

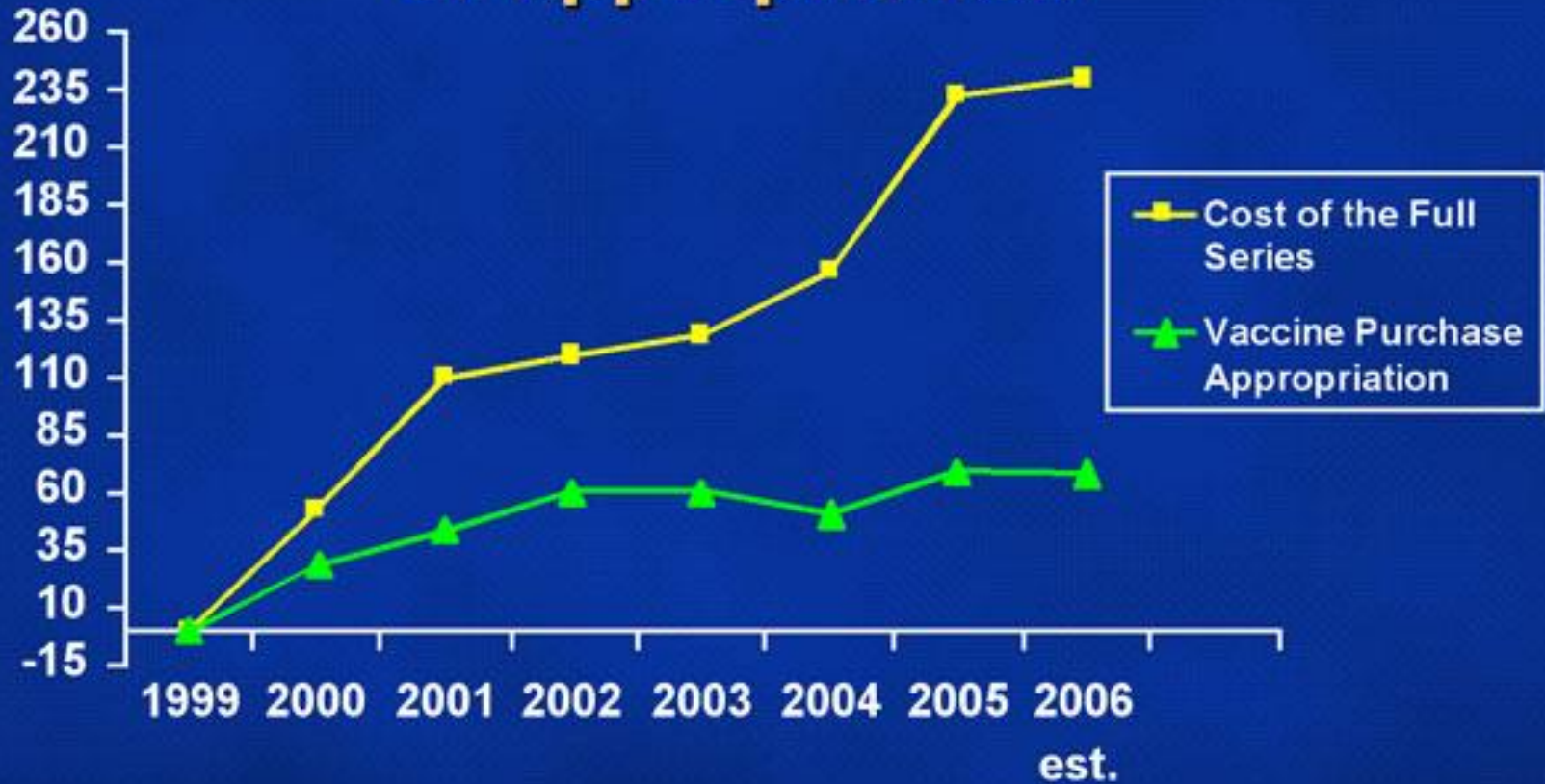
The Universal Childhood Immunization Program

Implementing Public Law 2009-595 in
Maine

Today's Objectives

- Maine's Vaccine Purchase Policy over time – Loss of Universal status
- Maine is losing ground in vaccination coverage
- Vaccine preventable diseases remain a threat and have an impact in Maine
- Maine's journey back to a Universal Vaccine Purchase Policy
- Implementation of 2009 P.L. 595 – the Maine Vaccine Board
- Upcoming changes for providers

Percent Increase of the Cost of Full Series vs. Percent Increase of Appropriation

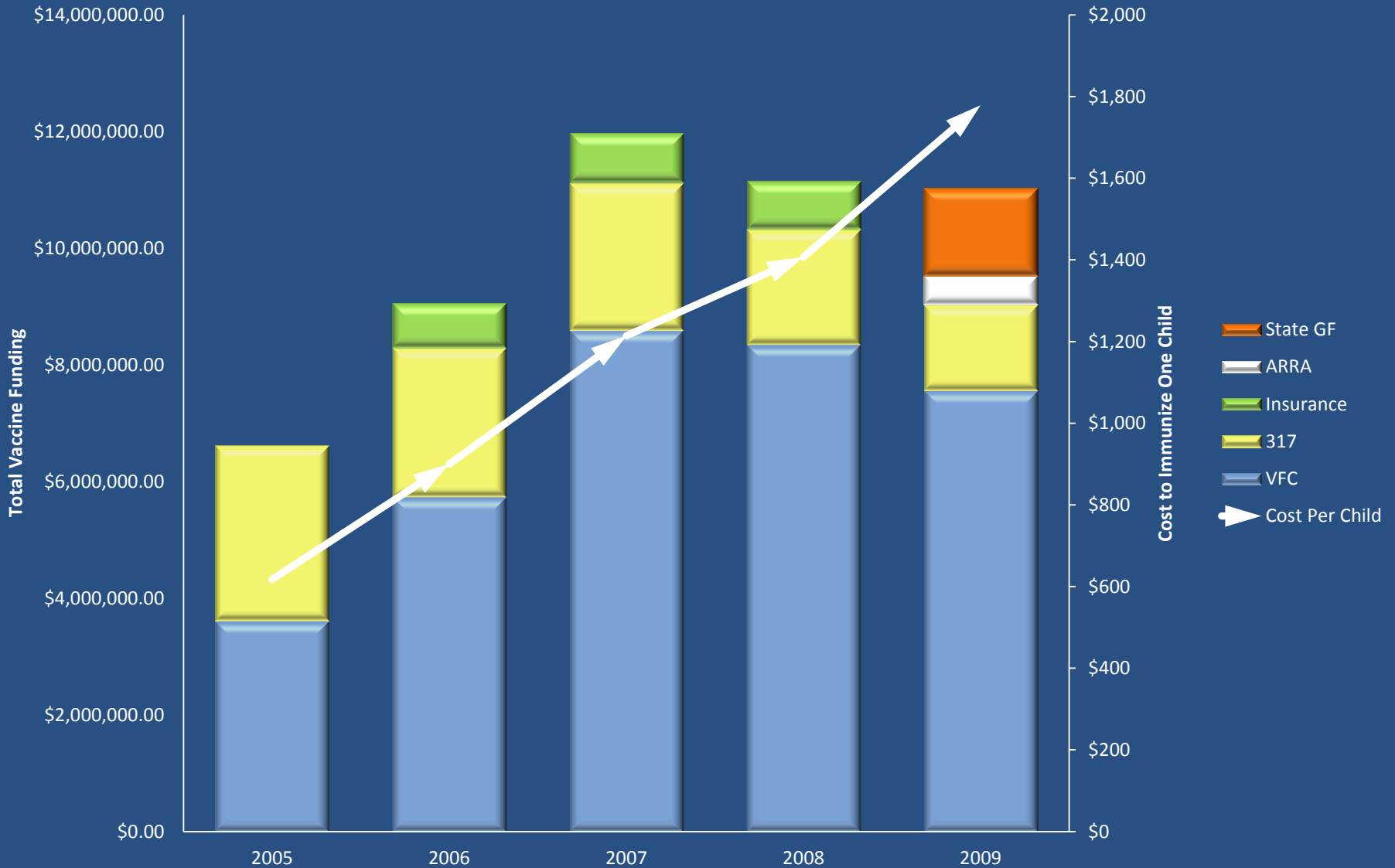


Percentage Calculations: % increases are cumulative using 1999 as the base year.

2005/2006 estimate factors in the cost to vaccinate one adolescent with one dose of Meningococcal and one dose of Tdap, and 2 doses of Hepatitis A.

The 2006 estimates are based on inflationary increases and this figure will be updated based on federal contract price updates. This estimate does not include potential new vaccines which may be added to the schedule in 2006.

Vaccine Funding – Maine, 2005-2009



Universal Supply

'Select' > VFC Only > 'Select'

Vaccine Purchase Policies

- VFC Only
 - Medicaid, American Indian, Uninsured, *Underinsured*
- Universal Select
 - Some vaccines are supplied to all children
- Universal
 - All vaccines supplied to all children

