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CONNECTICUT'S CHILDHOOD IMMUNIZATION PROGRAM

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You asked for information on Connecticut's childhood immunization program.

SUMMARY

The Department of Public Health (DPH) operates a federal "Vaccine for Children" (VFC) entitlement program and its own state immunization program funded by an assessment on the state's life and health insurers. The VFC program provides all 16 routine childhood vaccinations recommended by the federal Centers for Disease Control and Prevention (CDC) free of charge to children who are Medicaid-eligible, uninsured, underinsured, Native Alaskan, or American Indian.

By law, DPH must also administer a state childhood vaccination program that provides certain vaccines, including combination vaccines, at no cost to healthcare providers within available appropriations. Vaccines must be made available to all children who are ineligible for the VFC program regardless of insurance status. Connecticut's program is a "universal-select" vaccine purchase program, meaning that it provides most (11) but not all of the 16 CDC-recommended vaccines to children through age 18. Vaccines not supplied by the program are pneumococcal, rotavirus, influenza, hepatitis A, and human papillomavirus (HPV).

According to DPH, in FY 11 the state program cost \$8,829,534. The department estimates that it would cost approximately \$24,462,012 to expand to a “universal” vaccine program that provides all 16 CDC-recommended vaccines.

The VFC program pays for vaccine brands recommended by the CDC. From these, DPH chooses the brand for all vaccines provided by both the VFC and state programs, but it is considering transitioning to a “full-choice” VFC program, allowing participating providers to choose the brand. DPH is conducting a feasibility study of such a transition and a vaccine choice pilot program with one VFC provider in Hartford, Charter Oak Health Center, Inc., that began on November 1, 2011. The department must report to the Public Health Committee by June 1, 2012 on the pilot’s results and any recommendations for future program expansion. If the pilot program does not show (1) a significant reduction in child immunization rates or (2) an increased risk to children’s health and safety, it will expand to all VFC providers starting July 1, 2012.

VFC IMMUNIZATION PROGRAM

The CDC administers the VFC program at the federal level and DPH administers it in the state. The program provides vaccines to certain children who may not otherwise be vaccinated because of an inability to pay. Children through age 18 are eligible for the program if they are Medicaid-eligible, uninsured, American Indian, Alaska Native, or underinsured. The state’s Medicaid plan must include coverage for the administration of the vaccines.

A child is considered underinsured if he or she has private health insurance but that coverage (1) does not include vaccines, (2) includes only certain vaccines, or (3) is limited to a certain amount. Underinsured children are only eligible for VFC vaccines not covered by their private health insurance and can only receive them through a rural health clinic or federally qualified health center.

Participating healthcare providers can charge administrative and office visit fees for administering the vaccine. However, they are required by law to waive the administrative fee if the child’s family cannot afford to pay it. The state’s Medicaid program pays providers to administer the vaccines to Medicaid-eligible children.

The VFC program must provide all routine vaccines recommended by the CDC’s Advisory Committee on Immunization Practices (ACIP) and approved by the CDC. Table 1 lists the 16 vaccine types currently recommended by ACIP.

Table 1: Vaccines Required Under the VFC Program

ACIP Recommended Vaccines	
Diphtheria	Mumps
Haemophilus Influenza Type B	Pertussis (whooping cough)
Hepatitis A	Pneumococcal disease (pneumonia)
Hepatitis B	Polio
Human Papillomavirus (HPV)	Rotavirus
Influenza (flu)	Rubella (German measles)
Measles	Tetanus (lockjaw)
Meningococcal disease (meningitis)	Varicella (chickenpox)

The VFC program pays for any brand of vaccine recommended by the ACIP. But, DPH chooses the brand for each vaccine provided by both the VFC and state programs; providers have no choice. Table 2 lists the 16 vaccine types and 19 brands currently offered through Connecticut's VFC program.

Table 2: Vaccine Brands Offered By Connecticut's VFC Program

Vaccine	Brand	Manufacturer
Varicella (chickenpox)	Varivax	Merck
Hepatitis B	Engerix B	GlaxoSmithKline
Td (tetanus and diphtheria)	Decavac	Sanofi Pasteur
MMR (measles, mumps, rubella)	MMRII	Merck
Pneumococcal Conjugate	Prevnar 13	Pfizer
DTaP (diphtheria, tetanus, pertussis)	Infanrix	GlaxoSmithKline
Hib (haemophilus influenza type B)	ActHIB	Sanofi Pasteur
IPV (polio)	IPOL	Sanofi Pasteur
Meningococcal Conjugate	Menactra	Sanofi Pasteur
Tdap (tetanus, diphtheria, pertussis)	Boostrix	GlaxoSmithKline
Hepatitis A	Havrix	GlaxoSmithKline
Rotavirus	Rotarix	GlaxoSmithKline
DTaP/IVP	Kinrix	GlaxoSmithKline
HPV	Gardasil	Merck
DTap/IPV/Hib	Pentacel	Sanofi Pasteur
Influenza	Fluzone Fluarix Fluvirin FluMist	Sanofi Pasteur GlaxoSmithKline Novartis MedImmune

Source: December 1, 2011 DPH presentation to the Connecticut Childhood Immunization Task Force

CDC purchases and provides the vaccines to DPH; DPH distributes them to participating providers.

