

Testimony of Dr. Yvonne Maldonado, MD, FAAP
House Energy and Commerce Subcommittee on Health Hearing
“Booster Shot: Enhancing Public Health through Vaccine Legislation”
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Chairwoman Eshoo and Ranking Member Guthrie, thank you for the opportunity to testify before you today. It is an honor to be here to talk about the importance of vaccines for children and measures we can take to save lives and improve child health by improving the vaccine delivery system in the United States.

My name is Dr. Yvonne Maldonado and I am testifying today on behalf of the American Academy of Pediatrics (AAP), a non-profit professional membership organization of 67,000 primary care pediatricians and medical and surgical pediatric subspecialists dedicated to the health and well-being of children. I am a pediatrician who specializes in infectious diseases and I am the chair of the AAP Committee on Infectious Diseases. I am also a Professor of Pediatrics and of Epidemiology and Population Health and I am Chief of the Division of Pediatric Infectious Diseases at Stanford University School of Medicine. I am also currently leading several COVID-19 treatment and prevention programs at my institution.

The past year and a half has been extremely challenging for adults and children alike as we have responded to COVID-19. While the vast majority of deaths and severe illness from COVID-19 have been in the adult populations, children have by no means escaped the harmful impacts of the pandemic. In fact, as of June 3, nearly 4 million children have been infected with the virus since the start of the pandemic, representing 14 percent of all cases.¹ In addition, a CDC study published on June 4 showed that hospitalization rates for adolescents aged 12-17 years rose in the month of April from a previous low in March.² Among hospitalized adolescents, nearly one third required intensive care unit admission and 5 percent required invasive mechanical ventilation. According to data collected by the American Academy of Pediatrics and the Children’s Hospital Association, among the children who have acquired COVID-19, more than 315 have died from the virus, with more than two-thirds being Black and Latinx children.

Beyond the direct impact of the infection, children have been greatly affected by the pandemic, with large disruptions to in-person school and early learning, limited social interactions with peers and relatives, and curtailed access to playgrounds, sports activities, and other activity that helps develop social and emotional well-being. We know that lengthy time away from school and associated interruption of supportive services often results in social isolation, making it difficult for schools to identify and address important learning deficits as well as child and adolescent physical or sexual abuse, substance use, depression, and suicidal ideation.

This is why we are so grateful that we finally have an authorized COVID-19 vaccine for adolescents aged 12 and up. We are also extremely encouraged by the reports of clinical trials being conducted for COVID-19 vaccines for children under 12. We strongly encourage parents to get the vaccine for themselves and for their children if they are eligible to get a COVID-19

vaccine. Vaccinating children against COVID-19 will save lives and help them return to a more normal life.

However, it is not just the COVID-19 vaccine we are concerned about. Over the course of this unprecedented public health emergency, we have also seen a staggering decrease in routine childhood immunizations for life-threatening diseases like measles. Early on in the pandemic, in May of 2020, CDC reported a dramatic decrease in orders for vaccines in the Vaccines for Children program, meaning that many children were not getting their recommended vaccines. More recent CDC data shows that as of the start of June of this year, overall VFC provider orders (excluding the flu vaccine) are down by more than 11.5 million doses compared to the previous year.³ When children miss recommended vaccinations, they are left vulnerable to preventable infectious diseases like measles and whooping cough and leave children and adults in their communities, particularly school settings, more vulnerable to outbreaks of other diseases at the same time COVID-19 continues to spread.

The pandemic-related declines in childhood vaccination served to exacerbate the increase in vaccine hesitancy, which has in recent years been a growing threat to child immunization. The significant rise in vaccine hesitancy in the United States over the last decade has led to outbreaks such as the measles outbreak we witnessed in 2019, when more than 1,282 individual cases of measles were confirmed in 31 states across the United States. This was the highest number of confirmed cases reported nationally since 1992, despite measles being declared eliminated in the United States in 2000. The majority of these cases were found in people who were not vaccinated against measles. As we know, infectious diseases like measles are more likely to spread and cause outbreaks in children as well as in adults in communities where people are unvaccinated.

The rise in the number of unvaccinated children and adults around the country is largely due to a surge in the spread of vaccine misinformation. This misinformation has significantly increased vaccine hesitancy and the World Health Organization (WHO) has deemed it one of the ten biggest threats to global health in 2019. People and organizations opposed to vaccines spread massive amounts of misinformation about vaccines on social media. Unfortunately, despite the seriousness of the spread of COVID-19, groups that oppose vaccination requirements have bombarded social media with posts that downplay the risks of COVID-19, promote discredited conspiracy theories about the virus, and criticize efforts to control the spread of the virus. The deluge of this misinformation on the safety of the COVID-19 vaccines and their side effects are causing some people to choose not to get vaccinated, which unfortunately will make it harder for our country to reach herd immunity.

The Academy was extremely grateful that Congress passed the VACCINES Act last year, which authorizes greater research at the CDC on vaccine hesitancy and a national public awareness campaign on the benefits of vaccines. We encourage Congress to continue to fund these important measures to reduce vaccine hesitancy as we work our way through this pandemic and attempt to get children caught up on the vaccines on the recommended childhood and adolescent vaccines schedules.

