

132nd MAINE LEGISLATURE

FIRST REGULAR SESSION-2025

Legislative Document

No. 93

H.P. 58

House of Representatives, January 8, 2025

An Act to Reduce Cost and Increase Access to Disease Prevention by Expanding the Universal Childhood Immunization Program to Include Adults

Submitted by the Department of Health and Human Services pursuant to Joint Rule 204. Reference to the Committee on Health and Human Services suggested and ordered printed.

R(+ B. Hunt

ROBERT B. HUNT Clerk

Presented by Representative ZAGER of Portland.

1	Be it enacted by the People of the State of Maine as follows:
2 3	Sec. 1. 22 MRSA §1066, as amended by PL 2017, c. 7, §1, is further amended by amending the section headnote to read:
4	§1066. Universal Childhood Immunization Program
5 6	Sec. 2. 22 MRSA §1066, sub-§1, as enacted by PL 2009, c. 595, §2, is amended to read:
7 8 9 10 11 12 13 14 15	1. Program established. The Universal <u>Childhood</u> Immunization Program is established to provide all children from birth until 19 years of age <u>individuals</u> in the State with access to a uniform set of vaccines as determined and periodically updated by the Maine Vaccine Board. The program is administered by the department for the purposes of expanding access to immunizations against all diseases as recommended by the federal Department of Health and Human Services, Centers for Disease Control and Prevention Advisory Committee on Immunization Practices, optimizing public and private resources and lowering the cost of providing immunizations to children <u>individuals</u> in the State. The program is overseen by the Maine Vaccine Board.
16 17	Sec. 3. 22 MRSA §1066, sub-§2, ¶D, as enacted by PL 2009, c. 595, §2, is repealed.
18 19	Sec. 4. 22 MRSA §1066, sub-§2, ¶F, as enacted by PL 2009, c. 595, §2, is amended to read:
20	F. "Fund" means the Childhood Immunization Fund established in subsection 7.
21	Sec. 5. 22 MRSA §1066, sub-§2, ¶G-1 is enacted to read:
22	G-1. "Individual" means a person who resides in the State.
23 24	Sec. 6. 22 MRSA §1066, sub-§2, ¶ I , as enacted by PL 2009, c. 595, §2, is amended to read:
25 26	I. "Program" means the Universal Childhood Immunization Program established in subsection 1.
27 28	Sec. 7. 22 MRSA §1066, sub-§2, ¶M, as enacted by PL 2009, c. 595, §2, is amended to read:
29 30 31 32 33	M. "Total costs of the fund" means the costs of vaccines provided under the program to <u>children</u> <u>individuals</u> projected to be covered by assessed entities during the succeeding program year and the annual operating expenses of the board, including costs the board may incur for staff, a service agent, legal representation, administrative support services and other expenses approved by the board.
34 35	Sec. 8. 22 MRSA §1066, sub-§5, as enacted by PL 2009, c. 595, §2, is amended to read:
36 37 38 39 40	5. Assessments. By January 1, 2011 and annually thereafter, the board shall determine an assessment for each assessed entity in accordance with this subsection. The board shall provide a mechanism to protect against duplicate counting of <u>children individuals</u> . The board may conduct an audit of the number of covered life months for <u>children individuals</u> as reported by an assessed entity. An assessment determination made pursuant to this

