

# AAP Advocacy, Programs and Messaging on COVID Vaccines and Routine Childhood Vaccines

Association of Immunization Managers/  
American Academy of Pediatrics  
Partnership Meeting  
February 8, 2023

James Baumberger  
Sr Director, Federal Advocacy

Sunnah Kim  
Sr Director, Pediatric Practice and Health Care Delivery

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# About the AAP

- **Members:** 67,000
- **Mission:** To attain optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults
- **Committees, Councils, Sections:** Leadership entities that develop AAP policy, educational programming and resources, and advocate for health initiatives and carrying out the AAP mission
- **Chapters:** 59 chapters in the United States and 7 chapters in Canada.



# Current Challenges for Members

- Staffing shortages
- Payment
- Vaccine misinformation
- Parental vaccine hesitancy
- Mental health crisis
- Burnout
- #1 Leadership Conference Resolution  
“Supporting Pediatrician Advocates  
Experiencing Adversity”



# COVID-19 Policies Ending

**Biden administration plans to end  
COVID public health emergency in May**

**Medicaid Unwinding Will Begin in April but  
There's Good News in Congressional  
Funding Agreement**



# Current Vaccine Landscape

- COVID-19 vaccine rates remain lower, especially for younger children
- Reduction in routine immunization rates
  - [Jan 13 MMWR](#) reported that national coverage with state-required vaccines among kindergarten students declined from 94% to approximately 93% during the 2021-2022 school year.
  - The exemption rate remained low (2.6%).
  - However, an additional 3.9% without an exemption were not up to date with measles, mumps and rubella vaccine.
- Proliferation of vaccine misinformation and disinformation flooding social media that influences families



# Challenges on the Horizon

- Commercialization of COVID-19 vaccine
- Potential approval and recommendation for nirsevimab
- Efforts to weaken school immunization requirements and expand vaccine exemptions at the state level



# Immunization Advocacy

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# AAP Federal Immunization Priorities

- Increasing vaccine access and coverage
- Promoting vaccine confidence
- Bolstering immunization around the globe
- Improving the VFC program for providers and patients
- Achieving appropriate vaccine payment for pediatric practices



# AAP COVID-19 Vaccine Advocacy

- AAP and its chapters provided crucial **leadership in every step** of the vaccine development and distribution planning process
- Eventually, COVID-19 vaccine was authorized for all children

## Pediatricians plead with FDA to move quickly on Covid vaccine for kids

"The delta variant has created a new and pressing risk to children and adolescents across this country," president of the leading pediatricians group wrote.





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## Strengthening Immunization Delivery for Children: PREPARING FOR A COVID-19 VACCINE

Once a COVID-19 vaccine is available, ensuring that children and adolescents are quickly immunized against the disease will be a crucial component of a national strategy to keep Americans healthy, end social distancing, and strengthen America's economy. However, several obstacles threaten to impede our nation's ability to carry out this essential effort.

Largely driven by online misinformation, an increasing number of parents in recent years have become more hesitant to vaccinate their children according to expert recommendations. Restoring confidence in the safety and effectiveness of childhood vaccines will be crucial to ensuring uptake of a COVID-19 vaccine.

In addition, childhood vaccination rates have experienced sharp declines resulting from COVID-19-related stay-at-home orders. In the coming months, pediatricians will be called upon to

respond to an influx of children returning to catch up on their routine vaccines. This fall, they will need to vaccinate children against influenza in what will be an especially critical flu season and will need to prepare for the widespread delivery of a COVID-19 vaccine.

However, primary care pediatrician practices—the centerpiece of the child vaccine delivery system in the United States—have experienced severe economic stress as a result of the COVID-19 pandemic. These practices must remain financially solvent to carry out the important social responsibility of child vaccination in tandem with performing the essential function of providing primary health care to children.

A national policy strategy is needed to keep childhood vaccination strong and end the COVID-19 epidemic.

### Increase Vaccine Rates and Confidence

**Encourage the safe return of children to their medical homes.** Pediatricians have responded to COVID-19 by redesigning their practices to make them especially safe places for children and families. Communications efforts are urgently needed to ensure that parents know that vaccination and well-child care is safe and essential.

**Pass the VACCINES Act.** The VACCINES Act is a bipartisan bill that would help provide resources to the Centers for Disease Control and Prevention (CDC) to appropriately monitor vaccine hesitancy and promote vaccine confidence through public messaging campaigns.

