

Childhood Immunization: Other States (Part 2)

Nicole Dube
James Orlando
January 12, 2012

Office of Legislative Research
Connecticut General Assembly

Presentation Overview

- Additional case studies:
 - Idaho (Universal Select)
 - Michigan (VFC and Underinsured)
 - North Carolina (VFC only)
 - South Carolina (VFC and Underinsured Select)
 - Texas (VFC and Underinsured)
 - Wisconsin (VFC only)
 - Exemption rates and demographic information for selected states
-

Idaho: Overview

- Idaho is a Universal Select state.
 - Covers all CDC recommendations except HPV for insured males.
 - In 2009, state general funding for childhood immunization was eliminated.
 - To continue funding immunizations beyond VFC, the state in 2010 passed a new law creating an assessment on carriers. The law created an independent board within the Insurance Department to manage the assessments and a separate fund for the fees.
 - Providers have choice of vaccine brand.
-

2010 Assessment Law

- Idaho Immunization Assessment Board is responsible for managing the assessment process. Among other things, it determines the assessment method, assesses carriers, manages the fund, and submits payments to the state Department of Health and Welfare.
 - Members include representatives of the insurance industry, a physician, representatives of the business community, and legislative and executive branch members.
 - Assessment applies to carriers, which include insurers and administrators providing and/or administering health insurance or health benefit coverage in Idaho, with certain exception for types of limited coverage.
 - The assessments pay for vaccine purchase at a reduced cost; the state provides the vaccines to health care providers at no cost.
-

Assessment

- The assessment is based on the number of children with immunization coverage in the plans the carriers insure or administer.
 - The board must determine each carrier's proportion of the assessment based on annual statements and other reports the board deems necessary. In making the assessment determination, the board must consider such factors as any surplus funds remaining from a prior assessment, the number and cost of vaccine doses expected to be administered in the time period, and the number of eligible children in the time period, as well as any necessary costs and expenses to administer the fund and discharge the board's duties.
 - If a company pays the assessment late, they must pay interest and may be subject to penalties.
-

Sources and Additional Information:

- Idaho Department of Insurance website:
http://www.doi.idaho.gov/company/ImmuneAssess/Immunization_assessment.aspx
 - Idaho Statutes, Title 41, Chapter 60:
<http://legislature.idaho.gov/idstat/Title41/T41CH60.htm>
-

Michigan: Overview

- Michigan is a VFC and Underinsured state.
 - Childhood immunization program is provided through federal VFC funds and the Section 317 program.
 - Michigan allows choice for vaccine brands.
-

Coverage of Underinsured Children

- Section 317 funding provides vaccines for underinsured children served in private provider offices and for certain other programs, such as the Universal Hepatitis B Program (for all newborns).
 - In addition to funding other VFC-eligible children, VFC provides vaccines for underinsured children who are served at federally qualified health centers and rural health clinics.
-

Sources and Additional Information:

- Michigan Department of Community Health Website– Immunization Information for Families and Providers:
http://www.michigan.gov/mdch/0,4612,7-132-2942_4911_4914---,00.html
 - Michigan Resource Book for VFC providers, available at:
http://www.michigan.gov/documents/mdch/1Section_I_09-08_271598_7.pdf
-

North Carolina: Overview

- North Carolina is a VFC-only state.
 - It was previously a universal coverage state, but eliminated funding for insured children due to budget constraints, as of July 1, 2010.
 - Providers have vaccine brand choice except for influenza.
-

Elimination of State Funding for Insured Children

- State funding was \$21 million at its peak—funded as part of the general fund, not an insurance assessment.
 - After July 1, 2010, \$3 million one-time funding was provided to ease the transition to VFC-only (that pool has been expended).
 - Approximately 67% of children in state are VFC-eligible.
-

Vaccine Choice

- November 2010 memorandum from Immunization Branch of state's Department of Health and Human Services provided that any vaccine available on contract through the VFC program may be ordered through state immunization program, except the state may limit brand choice for influenza vaccine.
 - If chosen brand is not available, an equivalent brand may be shipped without notification.
-

Sources and Additional Information:

