



## 90 Years of Caring for Children—1930–2020

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June 3, 2020

The Honorable Mitch McConnell  
Majority Leader  
U.S. Senate  
Washington, DC 20510

The Honorable Nancy Pelosi  
Speaker of the House  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Charles Schumer  
Minority Leader  
U.S. Senate  
Washington, DC 20510

The Honorable Kevin McCarthy  
Minority Leader  
U.S. House of Representatives  
Washington, DC 20515

Dear Majority Leader McConnell, Leader Schumer, Speaker Pelosi, and Leader McCarthy:

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 express the continued urgent needs facing children, families, and the pediatricians who care for them during the COVID-19 pandemic.

Ensuring that the health care system can maintain essential services and nimbly adapt to shifting needs will be imperative during and following the public health emergency. This is critical to the health of children today and into the future. General pediatricians, pediatric medical subspecialists and pediatric surgical specialists must be able to continue providing health supervision visits and acute and chronic care visits wherever possible. From providing children vaccines to prevent a secondary outbreak of an infectious disease like measles to screening for child abuse, the work of pediatricians is essential for the future health and safety of the country.

We applaud the swift action Congress has taken to provide \$175 billion in provider relief funding in light of the sizeable lost revenue and increased expenses associated with COVID-19 physicians have incurred. Pediatricians are experiencing similar revenue losses and practice expenses as other specialties during the pandemic, but pediatricians have yet to receive emergency relief funding due to the allocation methodologies implemented by the Department of Health and Human Services. We urgently need congressional action to ensure pediatricians can immediately receive needed financial relief.

The AAP urges Congress to act quickly on new legislation to address the issues outlined below.

### **STABILIZE HEALTH CARE DELIVERY FOR CHILDREN BY ADDRESSING FINANCIAL HARDSHIP AMONG GENERAL PEDIATRICIANS, PEDIATRIC MEDICAL SUBSPECIALISTS, AND PEDIATRIC SURGICAL SPECIALISTS**

Pediatricians are facing severe financial challenges and 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. 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. The dramatic drop in revenue compounded with higher costs is forcing practices to confront furloughs and layoffs, cancel vaccine orders, and potential permanent closure.

When practices are forced to reduce hours or close entirely, children and families face barriers getting timely access to care. Delaying or forgoing care can have serious ramifications for children's health:

- Children who cannot access vaccinations are left vulnerable to infectious diseases like measles and whooping cough and could make their communities more vulnerable to outbreaks of other infectious diseases at the same time COVID-19 continues to spread.
- Children who cannot access well-child care may not have developmental delays identified in a timely way, missing the opportunity to receive services that positively impact outcomes across developmental domains, including health, language and communication, cognitive development, and social/emotional development.
- Children with special health care needs must have continued access to their pediatric medical subspecialists and pediatric surgical specialists or risk medical crises and worse health outcomes.
- Children who cannot access care from their pediatrician may miss important screening, referrals, and treatment for mental and behavioral health issues, including anxiety, depression, and suicidal ideation. These services cannot safely wait until the COVID-19 pandemic is over.

**The AAP urges Congress to direct emergency relief funding to pediatricians, pediatric medical subspecialists, and pediatric surgical specialists and/or their practices sufficient to offset lost revenue and increased expenses attributable to COVID-19, retroactive to the beginning of the public health emergency.**

The need for financial relief is immediate and will likely last well beyond the current pandemic. The overwhelming majority of pediatricians have been ineligible for emergency relief funding from the Provider Relief Fund because their patients are not enrolled in Medicare. Congressional action is needed to specifically direct relief funds to pediatric practices.

**REINFORCE THE EXISTING INFRASTRUCTURE TO DELIVER CRITICAL CHILDHOOD IMMUNIZATIONS AND INCREASE VACCINE CONFIDENCE**

National and local data 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. 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 showed a significant decrease in orders for Vaccines for Children (VFC)-funded childhood vaccines.<sup>1[1]</sup> A similar report in the May 18 MMWR showed similar steep declines.<sup>2[2]</sup> Unfortunately, these decreases in immunizations raise the very real possibility of a secondary outbreak of infectious disease during the pandemic.