### Booster the Vaccine Delivery System

Pediatricians are the backbone of the immunization delivery infrastructure for children. Yet, in many cases pediatric practices must shoulder the expensive upfront financial burden of purchasing, storing, and delivering vaccines. Payments to pediatricians for administering vaccines—often through the Medicaid program—is often inadequate.

**Ease the financial burden of vaccine administration on pediatric practices.** For the duration of the public health emergency, Medicaid vaccine administration payments should be significantly increased. Congress should fully fund states to significantly enhance Medicaid vaccine payment rates for two years. Longstanding underpayment of certain vaccine payment codes must also be addressed.

**Strengthen the Vaccines for Children (VFC) program.** The VFC is an important program that finances the purchase of vaccines for certain eligible children. Yet, administrative and payment hurdles too often force providers to end participation in the program. Incentive payments to VFC are needed to maintain practice participation and administrative barriers must be reduced.



### Allow Borrowing Between Public and Private Vaccine Stock

A nationwide VFC policy is needed effective immediately through the end of CY 2021 allowing VFC-participating providers to bidirectionally borrow vaccine between their private stock with no penalty and with consistent, low documentation requirements across states. In situations where a practice may not have stock from a lending source on hand, providers need this flexibility to adequately respond to the task of getting caught up on the recommended immunization and avoid missed opportunities to vaccinate.

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## Policies to Preserve the Vaccine Delivery System for Children

National and local data are beginning to emerge that paint a disturbing picture of the impact of the COVID-19 pandemic on child and adolescent vaccination rates due to fewer parents taking their children to see their doctor.

The existing vaccine delivery system relies on pediatric practices to vaccinate the nation's children and adolescents and prevent future outbreaks. In response to the COVID-19 pandemic, practices have reinvented the way they deliver primary care to offer a safe environment for families to receive needed care. Pediatricians are offering telehealth care, organizing office visits into well-care and sick-care blocks, and instituting infection control measures ranging from removing seats and toys in the waiting room to conducting drive-through testing and vaccinations. Pediatric practices are open, committed, and prepared to continue seeing patients during this public health emergency.

In order to keep this vaccine delivery system strong, however, we need to address the severe financial challenges practices are facing right now. Practices are confronting drastic choices in light of the COVID-19 pandemic. Practices are as low as 20-30 percent of their practice's typical case loads due to social distancing, shelter-in-place, and families delaying or forgoing care. At the same time,



pediatricians are facing higher costs including personal protective equipment and workforce training as they transform their practice to meet the needs of their patients and families. The dramatic drop in revenue compounded with higher costs is forcing practices to confront furloughs and layoffs, cancel vaccine orders, and in many cases, consider permanent closure. Urgent financial assistance will be needed to preserve the linchpin in the childhood vaccine delivery system.

### Address Financial Strain and Deficiencies in the Vaccine Financing System

#### Enhanced Medicaid Payment for Immunization Administration

To preserve the pediatric immunization infrastructure during the COVID crisis, for the duration of the public health emergency, Medicaid vaccine administration payments should be significantly increased. Congress should fully fund states to provide Medicaid vaccine payment rates equivalent to 200 percent of Medicare rates for two years.

#### Appropriately Valued Vaccine Codes

In order to support physicians who administer vaccines, the Centers for Medicare and Medicaid Services (CMS) should maintain calendar year (CY) 2019 national payment amounts for immunization administration services in CY 2020 for all populations.

#### Prospective Medicaid Vaccine Payments

State Medicaid programs should work with CMS, the Centers for Disease Control and Prevention (CDC), and the VFC program to provide prospective payment to physicians for vaccine and vaccine administration to preserve the pediatric immunization infrastructure during the COVID crisis.

### Delivery of Seasonal Flu Vaccine to Children

Receipt of public and private seasonal influenza is a health equity issue. A nationwide VFC policy is needed in the 2020-21 influenza season in which all CDC-authorized VFC providers are required to provide the delivery of VFC vaccine as compared to private vaccine to two weeks or less. VFC providers can provide the influenza vaccine to their patients at the earliest opportunity available (same that COVID-19 will persist throughout the flu season).

### Payment for Multi-Component Vaccines

Vaccinating providers are at present unable to receive code 90481, which appropriately reflects the work associated with the provision of multi-component vaccines.

