



Improve Access to Critical Immunizations

Vaccines are among the most successful and cost-effective public health tools available for preventing disease and death. They not only help protect vaccinated individuals, but also help protect entire communities by preventing and reducing the spread of infectious diseases. Fortunately vaccine-preventable diseases are at an all-time low in the United States. However, these diseases still exist and continued vaccination is necessary to protect everyone from potential outbreaks.

The MN-AAP encourages increased public and parent awareness about the positive impact of immunizations on children's health and is committed to eliminating disparities in immunization rates among racial and ethnic groups and across socioeconomic strata.

To ensure the widest immunization of children possible, the state should adopt policies that encourage the broadest participation of clinics in the federal Vaccines for Children (VFC) program. The federal VFC program covers the cost to vaccinate nearly 300,000 low-income children in the state each year eligible through enrollment in state health care programs, yet only 77% of Minnesota's children are up-to-date at 19 to 35 months of life with their immunizations (CDC data from 2008 for children on 4:3:1:3:3 series). Many clinics face obstacles to participating because of complex state requirements for storage/use of VFC vaccines and the significant costs to comply beyond what is reimbursed. To reverse this, state policy makers can:

- **Maximize federal matching funds to increase vaccine administration reimbursement.** The MN-AAP supports using resources from the Health Care Access Fund to increase reimbursement for the administration of vaccine. The Governor's proposal to increase reimbursement for VFC influenza vaccine administration as part of flu shot clinics from \$1.50 to \$8.50 as a step in the right direction but we encourage lawmakers to do more. Currently, federal guidelines allow clinics to bill up to \$14.69 for the cost to store and administer each vaccine but the state only allows \$8.50 to be paid (passed in 1995). The current payment rates do not take into account time spent counseling parents on the vaccine or the time spent in actual administration. Inadequate payment rates force clinics to take a loss in order to deliver the state and federal recommended levels of care to children.
- **Explore a statewide group purchase program for vaccines to reduce vaccine costs.** The MN-AAP would like to explore with the state, health plans and clinics a "large group purchase" of all vaccine for distribution as a cost-savings for parents, clinics, and public/private health payers. This may include becoming a "universal purchase state" where vaccine for all children is purchased together to decrease duplicative administrative costs.