Ensuring Access to Vaccines Without Financial Barriers: View of Consumers

Reforming the US vaccine-financing system is a promising means of increasing vaccine coverage among US children; however, it is a significant undertaking that calls for creativity and cooperation by a diverse group of stakeholders. In this commentary, we present a consumer’s viewpoint on the vaccine-financing recommendations of the National Vaccine Advisory Committee (NVAC). Because immunization benefits the community at least as much as it benefits the individual, the choice to vaccinate shows good faith in the social contract. It should be met with respect and accommodation.

To accommodate fully parents’ willingness to have their children vaccinated, we must dismantle financial barriers between consumers and childhood immunization. These barriers include copayments, payments toward deductibles, requests for parents to pay administrative fees for vaccines provided under the Vaccines for Children (VFC) program, the need for parents to take time off work to bring children to clinic appointments, and the cost of traveling long distances to places where vaccines are covered for a particular child. A barrier-free scenario is one in which obtaining vaccination is convenient and cashless.

To avoid having money change hands at an immunization visit, all children need first-dollar coverage for vaccination, through their own insurance plans, Section 317, or VFC. NVAC recommendation 12 calls for public and private insurers to provide first-dollar coverage for the purchase and administration of all childhood vaccines recommended by the Advisory Committee on Immunization Practices.1 NVAC recommendation 11 states that insurance plan language should be flexible enough to incorporate changes in vaccine prices and recommendations.1 We strongly endorse both of these recommendations and further suggest that insurance plans should provide for adjustments to be made immediately after the publication of new or provisional Advisory Committee on Immunization Practices recommendations.

Uninsured children already can receive VFC vaccines from many clinics, but those providers historically have been unable to recoup all of the costs associated with administration of vaccines. NVAC recommendation 2 protects providers from financial losses by allowing not only the cost of the vaccine itself but also the costs of handling and administration to be reimbursed by VFC for all children who receive vaccines through the VFC program.1 This would keep immunization services from draining the resources of medical home providers.

Underinsured children, that is, children whose insurance policies do not cover needed vaccines adequately, currently are eligible to receive VFC vaccines only from federally qualified health centers and rural health clinics. In many cases, the need to travel to these locations poses a logistic barrier to immunization. Extending the VFC program to

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ABBREVIATIONS
NVAC—National Vaccine Advisory Committee
VFC—Vaccines for Children

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underinsured children in public health clinics, as in recommendation 1, would reduce this barrier. We would go further and recommend that VFC-participating private clinics be permitted to provide vaccines to underinsured children.

Recognizing that vaccine uptake among time-pressured families is facilitated by the availability of vaccination outside the medical home, NVAC recommendation 24 calls for vaccines to be administered in schools and other venues. We are in favor of this recommendation, especially when immunization registries are in place to minimize disconnection between the complementary venue and the medical home. Health care providers can reduce the need for patients to seek immunization outside the medical home by offering evening and weekend walk-in immunization clinics.

Several of the recommendations address systemic changes that will be important in achieving a barrier-free immunization experience. In particular, we support NVAC recommendation 22, for states and localities to receive assistance in billing insurance companies for vaccines delivered to insured children through the public sector. This would conserve public resources and increase the number of vaccines that can be provided to uninsured children. NVAC recommendation 23 advocates that schools receive help with the costs of verifying that students are in compliance with vaccination requirements. We agree and add that ideally schools would have access to these data through electronic immunization information systems. We commend the Vaccine Financing Working Group for its thorough, thoughtful analysis of specific ways in which the current vaccine-financing system can be improved, which promises greater coherence, fairness, and simplicity in the effort to protect children through immunization.

REFERENCE

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