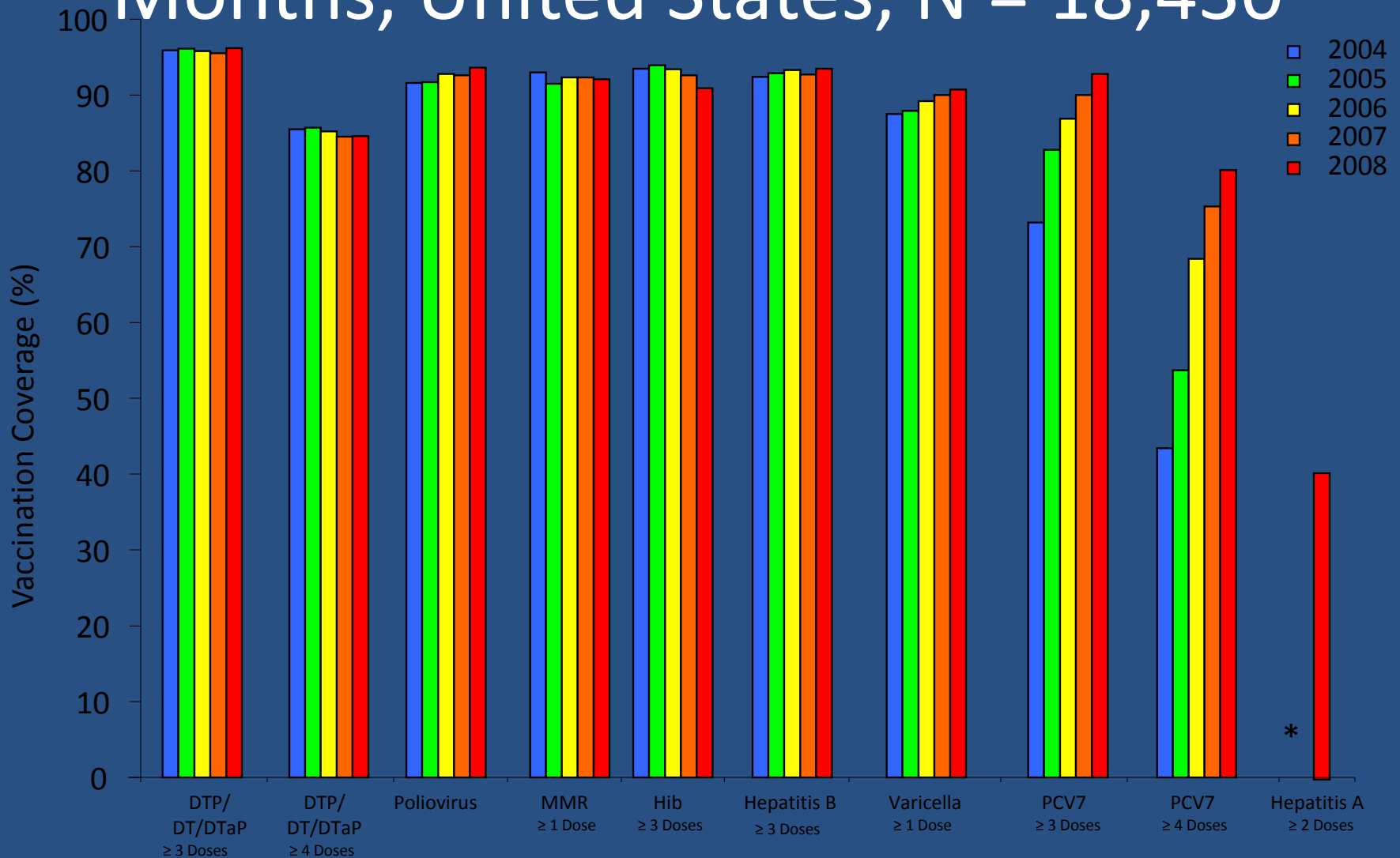
Childhood Vaccine Supply Policy 2009

(1) VFC Only	(2) VFC & Underinsured	(3) VFC & Underinsured Select	(4) Universal	(5) Universal Select	(6) Other
Alabama California Colorado Delaware Florida Iowa Louisiana Mississippi Missouri Nebraska Nevada Ohio Pennsylvania Philadelphia Tennessee Virgin Islands Virginia West Virginia	District of Columbia Georgia Houston Indiana Kentucky Maryland Michigan Minnesota New Jersey New York City New York State Oklahoma Puerto Rico San Antonio South Carolina Utah	Chicago <u>Connecticut</u> Guam Illinois	American Samoa N. Marianas Islands <u>New Hampshire</u> New Mexico <u>Rhode Island</u> <u>Vermont</u> Wisconsin Wyoming	Alaska Hawaii <u>Maine</u> <u>Massachusetts</u> North Carolina South Dakota Washington	Arizona Arkansas Idaho Kansas Montana North Dakota Oregon Texas
18	16	4	8	7	8

Maine – 'Universal Select' Vaccine Purchase Policy 2009-2010

- Provide four vaccines universally:
 - Dtap
 - MMR
 - Polio
 - Varicella (first dose only)
- Improves access to school-required vaccines
- Preserved by State funding
- Difficult to implement in provider offices

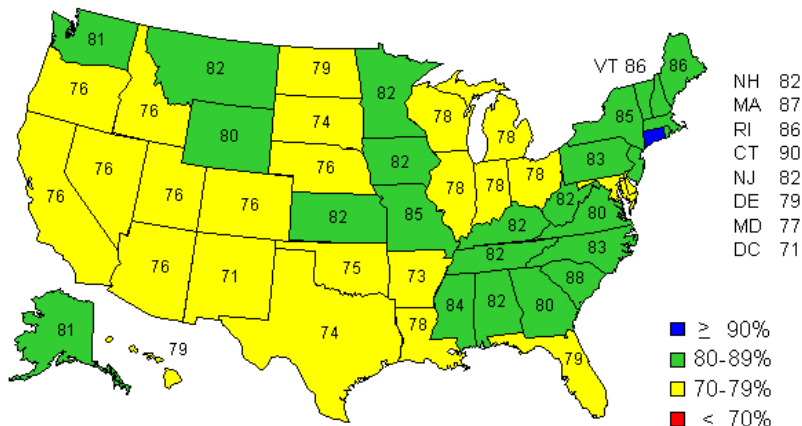
Vaccination Coverage Children 19–35 Months, United States, N = 18,430



*Data for previous years not available

Immunization Rates 1998-2008

Estimated Vaccination Coverage with the 4:3:1:3* Series, by Coverage Level and State, 1998 National Coverage = 79%



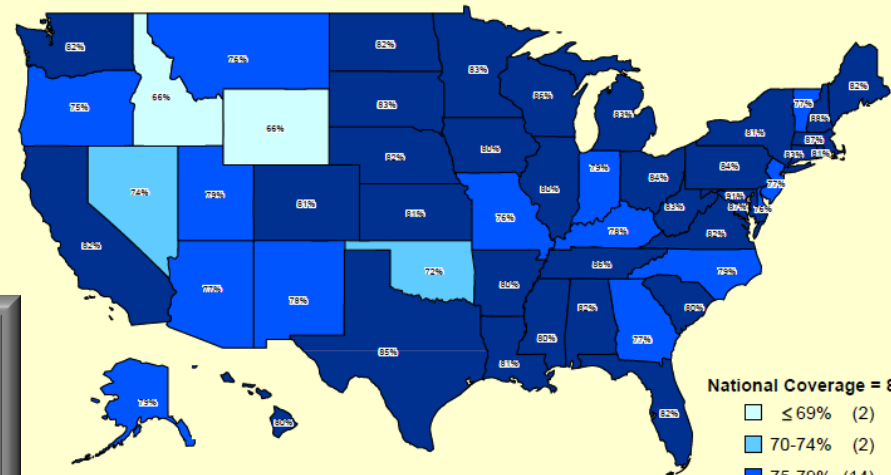
*4+DTP, 3+Polio, 1MCV, 3+Hib

Source: National Immunization Survey, 1998. Children in the 1998 NIS were born between February 1995 and May 1997



1998
Maine: 86%
National Average: 79%
Number of States >80%: 26

4:3:1:3* Series Coverage: Children 19-35 Months, July 2007 - June 2008



National Coverage = 81%

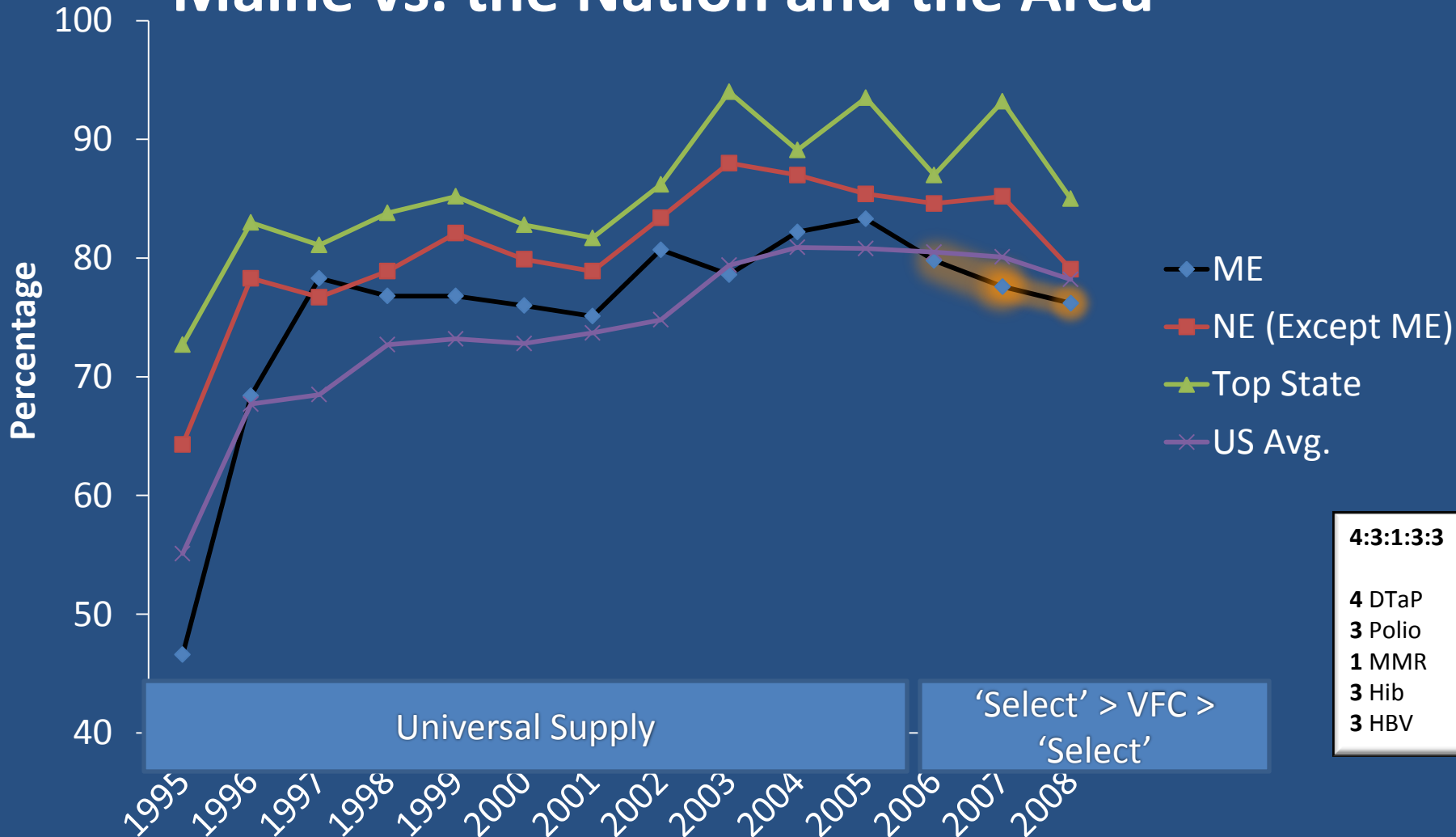
- ≤ 69% (2)
- 70-74% (2)
- 75-79% (14)
- ≥ 80% (33)

