This legislative analysis provides a brief summary of the multiple key components of the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act, specific to Immunizations for children and adults.

**PPACA Title I, Sec. 1001 — Coverage of preventive health services in private health plans**

- Insurance companies must cover preventive services recommended by the US Preventive Services Task Force (USPSTF) and the Advisory Committee on Immunizations Practices (ACIP); and health plans cannot impose any cost-sharing requirements. This includes those vaccines found in the recommended immunization schedule for children, adolescents, and adults.

- This provision does not apply to grandfathered plans – which could include a majority of the existing plans. The common understanding of a grandfathered plan is an individual or group health plan providing coverage on March 23, 2010 – the day the bill was enacted. There is no official definition of what those plans are so, at this time, it is difficult to determine the impact of this provision.

- There is confusion about which of the provisions apply to Employee Retirement Income Security Act (ERISA) plans and which do not. For example, in the language requiring the coverage of preventive health services it does not clearly state that ERISA plans are included. However, in another section of the bill, Title 1, subtitle A section 1001, it states that the requirement for coverage of preventive health applies to group health plans and ERISA plans. Again, these discrepancies will need to be worked out by HHS during the rule-making process. These provisions will become effective in September 2010 (6 months after enactment).

**PPACA Title I, Sec. 1001 — Extension of dependent coverage in private health plans**

- Requires health plans that offer dependent coverage to make it available for an adult child until that child turns 26 years old, with the exception of grandfathered plans.

- Adult vaccines such as Meningococcal and Human Papillomavirus (HPV) may also be covered depending on HHS clarifying rules, as noted above.

**PPACA Title I, Sec. 2001 and 4106 — Medicaid**

- There are newly eligible persons for the Medicaid program, based on income, gender and family position. These changes will lead to more people receiving Medicaid benefits and potentially more people eligible for Medicaid-covered immunizations. One specific Medicaid section clarifies that the preventive services that could be offered to adult Medicaid eligibles includes those services recommended by the USPSTF and those immunizations recommended by the ACIP. The impact will vary by state based on their current Medicaid eligibility and future required expansion.
PPACA Title II, Sec. 2701 — Medicaid

• The Secretary of HHS must develop and publish a core set of adult health quality measures. By January 1, 2011, these measures must be posted for comment; by January 1, 2012, the initial set of core measures must be published; by January 1, 2013, a standardized format for reporting on this core set would be developed with states’ input. This represents a possible opportunity for inclusion of adult immunizations in state Medicaid plans.

PPACA Title IV, Sec. 4002 — Prevention and Public Health Fund

• Establishes a prevention and public health fund to provide for expanded and sustained net investment in public health programs. HHS will transfer amounts in the fund to accounts within HHS for programs authorized by the Public Health Services Act, including immunizations. HHS must obligate funds as follows:

  FY 2010 - $500M  
  FY 2011 - $750M  
  FY 2012 - $1.0B  
  FY 2013 - $1.25B  
  FY 2014 - $1.5B  
  FY 2015 - $1.75B  
  FY 2016 - $2.0B

The portion of this funding that will be dedicated to immunizations is not yet known. For additional detail please refer to ASTHO’s detailed position on the priority use of the Prevention and Public Health Wellness Fund.

PPACA Title IV, Sec. 4101 — School-based health centers

• Provides mandatory funding of $200M over a four year period; each year from FY 2010 to FY 2013, $50 million will be available in grants for the operation of school-based health centers. Preference will be given to centers that serve underserved communities that have shown barriers to primary care and mental health care. This presents an opportunity to offer adolescent vaccines in schools, though the portion of funding available for vaccine programs is not yet known and may vary by state or local area.

PPACA Title IV, Sec. 4204 — Section 317 of the Public Health Service Act

• Reauthorizes the Section 317 Immunization Program with no specified end date and authorizes appropriations (amount to be determined by Congress annually). In FY 2010, Congress provided $559.5M for Section 317, as well as an emergency supplemental of $300M to be spent in FY 2009 and FY 2010 through the American Recovery and Reinvestment Act (ARRA).

• Provides authority to states to purchase adult vaccine from manufacturers at the price negotiated by the Secretary of HHS in federal contracts. Previously, states could only purchase childhood vaccines on federal contracts. The Act does not set a date for implementation and
Immunization Provisions

PPACA (Patient Protection and Affordable Care Act) P.L. 111-148
HCERA (Health Care and Education Reconciliation Act) P.L. 111-152

does not specify eligibility criteria such as income status, insurance status or age. Further clarification is expected in the fall of 2010 from HHS.

- Creates a demonstration program, authorized for FY 2010-2014, run by CDC to award grants to States to improve the immunization programs for children, adolescents, and adults by using evidence-based, population-based interventions for high-risk populations. Funds can be used for patient and/or provider reminder systems, immunization information systems, home visits, or to reduce out-of-pocket expenses for immunization services. In order for this program to go into effect, Congress would need to provide funds annually through the appropriations process.

PPACA Title IV, Sec 4204 — Medicare

- Requires the GAO to conduct a study and publish a report on Medicare beneficiary access to routinely recommended vaccines through Part D. The report is due to Congress no later than June 1, 2011. $1M is appropriated for this activity for FY 2010.

HCERA Section 1202 — Medicaid

- Provides increased reimbursement to Medicaid primary care physicians in FY 2013 and FY 2014, including increased payments for CPT codes for immunization administration. “Payment for administration of immunizations provided in 2013 and 2014 by a physician with a primary specialty designation of family medicine, general internal medicine, or pediatric medicine at a rate not less than 100 percent of the payment rate that applies to such services and physicians under part B of title XVIII.”

Summary

One of the overarching provisions in the bill that could affect immunizations, in addition to other public health initiatives listed above, is the development of a National Strategy to Improve Health Care Quality. HHS must develop a list of priorities with the greatest potential for improving health outcomes and that address health gaps and disparities. The plan is due January 1, 2011. The inclusion of immunization quality measures in the national strategy will be critical. (PPACA, Title I, Sec. 1302)

There are still several areas throughout PPACA that are dependent on rule making and clarification by federal agencies on intent. As further information, clarification and regulations are set; this Immunization Provisions fact sheet will be updated.