

Advantages/Disadvantages of Vaccines Distributed

(FY2021 Appropriation Act - Public Act 2 of 2021)

April 1, 2021

Sec. 257. (1) *By April 1, 2021, the department of health and human services shall report to the senate and house appropriations committees, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office on the formula, or other detailed methodology, used to distribute vaccines to each local health department and each enrolled provider. The report must also include an example of how the formula, or other detailed methodology, would distribute a statewide total of 100,000 vaccines to each local health department and each enrolled provider.*

(2) *Within 1 business day of any changes made by the department of health and human services to the formula, or other detailed methodology, used to distribute vaccines to each local health department and each enrolled provider, the department of health and human services shall report to the senate and house appropriations committees, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office on the changes made to the formula, or other detailed methodology, used to distribute vaccines to each local health department and each enrolled provider, the rationale for the change to the formula, or other detailed methodology, used to distribute vaccines to each local health department and each enrolled provider, and an example of how the revised formula, or other detailed methodology, would distribute a statewide total of 100,000 vaccines to each local health department and each enrolled provider.*

(3) **By April 1, 2021, the department of health and human services shall report to the senate and house appropriations committees, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office on the advantages and disadvantages of incorporating a specific minimum, or baseline, number of vaccines to be distributed on a weekly basis for each specific local health department and enrolled provider.**

(4) *The reports required by this section must be made accessible to the public by placing the reports on an internet site.*



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Local health departments, hospitals, federally qualified health centers, pharmacies and other providers enrolled for COVID-19 vaccine need information to support staffing and location, conduct advertising and outreach, and schedule appointments and transportation. Michigan Department of Health and Human Services (MDHHS) would prefer to provide each federally enrolled COVID-19 provider a minimum number of first doses each week. Given the instability of vaccination supply, including the introduction of new vaccines, this has been a difficult task. MDHHS has been able to provide a three-week window of minimum first dose vaccine availability, based on information provided to MDHHS by the federal government. This provides stable planning assumptions for providers and reduces the administrative workload on MDHHS staff to dedicate time for other activities to support vaccination.

MDHHS has been able to provide assurances that, for two dose vaccine series, a second dose will be ordered by MDHHS and shipped by the federal government in time for administration.

The Vaccine Implementation Strategy seeks to have an efficient and equitable administration of vaccine in Michigan. MDHHS does monitor inventory and use of vaccine and will adjust the allocation strategy to assure that all residents have access to vaccine, including those most vulnerable, and that first doses of vaccine are used quickly. It is important the department retain the ability to adjust the baseline to meet those goals.