



Association of
Immunization
Managers

AIM Executive Committee Meeting

May 2, 2022 12:00-1:00pm ET

Present: Kathy Kudish (Chair-CT), Amber Tirmal (Phila-Chair Elect), Tom McCleaf (Sec. Treas-PA), Kurt Seetoo (MD), Matt Bobo (AK), Emily Messerli (KY), Stephanie Schauer (WI), Molly Howell (ND), Monife Stout (USVI), Rich Lakin (UT), Heather Roth (CO),

Not Present: Ron Balajadia (HI), Michele Roberts (Immediate Past Chair-WA), Stephen White (SC)

Agenda

- Welcome and Introduction – AIM Chair, Kathy Kudish (CT)
- Discussion: VFA Program – President’s FY2023 Budget Proposal (AIM EC/Ram Koppaka, CDC)
- Review and Approval of February Meeting Minutes – AIM Sec-Treas, Tom McCleaf (PA)
- Vote: AIM elections to be held annually virtually in December - Claire Hannan, AIM Executive Director
- Vote: incorporation of the Immunization Champion Award as an official AIM Award - Claire Hannan, AIM Executive Director
- AIM Leadership Team (Past Chair, Chair, Chair-Elect, Sec-Treas, Exec Dir) Meeting and discussion of strategic planning process - Claire Hannan, AIM Executive Director
 - Team will meet May 16-17 (draft agenda attached)
 - EC suggestions for meeting and for development of new AIM strategic plan and strategic priorities
- AIM updates - Claire Hannan, AIM Executive Director
 - Audit and 990
 - AIM Awards
 - AIM offsite staff meeting
 - Invitation to Georgina Peacock and engagement with CDC
- Open Discussion

CDC & Executive Committee Discussion: Vaccines for Adults Program - President Biden’s FY2023 Budget Proposal

CDC staff joined the Executive Committee call for 30 minutes to discuss the Vaccines for Adults (VFA) program proposed by the Biden Administration.

Background and Vision: CDC is planning to provide a more detailed look at the adult IZ infrastructure plan laid out in the President’s FY2023 budget. The COVID pandemic has demonstrated why we need a robust adult IZ infrastructure, as we work to build on lessons

learned from the pandemic. Vaccines for Adults (VFA) is considered a building block of a comprehensive adult immunization program, but it is not the program in totality; it requires multiple pieces. The end-goal vision is to have a comprehensive vaccine program for the entire lifespan.

What is the Vaccines for Adults program? The VFA program is designed as a complement to the VFC program. Like the VFC program, the VFA has eligible populations which would comprise uninsured adults for the 13 ACIP recommended routine vaccines and the COVID vaccine (14 vaccines total). The VFA as it is currently constructed has four components:

1. **Significant funding for vaccine purchase and distribution** with federal funds (current thinking is to use a model similar to VFC)
2. **Funding to reimburse provides for the cost to administer vaccine** (unique to VFA with the expectation that many of these adults' vaccines will be administered to pharmacies and FQHCs)
3. **Mechanism to run the provider reimbursement program** modeled after the HRSA program during the pandemic
4. **Broad category known as "Program Operations."** This is likely where some of the funding to support jurisdictions would be drawn from. The funding within VFA is not the entirety of what would be required to support adult IZ infrastructure in the 64 jurisdictions.
 - a. The President's budget contains a companion proposal for roughly \$300 million in discretionary funding (317 funding). A portion of this funding would be used to support adult immunization.

AIM EC Feedback and Questions:

- ***Was there thought given to American Indians in the VFA proposal? Although many tribal individuals are insured, they go to the IHS for services.*** There was conversation about this early on because there is language in the statutory VFC language that calls out Native American populations. However, on the adult side, the decision was made to keep the language broad and Native American populations are not included. The VFA is not intended to fill all access and gaps; it is not crafted to be as inclusive as VFC. The underinsured population is also not included.
- ***Is there anything in the President's budget to move Medicare Part D to Part B?*** Yes, this is included within the CMS budget as well as the President's budget. This would essentially transfer the benefits from Medicare Part D to Part B so that all the ACIP recommended vaccines are encompassed. This makes the benefits universal for the Medicare population.
- ***Comments from Molly Howell (ND):*** If there is a separate adult and pediatric contract, this may cause challenges especially in rural states. When contracting for adults/peds, overlap when contracting would be helpful. More providers mean more site visits. As programs

are doing more site visits, programs are finding a lot of storage and handling issues; this might be an upfront cost for providers. If there is any way to get an IIS reporting requirement in the provider agreement, participation, reimbursement, etc. this would be helpful for programs.

