent a different organization in the state;

1 (4) a representative of a tribal or public health insurance plan;

2 (5) the director of the division of insurance or the director's designee.

3 (c) A member appointed to the council under (b)(2) - (4) of this section serves
4 without compensation and reimbursement of expenses for a term of three years or until
5 a successor is appointed. A member may not serve more than two consecutive terms.

6 (d) The council shall meet at the call of the chair and conduct business by
7 majority vote.

8 (e) The department shall provide staff and other assistance to the council.

9 (f) The council shall

10 (1) establish and implement a plan of operation to

11 (A) determine the amount of the annual vaccine assessment,
12 subject to review by the commissioner, for each recommended vaccine for
13 each covered individual following the initial vaccine assessment amounts
14 determined by the commissioner;

15 (B) use a method for determining the vaccine assessment
16 amount that attributes to each assessable entity and other program participant
17 the proportionate costs of recommended vaccines for covered individuals;

18 (C) establish procedures for the collection and deposit of the
19 vaccine assessment;

20 (D) establish procedures for collecting and updating data from
21 assessable entities and other program participants as necessary for the
22 operation of the program and the determination of the annual vaccine
23 assessment; the data collected must include the number of covered individuals
24 by each assessable entity and other program participant and the annual vaccine
25 program usage by each covered individual;

26 (E) devise a system for reducing surplus payments made by an
27 assessable entity and other program participant by crediting past overpayments
28 to current year vaccine assessments;

29 (2) submit to the commissioner, not later than July 1 of each year, an
30 annual financial report, including assessment determinations, in a form acceptable to
31 the commissioner;

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(3) monitor compliance with the program requirements and vaccine assessments and submit a periodic noncompliance report to the commissioner and the director of insurance that lists assessable entities and other program participants that failed to

(A) remit vaccine assessments as determined by the council and approved by the commissioner; or

(B) comply with a reporting or auditing requirement under the program after notice from the council.

Sec. 18.09.220. Vaccine assessment and reporting requirements. (a) An assessable entity and other program participant shall

(1) pay to the department the annual combined vaccine assessments as determined under the program for the recommended vaccines covered by the assessable entity or other program participant for each covered individual on a schedule adopted by the council;

(2) provide information requested by the council to determine the number of covered individuals, actual vaccine usage under the program, and other data necessary to calculate and monitor compliance with the vaccine assessment; and

(3) provide audited financial statements upon request of the council.

(b) A vaccine assessment must include a reasonable contribution toward support of the program and appropriate reserve funds, as determined by the council. A vaccine assessment may not include a provider fee for the administration of the vaccine.

(c) A vaccine assessment shall be construed as a medical expense of the assessable entity or other program participant.

(d) An assessable entity or other program participant may appeal a determination of a vaccine assessment made by the council to the commissioner within 10 days after receiving notification of the assessment. The commissioner shall review the appeal and all materials relevant to the assessment that is the subject of the appeal and shall modify the assessment if the commissioner finds substantial evidence of an error.

Sec. 18.09.225. Other program participants. A health care provider or group

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of providers may opt into the program if approved by the commissioner under regulations adopted by the department.

Sec. 18.09.230. Vaccine assessment account; creation. (a) The vaccine assessment account is created as an account in the general fund for the purpose of receiving vaccine assessments and purchasing recommended vaccines under the program. The account consists of money appropriated, including income from the account and money deposited into the account from program receipts. Appropriations to the account do not lapse.

(b) The legislature may make appropriations from the vaccine assessment account for the purchase of recommended vaccines for the benefit of state residents in an amount requested by the department and for other purposes of the program.

Sec. 18.09.240. Penalties. An assessable entity or other program participant that fails to pay a required annual vaccine assessment after notification of the assessment or fails to comply with a request for information necessary for determination of the assessment may be assessed an additional noncompliance fee as determined by the commissioner under regulations adopted by the department.

* **Sec. 2.** AS 18.09.990 is amended by adding new paragraphs to read:

(3) "assessable entity" means

(A) a health care insurer as defined in AS 21.54.500; *OK*

(B) an entity that provides the state health care plan described in AS 39.30.090 and 39.30.091; *OK*

(C) a public or private entity that offers a publicly funded plan in the state, to the extent participation in the program is authorized by law; and *added*

(D) a third-party administrator as defined in AS 21.97.900;

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

(5) "council" means the State Vaccine Assessment Council;

(6) "covered individual" means an adult or child who resides in the state and who is provided insurance coverage for a recommended vaccine by an assessable entity or who is a patient of another program participant;

(7) "other program participant" and "another program participant"

1 mean a health care provider or group of providers who have opted into the program
2 under AS 18.09.225 to both purchase vaccines for and administer vaccinations to
3 residents of the state;

4 (8) "program" means the statewide immunization program;

5 (9) "provider" means a person licensed or certified by the state to
6 administer vaccines or provide health care services or a partnership, corporation, or
7 other entity made up of persons licensed or certified to administer vaccines or provide
8 health care services;

9 (10) "recommended vaccine" means a vaccine recommended by the
10 Advisory Committee on Immunization Practices of the Centers for Disease Control
11 and Prevention, United States Department of Health and Human Services, and
12 included on a list maintained by the commissioner for inclusion in the program;

13 (11) "vaccine" means a preparation of killed microorganisms, living
14 attenuated organisms, living fully virulent organisms, or other substances that are
15 administered to humans for the purpose of producing or artificially increasing specific
16 immunity to life-threatening and disabling diseases.

