



AMERICAN ACADEMY OF  
FAMILY PHYSICIANS  
STRONG MEDICINE FOR AMERICA

March 4, 2015

Rebecca Fish, Senior Policy Advisor  
National Vaccine Program Office  
U.S. Department of Health and Human Services  
200 Independence Avenue SW (Room 733G)  
Washington, DC 20201

RE: Solicitation of Written Comments on the Draft National Adult Immunization Plan

Dear Ms. Fish:

On behalf of the American Academy of Family Physicians (AAFP), which represents 115,900 family physicians and medical students across the country, I write in response to the [notice](#) soliciting comments on the [draft](#) National Adult Immunization Plan as published by the National Vaccine Program Office in the February 6, 2015 *Federal Register*.

The National Vaccine Advisory Committee (NVAC) advises, makes recommendations, and fosters collaboration among the various federal agencies involved in vaccine and immunization activities. The AAFP agrees with the notice that adult vaccination rates remain low in the United States, and significant racial and ethnic disparities exist. We agree with the strategic goal of improving adult immunizations and that vaccination is one of the most important public health achievements that saves lives and improves the quality of life by reducing the transmission of infectious diseases.

It is AAFP [policy](#) to endorse the concept that all children and adults, regardless of economic and insurance status, should have access to all necessary immunizations. The AAFP believes that all public and private insurers should include, as a covered benefit, all necessary immunizations without co-payments or deductibles.

The AAFP believes that the vaccine manufacturers and distributors should have payment policies that minimize the physicians' financial risk involved in maintaining a vaccine inventory. Government programs (e.g., Vaccines for Children (VFC), 317 Immunization Grants, or state "universal purchasing") that subsidize the costs of vaccines at no cost to medical practices should be adequately funded by the federal and state government. Requiring clinicians to stock separate supplies of vaccines for the VFC Program and for persons covered by other payers can be burdensome and adds unnecessary administrative costs to practices. Therefore, AAFP recommends that states allow physicians to intermingle storage of VFC and other vaccine supplies, with appropriate documentation and cost accounting. The AAFP believes that the ultimate goal is to have vaccine manufacturers and distributors deliver adequate, timely, and complete orders of immunizations recommended by the AAFP to family physicians in a prioritized manner to most effectively achieve vaccination of patients within their medical home.

[www.aafp.org](http://www.aafp.org)

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Ms. Fish  
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The AAFP strongly recommends that patients receive all necessary immunizations in their medical home. When recommended vaccines are provided outside of the medical home all pertinent vaccine related information should be provided to the patient's medical home. An increasing number of immunizations are provided by employers and by pharmacies. While this increases access, the AAFP urges policies to require that immunization information is communicated to the medical home.

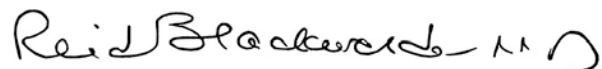
Where medical practices incur a cost for vaccines, the AAFP calls for adequate payment to the physician practice for the vaccine itself and all associated cost of overhead (acquisition, storage, inventory, insurance, spoilage/wastage, etc.) and administration with no patient cost-sharing.

The AAFP believes that vaccine manufacturers should develop contingency plans for the timing and prioritization of vaccine supplies if an ample supply of the appropriate immunizations is delayed and/or reduced.

The AAFP agrees that there needs to be an increased adoption of standardized transport by Immunization Information Systems (IIS) and by EHRs to allow for more consistent information exchange among those in the health care system who provide vaccine services for adults. We agree that not all states possess IISs and in some states, the IIS is voluntary or poorly functioning. The AAFP urges HHS to promote use of IIS in all states.

We appreciate the opportunity to comment in support of this draft national adult immunization plan. For any questions you might have, please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or [rbennett@aafp.org](mailto:rbennett@aafp.org).

Sincerely,

A handwritten signature in black ink that reads "Reid B. Blackwelder MD". The signature is written in a cursive, slightly slanted style.

Reid B. Blackwelder, MD, FAAFP  
Board Chair