



Policies to Preserve the Vaccine Delivery System for Children

The vaccine delivery system relies on pediatric practices to vaccinate the nation's children and adolescents and prevent future outbreaks.

However, national and local data are beginning to emerge that paint a disturbing picture of the impact of the COVID-19 pandemic on child and adolescent vaccination rates due to fewer parents taking their children to see their doctor. In response to the COVID-19 pandemic, practices have reinvented the way they deliver primary care to offer a safe environment for families to receive needed care. Pediatricians are offering telehealth care, organizing office visits into well-care and sick-care blocks, and instituting infection control measures ranging from removing seats and toys in the waiting room to conducting drive-through testing and vaccinations. Pediatric practices are open, committed, and prepared to continue seeing patients during this public health emergency.

In order to keep this vaccine delivery system strong, however, we need to address the severe financial challenges practices are facing right now. Practices are confronting drastic



choices in light of the COVID-19 pandemic. Practice managers around the country report that their caseloads are as low as 20-30 percent of their practices' typical caseloads due to social distancing, shelter-in-place, and families delaying or forgoing care. At the same time, pediatricians are facing higher costs including personal protective equipment and workforce training as they transform their practice to meet the needs of their patients and families. The dramatic drop in revenue compounded with higher costs is forcing practices to confront furloughs and layoffs, cancel vaccine orders, and in many cases, consider permanent closure. Urgent financial assistance will be needed to preserve the lynchpin in the childhood vaccine delivery system.

Address Financial Strain and Deficiencies in the Vaccine Financing System

Enhanced Medicaid Payment for Immunization Administration

To preserve the pediatric immunization infrastructure during the COVID-crisis, for the duration of the public health emergency, Medicaid vaccine administration payments should be significantly increased. Congress should fully fund states to provide Medicaid vaccine payment rates equivalent to 200 percent of Medicare rates for two years.

Appropriately Valued Vaccine Codes

In order to support physicians who administer vaccines, the Centers for Medicare and Medicaid Services (CMS) should maintain calendar year (CY) 2019 national payment amounts for immunization administration services in CY 2020 for all populations.

Prospective Medicaid Vaccine Payments

State Medicaid programs should work with CMS, the Centers for Disease Control and Prevention (CDC), and the VFC program to provide prospective payment to physicians for vaccines and vaccine administration to preserve the pediatric immunization infrastructure during the COVID-crisis.

Critical Policy Changes Needed for the Vaccines for Children Program (VFC)

VFC Incentive Payments

In order to encourage physicians to remain in the VFC program during this time of economic crisis, the VFC program should offer incentive payments of up to \$10,000 to providers who participate in the program for duration of the COVID-19 emergency (fiscal years 2021 and 2022). Payments could be used to offset costs associated with VFC participation, including purchase, calibration, and maintenance of CDC-approved pharmaceutical-grade vaccine storage units, monitoring equipment, and other required technology.

Increase Regional Maximum VFC Vaccine Administration Fees

For the duration of the public health emergency, regional maximum VFC administration fees should be increased to 200 percent of Medicare rates. This will allow state Medicaid programs and underutilized Medicaid managed care organizations to invest in the vaccine infrastructure with enhanced and/or prospective payments. The federal government should pay for VFC vaccine administration for uninsured children to avoid them having to pay up to the enhanced regional maximum (see below).

VFC Payment and Administration for Uninsured and Underinsured Children

Families of uninsured and underinsured children should not be charged for vaccine administration fees for vaccines administered through the VFC program. Underinsured families should be able to receive vaccines at any VFC provider and should not be required to receive vaccination at an alternate site such as an FQHC. Instead, the federal government should offer full funding to states to provide vaccine administration payment—at a minimum at the regional maximum charge—to VFC providers that vaccinate uninsured and underinsured children. Additionally, children enrolled in the Children's Health Insurance Program (CHIP) should also be eligible for the VFC program.

Allow Borrowing Between Public and Private Vaccine Stock

A nationwide VFC policy is needed effective immediately through the end of CY 2021 allowing VFC-participating providers across all states to bidirectionally borrow vaccine between their public and private stock with no penalty and with consistent and streamlined documentation requirements across states. In limited situations where a practice may not have stock from a particular funding source on hand, providers need this flexibility moving forward to adequately respond to the task of getting their patients caught up on the recommended immunization schedules and avoid missed opportunities to vaccinate.



Prioritize Delivery of Seasonal Flu Vaccine to VFC Providers

Discordant receipt of public and private seasonal influenza is an issue of health equity. A nationwide VFC policy is needed during the 2020-21 influenza season in which all CDC awardees are required to keep the differential between delivery of VFC influenza vaccine as compared to private vaccine to two weeks or less. It is imperative that VFC providers can provide the influenza vaccine to their patients at the earliest opportunity available as we anticipate that COVID-19 will persist throughout the 2020-2021 flu season.

Allow VFC Payment for Multi-Component Vaccines

VFC-participating providers are at present unable to receive payment for code 90461, which appropriately reflects the additional work associated with the provision of multi-component vaccines.

Reduced Regulatory Burden and Collaboration with Providers on Quality Initiatives

Require all VFC programs to work with VFC providers to minimize the impact of regulations on sustained participation in the program. VFC programs should work collaboratively with providers to avoid or correct suspension of VFC participation privileges for minor infractions such as temperature excursions. VFC programs should also work to minimize burdens that may arise from Immunization Quality Improvement for Providers (IQIP) or other monitoring visits. Partner with professional provider organizations to promote efforts related to catch-up immunizations, storage and handling, etc.

FOR MORE INFORMATION
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