17 * **Sec. 3.** AS 21.09.242 is amended by adding a new subsection to read:

18 (b) An assessable entity, as defined in AS 18.09.990, shall provide
19 information and assessments to the Department of Health and Social Services and the
20 State Vaccine Assessment Council established under AS 18.09.210 as necessary for
21 the statewide immunization program established under AS 18.09.200.

22 * **Sec. 4.** AS 37.05.146(c) is amended by adding a new paragraph to read:

23 (87) the vaccine assessment account under AS 18.09.230.

24 * **Sec. 5.** Chapter 24, SLA 2012, is repealed.

25 * **Sec. 6.** The uncodified law of the State of Alaska is amended by adding a new section to
26 read:

27 **TRANSITION; DEPOSIT OF FUNDS REMAINING FROM CHILD AND ADULT**
28 **IMMUNIZATION PROGRAM.** All unobligated funds remaining in the program established
29 under sec. 2, ch. 24, SLA 2012, shall be deposited into the account created in AS 18.09.230,
30 added by sec. 1 of this Act.

31 * **Sec. 7.** This Act takes effect July 1, 2014.

Fiscal Note

State of Alaska
2014 Legislative Session

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

Identifier: SB169-DHSS-VAA-02-20-14
Title: STATEWIDE IMMUNIZATION PROGRAM
Sponsor: GIESSEL
Requester: Senate Health & 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 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		4,496.0						
Capital Outlay								
Grants & Benefits								
Miscellaneous								
Total Operating	0.0	4,496.0	0.0	0.0	0.0	0.0	0.0	0.0

Fund Source (Operating Only)

1178 temp code		4,496.0						
Total	0.0	4,496.0	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? NA
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: Kerre L. Shelton, Director
Division: Public Health
Approved By: Sarah Woods, Deputy Director, Finance & Management Services
Agency: Health & Social Services

Phone: (907)269-2042
Date: 02/20/2014 02:30 PM
Date: 02/20/14

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2014 LEGISLATIVE SESSION

BILL NO. SB169

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. Section 6 of this bill transfers the remaining \$4,496.0 GF unobligated funds from HB310 for FY2015 into the new vaccine assessment account created by this bill. This is to seed the new statewide vaccination program. This amount, in combination with federal funds, and other GF funds of \$700.0, will provide adequate cash flow until the initial assessment fees are collected. No additional GF is needed.

Fiscal Note

State of Alaska
2014 Legislative Session

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

Identifier: SB169-DHSS-HCMS-02-17-14
Title: STATEWIDE IMMUNIZATION PROGRAM
Sponsor: GIESSEL
Requester: Senate 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 2016	FY 2017	FY 2018	FY 2019	FY 2020
OPERATING EXPENDITURES	***	FY 2015	***	***	***	***	***
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: Margaret Brodie	Phone: (907)334-2520
Division: Health Care Services	Date: 02/13/2014 12:00 AM
Approved By: Sarah Woods, Deputy Director, Finance & Management Services	Date: 02/17/14
Agency: Health & Social Services	

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2014 LEGISLATIVE SESSION

BILL NO. SB169

Analysis

The bill establishes a statewide immunization program. Health insurers and participating providers fund the program by paying an assessment fee. Medicaid is included in the definition of health insurer 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. 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: SB169-DHSS-EPI-02-20-14
Title: STATEWIDE IMMUNIZATION PROGRAM
Sponsor: GIESSEL
Requester: Senate 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	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	300.0		310.0	320.0	330.0	340.0	350.0
Commodities	26,600.0	(4,496.0)	30,890.0	32,680.0	34,270.0	36,160.0	37,950.0
Capital Outlay							
Grants & Benefits							
Miscellaneous	50.0						
Total Operating	26,950.0	(4,496.0)	31,200.0	33,000.0	34,600.0	36,500.0	38,300.0

Fund Source (Operating Only)

1004 Gen Fund		(4,496.0)					
1178 temp code	26,950.0		31,200.0	33,000.0	34,600.0	36,500.0	38,300.0
Total	26,950.0	(4,496.0)	31,200.0	33,000.0	34,600.0	36,500.0	38,300.0

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues	26,950.0		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:

Upon further review, it was determined a separate note was needed to establish the vaccine assessment account. The fiscal note was updated to reflect this change.

Prepared By:	Kerre L. Shelton, Director	Phone:	(907)269-2042
Division:	Public Health	Date:	02/20/2014 02:15 PM
Approved By:	Sarah Woods, Deputy Director, Finance & Management Services	Date:	02/20/14
Agency:	Health & Social Services		

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2014 LEGISLATIVE SESSION

BILL NO. SB169

Analysis

This bill establishes a Statewide Vaccination Program and creates a vaccine assessment commission in the Department of Health & Social Services. The function of the program is to monitor, purchase and distribute recommended vaccines to providers, making vaccines available universally for all ages. The proposed solution increases access to vaccines while both insurance companies and health care providers would realize savings--at no cost to the state. It does not mandate that individuals get vaccinated.

Currently, the state purchases about half of the nearly \$50 million spent annually on vaccine supply. The rest is being paid by providers who then seek reimbursement from insurers. The state supplies vaccines for children who are uninsured, Medicaid eligible, or Alaska Native through the federal Vaccines for Children program. 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 state also provides a limited quantity of selected vaccine to those who otherwise have no access, using a small amount of existing state GF. Once the HB310 funding ends June 30, 2015, the state would only supply vaccines under the federal program and a small amount of vaccine for high-risk children and adults with the existing state GF. The state does not currently provide vaccine for fully insured children or adults or Alaska Native adults seen at tribal facilities. Providers must purchase vaccine themselves 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.

