

**LEGISLATIVE SERVICES AGENCY
OFFICE OF FISCAL AND MANAGEMENT ANALYSIS**

200 W. Washington, Suite 301
Indianapolis, IN 46204
(317) 233-0696
<http://www.in.gov/legislative>

FISCAL IMPACT STATEMENT

LS 7116
BILL NUMBER: HB 1398

NOTE PREPARED: Jan 22, 2013
BILL AMENDED:

SUBJECT: Meningitis Immunizations.

FIRST AUTHOR: Rep. Kirchhofer
FIRST SPONSOR:

BILL STATUS: As Introduced

FUNDS AFFECTED: **GENERAL**
 DEDICATED
 FEDERAL

IMPACT: State & Local

Summary of Legislation: This bill requires that every child residing in Indiana who enters: (1) grade 6 shall be immunized; and (2) grade 11 shall receive an additional immunization; against meningitis. It provides that the state department of health may adopt rules to change the schedule for the immunization and additional immunizations against meningitis to comply with the recommendations of the Advisory Committee on Immunization Practices. It removes the requirement that the state department of health adopt rules to require school age children to receive additional immunizations against meningitis.

Effective Date: July 1, 2013.

Explanation of State Expenditures: See *Explanation of Local Expenditures* below.

Explanation of State Revenues:

Explanation of Local Expenditures: The fiscal impact on local health departments from adding an additional dose of Meningitis vaccine to the immunization schedule would be negligible. The departments may experience an increase in patients seeking the vaccine but they should be able to handle the increase within existing resources. Estimates indicate that the increase in students seeking services should be between 308 and 5,130.

Additional Information:

Under current law, school age children are required to receive an immunization against Meningitis with a

booster included if deemed appropriate by the Department of Health (ISDH). The ISDH currently recommends that students in Grade 6 through 12 be administered one dose of the vaccine.

Under this bill, students entering Grade 6 would be required to be immunized, with a booster administered to students in Grade 11. However, the bill authorizes the ISDH to modify the immunization schedule to comply with recommendations of the Advisory Committee on Immunization and Practices (ACIP).

For individuals aged 11 to 18 years, the ACIP recommends routine vaccination of persons at age 11 or 12 years, with a booster dose at age 16. Beginning with the 2013-14 school year, the ISDH would be recommending that one dose is required for children in Grades 6 through 10; two doses are recommended for Grades 11 and 12. Individuals who receive one dose after their 16th birthday only need one dose to be up to date. For the 2014-15 school year, the ISDH is recommending one dose for children in Grades 6 through 11; two doses are recommended for Grade 12. Individuals who receive one dose after their 16th birthday only need one dose to be up to date.

According to data from the Department of Education, US Census Bureau, and the Center for Disease Control (CDC) about 85,500 students would be entering Grade 11 in 2013. Of these, approximately 6% would not be insured. The current coverage in the state for the vaccine (individuals who have taken two doses) among teenagers is unknown but approximately 94% have taken at least one dose. If it is assumed that those individuals that have taken one dose have actually taken two as recommended, and that only individuals without health insurance would visit one of the local health centers, the number of additional school children visiting local health department clinics statewide would be approximately $((1 - 0.94) * 0.06 * 85,500) = 308$.

If it is assumed that the individuals had taken only 1 dose of the vaccine and thus would require the second dose, then the potential number of additional visitors to local health clinics would be approximately $(0.94 * 85,500 * 0.06) + 308 = 5,130$. This number could increase because local clinics also serve patients with health insurance (the insurance provider of these patients would be billed).

The above analysis assumes that the majority of students would be vaccinated at private health clinics through their health insurance. There are two government-sponsored programs under which individuals may be vaccinated. These are the Children's Health Insurance Program (CHIP), and the Vaccines for Children program (VFC).

Children's Health Insurance Program: CHIP is funded jointly by the federal government and the states subject to an annual cap. The states' share of program expenditures is a little less than 24%. The children in this program are considered to have health insurance and therefore are not covered by the VFC program. If providers are following the ACIP schedule of recommended childhood immunizations, this bill should have no impact on the CHIP program. Even though the children in this program are not covered by the VFC program, states may still purchase vaccines for these children at the federal contract price (about \$82) rather than the private sector market price (approximately \$110).

Vaccines For Children Program: This is a federally funded program managed by the CDC that provides vaccines for children younger than 19 who do not have health insurance, or whose current health insurance coverage does not include this vaccine, or who are Medicaid-eligible, or who are American Indian or Alaskan Native. Patients are charged \$8 to \$10 administrative fee for each visit but will not be refused service if unable to pay.

Advisory Committee on Immunization and Practices: This is a group of medical and public health experts whose mandate is to develop recommendations on how to use vaccines to control diseases in the United States. The recommendations stand as public health advice that will lead to a reduction in the incidence of vaccine preventable diseases and an increase in the safe use of vaccines and related biological products. The ACIP provides advice and guidance to the Department of Health and Human Services and the CDC regarding the most appropriate selection of vaccines and related agents for effective control of vaccine-preventable diseases in the civilian population. The committee specifically provides advice for the control of diseases for which a vaccine is licensed in the U.S.

Explanation of Local Revenues:

State Agencies Affected: State Department of Health

Local Agencies Affected: Local Departments of Health; All schools.

Information Sources: Vaccines for Children (VFC), Website at: <http://www.cdc.gov/nip/vfc/about.htm>; Department of Education website; US Census Bureau website.

Fiscal Analyst: David Lusan, 317-232-9592.