

Agenda & Minutes

**Immunization Policy Advisory Team (IPAT)
Thursday, June 4, 2015/ 11:45 – 2:00pm/Room 1D**

ATTENDEES

P	Maggie Allee			Kevin Hogan
X	Hilary Andrews	X		Linda Howrey
X	Sara Beaudrault	X		Tami Kochan
	Joni Busche			Ellen Larsen
	Jessica Caldwell	X		Richard Leman
	Joyce Caramella	X		Paul Lewis
X	Clarice Charging	X		Mimi Luther
X	Paul Cieslak	X		Jenne McKibben
X	Alison Dent	X		Bob Mendelson
X	Aaron Dunn	P		Michelle Petrofes
	Tom Eversole	X		Nathan Roberts
X	Debi Farr	X		Kathy Scott
	Laurie Francis	P		Jennifer Webster
X	Erica Gillespie			
X	Judy Gutzman			
	Dana Hargunani			
	Apryl Herron			

Guests:

Jody Anderson Marcy Baker Julie Bertuleit Rachel Clark Erin Corrigan Stacy de Assis Matthews Lisa Glasser	Peggy Hillman Mike Hurley Rex Larsen Kerry Lionadh Lee Schrauben Kathy Thompson
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Agenda	Minutes/Action Items
<p>Introductions 5 minutes</p>	<p>Kathy Scott is leaving Public Health for the private sector. VFC Restitution/Probation Update:</p> <ul style="list-style-type: none"> Restitution suspended at this time, with efforts focused on prevention, and improving ordering practices. A probation pilot rolled out with two providers; one opted to withdraw from VFC and the other is processing well.
<p>U of O Outbreak Update Lee Schrauben</p>	<p>Work on the UO mening outbreak continues:</p> <ul style="list-style-type: none"> A 7th case was confirmed. Nearly 13,000 doses have been administered; 10,000 first dose. Vaccination efforts are ongoing. Work is underway on communication for summer events CDC is currently unwilling to declare the outbreak over. U of O will offer doses at introductory events for incoming students. Awaiting formal recommendation from ACIP after June meeting. Twelve VAERS reports submitted, all minor events. CDC announced vaccine can be co-administered with all routinely recommended vaccine. <p>Discussion: Would like to see talking points for visitors to campus – i.e. believe</p>

	risk is very low, as most visitors have very little student contact.
<p>PH Modernization Sara Beaudrault</p>	<p>Currently: Large disparity in level of county funding Focus on individual service delivery over community-wide interventions Reliance on Federal funding which dictate programs to be provided Limited state funding 2013: HB 2348 created Task Force on the Future of Public Health Services focusing on recommendation that:</p> <ul style="list-style-type: none"> • Create a public health system for the future • Consider the creation of regional structures • Enhance efficiency and effectiveness • Allow for appropriate partnerships with regional health care service providers and community organizations • Consider cultural and historical appropriateness • Are supported by best practices <p>Resulting report focused on the need to establish foundation programs and capabilities that are available in every public health jurisdiction across the state. Foundational programs include:</p> <ul style="list-style-type: none"> • Communicable disease control • Environmental health • Prevention and health promotion • Access to clinical preventive services <p>In addition, each should have foundational capabilities:</p> <ul style="list-style-type: none"> • Assessment and epidemiology • Emergency preparedness and planning • Communications • Policy and planning • Leadership and organizational competencies • Health equity and cultural responsiveness • Community partnership development <p>Sustained funding would need to be identified and allocated. Local public health would have flexibility to operationalize the foundation pieces either in county or in partnership with other local health. Metrics would be established and evaluated to guide improvements. 2015: HB3100, to continue moving forward, is in process, currently in Ways and Means. The full report is available at: www.healthoregon.org/taskforce</p>
<p>Billables Update Mimi Luther</p>	<p>Survey of local health departments (LHDs) conducted in April/May</p> <ul style="list-style-type: none"> • 91% have contracted with commercial health plans, focusing on immunization and reproductive health/family planning services • 9% have not contracted as yet <p>Prior to the project, LHDs reported much confusion about what administrative fees could be billed. Fees are now more consistent and representative of actual costs of administration.</p> <ul style="list-style-type: none"> • Work is ongoing on issues around CCO payments for services to members outside of home jurisdiction. <p>Received additional funds to extend contractor. Work includes:</p> <ul style="list-style-type: none"> • Outreach to new health plans • Focus on expanded scope of services • Continued assistance with contract rollout (Moda, Providence, Regence)

