

COVID-19 VACCINE

Opportunities for State Advocacy

As of April 2021, three COVID-19 vaccines have been approved by the Food and Drug Administration (FDA) under Emergency Use Authorizations (EUAs), and the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) has made recommendations for their use to immunize against moderate to severe illness from SARS-CoV2. The Pfizer-BioNTech COVID-19 vaccine is currently approved for individuals ages 16 years and older, the Moderna COVID-19 vaccine is approved for individuals ages 18 years and older, and the Janssen/Johnson & Johnson vaccine is approved for ages 18 and older. The federal government has purchased a significant supply of COVID-19 vaccine and is distributing this through states at no cost to individuals.

It is expected that these and other COVID-19 vaccines will be approved for additional pediatric age groups in the coming months, and that distribution will eventually begin to reach children. While the COVID-19 vaccine itself continues to be purchased by the federal government, public and private insurance plans will be responsible for coverage and payment for COVID-19 vaccine *administration*. Following this period of federal COVID-19 vaccine purchase, plans will be responsible for both COVID-19 vaccine product and its administration.

The CDC ACIP has provided and continues to update [its recommendations](#) for the allocation of COVID-19 vaccine. States are not bound by this guidance and have established and amended their own distribution priority groups as the vaccine roll-out continues. Updated state distribution plans can be found [here](#), and a chart of current state prioritization groups is available [here](#).

Distribution of COVID-19 vaccine has been difficult as state and local health departments struggle with limited vaccine supply, excess demand, limited funding, workforce issues, and evolving prioritization. The Academy has urged [immediate national changes](#) to correct uneven COVID-19 vaccine distribution and ensure that states and localities have the resources they need to maximize vaccine administration. In January 2021, President Biden announced a [National Strategy](#) for the COVID-19 Response and Pandemic Preparedness and measures to ramp up vaccine allocation and distribution, including the purchase of hundreds of millions more vaccine doses and increased distribution to states. On January 28, 2021, the Biden administration [announced a 5th amendment to the Public Readiness and Emergency Preparedness Act \(PREP Act\)](#), to authorize any healthcare provider who is licensed or certified in a state to prescribe, dispense, and/or administer COVID-19 vaccines in any other state or US territory. The intent of this PREP Act amendment is to expand the immunizing availability of providers beyond those licensed in each state. The administration has since announced significant [manufacturer partnerships](#) to ramp up vaccine production.

While prioritization continues to evolve, AAP chapters can continue to positively affect distribution by advising health departments at the state and local levels. Moreover, AAP chapters can ensure that interested pediatricians are aware of opportunities to participate in administration of COVID-19 vaccine to adults, as they prepare for vaccination of children. AAP chapters can also take steps to bolster COVID-19 confidence as they encourage families to return to

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pediatric practices to catch up on preventive care and child and adolescent vaccinations. Chapters can also ensure appropriate payment and coverage of COVID-19 vaccine and its administration now and into the future.

Distribution Prioritization

Pediatricians are the backbone of the vaccination infrastructure in the United States. AAP chapters are well positioned to lend pediatric expertise to state and local officials as amendments are made to existing COVID-19 prioritization plans and as vaccines are authorized for additional pediatric age groups.

