

Act Establishing the Massachusetts Childhood Vaccine Program (S.529, S.503, H.348)

Lead Sponsors: Senator Richard T. Moore, Senator Susan C. Fargo and Representative Alice K. Wolf

Historically, Massachusetts has been a leader in childhood vaccination. But, our program has been struggling in recent years and is no longer able to provide all vaccines. S. 529, S. 503 and H. 348 would establish stable financing for childhood vaccines and an immunization registry. These bills will save immunization costs and enhance state immunization revenues.

If passed, Massachusetts would join the seven other states with similar statutes that have created novel public-private partnerships with health plans in order to ensure financing for their universal childhood vaccine programs (Vermont, Maine, Idaho, Washington, New Hampshire, Rhode Island and Connecticut).

Overview:

An Act Establishing the Massachusetts Childhood Vaccine Program would establish a stable financing framework enabling Massachusetts to guarantee that all children 0 -18 years of age receive all of the vaccines recommended by the federal Advisory Committee on Immunization Practices, which sets national standards for immunizations. This proposal represents a novel public-private collaboration that will greatly improve child health while saving the Commonwealth money in both the short and long terms.

Currently, an assessment is charged to Massachusetts insurers for the cost of state-supplied childhood vaccines which are purchased at a reduced price the state receives under the federal contract. This financing system has been successfully implemented via state budget language for the last three years, saving the Commonwealth approximately \$47 million last year alone. These bills would make permanent this novel public-private financing mechanism, and establish a Vaccine Purchase Trust Fund ensuring access to all recommended childhood vaccines.

The bill would also provide funding for the Massachusetts immunization registry authorized by M.G.L. c. 111, Section 24M. The immunization registry will create a statewide data repository of all immunizations that can interact via data exchange with electronic health records. The registry will help ensure high immunization rates for children and adults and will allow for the tracking of the approximately 3.5 million doses of vaccine distributed by the MDPH annually. The registry will generate cost savings by reducing waste associated with over-immunization and by ensuring timely administration of disease-preventing vaccines.

Current Status of Massachusetts Childhood Vaccines Program and Immunization Registry:

- Massachusetts is no longer a universal childhood vaccine distribution state. For over 100 years the Commonwealth supplied routinely recommended childhood vaccines free of charge to providers, there is currently no state funding for human papillomavirus (HPV) vaccine or the recommended booster dose of meningococcal vaccine, and funding for other adolescent vaccines has been reduced.

- Massachusetts is one of only three states without a fully operational immunization registry. Legislation establishing the framework for the registry was passed in 2010, but there was no funding designated for this critical system. Lack of identified funding currently limits the MDPH's ability to roll-out the system statewide from its current pilot phase to protect the Commonwealth's investment in vaccines.

Benefits of this Legislation:

For Providers:

- Would reestablish a universal vaccine distribution program covering all Advisory Committee on Immunization Practices (ACIP)-recommended childhood vaccines.
- Would roll out the pilot Massachusetts immunization registry which assists providers in keeping immunizations up-to-date by identifying those who are not vaccinated.
- Would support providers with clinical decision-making by interpreting increasingly complex immunization schedules, improving patient safety.
- Would facilitate Massachusetts' providers and hospitals using the immunization registry to become eligible for thousands to million of dollars of federal stimulus funding from the Health Information Technology for Economic and Clinical Health Incentive (HITECH) Act of 2009.*
- Would establish adequate first-dollar reimbursement, meaning full coverage of up-front costs associated with purchasing and administering those recommended vaccines not provided by MDPH. (This provision is contained in S. 529 and S. 503).

For Families:

- Would guarantee access to all recommended vaccines for their children.
- Would keep family vaccine records in a secure, centralized, accessible location.
- Would help families keep their members fully protected by receiving automated reminders to stay current on vaccines.
- Would simplify the generation of school and camp vaccine documentation.

For the Commonwealth:

- Would save money:
 - All childhood vaccines would be purchased at the federal discount rate (on average 40% less than if purchased by the private sector) and would be fully funded via assessment of insurers. If 3rd party payers were to reimburse providers at the private purchase price, they could pay up to \$19 million dollars more per year in MA for childhood vaccines.
 - Stable funding for the immunization registry would save over \$5.5 million per year by reducing vaccine wastage (\$2 M per year), duplicate immunization (\$1 M per year), and provider administrative costs (\$2.5 M per year).
 - State funds supporting the roll-out and maintenance of the immunization registry are eligible for significant federal matching funds (90% FFP).
- Would provide an essential infrastructure for responding to natural disasters, bioterrorism events, influenza pandemics and other emergencies.

- Would restore a seamless, equitable universal vaccine programs for children; expanding for the first time to include HPV and the booster dose of meningococcal vaccines.
- Would guarantee that Massachusetts maintains one of the highest childhood vaccination rates in the country.
- Would bring Massachusetts into line with CDC expectations to maintain an immunization registry.

Supporters of the Bills:

Massachusetts Chapter of the American Academy of Pediatrics

Massachusetts Medical Society

Massachusetts Academy of Family Physicians

Massachusetts Association of Health Plans

Massachusetts Infectious Disease Society

Summary:

These bills will ensure stable, access to vaccines for children, support tracking immunizations across the life span and increase preparedness for communicable disease and natural disasters. Massachusetts will return to its historic role as a national leader in immunizations. In addition, these bills have the unique capability of reducing costs and enhancing revenues.

- * Incentive payments are available for Medicare- and Medicaid-eligible providers who purchase and “meaningfully use” electronic health record systems. Data exchange with the immunization registry will satisfy the criteria for “meaningful use”. Through the HITECH act, providers are eligible for as much as \$44,000 per clinician from Medicare, and \$63,750 per clinician from Medicaid. Hospitals can receive a \$2 million base incentive, plus additional funding based on their Medicaid/Medicare share. This “meaningful use” must meet specified objectives that will help improve safety, quality, and efficiency of patient care.