#AIRA2023

A Glimpse of Policy at the National Level and What it Means for You

MAY 2-4

SAN DIEGO

Policy Impacts

Policy Decision
Law ♦ Rules ♦ Other
Consent
Data Privacy Protections
Provider Reporting
Data Sharing
Data Quality & Completeness
Ability to utilize data for interventions & respond to outbreaks

Current IIS Data Policy Landscape

Since 2020, **ten** jurisdictions made changes to consent policies and **17** changed reporting mandates.

Consent

14 jurisdictions do **not** allow guardians to opt out of their children's records reported to IIS.

12 do **not** allow adults to opt out.

43 include recipients under 18 unless guardian opts them out.

42 include adult recipients unless they opt out.

Reporting

20 jurisdictions **mandate reporting** by all providers and all vaccines to IIS.

16 mandate reporting for specific ages (e.g., under 18).

15 mandate reporting for specific provider types.

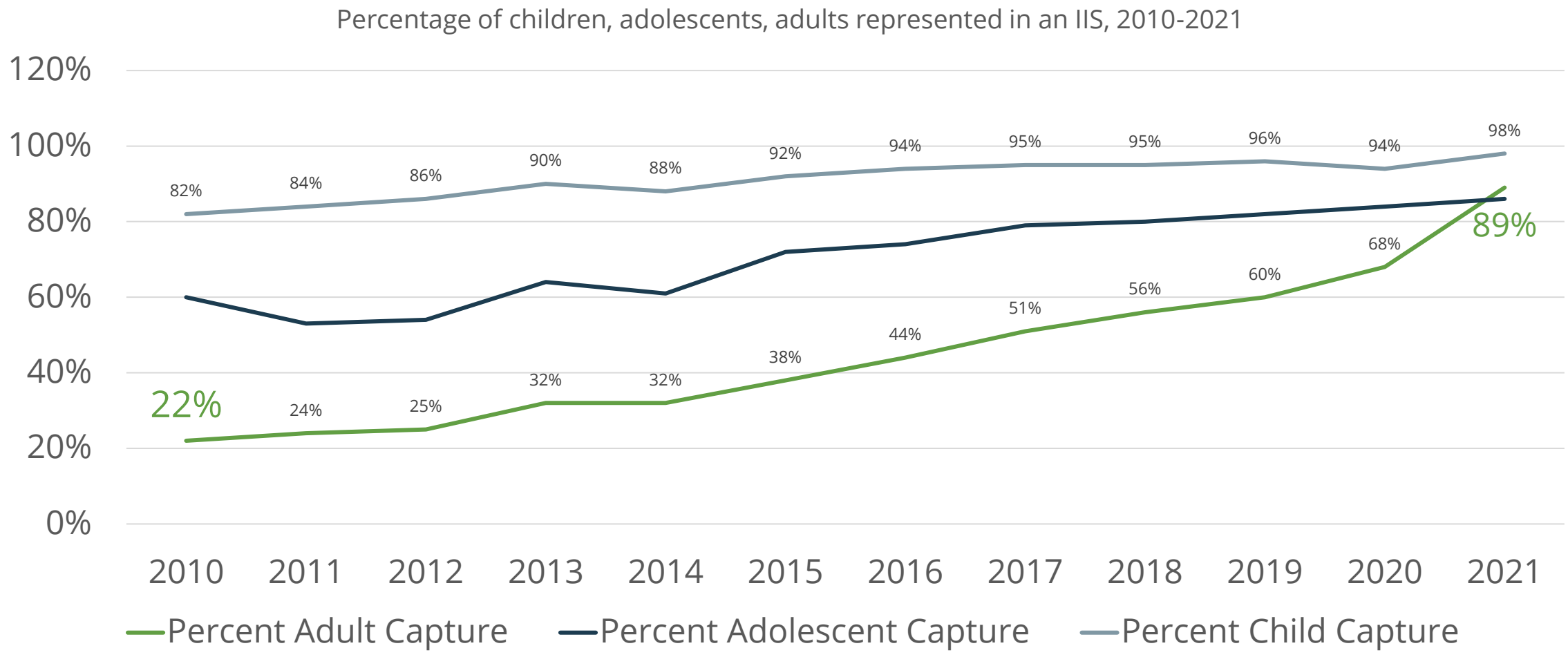
Sharing

Data sharing policies vary more widely across jurisdictions and are still evolving.

