



June 11, 2021

The Honorable Anna Eshoo
Chairwoman
Subcommittee on Health
Committee on Energy and Commerce
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Brett Guthrie
Ranking Member
Subcommittee on Health
Committee on Energy and Commerce
U.S. House of Representatives
Washington, D.C. 20515

Dear Chairwoman Eshoo and Ranking Member Guthrie:

On behalf of the American Academy of Family Physicians (AAFP) and the 133,500 family physicians and medical students we represent, I applaud the committee for its continued focus on access to vaccines during the current public health emergency and beyond. I write in response to the hearing: “A Booster Shot: Enhancing Public Health Through Vaccine Legislation” to share the family physician perspective.

Family physicians provide preventive services and comprehensive primary care to patients across the lifespan. Family physicians are also integral members of their communities and see firsthand how pervasive health inequities contribute to poor health outcomes, with COVID-19 being just the latest example. As such, they play an integral role in improving the health of the public by diagnosing and treating their patients, as well as counseling patients and administering vaccines.

According to data from the Medical Expenditure Panel Survey, primary care physicians provided 54 percent of all clinical visits for vaccinations, which made them more likely to administer vaccines than other stakeholders, such as pharmacies or grocery stores.¹ Given the importance of family physicians in vaccine administration for communities across the country, we appreciate the opportunity to weigh in on the legislation before the committee.

H.R. 550, the Immunization Infrastructure Modernization Act, would provide much needed resources to modernize the Immunization Information Systems (IIS) in the U.S., given the varying level of capabilities across states. The AAFP [supports](#) these efforts to provide federal support and guidance to health departments and physicians on IIS modernization and use to better serve our patients and prepare for future pandemics.

The AAFP [supports](#) the Black Maternal Health Momnibus package and applauds the committee for considering **H.R. 951, the Maternal Vaccinations Act**. The rates of maternal mortality and severe maternal morbidity in the U.S. are unacceptable. This legislation makes critical investments for vaccinations of pregnant persons, with a focus on traditionally underserved populations. The AAFP strongly supports the evidence-based approach outlined in this legislation and appreciates the committee’s efforts to end maternal mortality.

Often, Medicare beneficiaries do not realize that coverage for immunizations is divided between Medicare Part B and Medicare Part D. When Medicare beneficiaries encounter financial barriers in

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Medicare Part D, it discourages vaccine uptake and causes inequities in access to recommended vaccines. To address this, the AAFP [supports H.R. 1978, the Protecting Seniors Through Immunization Act](#), which would help inform beneficiaries about Medicare coverage for vaccines while implementing parity for out-of-pocket costs between Medicare Part B and Medicare Part D.

Furthermore, the AAFP [supports H.R. 2170, the Helping Adults Protect Immunity \(HAPI\) Act](#), because it addresses an important challenge of reducing illness, hospitalizations, and deaths associated with infectious diseases. By ensuring consistent vaccine access within the Medicaid program, the HAPI Act reduces financial burdens that currently exist for some adult beneficiaries. In the U.S. 42,000 adults die each year from vaccine-preventable diseases, so it is critical that federal health programs prioritize access to vaccines.²

Since its inception in 1993, the Vaccines for Children (VFC) program has increased vaccination rates across all races, ethnicities, and income groups, and reduced racial and ethnic disparities.^{3,4} The AAFP [applauds](#) the committee for considering [H.R. 2347, the Strengthening the Vaccines for Children Act](#), to bolster the VFC program in which over half of all family physicians participate.⁵ Specifically, this legislation provides incentive payments for participating clinicians to stay in the program and entice new providers to join. This bill also addresses the financial burden many clinicians face in offering vaccinations in their practice by increasing Medicaid payment for vaccine administration to match Medicare payment rates for two years.

Again, we thank the Energy and Commerce Health Subcommittee for its work to improve vaccine access and infrastructure. We look forward to working with you to pass these important bills. If you have additional questions, please reach out to John Aguilar, Manager of Legislative Affairs at jaquilar@aafp.org.

Sincerely,



Gary L. LeRoy, MD, FAAFP
Board Chair, American Academy of Family Physicians

¹ Westfall J, Wilkinson E, Jetty A, Petterson S, Jabbarpour Y. Primary Care's Historic Role in Vaccination and Potential Role in COVID-19 Immunization Programs. Published online January 29, 2021. doi:10.7302/11

² Immunization and Infectious Diseases | Healthy People 2020. Accessed June 10, 2021.

<https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases>

³ Brendan Walsh, Edel Doherty and Ciaran O'Neill, "Since the Start of the Vaccines for Children Program, Uptake Has Increased, And Most Disparities Have Decreased," Health Affairs, vol. 35, no. 2, February, 2016.

<https://www.healthaffairs.org/doi/10.1377/hlthaff.2015.1019>

⁴ Allison T Walker, Philip J Smith, Maureen Kolasa, "Reduction of Racial/Ethnic Disparities in Vaccination Coverage, 1995- 2011," Morbidity and Mortality Weekly Report (MMWR), April 18, 2014, 63(01): 7-12.

<https://www.cdc.gov/mmwr/preview/mmwrhtml/su6301a3.htm>

⁵ Campos-Outcalt D, Jeffcott-Pera M, Carter-Smith P, Schoof BK, Young HF. Vaccines Provided by Family Physicians. *Ann Fam Med*. 2010;8(6):507-510. doi:10.1370/afm.1185