

June 14, 2017

TO: The Honorable Senator Elizabeth Steiner Hayward, Co-Chair
The Honorable Representative Dan Rayfield, Co-Chair
Joint Committee on Ways and Means, Subcommittee on Human Services

FROM: Paul Cieslak, MD, Medical Director
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SUBJECT: House Bill 3276A

Co-Chairs Steiner Hayward and Rayfield, and members of the committee, I am Dr. Paul Cieslak, medical director for immunizations and communicable diseases in the Public Health Division of the Oregon Health Authority. Thank you for the opportunity to provide information about responding to public health emergencies. Over the past three years, the Oregon Health Authority's Public Health Division has helped respond to two outbreaks of meningococcal disease at Oregon university campuses.

In the United States, medical practitioners generally follow the recommended immunization schedule approved annually by the Advisory Committee on Immunization Practices (ACIP) and published by the Centers for Disease Control and Prevention (CDC). Key factors considered in the development of these recommendations include the balance of benefits and harms, the quality of the evidence, the risk of disease in various groups, and the cost effectiveness of the vaccine. The recommended immunization schedule represents the consensus of leading vaccine experts on the best way to protect people from vaccine-preventable diseases.

Under the Affordable Care Act, so-called "Category A" recommendations — that is, vaccines recommended by ACIP for routine use by various risk groups — must be covered without cost sharing, when provided by an in-network provider. So-called "Category B" recommendations, on the other hand, call for individual clinical decision

making; these vaccines are either needed only in specific situations or are estimated to cost much more per year of life saved; they are not recommended for routine use.

Meningococcal disease is a serious but uncommon bacterial disease that most commonly affects children in infancy and adolescence. It is fatal without antibiotics, but with prompt therapy about 90% of persons with it survive. Meningococci come in 13 different “serogroups” based on the molecules on the surface of the bacteria. In 2016, 24 cases of invasive meningococcal disease were reported in Oregon; 10 of them — about 2.5 cases per million Oregonians — were serogroup B.

Vaccines against serogroup B meningococcal disease — “menB vaccines” — were licensed in the United States in late 2014 and early 2015. They are expensive, and the fact that they are given to prevent a rare disease means the cost to save a year of someone’s life with them is high. CDC estimated that routine vaccination of all U.S. college students would prevent 9 cases and 1 death annually in the United States at a cost 9.4 million dollars per life year saved. For this reason, ACIP did not recommend routine vaccination of college students with menB vaccine, and we have not adopted rules requiring that college students be vaccinated. ACIP further advised, however, that during outbreaks, vaccination with menB vaccine might be appropriate, depending on the number of cases, the size of the affected population and whether the bacteria are closely related genetically. It is for this reason that, in the wake of 3 cases within 3 months at Oregon State University, this March we recommended vaccination of OSU undergraduate students 25 years of age and younger.

Insurance companies are obliged to cover this vaccine based on the outbreak recommendation; however, they can restrict coverage to in-network providers. This restriction has created a barrier to vaccination of college students, as many remain on their parents’ insurance through their college years. In-network providers may be available only in students’ home communities, outside of the local area or outside of Oregon. Additionally, for students covered by the Oregon Health Plan (OHP), we have received reports that some coordinated care organizations (CCOs) are either refusing coverage or refusing vaccination outside of the primary care provider’s office.

The Oregon Health Authority would like to express its strong support for convening a task force to evaluate options and opportunities to improve access to health services for students. OHA would be pleased to convene such a task force, or to serve as a representative of public health in Oregon. We believe that the task force could successfully negotiate solutions to coverage and access issues.

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I appreciate the opportunity to comment on this bill and would be happy to answer any questions or to provide additional information.