

**Washington Vaccine Association
Board of Director's Meeting
April 5, 2018; 2:00 p.m.- 4:00 p.m. PST**

I. Attendance. Participating in all or part of the meeting in person or by telephone (T) were the following individuals:

Directors

John Sobeck, MD, MBA, Vice-Chair, Cigna
John Dunn, MD, Kaiser Permanente
Cathy Falanga, Aetna (T)
Ed Marcuse, MD
Derek LeBrun, Coordinated Care (T)
Laura McKenna, Regence (T)
Randy Parker, Carpenters Trusts of Western
Washington (T)

Absent

Jason Farber, Esq., Davis Wright Tremaine
Beth Harvey, MD, South Sound Pediatric
Associates
Chad Murphy, Premera
Michele Roberts, MPH, MCHES,
Department of Health

KidsVax®

Fred Potter, Managing Member (T)
Julia Zell, Executive Director
Peter Smith, Financial Analyst (T)
Nicole Price, Executive Director (T)

Others

SheAnne Allen, MPH, MCHES,
Department of Health
Anne Redman, Esq., Perkins Coie
Keith Kemper, Esq., ELM
Scott Douglas, Crowell & Morning (T)

II. Summary of Actions Taken and/or Recommended

A. Actions Taken (votes adopted)

1. To approve the minutes of the Litigation Task Force Meeting of March 19, 2018.
2. To authorize the Operations Committee to adopt the July 1, 2018 Assessment Grid.

B. Follow up Tasks/Action Items

1. It was the sense of the Board to refer the development of a Cash Reserve Policy and Investment Policy to the Audit Committee for further report and to bring their recommendations back to the Board at the next Board meeting.
2. Ms. Allen agreed to contact the CDC to request further information into the public/private vaccine borrowing policy.

III. Minutes

Welcome and Introductions

At 2:00 p.m., a quorum having been established, Chairman John Sobeck called the meeting to order. Introductions were made, and Ms. Julia Zell announced that the meeting was being recorded for the benefit of the minute-taker and would be deleted following the final approval of the minutes.

Consent Calendar Items

Chairman Sobeck asked if there were any objections to approving the minutes of the Litigation Task Force Meeting of March 19, 2018. There being no questions or comments, the following item was put to a vote:
Upon motion duly made and seconded, it was unanimously

VOTED: To approve the minutes of the March 19, 2018 Litigation Task Force Meeting.

Financial Report

Peter Smith provided a financial update and reviewed cashflow projections and collections, offering an analysis of funding trends. He referred to the financials on pages 8-11 of the packet. Mr. Smith went on to report CDC had updated their contract prices as of the first of April, which is approximately a 5.2% overall increase year over year, but that there were a few outliers, so the average of most of the dosage increases are approximately 2.5%. Mr. Smith stated that increases in the CDC rate and the proposed 1% change in the grid will basically reduce that by half, so it would be about \$350,000 net increase per month.

Line of Credit Retirement

Ms. Zell reported that WVA has not utilized any of the \$5 million Line of Credit with KeyBank that was taken out last year when the WVA was rebuilding cash reserves. Now that WVA is in a better financial condition, the Audit Committee, following Peter Smith's recommendation, now suggests that the Board proceed with closing the Line of Credit. Chairman Sobeck noted that the name of the Audit Committee is being changed to the Finance Compliance Committee as soon as the Charter modifications are approved at the Board level to more appropriately reflect the tasks associated with the committee. Outside counsel, Anne Redman

1 agreed to review and ensure the changes fits within the Washington Vaccine Association's mission and will make sure that there
2 is no overlap or conflict with another committee's role.

3 Audit Update

5 Chairman Sobeck reported WVA will be renewing its relationship with the auditing firm of CliftonLarsonAllen (CLA). WVA will
6 has begun the annual audit, expected to be completed by August in time for a September Audit Committee meeting. There was a
7 very small and appropriate increase in the fees associated with the audit, but that KV assured the Committee that the fee increase
8 was within reason within the Washington market for such services.

10 Assessment Grid

11 Ms. Zell discussed the proposed July 1, 2018 Assessment Grid. The KV recommendation is the WVA implement a 1% decrease
12 in assessments on all vaccines, which amounts to \$300,000 less in assessment collections per month. Ms. Zell indicated the Audit
13 Committee and Department of Health discussed holding its reserves steady to see where it stands regarding its cash position, but
14 felt that with the capital reserves still growing, the WVA could afford to absorb CDC inflation and reduce the Grid without
15 compromising the fiscal goals. She went on to state that the anticipated end-of-year flu wastage would be higher than previous
16 years due to the potential addition of FluMist to the Grid. In an attempt to maintain a decent operational margin, it will be explained
17 to the Operations Committee, which meets May 3, 2018. Further discussion ensued regarding the assessment grid and the offering
18 of FluMist. Chairman Sobeck stated that until the WVA knows more about the situation and potential cash outlays, he agrees with
19 the KV recommendation to maintain general operating reserves at \$20 million, but should have a cushion of plus or minus \$5
20 million due to other potential exigencies like TRICARE litigation. Mr. Potter clarified that the WVA Board sets the policy and
21 directs that the grid will be reduced by an aggregate target of 1%, but defers to the Operations Committee for implementation of
22 the Board's 1% reduction target. Chairman Sobeck made a motion to authorize the Board to adopt the 2018 Assessment Grid with
23 the aggregate of 1% as Mr. Potter spelled out with the adjustments to each specific percentage (up or down) per vaccine to be
24 deferred to the Operations Committee.

25
26 Upon motion duly made and seconded, it was unanimously

27
28 **VOTED:** To adopt the 2018 Assessment Grid with the aggregate of 1% with the adjustments to each specific
29 percentage (up or down) per vaccine to be deferred to the Operations Committee.

31 Revised Reserve Investment Policy Update

32 Anne Redman reviewed the Reserve Investment Policy, stating it is a draft and not for adoption today. She stated it clarifies the
33 financial policy for investment of the reserves WVA maintains from time to time. The main purpose of these reserves is to supply
34 funds to take care of contingencies and things the WVA doesn't anticipate, but could potentially disrupt vaccine funding activities.
35 The WVA is not maintaining this fund for purposes of long term growth or inflation protection, rather it's a type of standby fund.
36 She noted that on-going conversations were being held with the Assistant Attorney General for the Department of Health regarding
37 the appropriateness of WVA maintaining reserves and no conclusion has been reached, but should be ready by the next Board
38 meeting. At this time, WVA is deferring adoption of this policy until the next Board meeting.

40 KidsVax® Updates

- 41 • ED Report: Ms. Zell gave a brief overview of the report, stating it is included in the Board packet and is a summary of
42 where WVA stands. Tricare news will be deferred for the Executive Session.
- 43 • WVA Communications Policy: Ms. Zell stated it is one of KidsVax® goals to have an additional communication from
44 the WVA beyond the WVA annual report. This additional piece is intended to be outward facing communication that
45 can be on any germane topic, and that she could welcome suggestions from the Vaccine Committee or individual Board
46 members with an interest. Ms. Zell went on to report that included in the Communications Policy are guidelines as to
47 how the WVA Board members and anyone acting on behalf of the WVA should communicate information. After
48 reviewing the document, Board discussion ensued. Dr. Ed Marcuse requested specific examples as to when such a policy
49 would go into effect. MS. Zell responses notes times when Board Members participated in group discussions but
50 represented a different organization. After more discussion, it was the sense of the Board that the policy be deferred until
51 the next meeting. Mr. Potter further clarified by stating that the Board can give instructions to the Executive Director to
52 conduct her affairs in accordance with this policy and bring any experience that develops along with the Policy to the
53 Board for action at its June meeting. Ms. Zell requested that anyone having questions or revisions to email her.
- 54 • Operations Update: Ms. Zell reported the Operations Committee meeting on May 3 will involve an overview of all payer
55 and provider compliance efforts. She noted that a new provider survey will be sent after July 1 to help KV determine
56 how well provider implementation of the new grid was accomplished. KV will then conduct claims analysis in an attempt
57 to cut down on leakage and making sure that WVA has the settlement process in place. WVA will continue with
58 communication and notices. Further discussion ensued regarding communication of the Tricare settlement and keeping
59 ahead of questions and/or publicity. Ms. Zell requested that the WVA wait to respond publicly, as the WVA is still in
60 negotiations with the DHA.
- 61 • WA-Reinsurance Update: Mr. Potter updated the Board, stating reinsurance is not proceeding at this time. The WA
62 Insurance Commissioner's office advises KV they would like WVA to administer this if they go forward with such a
63 plan. Mr. Potter went on to inform the Board that they will be notified right away should WA-Reinsurance go into this
64 legislative this cycle.

1 Department of Health/Vaccine Updates

2 Ms. Allen gave an update on the DOH in the absence of Ms. Roberts. She shared the most recent Washington Immunization report
3 card, based off the national immunization survey and the BRFSS (Behavior Risk Factor Surveillance Survey). Ms. Allen reported
4 DOH is working with the State Board of Health to consider updating Chapter 246-105. Ms. Allen informed the Board starting in
5 July DOH will centralize all vaccine ordering and accountability, and having the DOH staff be the main contact for the providers.
6 DOH will be moving to additional models for meeting compliance and accountability. This will be communicated to providers in
7 April, with the goal to make the transition as painless as possible for providers, as well as maintain accountability.
8

