



June 22, 2021

The Honorable Patty Murray
Chair
Committee on Health, Education, Labor,
and Pensions
U.S. Senate
Washington, D.C. 20510

The Honorable Richard Burr
Ranking Member
Committee on Health, Education, Labor
and Pensions
U.S. Senate
Washington, D.C. 20510

Dear Chair Murray and Ranking Member Burr,

On behalf of the American Academy of Family Physicians (AAFP) and the 133,500 family physicians and medical students we represent, I applaud the committee for its continued focus on access to vaccines during the current public health emergency and how to increase vaccine confidence. I write in response to the hearing: "Vaccines: America's Shot at Ending the COVID-19 Pandemic" to share the family physician perspective.

Family physicians provide preventive services and comprehensive primary care to patients across the lifespan. Family physicians are also integral members of their communities and see firsthand how pervasive health inequities contribute to poor health outcomes, with COVID-19 being just the latest example. As such, they play an integral role in improving the health of the public by diagnosing and treating their patients, as well as counseling patients and administering vaccines.

According to data from the Medical Expenditure Panel Survey, primary care physicians provided 54 percent of all clinical visits for vaccinations of Medicare beneficiaries in 2017, which made them more likely to administer vaccines than other stakeholders, such as pharmacies or grocery stores.¹ Given the importance of family physicians in vaccine administration and counseling for communities across the country, the AAFP offers the following recommendations.

Vaccination strategies should leverage trusted primary care physicians to improve access to immunizations in patients' own communities and build vaccine confidence. Before and throughout the pandemic, the AAFP has advocated for vaccine strategies that leverage trusted primary care physicians to combat vaccine hesitancy and improve access to vaccinations.

Given the flood of misinformation, particularly on social media, it is imperative that vaccine information and education come from highly trusted sources. The best messengers already have that relationship of trust. As trusted members of their communities, and the primary source of comprehensive health services in rural and under resourced areas, community primary care physicians play an integral role in counseling patients and ensuring equitable vaccination rates across the nation. Evidence indicates that patients trust and want to hear from their primary care physicians when making decisions about vaccines and would prefer to receive the COVID-19 vaccine in their physician's office.²

In recognition of the important role of primary care physicians in administering the COVID vaccine to vulnerable communities, Maryland launched the Primary Care COVID-19 Vaccination Program earlier this year, that specifically targeted primary care practices in communities. Within the first couple months of the program, primary care physicians administered more than 46,000 COVID vaccines. The success of the

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Maryland program underscores the role community primary care practices play in reducing transportation and technological barriers, increasing access, and addressing hesitancy barriers for patients. As a result, other states are making similar moves, action that the AAFP has [advocated](#) for.

The Medicare Payment Advisory Commission (MedPAC) has highlighted a number of health equity concerns in relation to routine vaccinations, especially among Blacks and Latinos. Many studies highlight the importance of strong patient-clinician relationships in vaccine acceptance; they note that trust—in the safety and efficacy of vaccines, in the individuals that administer vaccines or give advice about vaccination, and in the wider health system—are all important factors which influence the vaccine decision-making process. Additional studies continue to support the growing body of evidence regarding how and why trust in health information from health professionals predicts acceptance of vaccines among Black parents.³

Physicians working in community health centers and rural health clinics, who are trusted community members, play an especially powerful role in increasing vaccine confidence and access. Family physicians comprise only 15 percent of the U.S. outpatient physician workforce nationwide, but they provide 42 percent of the care in rural areas.^{4,5} Additionally, about 70 percent of COVID-19 vaccines administered in community health centers have been given to patients of color.⁶ Family physicians make up the majority of physicians employed by CHCs, which serve low-income communities.⁷ **As Congress considers policy solutions, we strongly encourage leveraging CHCs and rural health clinics since they play a key role in mitigating inequities and improving access to vaccines and affordable health care.**

Build public confidence in COVID-19 vaccines and routine immunizations by appropriately preparing physicians and other vaccine providers to engage in effective conversations with patients and families. Despite the seriousness of the spread of COVID-19, a large number of Americans are still hesitant to take the vaccine, including many health care workers. Some are influenced by misinformation being spread about the vaccine's safety and effectiveness, and others are wary due to the speed of the vaccine's development, historical racism in medical research as well as systemic racism driving poor public health outcomes.

One of the unfortunate side effects of the COVID-19 pandemic is the dramatic fall in routine immunization rates among children and adults.⁸ This decline in immunizations threatens herd immunity levels. To ensure that children, adolescents, and adults are still receiving routine immunizations, we must focus not only on the COVID-19 vaccine rates over the next several months, but also routine immunizations by encouraging Americans to continue receiving recommended primary care.