2008
Maine: 82%
National Average: 81%
Number of States >80%: 33

Note 1: *4+DTaP, 3+Polio, 1+MMR, 3+Hib
Note 2: Includes Children Born Between July 2004 and January 2007
Source: National Immunization Survey (NIS)



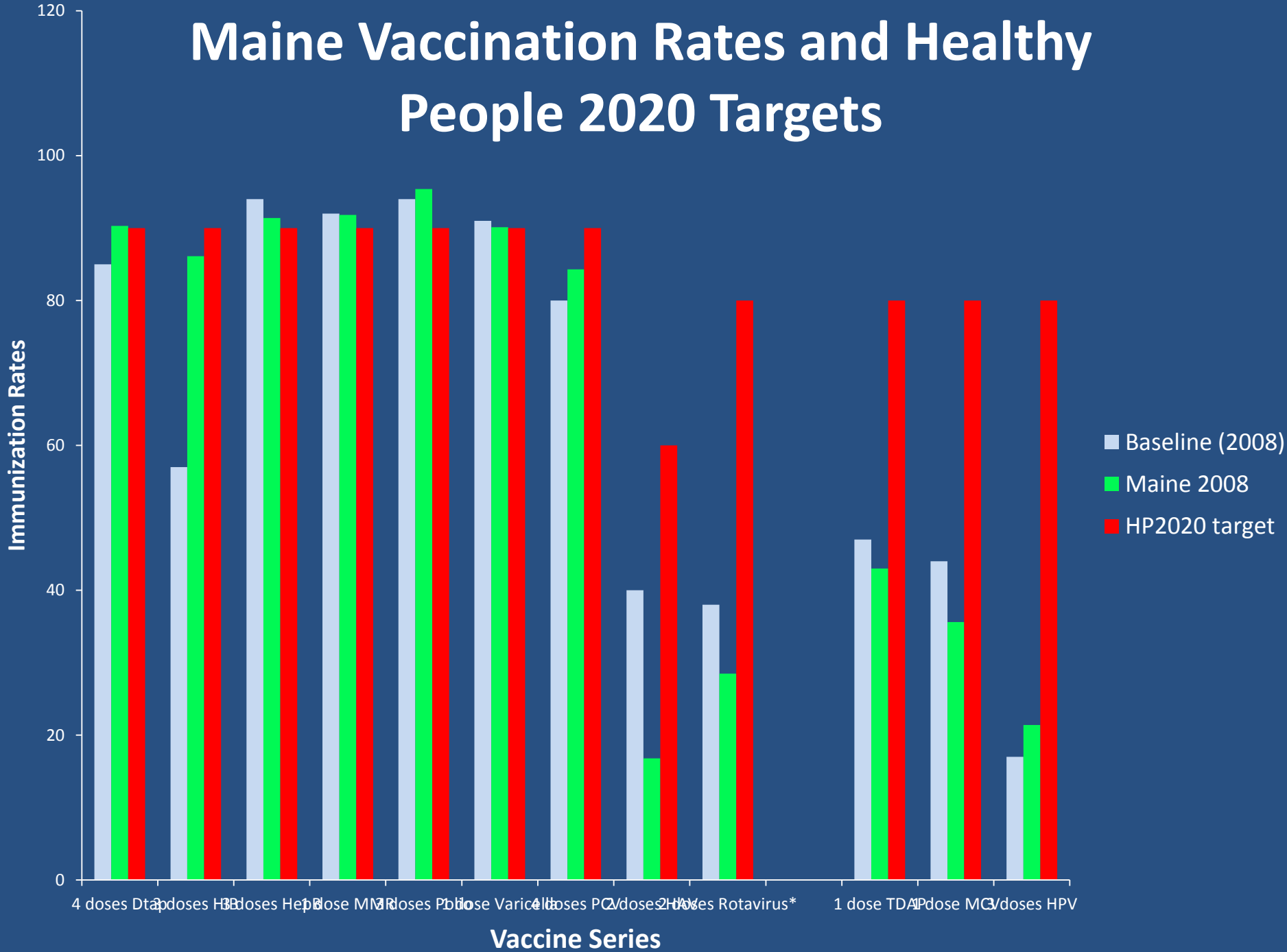
1995-2008 Vaccine Coverage Rate (4.3.1.3.3) 19-35 Months Old Children Maine vs. the Nation and the Area



4:3:1:3:3

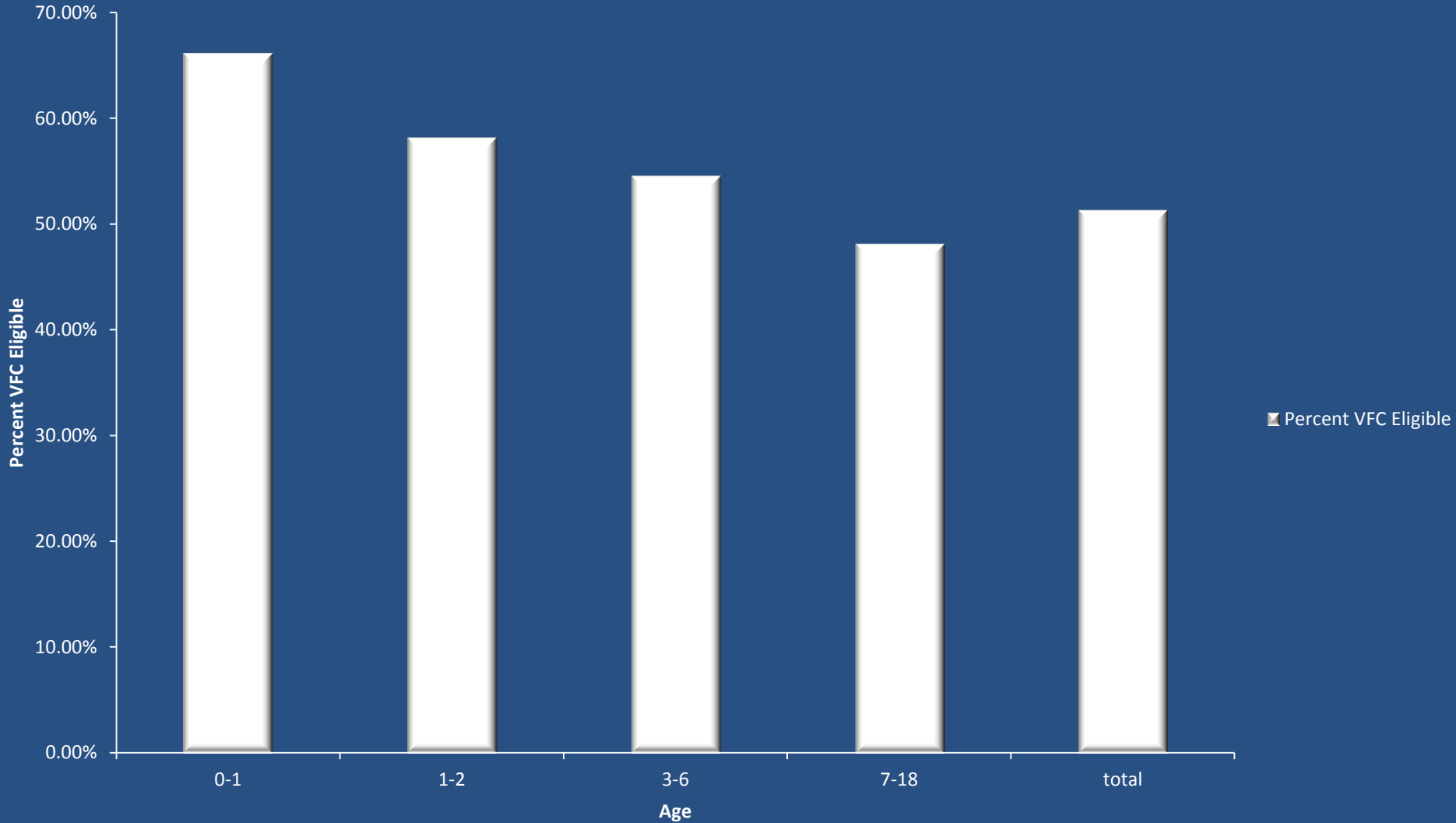
4 DTaP
3 Polio
1 MMR
3 Hib
3 HBV

Maine Vaccination Rates and Healthy People 2020 Targets



Percent of Children that are VFC Eligible by Age

Maine, 2011

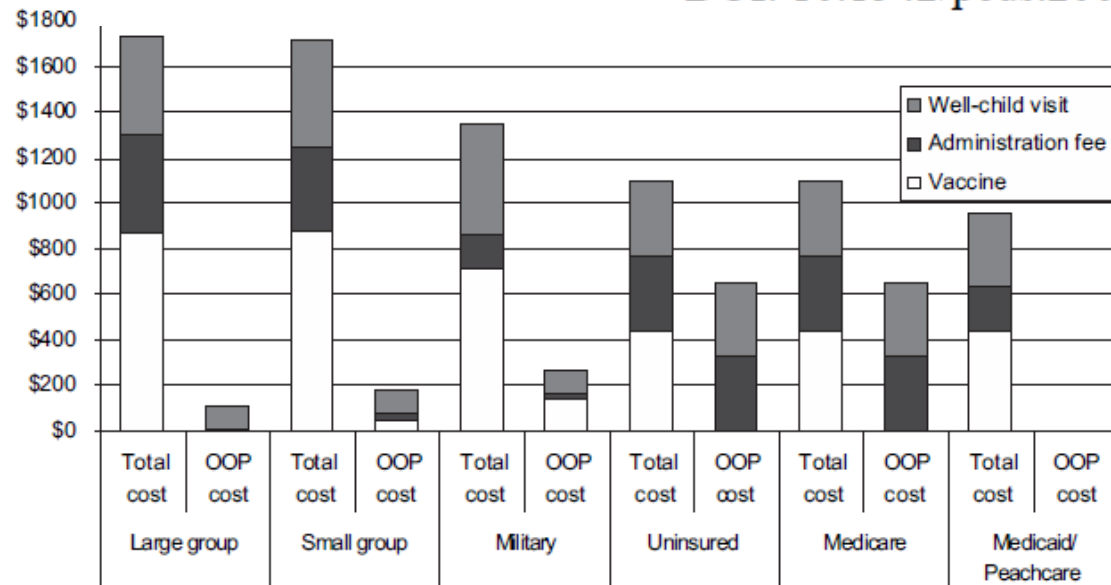


Out-of-Pocket Costs of Childhood Immunizations: A Comparison by Type of Insurance Plan

Noëlle-Angélique M. Molinari, Maureen Kolasa, Mark L. Messonnier and Richard A. Schieber

Pediatrics 2007;120:e1148

DOI: 10.1542/peds.2006-3654



Payment Rate and UTD Percentage of 4:3:1:3:3

Payer Category	OOP Rate, %	4:3:1:3:3 UTD Percentage ^a
Private		
Employer sponsored/individual and small group	7	83.2
Military	20	80.2
Uninsured	60	63.7
Public		
Medicaid/Peachcare	0	79.1

^a UTD Percentage indicates the percent of 19- to 35-month-old children who are UTD for the recommended immunizations in the 4:3:1:3:3 series.