9 Vaccine Committee Report: Dr. Marcuse gave a brief summary stating the flu vaccine plans were proceeding as intended, until it
10 became clear that FluMist would, again, be available for the upcoming year's flu season. Dr. Marcuse went on to report that the
11 major benefit for our universal purchase system is that our providers have one stock of vaccine, meaning that it is important that
12 those providers that can afford to procure of the private market not be left with only that option. Thus, it was the strong sense of
13 the Vaccine Committee that FluMist be part of the WVA flu offerings. Further discussion continued regarding the expense of
14 FluMist at \$18.88 with other flu vaccines being approximately \$15.00, off the CDC contract. The Committee informed the Board
15 they would like to find a way to make FluMist available this year, but has already ordered sufficient vaccine to take care of all the
16 pediatric population with other flu products. The dilemma was discussed further with special attention to wastage, cost, and the
17 public health interest. Ms. Allen indicated last year WVA purchased 690,000 doses, with our wastage at approximately 16%, or
18 roughly 115,000 doses. WVA is still utilizing our flu vaccine for this year. There was an initial pre-book in February for 650,000
19 doses for the upcoming year, which is a cut of 40,000 doses to reduce wastage. The Board was informed there is an option for a
20 second pre-book in September with delivery towards the end of September up to November through the CDC. We also have an
21 option to purchase privately and possibly receive the vaccine earlier. Dr. Marcuse stated the Vaccine Committee discussed having
22 the WVA purchase vaccine for the entire state, or purchase a portion during the initial months of the flu season when CDC FluMist
23 would not be available. Dr. Marcuse stated the Vaccine Committee felt it was important to offer FluMist as soon as it is available
24 on the market, but could increase wastage. For example, if it's a five-physician office and they have 100/200 kids a day who could
25 use the vaccine and we could provide them with a total of say only 50 doses, it is not an option for many patients. By having 50
26 doses to all the providers in the state would cost us \$1.2 million using last year's manufacturer price. Ms. Zell noted that one of
27 the reasons our wastage was higher last year was due to a private provider pre-booking a large lot of vaccine and at the last minute
28 deciding to obtain all their flu vaccine from the private market. Ms. Zell voiced concern that WVA's wastage will be far higher
29 because of the procurement of these provider groups. Last year it was reported to be 40,000 doses for one group. WVA tried to
30 survey some of the bigger provider groups to see what the demand for flu would be. Ms. Zell indicated that at the last meeting
31 there were 2 reps from GSK who said their company will allow 20-30% to be returned. It was determined by the Committee that
32 more research needs to be done to see if WVA would want to procure FluMist this year, but they group acknowledged that the
33 DOH made the final decision. Further discussion ensued regarding concerns of large provider groups bypassing purchasing
34 vaccines through WVA. It was determined: 1) Dr. Marcuse recommended that a choice of a live attenuated activated vaccine or
35 a killed vaccine be available for Washington state children for this season, irrespective of their insurer; 2) Dr. Marcuse
36 recommended that the WVA work with the DOH to survey providers to assess what the demand would be for FluMist this year; 3)
37 Dr. Marcuse recommended that WVA start with a target assumption that would make FluMist available in the same proportion to
38 killed vaccine as existed as prior years, which is about 10%, and that the Board supply FluMist at the same levels as was done in
39 prior years. The Board agreed and asked SheAnne to summary her future actions with respect to this topic. Ms. Allen stated there
40 is a State Vaccine Advisory Committee meeting scheduled for April 19th and she hopes to have the provider survey draft shared
41 with Dr. Dunn and the WVA Vaccine Committee. Ms. Allen stated she will contact the CDC to ensure they advise the DOH on
42 the public-private borrowing policy. Ms. Allen will inform the Board she will research the last date the Committee can have the
43 Board make this final decision. Ms. Zell felt that an additional item should be added to the 3-part motion:
44

45 Upon motion duly made by Chairman Soback and seconded, it was unanimously

46
47 VOTED: To authorize the Board to purchase up to the 10% of the total amount of last year's FluMist vaccines.
48

49 Closing

50 There being no further business, the meeting was adjourned at 4:05 p.m. PST.

What: Board of Directors Meeting
Date & Time: Thursday, April 5, 2018; 2:00-4:00 p.m.
Location: Ellis, Li & McKinstry, Market Place Tower; 2025 First Ave, PH-A, Seattle, WA 98121
Conference Line: (267) 930-4000; *Conference ID: 103063718#*

Agenda for Board of Directors Meeting			
Approx. Time	Pg.	Topic/Anticipated Action	Presented by:
2:00-2:05 p.m.		1. Welcome & Introductions a. Notification of Recording	J. Sobeck
2:05-2:10 p.m.		2. Calendar Consent Items	J. Sobeck
	2*	a. Board Meeting Minutes (February 16, 2018)	
	5*	b. Litigation Task Force Meeting (March 19, 2018)	
2:10-2:30 p.m.		3. Financial Update	P. Smith
	8*	a. Financial Reports	
		b. Cash Collection & Reserve Analysis	
	14*	c. 2018 Assessment Grid i. Vote on Assessment Grid	
		d. Line of Credit Retirement	J. Sobeck
		e. Audit Update	J. Zell/A. Redman
	18*	f. Revised Investment Policy Update	
2:30-2:50 p.m.		4. KV Updates	J. Zell
	21*	a. ED Report	
		b. WA-Reinsurance Update	F. Potter
		c. Operations Update	J. Zell
	23*	d. WVA Communications Policy i. Vote to Approve WVA Communications Policy	
2:50-3:05 p.m.		5. Department of Health/Vaccine Updates	S. Allen
	27*	a. WA Outbreaks	
		b. Flu Presentation	
		c. MengB	
		d. Restitution Policy Update	
		e. Vaccine Committee Report	E. Marcuse
3:05-3:15 p.m.		6. Board Development	J. Zell
	30*	a. June Board Retreat	
		b. KV Goal Tracking	
		c. Board Member On-boarding	
3:15-3:55 p.m.		7. Executive Session [Board Members, KV, and counsel only]	
		a. TRICARE Update	
		i. KV Work	J. Zell
	31 *	ii. Congressional update	S. Douglas
		iii. Litigation Update	K. Kemper
	33*	b. Payer Compliance Update	J. Zell/N. Roberge
3:55-4:00 p.m.		8. Closing	J. Sobeck
		9. Reference Documents	
	35 *	a. Proposed Form of Votes	
	36 *	b. Governing Statute	
	45 *	c. Schedule of Upcoming Meetings	
	46 *	d. Contact List	
	55 *	e. Directions to Ellis, Li & McKinstry	

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**Washington Vaccine Association
Statement of Financial Position
As of March 31,2018**

A**ASSETS**

Current assets		
1	Cash and cash equivalents	\$ 32,113,461.50
2	Investments	9,166.12
3	Members Estimated Collectible Assessments	4,230,606.00
4	Prepaid Vaccine	4,301,740.00
5	Prepaid Administrative Services	39,525.42
6	Total current assets	40,694,499.04
7	Total assets	\$ 40,694,499.04

LIABILITIES AND NET ASSETS

Current liabilities		
8	Accounts payable	\$ 2,800.00
9	Key Bank - Line of Credit	-
10	Payable to Washington Department of Health	-
11	Other accruals	-
12	Total current liabilities	2,800.00
Net assets		
13	Excess Assessments - Vaccines	26,807,122.80
14	Excess Assesments - Administrative Activities	13,884,576.24
15	Total net assets	40,691,699.04
16	Total liabilities and net assets	\$ 40,694,499.04

**Washington Vaccine Association
Statement of Activities and Changes in Net Assets**

		Month Ending March 31, 2018			For 9 Months Ending March 31, 2018		
		Administrative	Vaccine	Total	Administrative	Vaccine	Total
		Activities	Activities		Activities	Activities	
Revenues:							
1	Assessments	\$ 827,395.10	\$ 15,882,252.00	\$ 16,709,647.10	\$ 10,295,601.88	\$ 57,707,398.00	\$ 68,002,999.88
2	Less: Vaccine expense	-	(3,485,669.51)	(3,485,669.51)	-	(50,125,684.87)	(50,125,684.87)
3	Net Assessment margins	827,395.10	12,396,582.49	13,223,977.59	10,295,601.88	7,581,713.13	17,877,315.01
4	Investment income	-	-	-	-	-	-
5	Other income	-	-	-	-	-	-
6	Net revenues	827,395.10	12,396,582.49	13,223,977.59	10,295,601.88	7,581,713.13	17,877,315.01
Expenses:							
7	Administrative services - fixed contract	39,525.42	-	39,525.42	355,728.74	-	355,728.74
8	Adm services - variable compensation	250,000.00	-	250,000.00	250,000.00	-	250,000.00
9	Administrative services - Tricare	36,038.88	-	36,038.88	314,623.69	-	314,623.69
10	Tricare - Legislative Services	20,000.00	-	20,000.00	92,382.84	-	92,382.84
11	Legal fees	260,391.40	-	260,391.40	283,391.99	-	283,391.99
12	Audit	-	-	-	10,500.00	-	10,500.00
13	Annual report / special communications	-	-	-	-	-	-
Special projects:							
14	DOH vaccine order system	-	-	-	-	-	-
15	Denied claims recovery	2,800.00	-	2,800.00	25,200.00	-	25,200.00
16	All other special projects	-	-	-	19,180.11	-	19,180.11
17	Insurance	-	-	-	46,389.51	-	46,389.51
18	Bank fees	3,245.58	-	3,245.58	36,909.69	-	36,909.69
19	Investment advisor / manager	-	-	-	-	-	-
20	Other administration expenses	25.00	-	25.00	327.05	-	327.05
21	Total administrative expenses	612,026.28	-	612,026.28	1,434,633.62	-	1,434,633.62
22	Line of credit - financing costs	-	-	-	-	-	-
23	Total expenses	612,026.28	-	612,026.28	1,434,633.62	-	1,434,633.62
24	Increase (decrease) in net assets	\$ 215,368.82	\$ 12,396,582.49	\$ 12,611,951.31	\$ 8,860,968.26	\$ 7,581,713.13	\$ 16,442,681.39
25	Excess assessments, beginning of year				5,023,607.98	19,225,409.67	24,249,017.65
26	Excess assessments, end of period				\$ 13,884,576.24	\$ 26,807,122.80	\$ 40,691,699.04

