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My goal when I submitted this bill was to provide the children of Connecticut with access to the widest array of vaccines available. Traditionally Connecticut has been amongst the national leaders in vaccination rates. This has been a source of pride for me, the Department of Public Health and many people in this building. This has changed in the last few years; in fact in 2009 we were 27th.

The Department or Public Health approved vaccines for use, and purchase, as well as, stored and distributed all the childhood vaccines in the state for many years. DPH selects only one version of a vaccine and only allows that to be used for every child in the state. However, there have been significant changes at the federal and state level which makes this type of formulary unnecessary. In fact, we are one of only eight states that still do not let the physician choose the best vaccine for their particular patient.

DPH no longer purchases any childhood vaccines for use in the state. Vaccines for lower income children are paid for by the federal government through the Vaccines for Children program and the insurance industry in the state pays for the vaccines used for other children through a combination of health and welfare fee or traditional reimbursement methods depending on the vaccine.

Because of these changes the federal government has their expert panel review any new childhood vaccine before it is approved for use in the Vaccines for Children program and decides where a vaccine fits into the immunization schedule. There is no reason to duplicate efforts with the federal government around product approval and selection. All this does is limit options and delay access to new vaccines.

The federal government now stores all the vaccine purchased through the CDC at two warehouses eliminating the need for our DPH to store it. The vaccine is now shipped directly to physicians in the state. Soon practitioners will be able to order their vaccine directly from the CDC on-line. These are all important developments that argue for the state to allow the practitioner to order any vaccine offered and approved by the CDC.

We should be proud of our track record over the years regarding childhood immunization rates. However, our results have been achieved because of a number of DPH actions resulting from the close relationship they have forged with our pediatricians and other practitioners not from an antiquated policy of limiting access to all vaccines. If it were based on dictating which vaccine to use, why would three of the remaining eight states with the same policy as Connecticut rank in the bottom five nationally including Alaska which is dead last? Allowing providers to choose which vaccine they feel is best for their patients has actually been shown to increase immunization rates and will not increase overall costs for this program.

The program buys only as much vaccine as they can with the proceeds of the health and welfare fee currently and anything that cannot be offered in this fashion is provided by insurers through traditional means. This will continue under this proposal. Any additional effort needed from program staff to establish an ordering process to accommodate more choices will be offset by reduced effort to support product selection and formulary enforcement activities.

It is time we join other states and abandon this one size fits all policy and focus on activities that actually improve immunization rates which is the goal. Let the federal government review products for approval and availability to patients covered by the Vaccines for Children program and the state's universal program. This will provide maximum choice for our physicians and quicker access to new technologies for our children.

One final point, it was my intention to allow for provider choice in the Vaccines for Children program which is administered by the DPH as well as the state's universal program so those children would also have access to the best vaccine for them. It seems a bit unclear that the Vaccines for Children program would be included under HB6610.

Peggy Sayers
State Representative