

## Written Testimony for H.B. 6158

My name is Bruce Cohen and I am a pediatrician in Danbury, C.T. I have been in private practice with Pediatric Associates of Western Ct for 18 years. This is a practice of 7 board-certified pediatricians and 2 PA's and has a staff of around 40 employees including nurses, receptionists and file clerks. We serve Danbury and all the surrounding communities and have about 14000 patients in the practice This practice started in Danbury in 1960 and we have a reputation as giving high quality medical care to our patients. In addition, I am on the board for Families Network of Western Ct, a local Danbury charity that works to help prevent child abuse through education and services to first time parents. I am also on the executive board at Danbury Hospital and the Family birth center committee.

I am writing to you today to ask for your support for Bill 6158. As you well know, a vaccine mandate went into effect on Jan 1st of this year requiring all providers who vaccinate children up to age 18 to get all of their vaccines from the state of CT. In theory this sounds like a good idea but unfortunately this mandate was rushed through without any public hearing or input from the providers and therefore there are many problems with this mandate. I will attempt to address the issues in this testimony, but feel free to reach out to me if you have any further questions.

To begin with, The state of Connecticut has had some of the highest vaccine rates in the country for many years with the system we had in place prior to the mandate and therefore I am not sure why this mandate was even developed. CIRTS, the voluntary vaccination tracking system in CT, had our practice above 90 percent for the years 2004-2008 ( the latest data currently available) and I would be glad to supply you with a copy of the numbers if it would help your decision. (I have already provided a copy of the CIRTS data to Representative Arconti who was kind enough to meet with us last week to discuss many of these issues.) These rates are similar throughout the state and we have been in the top 5 states for vaccination rates in the country according to the CDC. In addition, our practice,like many in the state, already participated with the state program on a voluntary basis for our state Medicaid,Husky, and uninsured patients, so this mandate only applied to patients with private insurance. We participated in the voluntary program because we felt an obligation to serve those patients without private insurance, even though the state program was unwieldy and caused an undue administrative burden to our practice.

One of the biggest problems with the mandate is that it does not cover all vaccines nor does it cover all patients. In our practice we see patients through age 22 years old. Unfortunately the mandate only supplies vaccine through 18 and therefore we cannot use the state supplied vaccines for our patients age 19 through 22. For those patients we are told to buy private vaccine but unfortunately it is not financially feasible for us to purchase just a few doses of vaccine to have on hand for a few reasons. Vaccine manufacturers price vaccines based on volume and therefore the vaccine is much more expensive when only a few are purchased yet insurance companies reimburse based on average wholesale cost which is much less than the price we would purchase the

vaccine for, so we would lose money on every dose purchased. Additionally most vaccines can only be purchased in multidose vials that have 10 doses per vial, so we would need a large volume of patients to vaccinate to insure that the other doses in the vial don't expire before they are used. Other medical issues include the fact that the state mandated vaccines don't cover patients traveling outside the country, nor do they include vaccines that are recommended by the AAP on top of routine vaccination schedule for high risk patients. For instance, Menactra, a vaccine to prevent meningitis is recommended for immunocompromised patients prior to the routine age of 11 years old, but there is no provision in the state vaccine mandate to cover these patients. There are many other examples but probably one of the most striking is this past flu season where the state did not allow us to vaccinate patients over age 5, even though we had state supplied vaccine in our refrigerator that were going to expire and in fact when we contacted the state and explained and told them this, they told us to just let the doses expire, which they did, wasting about 20 doses of vaccine. Interesting enough, a few weeks later at the urging of the CDC, the state did allow us to start vaccinating patients all the way up to 18 for flu, but by then it was too late. Those doses had expired and it is very difficult once you have turned patients away to have them return at a later date. There are also exceptions for Rotavirus vaccine, Hepatitis A and Human papilloma virus vaccine ( a vaccine that helps to prevent cancer). There are many other restrictions on vaccines as is evident if you look at the Connecticut Vaccine Program eligibility criteria. The American Academy of Pediatrics is always coming out with new vaccine recommendations and it has and always will be very difficult for the state to continue to revise their distribution based on these changing recommendations. It is much better to leave it up to the patient's individual physician who knows the patient's medical history to decide when to vaccinate that patient which is what happens when physicians can use private vaccine.

Another major issue with this mandate is the issue of vaccine supply. The supply of vaccines has always been difficult to manage with shortages of different vaccines at different times. Eliminating the private sector from this equation and stipulating that the entire supply comes from one source (the state) makes an already tenacious situation that much more so. As any supply manager will tell you if supply comes from different streams then it is easier to manage because if one supply line is compromised then you can always use the other lines, while if you only have one supply line and that is compromised, there is no where else to turn.

The state also makes the supply issue more difficult with their ordering and storage requirements. While in the past with private manufacturers, when we were low on vaccine, we could call the manufacturer and have more in our office within 24 hours, now we need to fax an order to the state that takes a week or more. In addition the state requests that we order our vaccine once a month, necessitating a very large order ( as you can imagine for 14000 patients). They also use an antiquated paper system which an extreme administrative burden for our practice. It takes my head nurse more than half a day to fill out the burdensome paperwork required by the state every month to order the vaccines. Time that otherwise would be better spent in patient care.

These requirements increase our operating costs so we are being squeezed on both ends. We are losing revenue from our private patients and having to incur these higher operating costs and the only one saving money is the insurance company who has managed to shift the costs from them to us, the providers. We are a small business, having 40 employees and are trying to find creative ways of saving money. Unfortunately most of these ways are by reducing benefits of employess and cutting services, which ends up hurting the patients.

In summary, H.B. 6158, which restores choice to providers, is a good idea because this mandate will decrease vaccination rates and decrease the quality of patient care, exactly the opposite of what this mandate was supposed to accomplish.