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Position paper of the Society for Adolescent Health and Medicine

Financing Vaccines for Adolescents: A Position Paper of the Society for Adolescent Health and Medicine

ABSTRACT

An increasing number of vaccines are now recommended for adolescents. These vaccines may greatly improve the health of adolescents and their communities. However, adolescent vaccine coverage rates lag behind those for infants and behind goals set by Healthy People 2010 [1]. Financial constraints have been reported to be a significant obstacle to immunizing adolescents and young adults [2]. At the Society for Adolescent Health and Medicine, we believe that to achieve increased vaccine coverage in this age group, financial barriers to immunization must be removed.

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Pertussis—United States, 1940-2009

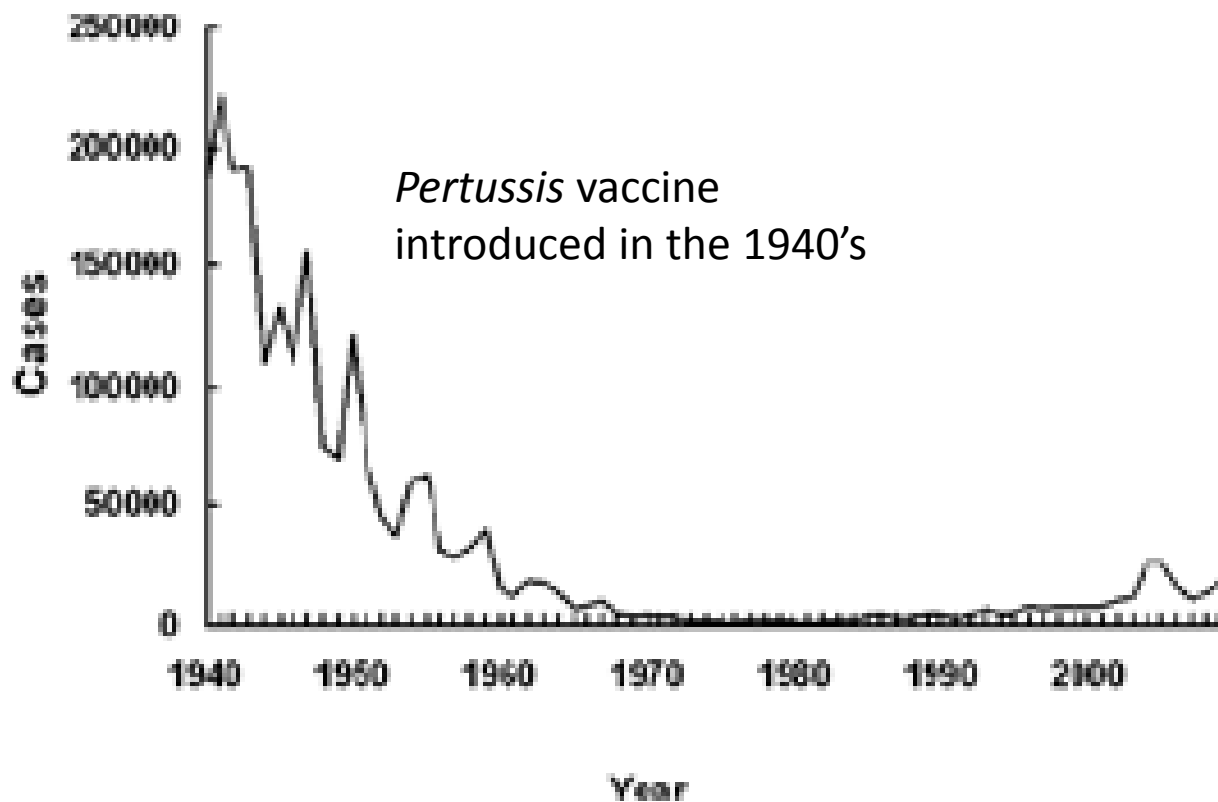
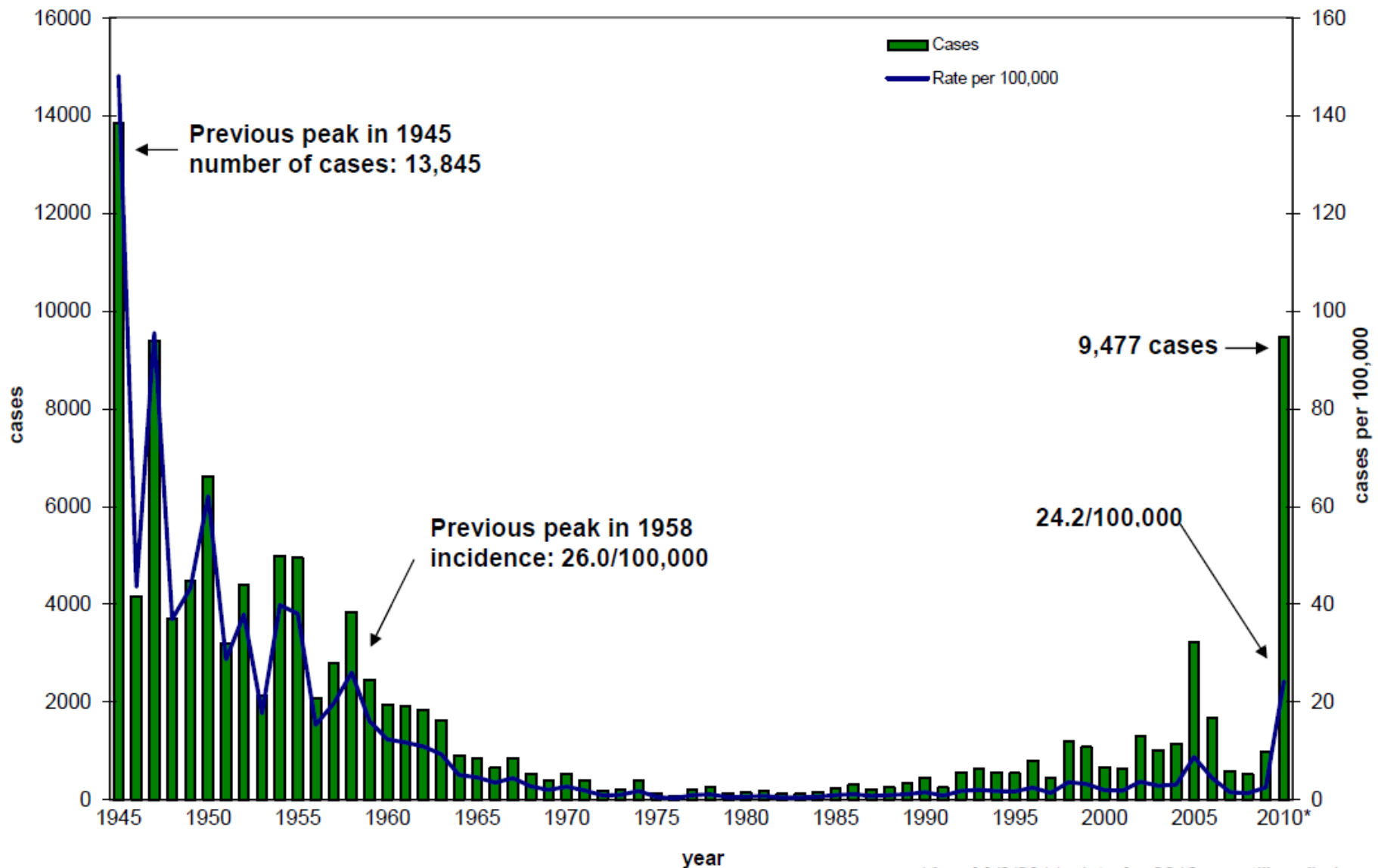


Figure 2. Number of reported pertussis cases by year of onset -- California 1947-2010*