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. 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 Congress to help support the pediatric vaccine delivery system by addressing the severe financial challenges practices are facing right now. These measures include payment adjustments in Medicaid and for VFC providers, and clarifications and expansions of VFC-related authority.

#### *Increased Medicaid Payment for Immunization Administration*

Vaccines are among the top overhead expenses for the pediatric practice. Payments for vaccine administration should ensure recovery for the total direct and indirect practice expense and time spent counseling families on the importance of, indications for, and the potential adverse effects of each vaccine product. In order to ensure that providers who vaccinate children are adequately paid for the time and counseling it takes to properly administer vaccines and address vaccine hesitancy, **the Academy urges Congress to require Medicaid vaccine payment rates to be equivalent to 200 percent of Medicare rates for all immunizations administered for two years, from Oct. 1, 2020 to Sep. 30, 2022.** To enable states to reinforce the vaccine delivery infrastructure, this increased payment requirement should go in tandem with an increased federal medical assistance percentage (FMAP) such as a 100 percent FMAP for immunization administration services or a 5 percent increase to a state's baseline FMAP for the two-year period. These payments should apply equally to Medicaid fee-for-service and Medicaid managed care. The AAP also recommends that these rates apply to VFC administration notwithstanding regional maximums set by the Secretary.

#### *VFC Incentive Payments*

The VFC program, which provides vaccines at no cost to eligible children, depends on a large number of participating providers to administer the vaccines. As mentioned previously, many pediatricians who currently participate in the program are facing severe financial hardship due to the COVID-19 pandemic. Additionally, VFC participation comes with significant costs. Compliance with regulations for vaccine refrigeration and monitoring, for instance, is costly and VFC providers often do not receive payment for administering vaccines to uninsured children. **To help VFC providers keep their doors open and remain in the program, the Academy urges Congress to provide incentive payments to VFC providers.** We recommend payments of \$5,000 per year (for up to \$10,000) for VFC providers who are active participants in the program for FY2021 and FY2022 (Oct. 1, 2020 – Sep. 30, 2022). A \$5,000 payment should be available up front and \$2,500 should be made available upon completion of each year of participation.

#### *VFC Payment for Vaccine Administration to Uninsured and Underinsured Children*

Under the VFC program, there is no charge for the purchase cost of the vaccine for the eligible child and their family. While Medicaid will pay for vaccine administration to a Medicaid-eligible child, VFC allows the families of uninsured and underinsured children to be charged an out-of-pocket fee to administer each vaccine. However, if the family cannot afford the fee per vaccine, the fee must be excused. As such, many pediatricians do not receive payments for vaccine administration for these two groups of children and assume the cost. In order to support these VFC providers, the AAP encourages Congress to fully fund states to provide vaccine administration payment – at increased regional maximum fees equal to 200 percent of Medicare rates – to VFC providers that vaccinate uninsured and underinsured children. **The Academy also urges Congress to fix the VFC statute so underinsured children can receive vaccines at any VFC provider and should not be required to receive vaccination at an alternate site such as a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC).**

*Expand VFC to Separate Children's Health Insurance Programs*

The VFC program provides vaccines for Medicaid-eligible children, including children eligible for the Children's Health Insurance Program (CHIP) in states that have established a Medicaid-expansion CHIP program. However, CHIP-eligible children in separate CHIP programs are not eligible to receive VFC vaccines. **The AAP urges Congress to amend the VFC statute to expand VFC eligibility to all CHIP-eligible children, regardless of whether a state's CHIP program is a Medicaid-expansion or a separate program design.**

*Clarify Medicaid Authority to Pay for Multi-Component Vaccine Administration in VFC*

