

The Effects of the Changes in Section 317 Rules for Administration of Federally Purchased Vaccines

East Tennessee Practice Based Research Network (PBRN):

- East Tennessee Region (ETR) of the Tennessee Department of Health
- Knox County Health Department (KCHD), and
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Centers for Disease Control and Prevention (CDC)-administered Section 317

Federal grant program

- Funds purchase of immunizations for children who are not eligible for Vaccines for Children (VFC) immunizations¹.
- Fills the gaps in access to needed vaccinations
- Supports infrastructure³.

Dependent upon varying annual Congressional allocations

- Research has shown that such variance in budgeting has had significant impacts on the access to and uptake of vaccinations².

The ACA has Changed the Environment

- Requirement of first dollar coverage of preventive care
 - Dramatic decrease in underinsured and uninsured children and adults
 - Only the uninsured and people insured under grandfathered plans will remain eligible for Section 317-purchased-vaccines.
- Reallocation of Section 317 funds to support infrastructure of the national vaccination program.
- Promulgation of new rules stating that no one with health insurance coverage for vaccinations may receive vaccines purchased with Section 317 funds.

Purpose of this Study

- Determine if this new rule has had a significant impact on vaccination uptake in East Tennessee.
- Vaccinations required by the State of Tennessee for admission to school.
 - Data were collected from the computerized Patient, Tracking, Billing, and Management Information System (PTBMIS), from Knox County Health Department (KCHD) and the 15 counties included in the East Tennessee Region (ETR)

The State of Tennessee requires the following immunizations for admission to school or daycare: Diphtheria-pertussis-tetanus (DPT); Polio; Measles-mumps-rubella (MMR); *H. Influenza* type B (Hib); Hepatitis B; Pneumococcus, and Varicella⁵

Methods

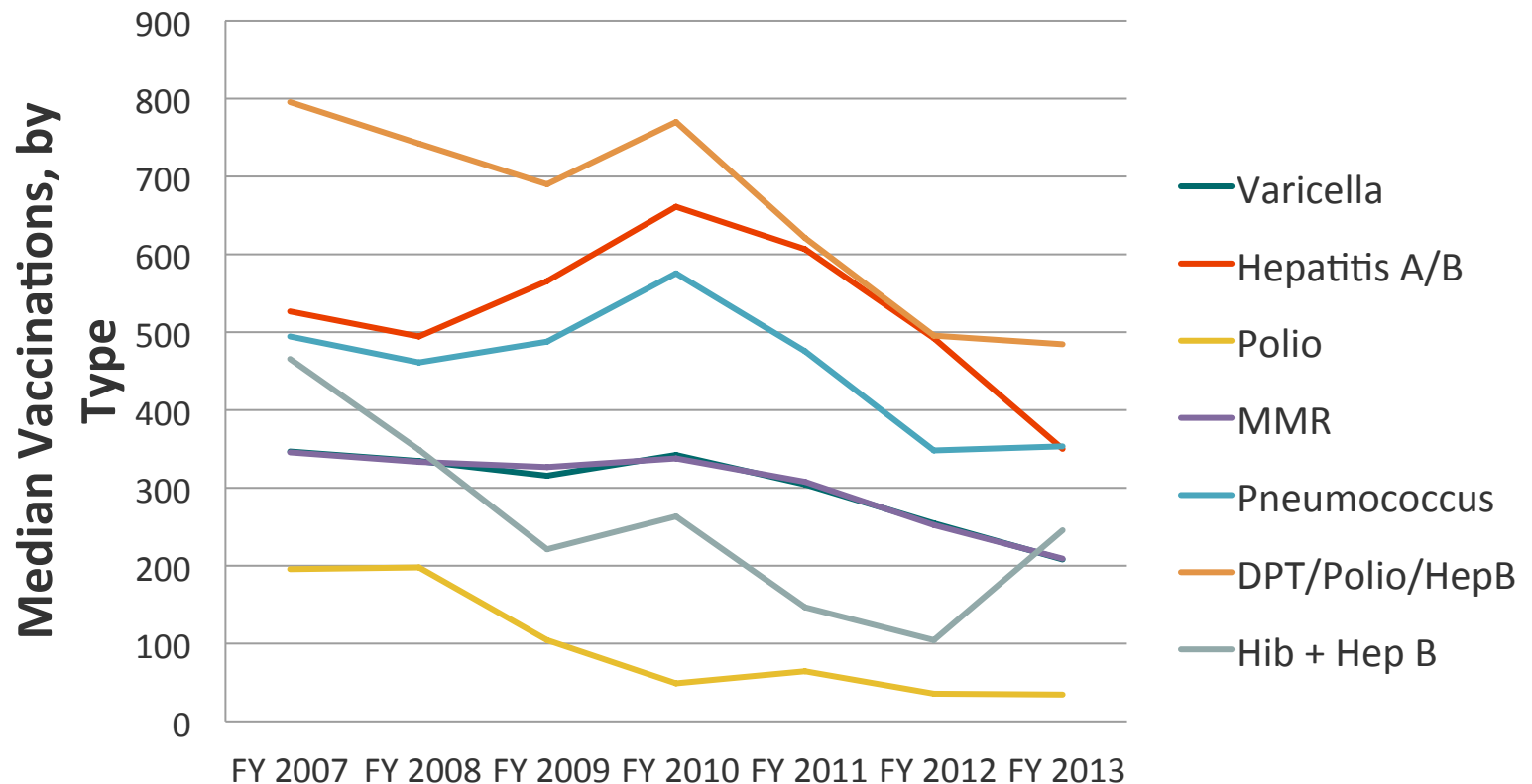
- Monthly medians were calculated for two age groups:
 - Birth to five years and
 - Six years to eighteen years