- **Advocacy Opportunity: AAP Chapters can review your state's distribution prioritization plan and make ongoing recommendations to state and local departments of health to ensure that:**
 - ✓ **All pediatricians, other pediatric practice clinicians, and staff are prioritized for vaccination.** This is particularly critical for those not affiliated with a large health system or academic medical center that may otherwise receive COVID-19 vaccine. Pediatricians are on the front lines of the response to COVID-19, risking their own health and safety to care for children every day; they and other clinicians and staff must be prioritized in state vaccination plans.
 - ✓ **Plans incorporate pediatric populations disproportionately affected by the pandemic.** While a number of states have begun to include children into vaccine distribution plans, state and local distribution efforts should also detail how they will reach those disproportionately affected by the pandemic, with input from pediatricians. COVID-19 has significantly affected Black, Latinx, and children living in poverty. According to the CDC, Native American and Alaska Native children have higher rates of COVID-19 related hospitalization. In addition, subgroups of children and youth with special health care needs (CYSHCN) are known to have a higher risk of severe biological effects of SARS-CoV-2 infection. Some states are starting to also include caregivers of CYSHCN in prioritization plans. Further, incarcerated youth, and children of parents or other caregivers who work in correctional settings, are at higher risk of infection; the AAP is advocating for the release of incarcerated youth from custody and for the wellbeing of those that remain in custody. The AAP is also concerned about children in the child welfare system, who, together with their caregivers, often are at higher risk of COVID-19 infection. AAP chapters stand positioned to ensure that state prioritization plans do not leave out populations disproportionately affected by COVID-19.
 - ✓ **The expertise of pediatricians continues to be included as prioritization decisions evolve.** Pediatricians can play a critical role in ensuring future amendments to state distribution plans meet the needs of children and pediatrics. AAP chapters can bolster ongoing relationships with state and local health departments as decisions are made about COVID-19 vaccine distribution.
 - ✓ **Improvements are made to state COVID-19 vaccination data reporting and transparency.** Public reporting on the number of COVID-19 vaccines administered (and demographic data regarding those who have received vaccines) is highly variable from state-to-state. Improvements to data collection and reporting will better inform the public on the status of vaccine rollout and provide greater insight into whether or not vaccines are reaching communities that have been disproportionally impacted by COVID-19. For example, a recent Kaiser Family Foundation report highlights that a small number of states are reporting vaccinations by race/ethnicity and, among those that are, vaccination distribution may not be reaching those most affected by the pandemic. The North Carolina COVID-19 dashboard, for example, has added demographic vaccination data as well as data on the percentage of state-allotted vaccine that has arrived and been administered.

Signing Up to Administer COVID-19 Vaccine

Providers wishing to administer COVID-19 vaccine must first enroll in the CDC COVID-19 Vaccination Program through your state.

- **Advocacy Opportunity: AAP chapters can share information about how providers can:**
 - ✓ **Enroll to administer COVID-19 vaccine in your state.** State-by-state COVID-19 vaccine provider enrollment websites are available [here](#). State provider enrollment will include the CDC COVID-19 Vaccination Program and completion of the CDC COVID-19 Vaccination Program Provider Agreement. Chapters and members should be aware of other requirements and procedures, such as participation in the state immunization registry, training suggestions or requirements, steps to order additional COVID-19 vaccine, and more. Of note, enrollment in the Vaccines for Children (VFC) Program does not translate to enrollment to administer COVID-19 vaccine; as such, providers will have to enroll in the COVID-19 Vaccination Program separately to administer the vaccine.
 - ✓ **Learn more about providing COVID-19 vaccine to adults for those who wish to do so, including enrolling in Medicare to provide COVID-19 vaccine to seniors.** Demand for COVID-19 vaccine far outweighs supply, and the vaccine distribution effort requires an "all hands on deck" approach. Pediatricians may wish to participate in state and local efforts to administer COVID-19 vaccine to adults, including at community vaccination sites or clinics. Such activity may be paid or voluntary, depending on the specifics of the opportunity. If pediatricians are going to be paid to administer vaccine to seniors, they must first [enroll in Medicare](#)—this will allow pediatricians to bill Medicare for the administration of COVID-19 vaccine. Such Medicare enrollment can take place over the phone by contacting the [Medicare Administrative Contractor \(MAC\)](#) that serves your geographic area. Of note, these phone-enrollments in Medicare are provisional and being granted on a temporary basis during the public health emergency (PHE).

Bolstering Vaccine Confidence and State #CallYourPediatrician Campaigns

COVID-19 continues to result in fewer families visiting pediatric practices for much needed well-child care and immunizations. AAP chapters are positioned to promote vaccine confidence at this critical time and encourage families to return to pediatric medical homes for needed care.

