SENATE HEARING SLIP

(Please Print Plainly)

DATE: Oct 6, 1999

BILL NO. SB 136

or

SUBJECT

Eric Ostermann
(NAME)

PO Box 1109
(Street Address or Route Number)

Madison, WI 53701
(City and Zip Code)

WI Public Health Assoc.
(Representing)

Speaking in Favor: [ ]

Speaking Against: [ ]

Registering in Favor but not speaking: [X]

Registering Against but not speaking: [ ]

Speaking for information only; Neither for nor against: [ ]

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: October 6, 1999

BILL NO. SB 136

or

SUBJECT

ROBERT H. CHALHOUB
(NAME)

2942 SOUTH CLEMENT AVE.
(Street Address or Route Number)

MILWAUKEE 53207
(City and Zip Code)

PROTECT ALL KIDS COALITION
(Representing)

Speaking in Favor: [ ]

Speaking Against: [ ]

Registering in Favor but not speaking: [X]

Registering Against but not speaking: [ ]

Speaking for information only; Neither for nor against: [ ]

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 10/6/99

BILL NO. 136

or

SUBJECT

Susan Gallo
(NAME)

1126 S 70th Street Suite S501
(Street Address or Route Number)

Milwaukee, WI 53124
(City and Zip Code)

Protect All Kids Coalition
(Representing)

Speaking in Favor: [ ]

Speaking Against: [ ]

Registering in Favor but not speaking: [X]

Registering Against but not speaking: [ ]

Speaking for information only; Neither for nor against: [ ]

Please return this slip to a messenger PROMPT

Senate Sergeant-At-Arms
State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 10-6-99

BILL NO. 136

or

SUBJECT

Dolly Marsh

(NAME)

2713 E. Washington

(Street Address or Route Number)

Madison WI 53704

(City and Zip Code)

(Representing)

Speaking in Favor: [X]

Speaking Against: [ ]

Registering in Favor: but not speaking: [ ]

Registering Against: but not speaking: [ ]

Speaking for information only; Neither for nor against: [ ]

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 10/6/99

BILL NO. SB-136

or

SUBJECT

Mike TeRonde

(NAME)

P.O. Box 7841
125 S Webster St.

(Street Address or Route Number)

Madison, WI 53707-7841

(City and Zip Code)

WI Dept. of Public Instruction

(Representing)

Speaking in Favor: [ ]

Speaking Against: [ ]

Registering in Favor: but not speaking: [✓]

Registering Against: but not speaking: [ ]

Speaking for information only; Neither for nor against: [ ]

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 10-6-99

BILL NO. SB 136

or

SUBJECT

Joanne Ricca

(NAME)

6333 W. Bluemound

(Street Address or Route Number)

Milwaukee 53213

(City and Zip Code)

WI State AFL-CIO

(Representing)

Speaking in Favor: [ ]

Speaking Against: [ ]

Registering in Favor: but not speaking: [X]

Registering Against: but not speaking: [ ]

Speaking for information only; Neither for nor against: [ ]

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 10/4/99

BILL NO. SB136

or

SUBJECT immunizations

Sandy Kaufman

(NAME)

Connaught Laboratories

(Street Address or Route Number)

(City and Zip Code)

Connaught Laboratories

(Representing)

Speaking in Favor: ☐

Speaking Against: ☐

Registering in Favor: but not speaking: ☒

Registering Against: but not speaking: ☐

Speaking for information only; Neither for nor against: ☐

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 10/6/99

BILL NO. 136

or

SUBJECT

Thomas Kozlowski

(NAME)

1139 Paulcrie Ave

(Street Address or Route Number)

Madison, Wi 53705

(City and Zip Code)

Myself

(Representing)

Speaking in Favor: ☐

Speaking Against: ☐

Registering in Favor: but not speaking: ☒

Registering Against: but not speaking: ☐

Speaking for information only; Neither for nor against: ☐

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 10-6-99

BILL NO. 136

or

SUBJECT Requiring insurance coverage of certain immunizations for children

(NAME) Debbie Beck

(Street Address or Route Number) 2713 E. Wash. AVE.

(City and Zip Code) Madison WI 53704

(Representing)

Speaking in Favor: ☐

Speaking Against: ☐

Registering in Favor: but not speaking: ☒

Registering Against: but not speaking: ☐

Speaking for information only; Neither for nor against: ☐

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 10/6/99

BILL NO. SB 136

or

SUBJECT

Gina Dennik-Champion
(NAME)

6117 Monona Dr
(Street Address or Route Number)

Madison, WI 53716
(City and Zip Code)

Wisconsin Nurses Assoc
(Representing)

Speaking in Favor: [ ]

Speaking Against: [ ]

Registering in Favor: but not speaking: [X]

Registering Against: but not speaking: [ ]

Speaking for information only; Neither for nor against: [ ]

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 6 October 1999

BILL NO. SB 136

or

SUBJECT

Senator Fred Risser
(NAME)

220 South, Capitol
(Street Address or Route Number)

(City and Zip Code)

(Representing)

Speaking in Favor: [ ]

Speaking Against: [ ]

Registering in Favor: but not speaking: [X]

Registering Against: but not speaking: [ ]

Speaking for information only; Neither for nor against: [ ]

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 10/6

BILL NO. 136

or

SUBJECT

Debra Nelson
(NAME)

3287A South Swain Ct
(Street Address or Route Number)

Milwaukee, WI
(City and Zip Code)

Protect All Kids Immunization Coalition
(Representing)

Speaking in Favor: [✓]

Speaking Against: [ ]

Registering in Favor: but not speaking: [ ]

Registering Against: but not speaking: [ ]

Speaking for information only; Neither for nor against: [ ]

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP
(Please Print Plainly)

DATE: 10/6/99

BILL NO. Senate Bill 136
or
SUBJECT

Tricia Yates
(NAME)
33 Nob Hill Dr.
(Street Address or Route Number)
Madison, WI
(City and Zip Code)
WEAC/WFT
(Representing)

Speaking in Favor: [X]
Speaking Against: [ ]
Registering in Favor: but not speaking: [ ]
Registering Against: but not speaking: [ ]
Speaking for information only; Neither for nor against: [ ]

Please return this slip to a messenger PROMPTLY.
Senate Sergeant-At-Arms
State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP
(Please Print Plainly)

DATE: 10/6/99

BILL NO. SB 136
or
SUBJECT Child Immunization

Ken Germanson
(NAME)
313 E. Plainfield Av.
(Street Address or Route Number)
Milwaukee 53207
(City and Zip Code)
HealthWatch Coalition
(Representing)

Speaking in Favor: [X]
Speaking Against: [ ]
Registering in Favor: but not speaking: [ ]
Registering Against: but not speaking: [ ]
Speaking for information only; Neither for nor against: [ ]

Please return this slip to a messenger PROMPTLY.
Senate Sergeant-At-Arms
State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP
(Please Print Plainly)

DATE: 10/6/99

BILL NO. SB 136
or
SUBJECT

Kathy Anderson
(NAME)
330 E. Lakeside St
(Street Address or Route Number)
Madison 53715
(City and Zip Code)
State Medical Society
(Representing)

Speaking in Favor: [X]
Speaking Against: [ ]
Registering in Favor: but not speaking: [ ]
Registering Against: but not speaking: [ ]
Speaking for information only; Neither for nor against: [ ]

Please return this slip to a messenger PROMPTLY
Senate Sergeant-At-Arms
State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 10/6/97

BILL NO. SB 136

or

SUBJECT

Laura Leitch

(NAME)

1 E. Main St

(Street Address or Route Number)

Madison WI 53701

(City and Zip Code)

WI Academy of Family Physicians

(Representing)

Speaking in Favor: ☐

Speaking Against: ☐

Registering in Favor: but not speaking: ☒

Registering Against: but not speaking: ☐

Speaking for information only; Neither for nor against: ☐

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 10-6-99

BILL NO. SB-136

or

SUBJECT

Rick Grobschmidt

(NAME)

(Street Address or Route Number)

(City and Zip Code)

7th Senate Dist

(Representing)

Speaking in Favor: ☒

Speaking Against: ☐

Registering in Favor: but not speaking: ☐

Registering Against: but not speaking: ☐

Speaking for information only; Neither for nor against: ☐

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

ROGER BRESKE

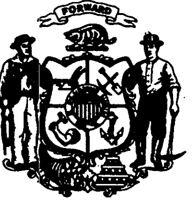
STATE SENATOR

12th District

Capitol Address:
State Capitol
P.O. Box 7882
Madison, WI 53707-7882
(608) 266-2509

Legislative Hotline:
1 (800) 362-9472

Home Address:
8800 Hwy. 29
Eland, WI 54427
(715) 454-6575



COMMITTEE MEETING/AGENDA

THE CAPITOL – ROOM 330SW

October 6, 1999

I. CALL TO ORDER

"The hour of 10AM having arrived, I will call this meeting of the Senate Insurance, Tourism, Transportation and Corrections Committee to order. The clerk will take the role."

