American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

90 Years of Caring for Children—1930–2020

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The Honorable Alex Azar
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Azar:

On behalf of the American Academy of Pediatrics (AAP), a non-profit professional organization of 67,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety and well-being of infants, children, adolescents, and young adults, I write to urge you to take immediate steps to reverse recent sharp declines in childhood vaccination rates and to take emergency measures to maintain the stability of the existing vaccine delivery system for children until we achieve herd immunity through a COVID-19 vaccine.

We thank the Department of Health and Human Services (HHS) for their efforts to date to address the needs of patients, health care providers, and health care systems as our country navigates its response to the COVID-19 pandemic. We continue to offer the Academy's knowledge and expertise to be utilized by HHS as you continue to address COVID-19.

The AAP believes that it is essential that HHS provide enhanced support for the country's existing child and adolescent immunization infrastructure that relies heavily on pediatric practices to vaccinate the nation's children and adolescents and prevent outbreaks of vaccine-preventable diseases. Because of the COVID-19 pandemic, immunization rates among children have fallen between 60 and 80 percent. This drop in childhood immunizations was noted in the May 8 *Morbidity and Mortality Weekly Report* (MMWR), which reported that data obtained from the Vaccine Tracking System showed a significant decrease in orders for Vaccines for Children (VFC)-funded, ACIP-recommended non-influenza childhood vaccines and for measles-containing vaccines from January 6 through April 19, 2020, when compared to the same period in 2019.[1] A similar report in the May 18 MMWR noticed a steep decline in vaccination coverage during the COVID-19 pandemic in data supplied from the Michigan Care Improvement Registry.[2]

Unfortunately, these decreases in immunizations raise the very real possibility of a secondary outbreak of infectious disease during the pandemic. The reduction in vaccination rates has largely been the result of fewer parents taking their children to see their doctor. While missed vaccinations alone is worrisome, avoiding visits to pediatric offices also results in missed anticipatory guidance, lost opportunities to identify mental health concerns and delayed diagnosis of diseases or conditions that can respond to early intervention.

Pediatricians are the backbone of the childhood vaccine delivery system in the United States and are largely responsible for our nation's success in vaccinating children. In recent months, pediatricians have introduced additional innovations in the way they deliver primary care to offer a safe environment for patients and families. 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 addition, to encourage parents to bring their children to their pediatrician, the Academy recently unveiled a new social media #CallYourPediatrician campaign, which provides parents with timely reminders that going to the pediatrician, even during the COVID-19 pandemic, is both important *and* safe.

While the Academy is taking numerous steps to support pediatric practices and encourage families to bring their children to their pediatrician, we urgently need action from HHS to help support the pediatric vaccine delivery system by addressing the severe financial challenges practices are facing right now. Practices around the country report that their caseloads are as low as 20-30 percent of their typical caseloads because of families delaying or forgoing care during shelter-in-place. 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 difficult financial realities and drastic choices such as permanent closure. Pediatricians are the trusted source for parents of guidance and care for their children, including vaccinations. Urgent assistance is needed to preserve this important lynchpin of the childhood vaccine delivery system.

The Academy believes there are numerous measures that HHS could take to help support the pediatric vaccine delivery system through the current situation, as well as bolster the system as we move beyond the COVID-19 pandemic. These measures include providing prospective Medicaid vaccine payments, increasing regional maximum fees, appropriately valuing vaccine codes, allowing borrowing between public and private vaccine stock, prioritizing delivery of seasonal flu vaccine to Vaccines for Children (VFC) providers, and reducing VFC regulatory burden and increasing collaboration with providers on quality initiatives.

Prospective Medicaid Vaccine Payments

To help ameliorate the immediate financial hardship facing many pediatric practices, the Academy encourages State Medicaid programs to work with the Centers for Medicare and Medicaid Services (CMS), the Centers for Disease Control and Prevention (CDC), and the VFC program to provide prospective payment to providers for vaccine administration to preserve the pediatric immunization infrastructure during the COVID-crisis. These payments can help practices pay for any needed vaccine storage and monitoring equipment or to retain or hire staff to administer vaccines.

