

What: Meeting of the Immunization Funding Advisory Committee
 Date and Time: May 2, 2023 at 10:00 AM-12:00 PM
 Location: **Zoom Video Conference**
 Presiding Officer: Nancy Hogue, PharmD, VVPP Chairperson
 Zoom Registration: <https://us02web.zoom.us/meeting/register/tZYkcu-oqjoiGdIKa02WCxxUwIk-j05dkd4P>

VVPP Agendas are subject to revision up to and including the time of the meeting.

Approx. Time	Topic/[Anticipated Action]	Presented by:
10:00-10:05	1. Welcome and Introductions a. Identify Committee Members participating by Zoom b. Identify additional topics from committee members	N. Hogue
10:05-10:10	* 2. Consent Calendar Items a. Approve Minutes for October 25, 2022 IFAC meeting [vote required]	N. Hogue
10:10-10:30	3. Vermont Department of Health Update a. Routine Child/Teen Immunizations b. End of Public Health Emergency c. February ACIP Meeting Highlights d. Federal Vaccines for Adults program e. COVID-19 Vaccine Commercialization	M. Ogelby/ A. LaScala
10:30-11:00	* 4. New Matters a. Assessment Rate Setting [vote required] b. Nominations and Election of New Committee Chair [vote required]	S. Mack S. Mack
11:00-11:10	5. Old Matters a.	N. Hogue
11:10-11:20	6. Other Matters from Committee Members a. b.	N. Hogue
11:20-11:25	7. Public Comment a.	N. Hogue
11:25-11:30	8. Parking Lot/Concerns	N. Hogue
	9. Intentionally Blank	
	[Adjourn]	
	10. Reference Documents * a. Contact List * b. Governing Statute * c. Proposed Form of Votes * d. Calendar for 2023	

*Indicates agenda item attached

Agenda as of 4/27/23



Vermont Vaccine Purchasing Program - Immunization Funding Advisory Committee
October 25, 2022 – 10:00 a.m. – 12:00 p.m.
Via Zoom Video Teleconference
Presiding Officer: Nancy Hogue, Chair

I. Attendance. Participating in all or part of the meeting via Zoom Video Teleconference were the following individuals:

Committee Members

Susan Barrett
Nancy Hogue
Beth Anne Ptak
John Saroyan
Peggy Rupp
Carrie Phillips
Kristen Navarette

Members of the Public

Jessica Aprile, GSK
Ryan Northfleet, Merck
Terry Eagan, Sanofi
Seth Heacock, Moderna
Christopher Zechman, Pfizer
Sara Farley

Absent

Barbara Frankowski
Mike Rouse

KidsVax® (KV)

Seema Mack
Everett Lamm
Fred Potter
Megan Conrad
Heather Veen

VDH

Monica Ogelby, VDH
Amanda LaScala, VDH
Anna Swenson, VDH
Patsy Kelso

II. Summary of Actions Taken and/or Recommended

A. Actions Taken (votes adopted)

1. To approve the minutes of the April 19, 2022 Committee Meeting as submitted.
- 2.

B. Follow up Task/Action Items

1. Chairwoman Hogue and Ms. LaScala to work with KidsVax for 2023 meeting location.

III. Minutes

Welcome and Introductions - A quorum, having been established, the meeting started at approximately 10:00 a.m. with introductions of those present. There were no new topics from Committee members. Ms. Mack informed the Council the meeting was being recorded for the purposes of taking the minutes. The official record of the meeting will be the minutes, approved by the Council; after minutes have been drafted and approved, the recording will be deleted. Chairwoman Hogue requested that a discussion regarding 2023 meeting locations be added to Other Matters on the agenda.

Consent Items – Chairwoman Hogue asked for approval of the minutes for the April 19, 2022 meeting.

Upon motion duly made and seconded, it was unanimously

VOTED: To approve the Committee minutes of the April 19, 2022 meeting as presented.

VDH Update – Ms. Ogelby discussed COVID-19 Vaccine availability and provided the following updates:

- All COVID-19 vaccines are available for routine ordering by enrolled providers and practices
- Statewide walk-in clinics continue to be free and available thanks to partnerships with EMS and key home health agencies and healthcare partners
- District offices continue to function as gap fillers for their communities and support those most disproportionately impacted by COVID-19
- As of October 21, 2022 almost 100 thousand people have received bivalent boosters
- EMS and pharmacy partners continue to be paramount in terms of distribution access for vaccine