- North Carolina Dept. of Health and Human Services, Dept. of Public Health, Women and Children's Health, Immunization Branch website: <http://www.immunize.nc.gov/>
 - *State Funding for Children's Vaccines Cut Off*, WRAL website, July 22, 2010: <http://www.wral.com/news/local/story/8015150/>
 - North Carolina Dept. of Health and Human Services, Dept. of Public Health, Women and Children's Health, Nov. 15, 2010 Memorandum: Provider Choice in Vaccines and Changes in Vaccine Eligibility:
<http://immunize.nc.gov/Memos/2010%20Memos/11%2015%202010%20Recent%20expansions%20to%20NCIP%20Coverage%20Criteria.pdf>
-

South Carolina: Overview

- South Carolina is a VFC and Underinsured Select state.
 - In addition to the federal VFC program, the state offers a supplemental state vaccine program (paid for by a combination of state and federal funding).
 - Reduced state funding has led to scaled back state program for non-VFC children.
 - Providers have brand choice for some vaccines.
-

New South Carolina State Program

- The supplemental state program covers vaccinations for underinsured children (other than those who qualify under VFC), as well as certain insured-hardship children.
 - Insured-hardship includes children (1) whose insurance has a deductible that has not been met of at least \$1,000 per child or \$2,000 per family and (2) the family cannot afford to pay for privately purchased vaccine.
 - Providers must be enrolled in the VFC Program to participate in the state vaccine program.
 - HPV and Meningococcal (MCV4) vaccine are available through the VFC Program but not through the state program.
-

Sources and Additional Information:

- South Carolina Department of Health and Environmental Control website:
<http://www.scdhec.gov/health/disease/immunization/state-vaccine-program.htm>
 - Dionne Gleaton, *DHEC Makes Vaccination Program Changes*, The Times and Democrat (Orangeburg, SC), Sept. 13, 2011.
-

Texas: Overview

- Texas is a VFC and Underinsured state.
 - Texas Department of State Health Services recently announced policy changes to the Texas Vaccines for Children (TVFC) program due to decreases in federal and state funding, including changes to patient eligibility criteria (definition of underinsured).
 - Providers have brand choice, due to 2009 legislation.
 - Texas leads the nation in the number of uninsured and underinsured children.
-

Eligibility Policy Changes to TVFC Program

- Effective January 1, 2012, the state announced the following changes to patient eligibility criteria (among other changes):
 - Children with private insurance that covers vaccines are no longer eligible for TVFC vaccines in public health department clinics; they will instead be referred to their medical home.
 - Definition of “underinsured” has been modified– children with vaccine coverage with high copays or deductibles are no longer considered underinsured, and thus not eligible for TVFC vaccines.
 - Under the new definition, underinsured includes a child whose insurance (1) does not include vaccine coverage; (2) only covers certain vaccines (TVFC-eligible for non-covered vaccines only); or (3) caps vaccine coverage at a certain amount (once that amount is reached, child is categorized as underinsured).
-

2009 Provider Choice Legislation

- 2009 law (effective August 31, 2010) established a system for providers to choose vaccine brands.
 - The state provides a health care provider's vaccine choice only if the state cost of providing it is no more than 15% more than the lowest-priced equivalent vaccine.
 - “Equivalent vaccines” are defined as two or more vaccines, excluding the influenza vaccine, that:
 - protect the recipient against the same infection or infections;
 - require the same number of doses;
 - have similar safety and efficacy profiles; and
 - are recommended for comparable populations by the CDC.
-

