

June 1, 2020

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
Washington, D.C. 20510

The Honorable Charles Schumer
Minority Leader
U.S. Senate
Washington, D.C. 20510

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
Washington, DC 20515

Dear Majority Leader McConnell, Speaker Pelosi, and Minority Leaders Schumer and McCarthy:

As the nation cautiously begins the initial phases of re-opening the economy and the scientific community works at an unprecedented pace to bring a vaccine to prevent COVID-19 to market, it is imperative that the federal government, in coordination with state, local, tribal and territorial government, as well as public health, primary care physicians, pharmacists, and other health care providers on the front lines in communities across the country, begin to prepare for the allocation, distribution, and administration of a new COVID-19 pandemic vaccine.

While current efforts focused on testing and contact tracing are essential, we believe that deployment of a safe and effective COVID vaccine is the ultimate key to fully re-opening the American economy. We expect this vaccination program will be the greatest public health effort of our generation, and greatly appreciate your leadership now to prepare the nation for this response.

While the existing public health preparedness and response and immunization program infrastructure in the United States provides a solid foundation, gaps in capacity and capability across public health and health care systems, due in large part to the magnitude of this effort, must be addressed to ensure that our nation is prepared to engage in a timely, comprehensive, and equitable vaccination campaign. Infrastructure investments must be made now to further strengthen, enhance, and scale up the ability of public health primary care physicians, pharmacists, and other health care providers in the community who currently provide immunization to meet demand for a future COVID-19 vaccine. This important work will be a multi-phase process that requires resources for planning, prioritization, expanding the public health workforce, and close collaboration between public health and existing primary care physicians, pharmacists and other health care providers within the immunization neighborhood to strengthen and enhance our immunization infrastructure and surveillance systems in anticipation of a new vaccine.

States, localities, tribes and territorial entities must immediately begin to assess current public health and primary care physicians, pharmacists and other health care provider capabilities, and prioritize

short, medium and long-term actions necessary to lay the foundation for a smooth and orderly vaccine procurement and distribution process at a scale necessary for mass vaccination during a confined period of time. Concurrently, electronic health record vendors and immunization information systems (IIS) must update and prepare these data reporting systems accordingly with consideration given to expected priority populations and phases of vaccine distribution across the health care system. Other essential factors that must be considered are onboarding and orientation of new primary care physicians, pharmacists and other health care providers to administer and report vaccines in settings, such as long-term care facilities, as needed and to supplement existing immunization providers and how to overcome specific challenges, such as transportation and storage issues for vaccines intended for rural and frontier areas as well as linguistic and cultural differences in traditionally medically underserved populations.

Concurrently, communication with, and engagement of the public through ongoing education and outreach efforts on the need to continue the stay up to date with the immunization schedules recommended by the Advisory Committee on Immunization Practices (ACIP), including the receipt of vaccinations for flu, pneumococcal disease, shingles and hepatitis; and what to expect when a COVID vaccine becomes available, is critical and must have a heightened focus on addressing vaccination hesitancy concerned and increasing public confidence in the safety and efficacy of vaccines as a potentially lifesaving medical countermeasure.

Public health, primary care physicians, pharmacists and other health care providers in the community should develop plans for managing the volume of procurement, storage, and distribution of ancillary supplies that will be needed for a successful pandemic vaccination effort, such as personal protective equipment (PPE), syringes and alcohol wipes. One can expect that there will be an unprecedented demand for vaccine across the country and across all segments of the population and there will be intense pressure on already fragile and overworked health care and public health systems.

In order to support the multi-phase process that must be undertaken in advance of any nationwide COVID-19 vaccination campaign, our organizations urge Congress to prioritize the following funding recommendations as it considers COVID-19 response and supplemental funding packages.

At least \$3.6 billion in funding through the CDC-Wide Activities account for immediate immunization infrastructure support, including an estimated:

- ***At least \$900 million for state, territorial, and local preparedness and response and immunization program planning and staffing.*** This includes funding for several technical tasks such as provider onboarding, vaccine distribution, inventory management, tracking of doses administered and enhancing health department communication efforts and their ability to serve as community immunizers.
- ***At least \$400 million for state immunization information systems (IIS) data modernization, upgrades and modifications.*** These resources are necessary for interoperability and bidirectional data exchange between IIS and community immunization providers to reduce the

administrative burdens primary care physicians, pharmacists and other health care providers face in many parts of the country. Such modernization efforts are essential to ensure that immunizers are able to capture every administered dose of COVID-19 vaccine accurately match doses to individual patients and report vaccine distribution and uptake by geographic area and special population, such as first responders or those with chronic health conditions.