- 1 • ACIP voted unanimously to include the COVID-19 vaccines in the VFC program, which will ensure adequate access moving
2 forward for children. VT DOH is expecting commercialization of these vaccines in early/mid 2023.
- 3 • Monovalent products are likely to go away in 2023 and will be replaced with bivalent products. Bivalent boosters are expected
4 to be authorized in late 2022/early 2023 for children under 5 years of age.
- 5 • A case of Polio was reported in New York State.
 - 6 ○ The CDC vaccine purchase contract does not include IPV for adults
 - 7 ○ Adults who are unvaccinated or under vaccinated and at increased risk should be given three doses of IPV at
8 recommended intervals.
 - 9 ○ VT DOH received a small amount of CDC funding to purchase the polio vaccine for Ukrainian refugees.
 - 10 ○ The CDC granted VT DOH's request to expand funding to other refugees.
- 11 • Three cases of Monkeypox have been reported in Vermont. Vermont has been inclusive to anyone interested in the
12 monkeypox vaccine making it culturally affirming for individuals.
- 13 • Despite the COVID-19 pandemic, Vermont flu vaccination increased in almost all age groups.
 - 14 ○ As of October 21, 2022, 125 thousand Vermonters have been vaccinated against the flu this season
 - 15 ○ VT DOH is in year three of the American Academy of Pediatrics (AAP) Grant of up to \$10,000 available to enrolled
16 practices and providers running flu clinics
 - 17 ○ Anyone who receives a vaccine shot regardless of where they live in Vermont is required to enter the immunization
18 registry
 - 19 ○ VT DOH is offering flu vaccines at their statewide COVID walk-in clinics for people under age 65
 - 20 ○ With the EMS partnership, 35,000 people have received co-administered flu and COVID vaccines this year

21
22 Ms. LaScala discussed pediatric routine immunization doses distributed from FFY19-FFY22, highlighting the following key points:

- 23 • Three and a half months into FY20 there were sharp declines in vaccines
- 24 • Supply channels for the Shingrix vaccine were opened for adults, which showed an increase of vaccines received
- 25 • The Vermont Immunization Registry (VIR) reported that despite the COVID-19 pandemic vaccine coverage, the youngest
26 Vermonters remained mostly the same
- 27 •

28 Ms. LaScala shared that the VIR has published their annual report which is available on the VT DOH website. Key updates from the report
29 include:

- 30 • Nearly eight in ten teens have received a dose of Tdap by 15 years of age, 73.6% have received the meningococcal vaccine,
31 and 65.7% have received their first dose of HPV by that age
- 32 • The dedication of the providers throughout the pandemic has sustained those remarkable levels.
- 33 • Through the Behavioral Risk Factor Surveillance System (BRFSS) Vermont has consistently higher overall adult vaccination
34 coverage rates than the United States
- 35 • Almost half of Vermonters aged 60 and older have been vaccinated against Shingles.

36 Ms. LaScala highlighted the ACIP meeting held October 19 and 20 stating ACIP approved the resolution to add COVID-19 vaccines to the
37 VFC program.

- 38 • Following the passage of this resolution, CDC will begin the steps necessary to award contracts for COVID-19 vaccines
- 39 • The COVID-19 vaccine will not be required in schools. School requirements are determined by states and localities, not the
40 federal government.
- 41 • VFC providers will be able to order the vaccines through the VFC program
- 42 • The timeline for commercialization of COVID-19 has not been finalized.

43 Ms. LaScala gave an update regarding the adult pneumococcal vaccine sharing adults who have received PCV13 only are recommended
44 to receive a dose of PCV20 at least one year after the PCV13 dose or PPSV23 as previously recommended to complete their
45 pneumococcal vaccine series.

46
47 Ms. Phillips mentioned pharmacies are not part of the VFC programs and asked if anyone has information from chain drug stores
48 regarding how this may impact availability of the VFC in that setting. Ms. LaScala responded that currently pharmacies are eligible to
49 enroll in VFC. Ms. Ogelby stated HHS is meeting monthly with VT DOH and are planning that the COVID vaccine should be available on
50 the private market in early 2023. Ms. Ogelby shared that 25% of COVID vaccines have been administered through pharmacies and the
51 EMS walk-in clinics have accounted for 17% of administrations for kids 5-11 years of age. Ms. Phillips mentioned that per the current
52 pharmacy regulations in Vermont, pharmacy technicians are not permitted to administer immunizations. The only vaccine authorizations
53 they are allowed to administer are COVID, flu and scheduled ACIP pediatric immunizations.

54
55 Ms. Swenson provided a brief update on the programs surplus up to September 30, 2022. As of Sept. 30, 2022, VT DOH had
56 approximately \$3.7 million in the CDC credit balance and \$2.7 million in the special fund balance for a surplus of approximately \$6.4
57 million. That is up \$2 million from last year. Chairwoman Hogue inquired about the pricing of the COVID vaccine when it becomes public.
58 Ms. Ogelby responded that Pfizer expects the purchase price of the COVID vaccine to be between \$110-\$130 per dose.

