



COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

GREG COX
First District

DIANNE JACOB
Second District

PAM SLATER-PRICE
Third District

RON ROBERTS
Fourth District

BILL HORN
Fifth District

DATE: October 9, 2012

##

TO: Board of Supervisors

SUBJECT: CHANGE IN IMMUNIZATION AND TUBERCULOSIS CONTROL SERVICES (DISTRICT: ALL)

SUMMARY:

Overview

Vaccination services and tuberculosis (TB) screening are key public health strategies for preventing and identifying disease, respectively. Historically, these services have been made available to any client who requests them, regardless of insurance status.

To respond to a change in federal policy associated with vaccine eligibility, and to assure that resources are allocated to those at high risk and the highest priorities in TB Control, as set forth by the Centers for Disease Control and Prevention (CDC), services at the County Health Services Complex and the Regional Public Health Centers and satellite clinics will be limited to persons who meet specific federal criteria for vaccinations and tuberculosis testing to assure that safety net services can be focused on federally identified priorities.

Today's action requests Board authority to discontinue immunization services to persons who have health insurance coverage, and to persons seeking TB testing services, who have health insurance coverage, based solely on federal, state, or employer mandates. All such individuals would be referred to their medical homes.

This item supports the Building Better Health component of the County's adopted *Live Well, San Diego!* plan which promotes healthy, safe and thriving communities by providing quality and efficient care, and optimizing resources.

SUBJECT: [TUBERCULOSIS CONTROL SERVICES (DISTRICT: ALL)]

Recommendation(s)

[CHIEF ADMINISTRATIVE OFFICER

1. Authorize the Director, Health and Human Services Agency, to direct, as appropriate, fully insured individuals using immunization services in the Public Health Centers to alternative providers of these services in our community.
2. Authorize the Director, Health and Human Services Agency, to direct, as appropriate, insured individuals using screening services in Tuberculosis Control based solely on federal, state or employer mandates to alternative providers of these services in our community.]

Fiscal Impact

There will be no change in net General Fund cost and no additional staff years.

Business Impact Statement

N/A

Advisory Board Statement

N/A

[BACKGROUND:

Immunization Services

The California Department of Public Health (CDPH) provides vaccine to local health departments from a combination of funding sources, including the Vaccines for Children (VFC) program, Section 317 funds, and State funds. Local health departments are responsible to determine eligibility for VFC, a federally funded program, based on specific criteria. Section 317 funds are federal discretionary funds that States receive for vaccine purchases. In California, Section 317 funds are used to purchase a limited number of vaccines for uninsured or underinsured adults and non-VFC eligible children.

To be eligible to receive VFC vaccine, the client must be 18 years of age or younger and meet one of the following criteria:

- Client is eligible for Medi-Cal and the Child Health and Disability Prevention Program; or
- Client does not have health insurance; or
- Client is American Indian or Native Alaskan.

Prior to October 1, 2012, CDPH policy allowed the provision of immunizations by local health jurisdictions to privately insured, non-VFC eligible children on a one-time basis to prevent

SUBJECT: | TUBERCULOSIS CONTROL SERVICES (DISTRICT: ALL) |

missed opportunities to vaccinate. These clients were then referred to their primary care provider for future vaccines, and parents or patients were advised that subsequent immunization services may be denied.

The Centers for Disease Control and Prevention (CDC) has provided new guidance stipulating that effective October 1, 2012, Section 317 vaccine can no longer be used for immunizing insured individuals. Clients who are ineligible for VFC and 317 funded vaccines include the following:

- Children and adults with private insurance that covers immunization services, even if the plan requires a copayment or a deductible;
- Children with Healthy Families insurance;
- Children and adults with health savings accounts.

Local Health Departments are required to conduct and document screening to determine eligibility for VFC and 317 funded vaccines. Eligibility will be based on client report and does not require additional verification. An underinsured person includes those who have health insurance, but the coverage does not include vaccines or includes only selected vaccines, as described below.

