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Chairwoman Eshoo, Ranking Member Guthrie, Members of the Committee, thank you for allowing me the chance to testify today.

I am Dr. L.J Tan. I am the Chief Strategy Officer of the Immunization Action Coalition, and also the co-chair and co-founder of the National Adult and Influenza Immunization Summit (NAIIS). IAC is one of the nation's leading providers of education to health care professionals, policy makers, and the public on vaccines, access to vaccinations, and vaccine-preventable diseases. The NAIIS, or Summit, is a partnership of more than 130 international, national, and state-level organizations committed to working together to implement actions that will improve coverage rates for adult and influenza vaccines recommended by the Advisory Committee on Immunization Practices, or the ACIP. I also serve on the Board and Steering Committee of the Adult Vaccine Access Coalition (AVAC), a diverse coalition of stakeholders which was formed to advocate for federal policies that improve access to and increase utilization of vaccines among adults. I also have served on both the National Vaccine Advisory Committee and the Advisory Committee on Immunization Practices (ACIP).

I am so pleased about the Committee's focus on Vaccines. One of the silver linings from this devastating pandemic is a new appreciation of the value of immunizations. However, vaccines do not give themselves and there is a substantial infrastructure that is needed to deploy them. This infrastructure begins with the research and development leading to a new vaccine approval, through the recommendation process for its use, and into the policy and public health programs that implement those recommendations so that vaccines can accomplish the benefits that we know they are capable of.

Immunizations are a cornerstone of our nation's disease prevention efforts and have demonstrated tremendous success as a cost-effective means of reducing disease burden, saving lives, and reducing healthcare costs. Near universal access to immunizations for children has been one of the greatest public health accomplishments of the 20th century. As a result of the success of the pediatric immunization program, our children are no longer suffering serious complications from measles or being kept out of school due to a chickenpox outbreak, and our healthcare system has saved millions of dollars.

Unfortunately, our adult population still suffers from substantial morbidity and mortality, and incur significant healthcare costs, as a result of vaccine-preventable diseases. It is essential that we work to maintain our pediatric accomplishments while seeking to achieve the same level of success when it comes to immunizations for adults. The ability to deliver vaccines into the arms of the adult population will predict our ability to respond effectively when the next pandemic rears its ugly head – annual readiness translates into pandemic preparedness.

There are more than a dozen adult vaccines (COVID-19, Influenza, Haemophilus influenzae (Hib), Hepatitis A, Hepatitis B, Human Papillomavirus (HPV), Meningococcal ACWY, Meningococcal B, Measles, Mumps, and Rubella (MMR), Pneumococcal, Tetanus, Diphtheria, and Pertussis (Tdap), Varicella Zoster (Chickenpox), Herpes Zoster (Shingles)) currently recommended by the ACIP.

These evidence-based recommendations from the ACIP exist for several reasons. As protection from some childhood vaccines wear off over time, adults become vulnerable to these diseases and require boosters. And adults can have increased risk for vaccine-preventable diseases because increasing age, job, lifestyle, travel, or health conditions. Overall, adult vaccines help prevent serious diseases that result in poor health, missed work, reduced quality of life, medical bills, not being able to care for family, and not to mention perhaps transmitting diseases to someone else who is vulnerable.

Adults aged 50 and over are particularly susceptible to many vaccine-preventable diseases and account for a disproportionate number of the deaths and illnesses associated with vaccine-preventable diseases. For example, as we have painfully discovered, older adults are most at risk of developing severe illness from SARS-CoV-2 infection. Some older people will require more care after the infection. Depending on the severity of the impact of the infection, we see changes in a person's functional status, a decrease in activities of daily living like mobility, dressing, bathing. Likewise, there is emerging research on the impact of inflammation. Inflammation in the body increases with age as well as with chronic diseases such as diabetes, obesity, hypertension, and dementia. This is amplified in older people with conditions such as influenza, pneumococcal disease, and shingles. The inflammation can cause clots, which lead to heart attack or stroke. Vaccines that prevent inflammation have broader impact than just preventing the infection.

However, associated with increasing age is the increasing challenge of getting older adults vaccinated. Barriers to access include issues with transportation, mobility, and cost. Indeed, many older adults live on fixed incomes, and studies indicate that additional costs to get vaccinated will delay or even prevent them from getting vaccinated. A 2018 study of Tdap and herpes zoster vaccine claims under Medicare Part D demonstrated that when the costs of vaccines are high, seniors can't, or won't, get them. The study found that costs of $51 or more to the beneficiary are associated with a greater rate of cancelled vaccination claims compared to beneficiaries with no out-of-pocket costs. That said, there can be significant variation in what an older adult is able to pay with respect to getting a vaccine.[1]

Routine Adult Immunization Coverage Rates have declined.