Unaudited - For Management Purposes Only
Prepared by KidsVax, LLC

	A	B	C	D
	Inception Through 1/31/2018	Month 2/28/2018	Month 3/31/2018	Inception Through 3/31/2018
1 Cash balance - beginning of period	\$ -	\$ 16,306,360.88	\$ 18,812,016.60	\$ -
Inflows:				
2 Principal prepayments	7,800,001.00	-	-	7,800,001.00
3 Vaccine collections	435,496,079.82	6,033,839.13	18,263,903.10	459,793,822.05
4 Interest income	53,408.37	-	-	53,408.37
5 Investment income/ (loss)	149,787.97	-	-	149,787.97
6 Key Bank - LOC advances	-	-	-	-
7 Total inflows	443,499,277.16	6,033,839.13	18,263,903.10	467,797,019.39
Outflows:				
8 Principal repayments	(7,799,908.85)	-	-	(7,799,908.85)
Program				
9 Vaccine remittance State of WA	(411,825,890.93)	(3,432,423.26)	(4,301,740.38)	(419,560,054.57)
10 Vaccine Selection Development	(79,950.00)	-	-	(79,950.00)
11 Public information	(147,626.81)	-	-	(147,626.81)
12 Total program disbursements	(412,053,467.74)	(3,432,423.26)	(4,301,740.38)	(419,787,631.38)
Administration				
13 Administrative services	(4,238,387.67)	(59,525.42)	(385,089.72)	(4,683,002.81)
14 Project management fees	(419,878.90)	-	-	(419,878.90)
15 Denied claims recovery	(129,733.44)	(2,800.00)	(2,800.00)	(135,333.44)
16 Design and advertising	(31,031.38)	-	-	(31,031.38)
17 Claims system development	(26,000.00)	-	-	(26,000.00)
18 Legal fees	(316,446.10)	(10,289.67)	(260,391.40)	(587,127.17)
19 Audit fees	(95,055.00)	-	-	(95,055.00)
20 Website and information technology	(113,993.32)	-	-	(113,993.32)
21 Travel	(1,829.68)	-	-	(1,829.68)
22 Total administration	(5,372,355.49)	(72,615.09)	(648,281.12)	(6,093,251.70)
Office				
23 Bank Fees	(541,222.62)	(3,672.55)	(3,245.58)	(548,140.75)
24 Office supplies	908.92	-	(25.00)	883.92
25 Postage and shipping	(1,438.36)	-	-	(1,438.36)
26 Printing	(4,819.61)	-	-	(4,819.61)
27 Office Rent	(51,313.90)	-	-	(51,313.90)
28 Telephone	(2,514.23)	-	-	(2,514.23)
29 Total office	(600,399.80)	(3,672.55)	(3,270.58)	(607,342.93)
Other				
30 Insurance	(228,349.44)	(19,472.51)	-	(247,821.95)
31 Interest Line of Credit	(1,136,610.90)	-	-	(1,136,610.90)
32 Board meetings	(1,824.06)	-	-	(1,824.06)
33 Total Other	(1,366,784.40)	(19,472.51)	-	(1,386,256.91)
34 Total outflows	(427,192,916.28)	(3,528,183.41)	(4,953,292.08)	(435,674,391.77)
35 Cash balance - end of period	\$ 16,306,360.88	\$ 18,812,016.60	\$ 32,122,627.62	\$ 32,122,627.62

Note: Cash balance includes amounts in Key Bank and Morgan Stanley

Washington Vaccine Association
Notes to Financial Statements
For the Month Ending March 31, 2018

Items of interest in the financial Statements for the month ending March 31, 2018.

During the month of March, WVA received a payment of \$12,219,342 from TRICARE for unpaid claims covering the period of December 23, 2010 through September 30, 2018. This payment is reflected in Cash found on line 1 of the Statement of Financial Position and on line 1, Assessments of the Statement of Activities and Changes in Net Assets and on line 3, Vaccine Collections of the Statement of Cash Flows.

During the month WVA disbursed authorized expenditures voted on at the Special WVA Board meeting of February 16, 2018. Amounts paid were a) \$200,000 legal fees to Ellis, Li and McKinstry for work in connection with the TRICARE collection mentioned above b) \$50,000 legal retainer to Ellis, Li and McKinstry for collection work on TRICARE uncollected claims for the period of May 2010 through December 22, 2010 c) \$250,000 spot award to KidsVax, LLC for work related to the TRICARE collection shown above. These amounts are reflected in Cash on line 1 of the Statement of Financial Position. The Legal Fees of \$250,000 are include in the amounts found on line 11 of the Statement of Activities and Changes in Net Assets and on line 18 of the Statement of Cash Flows. The spot award of \$250,000 is included on line 8 of the Statement of Activities and Changes in Net Assets and on line 13, Administrative Services on the Statement of Cash Flows.

**Washington Vaccine Association
Administrative Budget Status
For 9 Months Ending March 31, 2018**

	A	B	C
	Approved	Actual	
	Annual	For 8 Months Ending	Remianing
	Budget	February 28, 2018	Budget
Expenses:			
1 Administrative services - fixed contract	474,305.00	355,728.74	118,576.26
2 Adm services - variable compensation	47,430.00	-	47,430.00
3 Adm services - special spot compensation	-	250,000.00	(250,000.00)
4 Administrative services - Tricare	180,000.00	314,623.69	(134,623.69)
5 Tricare - Legislative Services	150,000.00	92,382.84	57,617.16
6 Legal fees	35,000.00	283,391.99	(248,391.99)
7 Audit	11,000.00	10,500.00	500.00
8 Annual report / special communications	-	-	-
9 Special projects:			
10 Denied claims recovery	33,600.00	25,200.00	8,400.00
11 Assessment review	25,000.00	6,236.77	18,763.23
12 All other special projects	10,000.00	12,943.34	(2,943.34)
13 Insurance	47,000.00	46,389.51	610.49
14 Bank fees	60,000.00	36,909.69	23,090.31
15 Other adminstration expenses	-	327.05	(327.05)
16 Total administrative expenses	<u>1,073,335.00</u>	<u>1,434,633.62</u>	<u>(361,298.62)</u>

Washington Vaccine Association Assessment Grid

FOR ALL CLAIMS WITH A DATE OF SERVICE ON OR AFTER JULY 1st, 2018.

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15

Please note that this WVA Assessment Grid, effective July 1, 2018, replaces the grid last updated on July 1, 2017. The grid lists vaccines and their corresponding CPT codes that are part of the dosage-based assessment (DBA) process for providers, health insurance carriers, and third party administrators. There are other childhood vaccines (and corresponding CPT codes) that are not included in the DBA process and, therefore, no assessment is needed. The availability of specific vaccine brands will be determined by the manufacturer and all brands of flu vaccine may not be part of the childhood vaccine program. For a complete listing of all vaccines available through the state Childhood Vaccine Program, please visit the DOH web site:

<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Immunization/ChildhoodVaccineProgram/StateSuppliedVaccines>.

CPT Code	NDC Code	CPT Code Description	Trade Name(s)	WVA Assessment Amount per dose as of 7/1/2017	CDC Private Sector Cost/Dose	WVA Assessment Amount per dose as of 7/1/2018	Percent change	Notes
90620	58160-0976-20 (10 pack)	Meningococcal recombinant protein and outer membrane vesicle vaccine, Serogroup B, 2 dose schedule, for intramuscular use	Bexsero	\$160.74	\$165.75	\$159.13	-1.0%	
	58160-0976-06 (single pack)							
90621	00005-0100-10	Meningococcal recombinant lipoprotein vaccine, Serogroup B, 2 or 3 dose schedule, for intramuscular use	Trumenba	\$115.74	\$133.62	\$114.58	-1.0%	
90633	58160-0825-11 (10 pack, 1 dose vial)	Hepatitis A vaccine, pediatric/adolescent dosage (2-dose schedule), for intramuscular use (Code Price is per dose = 0.5 mL)	Havrix	\$24.98	\$31.95	\$24.73	-1.0%	
	58160-0825-52 (10 pack, 1 dose syringe)							
	00006-4831-41		Vaqta		\$32.03			
90636	58160-0815-52	Hepatitis A & Hepatitis B vaccine (HepA-HepB) adult dosage, for intramuscular use (Code Price is per 1 mL).	Twinrix	\$77.35	\$101.00	\$76.58	-1.0%	Age 18 only, no doses expected
90647	00006-4897-00	Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3-dose schedule), for intramuscular use (Code price is per dose = 0.5 mL)	PedvaxHIB	\$17.44	\$26.23	\$17.27	-1.0%	
90648	49281-0545-03	Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4-dose schedule), for intramuscular use (Code price is per dose = 0.5 mL)	Act HIB	\$13.35	\$16.05	\$13.22	-1.0%	
	58160-0818-11		Hiberix		\$10.55		n/a	
90651	00006-4119-03	Human Papilloma Virus (HPV) 9 (nine) valent vaccine, types 6, 11, 16, 18, 31, 33, 45, 52, 58, 3 dose schedule, for intramuscular use (Code Price is per dose = 0.5 mL)	Gardasil 9	\$177.69	\$204.87	\$175.91	-1.0%	
90670	00005-1971-02	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use (Prenvar 13 was FDA approved on 2/24/10)	Prenvar 13	\$159.57	\$180.05	\$157.97	-1.0%	

CPT Code	NDC Code	CPT Code Description	Trade Name(s)	WVA Assessment Amount per dose as of 7/1/2017	CDC Private Sector Cost/Dose	WVA Assessment Amount per dose as of 7/1/2018	Percent change	Notes
90680	00006-4047-41 (10 pack, 1 dose tube)	Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use (Code Price is per dose = 2 mL)	RotaTeq	\$78.17	\$82.89	\$77.39	-1.0%	
	00006-4047-20 (25 pack, 1 dose tube)							
90681	58160-0854-52	Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use (Code Price is per 1 mL = 1 dose)	Rotarix	\$109.72	\$117.45	\$108.62	-1.0%	
90696	58160-0812-11 (10 pack, 1 dose vial)	Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), when administered to children 4 years through 6 years of age, for intramuscular use (Code Price is per one dose = 0.5 mL)	Kinrix	\$48.59	\$50.70	\$48.10	-1.0%	
	58160-0812-52 (10 pack, 1 dose syringe)		\$51.67					
	49281-0562-10							
90698	49281-0510-05	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP - Hib - IPV), for intramuscular use (Code Price is per one dose = 0.5 mL)	Pentacel	\$79.53	\$92.58	\$78.73	-1.0%	
90700	49281-0286-10	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than seven years, for intramuscular use (Code price is per 0.5 mL dose)	Daptacel	\$23.38	\$30.00	\$23.15	-1.0%	
	58160-0810-11 (10 pack, 1 dose vial)		\$24.05					
	58160-0810-52 (10 pack, 1 dose syringe)							
90707	00006-4681-00	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use (Code Price is per 0.5 mL)	MMRII	\$28.10	\$70.92	\$27.82	-1.0%	
90710	00006-4171-00	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use (Code Price is per one dose = 0.5 mL)	ProQuad	\$159.66	\$202.41	\$158.06	-1.0%	
90713	49281-0860-10	Poliovirus vaccine, inactivated, (IPV), for subcutaneous or intramuscular use (Code Price is per 0.5 mL dose)	IPOL	\$17.78	\$31.97	\$17.60	-1.0%	
90714	49281-0215-15 (10 pack, 1 dose syringe)	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use (Code Price is per 0.5 mL)	Tenivac	\$25.60	\$32.89	\$25.34	-1.0%	
	49281-0215-10 (10 pack, 1 dose vial)		\$23.93					
	13533-0131-01							
	58160-0842-11 (10 pack, 1 dose vial)		BOOSTRIX		\$40.05			Pa