Sources and Additional Information

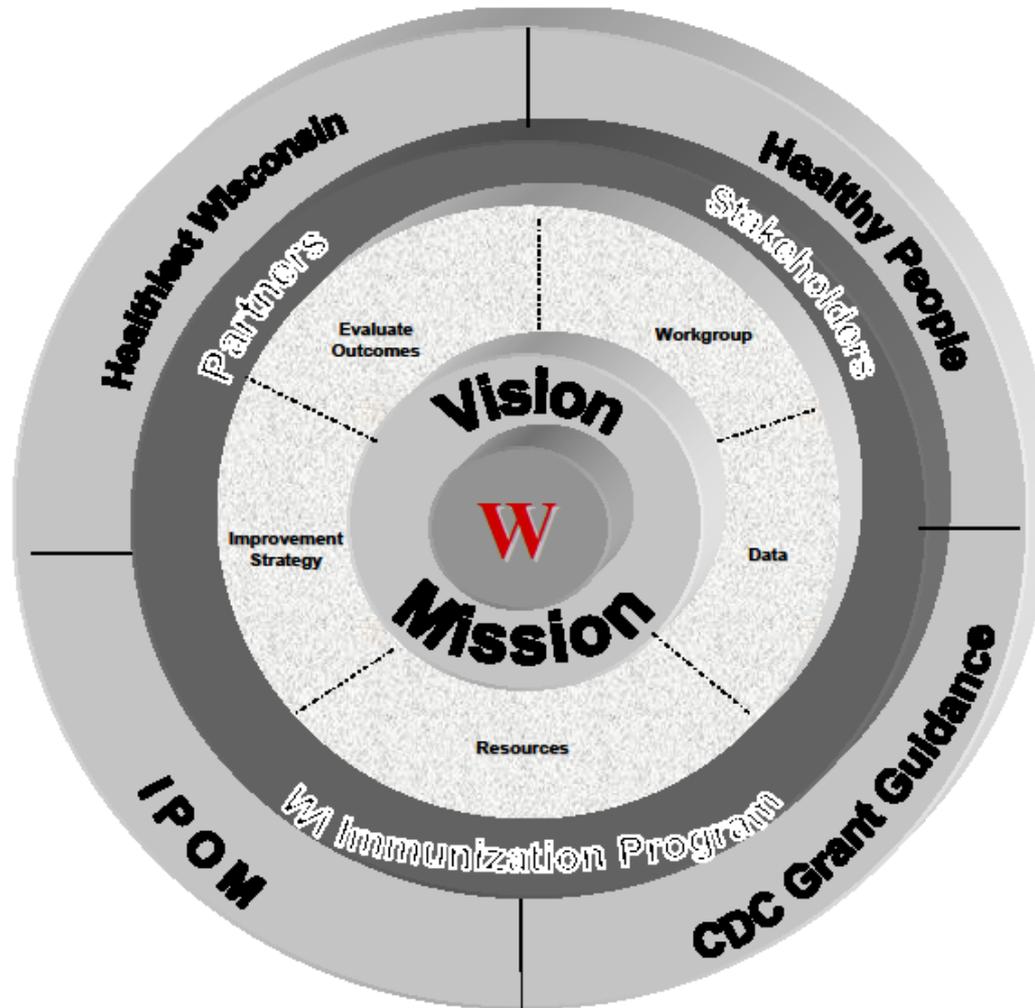
- Texas Department of State Health Services, Texas Vaccines for Children website:
<http://www.dshs.state.tx.us/immunize/tvfc/default.shtm>
 - Texas Department of State Health Services, Memo: Texas Vaccines For Children Program: Eligibility Policy Changes (link available on website above)
 - Choice legislation: Texas Health & Safety Code § 161.01035:
<http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.161.htm>
-

Wisconsin: Overview

- Wisconsin is a VFC-only state.
 - Providers have brand choice for all vaccines.
 - Continuous Quality Improvement (CQI) Framework to achieve defined quality improvement goals (both federal and state) and outcomes at multiple levels.
 - State uses CQI framework to maximize outcomes, in light of reduced or level funding and multiple goals
-

Wisconsin Immunization Program

Continuous Quality Improvement (CQI) Framework



Adapted from: Institute of Medicine (1997) Committee on Using Performance Monitoring to Improve Community Health: Durch, J.S., Bailey, L.A., & Stoto, M.A. (Eds). Improving health in the community: A role for performance monitoring. Washington, D.C.: National Academy Press.

