

Minutes
IKK Access Working Group
Conference Call
April 18 2007

Attendees

John Rule, Sunee Mickle, Laura Harrington, Sandy Perkins, Chip Wheelen, Dennis Cooley, JoAnne Harris, Pam Shaw, Howard Rodenberg, Paul Stehr-Green, Harry Hull

Apologies

Elaine Schwartz, Marlou Wegner

The call began with a discussion of a possible change in the immunization requirements for daycare in Kansas. Dr. Rodenberg said that the last change in daycare requirements was in the early 1990's. Since then, multiple vaccines have been introduced and a review was appropriate. He has instructed KDHE legal staff to review what the best course of action might be, with the hope that it could be done through a change in the rules rather than having the legislature change the law. KDHE staff were also considering what changes in the requirements were needed/desirable. Expanding the daycare requirements will probably not have a major impact on immunization rates in the target age group, but will be a stimulus for many children to be vaccinated earlier and with more age-appropriate antigens.

Proposed changes are likely to be supported by the medical community, but concern was raised that they may be opposed by the daycare industry. Opposition might also be raised on behalf of parents who were just getting by and might not have the time or the money to get their kids immunized. This led to a discussion of how strictly the daycare rules were enforced. Day care inspectors in Kansas want to make sure that day care providers are making a good-faith effort to enforce the law and do not take a heavy handed approach to enforcement. Concern was also expressed that opening up the rules would present an opportunity for groups opposed to immunization to make the requirements less strict. The chances for this happening would be increased if the legislative route was taken.

Dr. Rodenberg will report on progress at the May 8 meeting. When KDHE's proposal was more clearly defined, there would be outreach to the daycare industry and a coalition would be built to support the changes.

Dr. Rodenberg then updated the working group on legislative developments regarding Medicaid. The bills on Medicaid funding have been through multiple revisions during the session and it is not clear what the final product will be. There is a strong interest in having private insurance cover at least some Medicaid clients. The intent is that the insurance would be equivalent to the coverage provided to state employees. It is not clear if the new system will

require clients to spend some of their own funds to purchase the insurance and how many people would be interested/able to do so. The impact of such insurance on the VFC and 317 programs was also not clear. Questions were also raised about whether physicians would accept this insurance. For now, the minimum that can be expected is a number of studies will be required to set the framework for a future insurance program.

The discussion of Medicaid opened the door for a discussion of reimbursement rates and how pediatricians are under financial pressure due to inadequate reimbursement for vaccination in the face of an expanded immunization schedule recommending expensive new vaccines. This is a nationwide problem that will be felt with increasing intensity in Kansas. Concern was expressed that if action were not taken soon, immunization rates would fall in Kansas. Pediatricians, among the lowest paid of medical specialists, could not afford to maintain inventory of the new vaccines and could not accept the financial losses from reimbursements less than their cost for the vaccine and inadequate reimbursement for administration fees. One example that was cited was that infants were being given multiple injections rather than a single injection of a multi-antigen vaccine to increase reimbursements to adequate levels. Another example was that the payment for administration of FluMist varied from \$14 for Medicaid to \$0 at BCBS. The problem was severe enough that there will be a meeting of pediatricians in KC soon to see how they relieve themselves of responsibilities for providing immunizations. The problem was probably less acute for family physicians since their volume of potential vaccinations was so low that they did not provide immunization service and referred their patients to local health departments. The pharmaceutical companies are exploring alternate financing mechanisms, but these are likely to be an incomplete solution.

Despite the efforts by the AAP and other groups to address the issue at the national level, the working group felt strongly that there was a need to explore a statewide approach to solve the impending crisis in Kansas. Two approaches were agreed upon. First, universal purchase of vaccine should be considered with funds from insurance companies pooled for bulk purchase. While this should lower the cost of vaccines and ease some of the reimbursement issues, there were a number of underlying issues that would have to be resolved, including wastage, cost of storage, etc. Second, the KDHE should clarify with the insurance commissioner whether administration fees could be standardized. Ideally this would be done in conjunction with the insurance companies so that some of the savings from bulk purchase of vaccine could be used to provide adequate reimbursement to physicians.

Dr. Rodenberg will work with KDHE staff to explore the cost and legal framework for universal purchase. He will provide a summary to the WG by email. This issue will be the primary focus for the WG discussion at the May 8 meeting