CPT Code	NDC Code	CPT Code Description	Trade Name(s)	WVA Assessment Amount per dose as of 7/1/2017	CDC Private Sector Cost/Dose	WVA Assessment Amount per dose as of 7/1/2018	Percent change	Notes
90715	58160-0842-52 (10 pack, 1 dose syringe)	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use (Code Price is per dose = 0.5 mL)	ADACEL	\$43.41	\$42.98	\$42.98	-1.0%	
	49281-0400-10 (10 pack, 1 dose vial)		ADACEL		\$44.24			
	49281-0400-15 (10 pack, 1 dose syringe)							
90716	00006-4827-00	Varicella virus vaccine, live, for subcutaneous use (Code Price is per 0.5 mL)	Varivax	\$107.66	\$122.02	\$106.58	-1.0%	
90723	58160-0811-52	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B and poliovirus vaccine, inactivated (DtaP-HepB-IPV), for intramuscular use (Code price is per 0.5 mL)	Pediarix	\$72.72	\$76.95	\$71.99	-1.0%	
90732	00006-4943-00	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use (Code price is per 0.5 mL dose)	Pneumovax 23	\$64.84	\$94.51	\$64.19	-1.0%	
90734	49281-0589-05	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetraivalent), for intramuscular use (Code Price is per dose = 0.5 mL)	Menactra	\$119.09	\$116.30	\$117.90	-1.0%	
	58160-0955-09		Menveo		\$126.95			
90743	00006-4981-00	Hepatitis B vaccine, adolescent dosage (2-dose schedule), for intramuscular use (Code price is per dose) (Recombivax HB 10mcg = one dose)	Recombivax HB	\$17.19	\$23.95	\$17.02	-1.0%	

CPT Code	NDC Code	CPT Code Description	Trade Name(s)	WVA Assessment Amount per dose as of 7/1/2017	CDC Private Sector Cost/Dose 8/1/2018	WVA Assessment Amount per dose as of 7/1/2018	Percent change	Notes
90744	58160-0820-52	Hepatitis B vaccine, pediatric/adolescent dosage (3-dose schedule), for intramuscular use (Code price is per dose)	ENGRIX B	\$16.21	\$23.05	\$16.05	-1.0%	

Pediatric Influenza Vaccine Assessments

90685	49281-0518-25 (10 pack - 1 dose syringe)	Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to children 6 - 35 months of age, for intramuscular use (Code Price is per 0.25 mL dose)	Fluzone Pediatric Preservative Free (PF)	\$23.16	\$19.26	\$23.16	0.0%	
90686	19515-0909-52 (10 pack, 1 dose syringe)	Influenza virus vaccine, quadrivalent, split virus, when administered to children 6 months and older	FluLaval	\$16.81	\$16.82	\$16.81	n/a	
90688	49281-0418-10 (10 dose vial)	Influenza virus vaccine, quadrivalent, split virus, when administered to children 6 months and older	Fluzone	\$18.47	\$17.97	\$18.47	0.0%	



(Draft) Reserves Investment Policy – Washington Vaccine Association
(Adopted ____, 2018)

Overview of WVA Reserves Investment Policy

Washington Vaccine Association (WVA) is a Washington nonprofit corporation, exempt from taxation pursuant to section 501(c)(3) of the Internal Revenue Code of 1986, as amended. The primary purpose of WVA is to collect and remit adequate funds from health carriers and third-party administrators to the Washington State Department of Health to pay timely the cost of vaccines administered to children in the State of Washington who are not eligible for free vaccines under one or more federal programs. WVA was created in April 2010 pursuant to the provisions of Chapter 70.290, RCW.

The Board of Directors of WVA (Board) has determined that to carry out its statutory and charitable purpose WVA should maintain minimum reserves in amounts projected from time to time by the Board to cover several months of vaccines costs plus the next flu season purchases to provide liquidity to fund the costs of such vaccines by timely (just in time) deposits to the State's universal vaccine purchase account.

The purpose of this Reserves Investment Policy is to establish the responsibility, authority, and guidelines for the investment of WVA reserve funds maintained from time to time.

Reserves Investment Policy Review

This Reserves Investment Policy has been adopted by the Board and will be reviewed periodically by the Board or a delegated Board committee as required to remain consistent with the objectives of WVA and with current financial trends. Changes to this Reserves Investment Policy shall require Board approval.

Prudence and Good Faith

Persons responsible for managing and investing WVA funds are expected to act in good faith and with the care an ordinarily prudent person in a like position would exercise under similar circumstances as set out in the Washington State Uniform Prudent Management of Institutional Funds Act (UPMIFA), Chapter 24.55 RCW.

Investment Objectives and Principles

The objectives of WVA's investment program are, in order of priority:

- Safety and preservation of principal by investing in a high quality, diversified portfolio of securities as described in "Investment Guidelines."

- Liquidity of investments that is sufficient to meet WVA's projected funding requirements and provide liquidity for unanticipated funding needs.
- Conservative market rates of return on invested funds consistent with the above stated objectives.

Investment Guidelines

1. **Maturity:**

Individual security maturities should not exceed 60 months (5 years). The weighted average maturity of the portfolio shall not exceed 36 months. No more than 20% of the portfolio will carry maturities beyond 36 months. A maturity or effective maturity by definition shall include puts, announced calls or other structural features which will allow the holder to redeem the investments at a quantifiable price consistent with liquidity, safety and preservation of capital.

2. **Eligible Investments:**

Eligible investments shall include only the following investments:

United States Government Securities: Marketable securities which are direct obligations of the U.S.A., issued by or guaranteed as to principal and interest by the U.S. Government and supported by the full faith and credit of the United States.

United States Government Agency Securities: Debt securities issued by the Government Sponsored Enterprises, Federal Agencies and certain **international institutions** which are not direct obligations of the United States, but involve US Government sponsorship and are fully guaranteed by government agencies or enterprises, including but not limited to:

- Federal Farm Credit Bank (FFCB)
- Federal Home Loan Bank (FHLB)
- Federal Home Loan Mortgage Corporation (FHLMC)
- Federal National Mortgage Association (FNMA)

Corporate Debt Instruments: All commercial paper and other short-term, unsecured promissory notes issued by corporations or financial institutions including but not limited to Master Notes, Medium-Term Notes, Deposit Notes, Eurodollar Notes and Yankee Notes and bonds. Corporate Debt must have either short term or long-term ratings. At the time of purchase, a security must have at least 2 short-term ratings of A-1 or P-1 or F1 or higher (S&P, Moody's and Fitch, respectively), or at least 2 long-term debt ratings of A, A2, or A or higher (S&P, Moody's, and Fitch, respectively).

Money Market Mutual Funds: Shares of an open-end investment company fund registered under the Investment Company Act of 1940 and rated AAA by at least one major rating agency (S&P, Moody's, or Fitch). The investments of that fund should comply with the SEC regulations under Rule 2a-7 and maintain a constant net asset value, offer daily liquidity and carry an average weighted maturity that does not exceed 90 days. An investment consultant shall routinely evaluate WVA's investment portfolio to ensure its compliance with this Investment Policy.

FDIC Insured Certificates of Deposit: Marketable certificate of deposit (CDs) in separately insured ownership categories of less than \$250,000 each insured by the Federal Deposit Insurance Corporation.

Bank Deposit and Checking Accounts: No limit will be placed on bank deposit or checking accounts as long as they are 100% guaranteed by FDIC coverage. Where FDIC limits expire or are otherwise exceeded, the board will set prudent operating limits in consideration of the overall economic and operating benefits to WVA; credit quality of the bank; and overall risk environment.

Issuer Concentration Limits – In order to provide adequate issuer risk diversification the following issuer limits apply, based on the portfolio size at the time of purchase:

1. No limit on AAA money funds that otherwise meet policy parameters;
2. No limit on US Treasury individual securities;
3. Maximum of 10% individual securities backed by any qualifying Agency issuer; and
4. Maximum of 5% individual securities of any corporate or bank issuer, with a total maximum limit of corporate bond holdings to not more than 50% of the total portfolio..

Benchmarking, Performance, and Communications

The investment performance of the portfolio will be measured and evaluated against an appropriate blend of commonly accepted performance benchmark indexes.

At a minimum, quarterly performance and strategy outlook reviews should be held with the investment manager and the Board or its delegated committee. The investment manager or consultant will provide timely reporting on capital market developments affecting the portfolio and present a course of action if necessary. Investments may be sold prior to maturity due to changes in credit quality, market condition, or for uncertain capital needs; however, prudence and overall caution shall be exercised to minimize any potential losses.

Delegation of Authority

The Board shall be authorized to delegate certain responsibilities to professional experts in various fields to assist WVA in developing an investment strategy aligned with WVA's objectives consistent with UPMIFA. Professionals may include investment management consultants, investment managers, custodians of investments, attorneys, auditors, and any others who may assist WVA in meeting its responsibilities and obligations to prudently administer the investments of WVA. The Board shall engage a qualified investment manager to evaluate performance of the portfolio and support compliance with this Reserves Investment Policy.

Approved and adopted on this ____ day of _____, 2018.