II. SCHEDULING NOTE

"Thank you all for coming. Before we begin, I just want to say that we are operating under an uncertain timeline today given the budget briefings, possible caucuses, and floor periods that are scheduled. We are going to do our best to hear from all of you. In the event that we are not able to, we will try to schedule another opportunity in the next few weeks once things have cooled down."

III. SENATE BILL 136

"The first bill up today is SB136, legislation relating to: requiring insurance coverage of certain immunizations for children."

[Grobschmidt Bill]

IV. ASSEMBLY BILL 2

"Relating to the use of high-beam headlamps on motor vehicles."

[Schneider Bill]

NOTE: Schneider is also the author of the next bill – you may want to let him testify on both bills at once, if he wants to.

Recycled paper

Sen. Baumgart

SB-136

SENATE COMMITTEE ON INSURANCE, TOURISM, TRANSPORTATION & CORRECTIONS

Paper Ballot

Senator Roger Breske, Chair

SENATE BILL 136

***Relating to*:** requiring insurance coverage of certain immunizations for children.

Speaking in Favor: Senator Rick Grobschmidt
Laura Leitch, WI Academy of Family Physicians
Kathy Anderson, State Medical Society
Ken Germanson, Health Watch Coalition
Tricia Yates, WEAC/WFT
Debra Nelson, Protect All Kids Immunization Coalition
…and others

Registering in Favor: Senator Fred Risser
Mike TeRonde, WI Department of Public Instruction
Joanne Ricca, WI State AFL-CIO
Sandy Kaufman, Caunaught Laboratories
Gina Dennik-Campion, WI Nurses Assoc.
…and others

Speaking in Opposition: None
(Letter of Opposition Circulated by NFIB)

AMENDMENT PROPOSED BY SENATOR GROBSCHMIDT: Replace current language within SB136 [Line 22, page 4] to read "…from birth to the age of ~~2 years~~ 6 years, for a dependent who is a child of the insured." Also, add chicken pox vaccination to the listing of vaccinations within Section 10 of the bill [Line 15, page 4].

MOTION: *By Senator Roger Breske* for introduction and adoption of the Amendment as outlined above.

- [x] **Aye**
- [ ] **No**

MOTION: *By Senator Roger Breske* recommending passage as amended.

- [x] **Aye**
- [ ] **No**

ASSEMBLY BILL 2
Relating to: the use of high-beam headlamps on motor vehicles.

Speaking in Favor: Representative Marlin Schneider

Speaking for Information Only: Lt. Daniel Lonsdorf, WI State Patrol

MOTION: *By Senator Roger Breske recommending passage:*

☑ **Aye**
☐ **No**

ASSEMBLY BILL 24
Relating to: regulating telephone solicitation by prisoners and providing a penalty.

Speaking in Favor: Representative Marlin Schneider

Registrations in Favor: Carole Doeppers, WI Data Privacy Project
WI State AFL-CIO

MOTION: *By Senator Roger Breske recommending passage:*

☑ **Aye**
☐ **No**

SENATE BILL 230
Relating to: responding to disasters, granting rule-making authority and making appropriation.

Speaking in Favor: Senator Gwen Moore
Diane Kleiboer, WI Emergency Management
Rob Rude, WI Emergency Management
…and others

COMMITTEE AMENDMENT PROPOSED: Attached language seeks to switch funding mechanism from surcharges on insurance policies to GPR funding ($12 mllion).

☐ **Aye**
☑ **No**

MOTION: *By Senator Roger Breske recommending passage as amended*

☑ **Aye**
☐ **No**

INTRODUCTION OF LRB-2596/1 ***Relating to:*** the lease and operation of correctional facilities and making an appropriation.

SB-136

MOTION: By Senator Roger Breske ***for introduction purposes only.***

- ☑ **Aye**
- ☐ **No**

"Relating to" & LRB # do not match up

Signature: James A. Baumgart

Date: 10-6-99

Sen. Shibilski

SENATE COMMITTEE ON INSURANCE, TOURISM, TRANSPORTATION & CORRECTIONS

Paper Ballot

Senator Roger Breske, Chair

SENATE BILL 136

Relating to: requiring insurance coverage of certain immunizations for children.

Speaking in Favor:
Senator Rick Grobschmidt
Laura Leitch, WI Academy of Family Physicians
Kathy Anderson, State Medical Society
Ken Germanson, Health Watch Coalition
Tricia Yates, WEAC/WFT
Debra Nelson, Protect All Kids Immunization Coalition
...and others

Registering in Favor:
Senator Fred Risser
Mike TeRonde, WI Department of Public Instruction
Joanne Ricca, WI State AFL-CIO
Sandy Kaufman, Caunaught Laboratories
Gina Dennik-Campion, WI Nurses Assoc.
...and others

Speaking in Opposition:
None
(Letter of Opposition Circulated by NFIB)

AMENDMENT PROPOSED BY SENATOR GROBSCHMIDT: Replace current language within SB136 [Line 22, page 4] to read "...from birth to the age of ~~2 years~~ 6 years, for a dependent who is a child of the insured." Also, add chicken pox vaccination to the listing of vaccinations within Section 10 of the bill [Line 15, page 4].

MOTION: *By Senator Roger Breske* for introduction and adoption of the Amendment as outlined above.

☒ **Aye**
☐ **No**

MOTION: *By Senator Roger Breske* recommending passage as amended.

☒ **Aye**
☐ **No**

<u>ASSEMBLY BILL 2</u>
Relating to: the use of high-beam headlamps on motor vehicles.

Speaking in Favor: Representative Marlin Schneider

Speaking for Information Only: Lt. Daniel Lonsdorf, WI State Patrol

MOTION: *By Senator Roger Breske recommending passage:*

☒ **Aye**
☐ **No**

<u>ASSEMBLY BILL 24</u>
Relating to: regulating telephone solicitation by prisoners and providing a penalty.

Speaking in Favor: Representative Marlin Schneider

Registrations in Favor: Carole Doeppers, WI Data Privacy Project
WI State AFL-CIO

MOTION: *By Senator Roger Breske recommending passage:*

☒ **Aye**
☐ **No**

<u>SENATE BILL 230</u>
Relating to: responding to disasters, granting rule-making authority and making appropriation.

Speaking in Favor: Senator Gwen Moore
Diane Kleiboer, WI Emergency Management
Rob Rude, WI Emergency Management
...and others

COMMITTEE AMENDMENT PROPOSED: Attached language seeks to switch funding mechanism from surcharges on insurance policies to GPR funding ($12 mllion).

☒ **Aye**
☐ **No**

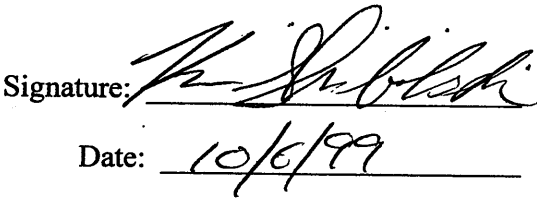
MOTION: *By Senator Roger Breske recommending passage as amended*

☒ **Aye**
☐ **No**

INTRODUCTION OF LRB-2596/1 ***Relating to:*** the lease and operation of correctional facilities and making an appropriation.

MOTION: By Senator Roger Breske ***for introduction purposes only.***

☑ **Aye**
☐ **No**

Signature: 

Date: 10/6/99

Sen. Grobschmidt

SENATE COMMITTEE ON INSURANCE, TOURISM, TRANSPORTATION & CORRECTIONS

Paper Ballot

Senator Roger Breske, Chair

<u>SENATE BILL 136</u>

Relating to: requiring insurance coverage of certain immunizations for children.

Speaking in Favor: Senator Rick Grobschmidt
Laura Leitch, WI Academy of Family Physicians
Kathy Anderson, State Medical Society
Ken Germanson, Health Watch Coalition
Tricia Yates, WEAC/WFT
Debra Nelson, Protect All Kids Immunization Coalition
…and others

Registering in Favor: Senator Fred Risser
Mike TeRonde, WI Department of Public Instruction
Joanne Ricca, WI State AFL-CIO
Sandy Kaufman, Caunaught Laboratories
Gina Dennik-Campion, WI Nurses Assoc.
…and others

Speaking in Opposition: None
(Letter of Opposition Circulated by NFIB)

AMENDMENT PROPOSED BY SENATOR GROBSCHMIDT: Replace current language within SB136 [Line 22, page 4] to read "…from birth to the age of ~~2 years~~ 6 years, for a dependent who is a child of the insured." Also, add chicken pox vaccination to the listing of vaccinations within Section 10 of the bill [Line 15, page 4].