- **Comments from Georgina Peacock (CDC):** The plan would be to integrate many of these pieces if this budget proposal moves forward. CDC is looking for a policy way forward for reporting requirements.
- **What are the odds the proposal gets passed? Is this something that would be sustainable? Would this budget be renewed year to year?** We should be hopeful, but it is unclear what Congress will decide. The VFA is crafted as a mandatory component just like VFC (not subject to annual appropriations). If the President's budget is passed, VFA funding would be guaranteed year to year. Unlike VFC, this is not an entitlement.
- **If the budget proposal does not pass, will CDC still move forward with any or all pieces of the VFA program?** VFA will be hard to move forward with without funding and would have to be authorized in the legislature. There is commitment from CDC, HHS, etc. to work to support adult IZ infrastructure in one way or another.
- **Do you envision the VFA program including similar requirements to the VFC program, specifically around compliance visits and storage and handling (especially among pharmacies)?** It is too early to know overlapping requirements between VFA and VFC models.
- **Will recipients of VFA funding for reimbursement be required to report to IIS?** IIS is a complicated issue and would require additional policy components.
- **Can we assume reimbursement for administration will not be different state by state (as it is for VFC)? Low reimbursement could be a barrier to building a network.** The reimbursement would not be different state by state; uniform \$20 per dose administration reimbursement. For more than half of states, this will be an increase in reimbursement rate.
- **Is there any consideration of expansion to Medicaid eligibility also for VFA akin to VFC? This would really help with data and actually improving uptake.** Medicaid gaps are not expected to be filled with the VFA. There is a provision in the "Build Back Better Act" to close the Medicaid gaps by mandating that all state Medicaid programs cover all 14 ACIP recommended vaccines without co-pay. There is a lot of hope on the CMS side that this gap will be addressed, but this is an entire other process.
- **Additional Comments from EC Members:**
 - Some jurisdictions are fortunate to have a relatively small uninsured population. However, there is concern that the program will be underfunded in operations if it

is based on uninsured population only. Some operations are not scalable, such as site visits, startup cost for providers (DDL, storage, etc.) and connecting to IIS.

- Costs for purchasing stand-alone units and DDLs will be an added expense for adult providers. Assuming we have similar requirements as VFC for VFA, it would be great to allow VFA/VFC storage in same unit.

CDC staff exited the call following the VFC discussion.

Presentation and Approval of April 2022 EC Minutes

Tom McCleaf (PA-Sec.-Treas) introduced the minutes from the April 2022 Executive Committee meeting. There were no proposed amendments to the April 2022 EC minutes by the AIM Executive Committee. A motion to approve the April 2022 meeting minutes as written was made by Kathy Kudish (AIM Chair) and seconded by Monife Stout (USVI). The April 2022 meeting minutes were unanimously accepted via voice vote.

Vote: AIM elections to be held annually virtually in December

Claire Hannan (AIM Exec Dir) introduced the topic of AIM elections to be held annually virtually in December for a vote. This was previously discussed in the April EC meeting but there was no vote. The move will not require a change in AIM bylaws. EC members provided the following comments:

- Tom McCleaf (PA-Sec.-Treas) supported the idea and prefers the full calendar year commitment to being an EC member.
- Kathy Kudish (AIM Chair) enjoyed the face to face networking involved if elections were held in person. She believes holding it virtually in December will make it consistent.

A motion to approve the elections being held annually in December was made by Amber Tirmal (Phila) and seconded by Molly Howell (ND). The motion was approved by the AIM EC via voice vote.

Vote: Incorporation of the Immunization Champion Award as an official AIM Award

Claire Hannan (AIM Exec Dir) introduced the incorporation of the Immunization Champion Award as an official AIM award for a vote. AIM took over the execution of the Champion Award this year from CDC and CDC is giving us an opportunity to brand it as an AIM award. Claire wanted to wait for the EC members to vote on award before she felt ready to market it as an AIM award.

In the April General Membership Webinar, we referred to it as the Immunization Champion Award, but the goal is to change the name to AIM Immunization Champion Award. A couple EC members felt that recipients might not feel the same prestige in receiving the award from AIM instead of CDC especially if they are not familiar with the AIM name. They recommended the award maintain some association with the CDC name.

A motion to approve the Immunization Champion award as an AIM award with continued association with CDC was made by Amber Tirmal (Phila) and seconded by Kathy Kudish (AIM Chair). The motion was approved by the AIM EC via voice vote.

AIM Leadership Team Meeting and Discussion of Strategic Planning Process

Claire Hannan (AIM Exec Director) opened discussion on the AIM Leadership Meeting to be held May 16-17, 2022 in Chicago, IL. The meeting will be attended by AIM's Past Chair, Chair, Chair-Elect, Sec-Treas, Exec Director, and moderated by Janna Bardi (former AIM Member and AIM Chair). Originally, there was a plan to attend an ASAE (American Society of Association Executives) meeting for the organization's Executive Director and Board of Directors, but it was canceled due to COVID. Claire felt that it was important to hold this leadership meeting and shared the draft agenda with the Executive Committee.

Claire wanted to get suggestions from EC members for the meeting and for the development of new AIM strategic plan and priorities. AIM Executive Committee members provided the following feedback:

- Molly Howell (ND) would like help with state legislation tracking and how to address political activities in her state. It is important to have access to shared testimonies, bill tracking, and document sharing. She also feels like having more robust ACIP workgroup representation and support would help. Claire responded that we currently do not have a process in place for submitting nominations to ACIP for workgroup members, but it is something we could look at. What is most important when putting someone as a rep of AIM on a potential workgroup?
- Emily Messerli (KY) agreed with Molly in needing support for overall policy and legislations. She suggested that AIM get a lobbyist. Claire replied that 501 (c) (3) organizations are only allowed to use a small percentage of funds for lobbying. Claire felt that this is a good suggestion and will plan for it.
- Stephanie Schauer (WI) stressed the importance of IIS and strengthening our relationship with AIRA moving forward to help with changes in CDC.