1 **New Matters** – Ms. Veen informed the Committee of the dates for the 2023 meetings. Chairwoman Hogue shared that Act 78 lifted the
2 requirement for in-person meetings which allowed 100% virtual meetings even for the public. The open meeting law allows for video
3 meetings, however, there is a requirement that the host of the meeting offer a physical location. The Act 78 order expires Jan. 15, 2023.
4 Ms. Barret voiced concern of hybrid meetings and advocated remote meetings be held based on the content of VVPP. KV will work with
5 Chairman Hogue and the VT DOH to find a location for the April meeting.
6

7 Chairman Hogue reminded the Committee that the April meeting is when a new Chairperson is elected and asked that the Committee
8 think about potential nominees.
9

10 **Old Matters** – None.

11 **Other Matters** – None.

12 **Public Comment** – None.

13
14
15
16 The next meeting will be held April 18, 2023. The meeting adjourned by unanimous vote at 11:00 a.m.

17
18 A true record.
19

Attest,

seemamack

Seema Mack

Column →	A		B	C		D	E
	CHILDREN			ADULTS			
Line ↓	Prior July 2022	July 2023-June 2024		Prior July 2022	July 2023-June 2024		Comments
A. Preliminary Vaccine Cost Estimates							
01.	15,533,777	20,774,216		7,098,370	11,662,098		Estimated costs of vaccines (sheets e & f)
02.	77,669	103,871	0.50%	35,492	58,310	0.50%	Provision for vaccine utilization increase
03.	0	0	0.00%	249,685	410,214	3.50%	¹ Provision for vaccine cost increase (% is annual)
04.	15,611,446	20,878,087		7,383,547	12,130,623		Est. vaccines costs(w/utilization & price adjustments.)
05.	-8,543,577	-11,218,077		-338,378	-323,378		Estimated VFC Award & 317 federal grant
06.	0	0		0	0		Other
07.	7,067,869	9,660,010		7,045,169	11,807,245		Total estimated VVPP vaccine costs
B. Assessable Covered Lives Estimates							
08.	57,498	57,161		345,729	351,506		Assessable covered lives (sheet c)
09.	0	0	0.00%	0	0	0.00%	Leakage (unknown insurer, out of reach entity, etc.)
10.	57,498	57,161		345,729	351,506		Assessable lives actually paying
C. Financial Carry Forwards							
11.	568,455	849,010		478,392	846,283		Vaccine fund carryforward (sheet d.)
12.	0	0	0.0	0	0	0.0	Amt. retained for liquidity reserve /reserve months
13.	568,455	849,010		478,392	846,283		Carryforward to reduce (add to) current assessment
D. Operational and Other Fixed Costs							
14.	261,511	357,420	3.70%	260,671	436,868	3.70%	VDH operational cost
15.	117,936	112,091		119,097	139,347		Administrative fees - KidsVax (from sheet b.)
16.	733	1,002	0.01%	731	1,224	0.01%	Bad debt allowance
17.	380,180	470,513		380,499	577,439		Sub-total anticipated operating costs
18.	0	0	0.00%	0	0	0.00%	Working capital reserve build-up
19.	0	0	0.00%	0	0	0.00%	Risk reserves
20.	\$ 380,180	\$ 470,513		\$ 380,499	\$ 577,439		Total fixed costs
E. Assessment Calculation							
21.	\$ 7,448,049	\$ 10,130,523		\$ 7,425,668	\$ 12,384,684		Total assessment funds needed (Line 7 + Line 20)
22.	\$ (568,455)	\$ (849,010)		\$ (478,392)	\$ (846,283)		Plus carry forward credit
23.	\$ 6,879,594	\$ 9,281,514		\$ 6,947,276	\$ 11,538,401		Net assessment funds needed
F. Per Assessable Covered Life Assessment							
24.	\$119.76	\$162.48		\$20.16	\$32.88		Annual assessment per covered life
25.	\$9.98	\$13.54		\$1.68	\$2.74		Monthly assessment per covered life calculated
26.	\$9.98	\$13.54		\$1.68	\$2.74		Monthly assessment per covered life recommended
G. Unexpended Assessments							
27.	733	1,002		731	1,224		² Unexpended assessments
H. Various Performance Metrics							
28.	1.67%	1.16%		1.69%	1.18%		Administrative fees - KidsVax as % of vaccine costs
29.	5.37%	4.86%		5.39%	4.88%		VDH operational cost & KV admin. fee as a % of vaccines
30.	-16.97%	35.67%		-1.18%	63.10%		% year to year change in assessment rate
31.	\$ 10.79	\$14.77		\$1.79	\$2.94		³ "Normalized" assessment rate (w/o lines 11, & 18)
32.	8.2%	9.1%		6.5%	7.2%		% Change from monthly assessment rate
33.	\$ 10.96	\$15.05		\$1.82	\$3.00		⁴ Preliminary Assessment projection
34.	9.8%	11.2%		8.4%	9.6%		Preliminary Assessment increase
I. Vaccine Cost per Covered Life determination							
35.	\$ 122.88	\$ 168.96		\$ 20.40	\$ 33.60		Annual vaccine cost calculated
36.	\$ 10.24	\$ 14.08		\$ 1.70	\$ 2.80		Monthly vaccine cost calculated