21 Require a data use agreement of memorandum of understanding

15 Allow only for specific use(s) (e.g., disease surveillance)

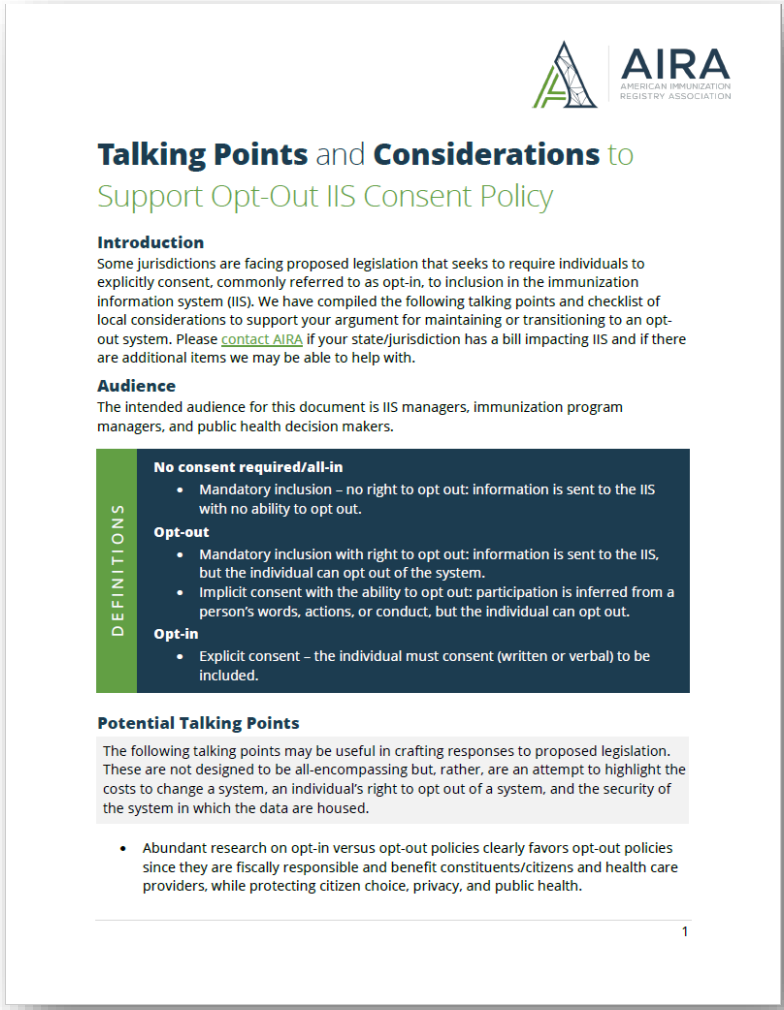
Trends in Capture, 2010-2021



CDC IIS Annual Report, 2010-2021

Recent Policy Efforts

- Work is underway to better define AIRA's role in state and federal policy
  - Needs Assessment of IIS Managers and Program Managers
  - Formed Board Policy Committee
- Respond to federal requests for information and proposed rule making
- State requests
- Partner models



AIRA
AMERICAN IMMUNIZATION REGISTRY ASSOCIATION

Talking Points and **Considerations** to Support Opt-Out IIS Consent Policy

Introduction

Some jurisdictions are facing proposed legislation that seeks to require individuals to explicitly consent, commonly referred to as opt-in, to inclusion in the immunization information system (IIS). We have compiled the following talking points and checklist of local considerations to support your argument for maintaining or transitioning to an opt-out system. Please contact AIRA if your state/jurisdiction has a bill impacting IIS and if there are additional items we may be able to help with.

Audience

The intended audience for this document is IIS managers, immunization program managers, and public health decision makers.

DEFINITIONS

No consent required/all-in

- Mandatory inclusion – no right to opt out: information is sent to the IIS with no ability to opt out.

Opt-out

- Mandatory inclusion with right to opt out: information is sent to the IIS, but the individual can opt out of the system.
- Implicit consent with the ability to opt out: participation is inferred from a person's words, actions, or conduct, but the individual can opt out.

Opt-in

- Explicit consent – the individual must consent (written or verbal) to be included.

Potential Talking Points

The following talking points may be useful in crafting responses to proposed legislation. These are not designed to be all-encompassing but, rather, are an attempt to highlight the costs to change a system, an individual's right to opt out of a system, and the security of the system in which the data are housed.

- Abundant research on opt-in versus opt-out policies clearly favors opt-out policies since they are fiscally responsible and benefit constituents/citizens and health care providers, while protecting citizen choice, privacy, and public health.

1

Needs Assessment Results

1. Data privacy & security
2. Using IIS to improve health equity
3. State-to-state data sharing
4. Reporting requirements for providers
5. Data sharing with CDC

Top 5
Jurisdiction-Level
Policy Issue Priorities

Needs Assessment Results

Top issues AIRA should advocate for

1. Funding for IIS infrastructure
2. Inclusion of IIS in Data Modernization
3. Standards Development & Guidance
4. Provider reporting

A Glimpse of Policy at the National Level and What it Means for You

Abby Bownas - Adult Vaccine Access Coalition (AVAC)

Claire Hannan – Association of Immunization Managers (AIM)

Abby Bownas

Adult Vaccine Access Coalition

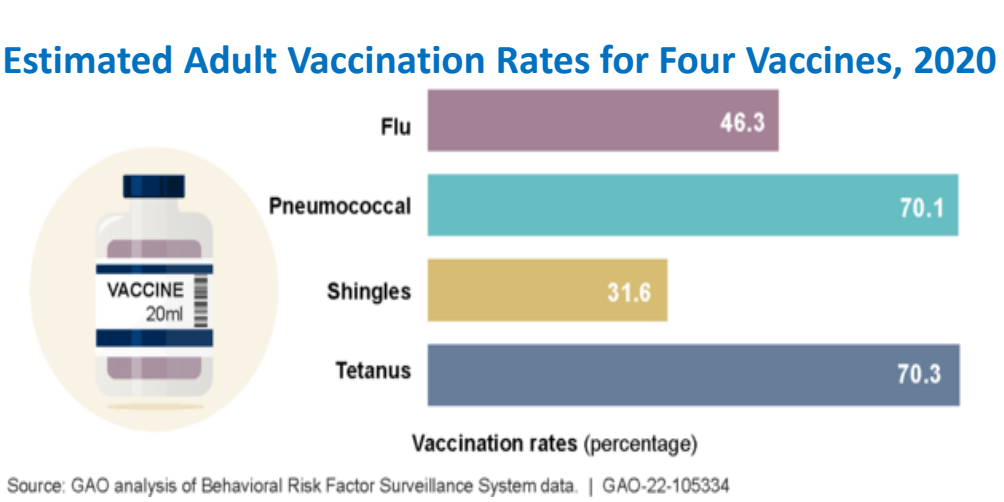
www.adultvaccinesnow.org

@avacnow

Adult Vaccine Access Coalition (AVAC)

- Established in 2015 to strengthen and enhance access to and increase utilization of vaccines among adults.