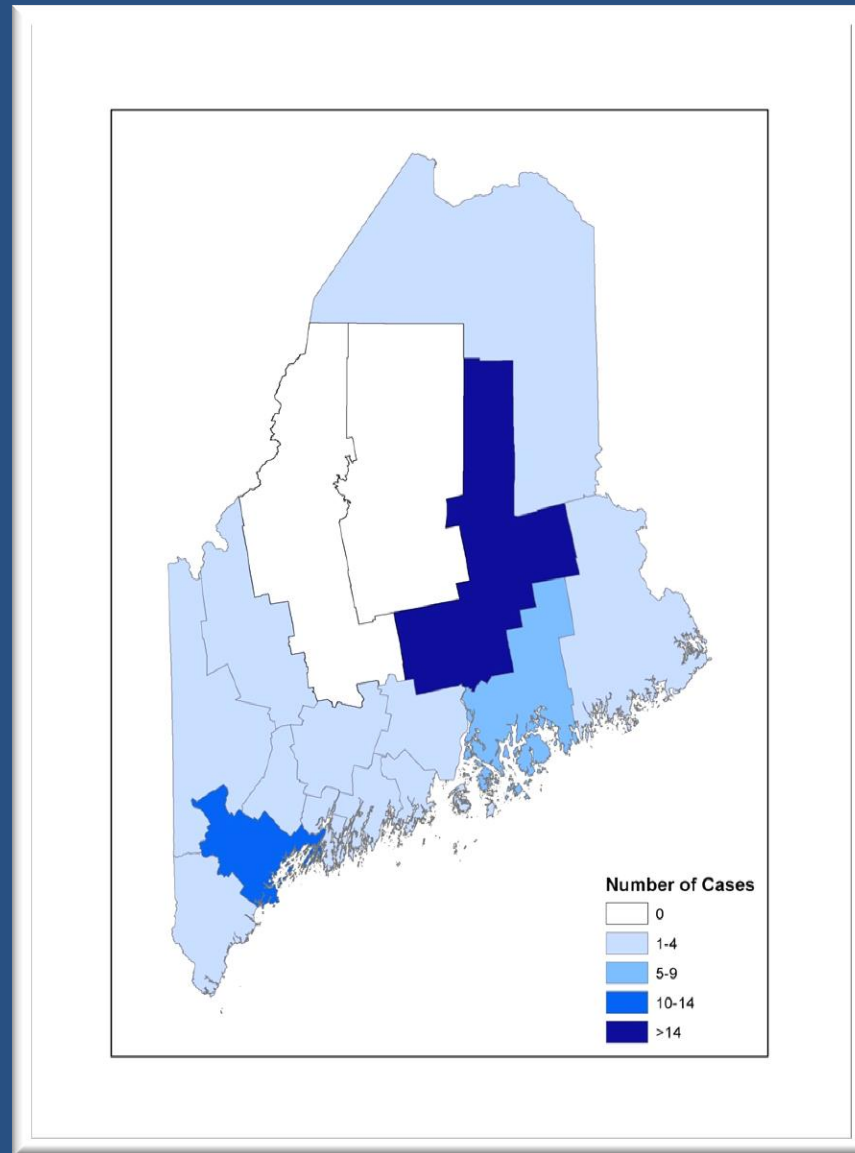


*As of 3/9/2011; data for 2010 are still preliminary

California Pertussis Outbreak – 2010

- 9,477 confirmed, probable and suspect cases of pertussis; 514 in 2011
- 663 were hospitalized (63% were infants <6 months of age)
- Ten deaths reported of infants < 3 months of age
 - 9 (90%) were unvaccinated infants <2 months

Pertussis Cases- Maine 2010

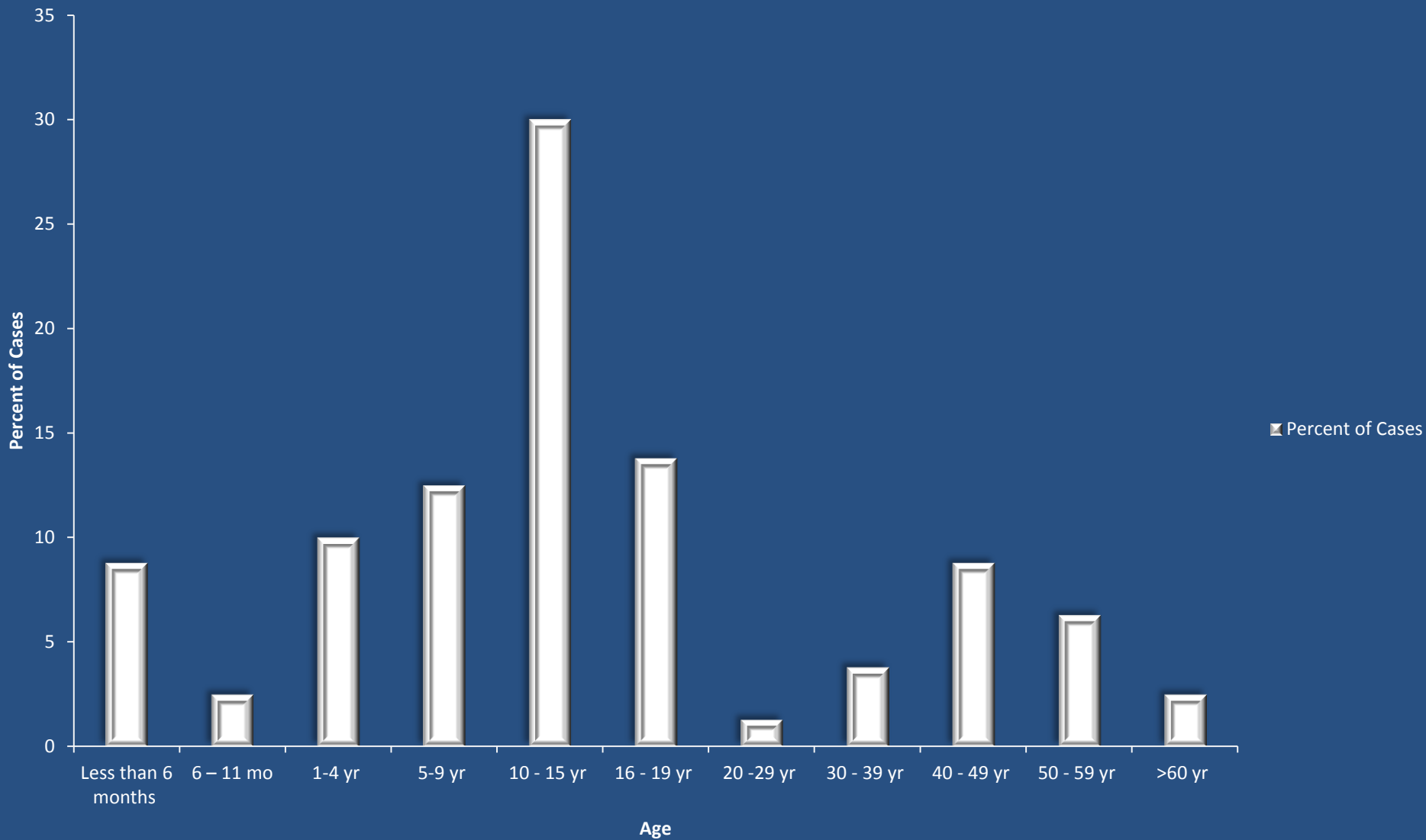


MAINE

2009 - 80 Cases

2010 - 53 Cases

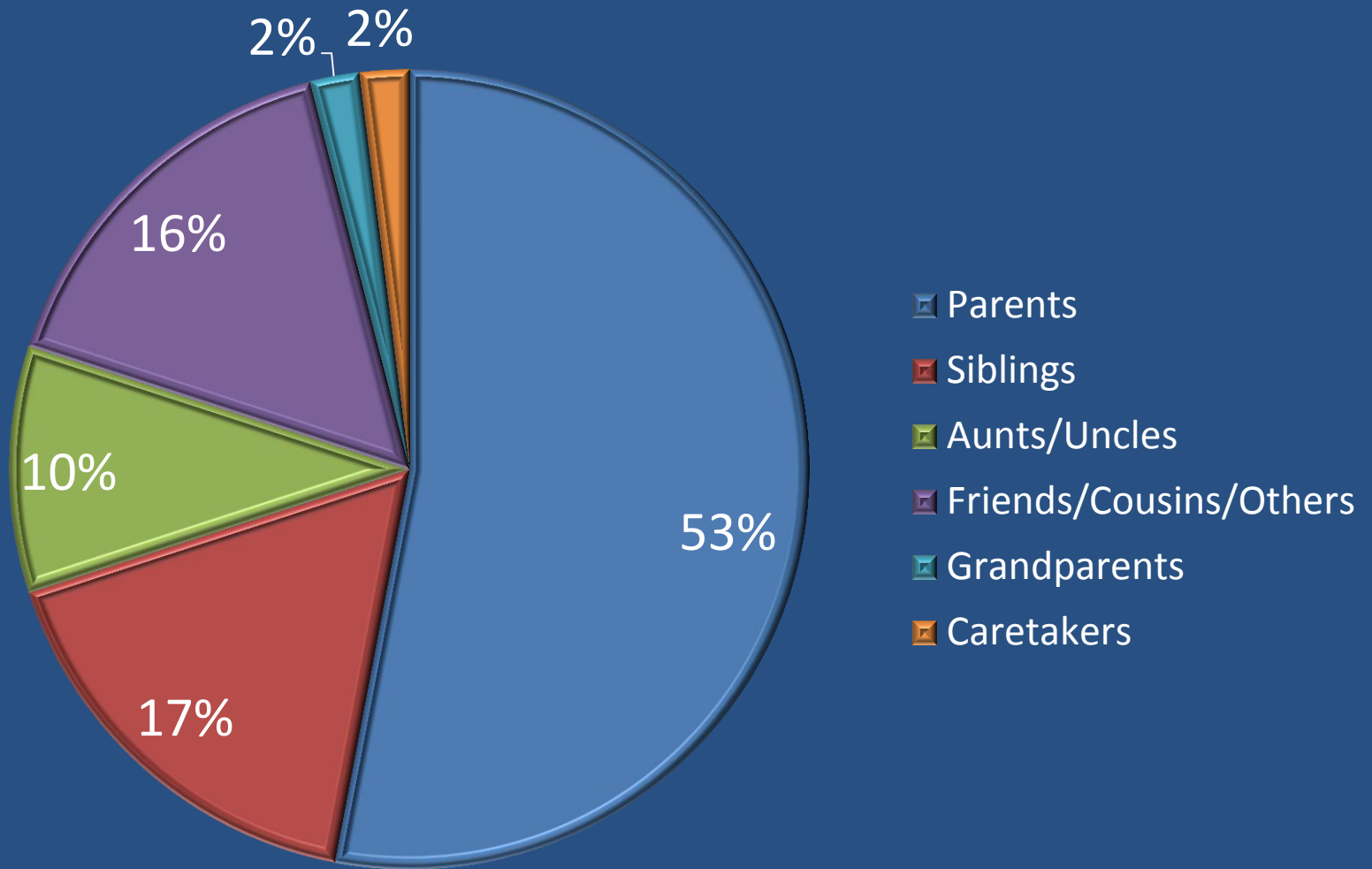
Pertussis Cases by Age Group Maine, 2009



Pertussis among Adolescents & Adults

- Disease often milder
- Infection may be asymptomatic, or may present as classic pertussis
- Persons with mild disease may transmit the infection
- Older persons often source of infection for children

