

Note for the Record
IKK Access Working Group
Conference Call
May 24, 2007

Members Present: Laura Harrington, Sandy Perkins, Dennis Cooley,
Laura Sanchez, Marlou Wegner, Chip Wheelen, Jo Ann Harris, Elaine Schwartz,
Harry Hull

The group had no changes to the note for the record from the May 8 meeting.

The group then reviewed each of the 5 Action Step Worksheets that had been distributed in advance of the meeting plus an additional worksheet prepared by Chip Wheelen on the day of the call.

Discussion of the item on continuing IKK as a statewide immunization coalition advanced and defined the idea. The proposal was that IKK be replaced by a permanent panel to advise the Secretary of Health and Environment on immunization policy. There was discussion whether the panel could actually set policy. It was clear that within the structure of state government, they could only advise the Secretary, who could then set policy, working with the governor and legislature as needed. The size of the panel was discussed and the recommended 12-15 members with a 2/3 quorum agreed upon with 3-4 meetings per year. The membership would be constituted by the Secretary after consulting with stakeholders. There was concern that limiting the membership might risk excluding key stakeholders. All agreed it was necessary that the panel be small enough to be effective. The panel could invite guests as necessary to ensure adequate discussion of the issues on the agenda.

Adequate support for the panel would be needed to ensure success. It was recommended that staff support be provided so that the meetings would be well organized and members would be prepared in advance of the meeting. Recruiting the highest quality panel members and achieving high attendance would be greatly facilitated if compensation were provided for travel and an honorarium in recognition of the time devoted to panel meetings. Additional budget would be needed for meals, meeting rooms, supplies, etc. Dr. Hull will be modifying the worksheet to reflect the discussion

The next action item discussed was updating the daycare immunization requirements. Committee members agreed that this was a good idea and that KDHE seemed to be moving forward. Questions were raised as to why the extensive list of participating organizations was necessary. It was clarified that these organizations were listed because their counsel would be needed as the department proceeded and their support needed during the administrative hearing or legislative process necessary to promulgate the new requirements. No changes to the worksheet were needed.

Volume of scale purchasing and uniform reimbursement rates for vaccine administration were discussed together. Following the May 8 meeting, Dr. Rodenberg discussed these issues with the Insurance Commissioner. The Insurance Department may require insurance companies to cover specific items, but does not have the legal authority to set rates. The group discussed requesting the legislature for that authority, but all agreed that it would be unlikely to succeed. The discussion of what could be done was wide ranging, but finally focused on the idea of creating a voluntary insurance pool, using Kansas Uninsurable Health Insurance Plan Act as a mode. This pool is used to fund health care for the seriously ill and/or uninsured. In this model, health insurance companies operating in Kansas would be “taxed” or assessed a contribution for each person covered for an immunization fund. The fund would then purchase vaccines in bulk from the manufacturers. Vaccine would then be distributed to immunization providers without cost. An alternative approach would be to have insurance companies provide initial funding for a revolving fund administered by an existing or to be created non-profit. Bulk purchasing power would then be used to provide physicians with the lowest cost for vaccines at uniform prices for all providers.

A similar approach would be taken for establishing uniform reimbursement rates. A pool would be created by the insurance companies funded at a per enrollee basis. That fund would then reimburse physicians for vaccine administration at standardized rates that would hopefully encourage the use of new vaccines and combination vaccines as well as encouraging physicians to remain as immunization providers. This could either be part of the vaccine purchasing fund or a separate fund.

Since there is no legal authority to set reimbursement rates, these would have to be a voluntary funds. Questions were raised about health insurance provided by corporations under ERISA rules. Since this is a federal law, the state of Kansas does not have the authority to require these companies to participate. The group felt that if the fund were voluntary and provided cost savings, it was likely that corporations already providing immunizations as part of their coverage would want to participate.

Given the limited time available and the complexity of the issues, it was agreed that Marlou Wegner and Chip Wheelen would organize a meeting of key persons to discuss and further develop the concept in advance of the next conference call. Dr. Hull would hopefully participate by telephone. Dr. Hull will modify the draft worksheets to reflect the discussion.

The next action item was defining the unimmunized population. There was general agreement that utilizing the immunization registry and the WIC database to define who the unimmunized children are in Kansas was a good idea. Laura Sanchez volunteered that the Kansas Foundation for Medical Care has reviewed their survey data from their annual Medicaid review. They found that only 19 of 1200 (1.6%) children in the survey had no evidence of being immunized. They

will be looking at their data to characterize these children. While the numbers seem small, even a 1% improvement in immunization rates would help maintain a higher national ranking for Kansas. The study of these children could be quite informative by itself and could be an step in the direction of further refining the data. There was discussion of how the dataset could be used to identify underimmunized children. It was also recognized that identifying children who were eligible for, but had not enrolled in Medicaid or WIC was important but is likely to be very challenging. No changes were suggested for the worksheet.

The final action item discussed was Chip Wheelen's worksheet on improving vaccine product management. He expressed the frustration of physicians in keeping VFC vaccines separate from privately purchased vaccines. This was not only costly, but was likely to increase vaccine wastage. The requirement is federal and would have to be changed by CDC. There was discussion on how Kansas could ensure that CDC understood the negative impact this was having on the immunization system. Avenues that were discussed included ASTHO, the Association of Immunization Managers, the Council of State and Territorial Epidemiologists. Additional avenues could also be the AAFP, AAP, AMA, AOA, ANA. Requests could also be made through the Kansas Congressional Delegation.

The next conference call is scheduled for June 20 at 3:30 pm.