

Dear Chairman and Committee:

My name is Flo LaRoy and I am one of many parents struggling with the challenging behaviors of a family member. Although my son has made great strides, the lack of early behavioral intervention has had a lasting impact on his future. His lack of employment success and independence are directly linked to behavioral issues that are simply not tolerated by our society.

It is critical that challenging behaviors are addressed as soon as they arise and that families are given the tools to help their children succeed in life. Positive Behavior Support teaches families the information and strategies they will use for a lifetime, especially if they are caring for someone with a disability.

**Positive Behavior Supports** also helps to understand typically developing children, adults with challenging behaviors and changes attitudes toward behavior. Please help ensure a better future for our children.

Thank you!

Florence LaRoy

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**From:** Heidi Parker [<mailto:heidi@immunizenevada.org>]

**Sent:** Tuesday, June 03, 2014 11:44 AM

**To:** Laurie Olson

**Cc:** Karissa Loper

**Subject:** Follow-up to GMAC subcommittee meeting

Laurie,

Thanks to you and your staff for once again conducting such an in-depth community needs assessment. Yesterday's thoughtful committee process reiterated the state's commitment to supporting the health and resource needs of Nevada's communities. After listening to the discussion, I wanted to provide additional information on a few of the questions that arose.

I first would like to acknowledge the success that has happened in Nevada with childhood immunization rates. Since first receiving FHN support in 2007, Nevada's rates have risen from last in the nation to 39<sup>th</sup>, with about 1/3 of our children still not fully immunized. These families are struggling with access, transportation and cost of vaccines; but I can attest that sustained, statewide support from FHN for immunizations has greatly contributed to increased rates. As discussed by the committee, I also believe that sustained support over a substantial period of time can have a much greater effect on an issue than a larger monetary amount for a shorter period. The success with Nevada's childhood immunization rates over the last 7 years is an excellent example of this.

Second, I would like to provide additional information around ACA and immunizations. Attached is an in-depth topic paper that Immunize Nevada has prepared, but I would like to also point out some more recent developments. Federal vaccine funding for uninsured, high-risk adults has been cut by 66% for the upcoming fiscal year from the CDC. Many Nevada communities rely on this source of vaccine to keep their most vulnerable adults healthy during flu season and beyond. There is not an alternate source of funding for this vaccine, and organizations like Immunize Nevada are being asked to look for grant funding to replace these cuts. While FHN has historically concentrated on childhood immunizations, I wanted to make the committee aware of this new development with adult immunizations, as uptake of insurance enrollment under ACA wasn't as high as anticipated, leaving a large amount of Nevadans vulnerable to illness. We are also seeing a significant number of families still enrolled in employer-funded, high-deductible plans without first dollar coverage, and the associated out-of-pocket expenses are not feasible for most. We're hopeful this number will decline as plans lose their grandfathered status, but we do know it is a concern expressed by our community partners.

I understand the GMAC provides a designated budget amount to the Division of Public and Behavioral Health to support immunizations, but I thought it would be helpful for the committee to understand the current state of immunizations in Nevada and the positive impact FHN has had and hopefully will continue to have on keeping our state healthy. I am happy to provide any additional information or answer additional questions if needed.

Thanks again,

Heidi

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## Affordable Care Act and Immunizations

The Affordable Care Act (ACA) ensures increased access to health insurance and requires 10 categories to be included in the essential health benefit package without cost sharing (such as co-pays and deductibles.) It also contains many provisions that benefit Immunize Nevada and the Southern Nevada Immunization and Health Coalition (SNIHC) organizational goals to increase immunization rates across Nevada. "Vaccines" or "Immunizations" are mentioned 44 times in the ACA Statute!

### Immunizations and Health Plan Coverage

With the exception of grandfathered plans, the law requires health insurers and group health plans to cover all immunizations recommended by the Advisory Committee on Immunization Practice (ACIP) as a preventive health benefit. The ACA specifies first-dollar coverage for all ACIP-recommended vaccines and their administration; however it does not address specific reimbursement amounts to providers. No plan will be required to cover recommended immunizations delivered to an enrollee by an out-of-network provider (can affect pharmacies, health districts and community immunizers.) However, plans that do permit out-of-network coverage will be allowed to implement cost-sharing standards. Insurers and group health plans must implement coverage of vaccines for plan years beginning one year after the recommendation is adopted by the Centers for Disease Control and Prevention (CDC). Lastly, the extension of dependent coverage to age 26 has increased access to vaccines for millions of young adults.

### Immunizations and Medicaid

Effective 2014, all non-elderly persons with incomes at or below 133% FPL (about \$30,000 in annual income for a family of four) will be Medicaid eligible; in Nevada that is estimated to be an additional 200,000. An "alternative benefits package" benchmarked to the essential health benefits, including immunization services to children and adults must be offered to new enrollees. ACA also authorizes increasing minimum reimbursement rates for primary care physicians in family medicine, general internal medicine, and pediatrics. In addition, states that elect to provide ACIP recommended adult coverage with no cost sharing can get 1% increase in FMAP to help cover costs.

