Massachusetts Vaccine Program Advisory Council
Operating Procedures

Table of Contents

Article I	Name, Purpose, Scope……	2
Article II	Membership……..	3
Article III	Governance…….	4
Article IV	Amendments to Operating Procedures……	6

Article I Name, Purpose and Scope

The Commonwealth's Vaccine Purchase Trust fund established by G.L. c. 111 §24N supports a universal purchase system for routine childhood immunizations. The Massachusetts Department of Public Health's (MDPH) Bureau of Infectious Disease and Laboratory Sciences' (BIDLS) Immunization Division supports administration of the fund including the purchase and distribution of routine childhood immunizations.

In accordance with G.L. c. 111 §24N(c), the Massachusetts Vaccine Program Advisory Council (MVPAC) makes certain recommendations to the Commissioner of Public Health.

In accordance with G.L. c. 111 §24N(c), MVPAC shall:

1. recommend the types of vaccines to be purchased based on a list of routine childhood immunizations and shall take into account provider preference, cost, availability and other factors as determined by the council;
2. recommend the amount of funding needed each fiscal year by calculating the total non-federal program cost;
3. make recommendations to the commissioner on whether the commissioner may authorize provider choice of more than 1 comparable brand or type for a routine childhood immunization vaccine. In its recommendations, the council shall examine the feasibility, costs and benefits of authorizing provider choice, provide a schedule of the cost of each comparable brand or type of a vaccine recommended for provider choice and demonstrate that the estimated vaccine cost of authorizing provider choice would not be substantially greater than the estimated vaccine cost of purchasing a single brand or type of a vaccine.

MVPAC may also consider the following additional factors when making its recommendations:

1. Safety, efficacy and effectiveness data based on available data from peer-reviewed literature and the US Food and Drug Administration (FDA), the US Center's for Disease Control and Prevention (CDC), and/or guidelines and recommendations by national medical professional societies;
2. Cost and supply issues;
3. Provider and patient issues including ease of storage and administration in the provider office and patient and provider preference relative to dosing schedules, routes of administration, and vaccine tolerance/adverse events;
4. Proportion by manufacturer of state supplied vaccine doses (to include doses purchased through the Vaccine Purchase Trust fund established by G.L. c. 111 §24N and supplied via the federal Vaccines for Children program); ;
5. Conservatism to ensure minimal changes to supply recommendations to minimize provider confusion, vaccine waste, and administration errors while maximizing vaccine coverage; and/or,
6. Any additional factors identified by MDPH, the Commissioner of Public Health and/or MVPAC.

The Commissioner of Public Health shall determine the final vaccines to be purchased.

Article II Membership

Section 1: Council Members

The MVPAC shall consist of:
the Commissioner of Public Health or a designee (Ex Officio), who shall serve as chair;

a. the medical director of the BIDLS Immunization Division (Ex Officio);
b. the Executive Director for the Center for Health Information and Analysis or a designee (Ex Officio);
c. the Executive Director of the Commonwealth Health Insurance Connector Authority or a designee (Ex Officio);
d. 1 person to be appointed by the director of Medicaid, who shall be a representative of managed care organizations contracting with MassHealth (Appointed);
e. 3 persons to be appointed by the Commissioner of Insurance, each of whom shall be a representative of 1 of the 3 health insurance companies having the most insured lives in the Commonwealth (Appointed); and,
f. 7 persons to be appointed by the Commissioner of Public Health, 1 of whom shall be a representative of an employer that self-insures for health coverage who shall be appointed from lists of nominees submitted by statewide associations of employers, 1 of whom shall be a member of the Massachusetts Medical Society, 1 of whom shall be a member of the Massachusetts chapter of the American Academy of Pediatrics, 1 of whom shall be a member of the Massachusetts Academy of Family Physicians and 3 of whom shall be physicians licensed to practice in the Commonwealth and who shall have expertise in the area of childhood vaccines (Appointed).

The Commissioner of Public Health shall identify an MVPAC Coordinator to assist with the oversight and administration of the MVPAC.

Section 2: Term

Ex Officio members serve on the MVPAC so long as they are still actively in their respective positions. Appointed members serve on MVPAC subject to their appointment.