### Regulatory Burden and Collaboration with Non-Quality Initiatives

VFC programs that work with VFC providers to the impact of regulations on sustained participation. VFC programs should work collaboratively with in-kind or current suspension of VFC participation for minor infractions such as temperature excursions. Immunization Quality Improvement for Providers (ImQIP) should also work to minimize burdens that may hinder monitoring visits. Partner with professional organizations to promote efforts related to catch-up, storage, and handling, etc.

MORE INFORMATION  
at [immunize.aap.org](https://immunize.aap.org)

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# COVID-19 Vaccine Advocacy Successes

- Provider relief funding
- Administrative flexibilities in the VFC program
- Passage of the VACCINES Act
- Billions in funding for vaccine confidence
- Enhanced payment for COVID vaccine administration
- Improved Medicaid payment for standalone vaccine counseling



# VACCINES Act

*Vaccine Awareness Campaign to Champion Immunization Nationally and Enhance Safety (VACCINES) Act* authorized CDC activities to:

- expand research to better understand vaccine hesitancy, areas with low vaccination rates, and attitudes towards vaccines
- conduct targeted interventions and awareness campaigns in areas with low vaccination rates

116TH CONGRESS  
1ST SESSION **H. R. 2862**

To amend the Public Health Service Act to provide for a national system for surveillance of vaccine rates, to authorize research on vaccine hesitancy, to increase public understanding of the benefits of immunizations, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 21, 2019

Ms. SCHRIER (for herself, Mr. BURGESS, Mr. ENGEL, Mr. GUTHRIE, Mr. SCHRAEDER, and Mr. BILIRAKIS) introduced the following bill; which was referred to the Committee on Energy and Commerce

## A BILL

To amend the Public Health Service Act to provide for a national system for surveillance of vaccine rates, to authorize research on vaccine hesitancy, to increase public understanding of the benefits of immunizations, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

### 3 SECTION 1. SHORT TITLE.

4 This Act may be cited as the “Vaccine Awareness  
5 Campaign to Champion Immunization Nationally and En-  
6 hance Safety Act of 2019” or the “VACCINES Act of  
7 2019”.

# Payment for Vaccine Counseling

**DOCTORS DON'T GET PAID FOR TALKING TO  
PARENTS ABOUT KIDS' COVID-19 VACCINATIONS.  
JOE BIDEN WANTS TO CHANGE THAT**

TIME



- Medicaid to cover COVID-19 vaccine counseling visits for children up to age 21 with 100% federal funding throughout the public health emergency and the following year
- CMS will require states cover stand-alone vaccine counseling visits related to all pediatric vaccines under EPSDT benefit



# Preparing for COVID Vaccine Commercialization

- Lack of additional COVID funding from Congress will necessitate commercialization of the COVID vaccine
- Timeline: Moving target
- Universal purchase of COVID vaccines will stop
- Coverage will shift to private insurance and the Vaccines for Children (VFC) program
- AAP advocating for policies to ease burdens on pediatric practices and maintain access for children



# Strengthening the Vaccines for Children Program Act



The bill would:

- Allow Medicaid payment for administration of multi-component vaccines
- Expand VFC eligibility to children in the Children's Health Insurance Program (CHIP)
- Allow underinsured children to receive vaccines in their medical homes



# State-level Engagement by AAP Chapters on Childhood Immunizations

- AAP state chapters have an extensive history of positive and beneficial engagement with state immunization programs
- The provider experience with the VFC program varies considerably by state and region
- AAP chapters play a leadership role in advocating for childhood immunizations in state legislatures--AAP chapters are independently incorporated entities that set their own agendas for state level advocacy
- National AAP program staff serve as a conduit between CDC, AAP chapters, and state level stakeholders to address problems and propose solutions



# State-level Advocacy Priorities

- Promoting and protecting state childhood immunization and immunization programs; opposing limitations on public health authority regarding childhood immunizations
- Opposition to expansion of nonmedical exemptions; support for repeal of existing laws permitting nonmedical exemptions (eg, CA, NY, ME, CT)
- Improving physician payment rates for vaccine administration by public and private payors
- In addition to advocacy in state legislatures, public outreach/messaging about the value of routine childhood immunizations



# VFC Opportunities: Member Feedback

- Historical challenges with timing of public vs. private influenza vaccine
- Administrative burden for issues such as borrowing and swapping
- Proper payment levels for multi-component vaccines
- Punitive VFC policies



# Immunization Program Activities

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# GOAL

Supporting pediatricians and others to successfully deliver immunizations in the clinical setting