We were pleased that the American Rescue Plan Act dedicated \$1 billion to build vaccine confidence, support vaccine education, and improve vaccination rates for COVID-19 as well as other vaccine preventable diseases. Confidence building activities, inclusive of community leaders, are essential for all vaccines across the life course. **We encourage Congress to continue funding these campaigns, including for routine immunizations, and would like to see confidence efforts include all age groups - children, adolescents, and adults.**

Federal investments to increase vaccine confidence and access should consider and mitigate barriers exacerbated by social determinants of health. Just as social determinants of health are primary drivers of health inequities, these factors such as where we live and work, literacy levels, and access to technology and transportation are also primary drivers of immunization inequities, making those who are already at higher risk even more vulnerable. Family physicians know this quite well and have adapted their approach to fit the needs of their patients and community – such as opening mobile vaccination sites, opening on weekends, and proactively contacting patients to remind them to get vaccinated.

Increased coordination with primary care. Family physicians are committed to ensuring equitable access to the vaccines. We know the ultimate success of this effort will hinge on widespread coordination and communication with all stakeholders; primary care physicians and practices should play a key role in the vaccination strategy. Family physicians are uniquely positioned in their communities to educate patients, prioritize access, and coordinate administration of the COVID-19 vaccines. We have heard from several of our members in several states that they still have not gotten access to the COVID vaccines, even as many states are scaling back mass vaccination clinics.

Nearly 200 million individuals see a family physician each year, and more than 500 million patient visits are made to primary care practices annually.⁹ All vaccinators, including those working in pharmacies and retail health clinics, should coordinate, collaborate, and communicate with the patient's primary care team to ensure patient safety and continuity of care. **We urge federal and state governments to work with the Centers for Disease Control and Prevention and the nation's governors to ensure that plans for the allocation, distribution and administration of the COVID-19 vaccines prioritizes community-based primary care physicians and their practices.**

All Insurers, including Medicare and Medicaid, should include, as a covered benefit, all immunizations recommended by the Advisory Committee on Immunization Practices without co-payments or deductibles. It is well-documented that having health insurance coverage is associated with greater likelihood of receiving recommended adult vaccines. Studies have linked decreased out of pocket vaccination costs to increased immunization rates particularly for disadvantaged populations.¹⁰

Often, Medicare beneficiaries do not realize that coverage for immunizations is divided between Medicare Part B and Medicare Part D. When Medicare beneficiaries encounter financial barriers in Medicare Part D, it discourages vaccine uptake and causes inequities in access to recommended vaccines. **To address this, Congress should pass the Protecting Seniors Through Immunization Act (S. 912),** which would help inform beneficiaries about Medicare coverage for vaccines while implementing parity for out-of-pocket costs between Medicare Part B and Medicare Part D.

Furthermore, **Congress should pass the Helping Adults Protect Immunity Act (S. 581),** which would create parity in vaccine coverage between traditional Medicaid and Medicaid expansion programs. Traditional Medicaid programs are not required to cover all ACIP-recommended vaccines for adults and therefore coverage varies across states and access is disparate. This drives more disparities in vaccine utilization among the most underserved patients. Parity with the Medicaid expansion population would result in required coverage of these vaccines.

Adequate payment for the full cost of vaccine administration. Financial barriers can inhibit physicians' ability to provide recommended vaccines in their practices. We are pleased that Congress passed 100 percent Federal Medical Assistance Percentages (FMAP) for Medicaid administration of COVID vaccines, which helped to support more adequate payment rates. We also commend CMS' recent decision to increase Medicare payment rates for COVID-19 vaccines delivered in a patient's home.

For routine immunizations, Medicare and Medicaid payment rates for administration are increasingly inadequate. Vaccines under private health plans are not uniformly covered across medical and pharmacy benefit parts. This makes it financially challenging for physician practices to offer all vaccines. Inadequate reimbursement for vaccination administration discourages providers from proactively offering immunizations, and results in missed immunization opportunities and declines in immunization rates. Undervaluing the role of primary care undermines the ability of providers to offer this important preventive service to their patients, which threatens their overall health and wellbeing. **Congress should support policies to ensure adequate payment for routine immunizations across all payers.**