- AVAC is made up of a diverse group of health care providers, vaccine innovators, public health organizations, patient and consumer groups.



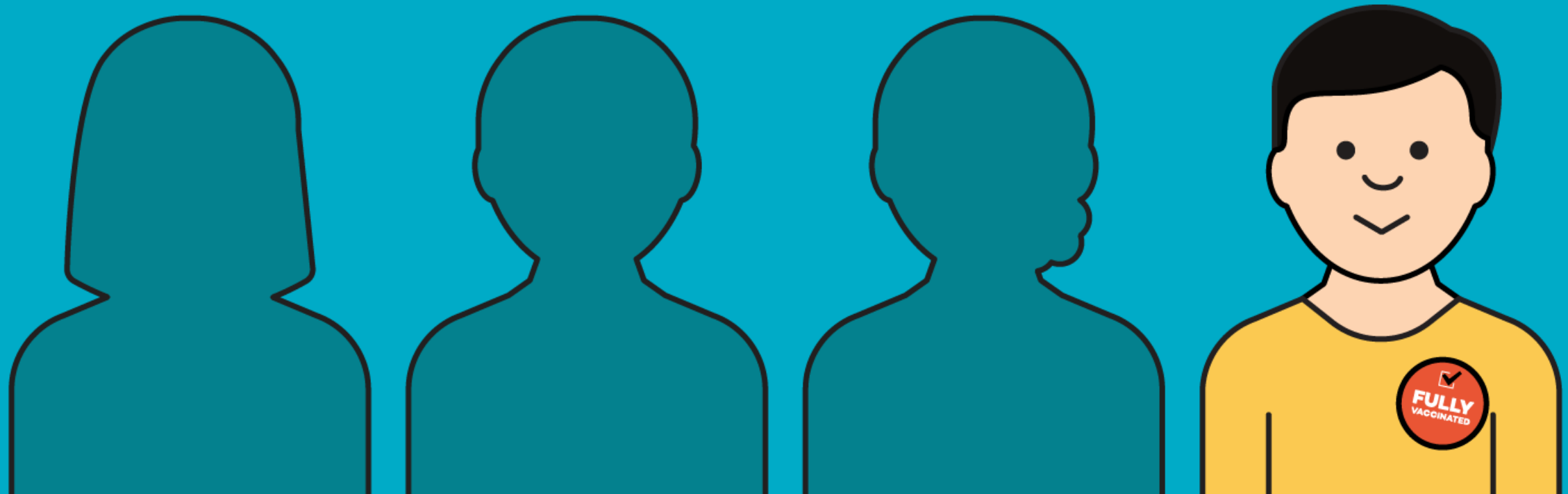
AVAC is fighting to make necessary policy changes to increase vaccination rates — saving lives and money.

www.adultvaccinesnow.org/our-membership/

3 OUT OF 4

adults are missing one or more of four critical vaccines for flu, pneumococcal, shingles, and Td or Tdap.

