



House of Representatives

General Assembly

File No. 524

January Session, 2011

Substitute House Bill No. 6610

House of Representatives, April 13, 2011

The Committee on Public Health reported through REP. RITTER, E. of the 38th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING VACCINES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 19a-7f of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2011*):

3 (a) The Commissioner of Public Health shall determine the standard
4 of care for immunization for the children of this state. The standard of
5 care for immunization shall be based on the recommended schedules
6 for active immunization for normal infants and children published by
7 the National Centers for Disease Control and Prevention Advisory
8 Committee [, as determined by the Commissioner of Public Health] on
9 Immunization Practices, the American Academy of Pediatrics and the
10 American Academy of Family Physicians. The commissioner shall
11 establish, within available appropriations, an immunization program
12 which shall: (1) Provide vaccine at no cost to health care providers in
13 Connecticut to administer to children so that cost of vaccine will not be
14 a barrier to age-appropriate vaccination in this state; (2) with the
15 assistance of hospital maternity programs, provide all parents in this

16 state with the recommended immunization schedule for normal
17 infants and children, a booklet to record immunizations at the time of
18 the infant's discharge from the hospital nursery and a list of sites
19 where immunization may be provided; (3) inform in a timely manner
20 all health care providers of changes in the recommended
21 immunization schedule; (4) assist hospitals, local health providers and
22 local health departments to develop and implement record-keeping
23 and outreach programs to identify and immunize those children who
24 have fallen behind the recommended immunization schedule or who
25 lack access to regular preventative health care and have the authority
26 to gather such data as may be needed to evaluate such efforts; (5) assist
27 in the development of a program to assess the vaccination status of
28 children who are clients of state and federal programs serving the
29 health and welfare of children and make provision for vaccination of
30 those who are behind the recommended immunization schedule; (6)
31 access available state and federal funds including, but not limited to,
32 any funds available through the federal Childhood Immunization
33 Reauthorization or any funds available through the Medicaid
34 program; (7) solicit, receive and expend funds from any public or
35 private source; and (8) develop and make available to parents and
36 health care providers public health educational materials about the
37 benefits of timely immunization.

38 (b) (1) A health care provider who administers vaccines to children
39 under the federal Vaccines For Children immunization program that is
40 operated by the Department of Public Health under authority of 42
41 USC 1396s may select, and the department shall provide, any vaccine
42 licensed by the federal Food and Drug Administration, including any
43 combination vaccine and dosage form, that is (A) recommended by the
44 National Centers for Disease Control and Prevention Advisory
45 Committee on Immunization Practices, and (B) made available to the
46 department by the National Centers for Disease Control and
47 Prevention.

48 (2) A health care provider who administers vaccines to children
49 under the immunization program established pursuant to subsection

50 (a) of this section may select, and the Department of Public Health
51 shall provide, any vaccine licensed by the federal Food and Drug
52 Administration, including any combination vaccine and dosage form,
53 that is (A) recommended by the National Centers for Disease Control
54 and Prevention Advisory Committee on Immunization Practices, (B)
55 made available to the department by the National Centers for Disease
56 Control and Prevention, and (C) identified by the department as a
57 vaccine funded by the department from the amount appropriated
58 pursuant to section 19a-7j, as amended by this act, or an equivalent
59 vaccine. The department shall provide an equivalent vaccine selected
60 by a health care provider pursuant to subparagraph (C) of this
61 subdivision only if the cost of providing the equivalent vaccine does
62 not exceed the cost of providing the vaccine funded by the department.
63 For purposes of this subsection, "equivalent vaccine" means two or
64 more vaccines that (i) protect a vaccine recipient against the same
65 infection or infections, (ii) have similar safety and efficacy profiles, (iii)
66 are recommended for comparable populations by the National Centers
67 for Disease Control and Prevention, and (iv) require the same number
68 of doses.

69 (3) The provisions of this subsection shall not apply in the event of a
70 public health emergency, as defined in section 19a-131, or an attack,
71 major disaster, emergency or disaster emergency, as those terms are
72 defined in section 28-1.