We are experiencing a pandemic the likes of which we have not seen since 1918. Many of us know someone who has died or been hospitalized from COVID-19. Many people who were already struggling to make ends meet found themselves in greater economic and emotional despair. The greatest toll in both deaths and economic disruption have occurred among communities of color and for those with comorbid health conditions. Unfortunately, deaths from vaccine preventable disease existed even prior to the COVID-19 pandemic.

Prior to the pandemic, more than 50,000 adults died from vaccine-preventable diseases each year. Millions more suffered the health effects of those diseases, causing them to miss work to either care for themselves or for loved ones who are sick, leaving them unable to engage in their routine activities. Many experienced significant declines in the quality of their lives as a result of illness. Despite the well-known benefits of immunization, adult coverage lags behind federal targets for most commonly recommended vaccines: influenza, pneumococcal, tetanus, hepatitis B, herpes zoster, and HPV. And vaccination coverage rates got worse with the pandemic, especially in the adult population.

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[1] https://pubmed.ncbi.nlm.nih.gov/29231748/

Due to nationwide lockdowns and restrictions, there was a well-documented impact on utilization of routine healthcare services. A recent study from Avalere Health has showed significant decreases in claims submissions for ACIP-recommended vaccinations across commercial, Managed Medicaid, Medicare Advantage, and Medicare FFS Part B markets from January-August 2020 when compared to the same period in 2019[2]. The analysis found adolescents and adults in the markets studied potentially missed an estimated 26 million doses of recommended vaccines from January-November 2020 when compared to vaccination levels over the same period in 2019.[3]

Policy Solutions

Adults seeking access to, and coverage for, recommended vaccines encounter multiple barriers, including lack of awareness and information about the recommended vaccines, financial hurdles including high-cost sharing, as well as technological and logistical obstacles. The provider recommendation is the most important reason why an adult receives a vaccine. However, provider barriers also exist, including fair payment for providing vaccines to their patients.

Improving adult access to vaccines can save thousands of lives and billions of dollars. In a recent paper that I co-authored, we estimated that the health care costs associated with low adult vaccine rates are high—each year, the U.S. spends $26.5 billion treating four vaccine-preventable diseases (Flu, Pneumococcal, Shingles, Pertussis) in persons 50 years of age and older.[4] As we move into the next phase of COVID-19 management, we must adopt preventive health strategies that will reduce the burden of co-morbid conditions that put people at higher risk of worse outcomes of COVID-19, such as immunization of adults with recommended vaccines. Immunizing against all vaccine-preventable diseases will also contribute to better health outcomes overall and preserve vital capacity at hospitals by reducing preventable admissions.

Congress can help reduce the burden of these vaccine-preventable diseases on our population by supporting policies to reduce financial barriers in Medicare, to create equity in vaccine access in Medicaid, to support the immunization infrastructure, and to promote high immunization rates.

Reducing Financial Barriers in Medicare

Section 2713 of the Public Health Service Act (PHS Act) added by the Patient Protection and Affordable Care Act (ACA) removed cost-sharing and co-pays for vaccinations recommended by the Center for Disease Control and Prevention Advisory Committee on Immunization Practices (ACIP) for all compliant private plans. However, Medicare and some Medicaid beneficiaries were left out of this change and still face high out-of-pocket costs for vaccinations. Financial barriers to all ACIP recommended vaccines must be eliminated for individuals covered by Medicaid and Medicare to improve the underlying health of the communities most at risk for COVID-19 and other vaccine preventable diseases and complications, and aid the elimination of racial disparities in health care.

The law requires that Medicare Part D plans cover all commercially available vaccines not already covered under Medicare Part B, if the vaccine is reasonable and necessary to prevent illness.[5] This

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[2] https://avalere.com/insights/updated-analysis-finds-sustained-drop-in-routine-vaccines-through-2020
[3] https://avalere.com/insights/updated-analysis-finds-sustained-drop-in-routine-vaccines-through-2020
[4] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4486398/
[5] https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Part-D-Benefits-Manual-Chapter-6.pdf

leaves out of pocket costs applying to vaccines covered under Medicare Part D (tetanus-diphtheria-acellular pertussis (Tdap) and varicella zoster (shingles)). Indeed, had this been the law, Congress would not have had to add the Covid-19 vaccine to Part B in order to eliminate cost-sharing. Despite the Centers for Medicare & Medicaid Services (CMS) encouraging that Part D plans provide vaccines at $0[6] to incentivize the use of these preventive services, coverage varies widely across plans, resulting in beneficiaries being subject to, at times, substantial cost sharing.

