



Benton County Health Department

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Person-Centered Behavioral & Physical Health Care Public Health & Prevention Regulatory and Population Health Health Management Services

House Committee on Health Care

Support for HB 3276

March 24, 2017

Chair Greenlick, Vice-Chairs Hayden and Nosse, and members of the committee, Good Morning.

I am Bruce Thomson a retired Family Physician from private practice in Corvallis. I also serve as the Health Officer for Benton County as I have done for the past 19 years. As a physician in private practice I would treat individual patients, however, as a County Health Officer the community is my patient. That is why I am here in Support of HB 3276 because it will remove barriers to timely, equitable access to potentially life-saving medical treatments for significant infectious disease outbreaks, no matter where they occur in Oregon.

In order to help you understand the importance of HB 3276, I would like to very briefly walk you through the actions that Public Health initiates when this type of infection is recognized in any part of Oregon. The objective is to benefit the larger community as we decrease the morbidity and the mortality that the spread of an infectious disease such as Meningitis B could inflict. The state's last outbreak occurred just 2 years ago and spread to a total of 7 individuals with devastating outcomes. That outbreak resulted in the death of a University of Oregon student. In addition, the UO outbreak permanently disabled several others university students.

At this very moment, we are in the midst of Oregon's most recent declared outbreak of meningococcal disease. Meningitis at OSU commenced with 2 cases in late November 2016. At that time, Public Health activated local Incident Command to coordinate the administration of prophylactic antibiotics to over 400 students that were identified to be at the greatest risk of immediate exposure. In addition, we worked with the Student Health Service Physicians and Nurses as well as upper level Administration at OSU to inform, to educate and on a regular basis to remind 25,000 students and their parents about the potential problems of disease spread. This included messaging to adjacent states since many of the students would be returning home over the Winter Break. Our weekly planning meetings formulated actions that would be needed if a 3rd case occurred. Throughout December, January and most of February we were on high alert for what many of us expected to be additional cases. Throughout these months we continued our messaging to the OSU community as well as to the larger Corvallis community. Over 1,000 person hrs. went into this phase of our planning.

In late February, while on a birding trip in Bhutan, I received notification that a third OSU student was diagnosed with meningococcal disease thereby triggering our incident command team to go to full outbreak operations. As is typical with other nationwide Meningococcal outbreaks on campuses, and following CDC advice, we began final planning for a mass vaccination program for the highest risk group to decrease the transmission of Meningococcal disease in the student population. Planning for this event started February 28, 2017 with a planned coordinated mass vaccination effort on March 8 and 9 at McAlexander Fieldhouse on the OSU campus. This secondary planning effort consisted of over 500 additional person hrs. of planning with multiple groups including OSU administration and public relations, Student Health Services (Director, Nurses, Physicians), Benton County Public Health Administrator, Communicable Disease Nurses, Medical Director and Public Relations, State Public Health and CDC. The team decided on the goal of vaccinating 7,000 (out of 25,000 total) students from a select targeted population at the highest risk.

On March 8, at the very start of the mass vaccination event in McAlexander Fieldhouse we were stymied by insurance denial of claims for payment of the vaccine (costing \$200/shot). For some insurance the vaccine was considered a medical benefit and so only nurses could give the vaccine. For some insurance plans the vaccine was considered a pharmacy benefit so only pharmacists could give the vaccine. Physicians could not give the vaccine and expect that the vaccine would be covered since the Fieldhouse was not a “medical facility”. Many insurers denied claims that were considered “out of network” as most students on college campus are not living at their parental/home address. CCOs were among the publicly funded insurance programs that denied coverage unless the vaccine was given through the student’s CCO of registry. Even a call from the Medical Director of the Oregon State Medicaid program was not able to clear this bureaucratic hurdle. As a result, some students were not able to get the vaccine while others would face the fact that they would be responsible for the bill. All students had to stand in line for over 2 hrs. while our 8 volunteer insurer billers attempted to gain approval for the student’s vaccine. Some students just left not wanting to wait to have their claim denied. Once the claim was processed students were able to receive the vaccine and leave the Fieldhouse within 30 minutes. By the end of the day, at 7 pm, we had been able to get approximately 600 students vaccinated, a disappointment to the team goal to reach 7,000 students.

On March 9, we had increased the number of insurance billers from 8-12 in the hope of overcoming some of the insurance hurdles and getting students vaccinated more quickly so that we could get closer to the goal of 7,000. This strategy certainly helped. However, the greater obstacle was overcome when a Pharmaceutical Representative (from the company that makes the vaccine) was able to call the particular insurance companies that had presented the major bottlenecks from the day before (and this included the CCOs) and gain blanket approvals for the vaccine. As a result we were able to double the number of students that received the vaccine, and we decreased the process time from over 2 hrs to less than 45 minutes. Our total at the end of the second day was over 1,200 students.

We are thankful that a pharmaceutical representative was able to accomplish what the Medical Director of the Publicly Funded State Medicaid program was not able to do, although, we were quite perplexed by this dynamic. We still have a long way to go to reach our goal of 7,000 students. But even as the outbreak continues we are committed to continue to assist OSU and the community of Corvallis, regardless of the time and effort required.

HB 3276 is an important Public Health step forward towards containing the spread of particularly significant infectious disease outbreaks that periodically occur throughout Oregon.

Respectfully,

Bruce Thomson, MD

Benton County Health Officer
