

Alaska Vaccine Assessment Nomination Form

The Alaska Vaccine Assessment Council is authorized under AS 18.09 and will be appointed by the Commissioner after January 1, 2015.

- The council will consist of 8 members:
 - 2 health care providers (one must be a pediatrician),
 - 3 members representing 3 health care insurers licensed in AK under AS 21.54 (one must be a plan administrator),
 - 1 public insurance/tribal health representative, and
 - Director, Alaska Division of Insurance or designee.
 - The Dept. of Health and Social Services (DHSS) Chief Medical Officer or designee.
- A council member serves without compensation or reimbursement of expenses for a three year term.
- The council shall meet at the call of the chair and conduct business by majority vote.
- The council will establish and implement a plan of operation to:
 - Determine the amount of the annual vaccine assessment, subject to review by the commissioner, for each included vaccine for each covered individual,
 - Use a method for determining the vaccine assessment amount that attributes to each assessable entity/other program participant the proportionate costs of included vaccines for covered individuals,
 - Establish procedures for the collection and deposit of the vaccine assessment,
 - Establish procedures for collecting and updating data from assessable entities as necessary for operation and determination of the annual vaccine assessment,
 - Devise a system for reducing surplus payments by an assessable entity and crediting overpayments,
 - Submit to the commissioner and legislature the annual financial report, and
 - Monitor compliance with the program requirement and vaccine assessments and submit noncompliance reports

Nomination Form

Last Name	
First Name	
Prefix (Mr, Ms, Dr.)	
Role (Insurance, Provider, Public/Tribal, Div. Insurance)	
Job Title	
Company	
E-mail address	
Business Phone	
Address	
City	
State	
Zip/Postal Code	
Statement of nominee's experience	
Statement of why nominee is uniquely qualified for the council	

Please attach the nominee's resume or curriculum vitae and submit the nomination to immune@alaska.gov.

Send questions about nominations to Rosalyn Singleton MD, Alaska Sec. Epidemiology, 907-754-3509, Rosalyn.singleton@alaska.gov