Immunization information systems improvements. Immunizations are essential to protecting individuals across the life course from vaccine-preventable diseases and outbreaks. The ability to

exchange immunization information across multiple jurisdictions has the ability to improve immunization rates, saving lives and dollars. Immunization Information Systems (IIS) are an essential tool for achieving this, informing providers of the vaccines a patient needs and when they need them. During past pandemics and natural disasters, IIS have been able to respond to the unique and pressing issues that these public health emergencies present for affected communities. However, IIS vary across states in terms of their capabilities and the breadth of patient information contained. Now is the time to streamline policies across states and localities to facilitate the secure and confidential sharing of immunization record data across IIS' jurisdictions on a more permanent basis. This would reduce immunization gaps, empower providers, and integrate immunization data into 21st-century health systems. **We urge Congress to pass the Immunization Infrastructure Modernization Act (H.R. 550) which would provide much needed resources for IIS modernization, interoperability, and enhancements.**

Report barriers that influence adult vaccine rates. A study published in the *Annals of Internal Medicine* indicates that primary care physicians observe numerous barriers when administering vaccines within the adult population.¹¹ Those include insurance coverage, patient hesitance, stocking limitations, and point-of-care workflow challenges. There is limited research on the barriers that influence adult vaccines at both the patient and the point-of care levels. The AAFP signed a [joint letter](#) recommending a Government Accountability Office study on vaccine administration barriers and potential solutions. We believe this is an area that deserves robust review. The government may also organize an interagency, multidisciplinary task force to develop detailed solutions that build on the National Vaccine Advisory Committee's general plan.

Again, we thank the HELP Committee for its work to help increase vaccine confidence. We look forward to working with you to advance legislation that integrates trusted messengers, like family physicians, to build vaccine confidence and improve health outcomes. If you have additional questions, please reach out to John Aguilar, Manager of Legislative Affairs at jaquilar@aafp.org.

Sincerely,



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Board Chair, American Academy of Family Physicians

¹ Wilkinson E, Jetty A, Petterson S, Jabbarpour Y, Westfall JM. Primary Care's Historic Role in Vaccination and Potential Role in COVID-19 Immunization Programs. *Ann Fam Med*. 2021 Mar 11:2679. doi: 10.1370/afm.2679. Epub ahead of print. PMID: 33707190.

² CDC. (2021, April 14). *Expanding COVID-19 Vaccine Distribution to Primary Care Providers to Address Disparities in Immunization*. CDC. <https://www.cdc.gov/vaccines/covid-19/downloads/Guide-for-Jurisdictions-on-PCP-COVID-19-Vaccination.pdf>.

³ Medicare Payment Advisory Commission. (2021, March 15). *Medicare Payment Policy - Report to Congress*. Medicare Payment Advisory Commission. http://medpac.gov/docs/default-source/reports/mar21_medpac_report_to_the_congress_sec.pdf.

⁴ The Robert Graham Center. (August 2008 presentation). *A Primary Care Perspective on Healthcare Workforce and Expenditures*.

⁵ Cherry DK, Woodwell DA, Rechtsteiner EA. *National Ambulatory Medical Care Survey: 2005 Summary*. Advance data from vital and health statistics; no. 387. Hyattsville, Maryland: National Center for Health Statistics. 2007.

⁶ Artiga, S. & Corallo, B. (2021, June 2). *Are Health Centers Facilitating Equitable Access to COVID-19 Vaccinations? A June 2021 Update*. KFF. <https://www.kff.org/coronavirus-covid-19/issue-brief/are-health-centers-facilitating-equitable-access-to-covid-19-vaccinations-a-june-2021-update/>.

⁷ Rosenblatt RA, Andrilla CHA, Curtin T, Hart LG. Shortages of medical personnel at community health centers: implications for planned expansion. *JAMA* 2006;295:1042–9.

⁸ 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.

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⁹ Willis J, Antono B, Bazemore A, Jetty A, Petterson S, George J, Rosario BL, Scheufele E, Rajmane A, Dankwa-Mullan I, Rhee K. The State of Primary Care in the United States: A Chartbook of Facts and Statistics. October 2020.

¹⁰ Stoecker C, Stewart AM, Lindley MC. The Cost of Cost-Sharing: The Impact of Medicaid Benefit Design on Influenza Vaccination Uptake. *Vaccines*. 2017; 5(1):8. <https://doi.org/10.3390/vaccines5010008>.

¹¹ Hurley, L. P., Bridges, C. B., Harpaz, R., Allison, M. A., O'Leary, S. T., Crane, L. A., Brtnikova, M., Stokley, S., Beaty, B. L., Jimenez-Zambrano, A., Ahmed, F., Hales, C., & Kempe, A. (2014). U.S. physicians' perspective of adult vaccine delivery. *Annals of internal medicine*, 160(3), 161. <https://doi.org/10.7326/M13-2332>.