This is a net zero fiscal note. The expenses will be offset by the revenue collected from a new revenue source from a partnership with the business sector. The self-funded program (including administrative costs) will come from vaccine assessment fees, deposited to a new account within the general fund. The \$4.5 mil GF included in the Governor's FY2015 budget from HB310's final year of temporary appropriations would be transferred into the special account to seed the new statewide vaccination program. This amount, in combination with federal funds, and other GF funds of \$700.0, will provide adequate cash flow until the initial assessment fees are collected. No additional GF is needed. Funds are for the purpose of purchasing vaccine; state-distributed vaccine cannot be resold or billed by providers to other payers. Funds do not lapse. Overpayments are credited back to the payers. The assessments typically include a reasonable surcharge for operating expenses. Payments made by insurers are considered a medical expense.

This bill would restructure how vaccines are purchased and distributed. It would provide state-distributed vaccine for all children, and to adults who are covered by an assessed payer (all except uninsured adults for whom there is no payer). Under this program, insurance payers (private and public) are assessed a fee up front for purchasing vaccines. Using collected fees, the state purchases vaccines in bulk at lower prices than health care providers could, independently. Health care providers would receive the vaccine free of charge and could reduce their administrative burden with a single inventory. Providers would also bill insurance companies for less (office visit only, vs. also cost of vaccine), creating savings for insurance companies. Savings are passed on to patients, who would be charged only for the office visit.

Participation in the assessment would be mandatory for health care insurers. "Health care insurer" includes all assessable 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 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 the mandatory assessment applies to federally-funded healthcare benefit plans, as federal law might prohibit such a mandate for some or all of the plans. For federal plans that could not be required to participate, the plans would need to either opt in to the assessment or pay for vaccine for those clients not covered in the assessment by another payer (e.g., a tribal beneficiary with no other assessed health care coverage plan). (CONTINUED)

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2014 LEGISLATIVE SESSION

BILL NO. SB169

Analysis Continued

Voluntary participation in the assessment only applies to providers who wish to obtain state-distributed vaccine for adults who are either uninsured or not otherwise covered by an assessed payer. Providers who do not opt in to the program would receive vaccine at no cost for all others but not for uninsured adults. Providers who care for large numbers of non-qualifying participants 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. By opting in, providers receive discounted vaccine pricing and avoid managing multiple vaccine inventories.

The total gross vaccine cost for Year 1 is estimated to be \$46.4 million.

The gross cost was reduced for the estimated \$1.6 million vaccine purchased independently by providers for uninsured adults to determine the total amount of state supplied vaccine. However, the availability of HB310 state funds in Year 1 of this fiscal note means that providers likely will not have to begin purchasing vaccine under this program until Year 2. The state-supplied amount includes all vaccine the state would purchase and distribute, regardless of the fund source. To determine the total to be assessed, the state-supplied vaccine cost was reduced by available federal funds that will not be included in the assessment. This is mainly \$14.4 million for Vaccines for Children and \$200.0 of other federal funds. The state-supplied vaccine cost was also reduced by available state funds that will not be included in the assessment. This includes \$4.5 million from HB310 and \$700.0 in other general funds already in the base budget. Overhead costs estimated at \$300.0 were added to get the total assessment of \$26.9 million.

Year 1 estimates:

\$46.4 million gross vaccine cost
- \$0 provider-purchased
= \$46.4 million state supplied cost
- \$14.6 million federal funds
- \$5.2 million state funds
= \$26.6 million to be assessed to providers/payers for vaccine
+ \$300.0 for overhead costs
= \$26.9 million total assessment (\$20.0 million from private providers/\$6.9 million from public providers, if allowed by law) deposited in the fund.

There is a one-time cost of \$50.0 in Year 1 for equipment to store the additional vaccine the state will be distributing.

Changes for Years 2-6 estimates:

Out years are adjusted for both inflation (2.5%) and population increases (1-1.2%). HB310 funds are no longer available after FY2015, reducing state funds to \$700.0 in out years. About \$1.6 million in vaccines will be purchased independently by providers for uninsured adults. This represents about 3.5% of total gross cost. Incremental appropriations will be needed as population, inflation, recommended vaccines, vaccine pricing, and immunization rates change.

Fiscal Note

State of Alaska
2014 Legislative Session

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

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					
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: <u>Marty Hester, Acting Division Director</u>	Phone: <u>(907)465-2515</u>
Division: <u>Division of Insurance</u>	Date: <u>02/14/2014 08:00 AM</u>
Approved By: <u>Jeanne Mungie, Director</u>	Date: <u>02/14/14</u>
Agency: <u>Administrative Services</u>	

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2014 LEGISLATIVE SESSION

BILL NO. SB169

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

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 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:

Not applicable, initial version.

Prepared By: Mike Barnhill, Deputy Commissioner
Division: Department of Administration
Approved By: Curtis Thayer, Commissioner
Agency: Department of Administration

Phone: (907)465-5668
Date: 02/14/2014 05:30 PM
Date: 02/18/14

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2014 LEGISLATIVE SESSION

BILL NO. SB 169

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
Phone: (907) 465-4843
Fax: (907) 465-3871



District
716 West 4th Avenue
Anchorage, Alaska 99501-2133
Phone: (907) 269-0181
Fax: (907) 269-0184

SENATOR CATHY GIESSEL

SB 169 Statewide Immunization Program Sponsor Statement

SB 169 establishes a Statewide Vaccination Program and creates a vaccine assessment commission 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.

Every year, Alaska commemorates a significant healthcare emergency—the serum run to Nome. 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.