Notes:

- ¹ The CDC contract prices change dates are 4/1 for childhood vaccines and 7/1 for adult vaccines. The child price increase is 0 on Line 3 because VDH anticipates purchasing vaccines administered in April-June 2023 in March 2023, at April 2022 prices. All childhood vaccine cost projections are based on April 2023 CDC pricing. The line 3 provision for cost increases is applied for 12 months for adult vaccines in order to estimate July 2023 CDC prices.
- ² Carryforward cash amounts, if any, will be used for a working capital reserve if needed, and then applied to reduce future assessments unless otherwise directed by VDH.
- ³ This rate assumes that the working capital reserve is adequate and so included no reserves and also no carry forward.
- ⁴ Preliminary projection: This is the normalized assessment rate and one additional year of inflation and utilization changes.

Vermont Vaccine Purchasing Program
Budget Estimates and Allocations

Line ↓	Column →	A	B	C	D	E	F	G	H
		CHILDREN					ADULT		
		Prior Year	Unallocated ¹	Specific	Allocated ¹	Total	Specific	Allocated ¹	Total
01.	Administrative Fees (KidsVax®)								
02.	Annual Base Fee	\$237,033	\$251,438 ²		\$112,091	\$112,091		\$139,347	\$139,347
03.	Expense Allowance (travel)	\$0	\$0 ⁵		\$0	\$0		\$0	\$0
04.	Other	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
05.	Subtotal	\$237,033	\$251,438	\$0	\$112,091	\$112,091	\$0	\$139,347	\$139,347
	General Expenses								
06.	Bank Fees & Service Charges				\$0	\$0		\$0	\$0
07.	Auditing Fees				\$0	\$0		\$0	\$0
08.	Legal Fees				\$0	\$0		\$0	\$0
09.	VVPP Miscellaneous Expenses				\$0	\$0		\$0	\$0
10.	Office Expense				\$0	\$0		\$0	\$0
11.	Telephone Expense				\$0	\$0		\$0	\$0
12.	Postage and Shipping Expense				\$0	\$0		\$0	\$0
13.	Significant Website Enhancement				\$0	\$0		\$0	\$0
14.	Public Information Expense (other than web site)				\$0	\$0		\$0	\$0
15.	Insurance Expense (D&O)				\$0	\$0		\$0	\$0
16.	Printing Expense				\$0	\$0		\$0	\$0
17.	Publications				\$0	\$0		\$0	\$0
18.	Travel Expense				\$0	\$0		\$0	\$0
19.	Meeting Expense		\$0	\$0	\$0	\$0	\$0	\$0	\$0
20.	Subtotal	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Special Projects								
21.					\$0	\$0		\$0	\$0
22.					\$0	\$0		\$0	\$0
23.			\$0	\$0	\$0	\$0	\$0	\$0	\$0
24.	Subtotal		\$0	\$0	\$0	\$0	\$0	\$0	\$0
25.	Total Expenses	<u>\$237,033</u>	<u>\$251,438</u>	<u>\$0</u>	<u>\$112,091</u>	<u>\$112,091</u>	<u>\$0</u>	<u>\$139,347</u>	<u>\$139,347</u>

NOTES:

¹ "Unallocated" in this spreadsheet means that the specific item is not specific to either child or adult vaccines. If no other rule is given, allocation will be based upon the ratio of the child & adult total vaccine costs, plus VDH administrative fees (tab a. line 14), plus any carry forward credit or debit (tab a. line 13), respectively, to the total. That computation is as follows:

total child: 9,168,421 total adult: 11,397,830 44.58% is the child % of total

² Comprehensive fee for the upcoming fiscal year.

³ No plans for implementation of lockbox.

⁴ Actual costs, if any. Presently expected to be zero.

⁵ Bundled in KidsVax comprehensive fee for normal amounts.