John Sobeck, M.D., Chairman

April 5, 2018 Executive Director Overview

Assessment Collections as of 3/31/2018:	\$459 + Million
Remittances to State of WA Since Inception:	\$419 + Million
Members Estimated Collectible Assessments	\$4 + Million
Prepaid Vaccine Purchases:	\$4 + Million
Cash Balance:	\$32 + Million
Morgan Stanley	\$9.1 Thousand
Utilized Line of Credit	\$0 Million
Available Line of Credit	\$5 Million

I am delighted to report that the Washington Vaccine Association (WVA) has begun 2018 with outstanding achievements, namely the settlement with TRICARE for the majority of past due amounts and committee report language in the Federal Omnibus Appropriations Act directing TRICARE to pay amounts owed to State Vaccine Programs. These successes have allowed the WVA to rebuild capital reserves and provide the Association with substantial flexibility in managing assessments and being able to absorb inflation, rate increases and to manage contingencies. Thank you to the Board, the Washington congressional delegation, the Department of Health's (DOH) dedication, and outside partners for their thoughtful insight, guidance, and willingness to engage in this fight to ensure the best outcome for Washington's children.

The WVA's financial position is strong, in part due to the TRICARE settlement Assessment collections which are, as KidsVax® (KV) projected, with an accrual of approximately \$1 million per month. Thanks to the \$12.2 million influx of cash, the WVA has reached the recommended operational reserve. The reserve is an average of several months vaccine purchases plus flu vaccine costs. After seeking proposals from both KeyBank and Morgan Stanley, outside CPA, Peter Smith recommended the WVA continue its relationship with the latter citing a more favorable fee structure and a long-standing relationship. To form a more cohesive financial plan, KV worked with the DOH, outside counsel Anne Redman, and Morgan Stanley to update the WVA 2012 Investment Policy. While the new draft Reserve Investment Policy was reviewed by the Audit Committee at its March 23rd meeting and received the Committee's recommendation, last minute comments from an Assistant Attorney General, acting on behalf of the DOH has delayed a vote on its adoption. I hope to be able to present the updated Policy and a reformed Audit Committee Charter that would include the task of fiscal oversight at the June WVA Board meeting. Lastly, the Audit Committee approved the engagement of CliftonLarsonAllen (CLA) to compete the 2017/18 audit. It is important to note that while CLA has conducted the past few WVA audits, the audit manager assigned to the WVA has now changed.

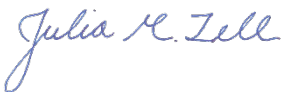
KV is recommending a modest decrease in the WVA's July 1, 2018, Assessment Grid, the first in over 5 years due to the Association's strong cash positive position. While KV recognizes the benefits in minimizing Grid changes, an overall decrease will enable KV to more readily identify payer and provider errors as our team tracks updates. In previous years, when only a few vaccine codes changed assessment price, it became difficult for KV to easily pinpoint systematic errors. Accordingly, KV recommends the WVA make an overall 1% assessment decrease to all dosage based-assessments, which would mean that the Association would also absorb the CDC's April 1st annual pediatric price increase, which is estimated to be around 3.5%. The modest decrease is also viewed as more favorable over a larger decrease as it should be sustainable in future years, and provide the payer community with better predictability in assessment costs. Lastly, as the WVA's Reserve Investment Policy is not ready for Board action. More stability in cash reserves is preferable so that future financial decisions can be measured against stated Policy objectives and guidelines.

In operations, KV has worked with DOH to develop a comprehensive Communications Policy that outlines the WVA's annual, outward-facing communications to stakeholders and offers guidelines for how Board Members and Officers share information, especially that which is sensitive or derived solely from their position in the WVA. The Policy is intended to help Members distinguish when it may be necessary to explain to outside individuals when he/she is acting in their official capacity versus when they are communicating personally, or representing a different entity. The development of a Communications Policy included as one of the KV performance goals for 2017/18. The need to expand the document arose more recently when outside members of the healthcare community questioned whether information from certain Directors was also the Association's attitudinal position. I am optimistic that the Communications Policy included in the packet for the Board's adoption will prove instructive to Members and affiliates, and help direct the WVA's communication goals.

Lastly, KV continues to work diligently towards a final resolution to all outstanding matters with TRICARE. Since the last Board meeting February 16, 2018, Fred Potter and I have continued to work with Senator Murray's office, the DOH, the Crowell and Moring government affairs team, general and litigation counsel, and the Defense Health Agency (DHA) to resolve the limitations issue so that the WVA is fully compensated for assessments going forward. KV has also sought instruction from the WVA's Litigation Taskforce on how to best handle assessments owed from May 2010-December 22, 2010 which are estimated to be around \$1.8 to \$2.2 million exclusive of interest or penalties. I am excited to announce that Senator Murray's office, aided by other congressional champions, secured committee report language in the Omnibus Appropriation Bill that recently passed. Much to our surprise, the instruction was not only the solitary specified use of DHA carry-over funds, but included language which was more favorable to state vaccine programs than anticipated. It not only directs DHA to use carry-over funds to pay vaccine assessments owed and includes no aggregate cap, but also requires DHA to provide Congress with a detailed spending plan prior to expenditures and a 30-day approval process. This congressional action is indeed remarkable and provides the WVA with a better position from which to argue DHA has failed to fulfill congressional intent in implementing Section 719 of the National Defense Authorization Act of FY17, which first provided DHA with the authority to pay state assessments. I am optimistic that the WVA will yet be made whole after years of negotiations, government affairs work, and now two successful federal statutes. Thank you to all present and past Board Members, DOH partners, and outside consultants who have helped us achieve such notable results.

As always, it is a privilege to serve alongside each of you. Thank you for your commitment to this important public health initiative.

Respectfully submitted,



Julia G. Zell, M.A., Esq.
WVA, Executive Director



Policy Title:	Public Communications Policy	
Policy Number:		EFFECTIVE: April 5, 2018
Purpose:	To comply with the reporting requirements of Washington State RCW 70.290 and to ensure that any external communications or political activity by the Washington Vaccine Association or its directors, officers or staff are (i) authorized, (ii) accurately reflect the position of the Association, and (iii) are consistent with applicable law.	

This Public Communications Policy (the “Policy”) will guide the Washington Vaccine Association (WVA) Board of Directors (collectively the “Board” and each member, individually, a “Director”) and the WVA Executive Director (“ED”), along with their representatives, agents and employees, (each a “WVA Representative”) in communications on behalf of the “WVA”.

A. DEFINITIONS

For purposes of this policy,

1. “Communications Position” means communications entirely consistent with the Board’s determination that WVA’s purposes are furthered by activities which support the continuation of the Washington universal vaccine purchase program, which program is designed to provide Washington children access to vaccines recommended by the Washington State Department of Health as defined in RCW 70.290.010 (10).
2. “Political activity” means any activity which is intended to or is likely to have the effect of: (a) influencing legislation or regulation; (b) advocating for the success or failure of a political party, candidate or partisan political group; or (c) endorsing or otherwise supporting a political party, candidate or partisan political group.
3. “Public advocacy activity” means any activity which is intended to or is likely to have the effect of: (a) presenting to members of the public and/or public officials a particular point of view or perspective on a matter of social policy or preference; or (b) advocating for certain action or inaction by members of the public and/or public officials regarding a matter of social policy or preference.

B. REQUIRED REPORTS

1. WVA will timely submit all reports required by Washington State RCW 70.290 and any other applicable law or regulation. These include the following (collectively the “Annual Reports”):
 - a. On an annual basis, beginning no later than November 1, 2010 and by November 1st of each year thereafter, establish the estimated amount of the assessment [RCW70.290.030 (5)(j)]
 - b. Notify, in writing, each health carrier and third-party administrator of the health carrier’s or third- party administrator’s estimated total assessment by November 15th of each year [RCW70.290.030 (5)(k)]

2. Report Preparation Procedures:

- a. Annual Reports shall be consistent with the Communication Position.
 - b. The ED will prepare the initial draft of each Annual Report and provide the opportunity for review and comment by the Department of Health.
 - c. The ED will next disseminate a draft of each Annual Report to the Board for individual comments by email or telephone. The ED will synthesize Director comments and disseminate a revised draft to the Board.
 - d. At the request of any Director directed to the ED or Board Chair, the Board will discuss the revised Annual Report at its next regular meeting or, if the filing deadline requires, at a special meeting called by the Board Chair.
 - e. Consistent with any final Board direction, the WVA Executive Director will finalize and timely file each Annual Report.
3. Unless otherwise directed by the Board, the ED will post all final Annual Reports on the WVA website.
4. WVA will produce one additional written communication piece per year in consultation with the DOH to be sent to stakeholders.

C. PUBLIC STATEMENTS AND COMMUNICATIONS

1. When acting in his or her official WVA capacity no WVA Representative may make any oral or written communication contrary to any Communications Position.
2. Requests for WVA public statements should be directed to the Board Chair. The Board Chair may communicate on behalf of WVA, or request the ED or other Director to do so. All communications made on behalf of WVA must be accurate, consistent with its purposes and the Communication Position, and in fulfillment of the fiduciary duty of loyalty to WVA.
3. Additionally, the ED is authorized and directed to respond to factual inquiries about WVA, and to communicate as needed to collect assessments.

D. POLITICAL ACTIVITY:

1. POLITICAL CAMPAIGNS

- a. Neither WVA nor any WVA Representative, acting in its official capacity for WVA, may participate, directly or indirectly, in any activity directed at the success or failure of a political party, a partisan political candidate, or a partisan political group.
- b. Neither WVA nor any WVA Representative, acting in its official capacity

for WVA, may endorse a candidate, contribute WVA funds to a candidate's campaign, or use WVA facilities, letterhead, web sites or other social media to conduct any fundraising or other activities in support of a candidate.

2. PUBLIC POLICY POSITIONS

- a. WVA may take an official position on public policy issues germane to its mission and operations, but only in accordance with the following procedures:
 - i. The Board must approve the content and nature of the policy position, after first determining that the issue is pertinent to WVA's mission and/or operations.
 - ii. All communication of the WVA policy position will be conducted solely by WVA representatives authorized by, and only through means approved in advance by, the Board or a duly-constituted Board legislative committee.
 - iii. WVA policy positions will not: (i) identify one or more candidates for political office; (ii) approve or disapprove of any candidate's position or actions with respect to the policy issue; (iii) reference voting or an upcoming election; or (iv) be delivered in close proximity in time to an election in which the policy issue is germane.
- b. No WVA Representative may assert any policy position on behalf of WVA, or give the appearance of asserting any policy position on behalf of WVA, except in strict accordance with the procedures described above and in a manner consistent with WVA's approved policy positions.