UNIVERSAL SELECT PROGRAM

In addition to the VFC program, DPH operates a state childhood immunization program under which, and within available appropriations, DPH must provide vaccines at no cost to healthcare providers. Under the program, vaccines must be made available to all children through age 18 who are ineligible for the VFC program, regardless of insurance status. DPH provides the vaccines based on the recommended schedules published by ACIP, the American Academy of Pediatrics, and the American Academy of Family Physicians (CGS § 19a-7f).

Connecticut's program is considered a "universal select" vaccine purchase program. This means that the program supplies most, but not all, CDC-recommended childhood vaccines to participating providers. Currently, DPH supplies 11 of the 16 CDC-recommended childhood vaccines covering 11 vaccine preventable diseases. Those not provided are pneumococcal, rotavirus, influenza, Hepatitis A, and HPV. Physicians must purchase these five vaccines privately and bill the child's insurance carrier for the cost and administration of the vaccine.

Funding

The program is funded by an assessment on the state's life and health insurers. By law, the Office of Policy and Management secretary must annually determine the amount of the General Fund appropriation for the purchase, storage, and distribution of vaccines under the program.

Each domestic insurer or HMO conducting life or health insurance business in the state must pay an annual "health and welfare" fee to the Insurance Department. The fee is based on premium taxes and subscriber charges the Department of Revenue Services reports to the Insurance Department. The funds the Insurance Department collects are deposited into the General Fund (CGS § 19a-7j). This allows DPH to purchase the vaccines at no cost to the state, which it does, at a discount, through federal government contracts.

According to the Insurance Department the immunization assessment has remained \$9.04 million since FY 06.

Vaccine Selection

DPH makes decisions regarding vaccine delivery, purchase, and other program components based on the recommendations of its Vaccine Purchase Advisory Committee. Committee membership includes physicians and nurses with expertise in pediatrics, family practice, internal medicine, epidemiology, and public health. The committee's recommendations are based on the following criteria:

1. vaccine cost for a "full series" of shots,
2. ease of use (e.g. vaccines with the least number of required injections or provider visits), and
3. safety and efficacy recommendations of the CDC and other national advisory bodies.

DPH chooses a single vaccine when more than one manufacturer offers a product with similar efficacy, safety, and cost. If two vaccines have the same efficacy and safety, the department will provide the less expensive vaccine so that it can immunize more children. It does not switch vaccine manufacturers without a significant reason to maintain product consistency and prevent the mixing and matching of vaccines.

VACCINE CHOICE PILOT PROGRAM

DPH is currently considering transitioning the VFC program from a "no-choice" to "full choice" program allowing participating medical providers to choose the vaccine brand they administer to children. The department is completing a federally funded feasibility study to determine the implications of such a transition, including whether it would require DPH to hire additional staff.

Pilot Program

In the meantime, the 2011 legislature established a vaccine choice pilot program for certain providers who administer vaccines to children under the VFC program (PA 11-242).

Under the pilot, providers may select any vaccine the federal Food and Drug Administration licenses, including a combination vaccine, that is recommended by ACIP and made available to DPH under the VFC program. The law limits the pilot to one group health care provider each in Bridgeport and New Haven selected by DPH and any healthcare provider in Hartford.

DPH contacted all eight VFC providers in Hartford and two provider sites each in New Haven and Bridgeport. Only one provider, Charter Oak Health Center, Inc. in Hartford, agreed to participate in the pilot program. The pilot program with Charter Oak Health Center, Inc. began on November 1, 2011.

According to DPH, other providers contacted were not interested in participating in the pilot program for many reasons, including (1) satisfaction with the current system, (2) increased administrative and storage burden associated with keeping a separate stock for choice vaccine, (3) increased potential for errors if administering two different products with different administration techniques, and (4) the requirement of an extended transition period when switching children from one combination vaccine to another.

The DPH commissioner must report to the Public Health Committee by June 1, 2012 on the pilot program results. The report must assess the program's effect on childhood immunization rates, any health or safety risks posed, and recommendations for future program expansion. Presumably, the concerns raised by the sites rejecting the pilot will be studied as well. If the program proves successful, it will expand to include all VFC providers starting July 1, 2012.

SOURCES

Connecticut Department of Insurance presentation to the Connecticut Childhood Immunization Task Force, December 1, 2011.

Connecticut Department of Public Health presentation to the Connecticut Childhood Immunization Task Force, December 1, 2011.

Connecticut Department of Public Health Childhood Immunization Program website:
<http://www.ct.gov/dph/cwp/view.asp?a=3136&q=466892>, last visited on December 9, 2011.

CDC Vaccines For Children website:
<http://www.cdc.gov/features/vfcprogram/>, last visited on December 9, 2011.