**Vermont Vaccine Purchasing Program
Estimated Covered Lives for Assessment Calculation**

Covered lives reported to KV for the historical quarter:

Column →	A	B	C		D	E	F		G	H		I	J		K	L		M
Line ↓	Assessme	Membership	Quarter		Kids	Adults	Kids	Adults	Total	Kids	Adults	Quarterly	Monthly Average		R12 Trend		Kids	Adults
	Quarte	Period	Kids	Adults	Kids	Adults	Kids	Adults	Total	Kids	Adults	Variance	Kids	Adults	Kids	Adults	Kids	Adults
01.	Q1	1/2019-3/2019	178,304	1,024,917	59,435	341,639	401,074	-0.9%	0.6%	59,595	342,395	2.6%	-0.2%					
02.	Q2	4/2019-6/2019	179,777	1,016,235	59,926	338,745	398,671	0.8%	-0.8%	59,634	340,656	1.9%	-0.7%					
03.	Q3	7/2019-9/2019	179,153	1,005,968	59,718	335,323	395,040	-0.3%	-1.0%	59,760	338,820	1.5%	-1.3%					
04.	Q4	10/2019-12/2019	180,310	1,002,208	60,103	334,069	394,173	0.6%	-0.4%	59,795	337,444	0.8%	-1.7%					
05.	Q1	1/2020-3/2020	180,326	1,006,742	60,109	335,581	395,689	0.0%	0.5%	59,964	335,929	0.6%	-1.9%					
06.	Q2	4/2020-6/2020	178,807	1,014,460	59,602	338,153	397,756	-0.8%	0.8%	59,883	335,782	0.4%	-1.4%					
07.	Q3	7/2020-9/2020	176,618	1,016,410	58,873	338,803	397,676	-1.2%	0.2%	59,672	336,652	-0.1%	-0.6%					
08.	Q4	10/2020-12/2020	173,572	1,022,951	57,857	340,984	398,841	-1.7%	0.6%	59,110	338,380	-1.1%	0.3%					
09.	Q1	1/2021-3/2021	173,293	1,033,556	57,764	344,519	402,283	-0.2%	1.0%	58,524	340,615	-2.4%	1.4%					
10.	Q2	4/2021-6/2021	172,208	1,033,714	57,403	344,571	401,974	-0.6%	0.0%	57,974	342,219	-3.2%	1.9%					
11.	Q3	7/2021-9/2021	172,079	1,038,181	57,360	346,060	403,420	-0.1%	0.4%	57,596	344,034	-3.5%	2.2%					
12.	Q4	10/2021-12/2021	172,399	1,043,297	57,466	347,766	405,232	0.2%	0.5%	57,498	345,729	-2.7%	2.2%					
13.	Q1	1/2022-3/2022	172,941	1,055,013	57,647	351,671	409,318	0.3%	1.1%	57,469	347,517	-1.8%	2.0%					
14.	Q2	4/2022-6/2022	171,993	1,054,125	57,331	351,375	408,706	-0.5%	-0.1%	57,451	349,218	-0.9%	2.0%					
15.	Q3	7/2022-9/2022	170,810	1,053,570	56,937	351,190	408,127	-0.7%	-0.1%	57,345	350,500	-0.4%	1.9%					
16.	Q4	10/2022-12/2022	170,183	1,055,359	56,728	351,786	408,514	-0.4%	0.2%	57,161	351,506	-0.6%	1.7%					
17.	Best Current Estimate (average of the four most recent quarters)										57,161	351,506						

Prior Year's Financial Recap

Column →	A	B	C
Line ↓			
Revenues			
01. Carryforward from prior year (available cash on hand at 4/1/22)		\$488,785	
02. Prior Year Reconciliation: VVPP assessment collections 4/1/22-6/30/22		\$501,979	
03. VVPP assessment collections over reconciliation period 7/1/22-3/31/23		\$10,013,367	
04. Estimated VVPP assessment collections 4/1/23-6/30/23		\$3,337,789	
05. Total Revenues			\$14,341,921
Expenditures / Allowances			
06. Prior Year Reconciliation: vaccine purchase 4/1/22-6/30/22		-\$218,518	
07. Total vaccine purchases 7/1/22-3/31/23		\$12,054,747	
08. Estimated vaccine purchase 4/1/23-6/30/23		281,601	
09. Prior Year Reconciliation: KidsVax 4/1/22-6/30/22		-\$11,420	
10. KidsVax 7/1/22-3/31/23		\$218,493	
11. Estimated KidsVax 4/1/23-6/30/23		\$35,460	
12. Prior Year Reconciliation: VDH operational cost 1/1/22-6/30/22		\$7,582	
13. VDH operational cost 7/1/22-3/31/23		\$201,462	
14. Estimated VDH operational cost 4/1/23-6/30/23		\$77,220	
15. Total Expenditures/Allowances			<u>-\$12,646,628</u>
16. Vaccine Fund Carryforward ¹ (applied to reduce this year's assessment)			\$1,695,292

Notes: ¹ Excess of revenue over expenditures.