Recognizing the importance of access to vaccines and the vulnerability of Alaska, especially our rural communities, the late Senator Ted Stevens championed funding to the Alaska Vaccination Program to ensure the availability of preventive vaccines to all Alaskans. Since Senator Stevens’ passing, federal funding has been significantly reduced, down from \$4.3 million in FY2010 to a mere \$700,000 in FY2013. In 2012, I introduced SB 144 (HB 310) to provide additional funding to fill the gap left by this reduction federal funding. HB 310 was meant to be a temporary measure while a more permanent solution was sought.

An innovative solution to this dilemma is to create a vaccine program that purchases vaccines in bulk, at a reduced cost, and distributes that vaccine to healthcare providers to administer. At least nine other states have set up these “vaccine assessment boards” or similar to what SB 169 proposes. By allowing the state to continue procuring vaccines, providers avoid any financial, logistical and administrative burdens associated with purchasing vaccines privately. While insurance payers are assessed a fee for the purchasing of vaccine, they too realize a cost saving using the bulk purchasing business model. Next to clean drinking water and good nutrition, vaccines have saved more lives than any other public-health intervention.

As state and federal government budgets shrink, and the cost of vaccines rise, 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 Immunization Program to ensure healthier futures for all Alaskans.

SB 169 Statewide Immunization Program

Sectional Analysis (LS1219\O)

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

Section 2. Definitions.

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

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

Section 5. Repeals Ch. 24 SLA 2012.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

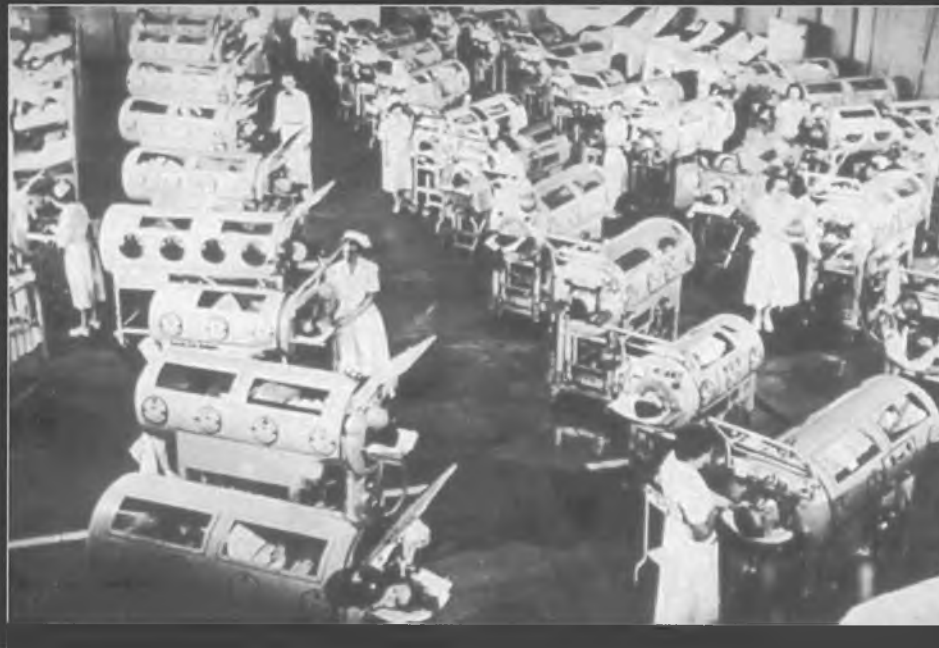
Section 2. 18.09.900. Defines the terms commission, commissioner (Health & Social Services), covered individual, health care insurer, participating provider, program, provider, recommended vaccine, and vaccine.

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

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

- Section 3.** Requires insurers to provide information under the insurance code (AS 21.09.242).
- Section 4.** Adds the vaccine assessment account to the list of special accounts for program receipts (AS 37.05.146(c)).
- Section 5.** Repeals Ch. 24, SLA 2012 (HB310), a temporary statewide immunization program.
- Section 6.** Redirects the remaining HB310 funds to be deposited to the vaccine account.
- Section 7.** Makes the act effective July 1, 2014.

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%



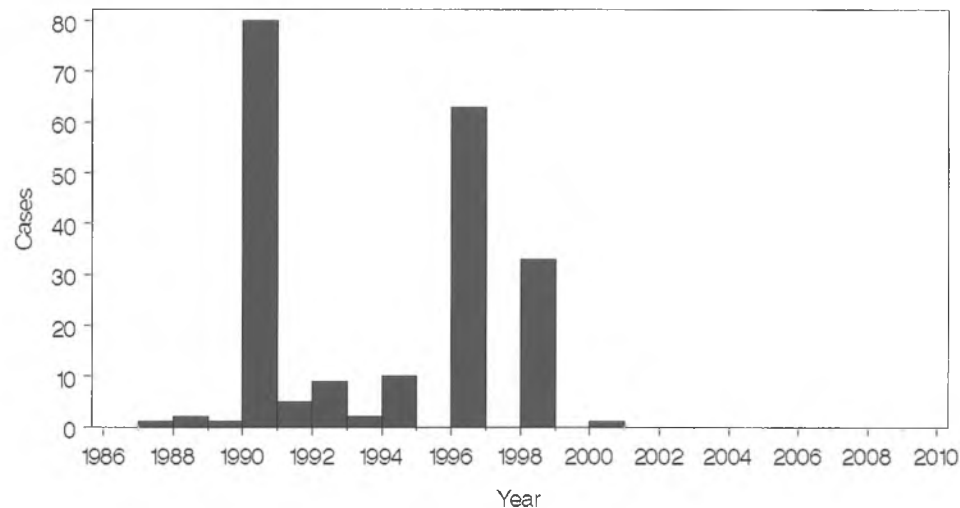
Hepatitis A and B in Alaska

- 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



For every \$1 spent on a vaccine in the US...