# VACCINE RESOURCES FOR PEDIATRICIANS

- [Pediatric COVID-19 Vaccine Dosing Guide](#)
- [AAP.org Practice Implementation Resources](#)
  - Storage/Handling
  - Reminder/Recall
- [PediaLink Course on Effective COVID-19 Vaccine Conversations](#) and more

## Pediatric COVID-19 Vaccine Dosing Quick Reference Guide

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Pfizer-BioNTech COVID-19 Vaccine Products						Moderna COVID-19 Vaccine Products				Novavax COVID-19 Vaccine Product
Monovalent Product			Bivalent Product			Monovalent Product		Bivalent Product		Monovalent Product
Maroon cap	Orange cap	Gray cap	Bivalent maroon cap	Bivalent orange cap	Bivalent gray cap	Blue cap/ magenta label	Blue cap/ purple label	Red cap/ blue label	Dark pink cap/ yellow label	Blue cap/ gray label
3 mcg/0.2 ml (dilute before use)	10 mcg/0.2 ml (dilute before use)	30 mcg/0.3 ml	3 mcg/0.2 ml (dilute before use)	10 mcg/0.2 ml (dilute before use)	30 mcg/0.3 ml	25 mcg/0.25 ml	50 mcg/0.5 ml	100 mcg/0.5 ml	10 mcg/0.2 ml	6-11 years: 25 mcg/0.25 ml ≥12 years: 50 mcg/0.5 ml
										5 mcg/0.5 ml

Age at First Dose	Pfizer-BioNTech COVID-19 Vaccine			Moderna COVID-19 Vaccine			Novavax COVID-19 Vaccine
6 months – 4 years	<b>Dose 1</b> Maroon cap	<b>Dose 2</b> 3-8 weeks after dose 1 Maroon cap	<b>Dose 3</b> at least 8 weeks after dose 2 Bivalent maroon cap	<b>Dose 1</b> Blue cap/ magenta label	<b>Dose 2</b> 4-8 weeks after dose 1 Blue cap/ magenta label	<b>Booster dose</b> at least 2 months after last dose Dark pink cap/ yellow label	
5 years	<b>Dose 1</b> Orange cap	<b>Dose 2</b> 3-8 weeks after dose 1 Orange cap	<b>Booster dose</b> at least 2 months after last dose Bivalent orange cap	<b>Dose 1</b> Blue cap/ magenta label	<b>Dose 2</b> 4-8 weeks after dose 1 Blue cap/ magenta label	<b>Booster dose</b> at least 2 months after last dose Dark pink cap/ yellow label OR Pfizer's	

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# PAYMENT SUPPORT

- [COVID-19 Coding Fact Sheet](#) and Coding Hotline
- [Hassle Factor Form](#) and Payer Advocacy
- [AAP Business Case for Pricing Vaccines](#)
- [AAP Business Case for Pricing Immunization Administration](#)
- [AAP Business Case for Pricing Immunization Administration In a Federal or State Supplied Vaccine Environment](#)

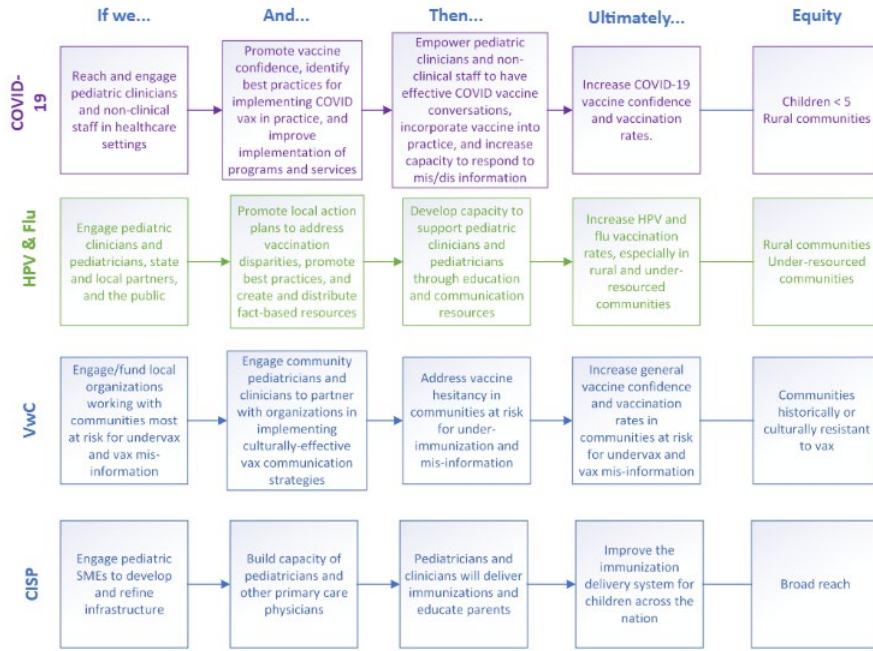


# TECHNICAL ASSISTANCE

- Fielding inquiries
- Identifying trends, brief polls
- Connecting to state or national resources



