

**Idaho Immunization Assessment Board
Board Meeting, Monday, April 6, 2020**

Department of Insurance, 700 W. State St., Boise, ID – 3rd floor Conference Room A

Board Members Present:

- Director Dean Cameron – Idaho Department of Insurance
- Ted Epperly, M.D., Chair – Family Medicine Residency of Idaho
- Norm Varin, Secretary – PacificSource Health Plans
- Chase Ropelato – Idaho Power
- Christine Hahn, M.D. – Idaho Department of Health and Welfare
- Ginger Sinclair – Idaho Associated General Contractors
- Mike Hodge – Albertsons LLC & New Albertsons, Inc.
- Sean Robbins – Regence BlueShield of Idaho
- Senator Fred Martin – Idaho Senate

Board Members Absent:

- Ralph Woodard – BlueCross of Idaho
- Idaho House of Representatives – position currently vacant

Others Present:

- Renee' Iverson – Idaho Department of Insurance
- Pamela Murray – Idaho Department of Insurance
- Bruce Jones – Idaho Department of Insurance
- Tamarie Olson – Idaho Department of Health and Welfare
- Sarah Leeds – Idaho Department of Health and Welfare

(Introductions made prior to meeting being called to order).

Call to Order:

Meeting called to order at 3:05 pm by Chairman Dr. Ted Epperly. A quorum was present. Review of agenda: Review updated numbers for 2019, take a look at the status of the 2020 survey, talk about the number of kids in Idaho under age 19 to insure.

Approval of Minutes from September 18, 2019 meeting:

Query about time of the last meeting was held. Resolved. Discussed balances between DOI and DHW off by \$18,200. Resolved. Director's assistant, Pamela Murray available to help take minutes. Suggested more permanent, long-term solution. Some other Boards have secretary/treasurer that takes the minutes. Election of officers will help to alleviate this issue. Currently Vice Chairperson Position is vacant. Secretary/treasurer is Norm Varin.

Motion approve the minutes. Motion by Dr. Hahn. Second by Ginger Sinclair. Unanimous voice vote in the affirmative.

Financial Report: as of 3/31/2020 – Renee' Iverson (see attached)

On page 1, the current assessment for 2019 fiscal year 2020. We have received all of the assessments that we are expecting. We made one refund during the period for \$12,450 that the board was notified of. We have one more refund request coming through which is later on the agenda. We

transferred so far for this period we have transferred \$4,418,062.50. Department of Health and Welfare has expended \$15,110,919.94 leaving a cash balance \$3,514,121.39. The cash balances match.

The forecast on page 3 gives an indication of the difference between what was forecast, what was budgeted, what was voted, and the actuals. The actual covered lives are lower than what was anticipated. This is a result of a continuing issue where TPAs and carriers are both reporting the same lives. We had a higher carryover than anticipated at fiscal year-end. Looks like we are going to be overfunded by \$1.9 million.

Approval of financial report. Motion by Norm Varin. Second by Sean Robbins. Unanimous voice vote in the affirmative.

Old Business:

Dr. Chris Hahn gives update on covid-19 and in particular as it pertains to our assessment board: From an Idaho perspective it is very challenging for majority of Americans think the worst is behind us. They're anticipating a lot of death which is going to make it very difficult for us keep commitment to stringent social measures that have been put in place if people think the worst is over. A reminder that governor set up this website coronavirus.idaho.gov.

Testing is still a huge problem. We don't have enough capacity. Idaho has been working with the VA, St. Luke's, and with multiple facilities. Shortage of Personal protective equipment (PPE). The University of Washington model shows that Idaho has enough hospital beds but not enough ICU beds.

Blaine county has the highest rates of infection in the country. Were over 1,100 cases. We've tested almost 11,000 people with 10% positivity. In general, kids do very well with the infection.

We have had 80 cases at least that were healthcare workers.

As far as the immunizations, the most optimistic scenario is to have vaccines within 12 months to 18 months or even longer. Vaccines have to go through safety trials before getting a vaccine that might not work or do harm. The big question about a vaccine will be when it's developed, who is to be recommended to get it, and when it is given.

Might be offered for free under a federal program to get rapid and high uptake. This is maybe more of an observation. It's really about not spreading it. It's about spreading it to someone who could have a terrible outcome.

Board Action:

Refund request from Anthem. We have received verification from both companies that it was a duplication so we're asking for a refund for AmeriBen. This is included in the financials. We have a policy that approvals for less than a certain number of covered lives are just handled administratively internally. But when they exceed a certain number, it comes to the board. Since this is at 908 it exceeds at threshold that's why it's coming to the board.

Motion to approve as stated (threshold is 250 lives) by Norm Varin. Second by Mike Hodge. Unanimous voice vote in the affirmative.

Assessment Determination:

The 2019 updated number in the financials and originally voted was 274,415 lives. Actual is 161,300. The 2020 survey came to 259,108 covered lives. It is likely that we may be having a few more coming in. Proposed fiscal year 2021 vaccine assessment, with both the base assessment cost and a vaccine price recommendation variability adjustment Factor. This is all factored in and figured out based on the methodology determined by the board.

Additional cost consideration that beginning this school year 2020-2021, 12th graders required to have booster dose of meningococcal conjugate vaccine. According to data in IRIS for kids 16 through 18 years of age, 75% of those kids are due to have one. If you look at just those kids who are 17, going into school as seniors this fall, the cost of the vaccine about \$800,000 to cover the cost of additional vaccine. We typically don't spend much of that contingency of 3% that you built in, but there might be a possibility that those funds would be needed to buy some additional vaccine in the fall.

Anticipate 2.5 million as a carry forward to be left in the fund at the end of the year. Which leaves the assessment need at just under 18 million from the survey and then a proposal of \$69.29. The difference from last year to this year had our highest number of covered lives. Maybe four reasons that we could have as talking points to organizations, carrier, self-funded plans, etc. The four points heard from Tamarie is 1)increased cost of vaccine, 2)increase now of a second dose of meningococcal vaccine, less covered lives from fiscal year 2020 as to proposed 2021, of what looks to be almost 15,000 children 4) and then the large carry over that is not as large as it was in the prior-year. What we have in front of us is a conservative estimate. It would make sense to round up to the nearest dollar and make it a \$70 assessment. Motion Norm Varin, second Mike Hodge.

Discussion clarification:

What is a typical annual carryover from previous years and what would the carryover projection be understanding that it is an estimate going into this with \$70? Typically, close to three million. We do have a surplus but we intend to spend it. Don't want to have a negative.

Tamarie, on page one under that new 12th grade booster dose \$791,943 is there a tie back to page 5? It looks like the potential cost would be \$798,279. The correct number 798. We have a motion on the table to accept the proposed per child assessment for 2021 at \$70 even.

There's been a motion (Norm Varin) and a second (Mike Hodge). Unanimous voice vote in the affirmative.

Business for next meeting:

- Welcome Sean Robbins to the Board
- Reappointments.
- Election of officers.
- Mike Hodge retiring from Albertson September 1st.

Next meeting date:

Monday, July 13,2020 3pm - 5pm

Adjournment:

Meeting adjourned at 4:15pm, MDT