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September 14, 2012

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Ann Schuchat, MD
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention
1600 Clifton Rd.
Atlanta, GA 30333

RE: Section 317 vaccine restriction

Dear Dr. Schuchat:

The California Conference of Local Health Officers (CCLHO) was recently informed that the CDC is planning to restrict the use of Section 317 vaccine only to the population with no insurance coverage for the specific vaccine, beginning in October of 2012. This issue was discussed at a recent CCLHO Communicable Disease Control and Prevention (CDCP) committee meeting and on August 2, 2012, was further discussed by the CCLHO Board of Directors. Serious concerns were raised about the potential impact of this policy change upon our ability to maximize rates of immunization in local California jurisdictions, in our ability to meet our obligations to the safety-net population, and in our ability to prepare community providers for this change in such a short-time period. We therefore are requesting further consideration of these factors in preparing for this modification in the Section 317 program.

As noted in the Section 317 Immunization Grant Program description (February 2007) on the CDC website, "... (m)ost children served with Section 317-funded vaccines are under-insured or their parents cannot afford the out-of-pocket costs required to fully vaccinate their children." In California, this continues to be the case. Part of our concern is related to the definition of the "under-insured." Eliminating all persons who have health insurance with specific coverage of vaccine from those eligible for Section 317 vaccine will result in patients being turned away from Public Health immunization clinics throughout the state, leading a significant number of families to forego vaccinations. Such a blow will be detrimental to the efforts of California vaccination advocates to increase vaccination rates in the wake of our recent pertussis epidemic.

In February 2012, the CDCP Committee of CCLHO undertook a survey of California Health Officers to identify trends in the referrals of "under-insured" patients to public health clinics for vaccination. Sixty-two percent of jurisdictions responded to the survey. Results indicated that 63% of the responders had noticed increased referrals of private patients to local health departments for vaccination administration, and 55% of those responders indicated that these referrals were from providers who either did not provide vaccination services or declined vaccination services because of inadequate reimbursement from insurance providers. A number of these providers indicated that each vaccination represented a financial loss to their practices. This patient population is distinctly different from the group who has insurance but whose insurance "does not cover" specific vaccines at all. In response to this survey, a bill was cosponsored by the Health Officers Association of California to adequately reimburse practitioners for vaccine costs, but this bill ultimately failed. The quandary therefore continues that community

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practitioners are unable to subsidize the costs of vaccine for these families, and can be expected therefore to continue their policy of referring to public health clinics. California Health Officers feel that this population should also be considered part of the “under-insured” population who should qualify for 317 vaccine. If this gap can no longer be filled by Section 317 vaccine, an unvaccinated population will result.

We recognize that this new policy may be partly in response to new insurance requirements being imposed by the Affordable Care Act (ACA) for the coverage of vaccine costs. While we welcome these new requirements, the immunization practices within our community clinics will be slow to change. We would therefore request that changes in Section 317 vaccine eligibility be gradually imposed in concert with an education campaign aimed at both healthcare providers and the insurance industry to prevent an unnecessary burden on the public seeking vaccination protection. Until the ACA requirements take effect, the safety net population we are describing will have no feasible alternative.

CCLHO was established in statute in 1947 to advise the California Department of Health Services (now the California Department of Public Health), other departments, boards, and commissions, as well as officials of federal, state and local agencies, the Legislature and other organizations on all matters affecting health. CCLHO membership consists of all legally appointed physician health officers in California’s 61 city and county jurisdictions.

We appreciate your partnership in pursuing our shared goal of protecting the public from vaccine-preventable illness.

Sincerely,

Original Signed By:

Wilma Wooten MD, MPH
President
California Conference of Local Health Officers

cc: Rima Khabbaz, MD
Deputy Director, Office of Infectious Diseases