- The Mann-Whitney test was used to determine:
 - Significance of the difference in median numbers of immunizations administered year to year,
 - Producing p-values for each age group and each immunization
 - Level of significance for statistical tests set at $p < 0.05$.

- Statistical analysis was performed in SPSS version 20.

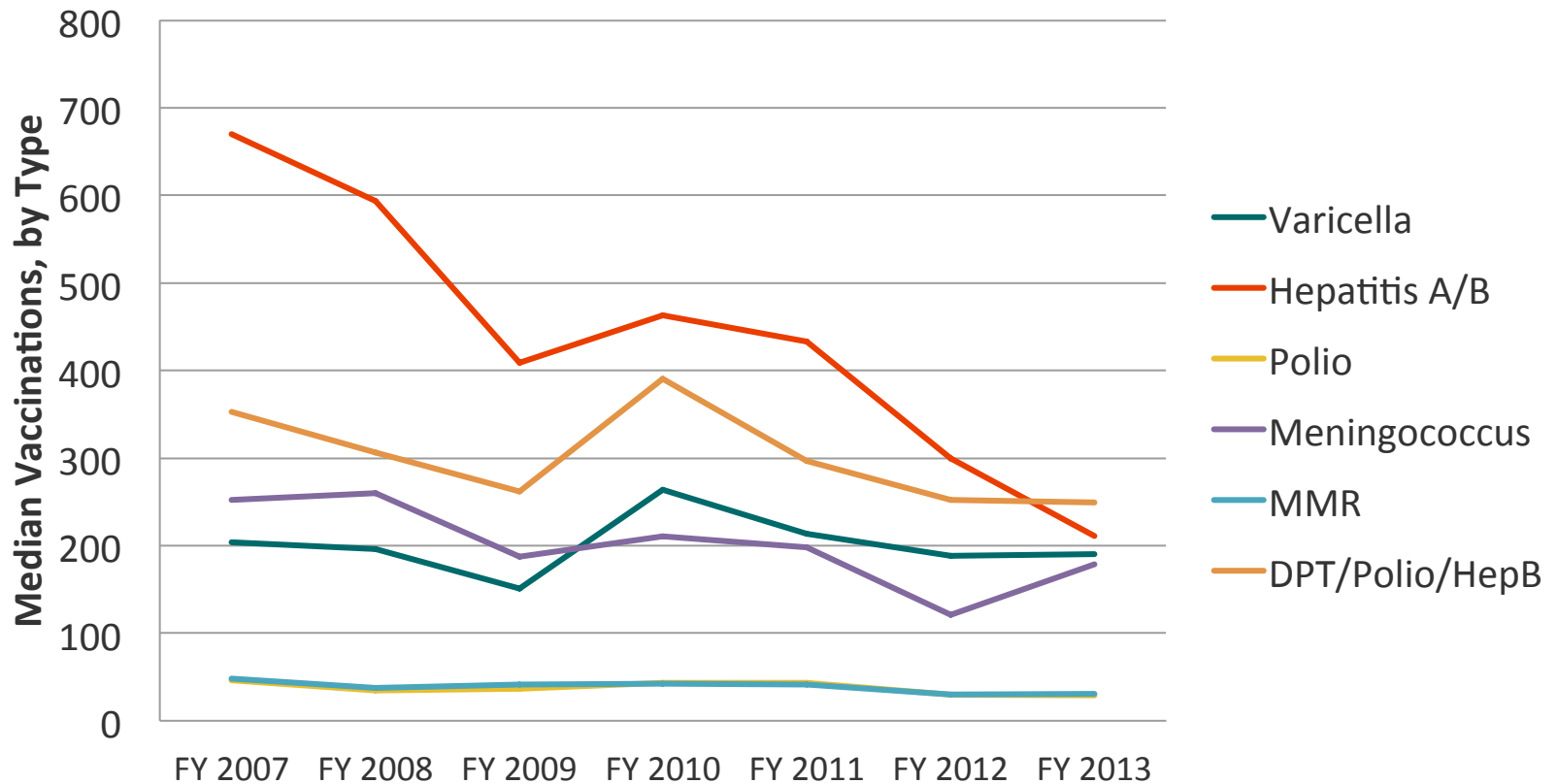
Median of the Monthly Vaccination Uptake in East Tennessee Before and After Policy Change of October 1, 2012 for the Younger Age Group, 0-5 Years By Fiscal Year

