



# OLR RESEARCH REPORT

December 10, 2012

2012-R-0514

## THE CONNECTICUT VACCINE PROGRAM

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This report updates OLR Report [2011-R-0439](#), which describes Connecticut's childhood immunization program.

### SUMMARY

The Department of Public Health (DPH) operates the Connecticut Vaccine Program (CVP), which provides certain routine childhood vaccinations at no cost to healthcare providers. The program has two components: (1) a federal "Vaccines for Children" (VFC) entitlement program for eligible low-income children and (2) a state program funded by an assessment on certain health insurers and third-party administrators (TPAs). (Previously, these two programs were administered separately.)

The federally funded VFC component provides all 16 routine childhood vaccinations recommended by the federal Centers for Disease Control and Prevention (CDC) free of charge to children up to age 18 who are Medicaid-eligible, uninsured, underinsured, Native Alaskan, or American Indian.

The state-funded component provides most, but not all, of the CDC-recommended vaccines free of charge to children who are not VFC-eligible, regardless of insurance status. (Vaccines must be provided within available appropriations.) Three vaccines (human papillomavirus (HPV), rotavirus, and pneumococcal (pneumonia)) are currently

unavailable to privately insured children. Two vaccines (influenza and hepatitis A) are available only to privately insured children of a certain age.

Starting January 1, 2013, a new law requires all health care providers who administer vaccines to children to obtain them through the CVP with limited exceptions. The law also requires DPH to transition the CVP from a "no choice" to a "full-choice" program that allows, with certain conditions, providers to choose the brand for all vaccines the CVP provides. Under prior law, DPH selected the vaccine brands for both the VFC and state programs based on the recommendations of its Vaccine Purchase Advisory Committee.

## **CONNECTICUT VACCINE PROGRAM**

### ***Federally Funded VFC Component***

The CDC administers the VFC program at the federal level and DPH administers it in the state. The program provides vaccines to certain children who may not otherwise be vaccinated because of an inability to pay. Children through age 18 are eligible for the program if they are Medicaid-eligible, uninsured, American Indian, Alaska Native, or underinsured. The state's Medicaid plan must include coverage for the administration of the vaccines.

A child is considered underinsured if he or she has private health insurance but that coverage (1) does not include vaccines, (2) includes only certain vaccines, or (3) is limited to a certain amount. Underinsured children are eligible only for VFC vaccines not covered by their private health insurance and can receive them only through a rural health clinic or federally qualified health center.

Participating healthcare providers can charge administrative and office visit fees for administering the vaccine. However, they must waive the administrative fee if the child's family cannot afford to pay it. The state's Medicaid program pays providers to administer the vaccines to Medicaid-eligible children.

The VFC program must provide all routine vaccines recommended by the CDC's Advisory Committee on Immunization Practices (ACIP) and approved by the CDC. Table 1 lists the 16 vaccine types currently recommended by ACIP.

**Table 1: Vaccines Required Under the VFC Program**

Diphtheria	Mumps
Haemophilus Influenza Type B	Pertussis (whooping cough)
Hepatitis A	Pneumonia
Hepatitis B	Polio
HPV	Rotavirus
Influenza (flu)	Rubella (German measles)
Measles	Tetanus (lockjaw)
Meningococcal disease (meningitis)	Varicella (chickenpox)

\*Source: CDC website, <http://www.cdc.gov/features/vfcprogram/>

### **State-Funded Component**

The CVP's state-funded component provides, within available appropriations, certain vaccines at no cost to healthcare providers. These vaccines must be made available to all children through age 18 who are VFC-ineligible, regardless of insurance status. VFC-ineligible children include those who (1) have private insurance covering immunizations, (2) are underinsured and receive care from a private provider (not a rural health care clinic or FQHC), or (3) are enrolled in HUSKY B (e.g., the State Children's Health Insurance Program).

The state-funded component is considered a "universal select" vaccine purchase program. This means that the program supplies most, but not all, of the 16 CDC-recommended childhood vaccines to participating providers. DPH provides the vaccines based on the recommended schedules published by ACIP, the American Academy of Pediatrics, and the American Academy of Family Physicians ([CGS § 19a-7f](#)).

Currently, the CVP does not provide three vaccines (HPV, rotavirus, and pneumonia) to privately insured children. Two vaccines, influenza and hepatitis A, are available only to privately insured children ages six to 59 months and 12 to 23 months, respectively (see Table 2). For children ineligible to receive these vaccines, physicians must purchase them privately and bill the child's insurance carrier for the vaccine cost and administration.