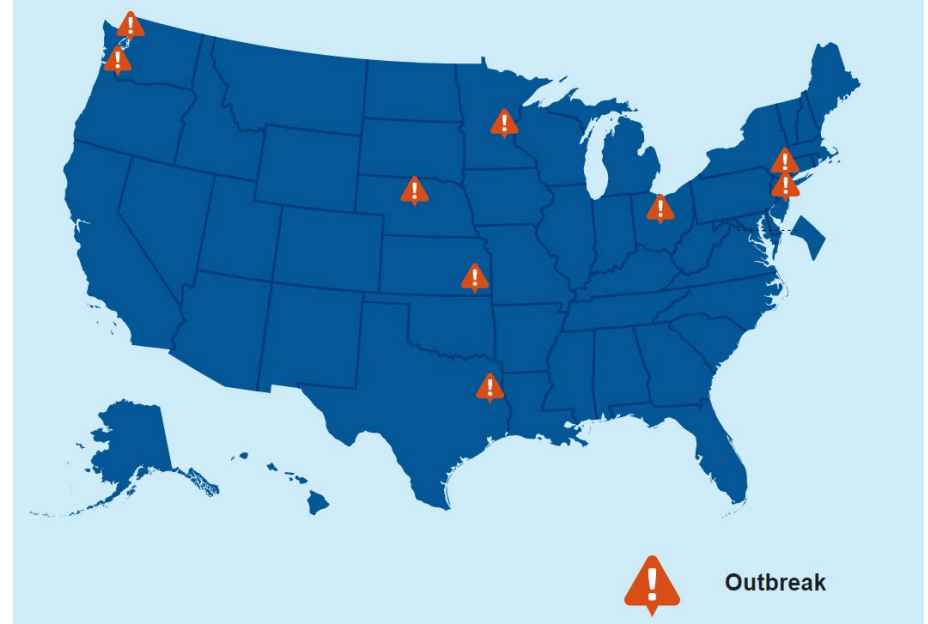
# CDC-FUNDED IMMUNIZATION GRANTS



- COVID-19, HPV and influenza, and routine immunization grants
- Previous grant work on influenza and COVID-19 vaccine for children and youth with special health care needs in hospital settings
- Emphasis on confidence, communication, partnerships, and equity

# CHILD VACCINATION ACROSS AMERICA MAP

- Outbreaks of vaccine-preventable disease
- State and national immunization rates
- <https://downloads.aap.org/AP/Vaccine/index.html>