http://dx.doi.org/10.15585/mmwr.ss7003a1



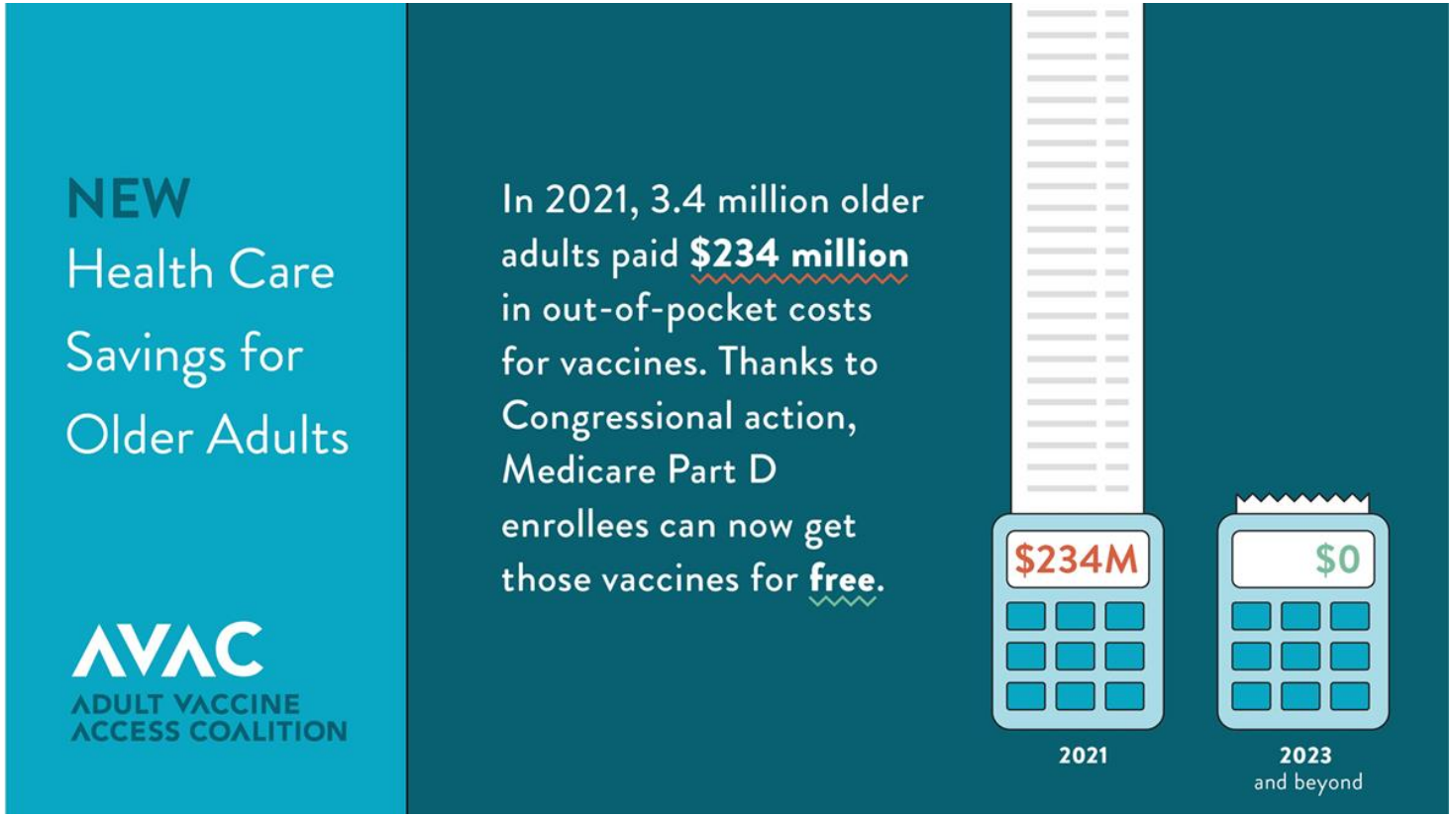
Barriers to Adult Vaccine Access

Financial	Inability for individuals to pay due to co-pays / gaps in coverage
Hesitancy	Regarding vaccine safety and effectiveness among patients
Provider	Financial barriers for health care providers to stock and administer vaccines
Lack of awareness	Regarding recommended vaccines and the risk/consequences of vaccine-preventable diseases
Coordination	Lack of coordination among health care providers – many adults see multiple providers – and across the health care system
Legal/Policy	Systematic at the federal and state levels restricting which providers can immunize
Missed Opportunities	For immunization assessment, counseling and recommendations by health care providers
Infrastructure	Lack of or underuse of immunization data systems that document vaccination histories

https://www.hhs.gov/vaccines/vaccines-national-strategic-plan/index.html

Opportunities for Policy Change

1. Strengthening Vaccine Infrastructure
2. Creating Equity in Vaccine Access
3. Eliminating Financial Barriers
4. Promoting High Immunization Rates



https://aspe.hhs.gov/topics/aging-disability/healthy-aging

Making a Difference: Immunization Policy and Advocacy

May 2, 2023

Claire Hannan, MPH
Executive Director

AIM
Association of Immunization Managers

AIM: The Organization

- **Who:** Representatives from all 64 NCIRD awardees (50 states, 6 major cities, 8 territories/federated states)
- **What:** A non-profit, tax-exempt organization
- **When:** Established in 1999
- **Why:** To enable immunization program managers to work together

Vision:
A nation free of vaccine-preventable diseases across the lifespan.

Mission:
Through national leadership, advocacy, collaboration, and a collective voice, AIM represents and supports immunization programs in the development and implementation of effective immunization policies, programs and practices.

Impacts on Programmatic Success

- State and federal legislation
- Programmatic guidance (IPOM, etc)
- Federal advisory committees (ACIP, NVAC, etc.)
- State and federal funding
- National policy, federal requirements

