State Trends in Vaccine Policy
2021-2022

Tahra Johnson
NCSL Health Program
State Legislative Priorities and Trends 2021-2022

Pharmacist Vaccine Authority
Arkansas HB 1134
California AB 1064
Maryland HB 1040
Ohio HB 6

Other Providers
Optometrists (Illinois and New Jersey)
Podiatrists (South Carolina)
Dentists (Wisconsin)
Cardiac/emergency technicians (Georgia)
State Legislative Priorities and Trends 2021-2022

Vaccine Access and Planning
Colorado HB 1401
Georgia HB 1086
Mississippi SB 2799
Washington HB 1368

Vaccine Exemption Policy
Oklahoma SB 658
Connecticut HB 6423
NCSL Vaccine Databases and Resources

**NCSL Vaccine Tracking**

State Public Health Legislation Database

COVID-19 Database

Maternal and Child Health Database

**NCSL Vaccine Resources**

Vaccine Policy Toolkit, 2021

Health Policy Snapshot: COVID-19 Vaccine Infrastructure and Access, 2021

State Vaccine Exemptions Webpage, 2022
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Thank you!
Immunization Overview

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Director
Immunization Services Division
Comprehensive Immunization Program
Discretionary Immunization Funding

• Core public health infrastructure promotes immunization recommendations across the lifespan.

• Essential in protecting communities from VPDs, including providing a safety net for uninsured adults, responding to outbreaks of VPDs, and ensuring a scientifically sound and robust immunization infrastructure.

FY2023 President’s Budget Request increase supports ongoing immunization program needs and supports future COVID-19 vaccinations.
Vaccines for Children (VFC) Program

- Important part of the comprehensive immunization program

- FY2023 President’s Budget Request:
  - Increase for CDC’s efforts to support state, tribal, local and territorial (STLT) health departments

- Requested Program Updates Requiring Legislative Authority
  - Expanding the program to include all children under age 19 enrolled in CHIP
  - Making program improvements
    - updating the provider administration fee structure to increase provider capacity
    - eliminating cost-sharing for eligible children

Sources: 1. Long-Term Payoff: An Economic Perspective on Immunization December 23, 2019. 2. Since The Start Of The Vaccines For Children Program, Uptake Has Increased, And Most Disparities Have Decreased
Adult Immunization Program

COVID-19 has further highlighted the need for a robust adult immunization program

- The lack of a robust, national adult immunization program that facilitates a more agile and effective response to pandemics has hindered federal and state government response

- COVID-19 has disproportionately impacted groups who have been marginalized – including rural, low-income, and essential worker communities – highlighting long-standing and systemic inequities in health care and public health

Source: KFF analysis of CMS Medicare Current Beneficiary Survey, 2018 Survey File. Note: Analysis excludes people under age 65 and facility residents. Data on other racial/ethnic groups not shown and is not available for other specific groups beyond those shown due to small sample size. ‘—’ indicates unreliable estimate. Source: COVID Collaborative. Coronavirus Vaccine Hesitancy in Black and Latinx Communities. November 2020.
The proposed Vaccines for Adults program would reduce the spread of vaccine-preventable diseases and pave the way to greater health equity.

**Vaccine Purchase**
Purchase of recommended vaccines for all uninsured adults

**Program Operations**
CDC staff and systems for scientific and policy support, program monitoring, and vaccine safety and distribution

**Provider Fees**
Covering the cost of supplies, patient education, storage, and staffing

**Provider Fee Management**
Contracts to administer the provider reimbursement process

**Vaccine Confidence and Equity Activities***
Support vaccine equity through partnerships, communications, and technical assistance

*These activities are funded in the FY23 CDC Budget with base immunization funding, not the newly proposed mandatory funding proposal that would support the rest of these activities.
Impact of COVID-19

