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## **OFA Bill Analysis**

### **sSB 183**

#### ***AN ACT CREATING A CHILDHOOD IMMUNIZATION TASK FORCE.***

#### **SUMMARY:**

The bill establishes a childhood immunization task force, which is required to:

1. Develop a plan to:
  - a. Maintain access to high-quality immunizations for children in the state,
  - b. Determine how to respond to recommendations by the National Centers for Disease Control for new childhood immunizations not currently provided by the state immunization program administered by the Department of Public Health,
  - c. Implement a program permitting health care providers who administer vaccines to children under the federal Vaccines for Children program to select, and the Department of Public Health to provide, vaccines licensed by the federal Food and Drug Administration, and
  - d. Determine how best to cover the cost of immunizations for children in the state.
2. Consider whether the state should continue universal immunization for children in the state.

The task force is required to submit a report on its findings and recommendations, including recommendations for legislation, to the Public Health, Human Services, Appropriations, and Insurance and

Real Estate Committees of the General Assembly no later than February 1, 2012. The task force is required to terminate on the date that it submits its report (or 2/1/12, whichever is later).

EFFECTIVE DATE: Upon passage.

## **TASK FORCE**

### ***Membership***

Required members of the task force are as follows:

1. Two representatives (one each appointed by the speaker of the House of Representatives and the president pro tempore of the Senate) of the following entities:
  - a. The pharmaceutical industry,
  - b. The insurance industry, and
  - c. The American Academy of Pediatrics.
2. The chairpersons and ranking members of the following committees of the General Assembly:
  - a. Public Health,
  - b. Human Services,
  - c. Appropriations, and
  - d. Insurance and Real Estate.
3. The Commissioner or the commissioner's designee, of the following agencies:
  - a. The Department of Public Health,
  - b. The Department of Insurance, and
  - c. The Department of Social Services.
4. The Secretary of the Office of Policy and Management, or the

secretary's designee; and

5. An employee of the Department of Public Health, appointed by the Commissioner of Public Health, responsible for immunizations.

### **Administration**

All appointments to the task force are required to be made not later than thirty days after the effective date of this section. Any vacancy of an appointed membership shall be filled by the appointing authority.

The speaker of the House of Representatives and the president pro tempore of the Senate are required to select the chairpersons of the task force from among the task force members. Such chairpersons must schedule the first meeting of the task force, which must be held not later than sixty days after passage of the bill.

The administrative staff of the joint standing committee of the General Assembly having cognizance of matters relating to public health and the staff of the Office of Legislative Research shall serve as administrative staff of the task force.

## **BACKGROUND**

### **CHILDHOOD VACCINES**

By law, the Commissioner of Public Health 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, the Department of Public Health (DPH) operates a federal "Vaccine for Children" program and its own immunization program funded by an assessment on health insurers.

#### ***Federal Vaccine for Children Program (VFC)***

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 Commissioner of Public Health 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. Provides all parents with the recommended immunization schedule and a list of immunization sites with the assistance of hospital maternity programs;
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 Secretary of the Office of Policy and Management (OPM) 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., a health maintenance organization or 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.

**COMMITTEE ACTION**

Appropriations Committee

Joint Favorable Substitute

Yea 51 Nay 0 (04/26/2011)