Source of Pertussis Transmission to Infants



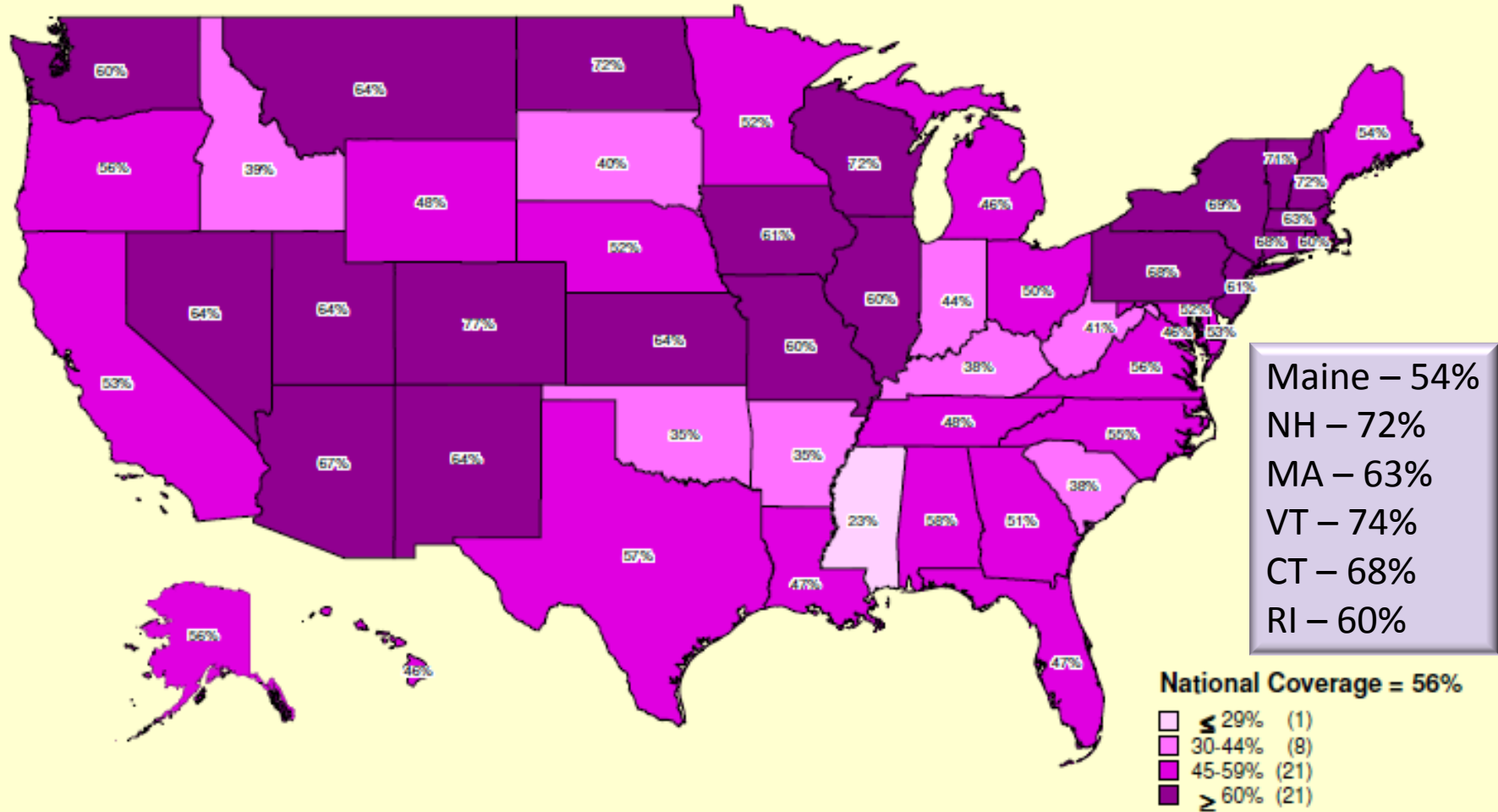
Pertussis-Containing Vaccines

- **DTaP (pediatric)**
 - approved for children 6 weeks through 6 years
 - 80-90% effectiveness after 3 doses
- **Tdap (adolescent and adult)**
 - approved for persons 10 through 64 years (Boostrix) and 11 through 64 years (Adacel)
 - every 10 year one booster
 - one booster reduces the risk of pertussis by 60% - 80%

Adolescent and Adult Pertussis Vaccination

- **Primary objective**
 - protect the vaccinated adolescent or adult
- **Secondary objective**
 - reduce reservoir of *B. pertussis*
 - potentially reduce incidence of pertussis in other age groups and settings

Coverage of 1 or More Doses of Tdap* Adolescents Aged 13-17 Years Old, 2009



Note 1: *Includes 1 or more doses of Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis (Tdap) since the age of ten years

Note 2: Includes adolescents born between January 1991 and February 1997

Source: National Immunization Survey - Teen (NIS - Teen)



What are the Potential Benefits of a Universal Vaccine Purchase Policy?

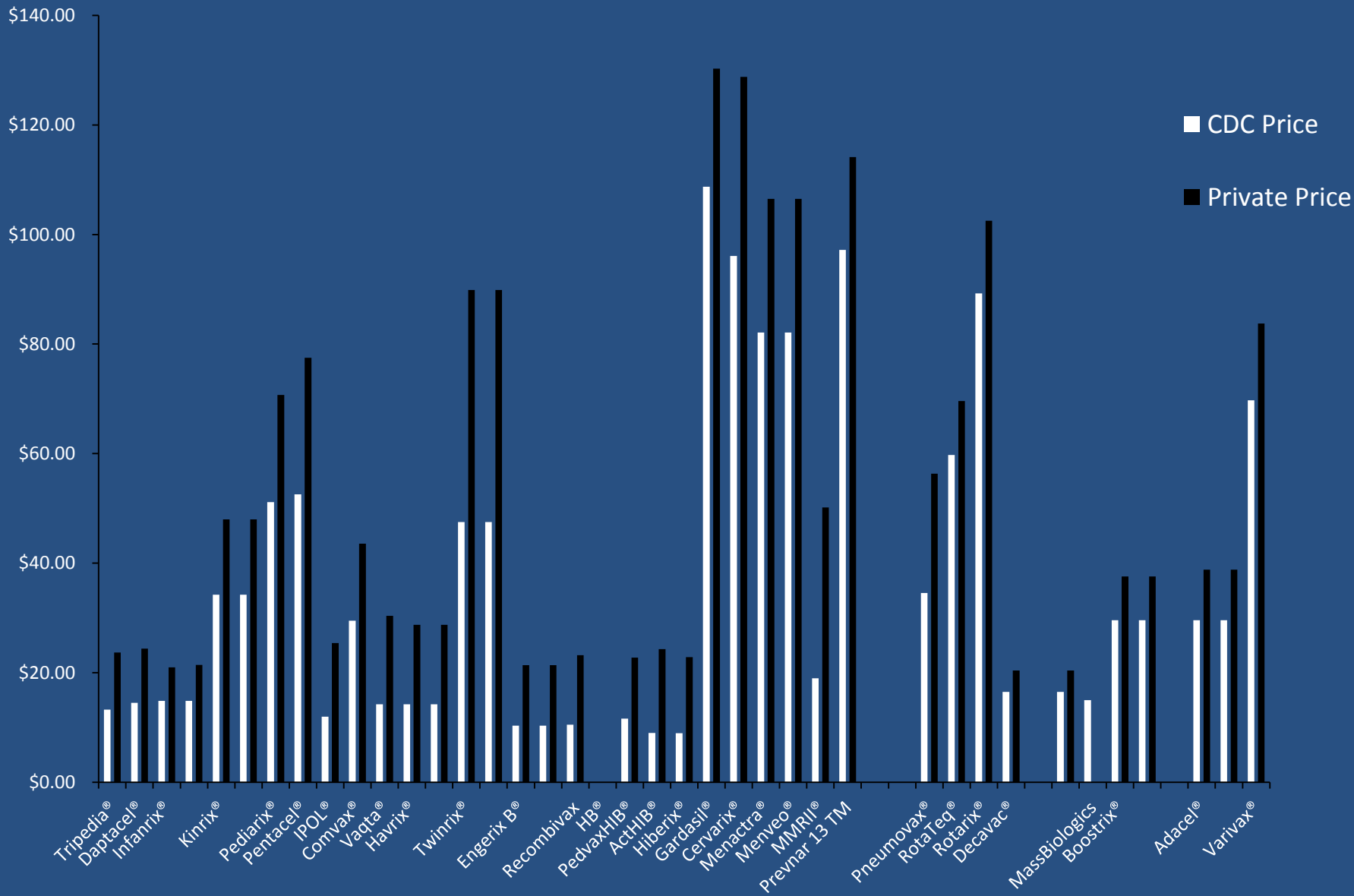
- Lower costs through a public-private partnership and purchasing at reduced rates
- Lower costs by reducing parallel systems in provider offices
- Improve access by creating a single-tier system
- Improve rates by offering combination vaccines to reduce missed opportunities
- Improve rates by reducing out-of-pocket costs

Vaccines are a great buy

For every \$1 spent :	
DTaP saves	\$27.00
MMR saves	\$26.00
H. Influenza type b saves	\$5.40
Perinatal Hep B saves	\$14.70
Varicella saves	\$5.40
Inactivated Polio (IPV) saves	\$5.45