MOTION: *By Senator Roger Breske* for introduction and adoption of the Amendment as outlined above.

☒ **Aye**
☐ **No**

MOTION: *By Senator Roger Breske* recommending passage as amended.

☒ **Aye**
☐ **No**

ASSEMBLY BILL 2
Relating to: the use of high-beam headlamps on motor vehicles.

Speaking in Favor: Representative Marlin Schneider

Speaking for Information Only: Lt. Daniel Lonsdorf, WI State Patrol

MOTION: *By Senator Roger Breske recommending passage:*

☒ **Aye**
☐ **No**

ASSEMBLY BILL 24
Relating to: regulating telephone solicitation by prisoners and providing a penalty.

Speaking in Favor: Representative Marlin Schneider

Registrations in Favor: Carole Doeppers, WI Data Privacy Project
WI State AFL-CIO

MOTION: *By Senator Roger Breske recommending passage:*

☒ **Aye**
☐ **No**

SENATE BILL 230
Relating to: responding to disasters, granting rule-making authority and making appropriation.

Speaking in Favor: Senator Gwen Moore
Diane Kleiboer, WI Emergency Management
Rob Rude, WI Emergency Management
...and others

COMMITTEE AMENDMENT PROPOSED: Attached language seeks to switch funding mechanism from surcharges on insurance policies to GPR funding ($12 mllion).

☒ **Aye**
☐ **No**

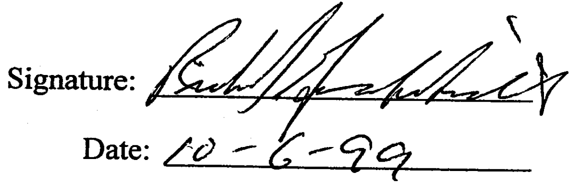
MOTION: *By Senator Roger Breske recommending passage as amended*

☒ **Aye**
☐ **No**

INTRODUCTION OF LRB-2596/1 ***Relating to:*** the lease and operation of correctional facilities and making an appropriation.

MOTION: By Senator Roger Breske ***for introduction purposes only.***

- [x] **Aye**
- [ ] **No**

Signature: 

Date: 10-6-99

Sen. Zien

SENATE COMMITTEE ON INSURANCE, TOURISM, TRANSPORTATION & CORRECTIONS

Paper Ballot

Senator Roger Breske, Chair

SENATE BILL 136

Relating to: requiring insurance coverage of certain immunizations for children.

Speaking in Favor: Senator Rick Grobschmidt
Laura Leitch, WI Academy of Family Physicians
Kathy Anderson, State Medical Society
Ken Germanson, Health Watch Coalition
Tricia Yates, WEAC/WFT
Debra Nelson, Protect All Kids Immunization Coalition
…and others

Registering in Favor: Senator Fred Risser
Mike TeRonde, WI Department of Public Instruction
Joanne Ricca, WI State AFL-CIO
Sandy Kaufman, Caunaught Laboratories
Gina Dennik-Campion, WI Nurses Assoc.
…and others

Speaking in Opposition: None
(Letter of Opposition Circulated by NFIB)

AMENDMENT PROPOSED BY SENATOR GROBSCHMIDT: Replace current language within SB136 [Line 22, page 4] to read "…from birth to the age of ~~2 years~~ 6 years, for a dependent who is a child of the insured." Also, add chicken pox vaccination to the listing of vaccinations within Section 10 of the bill [Line 15, page 4].

MOTION: *By Senator Roger Breske* for introduction and adoption of the Amendment as outlined above.

☒ **Aye**
☐ **No**

MOTION: *By Senator Roger Breske* recommending passage as amended.

☒ **Aye**
☐ **No**

<u>ASSEMBLY BILL 2</u>
Relating to: the use of high-beam headlamps on motor vehicles.

Speaking in Favor: Representative Marlin Schneider

Speaking for Information Only: Lt. Daniel Lonsdorf, WI State Patrol

MOTION: *By Senator Roger Breske recommending passage:*

☒ **Aye**
☒ **No**

<u>ASSEMBLY BILL 24</u>
Relating to: regulating telephone solicitation by prisoners and providing a penalty.

Speaking in Favor: Representative Marlin Schneider

Registrations in Favor: Carole Doeppers, WI Data Privacy Project
WI State AFL-CIO

MOTION: *By Senator Roger Breske recommending passage:*

☒ **Aye**
☐ **No**

<u>SENATE BILL 230</u>
Relating to: responding to disasters, granting rule-making authority and making appropriation.

Speaking in Favor: Senator Gwen Moore
Diane Kleiboer, WI Emergency Management
Rob Rude, WI Emergency Management
...and others

COMMITTEE AMENDMENT PROPOSED: Attached language seeks to switch funding mechanism from surcharges on insurance policies to GPR funding ($12 mllion).

☒ **Aye**
☐ **No**

MOTION: *By Senator Roger Breske recommending passage as amended*

☒ **Aye**
☐ **No**

INTRODUCTION OF LRB-2596/1 ***Relating to:*** the lease and operation of correctional facilities and making an appropriation.

MOTION: By Senator Roger Breske ***for introduction purposes only.***

☑ **Aye**
☐ **No**

Signature: [signature]

Date: 10/6/99

Sen. Lasee

SENATE COMMITTEE ON INSURANCE, TOURISM, TRANSPORTATION & CORRECTIONS

Paper Ballot

Senator Roger Breske, Chair

SENATE BILL 136

***Relating to*:** requiring insurance coverage of certain immunizations for children.

Speaking in Favor: Senator Rick Grobschmidt
Laura Leitch, WI Academy of Family Physicians
Kathy Anderson, State Medical Society
Ken Germanson, Health Watch Coalition
Tricia Yates, WEAC/WFT
Debra Nelson, Protect All Kids Immunization Coalition
…and others

Registering in Favor: Senator Fred Risser
Mike TeRonde, WI Department of Public Instruction
Joanne Ricca, WI State AFL-CIO
Sandy Kaufman, Caunaught Laboratories
Gina Dennik-Campion, WI Nurses Assoc.
…and others

Speaking in Opposition: None
(Letter of Opposition Circulated by NFIB)

AMENDMENT PROPOSED BY SENATOR GROBSCHMIDT: Replace current language within SB136 [Line 22, page 4] to read "…from birth to the age of ~~2 years~~ 6 years, for a dependent who is a child of the insured." Also, add chicken pox vaccination to the listing of vaccinations within Section 10 of the bill [Line 15, page 4].

MOTION: *By Senator Roger Breske* for introduction and adoption of the Amendment as outlined above.

☑ **Aye**
☐ **No**

MOTION: *By Senator Roger Breske* recommending passage as amended.

☑ **Aye**
☐ **No**

ASSEMBLY BILL 2
Relating to: the use of high-beam headlamps on motor vehicles.

Speaking in Favor: Representative Marlin Schneider

Speaking for Information Only: Lt. Daniel Lonsdorf, WI State Patrol

MOTION: *By Senator Roger Breske recommending passage:*

☑ **Aye**
☐ **No**

ASSEMBLY BILL 24
Relating to: regulating telephone solicitation by prisoners and providing a penalty.

Speaking in Favor: Representative Marlin Schneider

Registrations in Favor: Carole Doeppers, WI Data Privacy Project
WI State AFL-CIO

MOTION: *By Senator Roger Breske recommending passage:*

☑ **Aye**
☐ **No**

SENATE BILL 230
Relating to: responding to disasters, granting rule-making authority and making appropriation.

Speaking in Favor: Senator Gwen Moore
Diane Kleiboer, WI Emergency Management
Rob Rude, WI Emergency Management
...and others

COMMITTEE AMENDMENT PROPOSED: Attached language seeks to switch funding mechanism from surcharges on insurance policies to GPR funding ($12 mllion).

☑ **Aye**
☐ **No**

MOTION: *By Senator Roger Breske recommending passage as amended*

☑ **Aye**
☐ **No**

INTRODUCTION OF LRB-2596/1 ***Relating to:*** the lease and operation of correctional facilities and making an appropriation.