AIM Policy and Advocacy Activity

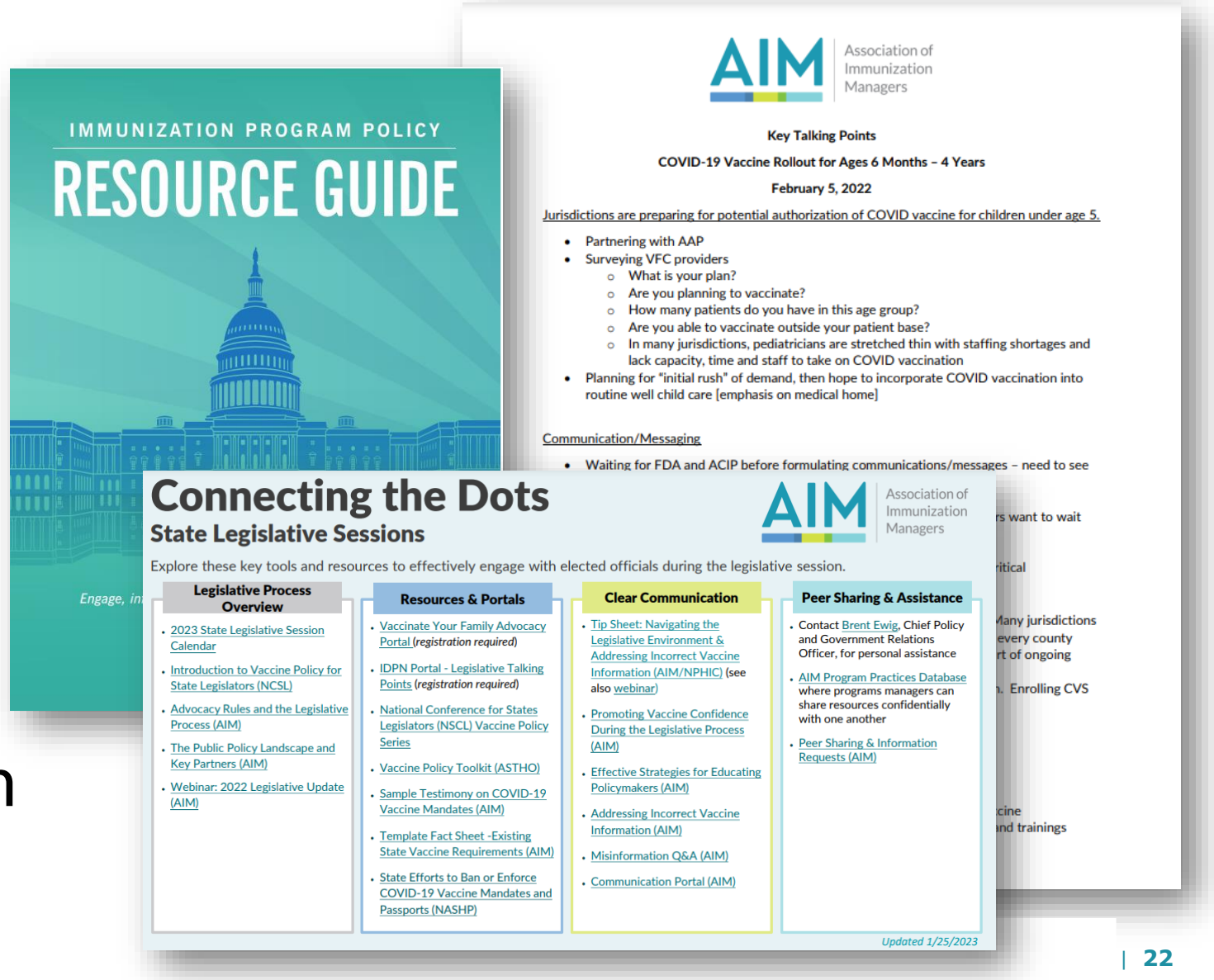
- Speak as “collective voice” for immunization programs
- Provide expertise and resources
- Educate policymakers
- Participate in coalitions
- Comment on federal policies

State Legislative Landscape

- 492 vaccine-related bills introduced in 2021 state legislative sessions; 594 in 2022
- Over 600 introduced so far in 2023
- At least 24 states passed laws limiting COVID vaccination requirements or verification
- Trend to limit state public health authority

AIM Support for IZ Programs

- Peer to Peer Dialogue
- Trend Analysis
- Bill Analysis
- Talking Points
- Sample Testimony
- Legislative Analysis
- Individual Consultation



AIM speaks as a collective voice for immunization programs…

- Federal advisory committees:
  - NVAC
  - ACIP
- Continued communication with CDC, HHS, ASPR, and the White House
- Education on the need for investment for immunization programs

AIM Association of Immunization Managers

Testimony for the Record to the House Appropriations Committee Subcommittee on Labor, Health & Human Services, Education, and Related Agencies from the Association of Immunization Managers Regarding Funding for Section 317 Immunization Programs

Thank you for considering the recommendation of the Association of Immunization Managers (AIM) to provide $1.1 billion for the Section 317 Immunization Program. This program reaches every state and Congressional district through funding administered by the Centers for Disease Control and Prevention to your state and local public health agencies. It is the primary source of immunization program funding for 64 jurisdictions, including all 50 states, Washington, DC, five large cities, five territories, and three freely-associated states. The program supports the people, information systems, and community partners that make up our nation's immunization program infrastructure. It funds our shared pursuit of a nation free of vaccine preventable disease.

Next to assuring clean water, vaccines are responsible for the greatest advancement to public health in human history.[1] Diseases such as smallpox and polio that used to kill or maim millions are now eliminated from much of the world or eradicated completely as a result of effective vaccines. Other diseases like measles, mumps, rubella, tetanus, and diphtheria have been reduced by close to 99%.[2] Indeed, a walk through any old cemetery reveals that – prior to the modern era of vaccines – nearly one third of the graves are those of children who died from now preventable diseases.[3] Simply put, vaccines save lives.

[1] Killeen RM. Vaccines — One of the Greatest Medical Advances of Modern Times. *Canadian Pharmacists Journal / Revue des Pharmaciens du Canada*. 2007;140(2_suppl):S2-S2. doi:10.3821/1913-701X-140-Sp2.S2

[2] Orenstein, Walt and Ahmed, Rafi, Simply put: Vaccination saves lives, April 10, 2017, 114 (16) 4031-4033. PNAS https://doi.org/10.1073/pnas.1704507114

[3] Davis, Ren. Opinion: Visit to historic cemetery shows power of vaccinations. Atlanta Constitution Journal, October 20, 2021. https://www.ajc.com/opinion/opinion-visit-to-historic-cemetery-shows-power-of-vaccinations/VGZMNQOI3ZDZBE6AN4LMM7CAJY/

620 Hungerford Drive, Suite 29, Rockville, MD 20850 | (301) 424-6080 | info@immunizationmanagers.org | immunizationmanagers.org

Potential Impact of the Elimination of PPHF Funds on the 64 State, Local and Territorial Immunization Programs

Figure 1. CDC Discretionary Immunization Funding FY2011 through FY2019[1]

ithout replacement of PPHF immunization funds would have quences:

tivities necessary to maintain high vaccination coverage levels, including staff and contain disease outbreaks. Vaccination rates cannot be sustained without strong experienced public health personnel to administer the Vaccines for Children program, enforce school immunization requirements, respond to outbreaks, and conduct basic

uld experience a minimum inated. This cut would result in partment personnel, impacting to provider compliance.