73 Sec. 2. Section 19a-7j of the general statutes is repealed and the
74 following is substituted in lieu thereof (*Effective October 1, 2011*):

75 (a) Not later than September 1, 2003, and annually thereafter, the
76 Secretary of the Office of Policy and Management, in consultation with
77 the Commissioner of Public Health, shall (1) determine the amount
78 appropriated for the following purposes: (A) To purchase, store and
79 distribute vaccines for routine immunizations included in the schedule
80 for active immunization required by section 19a-7f, as amended by this
81 act, including any vaccines selected by health care providers pursuant
82 to subdivision (2) of subsection (b) of section 19a-7f, as amended by

83 this act; (B) to purchase, store and distribute (i) vaccines to prevent
84 hepatitis A and B in persons of all ages, as recommended by the
85 schedule for immunizations published by the National Advisory
86 Committee for Immunization Practices, (ii) antibiotics necessary for the
87 treatment of tuberculosis and biologics and antibiotics necessary for
88 the detection and treatment of tuberculosis infections, and (iii)
89 antibiotics to support treatment of patients in communicable disease
90 control clinics, as defined in section 19a-216a; and (C) to provide
91 services needed to collect up-to-date information on childhood
92 immunizations for all children enrolled in Medicaid who reach two
93 years of age during the year preceding the current fiscal year, to
94 incorporate such information into the childhood immunization
95 registry, as defined in section 19a-7h, and (2) inform the Insurance
96 Commissioner of such amount.

97 (b) Each domestic insurer or health care center doing life insurance
98 or health insurance business in this state shall annually pay to the
99 Insurance Commissioner, for deposit in the General Fund, a health and
100 welfare fee assessed by the Insurance Commissioner pursuant to this
101 section. [Not later than October 1, 2003, the Insurance Commissioner
102 shall determine the fee to be assessed against each such domestic
103 insurer or health care center for the fiscal year ending June 30, 2004.]
104 Not later than October 1, 2003, and annually thereafter, the Insurance
105 Commissioner shall determine the fee to be assessed against each such
106 domestic insurer or health care center for the next fiscal year. Such fee
107 shall be a percentage of the total amount appropriated, as identified in
108 subsection (a) of this section, and shall be calculated on the basis of life
109 insurance premiums and health insurance premiums and subscriber
110 charges in the same manner as calculations under section 38a-48. Not
111 later than November 1, 2003, and annually thereafter, the Insurance
112 Commissioner shall submit a statement to each such insurer and health
113 care center that includes the proposed fee for the insurer or health care
114 center calculated in accordance with this section. As used in this
115 section, "health insurance" means health insurance, as defined in
116 subdivisions (1) to (13), inclusive, of section 38a-469.

117 (c) Any domestic insurer or health care center aggrieved by an
118 assessment levied under this section may appeal therefrom in the same
119 manner as provided for appeals under section 38a-52.

120 [(d) For the fiscal year ending June 30, 2004, the aggregate
121 assessment under this section shall not exceed seven million one
122 hundred thousand dollars. For the fiscal year ending June 30, 2005, the
123 aggregate assessment under this section shall not exceed seven million
124 one hundred thousand dollars.]

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2011</i>	19a-7f
Sec. 2	<i>October 1, 2011</i>	19a-7j

PH *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 12 \$	FY 13 \$
Public Health, Dept.	GF - Cost	82,740	79,940
State Comptroller - Fringe Benefits ¹	GF - Cost	21,983	21,983

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill results in a General Fund cost of \$104,723 in FY 12 and \$101,923 in FY 13 to support staff needed to process provider requests for vaccines from various manufacturers and associated expenses related to allowing vaccine manufacturer choice to health care providers. Cost details are provided in the table below.

Item	FY 12 \$	FY 13 \$
2.0 Data Entry Operators	79,190	79,190
Computers, software, headsets	2,800	0
Office Supplies	750	750
Fringe Benefits	21,983	21,983
TOTAL	104,723	101,923

Currently, when more than one manufacturer produces a vaccine of similar efficacy, safety, and cost, the Department of Public Health provides vaccines from a single manufacturer.