MOTION: By Senator Roger Breske ***for introduction purposes only.***

- [x] **Aye**
- [ ] **No**

Signature: [signature]

Date: ____________________

Sen. Schultz

SENATE COMMITTEE ON INSURANCE, TOURISM, TRANSPORTATION & CORRECTIONS

Paper Ballot

Senator Roger Breske, Chair

SENATE BILL 136

Relating to: requiring insurance coverage of certain immunizations for children.

Speaking in Favor:
Senator Rick Grobschmidt
Laura Leitch, WI Academy of Family Physicians
Kathy Anderson, State Medical Society
Ken Germanson, Health Watch Coalition
Tricia Yates, WEAC/WFT
Debra Nelson, Protect All Kids Immunization Coalition
…and others

Registering in Favor:
Senator Fred Risser
Mike TeRonde, WI Department of Public Instruction
Joanne Ricca, WI State AFL-CIO
Sandy Kaufman, Caunaught Laboratories
Gina Dennik-Campion, WI Nurses Assoc.
…and others

Speaking in Opposition:
None
(Letter of Opposition Circulated by NFIB)

AMENDMENT PROPOSED BY SENATOR GROBSCHMIDT: Replace current language within SB136 [Line 22, page 4] to read "…from birth to the age of ~~2 years~~ 6 years, for a dependent who is a child of the insured." Also, add chicken pox vaccination to the listing of vaccinations within Section 10 of the bill [Line 15, page 4].

MOTION: *By Senator Roger Breske* for introduction and adoption of the Amendment as outlined above.

☒ **Aye**
☐ **No**

MOTION: *By Senator Roger Breske* recommending passage as amended.

☒ **Aye**
☐ **No**

<u>ASSEMBLY BILL 2</u>
Relating to: the use of high-beam headlamps on motor vehicles.

Speaking in Favor: Representative Marlin Schneider

Speaking for Information Only: Lt. Daniel Lonsdorf, WI State Patrol

MOTION: *By Senator Roger Breske recommending passage:*

- [x] **Aye**
- [ ] **No**

<u>ASSEMBLY BILL 24</u>
Relating to: regulating telephone solicitation by prisoners and providing a penalty.

Speaking in Favor: Representative Marlin Schneider

Registrations in Favor: Carole Doeppers, WI Data Privacy Project
WI State AFL-CIO

MOTION: *By Senator Roger Breske recommending passage:*

- [x] **Aye**
- [ ] **No**

<u>SENATE BILL 230</u>
Relating to: responding to disasters, granting rule-making authority and making appropriation.

Speaking in Favor: Senator Gwen Moore
Diane Kleiboer, WI Emergency Management
Rob Rude, WI Emergency Management
...and others

COMMITTEE AMENDMENT PROPOSED: Attached language seeks to switch funding mechanism from surcharges on insurance policies to GPR funding ($12 mllion).

- [x] **Aye**
- [ ] **No**

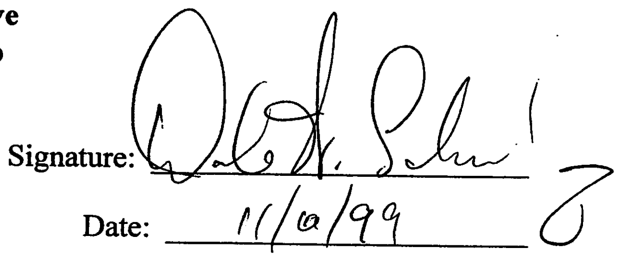
MOTION: *By Senator Roger Breske recommending passage as amended*

- [x] **Aye**
- [ ] **No**

INTRODUCTION OF LRB-2596/1 ***Relating to:*** the lease and operation of correctional facilities and making an appropriation.

MOTION: By Senator Roger Breske ***for introduction purposes only.***

☒ **Aye**
☐ **No**

Signature: 

Date: 11/6/99

Wisconsin Public Health Association

330 East Lakeside Street • P.O. Box 1109
Madison, WI 53701-1109
608-283-5486 • 800-545-0635
FAX 608-283-5424

TO: Senator Roger Breske, Chair
Members, Senate Insurance, Tourism, and Corrections Committee

FROM: Eric Ostermann, Executive Director

DATE: October 6, 1999

RE: Support for Senate Bill 136

Thank you for the opportunity to comment on Senate Bill 136. The Wisconsin Public Health Association (WPHA) supports requiring insurance coverage for childhood immunizations.

WPHA is committed to setting and meeting the highest standards in the delivery of public health services. We believe preventive care is key to making dramatic improvements in the health of the people of Wisconsin. SB136 is a great means to insure that our children are protected from preventable disease.

History of Senate Bill 136

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SENATE BILL 136
An Act to amend 40.51 (8), 40.51 (8m), 60.23 (25), 66.184, 111.91 (2)
(n), 120.13 (2) (g), 185.981 (4t) and 185.983 (1) (intro.); and to
create 609.88 and 632.895 (14) of the statutes; relating to: requiring
insurance coverage of certain immunizations for children. (FE)
1999
   04-28.   S. Introduced by Senators Grobschmidt, Clausing, Moen,
                Rosenzweig, Burke, Darling, Wirch, Robson, Plache
                and Risser; cosponsored by Representatives Huebsch,
                Carpenter, Sinicki, Ryba, Bock, Staskunas, Musser,
                Gronemus, Hahn, Boyle, Black, Young, Pocan, Miller,
                Plale and Wasserman.
   04-28.   S. Read first time and referred to committee on
                Insurance, Tourism, Transportation and Corrections .. 130
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Text of Senate Bill 136

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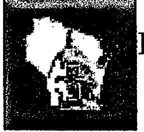

Back to Legislature Home Page

Wisconsin Nurses Association
6117 Monona Drive
Madison, Wisconsin 53716-3995
(608) 221-0383
FAX (608) 221-2788

TO: Senator Roger Breske, Chairperson and Members of the Senate Insurance, Tourism, Transportation, and Corrections Committee
FROM: Deborah Schwallie MSN, RN, APNP and President of the Wisconsin Nurses Association
DATE: October 6, 1999
RE: **Support for 1999 Senate Bill 136**

I write on behalf of the Wisconsin Nurses Association (WNA), the professional association representing the nurses in Wisconsin, to express our support for Senate Bill 136 that requires insurance coverage of certain immunizations for children. The WNA supports legislation which insures that all Wisconsin children have access to preventive and affordable health care services.

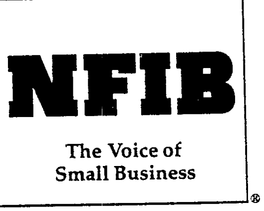
According to the Family Health Survey approximately 102,000 children aged 1-14 had no health care coverage at any one time during 1990-1994. About 5,000 children in Wisconsin have never visited a doctor. This means that those children did not have access to cost-effective preventive health care immunizations. One dollar ($1.00) spent on childhood immunizations save ten ($10.00) in later health care costs.

SB 136 is a positive step toward supporting the importance and value of preventive health care. We, therefore, urge passage so that expensive and time consuming health care can be avoided.

Thank you for your time and consideration to this important health care issue.

If I can be of any further assistance please feel free to contact me.

Email: wna@execpc.com *Website: www.execpc.com/~wna/*



NFIB Wisconsin

Memorandum

To: Members of the Senate Committee on Insurance, Tourism, Transportation, and Corrections

From: Bill G. Smith.
State Director

Date: October 6, 1999

Re: Senate Bill 136

According to studies by the NFIB, Wisconsin's small business owners are strongly opposed to government – mandated health care coverage. Regardless of the mandate and not withstanding cost-saving claims made by proponents, small business owners do not want to hand over to the government their health care coverage decision-making.

Small business owners feel they deserve the right to make their health care coverage decisions based on what they can afford and what they and their employees want in coverage.

As with any government mandate, health care mandates create a devastating and costly burden for our small business owners – placing themselves and their workers at risk of not being able to afford any coverage. In fact, according to one recent study, for every one percent increase in the cost of health insurance, there is a three percent loss of coverage for small businesses. And as cost increases, many small business owners are driven out of the market entirely – causing them to drop existing coverage.

While some may argue the cost impact of a particular mandate is minimal, all mandates increase costs. Just twelve of the most common health mandates can

National Federation of Independent Business
10 East Doty Street, Suite 201 • Madison, WI 53703 • 608-255-6083 • Fax 608-255-4909

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...and NFIB works for small business.

increase premiums by as much as 30 percent, according to the Center for Policy Analysis.

Recently, Wisconsin's small business owners have reported some dramatic increases in the health insurance premiums and many are struggling to find ways to maintain their existing coverages.

Government mandating additional health insurance coverage will increase the cost of health insurance for small business owners and their workers, increase the uninsured populations, reduce coverage for many, and worse yet, cause some workers and employees to drop coverage altogether.