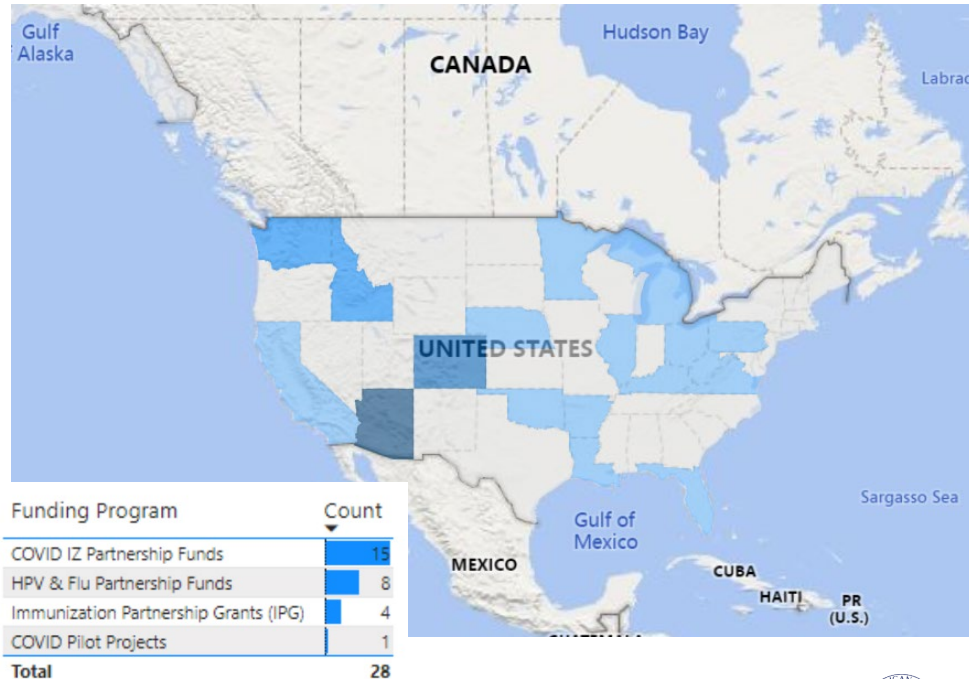
# IMMUNIZATION INITIATIVES NEWSLETTER



- Quarterly newsletter with updates, alerts, and resources
- Subscribe by emailing [immunize@aap.org](mailto:immunize@aap.org) with “IZNews” in the subject
  - Include your name, city, state and AAP ID (if you have one - an AAP ID is not required to subscribe)

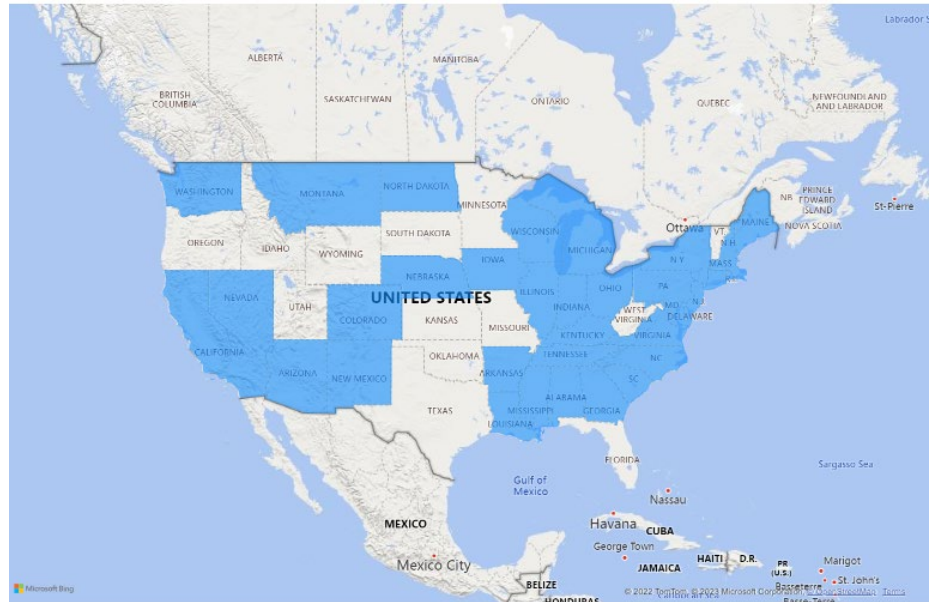
# IMMUNIZATION SUB-GRANTS

- Micro grants to 28 AAP Chapters and local health organizations
- Activities ranging from needs assessments, social media campaigns, and translation of materials



# CHAPTER IMMUNIZATION REPRESENTATIVES (CIRs)

- CIRs:
  - Assist in the development and coordination of chapter immunization activities and educational programs
  - serves as a liaison between the chapter and the national AAP
- **Currently 44 CIRs representing 38 chapters** with recruitment ongoing



# CIR ECHO TELEMENTORING SERIES

- All teach, all learn virtual community
- Curriculum covers the CIR role, vaccine confidence, and building partnerships at Chapter, state, and local levels
- Cohort meets monthly, started in January 2023
- AIM will be our guest speaker at the March session



# IMMUNIZATION LIVING LEARNING NETWORK

- Virtual hub connecting CIRs, grantees, and others interested in immunizations
  - Discussion boards
  - Resource sharing
  - Highlight successes
  - Share challenges
- Join us with an AAP ID!
  - Anyone is able to sign up for an AAP ID. To do so go to this link: [aap.org](https://aap.org) and click “Create an Account”
  - Then, let Sara Lolley [slolley@aap.org](mailto:slolley@aap.org) know you would like to be added



**Immunization Living Learning Network**

### Welcome

Whether you are joining as an AAP member, Immunization Partnership Grantee, a Chapter Immunization Representative, or from another healthcare organization, AAP staff are excited for you to participate in the Immunization Living Learning Network (IZ-LLN).