To qualify to receive 317 funded vaccines, the client must:

- Be 18 years of age or younger and have health insurance that does not cover some or all CDC recommended vaccines. This includes insurance that has a cap on the dollar amount of reimbursement for vaccine that has been exceeded or the insurance plan only covers certain vaccines; or
- Be 19 years of age or older and meet one of the following criteria:
 - Does not have health insurance;
 - Has health insurance that does not cover the requested vaccine, including those insurances that have a cap on the dollar amount of reimbursement for vaccine that has been exceeded or only covers certain vaccines.

Public Health Centers will continue screening children for VFC and 317 eligibility and provide immunizations accordingly. Persons who are insured will be denied immunization services and referred to their primary care providers or medical homes.

Tuberculosis Screening

Over the past 3 years, Public Health Services (PHS) has seen an 8% reduction in funding. Despite these reductions, PHS continues to focus on the highest priorities in TB Control, as set forth by the Centers for Disease Control and Prevention; diagnosis and treatment of active TB disease; screening and treatment of those exposed to active cases; and targeted screening and treatment of groups at highest risk for developing TB in the future. To assure safety net services can be focused on these priorities, PHS should limit services to insured individuals who seek TB services at County clinics based solely on federal, state or employer mandates.

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Approximately 30% of individuals coming to County clinics for TB testing do so based on an employer requirement and approximately 30% of clients have medical insurance. The largest group is school employees who need TB clearance every four years based on a state mandate. Recently, the California Tuberculosis Control Association issued guidance that “The best public health and medical evidence suggests that universal TB testing [of school employees] is neither necessary nor cost-effective.” In fall 2011, PHS met with the County Office of Education and there was agreement that insured school employees should get medical clearance from their own providers.

Another group that should be redirected is individuals seeking to adjust their US residency status. These are individuals who entered the US as other than refugee or legal permanent residents. US Customs and Immigration Service (USCIS) requires medical examinations as part of the adjustment process and specific non-health department providers are designated to perform these examinations for a set fee. Only the designated provider may sign the USCIS medical clearance forms. A recent survey indicated that 5% of USCIS providers sent applicants to the County Health Services Complex TB clinic and Regional Public Health Centers for the TB portion of the examination.

PHS recommends the following; 1) End TB screening services for insured individuals who are seeking services based on requirements of employment, 2) End TB screening services for individuals who are seeking services based on requirements for adjustment of residency, 3) Continue to focus services on individuals with active TB disease and segments of the population at highest risk of developing active TB disease, especially those who are uninsured.

Linkage to the County of San Diego Strategic Plan

Today’s proposed actions support the Safe Communities initiative in the County of San Diego’s 2012-17 Strategic Plan as well as the *Live Well, San Diego* initiative by focusing on the control of tuberculosis, one of the leading infectious causes of death in the world today, and on effective utilization of immunization resources to prevent the spread of vaccine preventable diseases.

Respectfully submitted,

WALTER F. EKARD
Chief Administrative Officer

ATTACHMENT(S)

N/A

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AGENDA ITEM INFORMATION SHEET

REQUIRES FOUR VOTES: Yes No

WRITTEN DISCLOSURE PER COUNTY CHARTER SECTION 1000.1 REQUIRED
 Yes No

PREVIOUS RELEVANT BOARD ACTIONS:

N/A

BOARD POLICIES APPLICABLE:

N/A

BOARD POLICY STATEMENTS:

N/A

MANDATORY COMPLIANCE:

N/A

ORACLE AWARD NUMBER(S) AND CONTRACT AND/OR REQUISITION NUMBER(S):

N/A

ORIGINATING DEPARTMENT: Health and Human Services Agency

OTHER CONCURRENCE(S): N/A

CONTACT PERSON(S):

Kathleen Moser, M.D.

Name

(619) 692-8613

Phone

N/A

Fax

P576

Mail Station

Kathleen.moser@sdcounty.ca.gov

E-mail

Wilma Wooten, M.D.

Name

(619) 515-6519

Phone

N/A

Fax

P578

Mail Station

Wilma.wooten@sdcounty.ca.gov

E-mail