- **Advocacy Opportunity: Chapters can plan or encourage:**
 - ✓ **State efforts to promote vaccine confidence.** Now more than ever, vaccine hesitancy threatens the promise of herd immunity against COVID-19 and has resulted in resurgences of vaccine-preventable diseases in parts of the country. AAP chapters are well-positioned to plan, encourage, and participate in state vaccine confidence efforts. Such efforts can be focused on both COVID-19 vaccine as well as all routine childhood and adolescent immunizations and can target specific populations where vaccine hesitancy may be significant. Chapters can utilize [AAP resources](#) in such promotional work. As examples of chapter activity on hesitancy to routine childhood immunization, please see a recent [vaccine confidence poll](#) commissioned by the AAP Louisiana Chapter and the [vaccination hotline for legislators](#) developed by the AAP Maine Chapter. In addition, chapters can utilize the CDC's [COVID-19 vaccine confidence resources](#).

- ✓ **State #CallYourPediatrician campaigns.** Many chapters have already promoted the need for families to return to pediatric offices to receive much needed care during the COVID-19 pandemic. The AAP has reinvigorated its #CallYourPediatrician campaign and AAP chapters are positioned to build on these efforts at the state level. AAP chapters can utilize [AAP resources](#) to amplify this message. Additional campaign resources, including a template news release, handout, and social media graphics that chapters can customize with their logos are in development and will be available soon.

Ensuring Appropriate Payment and Coverage

During this time of federal COVID-19 vaccine purchase and distribution, public and private insurers will be responsible for payment for vaccine *administration* only.

- ****Updated** Advocacy Opportunity: Ensure appropriate payment for COVID-19 vaccine administration.** The Centers for Medicare and Medicaid Services (CMS) [initially published](#) Medicare payment amounts for administration of COVID-19 vaccines of \$16.94 for administration of the first dose, and \$28.39 for the second dose (and \$28.39 for the administration of single-dose COVID-19 vaccines). **On March 15, 2021, the Biden Administration announced that Medicare will update these payment amounts to \$40 for each COVID-19 vaccine administration (eg, \$40 for each single-dose vaccine, a total of \$80 for those requiring two doses), beginning immediately. Related, the American Rescue Plan Act (ARPA), signed into law on March 11, 2021, raises the federal medical assistance percentage (FMAP) for all COVID-19 vaccine administered to Medicaid and CHIP enrollees to 100% beginning April 1, 2021 and lasting one year after the end of the PHE, thus making COVID-19 vaccine administration free to states for these populations. All public payers thus should pay for the administration of COVID-19 vaccine at levels at least equal to Medicare payment.** Medicare is also carving out COVID-19 vaccine administration from Medicare Advantage (Medicare managed care) plans. Chapters may wish to seek the same structure with state Medicaid programs that are administered through managed care, so as to streamline payment for this critical service. Pediatricians should also check their individual contracts with private insurers to ensure that they are also paid adequately for COVID-19 vaccine administration in the private market. Chapters can also work to confirm that both public and private insurers are utilizing appropriate coding; please see the Academy's [Coding During the COVID-19 Public Health Emergency \(PHE\) resource](#) for additional information.
- ****Updated** Advocacy Opportunity: Advocate for Medicaid coverage of COVID-19 vaccine (and testing and treatment) for the uninsured.** The FFCRA included the option for states to cover COVID-19 testing for the uninsured through Medicaid at 100% FMAP. The ARPA extended this option for states to include Medicaid coverage of the COVID-19 vaccine and treatment for the uninsured at 100% FMAP. States that take up this option will allow for such federal coverage without providers having to utilize HRSA's COVID-19 Uninsured Program for payment for such services, which is subject to available funding. Of note, HRSA's program pays providers at Medicare rates, so states should also ensure that payment will be at Medicare rates if it supplants HRSA coverage of these services for the uninsured with Medicaid coverage.

Following this period of federal COVID-19 vaccine purchase and distribution, payment for COVID-19 vaccine (product) and its administration will be covered by public and private insurers, with limited exception, as follows:

- **Medicaid will cover COVID-19 vaccine and its administration for children, with a possibility of cost-sharing for 19- and 20-year-olds only after the PHE ends:** As a requirement for states to maintain the 6.2 percentage point increase in the federal medical assistance percentage (FMAP) under the Families First Coronavirus Response Act (FFCRA), states must provide Medicaid coverage of COVID-19 testing and treatment, including

vaccines and their administration, without cost sharing. This coverage requirement will continue until the end of the quarter in which the public health emergency (PHE) ends; of note, the Biden administration [has indicated](#) that the PHE will be extended through 2021. The American Rescue Plan Act further extended Medicaid coverage by making COVID-19 vaccine coverage eligible for 100% FMAP (fully federally funded) through the end of the first quarter that begins one year after the PHE. Beyond these requirements, coverage of all ACIP-recommended vaccines is mandatory for children through age 20 via Medicaid's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) requirement, with cost sharing possible for 19- and 20- year olds only. This continues past the PHE, into perpetuity as an ongoing Medicaid requirement.

