

State-Level Policies Can Play Key Role in Improving Adult Immunization Rates /

States can pursue various policy opportunities to encourage vaccination and increase access to vaccines.

Despite high childhood vaccination rates, adult vaccination rates in the US continue to lag behind public health goals, such as the Healthy People 2020 goals. As regulators of healthcare facilities, providers, and insurance, states have many of the necessary legal and policy tools to improve adult vaccination rates.

States can pursue several policies to increase adult immunization rates, including the following:



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1. **Implement facility requirements:** States can require healthcare facilities to assess their patients' vaccination statuses; offer appropriate vaccines; or ensure that patients receive appropriate vaccines, with their consent. These requirements seek to encourage vaccination at the point of care and reduce the need for additional visits to healthcare providers for the sole purpose of vaccination. According to the CDC, [16 states](#), including California, Nebraska, and



New Hampshire, have requirements for hospitals related to patient vaccination for influenza and/or pneumococcal vaccines, vaccinations routinely recommended for adults. The strongest state policies would require all acute and long-term care facilities to ensure appropriate vaccination of all patients with Advisory Committee of Immunization Practices (ACIP)-recommended vaccines.

2. **Require vaccinating providers to report adult vaccinations into registries:** While many states require providers to report childhood vaccinations into Immunization Information Systems or registries, not all vaccinating providers are required to do so and many do not require providers to report adult vaccinations. As a result, adult vaccination data in registries is lacking compared to childhood data. State laws that require all vaccinating providers to report vaccinations for all patient ages into registries would increase the amount of adult immunization data captured and improve the usefulness of registries for public health and clinical decision making for adult patients.
3. **Expand non-physician providers' ability to vaccinate:** In many states, pharmacists and other non-physician providers may vaccinate patients; however, the types of providers who may administer and which vaccines vary greatly by state. Additionally, non-physician providers may not have inherent authority to vaccinate and may be required to receive a prescription from a physician or enter into a protocol arrangement in which a physician delegates vaccinating authority to the non-physician provider. These arrangements can create barriers for non-physician providers. Granting more non-physician providers the inherent authority to vaccinate more patients could increase patients' access to vaccination.
4. **Improve pharmacist recognition and reimbursement:** Pharmacists' ability to vaccinate has expanded significantly over time but pharmacists are not always recognized as covered vaccinating providers and can receive lower reimbursement for vaccinating compared to other providers, such as physicians. These financial factors can discourage pharmacists from vaccinating. Removing these barriers by ensuring coverage and reimbursement parity for pharmacist-administered vaccines could incentivize more pharmacists to vaccinate, providing more opportunities for adults to receive vaccinations in the pharmacy setting.
5. **Implement state quality programs:** While federal quality and value-based payment programs are major drivers of healthcare's shift from "volume to value," states can also use their roles as payers and regulators to implement quality and payment programs that encourage immunization. States may use their purchasing power to require certain quality standards in healthcare programs, issue guidance to regulate insurance products sold within states, or pass legislation mandating creation of quality and payment programs and



requirements for plans. For example, states can encourage or obligate Medicaid managed care organizations (MCOs), through contracting practices, to implement quality reporting programs or incentive arrangements that target immunization uptake. Medicaid programs may explicitly call for the use of specific quality measures or they may provide baseline recommendations that aim to drive competition and promote robust quality programs among Medicaid MCOs.

When pursued together, these state-level policy opportunities can encourage vaccination and increase patient access to vaccines, ultimately helping to improve adult vaccination rates.

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