



# 2019 SUMMER UPDATE

Administering Programs to Fund Vaccines for Children and Adults

Dear Friends,

Interest in state universal vaccine programs (SVPs) is high – for good reasons. First, measles outbreaks now undercut years of sound vaccination practice which brought the U.S. to the cusp of eradication. Concerned public health professionals are pushing back and looking for new solutions to increase access to all vaccines.

Second, most KidsVax®-managed SVPs have reduced assessment rates, absorbing vaccine cost increases while also maintaining adequate cash reserves, as required by the CDC, to meet future financial obligations. These cost savings reinforce payer support. Increasingly vaccine manufacturers have applauded both provider choice and financial transparency brought to SVPs by KidsVax®.

We look forward to continuing to serve existing clients with excellence and welcoming new states adopting this proven public health initiative.

Fred L. Potter  
KidsVax® Managing Member



## TRICARE Project Progress

After 5+ years of dead ends with TRICARE (the federal benefit program serving members of the military and their dependents), KidsVax® (KV) initiated a combined litigation/legislation initiative to compel TRICARE’s participation in state universal vaccination programs (SVPs). Many thought this impossible but, with perseverance and public health official support, KV’s work resulted in federal legislation at the end of 2016. TRICARE still did nothing. KV picked up afresh in 2017. Congressional champions, encouraged by increasingly-engaged state officials and competent professionals, enacted further legislation making TRICARE’s participation mandatory. Even then, TRICARE’s response remained stunningly sluggish. Thankfully, with additional KV diligence through the 2018 implementation phase, by the first quarter of 2019 SVPs have received substantial arrearage settlements in addition to regular, ongoing assessment payments.

Our successes in navigating the increasingly caustic political environs over recent years has been a uniquely effective bipartisan effort. Thanks to those who entrusted us with leadership of this effort. We also want to thank members of Congress and their staff who made this happen. The resultant federal law is available at: [KidsVax.org/TRICARE](http://KidsVax.org/TRICARE).

**\$40+ million**  
collected and equitable  
future payments  
mandated.

All payers now participate equitably in KV-managed SVPs. Further, TRICARE recoveries have brought several SVPs to full reserves. The majority of KV-managed SVPs have reduced assessments, thereby lowering health-care costs.

Thank you to supportive immunization managers around the country. KV’s multistate coalition has greatly benefitted all SVPs, now and into the future.



## \$43.3 MILLION

Saved by KidsVax®-administrated programs in 2018

**\$1** spent on vaccines



**\$10** saved in health costs



## SAVE THE DATE

**TUESDAY, AUGUST 27, 2019 AT 1:00 PM**

**AIM Virtual Exhibit Hall Webinar**  
will feature KidsVax and KVFoundation



## BY THE NUMBERS

## KV FOUNDATION

### *In the Spotlight*

Imagine that there are no financial barriers to being vaccinated in the United States. The realization of this outcome would fulfill the goals of the National Vaccine Advisory Committee and the vision of KV Foundation, now in its second year.

KV Foundation was established to assist public health officials in developing strategies to increase access to vaccines, increase vaccination rates, and decrease vaccine preventable diseases. Regional outbreaks of childhood vaccine preventable diseases underscore the importance that all parents have the option to vaccinate their children. This opportunity depends on vaccines being on hand, ready to be administered when the child/adolescent sees his/her medical provider.

Many vaccines are costly, and most providers do not have the financial ability or 'ACO-style purchasing power' to afford all childhood vaccines. Universal vaccine purchase programs resolve this issue. If you are interested in discussing this strategy, call us. Our mission is to "Increase vaccination access through the promotion of universal vaccine finance policies."



#### KIDSVAX® STAFF

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***Our Extended Team:*** KidsVax® staff are supported by an extended network of specialized talent under contract with KidsVax® to serve the needs of clients on an as-needed basis.

## Why Universal Purchase Policies Matter

BY MARCELLA JORDAN BOBINSKY, MPH

**National Immunization Survey (NIS) numbers** mean a great deal to many immunization program managers and state public health commissioners/secretaries. Examining immunization rates between states of similar characteristics highlights how universal vaccine purchase strategies impact our states. This short article compares the 2017 NIS data from two universal-select states, and then looks at a universal state and a universal – select state – both with large geography and small populations.

According to the Association of Immunization Managers (AIM) there are two universal-select states, Connecticut and Wyoming. Both states purchase the childhood vaccines that make up the childhood 7 dose series. NIS reports that the 2017 percentages of children vaccinated with the complete 7-dose series in these two states are similar: Connecticut – 75.3 + 7.1; Wyoming – 72 + 6.4.

Also, in 2017, the adolescent vaccine dose of Tdap was purchased and distributed by both Universal-select states. The difference was only 9 points, (yet statistically significant). In contrast, two recommended adolescent vaccines, MCV and HPV, were covered by Connecticut, but not covered by Wyoming. Those vaccine reports show a 34 and 24 percentage point difference. This result might suggest that access to these two vaccines was limited in the health care provider offices.

Idaho which is Universal and Wyoming which is Universal-select are large and sparsely

populated. According to the AAMC 2017 State Physician Workforce Data Book, Idaho has 68.4 active patient care primary care physicians per 100,000 population and Wyoming has 73.6 (ranking 46th and 39th respectively, in the country). Both states offer Universal purchase Tdap to their adolescents and they have a similar immunization rate: Idaho – 87.3 (82.1–91.1); Wyoming – 86.4 (81.2–90.3). But Idaho, which offers all vaccines through its universal purchase program has a materially higher rate for MCV and HPV. Comparing Wyoming's MCV and HPV rates to New Mexico, another large, low population Universal state, illustrates the same pattern.

Studies that combine data from several states over a number of years minimize the impact of Universal purchase programs. This simple, side-by-side comparison of states with similar characteristics demonstrates that when medical providers have universal access to recommended childhood and adolescent vaccines, more children are vaccinated.

KV Foundation and KidsVax® continue to believe that universal vaccine policies favorably impact vaccine rates by offering all vaccinating medical providers the same access to all vaccines.

#### REFERENCES:

[Wyoming Immunization Program](#)  
[Connecticut Vaccine Program 2019](#)  
[Alaska Physician Workforce Profile 2019](#)  
[TeenVaxView Interactive](#)  
[ChildVaxView](#)

