



Improving Vaccine Access

Draft chapter and policy options

Medicaid and CHIP Payment and Access Commission

Amy Zettle and Chris Park

Overview

- Draft chapter for the March report to Congress
 - Vaccines and public health
 - Current coverage requirements under Medicaid
 - Vaccination rates
 - Policy considerations to improve access to vaccines
- Policy options for June report to Congress
 - Adequate payment
 - Expanded provider networks
 - Education and support to beneficiaries
- Next steps

Vaccines and Public Health

Vaccines prevent illness, hospitalization, and death

- Annual hospitalizations and deaths from vaccine-preventable diseases (VPDs)
 - 140,000 – 710,000 influenza-related hospitalizations annually, 12,000 – 56,000 deaths
 - 150,000 pneumococcal pneumonia-related hospitalizations, 5,000 deaths
- Economic burden of VPD and cost-effectiveness of vaccines
 - One study estimated cost to the United States at \$9 billion annually
 - Research suggests some vaccines are cost-saving (influenza, pneumococcal, tetanus, Tdap), others cost-effective

Adult Vaccine Coverage Varies by Population and State

- Under current law, vaccines are not a mandatory benefit for all adult enrollees
- New adult group: mandatory benefit without cost sharing
- Other adults: voluntary benefit and states may require cost sharing
 - 24 out of 49 states covered all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP)
- Build Back Better Act would mandate coverage of all ACIP-recommended vaccines without cost sharing
 - Passed in the U.S. House of Representatives but not in the Senate

Vaccination Rates in Medicaid

- Medicaid-enrolled adults had lower vaccination rates than privately insured adults for nearly all vaccines
- Within Medicaid, differences in vaccination rates across racial and ethnic groups is mixed
- Vaccination rates were more similar between Medicaid and private insurance among people of color than they were for white non-Hispanic adults
- The influenza and Tdap vaccination rates were substantially lower for pregnant women enrolled in Medicaid than for those enrolled in private insurance