It is on behalf of those small business owners of our state, who are already struggling to provide health insurance coverage for themselves and their employees, that I respectfully urge your opposition to passage of Senate Bill 136.

SB 136 ?

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The Journal of the American Medical Association

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Volume 282(4) 28 July 1999 pp 363-370

Strategies to Sustain Success in Childhood Immunizations

[Consensus Statement]

The National Vaccine Advisory Committee

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Outline

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  - Improvement in Delivery of Immunizations
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- NEW KNOWLEDGE ABOUT BARRIERS
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- KEEPING UP WITH CHANGE: CHALLENGES FOR THE FUTURE
  - Vaccine Safety
  - Development of New Vaccines and Changes to the Immunization Schedule
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Abstract

Objective: Following an outbreak of measles in 1989-1991, a blueprint for change was developed to improve immunization coverage by addressing deficiencies in the immunization delivery system. A review was undertaken by the National Vaccine Advisory Committee (NVAC) to assess progress in improving immunization coverage, decreasing disease incidence, and developing an immunization delivery system to serve children in the United States. Based on this review, strategies were recommended to sustain success in immunization coverage.

Participants: A Subcommittee on Immunization Coverage was appointed by the chairman of the NVAC in 1995 and included representatives from federal agencies, professional organizations, vaccine manufacturers, state and regional health departments, and academic centers.

Evidence: Presentations on immunization programs, strategies, and financing were made to the subcommittee by representatives from federal, state, and local agencies; professional organizations; insurers; businesses; and public and private health care providers. Evidence from the published literature also was reviewed.

Consensus Process: After review and discussion of evidence presented, conclusions and recommendations were crafted and endorsed by members of the subcommittee. The subcommittee's report was submitted to the NVAC for review, comment, and approval.

Conclusions: Although incidence rates of traditional vaccine-preventable diseases are at all-time low levels and corresponding vaccination coverage rates are at all-time high levels, a system to ensure timely vaccination of the 11,000 US infants born each day that also incorporates newly recommended vaccines is incomplete. Key barriers include lack of financing of vaccination in many insurance programs and the lack of implementation of evidence-based interventions to raise coverage levels. The NVAC makes 15 recommendations to achieve a sustainable childhood immunization delivery system organized around (1) vaccination financing to ensure full insurance coverage of recommended vaccines and to support the Vaccines for Children program; (2) provider practices to ensure the implementation of recall/reminder systems and office-based assessment of coverage levels; (3) information systems for monitoring disease, vaccination coverage, and performance on immunization delivery; and (4) support for communities and families to ensure that the public is aware of the importance of vaccination, that resources are focused to help underserved children, that immunization linkages with WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children) are enhanced, and that citizen coalitions can advocate improvements in the immunization delivery system.

JAMA.1999;282:363-370

In 1995, the National Vaccine Advisory Committee (NVAC) identified the need for a comprehensive review of the status of the immunization delivery system and interventions to improve immunization coverage of children. A Subcommittee on Immunization Coverage was appointed by the chairman of the NVAC to review these issues and included representatives from federal agencies, professional organizations, vaccine manufacturers, state and regional health departments, and academic centers. Presentations on immunization programs, strategies, and financing were made to the subcommittee by representatives from federal, state, and local agencies; professional organizations; insurers; businesses; and public and private health care providers. Published studies were also reviewed. Conclusions and recommendations in this report were reached by consensus process among the members of the subcommittee and submitted to the full committee for review, comment, and approval.

This report has been viewed by the NVAC as a follow-up to its 1991 report [1] on the measles epidemic that became a blueprint for the Childhood Immunization Initiative (CII). The CII was a comprehensive effort to improve the quality and quantity of immunization services; reduce vaccine costs to parents; increase community participation, education, and partnerships; improve systems to monitor diseases and immunizations; and improve vaccines and vaccine use. [2] The CII set 3 goals for 1996: to reduce the number of cases of most vaccine-preventable diseases to zero, to increase the immunization levels of 2-year-olds to 90% for the first and most critical vaccine doses, and to build a vaccine delivery system to maintain high coverage. The CII also set the goal that by the year 2000, the infrastructure should be complete and ensure that at least 90% of children receive the full vaccine series.

CURRENT IMMUNIZATION STATUS OF THE NATION'S 2-YEAR-OLDS

The CII disease prevention goals were met or nearly met. [3] In 1996, no cases of polio caused by wild poliovirus and no cases of tetanus among children younger than 15 years of age were reported. The number of mumps cases was well

disease among children younger than 5 years of age were at or near the lowest levels ever recorded. Measles cases were down to 433 indigenously acquired cases from more than 27,000 cases reported at the height of the epidemic in 1990.

The 1996 CII goal to increase immunization rates for critical doses was also met. More than 90% of the nation's children aged 19 to 35 months did receive the first and most critical doses in the primary series for diphtheria and tetanus toxoids and pertussis (DTP), Hib, polio, and measles vaccines. [4] The goal that at least 70% of 2-year-old children receive 3 doses of hepatitis B vaccine was also achieved. However, only 77% had received the primary immunization series of 4 doses of DTP, 3 doses of poliovirus vaccine, 1 dose of any measles-containing vaccine, and 3 doses of Hib vaccine, commonly known as the "4:3:1:3 series." Approximately 1 million 2-year-old children still need 1 or more doses of vaccine to be fully immunized.

The third 1996 CII goal was to build an immunization delivery system to maintain high immunization coverage. Improved immunization rates have resulted from efforts on the part of local, state, and federal public and private organizations to develop such an immunization delivery system. A system is being built and many parts of that system serve children well, but a comprehensive, efficient system to ensure that the 11,000 infants born in this country each day get all the vaccines they need to protect them is still a work in progress.

Improvements in the Availability of Immunizations

Vaccines for Children Program

In October 1994, the Vaccines for Children (VFC) program was implemented as part of the CII. This state-implemented, federal entitlement program pays for and distributes vaccine to public and private health care professionals (providers) for their Medicaid patients, uninsured patients, and Native American and Alaska Native patients. Children whose private health insurance does not cover immunizations are entitled to VFC vaccine, but only if administered at a federally qualified health center. Benefits to private providers include the provision of vaccine at no charge to the provider; the capability of providing immunization services in their offices to many patients who would normally be referred to health departments for vaccination, education, and quality improvement activities; and, in many states, augmented reimbursement for the administration of vaccines. The VFC program empowers the Advisory Committee on Immunization Practices (ACIP) by backing up its recommendations with funding for vaccines.

The VFC program is currently operational in all 50 states. Approximately 35% of the infant birth cohort is vaccinated with VFC-purchased vaccine. More than 43,000 provider sites had enrolled in the program as of January 1999; more than 30,000 of the sites are private. Health care providers participating in the VFC program vaccinate more than three quarters of all preschool children using a combination of VFC vaccine for their VFC-eligible children and private or state-purchased vaccine for the rest of their patients. [5]

The VFC program is keeping children in their medical homes. A national survey conducted after the implementation of the VFC program found that 44% of providers who received free vaccine referred uninsured patients to public vaccine clinics compared with 90% of providers who did not receive free vaccine. [6] A study conducted among private Medicaid providers in New York City demonstrated that the VFC program not only improved immunization coverage levels among vulnerable children, but that it also had a spillover benefit of improving the performance of other clinical preventive services by recoupling vaccination into comprehensive primary care. [7]

Role of Private Insurers

Private insurers play a key role in the promotion of adequate immunization. Fifty-four percent of infants and 62% of children 1 through 5 years of age are covered by private health insurance. [8]

Approximately one half of traditional indemnity or fee-for-service private insurance plans include immunization benefits. [9] It has been suggested that the increased cost of inclusion of immunizations in a family's standard benefits package may be a barrier to improving insurance benefits for children covered by traditional indemnity insurance. Also, the addition of new and possibly costly vaccines to existing immunization benefits has been cited as an impediment to insurance coverage of vaccines. [10]

Virtually all health maintenance organizations (HMOs) cover immunizations. The role of managed care in promoting immunizations is critical, as the number of people who receive health care in HMOs has increased from 6 million in 1976 to an estimated 56 million in 1995. [11] Enrollees in HMOs include more than 13 million Medicaid beneficiaries.