3. POLITICAL ACTIVITY AND PUBLIC ADVOCACY AS PRIVATE CITIZEN

- a. Any WVA Representative may conduct or participate in political or public advocacy activities in his or her individual capacity as a private citizen.
- b. Each WVA Representative has a fiduciary duty of loyalty to WVA when acting in an official capacity. When conducting political or public advocacy activity as a private citizen, each WVA Representative must take the following steps to ensure that he or she is not using his or her official WVA capacity to further personal political or social views or goals, or creating the possibility that his or her political activity as a private citizen may be misconstrued as the activity of, or an expression of support by, WVA:
 - i. When conducting political or public advocacy activity as a private citizen, each WVA Representative must utilize personal letterhead, social media, telephone lines, email, and facilities and conduct such political activity outside of the WVA Representative's official duties for WVA.

- ii. A WVA Representative may note his or her title or official capacity with WVA solely for identification purposes. Whenever such capacity is noted (i) in connection with any private political or public advocacy activity, whether verbal, written or electronic (including email, web sites, blogs, online commentary, Facebook, Twitter or other social media), or (ii) in a manner or under circumstances which may create an inference that such private political or public advocacy activity is conducted on behalf of, or with the support of WVA, then the WVA Representative must state expressly in each such instance that he or she is acting in an individual capacity, and in no way on behalf of WVA.
- iii. Except in strict accordance with Paragraph D.2.a above, no WVA Representative has authority to conduct any political or public advocacy activity on behalf of WVA, or to create the appearance that he or she is acting on WVA's behalf or with WVA's support. Each WVA Representative will take all steps necessary to clarify the personal nature of any political or public advocacy activity conducted as a private citizen.

E. ENFORCEMENT, REVIEW AND REVISION:

This Policy will be enforced by the Board at any regular or special meeting. The Board may consider all courses of action, including but not limited to education and training and possible removal from the Board in accordance with provisions in the WVA bylaws or, in the case of staff, termination.

This Policy may be updated from time to time by the Board.

DATE ADOPTED: April 5, 2018

LAST REVISED: _____

Problem Statement

The Advisory Committee on Immunization Practices (ACIP) approved FluMist as a recommended vaccine for the 2018-2019 flu season. This recommendation came after Washington State had submitted their 2018-19 flu vaccine pre-book to the Centers for Disease Control and Prevention (CDC). To balance demand for flu vaccines – and the demand for FluMist in particular – against the desire to minimize flu vaccine wastage, the State needs to determine if they should purchase and offer FluMist for the upcoming flu season.

Background

FluMist is a live attenuated influenza vaccine, unlike most influenza vaccines. Introduced onto the market in 2003, it is the only non-injection flu vaccine option available. Washington State first started offering FluMist during the 2005-06 flu season, per ACIP recommendations. In June, 2016, ACIP stopped recommending the use of FluMist due to concerns of decreased effectiveness against influenza A (H1N1) strain and the vaccine was removed from Washington State's order list; providers, however, could still purchase FluMist directly from the manufacturer.

In early February every year, Washington must pre-book the presentations and number of doses of flu vaccine that they would like to purchase off the CDC contract for the upcoming flu season. This is required to meet the deadline for bulk order placement and ensure that flu vaccine is available at the start of the flu season (August). This prebook is a final commitment and we can't change or cancel any part of the order. This year, Washington reduced the overall number of doses that were pre-booked by approximately 6% (40,000 doses) from the previous season's order to minimize flu vaccine wastage and manage budget spending for flu vaccine.

In late February, 2018, after Washington submitted the pre-book order, the ACIP voted to recommend FluMist for the 2018-19 flu season. CDC does not have a contract in place now for FluMist, but is working to include it in a supplemental pre-book in the fall and we do not know yet when that vaccine would be available and delivered. The state must now decide whether and how FluMist should be purchased and offered for the 2018-19 flu season.

Assumptions

To help define feasible options for consideration, we made several assumptions. We assumed that:

- The FluMist vaccine that is available for the 2018-19 flu season is an effective flu product;
- The price of FluMist (both privately and on the CDC contract) will be similar to the previous price;
- The manufacturers of FluMist will have sufficient supply for possible demand;
- Washington will continue to abide by all ACIP recommendations; and

Options

Options	Pros	Cons
1. Purchase FluMist privately with WVA funding for 2018-19 flu season for children with private health insurance	<ul style="list-style-type: none"> • FluMist available earlier for the entire flu season • Offers an additional option for providers and patients 	<ul style="list-style-type: none"> • FluMist only available to children with health insurance, not VFC eligible children • Increase cost of the vaccine (purchased “privately” instead of off the CDC contract) • Providers would have to keep this inventory separate from other flu vaccines the state provides, which we isn’t a program requirement currently.
2. Pre-book FluMist in the fall, off of the CDC contract	<ul style="list-style-type: none"> • FluMist potentially available for part of the flu season • Reduced cost of the vaccine (purchased off the CDC contract) • Would be able to purchase for all kids (both kids that have private health insurance and VFC-eligible kids) 	<ul style="list-style-type: none"> • Don’t know the delivery date yet so FluMist may be available for entire season and other vaccines would arrive first • Potential increased vaccine wastage
3. Do not offer FluMist for the 2018-19 flu season	<ul style="list-style-type: none"> • No additional budget needed for FluMist • Potential reduced flu vaccine wastage 	<ul style="list-style-type: none"> • FluMist not available for the flu season • Fewer options for both providers and patients • Some providers may private purchase this vaccine for kids with private health insurance, and there would be no option for this type of vaccine for VFC-eligible kids

Analysis

Since FluMist is administered intranasally rather than injected, it has previously been a preferred vaccine by providers and parents. Patients show less resistance to receiving the vaccine, which results in less wastage, and providers have indicated that they would use this vaccine again. However, flu vaccine rates have not seen a decrease since the removal of FluMist.

Washington pre-booked 650,000 doses of flu vaccine in three different presentations, at a total of just over \$9.1 million. Purchasing an additional 50,000 doses of FluMist directly from the manufacturer would cost approximately \$1.185 million, based on 2016 prices (\$944,000 if purchased off the CDC contract). Receiving vaccine late in the season (as occurred in 2015-16) may result in FluMist vaccine wastage up to 40%. Given the various assumptions and factors, there are three possible options for offering FluMist for the 2018-19 flu season.

Option 1: Purchase FluMist privately for 2018-19 flu season

Washington has already pre-booked and purchased flu vaccine for the 2018-19 flu season. Acquiring FluMist would mean purchasing the vaccine directly from the manufacturer using state funding administered through the Washington Vaccine Association. Given the source of the funds, the FluMist vaccine would only be available to non-VFC eligible children (children who have private insurance or children covered under CHIP). VFC-eligible children (children who are on Medicaid or who are American Indian or Alaska Natives) would not be eligible for the state-purchased FluMist. The vaccine would also have to be purchased at a much higher price, and the additional doses may result in increased flu vaccine wastage overall. However, this option would allow FluMist to be available for the entire flu season for certain children.

Option 2: Pre-book FluMist in the fall, off the CDC contract

The CDC has two pre-booking periods annually – spring and fall. FluMist could be pre-booked in September 2018, after the flu season has already begun, however, the vaccine delivery period is uncertain. Receiving vaccine late in the season (as occurred in 2015-16) runs the risk of higher flu vaccine wastage at the end of the season. Purchasing off the CDC contract, however, would mean that all children (regardless of insurance status) would be eligible for the vaccine.

Option 3: Do not offer FluMist for 2018-19 flu season

Given that the state has already submitted their flu pre-book to include three different presentations of flu vaccine to the CDC with the goal of minimizing flu vaccine wastage and managing budget spending for flu vaccine, and given that providers and patients have navigated that last two flu seasons without the FluMist option, Washington could delay ordering FluMist until the next flu season (2019-20 flu season). This would provide the opportunity for the state to analyze its wastage, as well as develop a comprehensive communication plan for reintroducing FluMist in the 2019-20 flu season. This delay, however, would mean that FluMist is not available for any providers through the Childhood Vaccine Program.

Input needed

There are many questions we need to better understand to help inform the final decision. We plan on getting input from the DOH Vaccine Advisory Committee and the WVA Board of Directors and Vaccine Committee.

- Do health care providers want this vaccine this season? What do they think the parent demand will be?
- If we can only buy a limited quantity to reduce wastage of the other products we purchase, how should we distribute it?
- Do health plans want to support purchase off the private market? How do health plans plan to handle reimbursement requests for Flu Mist that provider purchase privately on their own?

2017/18 Performance Goals

1. **Goal:** Maintain Core Service Metrics
 - a. Responsiveness
 - i. Telephone (85% within 1 business day | 100% within 2)
 - ii. Emails (85% acknowledged w/ delivery time in 3 days | 100% in 5 days)
 - b. Financial Reporting (from period end)
 - i. Monthly financials w/in 15 business days (except 1st month of year)
 - ii. Annual within 40 business days
 - iii. Quarterly 12-month liquidity forecasts w/in 25 business days
 - c. State funding
 - i. 100% funding on or before due date
 - ii. Annual regulatory reports on or before due date
2. **Goal:** Improve WVA Communications
 - a. Update WVA 2010 Communications Plan
3. **Goal:** Support Development of 3-5 Year WVA Strategic Plan
 - a. Present 3-4 options, with pros and cons, centered around risks identified in the assessment (SWOT Analysis).
 - b. Facilitate strategic planning meeting.
 - c. Compile and publish WVA Strategic Goals.
4. **Goal:** Complete Assessment of Dosage-based Methodology
 - a. Analytical report
 - b. Alternate collection methodologies
5. **Stretch Goal:** Recover TRICARE Arrearage by 6/30/18.

REDACTED

REDACTED

REDACTED

REDACTED

**April 5, 2018 WVA Board Meeting
Proposed Form of Votes**

The following are suggested forms of votes only. They are intended to be an aid to facilitate work by individual directors. All board policy and the final form of votes is exclusively the province of the Board acting collectively as a Board of Directors.