Cuts to Local Health Programs

State and territorial immunization programs distribute PPHF funding directly to local health departments to conduct vaccination clinics, help respond to outbreaks, and work with local schools, WIC clinics, and other community partners to increase vaccination rates. A cut in PPHF would severely limit or end local immunization activities in most communities.

Federal funding supports the vast majority of our daily work to maintain and increase vaccination coverage rates, and assure the viability of vaccine. Without this ongoing support, vaccination coverage rates are likely to fall, more vaccines will be wasted, and storage and handling of vaccine will be compromised—all leading to an increased risk to public health.

— Rhode Island Immunization Program

AIM Federal Priorities

Advocate for Section 317 Immunization Program

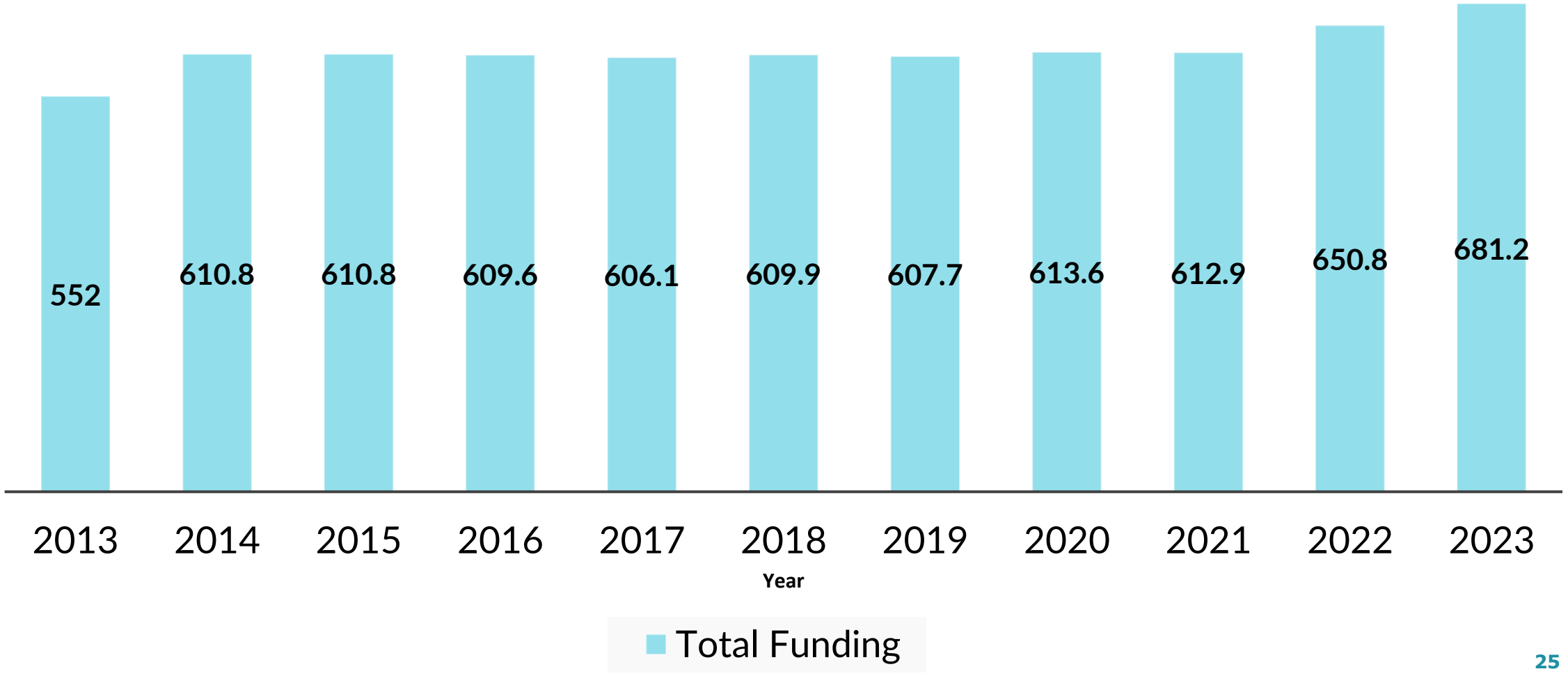
Support transition to COVID vaccine commercialization and end of PHE