The Out Years

¹ The fringe benefit costs for most state employees are budgeted centrally in accounts administered by the Comptroller. The estimated non-pension fringe benefit cost associated with personnel changes is 23.76% of payroll in FY 12 and FY 13. In addition, there could be an impact to potential liability for the applicable state pension funds.

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation. Pension-related costs for the identified personnel changes will be recognized in the state's annual required pension contribution as of FY 14.

Sources: Public Hearing Testimony (3/23/2011)

OLR Bill Analysis**sHB 6610*****AN ACT CONCERNING VACCINES.*****SUMMARY:**

This bill expands the choice of childhood immunizations that health care providers may administer if certain conditions are met.

EFFECTIVE DATE: October 1, 2011

CHILDHOOD VACCINES

By law, the Department of Public Health (DPH) commissioner determines the standard of care for childhood immunizations in Connecticut based on the recommended schedules of the (1) National Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices, (2) American Academy of Pediatrics, and (3) American Academy of Family Physicians. Currently, DPH operates a federal "Vaccine for Children" (VFC) program and its own immunization program funded by an assessment on health insurers.

Federal Vaccine for Children Program

Under the bill, a health care provider administering childhood vaccines under the VFC program (operated by DPH under federal authority, 42 USC § 1396s) may choose, and DPH must provide, any vaccine licensed by the federal Food and Drug Administration, including any combination vaccine and dosage form if it is (1) recommended by the CDC Advisory Committee, and (2) made available to DPH by the CDC.

The VFC is a federally funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay. VFC was created by the Omnibus Budget

Reconciliation Act of 1993 as a new entitlement program required as part of each state's Medicaid plan. VFC pays for any brand of vaccine that the CDC has recommended.

DPH Vaccine Program

By law, the DPH commissioner must establish, within available appropriations, a childhood immunization program that:

1. provides vaccine at no cost to state health care providers so that cost is not a barrier to vaccination;
2. with the assistance of hospital maternity programs, provides all parents with the recommended immunization schedule and a list of immunization sites;
3. informs providers of changes in the immunization schedule in a timely way;
4. assists hospitals, local health providers, and local health departments develop and implement record-keeping and outreach programs to identify and immunize children who have fallen behind in their immunizations;
5. assists in developing a program to assess the vaccination status of children who are clients of state and federal programs serving children and provide for vaccination for those behind schedule;
6. obtains available state and federal funds and solicits and spend funds from any public or private source; and
7. provides parents and providers with educational materials about timely immunizations.

By law, each year the Office of Policy and Management (OPM) secretary must determine the amount appropriated for the purchase, storing, and distribution of vaccines under this program, as well as for other vaccine, biologic, and antibiotic purchase and distribution. Each domestic insurer or health care center (i.e., an HMO) conducting life or

health insurance business in the state must annually pay a “health and welfare fee” to the Insurance Department. The fee is deposited in the General Fund.

This bill provides more vaccine choice to providers in the childhood immunization program. Under the bill, a health care provider administering childhood vaccines may choose, and DPH must provide, any vaccine licensed by the FDA, including any combination vaccine and dosage form that is (1) recommended by CDC’s Advisory Committee, (2) made available to DPH by CDC, and (3) identified by DPH as a vaccine funded from the “health and welfare” fee, or an equivalent vaccine.

DPH must provide an equivalent vaccine selected by a provider only if the cost does not exceed the cost of providing the vaccine funded by DPH. “Equivalent vaccine” means two or more vaccines that (1) protect a vaccine recipient against the same infection, (2) have similar safety and efficacy, (3) are recommended by the CDC, and (4) require the same number of doses.

PUBLIC HEALTH EMERGENCIES AND DISASTERS

The bill specifies that these provisions expanding vaccine choices do not apply in the event of a public health emergency or an attack, major disaster, emergency, or disaster emergency as defined in law.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 28 Nay 0 (03/30/2011)