Wisconsin Immunization Program
CQI Framework
Ver 1.6

Local Immunization Coalitions

- Wisconsin has 15 local immunization coalitions, focused on increasing immunization rates and reducing vaccine-preventable diseases (many other states have similar local coalitions).
 - Efforts have included continuing initiatives to vaccinate children, outreach and education to high risk populations, and influenza and pneumococcal vaccination of African Americans and Hispanics over age 65.
-

Sources and Additional Information

- Wisconsin Immunization Program website:
<http://www.dhs.wisconsin.gov/immunization/>
 - Wisconsin Immunization Program, Local Immunization Coalitions in Wisconsin:
<http://www.dhs.wisconsin.gov/immunization/coalition.htm>
-

Comparison of State Exemption Rates

- CDC report covering exemptions for children enrolled in kindergarten during 2009-10 school year– includes data from 47 states and D.C. (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6021a4.htm>).
 - Total exemptions ranged from less than 0.1% (Mississippi) to 6.2% (Washington state); Connecticut's rate was 1.1%.
 - Non-medical exemptions ranged from 0.2% (Rhode Island) to 5.8% (Washington state) among reporting states allowing such exemptions; Connecticut's rate was 0.8%.
-

Percent of Enrolled Kindergarten Students with a Reported Vaccination Exemption, Selected States, 2009-10 School Year

State	% Non-Medical Exemptions	% Total Exemptions
Connecticut	0.8	1.1
Idaho	3.5	3.8
Michigan	3.8	4.4
New Hampshire	NA	NA
North Carolina	0.7	0.8
Rhode Island	0.2	0.5
South Carolina	0.6	0.8
Texas	0.8	1.4
Vermont	5.3	5.8
Washington	5.7	6.2
Wisconsin	3.1	3.7

- Source: CDC, Morbidity and Mortality Weekly Report, *Vaccination Coverage Among Children in Kindergarten – United States, 2009-10 School Year*, <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6021a4.htm>

Demographic Comparison

- Comparison of selected states in the following areas:
 - Percent of children without health insurance
 - Percent of children in poverty
 - Median household income
-

Percent of Children Without Health Insurance, Selected States, 2010*

State	% Uninsured	Standard Error
United States	9.8	0.2
Connecticut	6.0	0.9
Idaho	9.0	1.9
Michigan	5.1	0.7
New Hampshire	5.5	1.0
North Carolina	9.2	1.2
Rhode Island	5.3	1.0
South Carolina	14.2	2.1
Texas	16.3	0.9
Vermont	4.1	1.1
Washington	5.9	0.9
Wisconsin	4.6	0.7

*Figure represents children under age 18 not covered at any time during the year

Source: U.S. Census Bureau, Current Population Survey, 2011 Annual Social and Economic Supplement; Table HI05

<http://www.census.gov/hhes/www/cpstables/032011/health/toc.htm>

Percent of Children in Poverty, Selected States, 2010

State	% Below Poverty Level	Margin of Error
United States	21.6	+/- 0.2
Connecticut	12.8	+/- 0.9
Idaho	19.0	+/- 1.3
Michigan	23.5	+/- 0.7
New Hampshire	10.0	+/- 1.5
North Carolina	24.9	+/- 0.7
Rhode Island	19.0	+/- 2.2
South Carolina	26.1	+/- 1.2
Texas	25.7	+/- 0.4
Vermont	16.7	+/- 2.1
Washington	18.2	+/- 0.9
Wisconsin	19.1	+/- 0.8

Source: U.S. Census Bureau, Current Population Survey, 2011 Annual Social and Economic Supplements; *Child Poverty in the United States 2009 and 2010: Selected Race Groups and Hispanic Origin*, American Community Survey Briefs, pg. 9, available at <http://www.census.gov/prod/2011pubs/acsbr10-05.pdf>

Median Household Income, Selected States, 2009-2010 Two Year Average, in 2010 Dollars

<i>State</i>	<i>Median Income</i>	<i>Standard Error</i>
United States	50,022	283
Connecticut	66,187	2,051
Idaho	47,282	2,236
Michigan	46,597	1,652
New Hampshire	65,948	1,729
North Carolina	43,175	1,289
Rhode Island	52,200	1,547
South Carolina	41,744	1,323
Texas	47,862	992
Vermont	54,562	1,738
Washington	58,821	1,895
Wisconsin	51,303	1,198

Source: U.S. Census Bureau, Current Population Survey, 2008 to 2011 Annual Social and Economic Supplements

<http://www.census.gov/hhes/www/income/data/statistics/index.html>