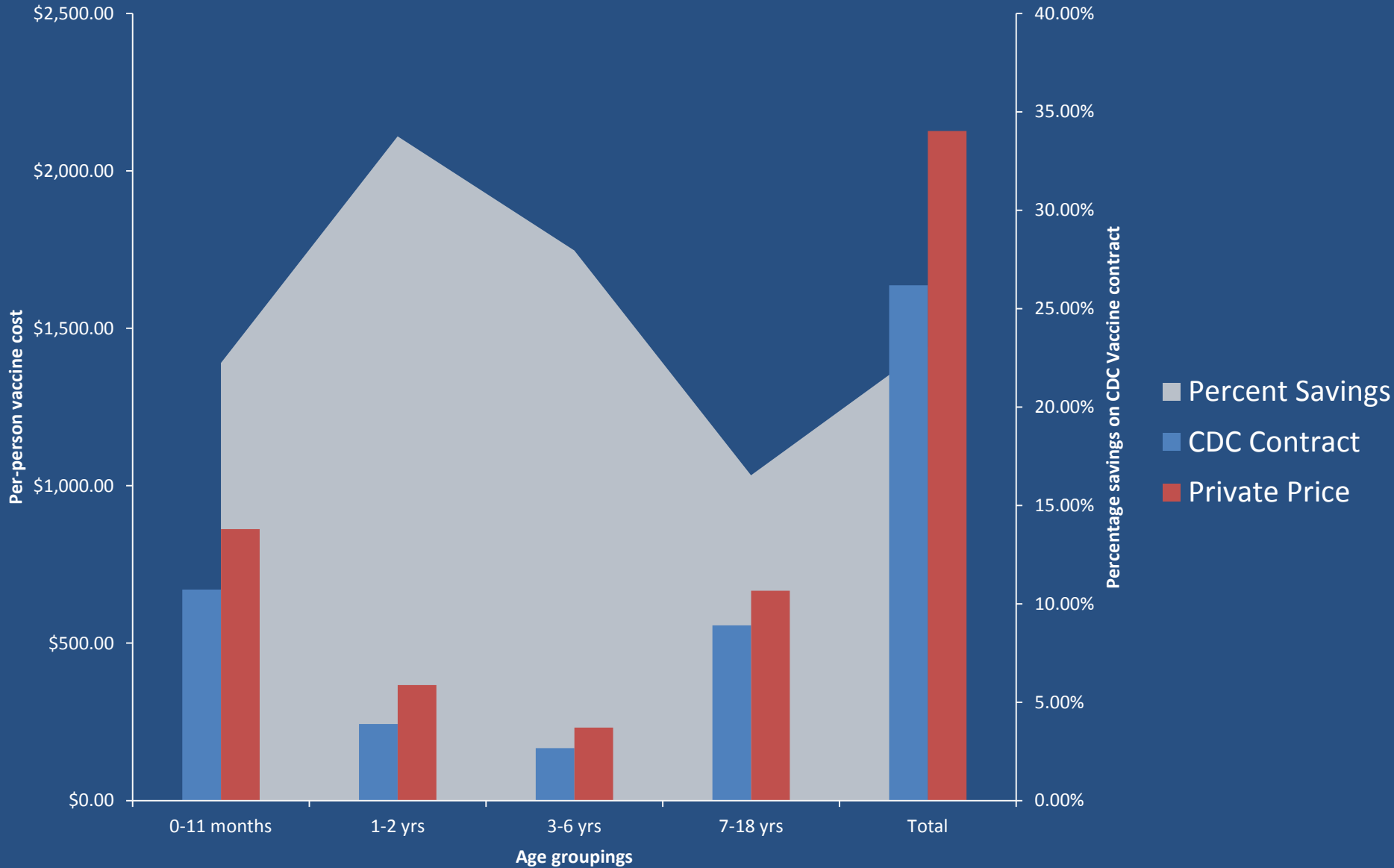
[Includes direct medical costs and societal savings \(eg. Missed work, death, disability\) http://www.ecbt.org/advocates/economicvaluevaccines.cfm](http://www.ecbt.org/advocates/economicvaluevaccines.cfm)

Vaccine Prices – CDC Contract vs. Private Purchase



Vaccine Prices

CDC Contract vs. Private Purchase



Simplified Vaccine Management





Policy Statement—Increasing Immunization Coverage

“Although payment for nearly all **vaccines** is available through either public or private sources, the high cost of buying, storing, and administering these products has increased to the point that the financial viability of many clinics and private practices is threatened unless realistic payments are provided. For some physicians, the strong desire to provide complete and timely immunizations to their patients is no longer sufficient to overcome these financial barriers.”

“In practices that care for both publicly and privately insured patients, these differences in vaccine availability, acquisition cost, and delivery lead to administrative confusion, vaccine-administration errors, and financial uncertainty. ”

Combination Vaccines Help Minimize Missed Opportunities

Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2011

For those who fall behind or start late, see the catch-up schedule

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B ¹		HepB	HepB			HepB						
Rotavirus ²				RV	RV	RV ²						
Diphtheria, Tetanus, Pertussis ³				DTaP	DTaP	DTaP	see footnote ³	DTaP				DTaP
<i>Haemophilus influenzae</i> type b ⁴				Hib	Hib	Hib ⁴	Hib					
Pneumococcal ⁵				PCV	PCV	PCV	PCV				PPSV	
Inactivated Poliovirus ⁶				IPV	IPV	IPV	IPV					IPV
Influenza ⁷						Influenza (Yearly)						
Measles, Mumps, Rubella ⁸							MMR		see footnote ⁸			MMR
Varicella ⁹							Varicella		see footnote ⁹			Varicella
Hepatitis A ¹⁰							HepA (2 doses)				HepA Series	
Meningococcal ¹¹											MCV4	



Range of recommended ages for all children



Range of recommended ages for certain high-risk groups

The Community Guide Home Page



GUIDE TO
COMMUNITY
Preventive Services

The Community Guide
What works to promote health

SEARCH

Community Guide Topics

- Adolescent Health
- Alcohol
- Asthma
- Birth Defects
- Cancer
- Diabetes
- HIV/AIDS, STIs & Pregnancy
- Mental Health
- Motor Vehicle
- Nutrition
- Obesity
- Oral Health
- Physical Activity
- Social Environment
- Tobacco
- Vaccines
- Violence
- Worksite

About the Guide

[Slides and Promotional Materials](#)

Universally Recommended Vaccinations: Reducing Client Out-of-Pocket Costs for Vaccinations

Task Force Finding & Rationale Statement

Definition

Reducing out-of-pocket costs to families for vaccinations or administration of vaccinations can be implemented by paying for vaccinations or administration, providing insurance coverage, or reducing copayments for vaccinations at the point-of-service.

Task Force Finding

The [Task Force on Community Preventive Services recommends](#) interventions that reduce client out-of-pocket costs based on strong evidence of effectiveness in improving vaccination rates. The effectiveness of these interventions has been demonstrated: (1) in children, adolescents, and adults; (2) in a range of settings and populations; (3) when applied in varying levels of scale from individual clinical settings to statewide programs to national efforts; and (4) whether used alone or as part of a multi-component intervention.

Rationale

In 1997 the Task Force found strong evidence of effectiveness for interventions that reduce out-of-pocket costs. Based on the findings of this update, the Task Force reaffirms their original recommendation.

The previous review (1980-1997) identified 19 studies. Summary effect estimates were determined from 15 [study arms](#) in 13 studies. The overall median absolute increase in vaccination rates was 15 percentage points, with an interquartile interval (IQI) of 2 to 29 percentage points. Six study arms evaluated reducing client out-of-pocket costs when implemented alone (median absolute increase of 10 percentage points), and 9 study arms examined reducing client out-of-pocket costs as part of a multi-component strategy (median absolute increase of 16 percentage points).


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Contact Us:

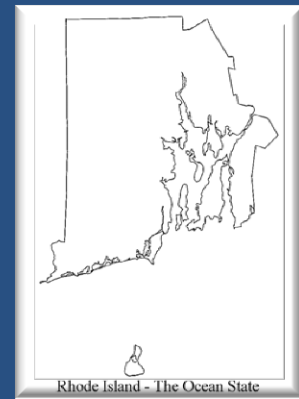
-  Community Guide Branch
Epidemiology and Analysis Program Office (EAPO)
Office of Surveillance, Epidemiology, and Laboratory Services (OSELs)
Centers for Disease Control and Prevention
1600 Clifton Road NE
Mailstop E-69
Atlanta, GA 30333
- [Community Guide](#)

Universal Vaccines

National Context

- Six states currently provide universal access
 - NH, NM, RI, VT, WA and WY
- Four states compared to Maine's program
 - (RI, VT, WA, WY)

Rhode Island



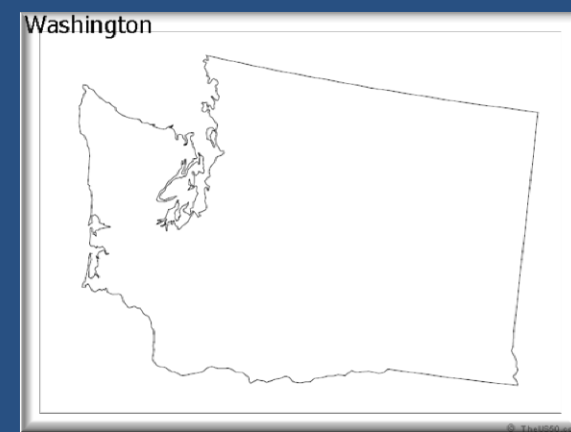
- Offers universal **childhood** vaccine
- Advisory Committee – **immunization program selects vaccines**
- In 2007- initiated assessing insurers for funding
- Funds collected in excess deducted from subsequent years
- RI DOH submits an annual report to State legislature on the program and cost

Vermont



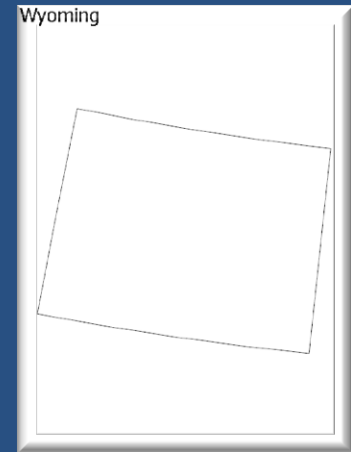
- Ensures universal access for **both** children and adults
- Advisory Committee – **immunization program selects vaccines**
- Established a “vaccine purchasing pool” that enables the DOH to purchase pediatric and adult vaccines at lowest possible price for all Vermonters
- **Insurers required to reimburse** DOH - cost of vaccines and administrative cost