Improving Access for Medicaid-Enrolled Adults

Expand provider access and availability

- Payment adequacy
- Expand provider networks

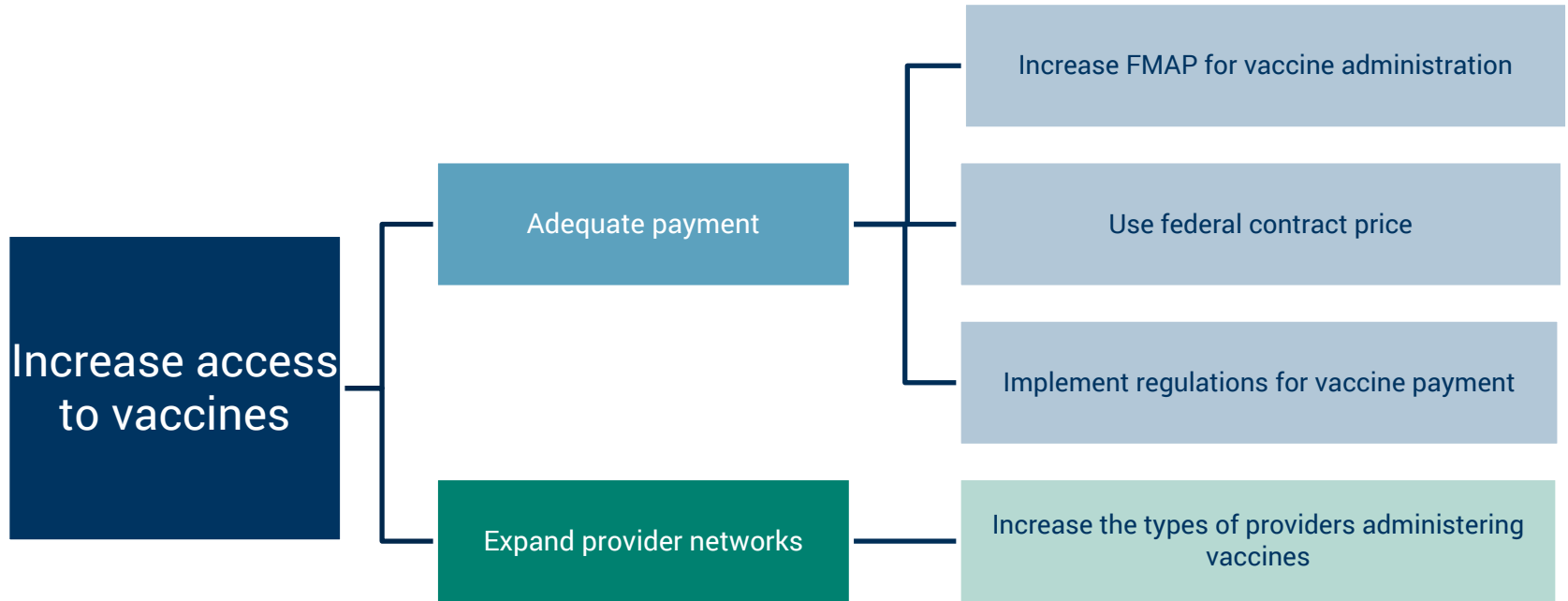
Beneficiary support and education

- Outreach and campaigns
- Provider engagement in education

Policy Options for Improving Access and Beneficiary Education and Support

January 20, 2022

Increasing Provider Access and Availability



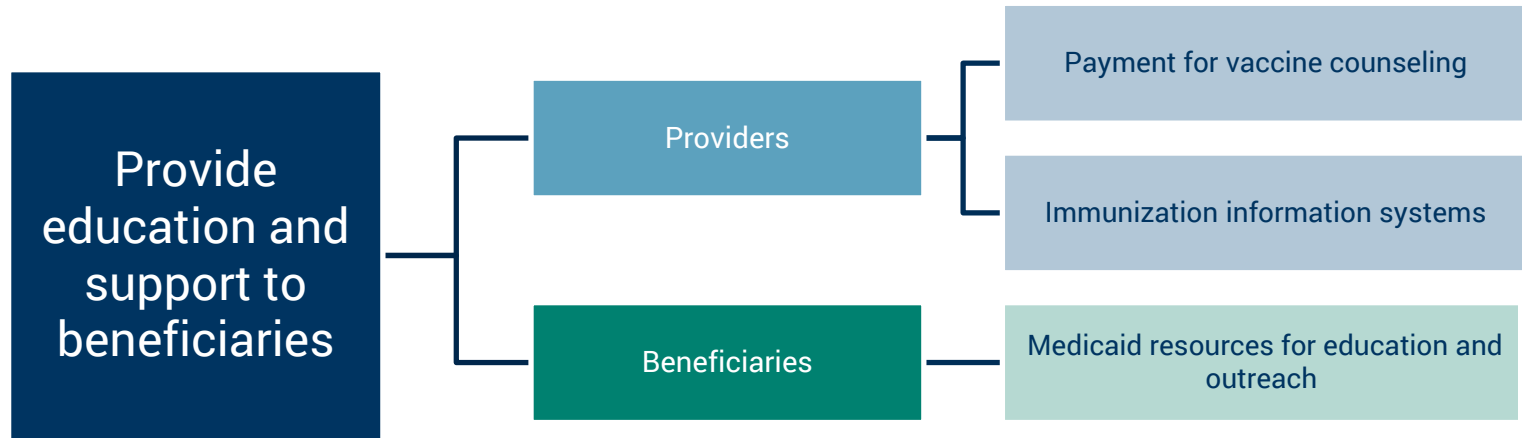
Policy Options: Adequate Payment

| Policy option | Action required | Improve vaccination rates | Reduce racial disparities | State spending | Federal spending | Operational complexity |
|--|-----------------|---------------------------|---------------------------|----------------|------------------|------------------------|
| A. Increase FMAP for vaccine administration | Statutory | Low–medium | Low–medium | Decrease | Increase | Low–medium |
| B. Federal contract price | Statutory | Low | Low | Low decrease | Low decrease | Medium–high |
| C. Implement regulations for vaccine payment | Regulatory | Low–medium | Low | Increase | Increase | Low–medium |

Policy Options: Expand Provider Networks

| Policy option | Action required | Improve vaccination rates | Reduce racial disparities | State spending | Federal spending | Operational complexity |
|---|-----------------|---------------------------|---------------------------|----------------|------------------|------------------------|
| D. Increase the types of providers administering vaccines | Guidance | Low-medium | Low-medium | Increase | Increase | Low |

Provide Education and Support to Beneficiaries



Policy Options: Beneficiary Education and Support Through Providers

| Policy option | Action required | Improve vaccination rates | Reduce racial disparities | State spending | Federal spending | Operational complexity |
|--|-----------------------|---------------------------|---------------------------|----------------|------------------|------------------------|
| E. Payment for vaccine counseling | Guidance or statutory | Low | Medium | Increase | Increase | Low |
| F. Immunization Information System support | Guidance | Low | Low | Increase | Increase | Low – medium |

Policy Options: Beneficiary Education and Outreach

| Policy option | Action required | Improve vaccination rates | Reduce racial disparities | State spending | Federal spending | Operational complexity |
|--|-----------------------|---------------------------|---------------------------|----------------|------------------|------------------------|
| G. Medicaid resources for education and outreach | Guidance or statutory | Low | Medium | Increase | Increase | Medium |

Next Steps

- Feedback on draft chapter and policy options to improve access and beneficiary education and support
- Decide whether to pursue recommendations for June report
- Narrow down policy options for potential recommendations
 - Which policy options should be removed?
 - Are there policy options that should be considered together?

Summary of Policy Options

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| C. Implement regulations for vaccine payment | Regulatory | Low–medium | Low | Increase | Increase | Low–medium |
| D. Increase the types of providers administering vaccines | Guidance | Low–medium | Low–medium | Increase | Increase | Low |
| E. Payment for vaccine counseling | Guidance or statutory | Low | Medium | Increase | Increase | Low |
| F. Immunization Information System support | Guidance | Low | Low | Increase | Increase | Low–medium |
| G. Medicaid resources for education and outreach | Guidance or statutory | Low | Medium | Increase | Increase | Medium |



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