### Immunizations and Medicare

Medicare Part B covers medically necessary and preventive services, including flu shots, hepatitis B, and pneumococcal vaccinations. Medicare Part D vaccine coverage must cover all commercially available vaccines when medically necessary to prevent illness, with the exception of vaccines covered under Medicare Part B. Physicians can no longer bill Part B for Part D covered vaccines administered in their offices.

### ACA and Nevada

Several additional provisions provide opportunities to increase access to vaccines and immunizations by increasing funding for programs that provide immunization services and expanding the national investment in prevention, wellness and primary health care.

- **Federal Funding for Vaccine Programs:** The Act authorizes state immunization programs to use state funds to purchase vaccines for adults using the Federal purchase price negotiated by the CDC.
- **Demonstration Program:** The Act authorizes the CDC to award grants to states to improve the provision of recommended immunizations for children, adolescents, and adults through the use of evidence-based and population-based interventions.
- **Prevention and Health Promotion:** The law establishes a national prevention and public health promotion strategy and appropriates a Prevention and Public Health Fund. The Act specifies that the strategy includes provider educational activities and projects to improve community-wide prevention.
- **Community Health Centers:** Between FY 2011 and FY 2015, \$11 billion will be invested in the expansion of community health centers, a major source of immunization coverage for medically underserved populations. In 2009, CHCs administered 3.7 million non-influenza immunizations

to 2.6 million patients. Approximately 3.3 million doses of seasonal and H1N1 influenza vaccines were administered to 2.9 million patients.

- **School Based Health Centers:** The law appropriates funding to establish, staff, and equip school-based health centers (SBHCs), that will provide comprehensive primary health services, including immunizations, during school hours.

#### Additional ACA Resources

The Affordable Care Act, when fully implemented, will provide tangible and measurable relief to Nevada families, healthcare providers and community organizations; including increased access to and coverage of immunizations. To learn more, please visit these comprehensive resources:

Nevada Health Link: <http://www.nevadahealthlink.com/>

Basics of ACA: <https://www.healthcare.gov/>

FamiliesUSA: The Voice for Healthcare Consumers: <http://familiesusa.org/resources/publications/>

THE AFFORDABLE CARE ACT: U.S. Vaccine Policy and Practice by the School of Public Health and Health Services. The George Washington University Medical Center. 2010.

For more information about immunizations and Nevada, please visit [ImmunizeNevada.org](http://ImmunizeNevada.org) or [vaxvegas.org](http://vaxvegas.org), like us on **Facebook** or follow us on **Twitter**.



**Talking Points:**

- Cheryl Bricker, Executive Director, Partnership of Community Resources, Treasurer of the Nevada Statewide Coalition Partnership
- Commend GMAC for the Needs Assessment and for prioritizing according to data: That's what local coalitions do! Health & Mental Health rose to the top as indicated on age 12: Support for Current Services.
- When an issue raises to the top, multiple strategies are required to reduce prevalence, increase protective factors, and successfully meet desired outcomes (like tobacco free communities)
- Using tobacco control as an example: Nevada Statewide Partnership Coalition is involved in all of the following strategies with each individual coalition prioritizing the need, then the strategy most effective for the desired outcome:
  - Prevention education, advocacy to change norms and/or change ordinances (DC SB177), Advocacy training for youth and adults, Smoke Free Entryways, Smoke Free Playgrounds, treatment as in Quit Lines, local cessation classes (youth and adult), medical interventions (patches) referral, behavioral interventions
- My concern: Funding needs to recognize multiple strategies, rural challenges, and that using DC as an example, Jan and Feb reports from the Quit Line demonstrates that rural folks do not call quit lines. (1.7 1.8 people per month) We publicize on our websites, hand out refrigerator magnets, talk about quit lines at meetings and public gatherings....but as statistics indicate, only metropolitan communities benefit from the quit line
- 2-1-1: People in rural communities often call the local coalition rather than 211. PCR is listed on 211, but also has an extensive resource directory published at least every two years, and updated and available on our website.
- Rural communities need to utilize local people for prevention, intervention and treatment of all forms of tobacco use
- Funding the Nevada Statewide Coalition Partnership enables rural communities to focus on individualized issues while addressing the WHOLE problem
- Examples:

- In 2014 42 Nevada youth advocates trained and CD's of the training for sustainability, with each community creating an individualized plan to prevent and intervene with tobacco issues in individual communities
- Nevada celebrates TWO Tobacco Free Kids Western Region Winners since 2007 -This demonstrates youth commitment to advocating for the elimination of tobacco product use
- We have the resources...trained youth, experienced prevention specialists...let us utilize this resource
- There will always be a fight: clean air act, tobacco sales and use by youth under 18, and now electronic cigarettes. Without funding to continue local advocacy, educating the general population about the methods Big Tobacco uses to promote use by young people...We will lose the war!