Provide programmatic perspective to NVAC, ACIP

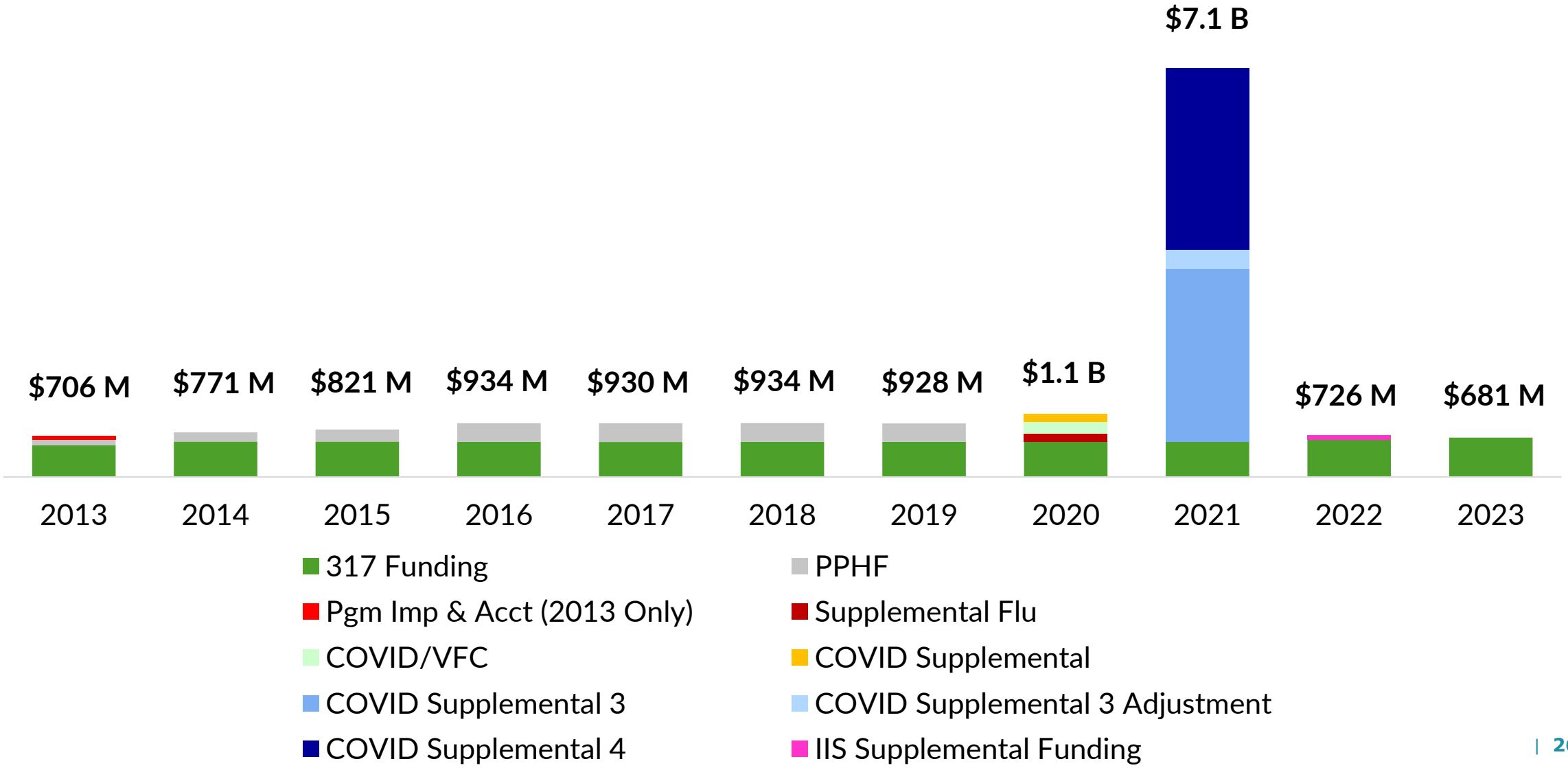
Support development of awardee adult immunization programs; build support for Vaccine for Adults Program

Build Support for a Vaccine for Adults Program

Total Section 317 Immunization Program Funding by Year (in millions)