Item(s) under Agenda Section 3:

VOTED: To authorize the Operations Committee to adopt the 2018 assessment grid.
[To authorize the Operations Committee to adopt the 2018 assessment grid with the changes suggested at the meeting.]

Item(s) under Agenda Section 4:

VOTED: To approve the WVA Communications Policy.
[To approve the WVA Communications Policy with the changes suggested at the meeting.]

WASHINGTON VACCINE ASSOCIATION
Governing Statutes under the Revised Code of Washington

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Title 70. Public health and safety

Chapter 290. Washington vaccine association

RCW 70.290.010. Definitions

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

- (1) "Association" means the Washington vaccine association.
- (2) "Covered lives" means all persons under the age of nineteen in Washington state who are:
 - (a) Covered under an individual or group health benefit plan issued or delivered in Washington state or an individual or group health benefit plan that otherwise provides benefits to Washington residents; or
 - (b) Enrolled in a group health benefit plan administered by a third-party administrator. Persons under the age of nineteen for whom federal funding is used to purchase vaccines or who are enrolled in state purchased health care programs covering low-income children including, but not limited to, apple health for kids under RCW 74.09.470 and the basic health plan under chapter 70.47 RCW are not considered "covered lives" under this chapter.
- (3) "Estimated vaccine cost" means the estimated cost to the state over the course of a state fiscal year for the purchase and distribution of vaccines purchased at the federal discount rate by the department of health.
- (4) "Health benefit plan" has the same meaning as defined in RCW 48.43.005 and also includes health benefit plans administered by a third-party administrator.
- (5) "Health carrier" has the same meaning as defined in RCW 48.43.005.
- (6) "Secretary" means the secretary of the department of health.
- (7) "State supplied vaccine" means vaccine purchased by the state department of health for covered lives for whom the state is purchasing vaccine using state funds raised via assessments on health carriers and third-party administrators as provided in this

chapter.

- (8) "Third-party administrator" means any person or entity who, on behalf of a health insurer or health care purchaser, receives or collects charges, contributions, or premiums for, or adjusts or settles claims on or for, residents of Washington state or Washington health care providers and facilities.
- (9) "Total nonfederal program cost" means the estimated vaccine cost less the amount of federal revenue available to the state for the purchase and distribution of vaccines.
- (10) "Vaccine" means a preparation of killed or attenuated living microorganisms, or fraction thereof, that upon administration stimulates immunity that protects against disease and is approved by the federal food and drug administration as safe and effective and recommended by the advisory committee on immunization practices of the centers for disease control and prevention for administration to children under the age of nineteen years.

RCW 70.290.020. Washington vaccine association - Creation

There is created a nonprofit corporation to be known as the Washington vaccine association. The association is formed for the purpose of collecting and remitting adequate funds from health carriers and third-party administrators for the cost of vaccines provided to certain children in Washington state.

RCW 70.290.030. Composition of association—Board of directors—Duties.

- (1) The association is comprised of all health carriers issuing or renewing health benefit plans in Washington state and all third-party administrators conducting business on behalf of residents of Washington state or Washington health care providers and facilities. Third-party administrators are subject to registration under RCW 70.290.075.
- (2) The association is a nonprofit corporation under chapter 24.03 RCW and has the powers granted under that chapter.
- (3) The board of directors includes the following voting members:
 - (a) Four members, selected from health carriers or third-party administrators, excluding health maintenance organizations, that have the most fully insured and self-funded covered lives in Washington state. The count of total covered lives includes enrollment in all companies included in their holding company system. Each health carrier or third-party administrator is entitled to no more than a single position on the board to represent all entities under common ownership or control.
 - (b) One member selected from the health maintenance organization having the most fully insured and self-insured covered lives in Washington state. The count of total lives includes enrollment in all companies included in its holding company system. Each health maintenance organization is entitled to no more than a single

position on the board to represent all entities under common ownership or control.

- (c) One member, representing health carriers not otherwise represented on the board under (a) or (b) of this subsection, who is elected from among the health carrier members not designated under (a) or (b) of this subsection.
 - (d) One member, representing Taft Hartley plans, appointed by the secretary from a list of nominees submitted by the Northwest administrators association.
 - (e) One member representing Washington state employers offering self-funded health coverage, appointed by the secretary from a list of nominees submitted by the Puget Sound health alliance.
 - (f) Two physician members appointed by the secretary, including at least one board certified pediatrician.
 - (g) The secretary, or a designee of the secretary with expertise in childhood immunization purchasing and distribution.
- (4) The directors' terms and appointments must be specified in the plan of operation adopted by the association.
- (5) The board of directors of the association must:
- (a) Prepare and adopt articles of association and bylaws;
 - (b) Prepare and adopt a plan of operation. The plan of operation must include a dispute mechanism through which a carrier or third-party administrator can challenge an assessment determination by the board under RCW 70.290.040. The board must include a means to bring unresolved disputes to an impartial decision maker as a component of the dispute mechanism;
 - (c) Submit the plan of operation to the secretary for approval;
 - (d) Conduct all activities in accordance with the approved plan of operation;
 - (e) Enter into contracts as necessary or proper to collect and disburse the assessment;
 - (f) Enter into contracts as necessary or proper to administer the plan of operation;
 - (g) Sue or be sued, including taking any legal action necessary or proper for the recovery of any assessment for, on behalf of, or against members of the association or other participating person;
 - (h) Appoint, from among its directors, committees as necessary to provide technical assistance in the operation of the association, including the hiring of independent consultants as necessary;
 - (i) Obtain such liability and other insurance coverage for the benefit of the

association, its directors, officers, employees, and agents as may in the judgment of the board of directors be helpful or necessary for the operation of the association;

- (j) On an annual basis, beginning no later than November 1, 2010, and by November 1st of each year thereafter, establish the estimated amount of the assessment;
 - (k) Notify, in writing, each health carrier and third-party administrator of the health carrier's or third-party administrator's estimated total assessment by November 15th of each year;
 - (l) Submit a periodic report to the secretary listing those health carriers or third-party administrators that failed to remit their assessments and audit health carrier and third-party administrator books and records for accuracy of assessment payment submission;
 - (m) Allow each health carrier or third-party administrator no more than ninety days after the notification required by (k) of this subsection to remit any amounts in arrears or submit a payment plan, subject to approval by the association and initial payment under an approved payment plan;
 - (n) Deposit annual assessments collected by the association, less the association's administrative costs, with the state treasurer to the credit of the universal vaccine purchase account established in RCW 43.70.720;
 - (o) Borrow and repay such working capital, reserve, or other funds as, in the judgment of the board of directors, may be helpful or necessary for the operation of the association; and
 - (p) Perform any other functions as may be necessary or proper to carry out the plan of operation and to affect any or all of the purposes for which the association is organized.
- (6) The secretary must convene the initial meeting of the association board of directors.

RCW 70.290.040. Estimate of program cost for upcoming year - Assessment collection - Surplus assessments - Start-up funding

- (1) The secretary shall estimate the total nonfederal program cost for the upcoming calendar year by October 1, 2010, and October 1st of each year thereafter. Additionally, the secretary shall subtract any amounts needed to serve children enrolled in state purchased health care programs covering low-income children for whom federal vaccine funding is not available, and report the final amount to the association. In addition, the secretary shall perform such calculation for the period of May 1st through December 31st, 2010, as soon as feasible but in no event later than

April 1, 2010. The estimates shall be timely communicated to the association.

- (2) The board of directors of the association shall determine the method and timing of assessment collection in consultation with the department of health. The board shall use a formula designed by the board to ensure the total anticipated nonfederal program cost, minus costs for other children served through state-purchased health care programs covering low-income children, calculated under subsection (1) of this section, is collected and transmitted to the universal vaccine purchase account created in RCW 43.70.720 in order to ensure adequacy of state funds to order state-supplied vaccine from federal centers for disease control and prevention.
- (3) Each licensed health carrier and each third-party administrator on behalf of its clients' health benefit plans must be assessed and is required to timely remit payment for its share of the total amount needed to fund nonfederal program costs calculated by the department of health. Such an assessment includes additional funds as determined necessary by the board to cover the reasonable costs for the association's administration. The board shall determine the assessment methodology, with the intent of ensuring that the nonfederal costs are based on actual usage of vaccine for a health carrier or third-party administrator's covered lives. State and local governments and school districts must pay their portion of vaccine expense for covered lives under this chapter.
- (4) The board of the association shall develop a mechanism through which the number and cost of doses of vaccine purchased under this chapter that have been administered to children covered by each health carrier, and each third-party administrator's clients health benefit plans, are attributed to each such health carrier and third-party administrator. Except as otherwise permitted by the board, this mechanism must include at least the following: Date of service; patient name; vaccine received; and health benefit plan eligibility. The data must be collected and maintained in a manner consistent with applicable state and federal health information privacy laws. Beginning November 1, 2011, and each November 1st thereafter, the board shall factor the results of this mechanism for the previous year into the determination of the appropriate assessment amount for each health carrier and third-party administrator for the upcoming year.
- (5) For any year in which the total calculated cost to be received from association members through assessments is less than the total nonfederal program cost, the association must pay the difference to the state for deposit into the universal vaccine purchase account established in RCW 43.70.720. The board may assess, and the health carrier and third-party administrators are obligated to pay, their proportionate share of such costs and appropriate reserves as determined by the board.
- (6) The aggregate amount to be raised by the association in any year may be reduced by any surpluses remaining from prior years.
- (7) In order to generate sufficient start-up funding, the association may accept

prepayment from member health carriers and third-party administrators, subject to offset of future amounts otherwise owing or other repayment method as determined by the board. The initial deposit of start-up funding must be deposited into the universal vaccine purchase account on or before April 30, 2010.

RCW 70.290.050. Selection of vaccines to be purchased - Committee

- (1) The board of the association shall establish a committee for the purposes of developing recommendations to the board regarding selection of vaccines to be purchased in each upcoming year by the department. The committee must be composed of at least five voting board members, including at least three health carrier or third-party administrator members, one physician, and the secretary or the secretary's designee. The committee must also include a representative of vaccine manufacturers, who is a nonvoting member of the committee. The representative of vaccine manufacturers must be chosen by the secretary from a list of three nominees submitted collectively by vaccine manufacturers on an annual basis.
- (2) In selecting vaccines to purchase, the following factors should be strongly considered by the committee: Patient safety and clinical efficacy, public health and purchaser value, compliance with RCW 70.95M.115, patient and provider choice, and stability of vaccine supply.

