Minutes	Immunization Policy Advisory Team (IPAT) Thursday, March 2, 2017/ 11:45 – 1:30pm/Room 1D

ATTENDEES

W	Hilary Andrews		Maggie Klein
X	Sara Beaudrault	X	Tami Kochan
	Jessica Caldwell	X	Ellen Larsen
X	Clarice Charging	X	Jan Larsen
X	Paul Cieslak	X	Richard Leman
X	Erin Corrigan	X	Paul Lewis
X	Stacy de Assis Matthews	X	Mimi Luther
X	Alison Dent	X	Jenne McKibben
X	Aaron Dunn		Bob Mendelson
	Debi Farr		Janet Patin
	Laurie Francis	X	Nathan Roberts
	Erica Gillespie	X	Amanda Timmons
	Judy Guzman	X	Cecile Town
	Kevin Hogan	W	Jennifer Webster
X	Linda Howrey	X	Collette Young

X – in person W – via webinar P – via phone E - excused

Guests:

	Jody Anderson		Steve Robison
	Joell Archibald	W	Ginni Schmitz
	Lisa Glasser		Joe Steirer
	Jill Johnson	W	Colton Strickland
	Sara Kiely		Amy Valdez
W	Katy King	W	Jeanine Whitney
	Albert Koroloff		

Agenda	Minutes/Action Items
Introductions and Announcements	• Third confirmed mening case at OSU
The Role of OIP and IPAT in Legislation	Public employees are prohibited from taking a political role on legislation. They can serve as subject matter experts, providing testimony or data as needed. Two additional bills came out after handout distributed. Handout will be updated and sent out. **Discussion:** It would be helpful to get regular updates on bills with immunization interest.
Current Legislative Session Bill Tracking	Priority 1 - Bills expected to have a significant impact on immunizations in Oregon; may be asked to provide informational testimony. **SB 687:** Specifies that refusing to vaccinate a child or delay vaccinations does not constitute abuse. *Concerns:* • Refusing to vaccinate is not currently considered abuse. • Vaccination is a community norm and should be treated that way in statute. • What problem is this bill designed to solve? **SB 848:** Specifies that employer cannot require employees to be immunized as a condition of employment.

	Concerns: • Bill conflicts with ORS 433.416 that allows exceptions for state law, rule or regulation. • Requiring immunizations is about protecting vulnerable patients from caregivers who could expose patients to disease. • Employer mandates are a proven strategy that are utilized by most other states. **SB 580:** Requires immunizers to provide written notice of: • Which vaccines are required for school/child care attendance; • Available exemptions; • Provided before each vaccination given to a person under 18 years of age. *Concerns:* • Would change the signature requirement on the CIS form to document that the written notice was provided. • Parents may choose to decline vaccines that are not required for school/child care attendance. • What problem is this bill designed to solve? **Discussion:** • How does a vaccine become required for school? The Immunization School/Facility Law Advisory Committee looks at vaccines using twelve criteria (http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/GettingImmunized/Documents/SchVacCriteria.pdf), then makes recommendations to require or not.

	Priority 2
	Bills are of interest to the Immunization Program; are actively tracking.
	SB 579 and 869: Requires health care provider to get informed consent before administering vaccine, by providing:
	• Notice of risks and benefits of each vaccine required for school attendance
	• Copy of the VIS
	• Notice of how to file a claim under NVICP
	• Information about process for obtaining exemptions
	• Availability of the Pink Book, with SB 869 specifying the Vaccine Excipient and Media Summary section
	• Copy of the package insert (SB 869 only)
	Considerations:
	• Federal law already requires that a VIS be given. The VIS includes:
	  • Description of risks and benefits
	  • Information about NVICP
	• Pink Book and package inserts available free online.
	• These bills require schools to document that informed consent has been obtained.
	Discussion:
	• Is there evidence that providers are not getting informed consent now? VIS forms are federally required, and package inserts are readily available online.

	• Are these bills to create barriers to getting immunizations? • No hearings are scheduled for the above bills as yet. • It would be helpful to get the committee and committee chair information in the updates on the bills **SB 274:** Requires that colleges with housing provide education on VPDs to each student enrolling or registering at the college for the first time, and to consult with OIP or CDC on content of the education. *Considerations:* • Hearing held 2/28. • Includes community colleges with housing. • Education would cover vaccination for diseases that affect individuals 16-21 years of age, including ACIP category A and B recommendations. **Discussion:** • There is an amendment being considered that would include community colleges with housing. • *Who decides what the education would look like?* Each institution can develop their own, but will have to consult with OIP or CDC. • Many states have similar requirements. **HB 2397:** • Allow pharmacists to prescribe and dispense drugs and devices on a formulary established by the State Board of Pharmacy by administrative rule. • Renames the Public Health Advisory Committee to the Public Health and Pharmacy Formulary Advisory Committee. *Considerations:* • Hearing held 2/3. • Pharmacy vaccine administration protocols are written by the Oregon Immunization Program as administrative rule disseminated by the State Board of Pharmacy. **Discussion:** • *How is it currently done?* Can prescribe immunizations and birth control. All other medications need a collaborative agreement specifying patients and care provided. With the proposed process, a formulary group would look at treatments for appropriateness, without having to go through the current legislative process for every change. • OIP currently writes pharmacy protocols and would like to continue. There is no specific mention as yet of where that fits in bill, but it could open up the possibility of moving to another process. **HB 2897:** • Requires health plans to cover services given at any provider, not restricted to in-network providers • Health plans cannot require higher payment or more restrictions for out-of-network providers than in-network providers (including pharmacies) • Requires insurer that offers health benefit plan to reimburse immunization at same rate across all providers and to reimburse all drugs within same class in same amount.

	Considerations: • Will impact college and university students who retain their "home" or parent's insurance • Think about role in outbreak responses • LHDs could benefit from reimbursement, but the rate must be sufficient to cover all costs associated with vaccination, not just the price of vaccine. **Discussion:** • This may not apply to Medicaid. • *This would cover medications no matter where the patient receives them?* Yes, they would be covered at the same rate. • *Does it specify who sets the reimbursement rate?* No. • "Provider" definition is a physician or any other individual licensed or certified to provide health services in Oregon. **SB 664:** Prevents agencies from imposing fines on small businesses for the first violation of a paperwork requirement. *Considerations:* • A warning of potential fines is currently used when preschools, child care facilities and private schools fail to submit immunization documentation to LHD in a timely manner. • If we lose leverage used to encourage sites to comply, children may not receive required immunizations, as there would be no penalty for the first time failure to submit documentation. **Discussion:** Does the bill specify what constitutes a first violation? No. Scope of bill much broader than immunizations. This is meant to show how it will impact immunization work.
	Priority 3 – These bills are being tracked as informational. Very little impact on immunizations, other than paperwork. **Discussion**: Legislation often has unintended consequences.
Wrap-Up and Next Steps	IPAT membership: do we have the right people in the room?