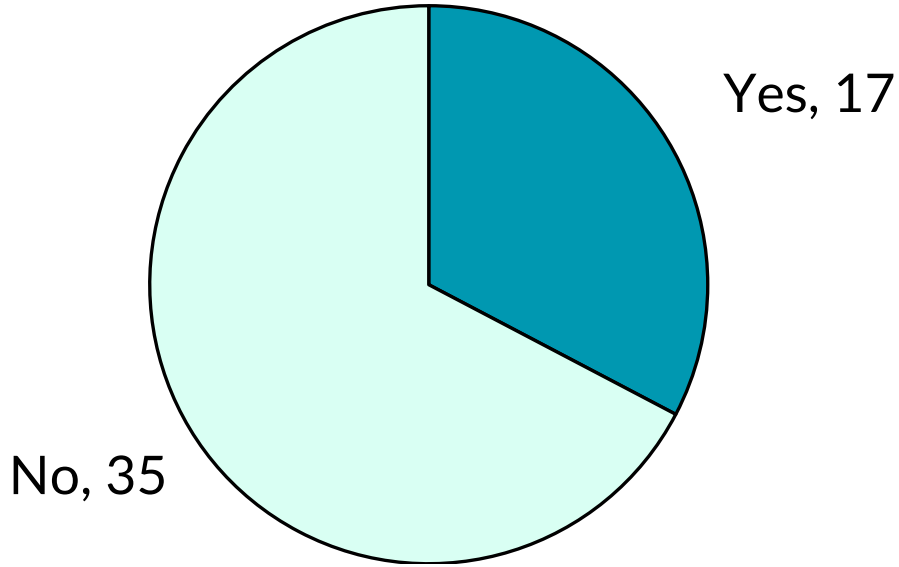


317 Base Funding and Supplemental Funding 2013-2023

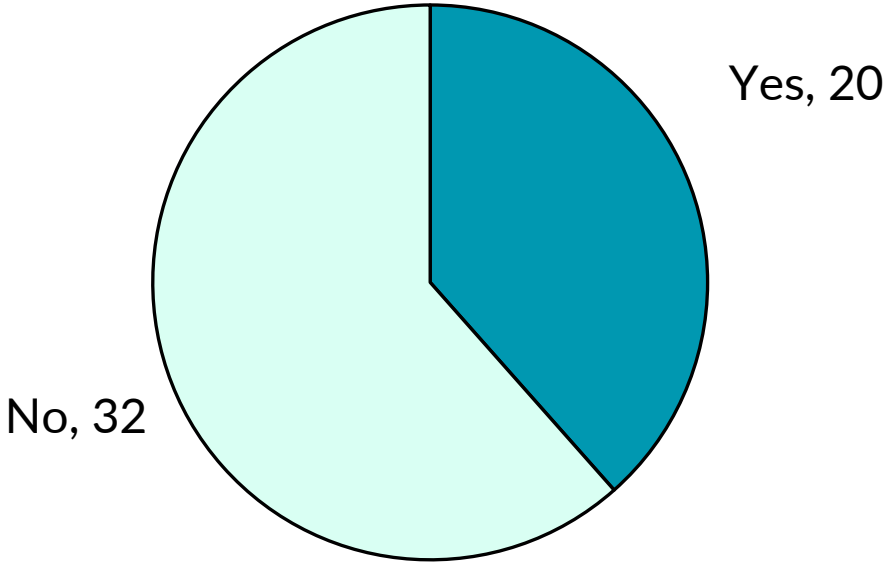


AIM Annual Survey 2022

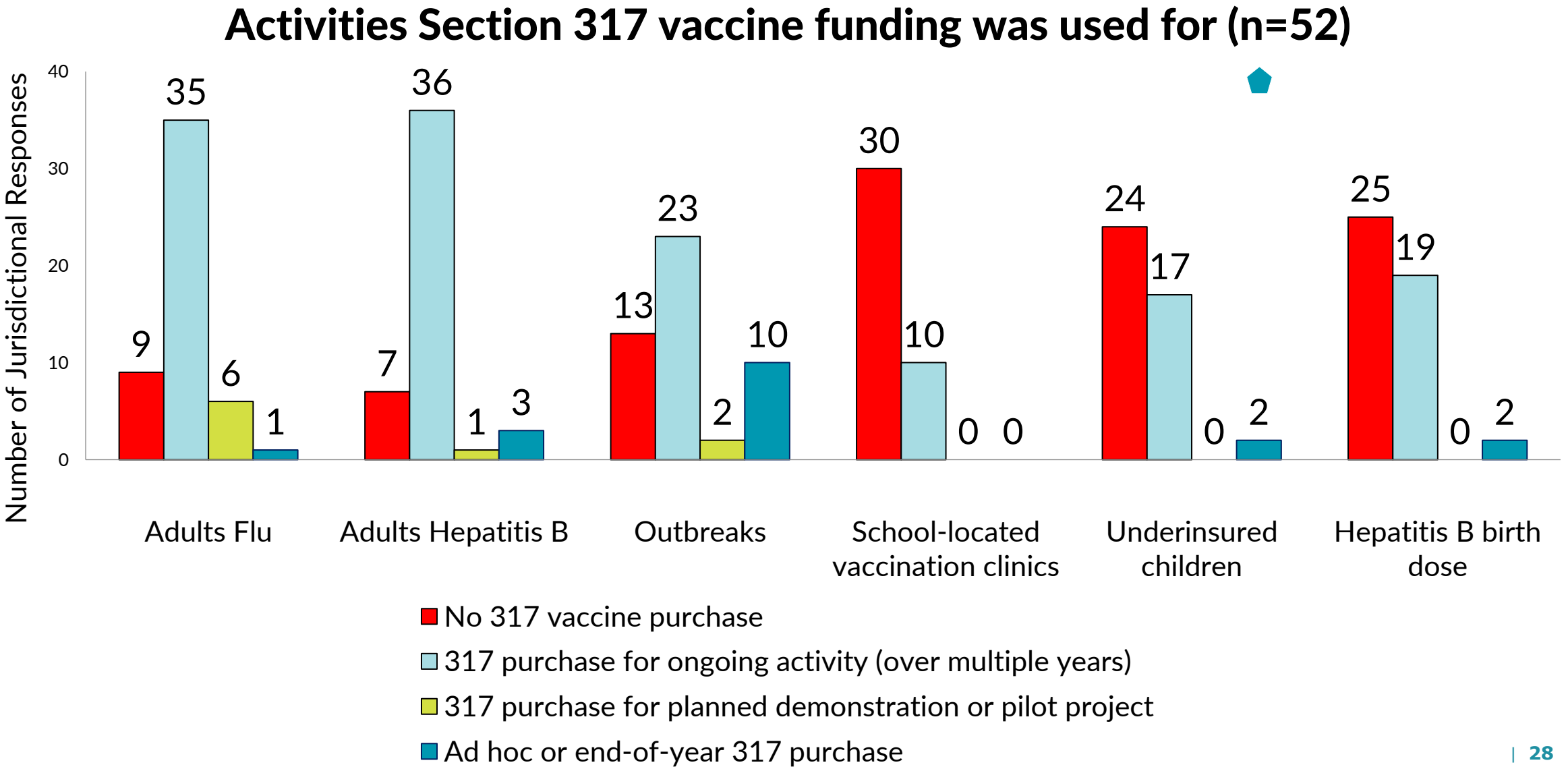
Programs receiving state/local funds for operations/infrastructure for adults (n=52)



Programs receiving state/local funds for vaccine purchase for adults (n=52)



AIM Annual Survey 2022



Get Involved….

- Share information:
  - Needs, successes, challenges
- Stories are powerful
- Look ahead:
  - How will you be impacted?
  - What will you need?
- Immunization community has a voice in AIRA and AIM!

Special Thanks To

Brent Ewig
Chief Policy and Government Relations Officer

Aleah Jensen
Policy Analyst

Claire Hannan, MPH
Executive Director

AIM
Association of Immunization Managers

Join us tonight at the AIRA Reception
5:30-7:30 PM.
San Diego Ballroom & Garden Terrace