1 2	subsection is an adjudicatory proceeding within the meaning of Title 5, chapter 375, subchapter 4.
3	A. In determining the amount of the assessment, the board shall:
4	(1) Determine the total costs of the fund for the succeeding program year;
5 6 7	 (2) Add a reserve of up to 10% of the total costs of the fund under subparagraph (1) for unanticipated costs associated with providing vaccines to children individuals covered by the assessed entity;
8 9 10	(3) Subtract the amount of any unexpended assessments collected in the preceding year and any unexpended interest accrued to the fund during the preceding year; and
11 12 13 14 15	(4) Calculate the assessment on a monthly basis per <u>child individual</u> to be paid by an assessed entity by dividing the amount determined in accordance with subparagraphs (1), (2) and (3) by the number of <u>children individuals</u> projected to be covered by the assessed entity during the succeeding program year divided by 12.
16 17	B. The board shall provide the assessed entity with notice of the assessment amount for the succeeding program year no later than January 1, 2011 and annually thereafter.
18	C. Beginning July 1, 2011, the assessment must be paid on a quarterly basis as follows:
19 20 21 22	 (1) An assessed entity shall pay a quarterly assessment equal to the monthly assessment rate per child individual as described under paragraph A, subparagraph (4) multiplied by the number of child individual member months covered by the assessed entity in the preceding calendar quarter; and
23 24	(2) The assessment must be paid within 45 days following the close of the calendar quarter.
25 26 27 28 29 30 31	D. After the close of a program year, the board shall reconcile the total assessments paid by assessed entities, including interim assessments determined under paragraph E, with the actual costs of vaccines provided under the program to children <u>individuals</u> covered by assessed entities during that program year and the annual operating expenses of the program during that program year. Any unexpended assessments must be used to reduce the assessment in the succeeding program year as required under paragraph A, subparagraph (3).
32 33 34 35 36 37 38	E. The board may determine an interim assessment for new vaccines that the board has made available through the program pursuant to subsection 3, paragraph E. The board shall calculate the interim assessment in accordance with paragraph A, and the interim assessment is payable the calendar quarter that begins no less than 30 days following the establishment of the federal contract price. The board may not impose more than one interim assessment per year, except in the case of a public health emergency declared in accordance with state or federal law.
39 40 41 42 43	F. If the combination of funding available from the United States Department of Health and Human Services, Centers for Disease Control and Prevention, Vaccines for Children Program and the immunization grant program under the federal Public Health Service Act, Section 1928 of the Social Security Act, 42 United States Code, Section 1396s is insufficient to provide coverage for vaccines for the children who qualify for

vaccines under the Vaccines for Children Program, money from the fund may not be 1 2 used to cover the cost of vaccines for children who would otherwise be provided 3 vaccines under the Vaccines for Children Program. 4 G. If the assessments under this subsection are insufficient to cover the cost of vaccines 5

to be provided to children individuals covered by assessed entities, the State is not required to cover the cost of vaccines for those children individuals.

Sec. 9. 22 MRSA §1066, sub-§7, as enacted by PL 2009, c. 595, §2, is amended to 7 8 read:

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7. Fund. The Childhood Immunization Fund is established for the sole purpose of funding the program, including any costs of vaccines provided under the program to 10 children individuals and any costs the board may incur for staff, a service agent, administrative support services, legal representation and contracted services. The fund is 12 13 administered by the board or the service agent, which shall act as a fiduciary and manage and invest the fund in conformance with prudent investor standards and maintain complete 14 records of all assets, investments, deposits, disbursements and other transactions of the 15 fund. All money and securities in the fund must be held in trust by the Treasurer of State 16 for the purpose of making payments under this section and are not money or property for the general use of the State. The Treasurer of State is the custodian of the fund and may 18 19 make disbursements only upon written direction from the board or the service agent. All 20 assessments collected pursuant to this section, all interest on the balance in the fund and all income from any other source must be deposited into the fund. The fund does not lapse. 22 No portion of the fund may be used to subsidize other programs or budgets.

23 Sec. 10. 22 MRSA §1066, sub-§8, as enacted by PL 2009, c. 595, §2, is amended 24 to read:

25 8. Reporting. By January 15th of each year, the board shall report to the joint standing committee of the Legislature having jurisdiction over health and human services matters 26 27 regarding the operation of the program, the progress of the program in expanding access to immunizations for children individuals and the assets, investments and expenditures of the 28 29 fund.

30 Sec. 11. 22 MRSA §1963, sub-§3, ¶I, as enacted by PL 2017, c. 312, Pt. A, §1, is amended to read: 31

- 32 I. Support for activities of programs within the Maine Center for Disease Control and Prevention, including, but not limited to, the Universal Childhood Immunization 33 Program under section 1066 and environmental health and tuberculosis programs; 34
- 35 **SUMMARY** 36 This bill amends the law governing the Universal Childhood Immunization Program 37 to expand the program to provide immunizations to and cover the costs of recommended
 - 38 vaccines for adults in the State.