- **CHIP will cover COVID-19 vaccine and its administration without cost sharing:** For CHIP (Title XXI) programs that are Medicaid (Title XIX) expansions, the above Medicaid requirements apply. In separate CHIP programs, ACIP-recommended vaccines are a mandatory benefit and COVID-19 vaccine is required. Further, the American Rescue Plan Act extended CHIP coverage by making COVID-19 vaccine coverage eligible for 100% FMAP (fully federally funded) through one year following the end of the PHE.
- **Most private health insurance plans will cover COVID-19 vaccine and its administration without cost sharing:** The Affordable Care Act (ACA) requires coverage of all ACIP-recommended vaccines and their administration, without cost sharing for ACA-governed plans. (This ACA rule governs vaccines recommended by ACIP for "routine" use—a recent federal regulation clarifies that with respect to COVID-19 vaccine, the ACA coverage requirement applies even if it is not categorized as "routine.") While the ACA generally allows insurers up to 2 years to cover vaccines following an ACIP recommendation, the CARES Act shortened this timeline for COVID-19 vaccine to 15 days. The CARES Act also extended mandatory coverage of a COVID-19 vaccine without cost sharing to employer sponsored plans covered by the Employee Retirement Income Security Act (ERISA). Of note, HHS has clarified that coverage of COVID-19 vaccine is required by private plans even if administered out-of-network during the PHE. Out-of-network providers are to be paid at a "reasonable" rate in comparison to prevailing market rates.
- **Of note are the following possible limitations on coverage:**
 - ✓ After the current period of federal purchase and distribution, it is possible that insurers will cover a specific COVID-19 vaccine product but not others.
 - ✓ Less robust coverage options—such as grandfathered health plans, short-term limited duration plans, association health plans, sharing ministry plans, and others—might not provide coverage of COVID-19 vaccine or administration.
- **The Vaccines for Children (VFC) program will not be distributing COVID-19 vaccine while it is approved under an EUA.** Medicaid-eligible children otherwise eligible for VFC will receive coverage of COVID-19 vaccine administration (and eventually vaccine product itself) via Medicaid. However, for uninsured children, administration of COVID-19 vaccine will be eligible for payment via the HRSA COVID-19 Uninsured Program—to receive payment, providers can submit claims to the [COVID-19 Uninsured Program Portal](#), which is funded by the Provider Relief Fund. States also have the option of covering COVID-19 vaccine for the uninsured through Medicaid (see aforementioned advocacy opportunity).
- **Advocacy Opportunity: As federal purchase and distribution of COVID-19 vaccine ends and coverage falls to insurers, take steps to ensure COVID-19 vaccine access.** These can include state efforts to:

- ✓ Mandate out-of-network coverage of COVID-19 vaccine after the PHE.
- ✓ Require private insurance plan coverage of all COVID-19 vaccines.
- ✓ Require that less robust plans cover COVID-19 vaccine.
- ✓ Ensure Medicaid does not impose COVID-19 vaccine cost sharing for 19- and 20-year-olds.

We are Here to Help

AAP chapters stand positioned to lend expert voices to states and localities as COVID-19 vaccine distribution and administration continues, and the AAP is here to help. Contact AAP State Advocacy at stgov@aap.org for consultation and technical assistance.

Other AAP Resources

- [Critical Updates on COVID-19](#)
- [COVID-19 Vaccine: Frequently Asked Questions](#)
- [Children and COVID-19: State Level Data Report](#)
- [#CallYourPediatrician Campaign](#)
- [State Advocacy FOCUS: Childhood Immunizations](#)
- [Immunization Initiatives](#)