Appropriate payment for immunization administration is critical to ensure access to vaccines, especially in light of the current decrease in immunization rates and in anticipation of a vaccine for COVID-19. The VFC program does not currently allow payment for the additional work required when delivering a vaccine with multiple components that protects against more than one disease. CPT code 90460 is used to bill for immunization administration to a child up through 18 years of age, with counseling by a physician or other qualified health care professional, and covers the first or only component of each vaccine or toxoid administered. CPT Code 90461 is an add-on code reported for each additional vaccine component administered. For example, for a multi-component vaccine like MMR (measles, mumps, rubella,) 90460 accounts for the administration of the vaccine, and 90461 typically accounts for counseling related to the second and third antigens in the administered vaccine. Ensuring that pediatricians can counsel their patients and families about vaccine components and answer all of their questions is a key mechanism to address vaccine hesitancy. The current CMS interpretation of the VFC statute disallows the use of CPT code 90461 that is used for multi-component vaccines and only allows CPT code 90460 for the first component. As such, CMS refuses to pay pediatricians appropriately for the additional documentation and counseling expense associated with administering multi-antigen vaccines in the VFC program. **The Academy urges Congress to clarify that the VFC statute allows providers to be paid appropriately for the administration of multi-component vaccines.**

*Require CMS to Correct Payment Rates for Pediatric Vaccine Administration Codes*

CMS currently undervalues vaccine administration codes 90460 (for immunization administration and counseling for patients through 18 years of age) and 90471 (for patients above 18 years of age). These codes are used by pediatricians, family physicians, and other frontline physicians. In 2010, CMS linked 90460 and 90471 to a separate code 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 a policy fix to maintain payment for immunization administration codes for Medicare-specific vaccines, its fix left out the immunization administration codes widely used for pediatric and adult populations outside the Medicare program. **In order to support frontline physicians who administer vaccines, the Academy urges Congress to require CMS to administratively address the inappropriate valuation of codes 90460 and 90471.** Congress should require that CMS 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. Congress should also require CMS to adopt the Relative Value Scale Update Committee (RUC)-recommended valuations for 90460 and 90471 in future rulemaking, disconnecting the valuation of these codes from the unrelated therapeutic injection code.

*Increase Vaccine Rates and Confidence*

Once a COVID-19 vaccine is available, ensuring that children and adolescents are quickly immunized against the disease will be a crucial component of a national strategy to keep Americans healthy, end social distancing, and strengthen America's economy. However, vaccine hesitancy threatens to impede our nation's ability to carry out this essential effort.

Largely driven by online misinformation, an increasing number of parents in recent years have become more hesitant to vaccinate their children according to expert recommendations. Restoring confidence in the safety and effectiveness of childhood vaccines will be crucial to ensuring uptake of a COVID-19 vaccine.

A poll released on June 1 by Hill-HarrisX found that only 51 percent of respondents replied affirmatively that they plan on getting a COVID-19 vaccine once it is available, while 21 percent said they will not get the vaccine once available and 27 percent said they were not sure if they would get the vaccine or not.<sup>3[3]</sup> Efforts are urgently needed now to increase confidence in vaccines to ensure that a sufficient number of Americans are willing to get vaccinated against COVID-19.

The *VACCINES Act* (H.R. 2862) is a bipartisan bill that would help provide resources to the Centers for Disease Control and Protection (CDC) to appropriately monitor vaccine hesitancy and promote vaccine confidence through public messaging campaigns. **We urge Congress to quickly pass the VACCINES Act.**

The Academy urges Congress to act on all of these issues to bolster the current vaccine infrastructure for childhood immunizations. Pediatricians are ready and willing to continue their important role in this system, and proper immunization administration payments and additional support can ensure they can continue to vaccinate America's children.

Thank you for your continued leadership in responding to the COVID-19 pandemic and for your work to ensure children receive the medical care they need.

Sincerely,



Sara H. Goza, MD, FAAP  
President

SHG/sag

CC: The Honorable Charles Grassley  
The Honorable Ron Wyden  
The Honorable Frank Pallone  
The Honorable Greg Walden  
The Honorable Lamar Alexander  
The Honorable Patty Murray

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<sup>1</sup> 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>

<sup>2</sup> 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>

<sup>3</sup> What America's Thinking: Views on a Potential COVID-19 Vaccine. The Hill/HarrisX, June 1, 2020, <https://thehill.com/hilltv/what-americas-thinking/500509-poll-half-of-voters-plan-on-getting-covid-19-vaccine-when>