



Re: Proposed Bill No. 6158 AN ACT CONCERNING VACCINE DISTRIBUTION.

COMMITTEE CHAIRPERSON AND MEMBERS OF THE COMMITTEE:

I am a practicing pediatrician in a 7 physician group practice in Stamford. I have been working and living in this community for almost 25 years and I am writing in support of the above-named Bill.

As you know, last year the Governor inserted into the budget a requirement that all physicians administering vaccines in our state obtain them from the Connecticut Vaccine Program, thus transforming this voluntary program into a mandatory one. Many practices, such as mine, bought vaccine directly from manufactures to give to our patients. This practice allowed much tighter control of inventory, better selection and service, faster delivery and resulted in vaccination rates in my practice that exceeded the state average.

Connecticut, a state that already had excellent vaccination rates dramatically changed a complex distribution system with no public discussion, no hearings, no research, no study or even any testimony from competent authorities on its possible effects on vaccination rates. Cost was not a barrier to immunization, access to providers can be and the state has added a significant administrative burden with little foresight that may force providers to actually decrease access.

It is unclear where the savings are being reaped; it seems the primary recipients of any cost reductions are the insurers who have not passed on the savings to consumers or providers. In addition, because insurance companies were unprepared for the new program, several major insurers are unable to process claims correctly adding further hours to my practice's administrative burdens. If fact, should the program end up being underfunded, it is likely the taxpayers will have to assume some of the risk of financing this program. It is insurers business to manage risk not the taxpayers.

Practices like mine maintain our high immunization rates by controlling inventory, choosing products wisely (for their effectiveness), tracking vaccines and following up on patients to make sure they are adequately immunized. The truth about all those jobs is that they are labor intensive and that someone has to be paid to do them. We follow up because it is good medicine and good for the children we care for, but insurers do not reimburse us directly for this work. Some of the

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reimbursement from the administration of vaccines pays for these essential jobs. To put this in perspective, on an average year we purchase about \$800,000 in vaccines and administered over 13,000 doses. The small profit per vaccine we received helped cover unreimbursed administrative costs. (Incidentally, those numbers are for 9 providers, all but 2 of whom are part-time. If you do the math for the number of providers added to the CVP by this mandatory program you will see the program is likely significantly underfunded).

My practice is a small business employing 31 people. Two years ago we employed 34. There is no way to recoup the lost reimbursement and cover the increased administrative burden except by trimming payroll. The rest of our overhead is largely fixed. So we may have to terminate or not replace empty positions. We may have to replace more experienced and better trained RNs with lower-wage LPNs or Medical Assistants. This lowers the level of service and experience we can offer our patients. We may have to trim office staff positions, good entry-level jobs with flexible hours requiring no previous experience.

So not only was this mandate sprung with no study of its impact on the health and immunization rates of Connecticut's children, it will likely cost jobs. I urge the legislature to return the program to a voluntary one. If the program is successful, safe, effective, efficient and a way to improve vaccination rates, of course we will join it.

Sincerely,

A handwritten signature in black ink, appearing to read 'Timothy Kenefick'.

Timothy Kenefick, MD

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