DTaP saves
\$27

MMR saves
\$26

Perinatal Hepatitis B
saves
\$14.70

Inactivated Polio
(IPV) saves
\$5.45



Varicella saves
\$2.73






ECBT
every child by two

**...with routine vaccination the US
saves \$13.5 billion in direct costs and
\$68.8 billion in societal costs.**

Information from Economic Evaluation of the Routine Childhood
Immunization Program in the United States, 2009, Presented at
Pediatric Academic Societies' Annual Meeting, Boston,
Massachusetts, Apr 28-May 1, 2012, Fangjun Zhou, PhD

Image courtesy of Yichaya Kiatying-Angsulee/FreeDigitalPhotos.net






Cities / Metropolitan Areas	Territories
Chicago	American Samoa
District of Columbia	Guam
Houston	Republic of Marshall Islands
New York City	Federated States of Micronesia
Philadelphia	Northern Mariana Islands
San Antonio	Palau
	Puerto Rico
	Virgin Islands

-  Significant / Moderate
-  Limited
-  Minimal
-  None
-  Data not available

Funding Category Definitions:

- **Significant:** Program receives substantial, ongoing non-federal funds to purchase vaccines for adults (>25% of vaccine purchase budget).
- **Moderate:** Program receives some ongoing non-federal funds to purchase vaccines for adults (11-25% of vaccine purchase budget).
- **Limited:** Program receives small amount of (ongoing or periodic) non-federal funds to purchase vaccines for adults (1-10% of vaccine purchase budget).
- **Minimal:** Program receives very small amount of (ongoing or periodic) non-federal funds to purchase vaccines for adults (<1% of vaccine purchase budget).
- **None:** Program does not receive any non-federal funding to purchase vaccines for adults.

Cities / Metropolitan Areas	Territories
Chicago	American Samoa
District of Columbia	Guam
Houston	Republic of Marshall Islands
New York City	Federated States of Micronesia
Philadelphia	Northern Mariana Islands
San Antonio	Palau
	Puerto Rico
	Virgin Islands

-  Significant
-  Moderate
-  Limited / minimal
-  None
-  Data not available

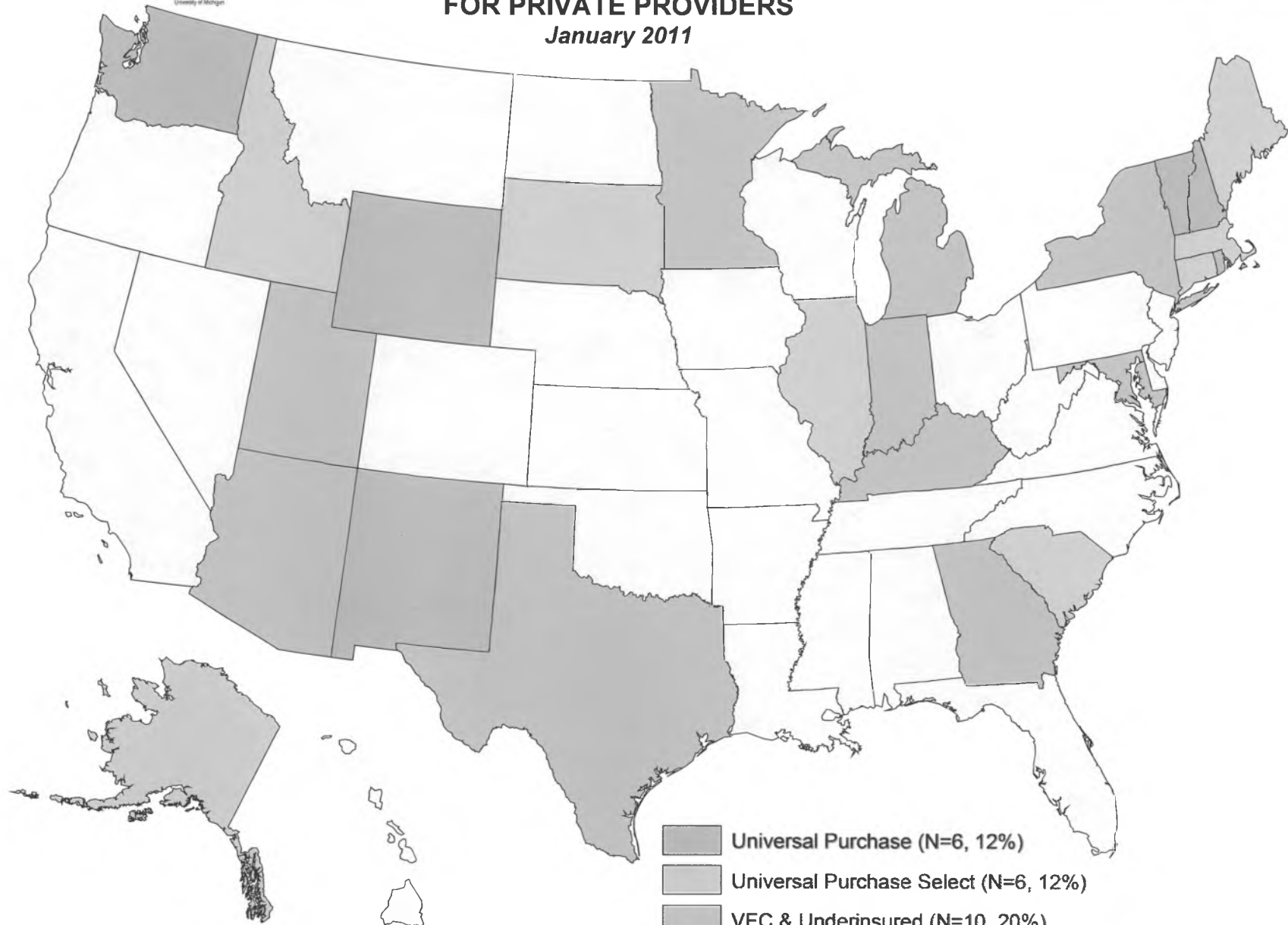
Funding Category Definitions:

- **Significant:** Program receives substantial, ongoing non-federal funds to purchase vaccines for children / adolescents (>25% of vaccine purchase budget).
- **Moderate:** Program receives some ongoing non-federal funds to purchase vaccines for children / adolescents (11-25% of vaccine purchase budget).
- **Limited:** Program receives small amount of (ongoing or periodic) non-federal funds to purchase vaccines for children / adolescents (1-10% of vaccine purchase budget).
- **Minimal:** Program receives very small amount of (ongoing or periodic) non-federal funds to purchase vaccines for children / adolescents (<1% of vaccine purchase budget).
- **None:** Program does not receive any non-federal funding to purchase vaccines for children / adolescents.










CHILDHOOD VACCINE FINANCING / SUPPLY POLICY FOR PRIVATE PROVIDERS

January 2011



Notes: ME plans to roll out Universal Purchase in October 2011. NC is transitioning from Universal Purchase Select to VFC for children; DT, Td, and Tdap remain Universal in certain situations for children 7-18 years who require a booster dose. Many programs provide the birth dose of hepatitis B vaccine universally.

Cities / Metropolitan Areas	Territories
Chicago	American Samoa
District of Columbia	Guam
Houston	Republic of Marshall Islands
New York City	Federated States of Micronesia
Philadelphia	Northern Mariana Islands
San Antonio	Palau
	Puerto Rico
	Virgin Islands

	Universal Purchase
	Universal Purchase Select
	VFC & Underinsured
	VFC & Underinsured Select
	VFC
	Not applicable
	Data not available

Category Definitions for Private Provider Childhood Vaccine Supply Policy:

- **Universal Purchase:** Program supplies all routinely recommended pediatric vaccines to all participating private providers to vaccinate all children, regardless of insurance status.
- **Universal Purchase Select:** Program supplies many, but not all, routinely recommended pediatric vaccines to all participating private providers to vaccinate all children, regardless of insurance status. The vaccines that are not provided universally are typically provided for VFC-eligible children only.
- **VFC & Underinsured:** Program supplies all routinely recommended pediatric vaccines to all participating private providers to vaccinate VFC-eligible and underinsured children.
- **VFC & Underinsured-Select:** Program supplies many, but not all, routinely recommended pediatric vaccines to all participating providers to vaccinate both VFC-eligible and underinsured children. The remaining routinely recommended pediatric vaccines are provided to VFC-eligible children only.
- **VFC:** Program supplies all routinely recommended pediatric vaccines to participating private providers to vaccinate VFC eligible children only.

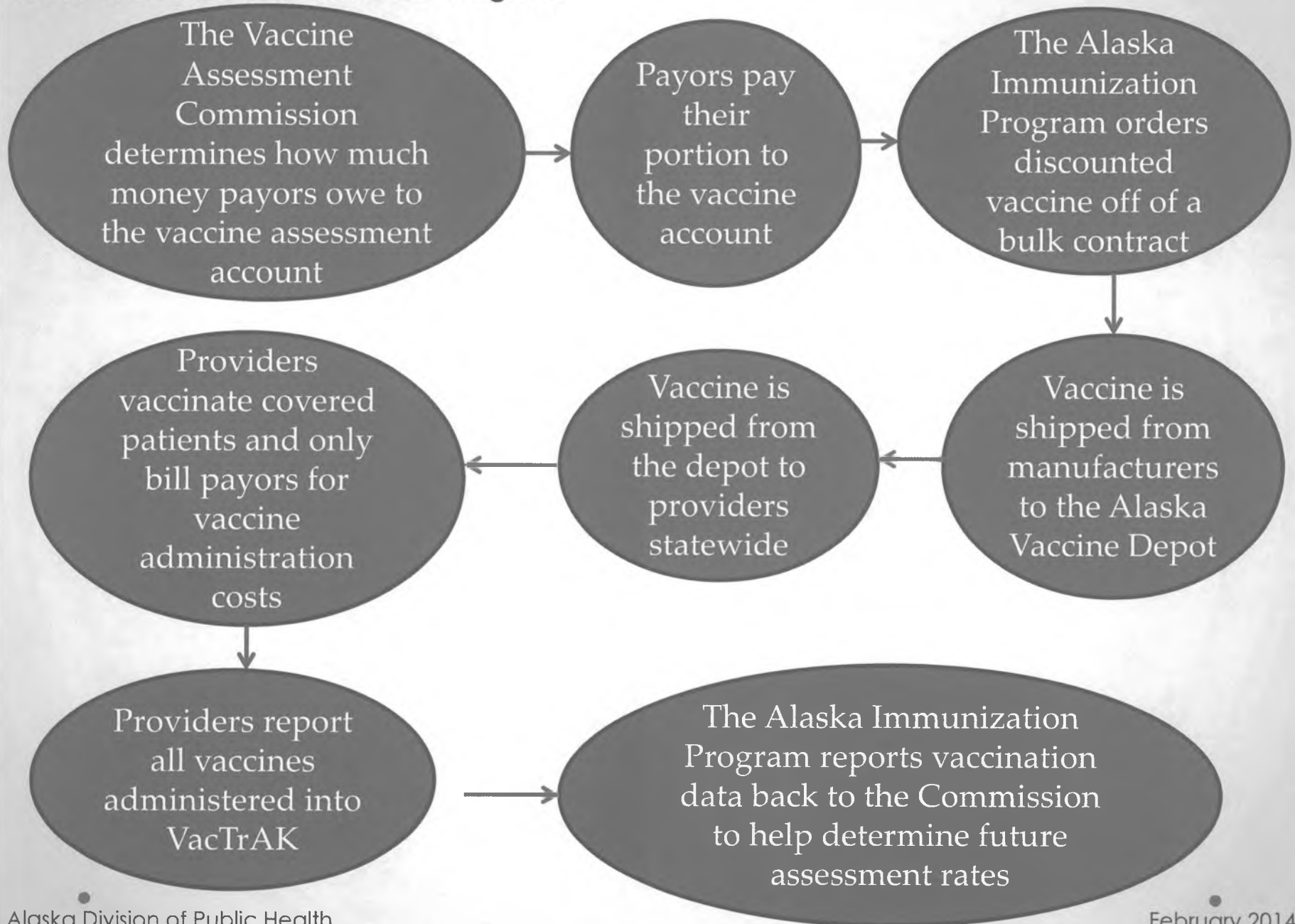
Who Pays for Vaccine in Alaska?