Increasing Regional Maximum VFC Vaccine Administration Fees

For the duration of the public health emergency, the AAP believes regional maximum VFC administration fees should be doubled to allow State Medicaid programs and underutilized Medicaid managed care organizations to invest in the vaccine infrastructure with enhanced payments. The federal government should also pay for VFC vaccine administration for uninsured children, so providers do not have to bill these families and do not have to write-off payments that these families are unable to pay.

Appropriately Valued Vaccine Codes

One of the most commonly used codes in pediatric care is CPT code 90460, for immunization administration and counseling for patients through 18 years of age. Its companion administration code, 90471, for patients above 18 years of age, is also used by pediatricians, as well as family physicians, and other frontline physicians. In 2010, CMS linked 90460 and 90471 to separate codes for therapeutic injections in adults (96732). That link has been maintained, and in 2018, CMS cut payment for therapeutic injections by more than half, inadvertently cutting payment for immunization administration. Medicaid and private payers rely on the

Medicare Physician Fee Schedule to set their rates, and as such these cuts have significantly impacted pediatric practices. While CMS implemented policy to maintain payment for immunization administration codes for Medicare-specific vaccines, its fix left out immunization administration codes widely used for pediatric and adult populations outside the Medicare program. In order to support providers who administer vaccines, CMS should issue a technical correction to the CY 2020 physician fee schedule to maintain CY 2019 national payment amounts for immunization administration services in CY 2020 for all populations, retroactive to the beginning of CY 2020. In future rulemaking, CMS should adopt the Relative Value Scale Update Committee (RUC)-recommended valuations for 90460 and 90471, disconnecting the valuation of these codes from the unrelated therapeutic injection code.

In addition to appropriate valuation of 90460, the Academy also urges HHS and CMS to allow payment to VFC providers for CPT code 90461. CPT code 90460 accounts for immunization administration to patients through 18 years of age, including counseling regarding the first or only component of each vaccine or toxoid administered. In the development of these codes, In tandem, CPT code 90461 was designed to account for the counseling associated with each additional vaccine component or toxoid administered. CMS disallows the use of CPT code 90461 by VFC providers. As such, Medicaid programs are not able to pay pediatricians appropriately for the additional documentation and counseling expense associated with administering multi-antigen vaccines. This policy imposes financial hardship on VFC-participating providers and adds to the burden of participating in the VFC program. Allowing payment for 90461 to VFC providers can help these providers financially, encouraging new providers to join and enrolled providers to stay in the program.

Allow Borrowing Between Public and Private Vaccine Stock

The AAP believes that a nationwide VFC policy is needed, effective immediately, that allows 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

In order for the pediatric vaccine delivery system to be properly prepared for the upcoming flu season, the Academy urges HHS to 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.

Reduced Regulatory Burden and Collaboration with Providers on Quality Initiatives

Finally, the AAP urges HHS to 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. We encourage HHS and VFC to partner with professional provider organizations to promote efforts related to catch-up immunizations,

storage and handling, and other administrative challenges. This effort could work in tandem with the Administration's efforts to reduce regulatory and administrative burdens on physicians.

Thank you for your continued work to respond to the COVID-19 pandemic. The Academy stands ready to partner with you and your staff on the important measures described above. We look forward to working with the department to bolster the childhood vaccine delivery system.

Sincerely,

Sara H. Goza, MD, FAAP
President

SHG/jdb

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[1] Santoli JM, Lindley MC, DeSilva MB, et al. Effects of the COVID-19 Pandemic on Routine Pediatric Vaccine Ordering and Administration — United States, 2020. MMWR Morb Mortal Wkly Rep 2020;69:591–593. DOI: http://dx.doi.org/10.15585/mmwr.mm6919e2

[2] Bramer CA, Kimmins LM, Swanson R, et al. Decline in Child Vaccination Coverage During the COVID-19 Pandemic — Michigan Care Improvement Registry, May 2016–May 2020. MMWR Morb Mortal Wkly Rep 2020;69:630–631. DOI: http://dx.doi.org/10.15585/mmwr.mm6920e1