This site exists for its community members – YOU – and provides a platform for peer-to-peer discussion and resource-sharing to promote best practices, partnerships and/or collaboration to strengthen vaccine confidence and implementation in the pediatric healthcare space.

As you navigate the site, we encourage [your feedback](#) on ways to improve and/or strengthen the site to make this most beneficial.

Announcements/Upcoming Events	
<b>ECHO Series*</b> Session 1 January 23, 2023	<b>Lecture:</b> Best Practices for Vaccine Hesitancy <b>Presenter:</b> Kristin Oliver, MD, MHS, FAAP Time: 12:00 PM - 1:00 PM Central <i>*For enrolled AAP CIRs</i>
<b>ECHO Series*</b> Session 2 February 27, 2023	<b>Lecture:</b> Vaccine Hesitancy: Misinformation at a Practice and/or Systems Level <b>Presenter:</b> Ashlesha Kaushik, MD, FAAP

[▶ Discussion Boards](#)[▶ IZ Grantee Evaluation](#)[▶ Resources](#)[▶ Contact Us](#)

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# Immunization Messaging/Communications



# HEALTHYCHILDREN.ORG

- Public facing – for families
- [Immunization page on Healthychildren.org](#)
- [Getting My COVID-19 Vaccine](#) – currently most popular
- Site has 9 million page views/month

## Getting My COVID Vaccine: A Picture Story for Kids

This story follows a young person with a developmental disability and their caregiver as they prepare to get a COVID vaccine. It was created to help make it easier for children to understand what to expect and how they might feel before, during and after the vaccine.

Here's what to do:

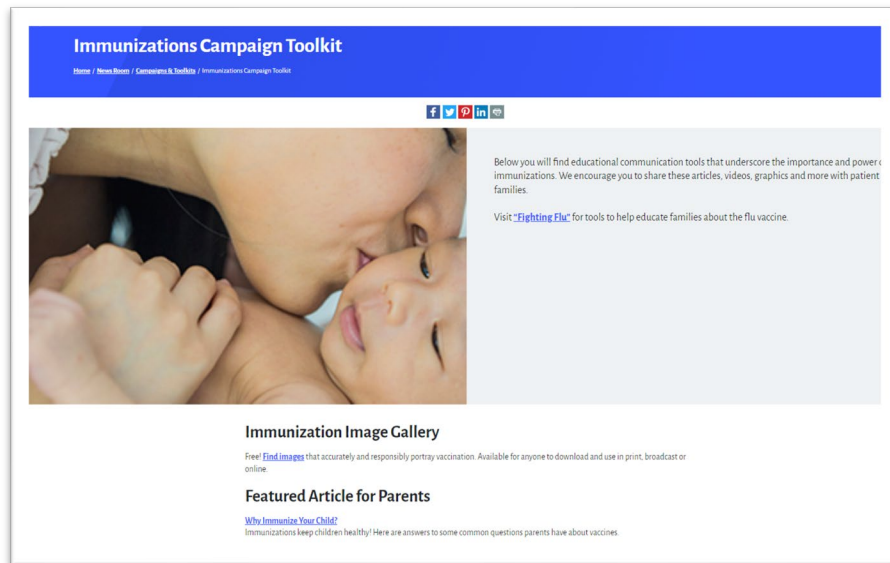
- Read this story with your child or teen to **get ready** for their COVID vaccine appointment.
- Talk about what is happening in each picture.
- Encourage your child or teen to draw their own pictures and talk about **their plan** for the visit.

My doctor said I need to get a COVID shot.



# CAMPAIGN TOOLKITS

- Includes images, videos, infographics, etc—some in Spanish
- Separate toolkits on Immunizations, COVID-19, Flu and HPV



# COVID-19 Vaccine Campaign Toolkit

[Home](#) / [News Room](#) / [Campaigns & Toolkits](#) / COVID-19 Vaccine Campaign Toolkit



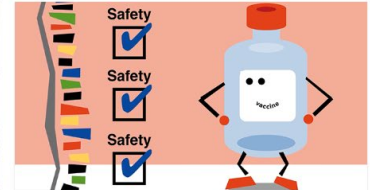
Why should my child get the COVID vaccine?