State governments have improved the availability of immunizations by enacting legislation mandating coverage of immunizations by regulated insurance plans. Twenty-six states have insurance mandates in place. [13] These laws cover only those insurance plans that are regulated by the state. Approximately 40% of the nation's employee health benefit plans are exempt from regulation under the federal Employee Retirement Income Security Act (ERISA). [14] However, employers who self-fund their insurance plans and are exempt from regulation under ERISA may be influenced by state mandates. One quarter of self-funded employers surveyed in Pennsylvania added immunization benefits to their health plans after a state law mandating coverage was passed; one half of them cited the mandate as influencing them to expand coverage. [15]

One third of infants and 29% of children aged 1 through 5 years are Medicaid enrollees. Providers who refer Medicaid patients to local health departments for immunizations have cited inadequate Medicaid reimbursement as a factor in their decision to refer. [16,17] The VFC program addressed a large part of this problem by providing public-purchase vaccine to Medicaid providers at no cost. In addition, reimbursement rates for administration have improved in most states compared with previous fee-for-service Medicaid rates (Centers for Disease Control and Prevention [CDC], unpublished data, April 1997).

Improvement in Delivery of Immunizations

Standards for pediatric immunization practices were released in May 1992 and were widely promulgated in the medical and public health literature. [18] The 18 standards were developed to provide guidance for the rapid, efficient, and consumer-oriented provision of immunization services as part of comprehensive primary care. In a prospective comparison of 2 public health clinics, there was a 40% improvement in immunization rates for children served at a clinic that had systematically implemented the standards compared with a control clinic where the standards were not systematically implemented, although some were in place as part of routine practice management. [19]

Monitoring Immunization Coverage

The National Immunization Survey is the primary means to measure national, state, and urban-area coverage levels and progress toward national coverage goals. The National Immunization Survey collects immunization histories, the names and locations of the immunization providers, and demographic information for children aged 19 to 35 months in each state, the District of Columbia, and 27 urban areas. Age-eligible children are selected using random-digit telephone dialing methods, and adjustments are made for the bias associated with selection of only those families with telephones by using National Health Interview Survey data. Immunization information is also collected from the health care providers for sampled children; provider verification improves the accuracy of the data and adds additional information to help monitor the immunization delivery system.

NEW KNOWLEDGE ABOUT BARRIERS

Since the publication of the "Measles White Paper," extensive efforts have been made to systematically identify key barriers to immunization. [20] The most powerful and persistent barriers to timely immunization are poverty and factors associated with poverty. [21-24] Despite improvements in coverage levels for poor children, an 11-percentage point gap between children above and below the federal poverty level persists for completion of the 4:3:1:3 series. [25] For single antigens, the gap varies from 11% for the fourth dose of DTP to 4% for the third dose of polio vaccine.

Parental and provider attitudes about immunizations are not barriers for the majority of underimmunized preschool children. In general, parents and providers believe in the health benefits of immunizations. In a study of mothers of poor urban infants, underimmunization was more strongly associated with demographic factors than with overall belief in the importance of immunizations and the seriousness of the diseases they prevent. [26] Belief that the timing of immunizations is not important was the only attitude that was consistently associated with late receipt of immunizations. However, there are children whose parents are against vaccination and for this group, parental attitudes obviously pose a barrier. Underimmunized children entering school, including those with medical and religious exemptions as well as those whose parents refuse immunizations, currently constitute only 1% to 3% of the school population.

Critical Barriers to Immunization

[27,28] Parents may not seek immunizations because they believe their child's immunizations to be up-to-date. Ninety percent of parents in a pediatric specialty clinic reported that their child's immunizations were up-to-date, but 24% of those whose records could be assessed needed immunization. [29] Inadequate immunization histories can also lead to the receipt of unnecessary immunizations. One third of children who received care in a public clinic system with a fragmented record keeping system received 1 or more unnecessary immunizations compared with 5% of children seen in private practices or public clinics with a more integrated record keeping system. [30]

Provider practices play a critical role in underimmunization. Providers believe that they are providing appropriate immunization services, but they often overestimate immunization coverage in their practice. [31] They may have no system to identify underimmunized children [32,33] and do not operate recall/reminder systems. Making the requisite number of health supervision visits does not guarantee appropriate immunizations. In Baltimore, Md, inner-city children were underimmunized even though they had made appropriate health supervision visits. [34] In a national study of immunization rates at 8 months of age, 60% of underimmunized infants had at least 3 health supervision visits. [35] Failure to assess immunization status can contribute to missed opportunities to immunize regardless of the type of visit. [31,36] Even if immunization status is reviewed, inadequate records and inaccurate assessment of immunization status can result in missed opportunities. [37,38] Some providers do not believe that all vaccine doses should be administered simultaneously, [39] and failure to administer all vaccines for which the child is due can lead to underimmunization. [40] Missed opportunities occur in clinics serving poor children, [41,42] in managed care practices, and in other health care sites. [43] The most successful strategies to improve immunization rates by reducing missed opportunities may be those that involve simple changes to provider or practice routines. [44]

The cost of immunization services poses a barrier. [45,46] These costs include the cost of the visit to an immunization provider, the fee for vaccine administration, and the cost of the vaccine itself. Many insurance products fail to cover the entire cost of vaccination services. More than one half of pediatricians in a study conducted in 1992 [4] referred some of their patients to another source of care for immunizations. Most referring physicians reported financial hardship for patients as an important reason for referral. More than one half cited parent refusal of immunization due to cost. Referrals were not limited to uninsured children or those with publicly financed insurance. More than one half of physicians referred patients with private insurance that did not provide full coverage of immunization services.

NEW KNOWLEDGE ABOUT INTERVENTIONS

In addition to new knowledge about barriers, new knowledge has been gained about immunization interventions that work and those that do not. A recent review of the scientific evidence on the effectiveness of 17 interventions to raise immunization coverage levels was recently conducted and published. [47] Interventions that have been found to be effective include the following: enhancement of immunization services in WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children) clinics (especially for vulnerable children), [48,49] use of recalls/reminders, [50,51] provider-based tracking, [52] and provider-based assessment of immunization rates with feedback. [53,54] Efforts to reduce missed opportunities are potentially effective. [55] There has been little evidence to show effectiveness of 1-day immunization events [56,57] or administration of immunizations at emergency department visits. [58,59]

Successful interventions generally rely on the ability to obtain complete immunization histories, whether it is to determine the immunization status of a child who presents for care in the provider's office, to refer a child who has come for other services such as WIC, to send recalls/reminders to parents of children due or overdue for immunizations, or to examine broader issues of practice or program performance.

Technological advances in information systems provide a method to improve immunization delivery through the development of immunization registries that make many of the evidence-based interventions to raise and sustain high vaccination coverage possible. The NVAC supports development of immunization information systems [60] and completed and unanimously endorsed an immunization registry plan of action in January 1999.

KEEPING UP WITH CHANGE: CHALLENGES FOR THE FUTURE

Vaccine Safety

A cornerstone of a successful immunization program is the need to use the safest vaccines possible and to assure the public and their immunization providers that policies and programs exist to continually ensure the safety of vaccines

and their administration. The National Vaccine Program has developed a comprehensive Vaccine Safety Action Plan, which was endorsed by the NVAC in January 1999. [61] The overall objective of the plan is to ensure the optimal safety of vaccines with a focus on surveillance and epidemiology, research and development, communication, and education. One component of the plan already implemented is the Vaccine Safety Datalink Project, which was established to fill the gaps in knowledge about vaccine-associated adverse events. [62] This collaborative effort between the CDC and participating HMOs allows examination of the association between vaccine administration and medical outcomes using a large sample of children who have received immunizations at participating sites.

Development of New Vaccines and Changes to the Immunization Schedule

The past few years have seen remarkable developments in the formulation of new vaccines and the development of combination vaccines. Since 1991, many changes have been made to the recommended immunization schedule, including the addition of new vaccines, newly formulated vaccines, and combination vaccines as well as changes to the schedule for existing vaccines. More changes to this already complex schedule can be anticipated. Dissemination of information to providers and parents regarding new vaccines and changes to the schedule will remain essential to the maintenance of current immunization rates.

Changes in the Health Care Delivery System

Changes in the health care delivery system will continue to have an impact on the delivery of immunizations. The VFC program has resulted in the return of children to their primary providers for comprehensive health care. An increasing portion of Americans see providers in managed care settings. More and more children with publicly funded care are seen in the private sector by managed care providers. Public health services are being privatized in some areas. Recommendations to sustain improvements in immunization coverage must be made in the context of an emerging public-private partnership.

The complete immunization of 77% of our 2-year-old children for the 4:3:1:3 series is cause for encouragement, but 23% of these children are missing 1 or more vaccines to complete the series. The more children successfully protected, the harder it will be to identify those still at risk who are likely to be clustered in pockets of need, where barriers to vaccination still exist [63] even though the vast majority of children have access to a medical home for primary care. [64] Interventions like WIC linkages that help ensure the vaccination of difficult-to-reach children may be very helpful in underserved areas.