	<ul style="list-style-type: none"> Continued technical assistance to LHDs
<p>School Law/Exemption Update Stacy de Assis Matthews</p>	<p>Exclusion Summary 2015:</p> <ul style="list-style-type: none"> 674,376 - Children covered by school and children's facility immunization law 32,345 - Exclusion orders issued 4,666 - Children excluded <p>Non-medical exemption rate dropped from 7% in 2014 to 5.8% for 2015.</p> <p>Approximately half of nonmedical exemptions were for selective vaccines (for some vaccines but not all vaccines) for children in kindergarten and children's facilities.</p> <p>Discussion:</p> <p>Update on SB895 (requires schools and children's facility immunization information to be made publicly available, and removed provision that allows nonmedical exemptions prior to March 1, 2014) – in Ways and Means Committee</p>
<p>Legislative Update Sara Beaudrault</p>	<p>See attached</p>
<p>Kaiser AFIX Project Rex Larsen</p>	<p>Kaiser Center for Health Research contacted the Oregon Immunization Program (OIP) about partnering on an adolescent vaccination and parent communication project. OIP staff gave presentations to Kaiser providers on communicating with parents about HPV vaccine. Follow-up assessments will be done in November, with results possible for the December IPAT meeting.</p> <p>Discussion:</p> <p>OIP would like to expand the model to other venues, but currently there are staff and funding constraints.</p>



IPAT Legislative Update
June 4, 2015

SB505 - Adds a requirement for hospitals to offer flu vaccines to all hospital inpatients age 65 and older upon discharge, during flu season. Passed out of the Senate on March 12. House Healthcare Committee referred it to the floor on May 29 with a do pass recommendation.
<https://olis.leg.state.or.us/liz/2015R1/Measures/Overview/SB0505>

SB520 - Lowers the age that pharmacists can vaccinate without a prescription to age 7. Passed out of the Senate on Mar 24. House Healthcare Committee referred it to the floor on May 13 with a do pass recommendation.
<https://olis.leg.state.or.us/liz/2015R1/Measures/Overview/SB0520>

SB895 – Requires that school and children’s facility immunization information is made publicly available. Immunization information includes the number of children who are enrolled and the number who are susceptible to restrictable diseases that are covered by school law administrative rule:

- Schools and children's facilities must post in their main office and on their website.
- The Superintendent of Public Instruction must include this immunization information on school or district performance reports.
- Local health departments must make available local area immunization data to schools and children’s facilities. OHA must assist in compiling the data upon request.

This bill also removes the provision that allowed for religious exemptions signed prior to March 1, 2014. Passed out of the Senate Healthcare Committee on April 27 with a referral to Ways and Means.
<https://olis.leg.state.or.us/liz/2015R1/Measures/Overview/SB895>

SB442 DEAD- Under the -3 and -5 amendments, this bill would have limited exemptions for vaccines required for school or child care attendance to those that are for an approved medical reason. <https://olis.leg.state.or.us/liz/2015R1/Measures/Overview/SB0442>

SB673 DEAD- This bill would have given dentists the authority to administer vaccines that are required for school or child care attendance. <https://olis.leg.state.or.us/liz/2015R1/Measures/Overview/SB0673>

SB731 DEAD- This bill would have prohibited employers from mandating vaccination as a condition of employment unless required by federal law. It would have allowed individuals to take civil actions in response to unlawful employment practices related to mandated immunizations for employees. <https://olis.leg.state.or.us/liz/2015R1/Measures/Overview/SB0731>

Oregon Immunization Program is neutral on these bills.