AIM Updates

AIM has completed the audit, but Claire still needs to sign it. AIM will invite the auditors to the June 2022 EC meeting to discuss the audit. Bill Russ (AIM CPA) completed the 990 and will attend the next EC meeting to give a financial report. Claire and Bill will meet with Tom McCleaf (PA-Sec.-Treas) prior to the next EC meeting.

Second, AIM staff will have an in person all-staff meeting in June 2022 in Ft. Lauderdale, FL. Janna Bardi will facilitate, and the agenda will be built from the Leadership Meeting outcome. Claire hopes to have a semi-annual in person meeting which will be supported by the indirect funds from our grants.

Third, Georgina Peacock will join our EC meeting quarterly.

Fourth, Claire discussed the AIM awards being presented at the conference: Natalie J. Smith Award, Bull's-Eye Award, Rising Star Award and Impact Award. Claire wanted to discuss the Leading Through Adversity Award which will be given to all Program Managers to recognize their tremendous achievement and leadership throughout the pandemic. EC members shared the following feedback on the AIM awards:

- Tom McCleaf (PA-Sec.-Treas) wanted to know if past PM's (i.e. Bob Swanson, Stacy Hall) who left/retired would be eligible for awards. Claire responded that we are looking for ways to engage certain people to provide feedback on the organization so they can attend the meeting. Tom supports past PMs getting an award. Anyone who has retired or left the PM job within the last two years is eligible for the Natalie Smith Award.
- Kathy Kudish (AIM Chair) inquired about the criteria and Claire responded that they are in our web site and will also be included in today's weekly update. With the exception of the Leading Through Adversity Award which could be given to everyone, nominations for all awards are officially open.
- Molly Howell (ND) inquired about eligibility requirements and if the award description shows who has won past awards. The Natalie J. Smith shows past winners, but the rest do not. Claire mentioned that we have a list of requirements, but they are not posted. AIM will work to post eligibility requirements and list past winners.
- Tom McCleaf (PA-Sec.-Treas) shared that people need to log in to get more information about the awards and to access the forms. Claire did not want people to access the word document and edit the form. Non-members can still nominate by contacting AIM Information.

Finally, Melinda Wharton, current ACIP Secretary, reached out to organizations like AIM to determine who could be a good effective consumer representative on the ACIP committee. AIM is hoping to get a consumer who works with parents and has some knowledge of immunizations. Claire asked EC members if they are aware of anyone from their state that would be a good candidate, and if so, please encourage them and nominate them. The nomination process ends in July 2022.

- Molly Howell (ND) recommended their equity organizations like community and faith-based ones or disability.
- Kathy Kudish (AIM Chair) inquired what it means to be a consumer organization. Claire is unsure about the exact definition. She added that ACIP will not necessarily pick someone who is distinctly pro vaccine. They want someone who has the ability to engage because they are knowledgeable and be a voice.
- Heather Roth (CO) recommended Voices for Vaccines. Claire hopes Karen Ernst, their Executive Director, nominates herself.

Open Discussion

Kurt Seetoo (MD) shared that during COVID visits, he is finding providers having storage and handling issues which requires having to revaccinate. He wants to know if other EC members are having the same issues. EC members shared their experiences:

- Stephanie Schauer (WI) mentioned after reviewing smaller providers, she sent out about 500 letters that they need to revaccinate. She added that they are now doing pre-enrollment visit for COVID.
- Molly Howell (ND) said that pharmacies and long-term care facilities are using dorm fridges and not checking their temps twice a day. She has a plan to put a request to purchase storage units and data lockers using COVID funds. In the enrollment form, Molly asks them to write down what storage unit they are using and request a picture. In IIS, she found providers that are transferring their inventory to providers who are not enrolled. She suggested Kurt to check who has covid inventory and if they should have inventory.

Claire Hannan (AIM Exec Director) is talking on the ASTHO call on Tuesday, May 3rd regarding provider enrollment and asked if anyone has any new strategies to get providers enrolled especially for young children. Claire will mention Colorado. Heather Roth (CO) will have a final evaluation soon to share. Claire asked Heather to submit their efforts for the Bull's-Eye award.

Tom McCleaf (PA-Sec.-Treas) inquired how Colorado went about penalizing providers and if CDC was involved. Heather replied that it really fell on them to take action. In April or May of 2021, Colorado had revaccination for 5,000 people, so she had to tighten their processes. A pharmacy they visited had a dual role: federal retail pharmacy program and state. Heather reached out to CDC to close off ordering through the feds. The provider had 140 offsite visits to long term care facilities and did not transport properly and did not watch temps. Heather added that her Project Officer told her that CDC is not conducting any compliance state visits on retail chain pharmacies, but they are planning on it. They are supposed to visit 10% by December but the program has not started.