Watch



Pediatricians on COVID vaccines for kids

Watch



How mRNA COVID-19 vaccines were developed

Select Language

Watch

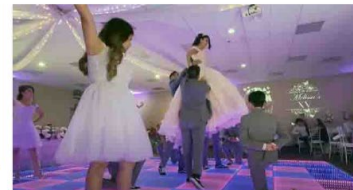


COVID-19 and kids: How mRNA vaccines work

Select Language



Watch



Resume Moments Like These

Select Video

Watch



Pediatricians Answer Your COVID-19 Questions

Select Language

Watch

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# REFRAMING VACCINES

- AAP collaboration with **Frameworks** (social science research firm) on vaccine messaging
- Research using multiple methods – engaged 9,500 Americans in over 200 studies
- Not meant for one-on-one clinical interactions, but for broader messaging to the public to better understand immunization and be less susceptible to mis/disinformation



# Reframing Vaccines

**New report available now:  
"Reframing the Conversation About  
Child and Adolescent Vaccines"**

<https://www.frameworksinstitute.org/publication/reframing-the-conversation-about-child-and-adolescent-vaccinations/>

Toolkit with practical resources also  
being developed



# REFRAMING VACCINES

- Benefits of vaccination: shifting from individual benefit to **collective benefit**
- Talk about **longer-term benefit** on how vaccines can help children grow healthy and thrive
- How vaccines work: less focus on vaccine and more on how the vaccine teaches the **immune system** to respond using helpful metaphors
  - Don't compare vaccines to war/fighting or medicine
  - Do use metaphors like computer updates or literacy



# UPCOMING PARTNERS CALL

- Save the Date: March 15 from 12-1 pm ET
- Frameworks researchers will be providing a webinar to discuss research findings with AAP partners
- Registration information to be shared when available



# Opportunities for Collaboration

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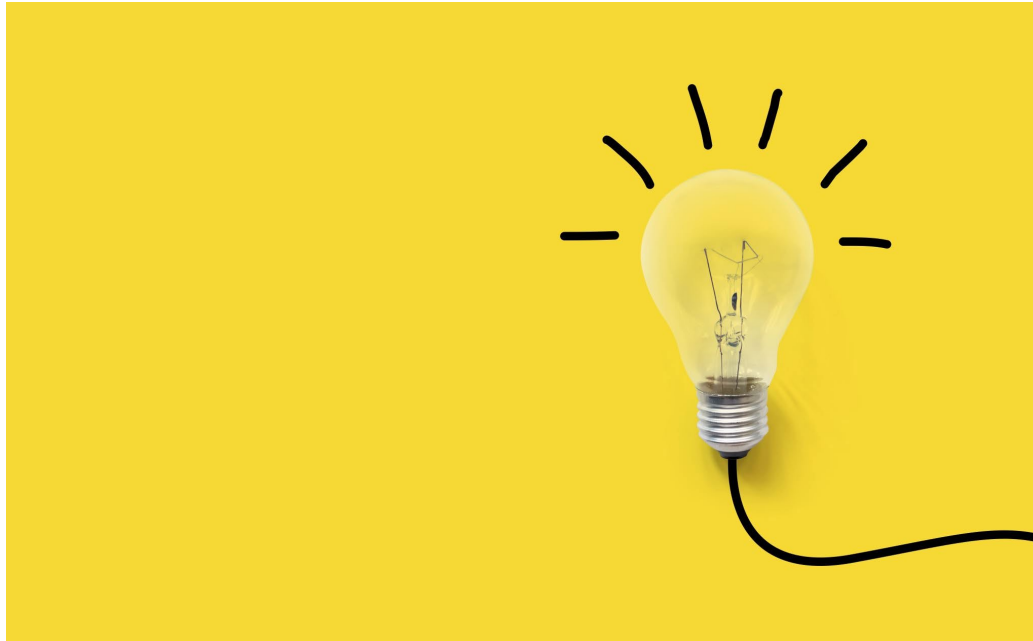


# AIM/AAP PARTNERSHIP OPPORTUNITIES

- Building relationships and ongoing communication between AAP Chapter and State IZ Programs, including CIRs
  - Identify opportunities – such as decreasing administrative burden
- Public messaging around immunizations – using Frameworks findings



# AIM/AAP PARTNERSHIP OPPORTUNITIES



# QUESTIONS



James Baumberger [jbaumberger@aap.org](mailto:jbaumberger@aap.org)

Sunnah Kim [skim@aap.org](mailto:skim@aap.org)

# THANK YOU!



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