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	Provider privately purchases and seeks reimbursement if available								
Adults Aged 19 yrs -65							Provider purchases after FY2015		
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									
Children Aged 3-18 yrs	State supplies if entities can be assessed, otherwise provider purchases or can opt-in									
Adults Aged 19 yrs -65							State supplies if entities can be assessed, otherwise provider purchases or can opt-in		Provider purchases or can opt-in*	
Adults Aged 65+										

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

SB169 Statewide Immunization Program



Alaska 2013 Childhood & Adolescent Immunization Schedule

If your child is behind schedule, it's easy to catch up — ask your health care provider.

Vaccine	Age									
	Birth	2 mos	4 mos	6 mos	12 mos	18 mos	4-6 yrs	11-12 yrs	16 yrs	13-18 yrs
Hepatitis B										
Diphtheria Tetanus Pertussis "DTaP"										
Polio "IPV"										
Rotavirus										
H. influenzae type b "Hib"										
Pneumococcal Conjugate										
Measles Mumps Rubella "MMR"										
Varicella "Chickenpox"										
Hepatitis A										
Tetanus Diphtheria Pertussis "Tdap"										
Human Papillomavirus "HPV"										
Meningococcal Conjugate										
Influenza "Flu"				Annually for age 6 months through 18 years						

★ DTaP doses #3 and #4 should be separated by at least 6 months.

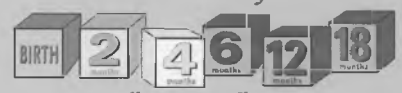


Alaska Department of Health and Social Services

Alaska Immunization Program:
www.epi.alaska.gov/immunize

Alaska Immunization Helpline:
888-430-4321 or in Anchorage 269-8088

On time. Every time.



Alaska kids ♥ Love them ♥ Immunize them

Diseases prevented by vaccination:

Diphtheria • Caused by bacteria that can infect the nose, throat and lungs.
• Breathing becomes difficult and can lead to suffocation. Death results in one out of 10 cases.

Tetanus • Caused by bacteria that enter the body through a cut or wound.
(*Lockjaw*) • Causes extremely painful tightening of the muscles all over the body. One in 10 people die.

Pertussis • Causes coughing spells so severe that it is hard to eat, drink or breathe.
(*Whooping Cough*) • Cough can last for weeks or longer.
• Pertussis also can result in brain damage or death, especially in infants.

Measles • A serious childhood disease that causes rash, cough, runny nose, eye irritation, and fever.
• It spreads very easily and can lead to hearing loss, pneumonia, brain damage, and even death.

Mumps • Causes headache, fever, and swelling of the cheeks and jaw.
• It can lead to hearing loss, meningitis (inflammation of the brain), and brain damage.

Rubella • Usually a mild disease in children, causing only a slight fever and rash.
(*German Measles*) • If it occurs during pregnancy, rubella can cause severe birth defects or be fatal to newborn infants.

Cervical cancer (girls) & **Genital warts** (girls & boys) • Human papillomavirus (HPV) vaccine can prevent infection of the HPV strains that cause ~70% of cervical cancers and ~90% of genital warts

Haemophilus influenzae type b disease
(*Hib*) • A dangerous childhood disease that can cause meningitis (inflammation of the brain), loss of hearing, seizures, mental retardation, and death. It is most serious in infants under one.

Hepatitis A • A serious viral infection of the liver that causes fever, yellow eyes and skin (jaundice), loss of appetite, and nausea.
• It is spread from person-to-person or through contaminated food or water.

Hepatitis B • A serious disease of the liver caused by a different virus than hepatitis A.
• Infection can result in liver failure or liver cancer, which is often fatal.
• Can cause lifelong infection that can be passed on to others.

Influenza • Respiratory disease with fever, muscle ache, sore throat, cough, and headache.
• Complications can lead to pneumonia. Death has occurred in previously healthy children.

Meningococcal disease
• Causes meningitis, sepsis (blood infection) and can lead to pneumonia and death.
• Survivors may have brain damage and hearing loss. Limb amputation may be necessary.