**Table 2: Vaccines Provided Under the CVP Program Starting January 1, 2013**

<b>Vaccine</b>	<b>Age Group</b>	<b>Children's Insurance Status</b>			
		<b>VFC Eligible</b>	<b>Non-VFC Eligible: Privately Insured</b>	<b>Non-VFC Eligible: Under-Insured</b>	<b>Non-VFC Eligible: HUSKY B</b>
DTaP (diphtheria, tetanus, pertussis)	2 months-6 years	YES	YES	YES	YES
DTaP/IPV (polio)	4-6 years	YES	YES	YES	YES
DTaP/IPV/Hep B	2-83 months	YES	YES	YES	YES
DTaP/IPV/Hib	2-59 months	YES	YES	YES	YES
Haemophilus Influenza Type B (Hib)	2-59 months	YES	YES	YES	YES
Hepatitis A	12-23 months	YES	YES	YES	YES
	2-18 years	YES	NO	YES	YES
Hepatitis B	Birth - 18 years	YES	YES	YES	YES
HPV (males & females)	9-18 years	YES	NO	YES	YES
Influenza	6-59 months	YES	YES	YES	YES
	5-18 years	YES	NO	YES	YES
IPV (polio)	2 months-18 years	YES	YES	YES	YES
Measles, Mumps, Rubella (MMR)	12 months-18 years	YES	YES	YES	YES
	College entry (any age)	YES	YES	YES	YES
Meningococcal Conjugate	11-18 years (dose 1)	YES	YES	YES	YES
	16-18 years (dose 2)	YES	YES	YES	YES
Pneumococcal Conjugate	2-71 months	YES	NO	YES	YES
Rotavirus	6 weeks-8 months	YES	NO	YES	YES
Td (tetanus and diphtheria)	7-18 years	YES	YES	YES	YES
Tdap (tetanus, diphtheria, pertussis)	7-18 years	YES	YES	YES	YES
Varicella	12 months-18 years	YES	YES	YES	YES

\*\* Source: DPH website, <http://www.ct.gov/dph/cwp/view.asp?a=3136&q=511138>

**Insurance Assessment.** The CVP state-funded component is funded by an assessment on certain state health insurers and TPAs. Historically, the assessment applied to all domestic health and life insurers specified in law. But, 2012 legislation limited the assessment to those domestic

health insurance companies and HMOs that cover (1) basic hospital expenses, (2) basic medical-surgical expenses, (3) major medical expenses, and (4) hospital or medical services. It also excluded life insurers from the assessment and extended the assessment to (1) licensed TPAs that provide administrative services for self-insured health benefit plans and (2) domestic insurers exempt from TPA licensure who administer self-insured health benefit plans ([PA 12-1, JSS §§ 213 and 214](#)).

Assessed insurers and TPAs must pay an annual "health and welfare" fee to the Insurance Department. The insurance commissioner calculates the fee by multiplying the number of insured or enrolled lives these entities report to the department by a factor the commissioner determines annually to fully fund the program's appropriation. (The Office of Policy and Management determines the appropriation annually in consultation with DPH.) To determine the factor, the commissioner divides the appropriation by the total number of reported lives.

The funds the Insurance Department collects are deposited into the General Fund ([CGS § 19a-7j](#) as amended by [PA 12-1, JSS §§ 213 and 214](#)). This allows DPH to purchase the vaccines at no cost to the state, which it does, at a discount, through federal government contracts.

### ***Mandatory Provider Participation***

Starting January 1, 2013, the law requires all health care providers who administer vaccines to children to obtain the vaccines from DPH through the CVP unless:

1. DPH directs them to procure the vaccine from another source, including during a declared state or national vaccine shortage or
2. they determine, based on their medical judgement, that administering the vaccine is medically inappropriate or administering another vaccine not authorized or supplied by DPH is more medically appropriate.

Providers cannot sell or receive payment for any vaccine DPH provides. But, they can bill or charge for administering the vaccine ([PA 12-1, JSS § 212](#)).

## **Vaccine Brand Choice**

A 2012 law requires DPH to transition the CVP from a "no choice" to a "full choice" program that allows participating health care providers to choose the vaccine brand they administer to children. Previously, DPH chose the brand for all vaccines provided by both the VFC and state programs, based on the recommendations of its Vaccine Purchase Advisory Committee.

As of October 1, 2012, if a child is VFC-eligible, a provider can choose any vaccine brand the federal Food and Drug Administration (FDA) licenses, including combination vaccines, if it is (1) recommended by the ACIP and (2) made available to DPH by the CDC.

If the child is not VFC eligible, a provider can only select the brand for vaccines included in the state-funded component. In addition, the vaccine must cost the same as other comparable available vaccines as determined by the DPH commissioner. Vaccines are considered comparable if they (1) protect against the same infections, (2) have similar safety and efficacy profiles, (3) require the same number of doses, and (4) are recommended by the CDC for similar populations ([PA 12-1, JSS § 212](#)).

## **RESOURCES**

CDC Vaccines For Children website:

<http://www.cdc.gov/features/vfcprogram/>, last visited on December 4, 2012.

Department of Public Health, Connecticut Vaccine Program website:

<http://www.ct.gov/dph/cwp/view.asp?a=3136&q=511138>, website last visited on December 4, 2012.

OLR Report 2011-R-0439, Connecticut's Childhood Immunization Program, <http://www.cga.ct.gov/2011/rpt/2011-R-0439.htm>, website last visited on December 4, 2012.

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