Washington

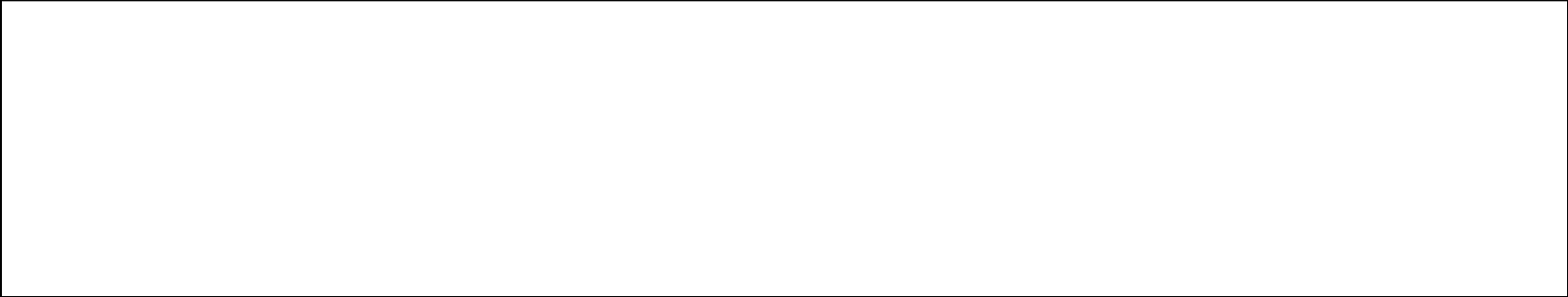


- Offers universal **childhood vaccine coverage**
- Vaccine Board - **immunization program selects vaccines**
- Facilitates universal purchase of vaccines for children by **collecting payments from health plans, insurers, and other payers** and remits funds to the state
- Providers , clinics and hospitals receive state-supplied vaccines at no charge and offers all children easy access to vaccines

Wyoming



- Offers universal **childhood** vaccine coverage
- Vaccine Board – **board selects vaccines**
- Passed a law appropriating \$5 million per biennium for purchase of vaccines for non-VFC children
- State law requires State Health Officer to form a State Vaccine Board (meets 1x/quarter) to discuss budget and make recommendations on vaccine choices



The Maine Vaccine Board



PUBLIC Law, Chapter 595, LD 1408, 124th Maine State Legislature
An Act To Establish the Universal Childhood Immunization Program

PLEASE NOTE: Legislative Information **cannot** perform research, provide legal advice, or interpret Maine law. For legal assistance, please contact a qualified attorney.

An Act To Establish the Universal Childhood Immunization Program

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 5 MRSA §12004-G, sub-§15-B is enacted to read:

15-B.

Maine Vaccine Board Not Authorized

22 MRSA §1066

Human Services:
Immunization

Sec. 2. 22 MRSA §1066 is enacted to read:

§ 1066. Universal Childhood Immunization Program

A one-tier system of Universal access

22 MRSA §1066

1. ...”provide all children from birth until 19 years of age in the State with access to a uniform set of vaccines as determined and periodically updated by the Maine Vaccine Board.

The Maine Vaccine Board - Composition

22 MRSA §1066

3. Maine Vaccine Board. The Maine Vaccine Board is established pursuant to this subsection

- (a) Three representatives of health insurance carriers
- (b) Three representatives of providers in the State
- (c) A representative of employers that self-insure for health coverage
- (d) A representative of the pharmaceutical manufacturing industry

The Maine Vaccine Board – Members

Dr. Judith Chamberlain, MD	CMO, Aetna Medicaid
Gary Connor	Asclepius Research Services, Inc.
Deb Deatrck	Vice President, Community Health – MaineHealth
Larry Hart	Pricing Director – Anthem BCBS
Dr. Larry Losey, MD	Brunswick Pediatrics, Maine Chapter AAP
Katherine Pelletreau	Executive Director – Maine Association of Health Plans
Peter Gore	Vice President – Maine State Chamber
Dr. C. Forrest West, MD	HealthReach Community Health Centers
*Barbara Raths	Deputy Treasurer – Maine Office of the Treasurer
*Peter Smith	Director, Division of Infectious Disease, MeCDC

The Maine Vaccine Board – Responsibilities #1

22 MRSA §1066

3. Maine Vaccine Board. The Maine Vaccine Board is established pursuant to this subsection

E. By January 1, 2011 and annually thereafter, the board shall determine the list of vaccines

The Maine Vaccine Board – Responsibilities #2

5. Assessments. By January 1, 2011 and annually thereafter, the board shall determine an assessment for each assessed entity in accordance with this subsection.

Dr. Larry Losey – Maine Vaccine Board

“... we are here to save lives and stamp out disease...”

Vaccines to be Provided in the Universal Childhood Immunization Program

1 of 3

DTaP	Hepatitis A	Hepatitis B	Polio	Hib	Rotavirus
Tripedia[®]	Vaqta[®]	EngerixB[®]	IPOL[®]	ActHIB[®]	Rotarix[®]
Daptacel[®]	Havrix[®]	Recombivax[®]		PedvaxHIB[®]	Rotateq[®]
Infanrix[®]					

Vaccines to be Provided in the Universal Childhood Immunization Program

2 of 3

HPV	Pneumococcal	Meningococcal Conjugate	MMR	TDAP	Varicella
Gardasil®	Pevnar 13®	Menactra®	MMRII®	Boostrix®	Varivax®
	Pneumovax®	Menveo®		Adacel®	

Vaccines to be Provided in the Universal Childhood Immunization Program

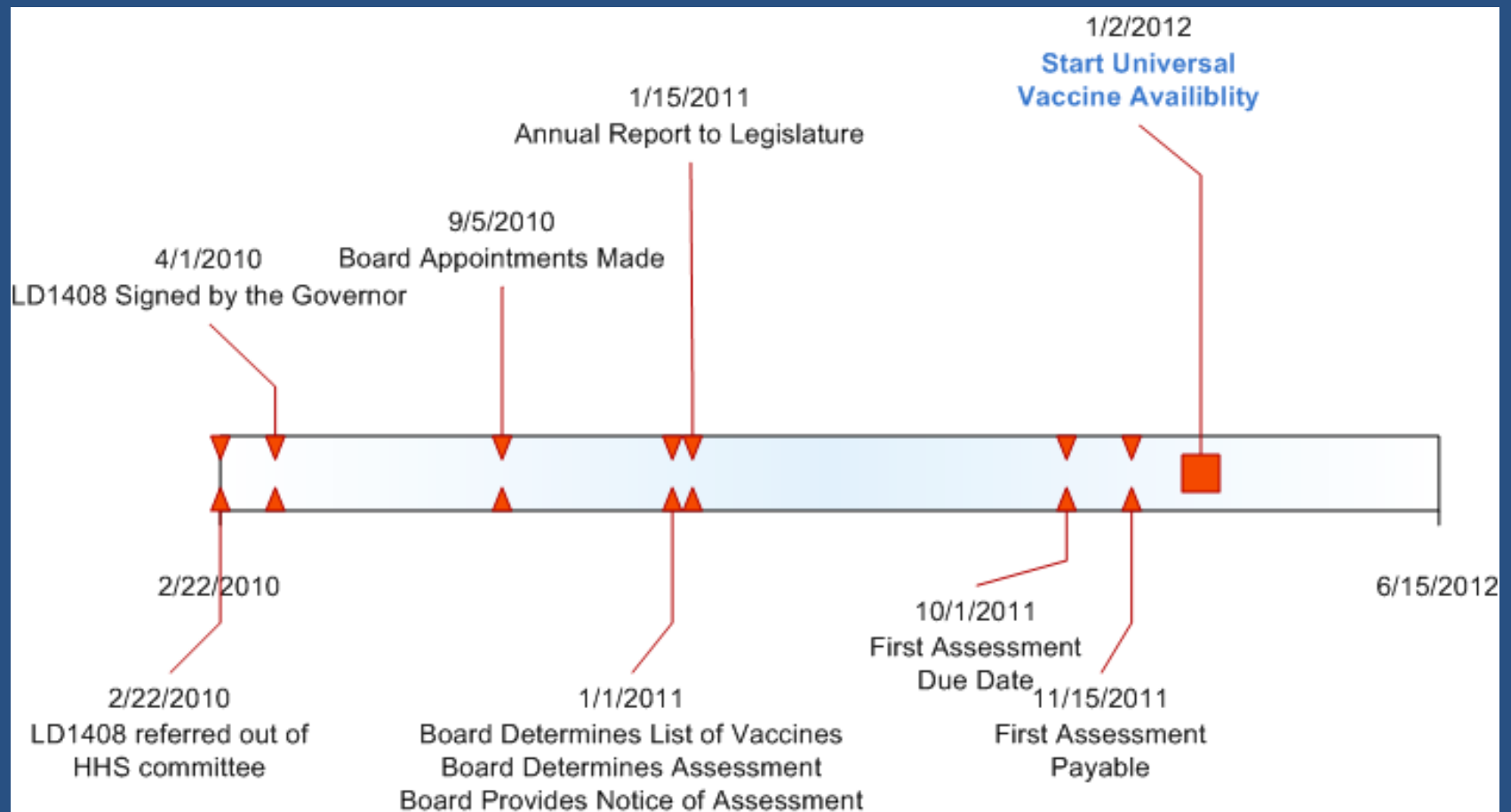
3 of 3

Combination Vaccines	Influenza Vaccines
Kinrix® <i>Diphtheria, tetanus , pertussis, polio</i>	One or more preservative free single dose vial
Pediarix® <i>Diphtheria, tetanus, pertussis, Hepatitis B, Polio</i>	One or more multidose vial
Pentacel® <i>Diphtheria, tetanus, pertussis, polio, Hib</i>	One or more live attenuated influenza vaccine (LAIV)
ProQuad® <i>Measles, mumps, rubella, varicella</i>	

The Assessment

- Annual Budget of ~ \$9.7M has been developed and passed by the Board
- Assessment notices will go out to insurers in September
- First Payments due to the Maine Vaccine Board in November 2011

Draft Timeline for Universal Immunization Implementation



Implementing the Universal Childhood Immunization Program



Q: Will our office be required to do anything differently?

- ImmPact2
- Changes in vaccines each practice orders

Q: Will insurers continue to pay for private purchase vaccines after the initial implementation of the Universal Childhood Immunization Program?

- This is an area of uncertainty
- The Maine Vaccine Board appreciates the need to transition to the new system
- The authorizing statute does not specify

Q: How should our practice plan for the transition to the Universal Childhood Immunization Program in January 2012?

- Plan ahead to limit private purchase stock
- Assure that sufficient vaccine is available

Q: Can I still bill insurers for vaccine administration fees?

- Yes
- Practices will be similar to pre-2007 Universal supply status

Q: Will we need to keep our vaccines
in separate refrigerators?

- State supplied vaccines may all be kept together.

How can we stay up to date and get more information?

- MEVaccine.org (online soon)
- Regional Trainings
 - Houlton (July 28)
 - Bangor (August 4)
 - Portland (August 11)
 - Augusta (August 12)
- Maine Immunization Program General In-Box