- A decline in the provision of immunizations to the younger group was established beginning in fiscal year 2010 - well prior to this policy change.
 - Only Hepatitis A&B and H. influenza were reduced in statistically significant amounts that can be attributed to the new Section 317 rules.



Median of the Monthly Vaccination Uptake in East Tennessee Before and After Policy Change of October 1, 2012 for the Older Age Group, 6-18 Years By Fiscal Year.

Decline over the period FY 2007 through 2013 in the Hepatitis A/B vaccine type, with no obvious trends in the other vaccine types.



Interpretations

- The decline and the periodic upturns in some immunizations suggests other forces were at work from 2009 onward
 - Convenience of alternative sites
 - First dollar preventive care coverage under the ACA
 - ETR LHDs redirecting covered people to other providers and
 - KCHD's requirement of an administrative fee
- There is a reasonable expectation that the policy change would further the ongoing decline already in evidence.
 - Only the younger group showed a significant decrease in one vaccine-type, Hepatitis A & B.
- These findings suggest the Section 317 rule change did not have as great an effect as policymakers hoped in the State of Tennessee.

IMPLICATIONS AND FUTURE STUDY

POLICYMAKERS DESIGNED
THE CHANGE IN THE
SECTION 317 POLICY TO
FACILITATE
REALLOCATION OF
SECTION 317 FUNDS:

TO THE NEEDS OF
AMERICANS WHO
CONTINUE TO BE
UNINSURED AND
UNDERINSURED

FOR THE SUPPORT AND
DEVELOPMENT OF
VACCINATION PROGRAM
INFRASTRUCTURE
NATIONALLY³.

- In East Tennessee, there was very little significant change directly attributable to the Section 317 policy.
- A number of other forces in effect that have sustained a downward trend in vaccinations in this area for several years.
- Further study several months into mandatory health coverage under the ACA would provide more information on the effects of this broad health policy change and would document its effects on the provision of public health services.

Limitations

THERE ARE
SEVERAL
LIMITATIONS
TO THIS
STUDY.

- We were unable to include influenza, which is frequently used as a benchmark for vaccination programs, due to issues with data collection.
- A downward trend in vaccination uptake at LHDs was already in place prior to the implementation of the Section 317 policy change,
 - trend to this particular policy change.
- Other causal factors could also explain the downward trend in vaccination uptake at LHDs.

REFERENCES

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