RECOMMENDATIONS

The NVAC makes the following recommendations to sustain success in immunization coverage. Development of the recommendations was guided by the knowledge gained about barriers and interventions as well as the overarching challenges for the future outlined above.

Financing

1. All health insurance plans, including ERISA self-insured plans, should offer first-dollar coverage for childhood vaccines that are recommended in the harmonized immunization schedule endorsed by the ACIP, the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

First-dollar coverage should include adequate reimbursement for both vaccine and administration.

All states should require, through law or regulation, first-dollar coverage for immunizations.

The CDC should review and circulate model legislation and regulations.

Congress should enact legislation to require first-dollar coverage for ERISA self-insured plans.

All employers should ensure the health plans they offer to employees and their families include comprehensive childhood immunization coverage.

2. Managed care organizations and managed Medicaid plans should ensure complete immunization of their members using the current harmonized schedule endorsed by the ACIP, the AAP, and the AAFP.

State health department immunization program leadership should take an active role in setting the immunization standards and negotiating the state's contracts for Medicaid managed care.

The CDC should circulate to states and employers model managed care legislation, licensure requirements, and contract language that address the provision of immunization services.

Managed care organizations should use effective strategies to improve and maintain immunization coverage levels of their members. These strategies might include recall and/or reminder systems, practice-based coverage assessments, and provider incentives and education.

3. Indemnity health and self-insured plans should ensure complete immunization of their members using the current harmonized schedule endorsed by the ACIP, the AAP, and the AAFP.

All packages offered by indemnity and self-insured health plans should include immunization benefits.

Plans should use billing or encounter data to evaluate coverage levels of insured children and recall those in need of immunization.

Plans should disseminate information for the improvement of immunization practices, including schedule changes, to participating child health care providers.

Plans should use effective strategies to improve immunization coverage levels of their members. These strategies might include recall and/or reminder systems, practice-based coverage assessments, and provider incentives and education.

4. The VFC program should be supported.

States should work to increase provider enrollment.

State Medicaid programs should encourage all Medicaid-enrolled providers who immunize children to participate in the VFC program.

State and local immunization programs should work with their respective chapters of the AAP, the AAFP, and other provider groups to recruit their members into the VFC program.

States should ensure that all vaccines as recommended by the ACIP are available to all VFC-eligible children.

Provider Practices

5. All immunization providers, public and private, should assess the immunization coverage levels of their patients annually.

State and local health departments should ensure that all public clinics are assessed.

Private providers should assess their practices with the available support and assistance from state and local health departments, professional associations, and managed care organizations and other insurers.

6. All immunization providers, public and private, should operate recall and reminder systems.

The CDC should develop a clearinghouse for the collection and dissemination of model recall and reminder systems.

The CDC should work with the AAP, the AAFP, and other professional organizations to promote routine use of recall and reminder systems among their membership.

State and local health departments should support the development and coordination of, as well as provider participation in, recall and reminder systems.

Monitoring

7. Immunization registries involving both public and private providers should be developed in each state.

The CDC should conduct evaluations to monitor the status of registry development and to facilitate registry implementation, including private sector participation, through the identification of critical needs, best practices, and legal barriers.

A stable funding mechanism for immunization registries needs to be developed that combines resources from the federal government, state and local governments, and the private sector.

The use of immunization registries to assist in the monitoring of adverse events and efficacy of the recommended vaccines should be explored.

Immunization registries should be developed with the capabilities of identifying underimmunized populations at risk for vaccine-preventable diseases and supporting interventions that improve coverage levels.

8. The National Immunization Survey should be the primary means of evaluating the immunization delivery performance of the nation as well as the states and major urban areas, until immunization registries are fully functioning.

9. Health Plan Employer Data and Information Set (HEDIS) measures on immunization, both private sector and Medicaid, should be used by all purchasers and plans.

HEDIS measures for evaluation of immunization coverage should continue to be updated and improved to better reflect actual coverage levels.

10. Evaluations of program performance as well as research into the most cost-effective strategies for achieving and sustaining high immunization coverage should be continued.

Methods should be developed to monitor and evaluate the effectiveness of the changing health care system on immunization delivery.

Integration of the delivery of immunizations into comprehensive primary care should be encouraged and evaluated to assess impact on overall child health and health care.

Innovative state and local strategies to improve immunization coverage and efficiency of delivery should be evaluated.

The safety as well as efficacy of current and new vaccines should continue to be evaluated.

11. Disease surveillance activities at the state and local levels are essential for the prevention of disease and warrant support with federal and state immunization program funds.

Laboratories have an essential role in surveillance, case investigation, outbreak control, and disease elimination. Laboratory capacity must be developed, maintained, and readily accessible to state and local public health officials.

The quality of surveillance activities should be routinely monitored and continuous efforts made to improve surveillance and case investigation.

States should comply with accepted indicators of surveillance quality and furnish that information to the CDC.

Training of local health department personnel responsible for surveillance, case investigation, and outbreak control activities is essential and should be supported by immunization program funds.

Support for Communities and Families

12. Parents should be supported in their efforts to immunize their children.

Public awareness campaigns to improve parents' knowledge about the importance of immunizations should be sustained and/or initiated, particularly in underserved areas.

Providers and third-party payers should inform and remind parents about the current harmonized immunization schedule.

Outreach through telephone, mail, and home visits, should be used to connect hard-to-reach families to well-child services, particularly immunizations, in a culturally sensitive manner.

13. Immunization programs should collaborate with WIC to assess the immunization status of each child enrolled in WIC and to refer underimmunized children to their provider.

WIC clinics serving areas at greatest risk of vaccine-preventable diseases, especially those in underserved populations, should be the highest priority.

Immunization programs should share the cost of assessing the immunization status of WIC participants.

Colocating clinics and coscheduling of appointments among WIC, immunization services, and comprehensive child health care ("1-stop shopping") should be encouraged.

14. The CDC and state and local immunization programs should focus resources on underimmunized populations at risk of vaccine-preventable diseases.

Resources should be concentrated on activities that improve immunization coverage for populations who are at risk for underimmunization.

The CDC should work with the states to explore innovative methods for enhancing performance and ensuring accountability for the resources devoted to populations at risk for underimmunization.

The CDC should continue to work with state and local health departments to identify high-risk populations, activities that are likely to be most effective at improving and sustaining high coverage levels, and methods to evaluate the impact of the activities.

15. Citizen coalitions should be encouraged in state and local communities to advocate for improvement and maintenance of high immunization coverage levels.

Committee History: The National Vaccine Advisory Committee (NVAC) was chartered in 1988 to advise and make recommendations to the director of the National Vaccine Program and the assistant secretary for health, Department of Health and Human Services, on matters related to the prevention of infectious diseases through immunization and the prevention of adverse reactions to vaccines. The NVAC is composed of 15 members from public and private organizations representing vaccine manufacturers, physicians, parents, and state and local health agencies and public health organizations. In addition, representatives from governmental agencies involved in health care or allied services serve as ex-officio members of the NVAC. This report has been approved by the assistant secretary for health of the Department of Health and Human Services.

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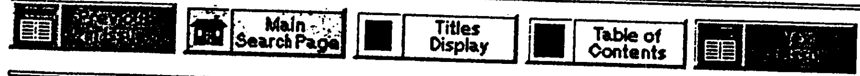
Child; CONSENSUS STATEMENTS; Delivery of Health Care; Immunization; Vaccination



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SB 136 ?

GOOD MORNING. THANK YOU FOR ALLOWING ME TO TESTIFY IN BEHALF OF THIS IMPORTANT BILL.

I have provided you with copies of the July 28, 1999, issue of the Journal of the American Medical Association entitled, "Strategies to Sustain Success in the Childhood Immunizations." This paper is a result of a review done by the National Vaccine Advisory Committee of the immunization delivery system. Please note that Daniel W. Shea, MD of the American Academy of Pediatrics, DePere, Wisconsin is among it's authors.

The study shows that cost of immunization services poses a major barrier for complete immunization of our children. 54% of infants and 62% of children 1-5 years old are covered by private health insurance but only about half of traditional indemnity or fee-for-service private insurance plans include immunization benefits. More than 26 states have approached this problem legislatively by passing insurance mandates. That is how we are asking you to help today.

More than half of the Pediatricians in a study conducted in 1992 referred patients with private insurance to other sources (county or city health departments) for immunizations services because their insurance policies did not provide full coverage of those services. I was one of those mothers and I can tell you what a hassle it is to have to make two trips with each child to obtain well-child care. Working mothers and fathers and those who rely on public transportation have a real struggle on their hands when they discover their insurance is creating a barrier to care for their children rather than assisting them.