Pneumococcal disease
• Caused by bacteria that leads most commonly to pneumonia, sepsis (blood infection), meningitis, and ear infections. Brain damage is common among survivors of meningitis.

Polio • Once a common cause of paralysis in the United States.
• It is important to be protected against polio because this virus still exists in the world.

Rotavirus • Can result in life threatening dehydration due to severe diarrhea with fever and vomiting.
• Especially dangerous in infants and young children.

Varicella • A common childhood disease that can be extremely serious, especially in infants and adults.
(*Chickenpox*) • It can lead to severe skin infection, scars, pneumonia, brain damage and death.

Creating a Vaccine Assessment Account in Alaska: Questions and Answers

Updated February 16, 2014

- 1. How could a vaccine assessment program reduce costs and barriers for providers and patients?**
The proposed solution increases access to vaccines while both insurance companies and health care providers would realize savings -- all at no cost to the state. Insurance payers (private and public) are assessed a fee upfront for the purchasing of vaccines. Using collected fees, the state purchases vaccines in bulk at lower prices than what health care providers can do independently. Health care providers would be distributed the vaccine free of charge and reduce their administrative burden with a single inventory. Providers would also bill insurance companies for less, creating savings for insurance companies. Savings are passed on to patients, who would be charged only for the office visit.
- 2. Would this bill mandate that all children would need to be vaccinated.**
No, this bill does not address childhood vaccination mandates.
- 3. For whom would participation in the assessment be mandatory?**
Participation in the assessment would be mandatory for health care insurers, health benefit plans, self-funded church or government plans, and other creditable coverage. To the extent allowed by federal law, Employee Retirement Income Security Act (ERISA) plans would be expected to pay under the definition for "health care insurer". Third party administrators—who are often contracted to perform medical management and claims processing activities for ERISA plan trustees—would also be included in the mandatory assessment.
- 4. For whom would participation in the assessment be voluntary?**
Voluntary participation in the assessment only applies to providers who wish to obtain state-distributed vaccine for adults who are either uninsured or not otherwise covered by an assessed payer. Providers do not have to opt in or pay an assessment to receive state-supplied vaccine. The benefits of opting-in include discounted vaccine pricing, fewer administrative burdens, and provision of a single vaccine inventory. Providers who care for large numbers of non-qualifying participants 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.
- 5. Would publicly-funded healthcare benefit plans be mandated to participate in the program?**
Yes, publicly funded healthcare benefit plans are included in the bill's definition of "health care insurer". However, it is currently unclear whether this bill could legally require *federally*-funded healthcare benefit plans (e.g., Medicaid, Medicare, the Veteran's Administration, Department of Defense, 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, providers would need to either opt-in to the assessment or directly purchase vaccine for their patients not covered in the assessment by another payer.
- 6. 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 patients as they do now.
- 7. Would the Patient Protection Affordable Care Act (PPACA) preempt any provision(s) of the vaccine assessment account?**
No. 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.
- 8. Where would the State store the vaccine?**
Vaccine would be stored in the Alaska Division of Public Health's central Vaccine Depot in Anchorage.
- 9. Does the bill establish whether the assessment will be a covered lives model or dosage-based model?**
No, the Vaccination Assessment Commission determines which model will be best for Alaska.
- 10. How would payer assessment costs be determined?**
The department would project the state-supplied vaccine cost and overhead for running the program annually. The Vaccination Assessment Commission would proportionately allocate the fair market share of costs to payers based on the method established in the plan of operation.

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

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

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 adding 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

Sitka, Alaska

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

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

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

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: 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

George W. Brown, MD *Community Pediatrician*
1640 Second Street Douglas, AK 99824 -5211 907 364 2726 gbrow177637@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:

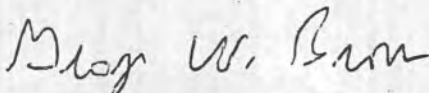
Thank you for the opportunity to provide written testimony in strong support of SB 169 to assure effective vaccines will continue to be available for all Alaska citizens, especially children who are our real future. Thank you for your public service, a somber load where your decisions will guide our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

Palmer, AK 99645 Ph: 907-761-5900

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



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>

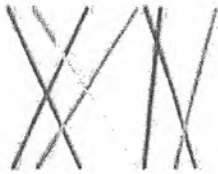
Subject: Vaccine Assessment Bill

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.



ANCHORAGE
PEDIATRIC GROUP

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

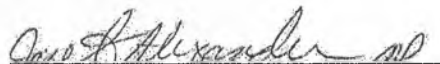
Anchorage Pediatric Group would like to encourage the formation of an Alaska Immunization Association, with the appropriate legislation.

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.

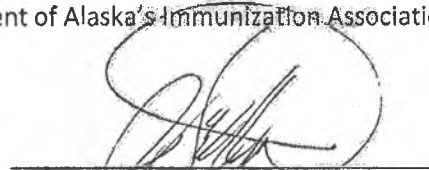
Please give careful consideration to the development of Alaska's Immunization Association

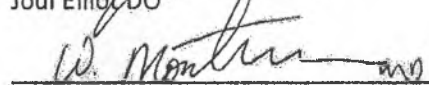
Respectfully,

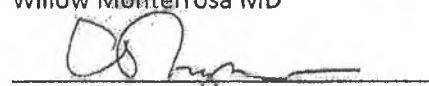

Janet Alexander MD


Susan Beesley MD


Jody Butto MD FAAP


Jodi Elliot DO


Willow Monterrosa MD


Charles Ryan MD