Highlights of Department of Public Health Insurance Fund History, Intended Use, and Background

Immunization Program Description

To ensure that high risk children had access to vaccines, Congress passed the Vaccines for Children (VFC) Act in 1993. The VFC Act provides access to free vaccines for children who are uninsured, on federal Medicaid, or who are American Indians/Alaska Natives. Under the VFC Act, the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) votes on which vaccines will be included in the program.

While the VFC program funds about 44% of childhood vaccines administered in the state, there were vaccination funding gaps and issues related to access for the children who did not qualify. In the 1980's Connecticut started the Connecticut Vaccine Program (CVP) through a small appropriation from the General Fund and the program gradually grew to address the gaps of the VFC over the years. In 2014, PA 14-217 shifted the program to the Insurance Fund, establishing the current model for the CVP program.

Through this program, the State buys vaccine at the lowest possible price through the federal CDC VFC contract and provides the vaccines at no cost to clinics, private practices, and other health care settings, and children who do not qualify for the VFC are vaccinated without a charge for the cost of the vaccine. Only public health departments can access and purchase vaccines under this contract. Insurance carriers ultimately save money on the cost of vaccine administration when vaccines are purchased under the federal contract, since they are purchased by the state at a discounted rate relative to the commercial rates, they would have otherwise paid. It is estimated that carriers save up to $23.8m (28%) per year with this program.

With the inclusion of the Human Papilloma Virus (HPV) Vaccine in the Connecticut Vaccine Program, Connecticut is now one of 10 universal vaccination states. This means that all ACIP recommended childhood vaccines are available at no cost to all children. With this program, Connecticut has seen childhood vaccination rates consistently in the high 90s and has maintained vaccination rates higher than the national averages. For example, the national average vaccination rate for children entering kindergarten is about 93%. In Connecticut, the average vaccination rate is about 97%.[1] This program has had an invaluable impact on childhood vaccination and a clear savings for the state.

Description	FY2020	FY2021	FY2022	FY2023	FY2024	Cumulative Total
Admin. Cost : Immunization Compensation	$362,264	$417,166	$407,582	$351,054	$432,727	$1,970,793
Sexually Transmitted Diseases	$201,327	$65,253	$233,999	$157,666	$76,638	$734,881
Tuberculosis Control*	$42,943	$21,396	$246	$5,169	$88,251	$158,004
Vaccines*	$53,027,759	$60,326,642	$61,793,513	$40,395,087	$25,917,399	$241,460,400
Grand Total	**$53,634,293**	**$60,830,457**	**$62,435,340**	**$40,908,975**	**$26,515,015**	**$244,324,079**

Administrative Cost Percentage	0.68%	0.69%	0.65%	0.86%	1.63%	

[1] https://www.cdc.gov/mmwr/volumes/72/wr/mm7245a2.htm#T1_down

*STD and Vaccine statutory reference to be paid out of Immunization Fund: Sec. 19a-7j

- **When did funds become available to DPH under insurance fund?** FY2015 PA14-217, budget implementer, transferred $31.5m to support vaccine procurement and the transfer of 3 FTEs from the General Fund to the Insurance Fund.
- **What is the Business Imperative for including vaccine programs?** The core rationale for the assessment of the Connecticut Insurance Fund, specifically for the Department of Public Health's vaccination program, centered around significant cost savings for the insurance industry. By leveraging federal contracts, the state was able to procure vaccines at much lower prices compared to what insurers would have paid on the open market. This bulk purchasing approach enabled the state to buy vaccines in larger quantities and at discounted rates, making it much more cost-effective for insurers.
- **How do we calculate the vaccines needed?** Annual vaccine needs are calculated by looking at the population estimate, historical vaccine distribution trends, new vaccines introduced to the schedule as well as any changes to the current vaccine recommendations. Vaccine needs can change over the course of a year, so we are meeting monthly to make any necessary revisions as needed.
- **What is the benefit of utilizing federal contract to procure vaccines as compared to open market procurement?**
  Cost saving to the insurer. For instance, in FY2024, there was approximately $23.8m (28%) savings in cost of vaccines procured through the program as compared to open market price. In addition, there is a guaranteed availability through the federal contract as compared to the open market potential uncertainty.
- **The immunization program is supported by <u>three</u> staff**:
  - **Health Program Assistant 1:** This position processes vaccine orders for approximately 650 immunization providers who order through the CT vaccine program. The positions also part of a rotating function within the program that provides customer services responses and follow-up to providers on questions they might have regarding their orders or other concerns.
  - **Epi2(Infectious/Chronic Disease**): Ensures compliance of providers that vaccines are used in the manner intended for the age groups in accordance with the ACIP recommendations. The ACIP is a committee within the United States Centers for Disease Control and Prevention (CDC) that provides advice and guidance on effective control of vaccine-preventable diseases in the U.S. civilian population. This position also ensures proper storage and handling compliance assurance.
  - **Health Program Associate:** This is the supervisory position for the program that oversees processors for the CT Vaccine Program. It ensures that providers can input information into CT WIZ, the electronic immunization system. The position also validates the readiness of providers to begin receiving vaccines by coordinating site visits to assess storage capacity, correct temperatures, adequacy of refrigeration systems, etc. The position supervises a team of 4-5 persons regularly.