Column →
Line ↓

	A	B	C	D	E	F	G	H
	Vaccine	Brand Name	VVPP Cost Per Dose ¹	FFY24 estimated doses	FFY24 estimated cost	FFY23 estimated doses	FFY23 actual doses distributed 10/1/22-3/30/23	Actual/Estimate as a %
01.	COVID	multiple tbd	\$100.000	50,000	\$ 5,000,000	n/a	n/a	n/a
02.	DTaP	Daptacel	\$20.762	2,700	\$ 56,057	1000	1190	119%
03.		Infanrix	\$21.093	2,500	\$ 52,733	4000	1430	36%
04.	DTaP-HepB-IPV	Pediarix	\$64.254	1,200	\$ 77,105	5000	470	9%
05.	DTaP-IPV/Hib	Pentacel	\$68.250	5,000	\$ 341,250	6000	2365	39%
06.	DTaP-IPV-Hib-HepB	Vaxelis	\$97.790	12,000	\$ 1,173,480	6500	5620	86%
07.	DTaP-IPV	Kinrix	\$46.960	2,500	\$ 117,400	4500	1250	28%
08.		Quadracel	\$46.179	2,700	\$ 124,683	2200	1340	61%
09.	Hib	ActHIB	\$10.776	7,000	\$ 75,432	11000	3230	29%
10.		PedvaxHIB	\$15.664	0	\$ -	0	0	n/a
11.		Hiberix	\$10.764	0	\$ -	0	0	n/a
12.	HepA	Vaqta	\$23.300	100	\$ 2,330	500	40	8%
13.		Havrix	\$23.001	13,000	\$ 299,013	14000	5710	41%
14.	HepB	Recombivax	\$13.930	5,200	\$ 72,436	5200	2310	44%
15.		Engerix B	\$16.891	1,000	\$ 16,891	1000	380	38%
16.	HPV	Gardasil	\$224.630	14,000	\$ 3,144,820	14000	5780	41%
17.	IPV	IPOL	\$15.930	2,200	\$ 35,046	2200	1000	45%
18.	Influenza	Fluzone – Quad		0	\$ -	9000	8940	99%
19.				\$14.655	34,500	\$ 505,598	12000	12000
20.		FluMist	\$19.510	1,500	\$ 29,265	2000	1500	75%
21.		Fluarix	\$15.216	12,000	\$ 182,592	18000	18000	100%
22.		FluLaval	\$15.216	12,000	\$ 182,592	24000	24000	100%
23.	MMR	MMR II	\$24.955	7,650	\$ 190,906	7650	2640	35%
24.	MMRV	ProQuad	\$165.094	7,500	\$ 1,238,205	7500	2740	37%
25.	MCV4 / MenACWY	MenQuadfi	\$107.838	12,000	\$ 1,294,056	12000	5355	45%
26.		Menveo	\$105.600	50	\$ 5,280	50	5	10%
27.	MENB	Trumenba	\$130.770	0	\$ -	0	0	n/a
28.		Bexsero	\$141.709	2,000	\$ 283,418	3000	734	24%
29.	PCV13	Prevnar 13	\$158.180	0	\$ -	24000	3700	15%
30.	PCV15	Vaxneuvance	\$162.270	22,000	\$ 3,569,940	0	6600	n/a
31.	PPSV23	Pneumovax 23	\$65.800	60	\$ 3,948	60	20	33%
32.	RV	RotaTeq	\$79.240	8,000	\$ 633,920	8000	2970	37%
33.		Rotarix	\$105.454	6,000	\$ 632,724	6000	2710	45%
34.	Td	TDVAX	\$18.509	200	\$ 3,702	400	94	24%
35.	Tdap	Boostrix	\$36.005	9,000	\$ 324,045	9000	4700	52%
36.		Adacel	\$35.682	5,000	\$ 178,410	5000	2030	41%
37.	VAR	Varivax	\$132.420	7,000	\$ 926,940	7000	2710	39%
					\$ 20,774,216			