But increasing vaccine confidence is only one part of the needed solution. We also must strengthen the vaccine delivery system to ensure that all children have access to vaccines. One of the most important ways children get their routine vaccinations is through the Vaccines for Children (VFC) program, which provides vaccines at no cost to children who are enrolled in Medicaid, are uninsured or underinsured, or who are Native Indian or Native Alaskan. Since its inception in 1993, the VFC program has increased vaccination rates across all races, ethnicities, and income groups, and reduced racial and ethnic disparities.^{4,5} The program provides federally purchased vaccines to approximately half of all children in the United States and more than 80% of these vaccines are administered in physicians' offices, allowing the trusted relationships within the medical home to identify vaccine gaps and to bolster vaccine confidence.

While the VFC program has been a tremendous success in providing vaccines at no cost to eligible children, current financial and administrative barriers make it difficult for pediatricians, family physicians and other clinicians to participate. For example, insufficient payment rates to providers for vaccine administration do not appropriately account for the time needed to counsel families about vaccines. In addition, administrative requirements related to vaccine storage, refrigeration, and monitoring are expensive and can dissuade practices from enrolling as VFC providers.

Unfortunately, the COVID-19 pandemic has only exacerbated these challenges as practices face increased costs for personal protective equipment (PPE), technology for telehealth, and overhead required for practice modifications for infection control. The dramatic decrease in revenue from fewer patient visits, compounded with higher costs, has financially stressed many practices and has forced difficult changes including layoffs, reducing hours or closing clinic sites, cancelling vaccine orders, and other measures. Some are even considering capping or reducing the number of Medicaid patients they can see or dropping VFC and Medicaid participation altogether.

Furthermore, Medicaid enrollment for children has increased by more than 10% over the past year as a result of pandemic-related job and income loss, making the demand for VFC providers more acute than ever.⁶ It is imperative that we bolster the pediatric vaccine delivery system immediately, both to address the gap in routine childhood immunizations as children and adolescents prepare to return to school in the fall, and to prepare for widespread administration of a COVID-19 vaccine once it is approved for use in younger pediatric populations.

The Academy strongly supports the *Strengthening the Vaccines for Children Program Act of 2021*, and we thank Representative Schrier, a fellow pediatrician, and Representatives Joyce, Butterfield and McKinley for introducing this strong bipartisan piece of legislation.

Building on the successes of the VFC program, the legislation will help provide surge capacity in response to the pandemic and its impacts. It will also help bolster long-term improvements in children's access to vaccinations. Of particular importance, the bill provides incentive payments

for participating providers to stay in the program—and entice new providers to join—which can help cover start-up and operational costs. This bill also addresses providers’ financial burden by increasing Medicaid payment for vaccine administration to match Medicare payment rates for two years.

The legislation would also make permanent programmatic changes to help strengthen the VFC program in the long run, including by extending VFC eligibility to children enrolled in the Children’s Health Insurance Program (CHIP) and enabling underinsured children to receive VFC vaccines in their medical home as opposed to having to go to another clinic to receive care.

Additionally, the legislation would rectify a technical issue that currently prevents appropriate VFC payment for administration of multiple component vaccines—vaccines that protect against more than one disease. This change would recognize the additional time needed to counsel and educate families about such vaccines. This change is going to be extremely important as a new vaccine that will protect children against six different diseases starts to be administered to children. Parents will have questions about this new vaccine that providers will need to take time to address and assure parents that the vaccine is safe.

In short, the Vaccines for Children program is the backbone of the childhood vaccine delivery system and we need to do all we can to support it, especially as we take on the challenge on catching children up on missed immunizations and making our communities less vulnerable to outbreaks of vaccine preventable diseases.

In addition to shoring up the Vaccines for Children program, it is also imperative that we take this opportunity to bolster other key components to the vaccine delivery system, including immunization information systems (IIS). That is why the Academy also strongly supports the *Immunization Infrastructure Modernization Act*, introduced by Rep. Kuster and Rep. Bucshon, which would provide much needed resources for IIS modernization and enhancements and help meet future challenges of a mass pandemic vaccination campaign.

It is crucial that immunization information systems are robust and have the ability to exchange information across states and localities to facilitate the secure and confidential sharing of immunization record data on a more permanent basis. This enhanced capability would improve data collection, reduce immunization gaps, empower providers, and integrate immunization data into 21st-century health systems.

Thank you for the opportunity to testify today. We appreciate the subcommittee calling attention to the importance of vaccines this morning and we look forward to working with you all to ensure that all Americans have access to routine vaccinations as well as a COVID-19 vaccine.

¹ Children and COVID-19: State Data Report, A joint report from the American Academy of Pediatrics and the Children’s Hospital Association, Summary of publicly reported data from 49 states, NYC, DC, PR, and GU, Version: 6/3/21

² Havers FP, Whitaker M, Self JL, et al. Hospitalization of Adolescents Aged 12–17 Years with Laboratory-Confirmed COVID-19 — COVID-NET, 14 States, March 1, 2020–April 24, 2021. MMWR Morb Mortal Wkly Rep. ePub: 4 June 2021. DOI: <http://dx.doi.org/10.15585/mmwr.mm7023e1>

³ Centers for Disease Control, May 2021.

⁴ 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>

⁵ 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>

⁶ Georgetown Center for Children and Families. (2021, February 12). Child Medicaid Enrollment Grew by 10% during the Pandemic in 2020. <https://ccf.georgetown.edu/2021/02/12/child-medicaid-enrollment-grew-by-10-during-pandemic-2020/>