

# **National Vaccine Advisory Committee**

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Chair

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# NVAC: September 2008 Meeting Summary

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- Adolescent Working Group
  - Recommendations approved at June 2008 NVAC meeting
  - Implementation Plan developed and presented at September 2008 NVAC meeting
  - Publications
    - Two related papers published in American Journal of Preventive Medicine
    - One paper submitted for publication

# NVAC: September 2008 Meeting Summary

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- Immunization Information Systems
  - Recommendations to enhance provider participation presented at June 2008 NVAC meeting and approved by NVAC at September 2008 Meeting
  - Three categories of recommendations
    - Policy/Regulatory Issues
    - Provider Incentives
    - Financial Support

# NVAC: September 2008 Meeting Summary

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- Adult Immunization Working Group
  - Currently reviewing HHS adult immunizations programs to identify potential issues to explore
  - Department of Defense and Veterans Administration representatives will also be included in this working group

# NVAC: Vaccine Finance Working Group

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- Chair: Gus Birkhead
- Voted on final recommendations to the Assistant Secretary at September 2008 meeting
- Goal: To ensure universal access to all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) for children and adolescents without financial barriers.

# Finance Working Group: General Approach

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- Propose national solutions rather than state-by-state ones;
- Focus on administration costs as well as vaccine costs;
- Don't rely on previously unsuccessful recommendations, e.g. to increase Sec 317;
- Avoid creating incentives to reduce private insurance coverage;
- Recommendations are tiered; if primary ones are implemented, secondary ones are mute;
- Seek stakeholder consensus; translate that into implementation.

# Finance Working Group: Focus

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- Public Sector:
  - Administration fees:
    - No admin fee in VFC for un-/under-insured;
    - Medicaid admin fee not adequate in many states
  - 317 Program not keeping pace
- Private Sector:
  - Ease burden of vaccine purchase on providers
  - Insurance issues – adequacy of coverage
  - Business practices in provider practices

# NVAC Vaccine Finance Recommendations

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1. Use VFC vaccine for underinsured in public health clinics;
2. Cover vaccine administration in VFC for all eligible children and adolescents;
3. Improve Medicaid reimbursement for vaccine administration;
4. Improve business practices in private provider offices
5. Reduce financial barriers to vaccinate the privately insured
6. Activities of federal agencies
7. Activities of state agencies
8. Vaccination in complementary venues



# VFC Recommendations

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- Recommendation #1. The VFC program be extended to include access to VFC eligible underinsured children and adolescents in public health clinics.
- Recommendation #2. Expand VFC to cover vaccine administration reimbursement for all VFC-eligible children and adolescents (including those on Medicaid). Reimbursement should be sufficient to cover the costs of vaccine administration.

# Reduce financial barriers to vaccinating the privately insured

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## ■ Conclusions

- No standardized method of vaccination benefit coverage exists.
- Some providers have concerns about the adequacy of vaccine administration reimbursements to cover costs.
- Insurance coverage for vaccines is positively associated with increased receipt of vaccines. Insurers, employers, and healthcare purchasers are strongly opposed to insurance mandates

- Recommendation #12. Public and private health insurance plans should voluntarily provide first-dollar coverage (i.e., no deductibles or co-pays) for all ACIP-recommended vaccines.

# Activities of federal agencies

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- Recommendation #18: CDC should substantially decrease the time to official publication of ACIP recommendations to expedite coverage decisions.
- Recommendation #19: Congress should expand Section 317 funding to support the additional national, state and local public health infrastructure needed for adolescent and childhood vaccination programs for new recommendations such as universal influenza vaccination.
- Recommendation #20: NVAC recommends continuation of federal funding for cost-benefit studies of vaccinations targeted for children and adolescents.

# Vaccination in complementary venues

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## ■ Conclusions.

- Adolescents are more likely than younger children to be underinsured, and less likely to make routine well-care visits to a medical provider.
  - It is uncertain whether the current system of vaccine financing and delivery can accommodate the 8 new vaccines recommended since 2000, and future recommendations.
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- Recommendation #23: NVAC recommends ensuring adequate funding to cover all costs (including those incurred by schools) arising from assuring compliance with child and adolescent immunization mandates for school attendance.
  - Recommendation #24: NVAC recommends promotion of shared public and private sector approaches to help fund school-based and other complementary-venue child and adolescent immunization efforts.

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