¹ CDC pediatric vaccine contract prices as of 4/1/23

Estimated VFC portion

54% \$ 11,218,077

22-23 flu season distribution 9/1/22-3/30/23

Column →
Line ↓

	A	B	C	D	E	F	G	H
	Vaccine	Brand Name	VVPP Cost Per Dose ¹	FFY24 estimated doses	FFY24 estimated cost	FFY23 estimated doses	FFY23 actual doses distributed 10/1/22-3/30/23	Actual/Estimate as a %
01.	COVID	multiple tbd	\$100.000	50,000	\$5,000,000	n/a	n/a	n/a
02.	HepA	Vaqta	\$38.170	2,000	\$76,340	2600	860	33%
03.		Havrix	\$38.569	1,000	\$38,569	1500	420	28%
04.	HepB	Engerix B	\$36.223	4,000	\$144,892	2500	1640	66%
05.		HepLisav-B	\$74.940	1,500	\$112,410	1500	565	38%
06.	HepA-HepB	Twinrix	\$67.923	1,600	\$108,677	1200	730	61%
07.	HPV	Gardasil	\$164.560	2,500	\$411,400	4000	880	22%
08.	Influenza	Fluarix	\$13.916	20,000	\$278,320	15000	15000	100%
09.		FluLaval	\$13.916	20,000	\$278,320	26000	26000	100%
10.		Fluzone syr	\$14.906	10,000	\$149,060	4000	3990	100%
11.	MMR	MMR II	\$55.890	400	\$22,356	500	140	28%
12.	MCV4 / MenACWY	MenQuadfi*	\$80.236	600	\$48,142	1200	120	10%
13.		Menveo	\$76.230	50	\$3,812	0	5	n/a
14.	MENB	Trumenba	\$102.850	0	\$0	0	0	n/a
15.		Bexsero	\$118.367	400	\$47,347	500	103	21%
16.	PCV15	Vaxneuvance	\$149.900	50	\$7,495	400	50	13%
17.	PCV20	Prevnar 20	\$172.996	8,000	\$1,383,968	4000	3840	96%
18.	PPSV23	Pneumovax 23	\$75.630	50	\$3,782	2000	27	1%
19.	RSV	tbd	\$150.000	2,000	\$300,000	n/a	n/a	n/a
20.	RZV	Shingrix	\$104.530	25,000	\$2,613,250	37500	9726	26%
21.	Td	TDVAX	\$17.278	5,000	\$86,390	6100	2354	39%
22.	Tdap	Boostrix	\$27.214	15,000	\$408,210	15000	5470	36%
23.		Adacel	\$27.914	4,300	\$120,030	4300	1880	44%
24.	VAR	Varivax	\$96.650	200	\$19,330	200	40	20%
					\$11,662,098			

¹ CDC adult vaccine contract purchase prices as of 4/1/23 (subject to change 7/1/23)
22-23 flu season distribution 9/1/22-3/30/23

estimated 317 \$323,378

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As of 03/2023

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Vermont Statutes

Title 18. HEALTH

Part 2. PUBLIC HEALTH REGULATIONS

Chapter 21. COMMUNICABLE DISEASES

Subchapter 4. IMMUNIZATION

Current through 2014 Legislative Session

§ 1130. Immunization funding

(a)

As used in this section:

(1)

"Health care facility" shall have the same meaning as in section 9402 of this title.

(2)

"Health care professional" means an individual, partnership, corporation, facility, or institution licensed or certified or authorized by law to provide professional health care services.

(3)

"Health insurer" shall have the same meaning as in section 9402 of this title, but does not apply to insurers providing coverage only for a specified disease or other limited benefit coverage.

(4)

"Immunizations" means vaccines and the application of the vaccines as recommended by the practice guidelines for children and adults established by the Advisory Committee on Immunization Practices (ACIP) to the Centers for Disease Control and Prevention (CDC).

(5)

"State health care programs" means any health care program providing immunizations with funds available through State and federal sources.

(6)

"Covered lives" means the number of Vermont residents covered under a health insurance plan provided or administered by a health insurer.

(b)

(1)

The Department of Health shall administer an immunization program with the goals of ensuring universal access to vaccines for all Vermonters at no charge to the individual and reducing the cost at which the State may purchase vaccines. The Department shall purchase, provide for the distribution of, and monitor the use of vaccines as provided for in this subsection and subsection (c) of this section. The cost of the vaccines and an administrative surcharge shall be reimbursed by health insurers as provided for in subsections (e) and (f) of this section.

(2)

The Department shall solicit, facilitate, and supervise the participation of health care professionals, health care facilities, and health insurers in the immunization program in order to accomplish the State's goal of universal access to immunizations at the lowest practicable cost to individuals, insurers, and State health care programs.

(3)

The Department shall gather and analyze data regarding the immunization program for the purpose of ensuring its quality and maximizing protection of Vermonters against diseases preventable by vaccination.

(c)

The immunization program shall purchase vaccines from the federal Centers for Disease Control and Prevention at the lowest available cost. The Department shall determine annually which vaccines for adults shall be purchased under the program.

(d)

The immunization program shall provide for distribution of the vaccines to health care professionals and health care facilities for administration to patients.

(e)

Health insurers shall remit to the Department the cost of vaccines, as established by the Commissioner of Health based on the recommendation of the Immunization Funding Advisory Committee established in subsection (g) of this section.