A study by Manatt Health found that about 4% or less of Medicare Part D enrollees had access to the vaccines with no cost sharing, depending on the vaccine, in either Medicare Advantage Part D Prescription Drug Plans (MA-PDPs) or standalone Prescription Drug Plans (PDPs) for CY 2017, with little change since 2015.[7] Importantly, between 2015 and 2017, no PDPs offered zero-dollar cost sharing for the vaccines under study.[8] An analysis of 2020 Medicare Part D plans found that a copayment was required for recommended vaccines 87% of the time. The research also finds that these Part D plans have an average vaccine copayment of $47, though the maximum copayment is as high as $100.[9]

Cost sharing has previously been established as a barrier to patient receipt of recommended vaccines. One analysis found that higher cost sharing for vaccines under Part D correlates with fewer beneficiaries getting vaccines, while lower cost sharing correlates with higher immunization rates for vaccines covered under Part D. That analysis found that 95% of beneficiaries paid higher than $0 cost sharing for the shingles vaccine in 2016, and that beneficiary uptake was 40–60% higher with $0 versus any cost sharing between 2012 and 2016.[10]

The Protecting Seniors Through Immunization Act, legislation introduced by Representatives Kuster and Bucshon, would ensure all vaccines under Medicare are available to beneficiaries with no cost sharing or deductibles as part of your budget proposal to Congress. The bill brings parity between out-pocket costs between Medicare Part B and Medicare Part D. The bill will also help strengthen vaccine uptake by providing education on, and increasing equitable access to, recommended vaccines for Medicare beneficiaries. It will bring much needed parity to the out-of-pocket payment required from Medicare beneficiaries for vaccines covered under Part B and Part D. Removing this barrier will provide a direct financial and health benefit for people age 65 and over and will help to improve our national preparedness among the Medicare population.

Creating Equity in Vaccine Access in Medicaid

Medicaid, along with the Children's Health Insurance Program (CHIP), provides coverage to over 70 million low-income children and adults. Medicaid covers low-income older adults, persons with disabilities and chronic conditions, and pregnant women. Many of these same populations have been hit hard by the COVID-19 pandemic. These high-risk health groups are also extremely vulnerable to serious adverse health consequences of other vaccine preventable illnesses. Hospitalizations, increased morbidity and mortality, loss of independence, the ability to engage in activities of daily living, and reduced quality of life are but a few of the devastating, but avoidable, direct and indirect costs. Vaccine preventable conditions add over $8.3 billion to the health care system overall, according to a 2016 study

[6] https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2016.pdf
[7] https://www.manatt.com/Manatt/media/Documents/Articles/Medicare-Part-D-for-Adult-Vaccines-Issue-Brief.pdf
[8] https://www.manatt.com/Manatt/media/Documents/Articles/Medicare-Part-D-for-Adult-Vaccines-Issue-Brief.pdf
[9] https://avalere.com/insights/medicare-part-d-plans-continue-to-require-cost-sharing-for-vaccines
[10] https://avalere.com/insights/medicare-part-d-plans-continue-to-require-cost-sharing-for-vaccines.

of just four vaccine preventable conditions (influenza, pneumococcal disease, herpes zoster and pertussis).[11]

For low-income individuals, any financial barriers may impede people showing up to get vaccinated. This is also true in Medicaid. Currently, access to vaccines under Medicaid varies, depending on where live and your Medicaid eligibility status. Medicaid enrollees who are covered through Medicaid expansion programs are guaranteed access to all vaccines ACIP-recommended by the with no cost sharing requirements. By contrast, not all vaccines recommended for adults are covered by traditional Medicaid programs and those that are covered may have cost sharing requirements that put access to the vaccine out of reach.

Recent data looking at the Medicaid programs across the states indicate that only 14 states provided vaccination benefits without copayments, and only 24 of 49 FFS arrangements and 21 of 34 MCO arrangements covered the 2018 ACIP-recommended vaccinations.[12] Medicaid reimbursement rates to health care professionals are significantly below Medicare or private sector rates for both vaccine purchase and administration, and this undermines the provider's ability to give a strong recommendation for vaccination. We must fix disparities in coverage and payment in the Medicaid program by providing a baseline of consistent and reliable Medicaid coverage for patients across the country.