In this report's RECOMMENDATIONS section the first thing listed to improve immunization coverage is

All health insurance plans, including ERISA self-insured plans, should offer first-dollar coverage for childhood vaccines that are

subsequently died of prematurity complications. The woman recovered but required extensive rehabilitation due to brain damage from her illness.

I am grateful that this disease is now preventable by vaccine and scenes like this one don't have to be replayed. But the next step is to see that all kids have a chance to get immunized. I do not know the reasoning for this omission, but I strongly request that you correct this oversight in the specified immunizations list and include the vaccine against Chicken Pox.

Thank you for this opportunity to speak in behalf of this bill and I strongly encourage you to make the necessary changes and then to pass this bill joining the 26+ states that already provide for their children in this way. Don't wait for an outbreak of illness, disease and death as a motivator. "Insure" the good health of our children by passing this bill.

Debra Monthei Nelson, RN, BSN
Milwaukee (Bay View), Wisconsin
Protect All Kids Immunization Coalition
Parish Nurse, Alexian Village of Milwaukee
For Blessed Trinity Catholic Church

Testimony in support of SB136, October 6, 1999:

Robert H. Chalhoub, R.N.
Public Health Nurse, Milwaukee Health Dept.
Chair, Protect All Kids Coalition

SB136 is not just about immunizations, but about the health of children. An immunization given at a public health clinic is just a shot. At a primary care provider (usually a private physician or medical clinic), it is part of a consistent, comprehensive system of health care- lead test, physical exam, growth and development, etc. The Centers for Disease Control and Prevention (CDC) recognizes that immunizations are best delivered in a primary care setting. It may mean less "business" for public immunization clinics, but it is better for the health of our children. Public health clinics are still the safety net for those without insurance and in other situations.

The bill offers some cost savings to state and local governments by reducing some of the demand for public clinics and government-purchased vaccine, especially at this time of year when demand is high for school entrance.

Cost of vaccines alone to fully immunize a child to age 6, at private sector prices will be over $500 next year, most before age two. This is a lot of money to low-income families, but small when spread out among all policyholders.

Disease in U.S. 1998:
- Measles 89 cases, whooping cough 6,279 (around 200/year in Wisc.).
- Around 100 deaths each year due to chickenpox and its complications (mostly pneumonia and encephalitis).

CDC National Immunization Survey:
Wisconsin (77.7%) is slightly below the national average (79.2%) for fully-immunized 2-year-olds in 1998. These percentages will not stop outbreaks of many diseases; the national goal is 90%. Only 12.2% are immunized in the public sector, well below the national average of 16.9%.

Please consider these two changes:
- Change age from two to six years old. Adds one set of immunizations (school entrance) and will help those children that fall behind for various reasons.
- Ideally, vaccine list should reference an accepted schedule, such as Vaccines for Children CDC recommendations, or recommendations of the Wisconsin Division of Public Health. Add varicella (chickenpox) to the list of vaccines if these are not possible.

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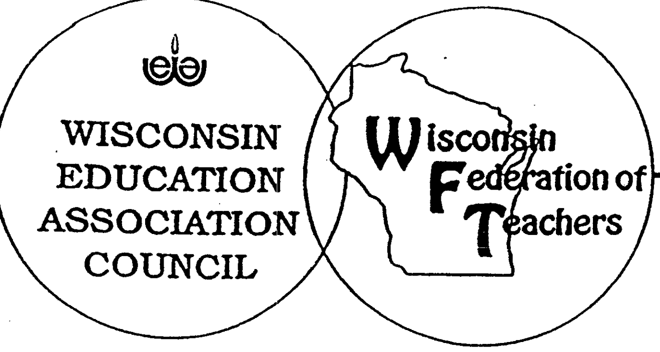

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WRITTEN TESTIMONY
PRESENTED TO SENATE INSURANCE COMMITTEE
WEDNESDAY, OCTOBER 6, 1999
BY
TRICIA YATES, WEAC LEGISLATIVE CONSULTANT

SUPPORT FOR 1999 SENATE BILL 136

REQUIRING INSURANCE COVERAGE OF IMMUNIZATIONS FOR CHILDREN

GOOD MORNING, CHAIRMAN BRESKE AND MEMBERS. MY NAME IS TRICIA YATES, AND I REPRESENT THE WISCONSIN EDUCATION ASSOCIATION COUNCIL AND THE WISCONSIN FEDERATION OF TEACHERS. ON BEHALF OF WEAC AND WFT, I URGE YOUR SUPPORT OF SENATE BILL 136 AS A SENSIBLE AND COST-EFFECTIVE MOVE TOWARD KEEPING OUR CHILDREN HEALTHY.

EXPERTS TELL US VACCINATIONS ARE MOST EFFECTIVE IF PROVIDED AT AN EARLY AGE. IF SB 136 BECOMES LAW, WISCONSIN WILL TAKE A POSITIVE STEP TOWARD PREVENTING CHILDHOOD DISEASE AND CONTROLLING HEALTH CARE COSTS.

WEAC AND THE WFT STRONGLY BELIEVE THAT AN UNHEALTHY CHILD IS A POOR LEARNER. NO CHILD SHOULD ENTER SCHOOL WITHOUT THE PROPER IMMUNIZATIONS. HEALTH INSURANCE COVERAGE OF IMMUNIZATIONS REMOVES A BARRIER TO THIS MOST BASIC OF HEALTH CARE NEEDS.

WISCONSIN LAW MAKES IMMUNIZATION A PRE-CONDITION FOR ATTENDING SCHOOL, BUT THERE ARE STILL SOME CHILDREN WHO ARE NOT IMMUNIZED. ACCORDING TO THE NATIONAL CENTER FOR DISEASE CONTROL AND PREVENTION, 22% OF WISCONSIN TWO-YEAR OLDS DO NOT RECEIVE ALL THE VACCINATIONS THEY SHOULD – AND AS THE MOM OF A 2-YEAR OLD, I WANT ACCESS FOR ALL CHILDREN TO THE IMMUNIZATIONS MY DAUGHTER HAS RECEIVED.

THE WISCONSIN EDUCATION ASSOCIATION INSURANCE GROUP, THE STATE'S THIRD LARGEST INSURER, CURRENTLY COVERS INFANT IMMUNIZATIONS. WE BELIEVE REQUIRING COMPANIES TO COVER VACCINATIONS IS COST EFFECTIVE AND GOOD, RESPONSIBLE, HUMANE PUBLIC POLICY.

WEAC AND THE WFT WOULD LIKE TO THANK YOU, MR. CHAIRMAN AND MEMBERS, FOR BRINGING SB 136 FORWARD THIS SESSION AND URGE SUPPORT FOR PASSAGE OF THE BILL.

State Medical Society of Wisconsin

Advancing the health of the people of Wisconsin

TO: **Senator Roger Breske, Chair**
Members, Senate Insurance, Tourism, and Corrections Committee

FROM: **Kathy Andersen, Associate Director**
Government Relations

DATE: **October 6, 1999**

RE: **Support for Senate Bill 136**

The State Medical Society of Wisconsin supports SB 136 which provides for insurance coverage for childhood immunizations up to age 2. The Medical Society is extremely concerned that only 78% of the state's two year olds are up-to-date on their vaccinations. This bill is one step in assuring that the state's youngest residents are protected against preventable, deadly diseases.

Childhood immunizations are one of the most effective public health tools we have in assuring that our society is protected from deadly diseases. We request the committee's support for the bill.

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October 6, 1999

To: Members, Senate Insurance Committee

From: Julie A. Daggett
Director of Government Affairs

RE: SB 136, Immunization Mandate

While you consider SB 136, the immunization insurance mandate, Wisconsin HMOs are busy providing and promoting necessary immunizations to Wisconsin children enrolled in health plans. HMOs don't need a state law to tell them to cover immunizations. A comprehensive immunization schedule, including those immunizations addressed in SB 136, is already a key part of HMOs' preventive care programs.

Wisconsin HMOs have long believed in preventive care, and it shows. The latest national Quality Compass Report from the National Committee for Quality Assurance (NCQA) shows in 1998, the childhood immunization rates of Wisconsin HMOs ranked well above the national average.

Wisconsin HMOs also do active outreach to their patients, encouraging parents to bring their children in to receive appropriate immunizations. These HMO programs, featuring physician education and reminder systems, have helped improve overall childhood immunization rates.

With or without another state benefit mandate, Wisconsin HMOs will continue to work diligently to keep children protected from vaccine-preventable diseases—a testament to the fact that Wisconsin HMOs and the marketplace work.