- Stood up COVID vaccination program, distributing 600 Million doses have been distributed nationwide to over 92,000 providers in just one year.
- COVID-19 pandemic's impact on the U.S.'s health and economy included disruption of health systems’ administration of routine childhood immunization
- Increased need for health equity and vaccine confidence programs
COVID-19 vaccines administered (as of June 16, 2022)

<table>
<thead>
<tr>
<th>% of People Fully Vaccinated:</th>
<th>% of Fully Vaccinated People with First Booster Dose:</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥5 years of age: 71%</td>
<td>≥12 years of age: 49%</td>
</tr>
<tr>
<td>≥18 years of age: 77%</td>
<td>≥18 years of age: 51%</td>
</tr>
<tr>
<td>≥65 years of age: 91%</td>
<td>≥65 years of age: 70%</td>
</tr>
</tbody>
</table>

Pediatric vaccination update

• On June 16, 2022, FDA granted emergency use authorization for:
  
  – A two dose Moderna COVID-19 vaccine primary series for administration to individuals ages 6 months through 17 years
  
  – A three dose Pfizer-BioNTech COVID-19 vaccine primary series for administration to individuals ages 6 months through 4 years
Goal: Ensure all eligible children <5 years old (~20 million) have access and ability to get vaccinated*

*ECE: Early care and education, DoD: Department of Defense, IHS: Indian Health Service, FQHC: Federally Qualified Health Center, RHC: Rural Health Clinic
State Examples of Vaccine Implementation
Thank You
Routine Childhood Vaccinations

Georgina Peacock, MD, MPH
Director
Immunization Services Division
Measles Resurgence of 1989-1991 Spurs VFC Program

Measles Cases
Are Epidemic in the Region

First Epidemic in 1992

Disease control. “But measles itself is deaths from the disease. Measles is fatal in even close to peaking. This is an childhood disease.”


Popular Tourist Area is not even close to peaking. This is an childhood disease. Measles is fatal in even close to peaking. This is an childhood disease."
Vaccines for Children Program (VFC)
Section 1928 of the Social Security Act

• Enacted in 1993 (Omnibus Budget Reconciliation Act); implemented in 1994
  • Response to measles resurgence of 1989-1991
  • Part of Childhood Immunization Initiative

• Entitlement program
  • Funding from Medicaid Trust Fund
  • CDC delegated responsibilities for vaccine
  • Centers for Medicare and Medicaid Services (CMS) delegated responsibility for administration fee
  • Advisory Committee on Immunization Practices (ACIP) responsible for VFC formulary
  • Entitlement is to the child
VFC Program Benefits

• Allows children to receive vaccination services in the medical home
• Eliminates or reduces vaccine cost as a barrier to vaccinating eligible children
• Entitlement allows new vaccines to be provided more quickly than through annual appropriation
• Incentivizes innovation with price caps on legacy vaccines
• No state contribution for vaccine purchase for children on Medicaid
• Helps assure vaccine availability through stockpiles
• Opportunities for public health to work with providers on quality improvement of vaccination services
Children 0 through 18 years of age who meet at least one of the criteria:

- Medicaid eligible
- Uninsured, or
- American Indian/Alaska Native, or
- Underinsured*

*Eligible to receive vaccine only through an enrolled Federally Qualified Health Center (FQHC), Rural Health Center (RHC) or a deputized provider under Delegation of Authority

VFC eligibility by age group (PES, FY 2019)

<table>
<thead>
<tr>
<th></th>
<th>&lt;1</th>
<th>1 to 2</th>
<th>3 to 6</th>
<th>7 to 18</th>
<th>total</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>57.2%</td>
<td>52.1%</td>
<td>51.3%</td>
<td>49.6%</td>
<td>50.7%</td>
</tr>
</tbody>
</table>
VFC Program Reach

• $4.3 billion program

• CDC distributes more than 76M doses of pediatric vaccine each year, the vast majority of which is purchased through VFC. (Avg of 2017-2019)

• Approximately 600,000 routine vaccine shipments/year

• Nearly 38,000 VFC provider locations across 61 VFC awardee jurisdictions