The Helping Adults Protect Immunity Act, legislation by Rep. Soto, seeks to provide a baseline of consistent and reliable Medicaid coverage across the country. Currently, access to vaccines under Medicaid varies, depending on where you live and your Medicaid eligibility status. Medicaid enrollees who are covered through Medicaid expansion programs are guaranteed access to all vaccines recommended by the ACIP with no cost sharing requirements. By contrast, not all vaccines recommended for adults are covered by traditional Medicaid programs and those that are covered may have cost sharing requirements that put access to the vaccine out of reach. The HAPI Act seeks to ensure that all Medicaid enrollees have access to this important preventive health service and do not face insurmountable financial hurdles when a recommended vaccine provides a clear and direct health benefit.

Additionally, with 43% of pregnancies taking place among Medicaid beneficiaries, this is another important aspect of the importance of maternal immunization in Medicaid coverage[13]. Since 2004, the Advisory Committee on Immunization Practices (ACIP) has issued recommendations on, and currently recommends that all pregnant women receive the influenza, tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccines.[14] And there are important new maternal vaccines on the horizon.

Unfortunately, a recent survey by the Centers for Disease Control and Prevention (CDC) found that "many pregnant women are unvaccinated, and they and their babies continue to be vulnerable to influenza and pertussis infection and potentially serious complications including hospitalization and death." Pregnant women seeking access to and coverage for vaccines encounter multiple barriers,

[11] https://www.healthaffairs.org/doi/10.1377/hlthaff.2016.0462
[12] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7186857/
[13] https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_01.pdf
[14] https://www.cdc.gov/vaccines/pregnancy/vacc-during-after.html

including lack of information about recommended vaccines, financial hurdles, and technological and logistical obstacles. Eliminating financial barriers for the perinatal population is imperative.

Supporting Vaccine Infrastructure

As noted, immunizations are essential to protecting individuals across the life course from vaccine-preventable diseases and outbreaks. The ability to exchange immunization information across multiple jurisdictions has the ability to improve immunization rates, saving lives and dollars. Immunization Information Systems (IIS) are an essential tool for achieving this, informing providers of the vaccines a patient needs and when they need them. During past pandemics and natural disasters, IIS have been able to respond to the unique and pressing issues that these public health emergencies present for affected communities. However, IIS vary across states in terms of their capabilities and the breadth of patient information contained. Now is the time to streamline policies across states and localities to facilitate the secure and confidential sharing of immunization record data across IIS' jurisdictions on a more permanent basis. This would reduce immunization gaps, empower providers, and integrate immunization data into 21st-century health systems.

The Immunization Infrastructure Modernization Act (H.R. 550) by Reps. Kuster and Bucshon would provide much needed resources for IIS modernization and enhancements, and provide a desperately needed "shot in the arm" to successfully meet existing federal health goals as well as the future challenges of a mass pandemic vaccination campaign. Providing federal support and guidance to Health departments and health care providers at the state and local level to strengthen IIS, and to the health care information framework, would enable a successful response to a future pandemic vaccine, as well as manage "routine" immunization efforts and outbreaks of other vaccine preventable diseases, which could be happening simultaneously.

Promoting High Immunization Rates

The COVID-19 pandemic has shown us the important role that vaccines play in protecting public health. The pandemic has also demonstrated the importance of educational campaigns for sharing information about vaccines with the public. Educational campaigns about the benefits of vaccines, who should receive vaccines, and on vaccine safety are critical for combating vaccine hesitancy and building confidence in vaccines. In this vein, I appreciate the Committees consideration of the

The Maternal Vaccinations Act, by Rep. Sewell, which would help improve access to and utilization of maternal vaccines by supporting a national campaign to increase awareness of the importance of maternal vaccinations for the health of pregnant and postpartum individuals and their children

As well as, **the Promoting Resources to Expand Vaccination, Education and New Treatments for HPV Cancers Act**, legislation by Rep. Castor, would create a national HPV vaccine public awareness campaign. The CDC's Advisory Committee on Immunization Practices (ACIP) recommends that the HPV vaccine be given to adolescents, as well as to certain adults who have not been previously vaccinated adequately, including all those under age 26 years and those between the ages of 27 and 45 years based on recommendations by their clinicians.[15] Informing the public and providers about the importance of the HPV vaccine for this catch-up population is critical for preventing HPV-related cancers. The national HPV

[15] https://www.cdc.gov/vaccines/index.html

vaccine public awareness campaign would be led by the CDC, using advice from stakeholders based on evidence-based information for policy and program development, implementation, and evaluation.

Closing

A fully vaccinated public is an investment in our future health, wellbeing and economic success of our nation. If we can improve those rates just a little bit, can you imagine the dent we would make in terms of morbidity and mortality for our population, but also in terms of costs to our healthcare system. Thank you for your time and commitment to vaccines. I am happy to answer any questions.