(f)

The Department shall charge each health insurer a surcharge for the costs and administration of the immunization program. The surcharge shall be deposited into an existing special fund and used solely for the purpose of administering the program.

(g)

(1)

The Immunization Funding Advisory Committee is established to provide the Commissioner of Health with an annual per-member per-month cost for vaccines for the pediatric population, an annual per-member per-month cost for vaccines for the adult population, and a recommendation for the amount of the yearly vaccine assessment. The Committee shall comprise the following nine members:

(A)

the Executive Officer of the Board of Pharmacy;

(B)

the Executive Director of the Green Mountain Care Board;

(C)

a representative of the Vermont Blueprint for Health, nominated by the Director of the Blueprint and appointed by the Commissioner of Health;

(D)

three representatives of health insurers, one from each of the State's largest private health insurers, as determined by the number of covered lives, appointed by the Commissioner of Health;

(E)

a representative of the American Academy of Pediatrics, Vermont chapter, appointed by the Commissioner of Health;

(F)

a representative of the American Academy of Family Medicine, Vermont chapter, appointed by the Commissioner of Health; and

(G)

a representative of employers that self-insure for health coverage, appointed by the Commissioner of Health.

(2)

The Committee shall select a chair from among its members at the first meeting of each calendar year. The Committee shall receive administrative support from the Department of Health.

(3)

By January 1 of each year, the Committee shall provide to the Commissioner the annual fiscal assessment and the

per-member per-month cost for pediatric vaccines based on the total number of pediatric covered lives reported by health insurers and the per-member per-month cost for adult vaccines based on the total number of adult covered lives reported by health insurers.

(h)

If federal purchase requirements do not further the goal of ensuring universal access to vaccines for all, the Commissioner may, following consultation with the Immunization Funding Advisory Committee, discontinue the program with six months' advance notice to all health care professionals and to all health insurers with Vermont covered lives.

(i)

The Department may adopt rules under 3 V.S.A. chapter 25 to implement this section.

Cite as 18 V.S.A. § 1130

History. Amended by 2014, No. 179, §E.312.1, eff. 7/1/2014.

Amended by 2013, No. 79, §17, eff. 1/1/2014.

Amended by 2012, No. 162, §C.200, eff. 5/17/2012.

Amended by 2012, No. 157, §4, eff. 7/1/2012.

Added 2005, No. 191 (Adj. Sess.), § 23; amended 2007, No. 70, § 29; 2009, No. 61, §42; 2009, No. 156 (Adj. Sess.), §I.20.



May 2, 2023

Proposed Form of Votes
Immunization Funding Advisory
Committee

The following are suggested forms of votes only. They are intended to be an aid to facilitate work by individual committee members. All Committee Recommendations and the final form of votes are exclusively the province of the Committee acting collectively as a Committee.

Item under Agenda Section 2.a:

VOTED: To approve the minutes of the October 25, 2022 Committee Meeting as submitted.

[To approve the minutes of the October 25, 2022 Committee meeting with the changes suggested at the meeting.]

Item under Agenda Section 4.a:

VOTED: To Provide the Commissioner of Health with the Committee's findings, pursuant to 18 V.S.A. §1130(g)(1), that the per-member per-month costs for vaccines are as follows:

	Children	Adults
Annual Vaccine Cost		
Monthly Vaccine Cost		

VOTED: To Provide the Commissioner of Health with the Committee's recommendation, pursuant to 18 V.S.A. §1130(g)(1), that the SFY2024 Assessment Rate should be as follows:

	Children	Adults
Annual Vaccine Cost		
Monthly Vaccine Cost		

Item under Agenda Section 4.b:

VOTED: The committee votes to elect _____ to serve as Chair of the Immunization Funding Advisory Committee.

[Pursuant to 18 V.S.A. 1130(g)(2), the Committee selects a chair from among its members at the first meeting of each calendar year.]



VVPP 2023 Calendar: Year at a Glance

Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
	15- Quarterly Assessment Due	31-Annual Report (KV doing business in VT)	Recommend Assessment Rate Selection of Committee Chair	2-Advisory Committee Meeting 15- Quarterly Assessment Due 2024 Rate Approval Letter to Commissioner re Committee members re- appointment – See Section E of Plan of Operation			15- Quarterly Assessment Due		26- Advisory Committee Meeting	15- Quarterly Assessment Due	



2023 VVPP Meetings

May			
*IFAC Meeting (Assessment Setting)	Tuesday May 2, 2023	Zoom/	10:00 a.m.
October			
IFAC Meeting	Tuesday October 24, 2023	Zoom	10:00 a.m.

*Immunization Funding Advisory Committee