- ***At least \$2.3 billion in funding to administer the COVID-19 vaccine through the governmental public health system primary care physicians, pharmacists and other health care providers.*** This will cover vaccine delivery to approximately 25% of the population at no cost to the individual, based on an estimated administrative cost of \$14 per dose and a two-dose regimen (i.e. 82,375,000 people x 14 per dose administrative cost x 2 doses = \$2.3 billion). This estimate assumes the vast majority of Americans will be able to be vaccinated via the private primary care sector or through commercial vaccinators that will be reimbursed by insurance, including pharmacies or other locations like occupational health clinics.

We believe that \$2.3 billion represents a critical down payment for this component of the response but may have to be adjusted depending on the changes in public and private health insurance coverage or primary care physician closings. Specifically, we want to highlight three major uncertainties that could substantially increase the need for additional resources to cover the costs of administering vaccine:

- 1) if there continues to be an increase in the number of Americans who lose their insurance before a vaccine becomes available
- 2) if social distancing requirements prevent significant numbers of Americans from safely accessing vaccine at their usual source of care; and
- 3) the potential loss of primary care capacity and the current fragility facing many primary care practices.

NOTE: These estimates exclude the need for funding for primary care physicians, pharmacists and other health care providers and health systems to invest in upgrades and modifications necessary to allow for bidirectional communication and data exchange between electronic health record (EHR) systems and IIS. These estimates do not include the costs of vaccine purchase, shipment, storage units, and related supplies including needles and syringes, alcohol swabs, bandages, gloves, and any other personal protective equipment that may be needed for vaccinators. Similar to the H1N1 outbreak response, the recommendations assume primary care physicians, pharmacists and other health care providers will receive vaccine and necessary supplies at no cost from the government and will bill private or public insurance plans for an administration fee.

- **At least \$2 billion in funding to support public health** primary care physicians, pharmacists and other health care providers **efforts to prepare for the 2021 and 2022 influenza season in the midst of the current COVID-19 pandemic.** \$1 billion in emergency supplemental appropriations funding for the 2020-21 flu season along with an advance appropriation of \$1 billion, designated as emergency funding for the FY2022 appropriations bill. For the 2020-21 flu season resources should be allocated as follows:

- **\$700 million** for the purchase of 50 to 60 million doses of influenza vaccine
- **\$300 million** for infrastructure grants through existing state cooperative agreements under the 317 program.

These resources will be absolutely critical to communities at a time when our nation could be called upon to manage vaccination campaigns to combat influenza and COVID-19 concurrently, including the challenges for public health primary care physicians, pharmacists and other health care providers who must counsel patients and manage messaging about the two conditions.

- **Medicaid:** Enhanced Medicaid FMAP for vaccine counseling and administration. Provide an enhanced payment for providers to adopt interoperable and bidirectional immunization reporting capabilities in their practices (to the extent these features are available through their area IIS). These additional resources will be essential to ensure that providers are able to provide preventive services through this critical safety net program.

We appreciate your thoughtful consideration of these recommendations and look forward to working with you to prepare the nation for the next phase in this fight against the COVID-19 pandemic.

Sincerely,

317 Coalition

Adult Vaccine Access Coalition (AVAC)

Albert and Mary Lasker Foundation

Alliance for Aging Research

American Academy of Family Physicians

American Academy of Pediatrics

American College of Preventive Medicine

American Immunization Registry Association

American Pharmacists Association

American Public Health Association

American Society for Microbiology

Asian & Pacific Islander American Health Forum

Association for Professionals in Infection Control and Epidemiology

Association of Asian Pacific Community Health Organizations (AAPCHO)

Association of Immunization Managers

Association of Maternal & Child Health Programs

Association of State and Territorial Health Officials

Biotechnology Innovation Organization (BIO)
Families Fighting Flu
GSK
Hep B United
Hepatitis B Foundation
Immunization Action Coalition
Infectious Diseases Society of America
IPPF
Johns Hopkins Center for Health Security
Lupus and Allied Diseases Association, Inc.
March of Dimes
Medicago
National Association of County and City Health Officials
National Foundation for Infectious Diseases (NFID)
National Meningitis Association
National Minority Quality Forum
National Viral Hepatitis Roundtable
Novavax
Sepsis Alliance
Seqirus USA, Inc.
STChealth LLC
The Gerontological Society of America
Trust For America's Health
Vaccinate Your Family