Section 3: Conflict of Interest

The members of the MVPAC are subject to the applicable requirements of the Commonwealth's conflict of interest law, M .G.L. c. 268A and State Ethics Commission regulations: 930 CMR 1.00 - 7.00.. This may include, but not be limited to M.G.L. c.

268A §6, which requires, in part, state employees to make certain disclosures of financial interest to appointing officials and the State Ethics Commission.

Information about the conflict of interest statue and regulations is available from the State Ethics Commission: https://www.mass.gov/orgs/state-ethics-commission. MVPAC Members may request free, confidential advice from the State Ethics Commission by calling (617) 371-9500.

Article III Governance

Section 1: Agenda

Agendas for MVPAC meetings will be generated by the BIDLS Immunization Division and submitted to the Chair of the MVPAC prior to the meeting date for approval. MVPAC members may recommend agenda items to the MVPAC Coordinator up to one month prior to the meeting date.

MVPAC meetings are subject to the requirements of the Massachusetts Open Meeting Law M.G.L. c. 30A, §§ 18-25. All MVPAC meeting agendas will be posted publicly on the MDPH website at least 48 hours in advance of the meeting. All discussions at the meeting must follow the pre-posted meeting agenda; no new business may be raised at the meetings.

Section 2: Attendance

Members are expected to attend all meetings in their entirety except in cases of illness or emergency.

The MVPAC will schedule at least two meetings per year on a date to be determined by the MVPAC Coordinator in consultation with the MVPAC Members. Every effort shall be made to schedule meeting dates at least 12 months in advance and meeting confirmations will be sent out by the MVPAC Coordinator to all MVPAC members at least one month in advance.

MVPAC Coordinator will alert members if they incur three absences within a 24-month period.

Meeting participation can occur by a MVPAC member remotely as allowed by the Open Meeting Law, M.G.L. c. 30A, §§ 18 through 25, 940 CMR 29.00, and any guidance provided by the Attorney General. Information about the Open Meeting Law is available from the Office of the Attorney General https://www.mass.gov/the-open-meeting-law.

All meetings are open to the public.

Section 3: Emergency Meetings

The Commissioner of Public Health may call emergency meetings as needed, consistent with the requirements of M.G.L. c. 30A, § 20.

Section 4: Meeting Facilitation

The Commissioner of Public Health or the Commissioner's designee will facilitate meetings of the MVPAC.

Section 5: Quorum

A quorum will require the attendance of no fewer than 8 MVPAC members for deliberation and voting.

Section 6: Voting

All recommendations of the MVPAC to the Department of Public Health may be made by a majority vote of the MVPAC members in attendance. In lieu of a vote, the Commissioner may accept a general consensus of the MVPAC. Voting by proxy is not permitted.

Section 7: Minutes

Proceedings of all MVPAC meetings must be recorded in minutes, which will be created in accordance with M.G.L. c. 30A, § 22, and will include, at a minimum, the date, time and place, members present or absent, a summary of discussions, a list of documents used at the meeting, decisions made and actions taken, including a record of all votes, which may not be taken by secret ballot.

The appointed technical assistant will record, process, and email minutes to the MVPAC Coordinator as soon as possible, and no later than one month before the next scheduled meeting. Draft minutes will be shared with Council members and posted publicly (at the discretion of the MVPAC Chair or Coordinator) at least one week prior to the next meeting. Meeting minutes will be formally accepted by the MVPAC at their next meeting at which point final approved minutes will be publicly posted.

Section 8: Cancellation of Meeting(s)

7.1 MVPAC meetings may be cancelled at any time for cause and at the discretion of the Commissioner of Public Health for the following reasons:

- Weather related emergencies
- Terrorist Threat and/or Disaster
- Prior knowledge of absence of quorum
- No Agenda

7.2: It is the responsibility of the MVPAC Coordinator to notify the membership of meeting cancellations.

Article IV Amendments to Operating Procedures

These Operating Procedures will be voted on and accepted by a majority vote of the MVPAC. All future amendments to these Procedures will also require a majority vote of the MVPAC.