RCW 70.290.060. Additional duties and powers of the association and secretary - Penalty - Rules

In addition to the duties and powers enumerated elsewhere in this chapter:

- (1) The association may, pursuant to either vote of its board of directors or request of the secretary, audit compliance with reporting obligations established under the association's plan of operation. Upon failure of any entity that has been audited to reimburse the costs of such audit as certified by vote of the association's board of directors within forty-five days of notice of such vote, the secretary shall assess a civil penalty of one hundred fifty percent of the amount of such costs.
- (2) The association may establish an interest charge for late payment of any assessment under this chapter. The secretary shall assess a civil penalty against any health carrier or third-party administrator that fails to pay an assessment within three months of notification under RCW 70.290.030. The civil penalty under this subsection is one hundred fifty percent of such assessment.
- (3) The secretary and the association are authorized to file liens and seek judgment to recover amounts in arrears and civil penalties, and recover reasonable collection costs, including reasonable attorneys' fees and costs. Civil penalties so levied must be deposited in the universal vaccine purchase account created in RCW 43.70.720.
- (4) The secretary may adopt rules under chapter 34.05 RCW as necessary to carry out the purposes of this section.

RCW 70.290.070. Board shall submit financial report to the secretary

The board of directors of the association shall submit to the secretary, no later than one hundred twenty days after the close of the association's fiscal year, a financial report in a form approved by the secretary.

RCW 70.290.075. Third-party administrators—Registration and reporting

(1) A third-party administrator must register with the association. Registrants must report a change of legal name, business name, business address, or business telephone number to the association within ten days after the change.

(2) The association must establish data elements and procedures for the registration of third-party administrators necessary to implement this section in its plan of operation.

RCW 70.290.080. Limitation of liability

No liability on the part of, and no cause of action of any nature, shall arise against any member of the board of the association, against an employee or agent of the association, or against any health care provider for any lawful action taken by them in the performance of their duties or required activities under this chapter.

RCW 70.290.090. Vote to recommend termination of the association - Disposition of funds

- (1) The association board may, on or after June 30, 2015, vote to recommend termination of the association if it finds that the original intent of its formation and operation, which is to ensure more cost-effective purchase and distribution of vaccine than if provided through uncoordinated purchase by health care providers, has not been achieved. The association board shall provide notice of the recommendation to the relevant policy and fiscal committees of the legislature within thirty days of the vote being taken by the association board. If the legislature has not acted by the last day of the next regular legislative session to reject the board's recommendation, the board may vote to permanently dissolve the association.
- (2) In the event of a voluntary or involuntary dissolution of the association, funds remaining in the universal purchase vaccine account created in RCW 43.70.720 that were collected under this chapter must be returned to the member health carrier and third-party administrators in proportion to their previous year's contribution, from any balance remaining following the repayment of any prepayments for start-up funding not previously recouped by such member.

RCW 70.290.100. Physicians and clinics ordering state supplied vaccine — Tracking of vaccine delivered — Documentation

Physicians and clinics ordering state supplied vaccine must ensure they have billing mechanisms and practices in place that enable the association to accurately track vaccine delivered to association members' covered lives and must submit documentation in such a

form as may be prescribed by the board in consultation with state physician organizations. Physicians and other persons providing childhood immunization are strongly encouraged to use state supplied vaccine wherever possible. Nothing in this chapter prohibits health carriers and third-party administrators from denying claims for vaccine serum costs when the serum or serums providing similar protection are provided or available via state supplied vaccine.

RCW 70.290.110. Judicial invalidation of program's funding — Termination of program

If the requirement that any segment of health carriers, third-party administrators, or state or local governmental entities provide funding for the program established in this chapter is invalidated by a court of competent jurisdiction, the board of the association may terminate the program one hundred twenty days following a final judicial determination on the matter.

RCW 70.290.900. Effective date — 2010 c 174

This act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect immediately [March 23, 2010].

Title 43. State government - executive

Chapter 70. Department of health

RCW 43.70.720. Universal vaccine purchase account

The universal vaccine purchase account is created in the custody of the state treasurer. Receipts from public and private sources for the purpose of increasing access to vaccines for children may be deposited into the account. Expenditures from the account must be used exclusively for the purchase of vaccines, at no cost to health care providers in Washington, to administer to children under nineteen years old who are not eligible to receive vaccines at no cost through federal programs. Only the secretary or the secretary's designee may authorize expenditures from the account. The account is subject to allotment procedures under chapter 43.88 RCW, but an appropriation is not required for expenditures.

Title 48. Insurance

Chapter 43. Insurance Reform

RCW 48.43.690. Assessments under RCW 70.290.040 considered medical expenses

Assessments paid by carriers under RCW 70.290.040 may be considered medical expenses for purposes of rate setting and regulatory filings.

Title 82. Excise taxes

Chapter 04. Business and occupation tax

RCW 82.04.640. Exemptions - Washington vaccine association - Certain assessments received

This chapter does not apply to assessments described in RCW 70.290.030 and 70.290.040 received by a nonprofit corporation established under RCW 70.290.020.

2018 WVA Corporate Governance Calendar

(Board Meeting and Committee Meeting Schedules)

Month	Board Planning Meeting 2-3:30 PM (Held if needed)	Board Meeting 2-4 PM	Vaccine Committee 12:30-1:30 PM	Audit Committee 3-4 PM	Operations Committee 12:30-1:30 PM
January					
February				X February 22	
March	X March 15				
April		X April 5	X April 5		
May				X May 24	X May 3
June	X June 7	X June 28			
July					
August					
September				X September 6	
October	X October 18				X October 11
November		X November 8	X November 8		
December					

***All times are Pacific Standard Time**

- In-person WVA Board meetings are from 2:00 – 4:00 PM at the offices of Ellis, Li & McKinstry, generally on Thursdays.
- A written annual report may serve in lieu of an annual meeting of members. (Bylaws section 4.2)
- Officers are elected for 1-year terms at the annual meeting of the Board (Bylaws section 6.1)
- Committees may adjust their scheduled meeting dates or times for the convenience of their members.

2018 Washington Vaccine Association Directory

As of 03/28/2018

Conference Call information
Conference Line: (267) 930-4000
Conference ID: 103063718

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Appointed by the Board of Directors to the Vaccine Committee

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Vaccine Manufacturer Representative

Jeff Gombosky

Non-voting Vaccine Committee member
Representative to Committee under HB 2551 sec.
5(1)

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Board Governance Roles & Committees

Executive Committee

Chair & President: John Sobeck, MD
 Vice-Chair: Beth Harvey, MD
 Treasurer: Derek LeBrun
 Secretary: Ed Marcuse, MD
 Members: Michele Roberts

Audit Committee

Chair: John Sobeck, MD
 Members: Derek LeBrun
 Jason Farber

Vaccine Committee

Chair: Ed Marcuse, MD
 Members: *(Open Position)*
 Catherine “Cathy” Falanga
 Michele Roberts
 Volunteer Member: Mary Kay O’Neill, MD *(public member)*
 Non-Voting Members: SheAnne Allen, Ex-Officio
 Jeff Gombosky, *representative to Committee under HB 2551 sec. 5(1)*

Vaccine Committee Consultants

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Jeffrey Duchin	jeff.duchin@kingcounty.gov
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Lisa Johnson, MD	lisa.johnson@providence.org
Rachel Wood, MD	Rachel.Wood@lewiscountywa.gov ; woodr@co.thurston.wa.us

Operations Committee

Chair:	Julia Walter Zell	
Members:	DOH – Michele Roberts	Providence – Angela Wilson
	DOH – SheAnne Allen	Providence – Bill Wong
	Aetna – Catherine “Cathy” Falanga	Providence – Lisa Johnson
	Aetna – Susan Comer	Regence – Walter Kuiee
	Cigna – Joshua Walker	United Healthcare – Brandon Jensen
	Kaiser Permanente – Maureen Brooks	United Healthcare – Stephanie Crook
	Kaiser Permanente – Tammy Blair	United Healthcare – Trevor Hammond
	Premera – Chad Murphy	Zenith Administrators – Jeri Trice
	Premera – Tom Messick	

**Directions to Elis, Li & McKinstry
Market Place Tower
2025 First Avenue, PH-A
Seattle, WA 98121**

Traveling South on I-5:

- Take the **Stewart St/Denny Way exit**
- Continue straight on Stewart St for approximately 13 blocks
- Turn RIGHT onto 1st Ave
- Continue north on 1st Ave for approximately 2 blocks
- Turn LEFT onto Lenora St
- Turn LEFT into the first gate on Lenora to enter the garage

Traveling North on I-5:

- Take the **Seneca St exit (exit only on left-hand side of freeway)**
- Turn RIGHT onto 1st Ave
- Continue north on 1st Ave for approximately 7 blocks
- Turn LEFT onto Lenora St
- Turn LEFT into the first gate on Lenora to enter the garage

Traveling West on I-90:

- Connect onto I-5 N
- Take the **Madison St/Convention Pl exit**
- Stay straight onto 7th Avenue
- Turn LEFT onto Madison Street (at light)
- Continue straight, down the hill, for approximately 6 blocks
- Turn RIGHT onto 1st Ave
- Continue north on 1st Ave for approximately 9 blocks
- Turn LEFT onto Lenora St
- Turn LEFT into the first gate on Lenora to enter the garage

Traveling West on Hwy 520:

- Follow exit signs for downtown Seattle/I-5 S
- Exit road becomes Stewart St
- Continue straight on Stewart St for approximately 13 blocks
- Turn RIGHT onto 1st Ave
- Go north on 1st Ave for approximately 2 blocks
- Turn LEFT onto Lenora St
- Turn LEFT into the first gate on Lenora to enter the garage

To the Penthouse from Parking Garage:

- Use elevator to reach Market Place Tower lobby
- Switch to 1 of the 4 back elevators
- Penthouse is labeled PH on elevator buttons
- Exit left into the lobby