



## Improving Access to Childhood Immunizations: Legislative Fact Sheet

### Legislation at a Glance

In May 2013, the Colorado General Assembly passed [Senate Bill 13-222](#) (SB 222), which aims to improve access to childhood immunizations by addressing the current challenges in vaccine delivery and financing. Signed by Gov. Hickenlooper, the newly created Act directs the Colorado Department of Public Health and Environment (CDPHE) to convene a diverse coalition of stakeholders to take a comprehensive look at the current financing and delivery system, consider options, and make recommendations for a more efficient and cost-effective approach. To that end, SB 222 does the following:

- Enables CDPHE to establish a vaccine purchase system;
- Creates an immunization fund for the purpose of purchasing vaccines, supporting users of the immunization tracking system, and other immunization activities;
- Authorizes CDPHE to convene a task force to examine options for maximizing federal vaccine funds and improving statewide purchase, distribution and delivery of vaccines to insured, underinsured, and uninsured individuals; and,
- Permits CDPHE to purchase recommended vaccines through a vaccine purchasing system, if such a system is developed.

### The Context: Immunization Issues and Challenges in Colorado

Immunizing children is one of the safest, easiest and most cost-effective ways to promote public health and ensure that children have a healthy start in life and stay healthy as they grow. Children who are vaccinated against preventable diseases, such as pertussis, influenza and varicella experience fewer doctors' visits, hospitalizations and premature deaths, according to the Centers for Disease Control and Prevention.

Despite the individual and public health benefits, the current system has created significant access barriers for many Colorado families and providers. Barriers cited in SB 222 include the following:

- **High Costs.** The costs to purchase, store and account for vaccines—second only to personnel costs in many practices—is prohibitive for many providers, especially small and rural providers.
- **Fragmented Funding Systems.** Vaccines are funded through a patchwork of sources, including private insurance, the state General Fund and the federal Vaccines for Children (VFC) program. The state's Medicaid program purchases vaccines from the VFC program at lower, federally negotiated rates; whereas, the state's Child Health Plan (CHP+) purchases vaccines in the commercial market.
- **Administrative Burdens.** Currently, providers must maintain separate inventory and accounting systems for their Medicaid and privately insured families. The administrative effort to stock,

### Colorado Immunization Facts

- In 2011, [70.3 percent](#) of Colorado children were fully immunized by age two, lower than the national rate of 73.6 percent.
- In 2011, there were [\\$11.5 million in hospital charges](#) associated with vaccine-preventable diseases.
- In 2012, there were [1,494 reported cases](#) of pertussis in Colorado -- the highest in 64 years. 2013 is on pace to be another record year, with [846 reported cases](#) as of August 10.
- There were [1,528 hospitalizations](#) in Colorado and five Colorado children died during the 2012-13 flu season, with four of the five children either unvaccinated or only partially vaccinated.

maintain and report on two separate systems of vaccine is inefficient, and costs providers time that would be better served with patients.

- **Other Access Barriers.** Many rural physician practices do not provide vaccinations and refer their patients to Local Public Health Agencies (LPHAs). As a result of new federal rules, however, local public health agencies (LPHAs) will not be allowed to immunize insured children unless the family can pay for the vaccine or the agency can bill the insurance company—a function that many smaller health agencies lack.

### Legislative Mandates and Attributes

To address these challenges, SB 222 established a process for stakeholders to examine existing and potential options that would achieve the goal of improving access to childhood immunizations. To achieve this goal, SB 222 contains several key provisions.

**Engaging Stakeholders.** SB 222 does not mandate a specific approach, but rather directs CDPHE to convene a coalition of stakeholders (see right) to examine potential models and make recommendations to CDPHE. The task force can consider a wide range of methods for vaccine financing, ordering and delivery, including public-private models, just-in-time delivery, inventory management, continuation of current models, and others.

**Removing Barriers for a Vaccine Purchase System.** SB 222 removed a statutory prohibition against a vaccine purchase system and authorized CDPHE to purchase vaccines through such a system, should one be developed as a result of the stakeholder process. Provider participation in a vaccine purchasing system would be voluntary. Among other things, by eliminating the statutory prohibition against vaccine purchase systems, SB 222 enables the Colorado Department of Health Care Policy and Financing (HCPF) to purchase vaccines from the federal VFC contract for children enrolled in Colorado's state health insurance program for children, known as Child Health Plan Plus (CHP+).

#### ***The Task Force Must Consist of At Least:***

- Primary care providers
- Pharmacists from independent and chain pharmacies
- Local public health providers
- Child health advocates
- Health insurers and other payers
- Colorado-based innovative vaccine company
- Pharmaceutical manufacturers
- CDPHE and HCPF

**Funding Immunization Approaches.** SB 222 creates an immunization fund, subject to an annual appropriation by the General Assembly, for various activities, including purchasing vaccines, assisting users of the vaccine tracking system and implementing and operating immunization programs. In addition to general fund appropriations, the fund also consists of grants and awards related to expanding access to childhood immunizations, and reimbursements from the Department of Health Care Policy and Financing.

### Moving Forward

Stakeholder engagement and consensus is a key strategy for achieving the goal of improved access to childhood immunizations. As such, CDPHE and its partners have begun the work of convening stakeholders to collectively explore ways to increase access to childhood vaccines. In August 2013, more than 130 interested stakeholders participated in a task force kick-off meeting to formalize the task force structure, identify possible “core” members of the task force (as defined in the legislation), and identify next steps. To learn more about the task force's work or to get involved, visit [childrensimmunization.org](http://childrensimmunization.org) or [coloradoimmunizations.com](http://coloradoimmunizations.com).

*The Colorado Children's Immunization Coalition (CCIC) is an independent statewide 501(c)3 nonprofit that strategically mobilizes diverse partners and families to advance children's health through immunizations.*  
[www.childrensimmunization.org](http://www.childrensimmunization.org)