



Department of Health  
2023-25 First Supplemental Budget Session  
Policy Level - AV - Adult Vaccine Program

## Agency Recommendation Summary

The Department of Health requests funds to plan and implement an expanded comprehensive Adult Vaccine Program for uninsured adults across the state. Approximately 500,000 adults 19-64 years old are uninsured without immunization coverage. Funding will reduce the burden of vaccine preventable disease for all Washington residents, address inequities, and reduce communicable disease outbreaks.

## Fiscal Summary

Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
<b>Staffing</b>						
FTEs	0.0	6.6	3.3	24.9	24.2	24.55
<b>Operating Expenditures</b>						
Fund 001 - 1	\$0	\$2,479	\$2,479	\$4,693	\$4,433	\$9,126
Total Expenditures	\$0	\$2,479	\$2,479	\$4,693	\$4,433	\$9,126

## Decision Package Description

What is the problem, opportunity, or priority you are addressing with the request?

The COVID-19 pandemic has highlighted the need to invest in public health prevention programs, such as the state Adult Vaccine Program, to prevent communicable diseases and keep our communities healthy and safe. It has also highlighted long standing and systemic inequities in health care and public health among disproportionately impacted groups including rural, low-income, and essential worker communities. This also includes Black, Indigenous, and People of Color (BIPOC) populations, who often experience lower vaccination rates, especially among those without health insurance. Now is the time to implement a comprehensive Adult Vaccine Program, similar to the Childhood Vaccine Program, that will effectively address barriers to routine adult immunizations, close equity gaps, and, consequently, increase vaccine coverage rates.

Approximately 500,000 adults 19-64 years old in Washington State are uninsured without immunization coverage. While older adults have Medicare coverage and children are covered through the Childhood Vaccine Program, uninsured adults have virtually no safety net for vaccines. The Washington State Department of Health Adult Vaccine Program (AVP) currently uses federal section 317 funding to help fill the safety net gap by distributing vaccine to enrolled medical providers at no cost to the provider or patients; however, existing funding does not meet current or future needs.

The program has historically not been funded to support data analytics for adult vaccines, the Immunization Information System (IIS) infrastructure for routine adult vaccines, nor adult vaccine education and outreach, which are critical components for any successful immunization program. Currently, strategies around increasing access to routine adult immunizations are limited to vaccine distribution to enrolled providers.

In addition to the opportunity to implement additional effective strategies to expand vaccine access, there is also an opportunity to increase vaccine supply for the program. Currently, the program is unable to fulfill enrolled providers requests for vaccine. On average between 2018-2023 the program supplied only 50% of the vaccine doses requested by enrolled healthcare providers to serve their patients due to limited funding. Annually, there is a gap of over \$1.7M for adult vaccines, excluding the COVID-19 vaccine. Starting in fiscal year 2025, the expected funding gap will be \$4.25M per year. This limitation in vaccine supply leaves providers and the department with the ethical dilemma of deciding which patients will receive vaccines at no cost and/or which vaccines can be supplied. This problem will continue to grow as more vaccines are added to the adult immunization schedule.

Current vaccines provided through the AVP include MMR, Tdap, Hepatitis A and B, HPV, Pneumococcal, and Zoster/Shingles. It is anticipated that Arexvy and/or Abrysvo vaccines, for the prevention of RSV, will be added to this list soon. Of note, the influenza and COVID-19 vaccines have not historically been provided via the Adult Vaccine Program. Addition of the influenza vaccine will also require additional funding.

The department is seeking an investment in funding to support staffing and the purchase of additional adult vaccine for the establishment of an enhanced, comprehensive state Adult Vaccine Program (AVP), that is aligned with the 2020 National Adult Immunization Program and 2021-

2025 Vaccines National Strategic Plan recommendations. Aligning the department's Adult Vaccine Program with national recommendations and priorities ensures the greatest chance of success. The enhanced program focuses on three components: 1) Infrastructure, 2) Access and 3) Demand. This program would serve approximately 500,000 uninsured adults 19-64 (6% of the state's population) at no cost to the resident.

#### Infrastructure

- Analyze coverage rate data for routine adult vaccines.
- Increase provider use of the Immunization Information System (IIS) for routine adult vaccines which houses immunization data for all Washingtonians.
- Improve data exchange and interoperability between IIS and Electronic Health Records (EHR).
- Expand consumers' access to their own vaccination data through secure IIS portals.
- Develop and encourage adoption of standardized clinical decision support tools in IIS for adult vaccination.
- Increase the capability of IIS to onboard adult providers for bidirectional data exchange between the provider and IIS.
- Enhance tools in the IIS to target uninsured adults.
- Perform AVP quality improvement interventions.

#### Access

- Assess and address providers' financial barriers to delivering vaccinations, including storage and administering vaccines.
- Increase provider participation in the Adult Vaccine Program including providers in rural areas, pharmacies, etc.
- Increase and ensure a reliable vaccine supply and the ability to track vaccine inventories, including during public health emergencies.
- Purchase 50,000 influenza vaccines and 20,000 doses of MMR, Tdap, Hepatitis A and B, HPV, Pneumococcal, and Zoster/Shingles vaccines.
- Enhance vaccine locator tool where consumers can easily find providers participating in AVP.

#### Demand

- Educate and encourage individuals to be aware of and receive recommended adult immunizations.
- Educate and encourage health care providers to recommend and/or deliver adult vaccinations.
- Educate and encourage other groups (e.g., community and faith-based groups) to promote the importance of adult immunization.

AVP will collaborate with the Health Care Authority (HCA), health care providers, pharmacies, and other vaccine partners to achieve program goals. This proposal will expand equitable access to ACIP-recommended vaccines for uninsured adults across the state, including any new vaccines added to the list of recommended vaccines for adults, and will address vaccine cost increases.

What alternative did you explore and why is this option chosen?

No other state agency provides vaccine services to uninsured adults at no cost. Federal Section 317 funding is the only current source of funding which is insufficient to meet the needs of the current program. The President's Budget has proposed a national Vaccine for Adults program, yet there has been no inclination from federal partners to fund a national program. Without state support for an adult vaccine program, vulnerable adults will continue to experience a gap in access to vaccines they need to keep themselves safe and healthy.

With the impending loss of COVID-19 vaccine funding, there will be a greater need for funding to support the ongoing and expanded work of the Adult Vaccine Program (AVP). Considerations could include exploring a cost-sharing option with stakeholders or establish a full adult universal vaccine program.

One alternative to expanding the AVP would be to leave the program as it is. This alternative would increase risks for future public health emergencies and would fail to address the current vaccine gap and inequities.

Another alternative would be to reduce costs by building in existing funds to initiate the Adult Vaccine Program expansion and delay increased staffing until years 3-5. This alternative would slow down the AVP expansion process and delay the closing of existing access gaps.

## Assumptions and Calculations

### ***Expansion, Reduction, Elimination or Alteration of a current program or service:***

The primary purpose of this proposal is to expand and strengthen the adult immunization infrastructure to prevent communicable disease outbreaks and close equity gaps. The program would be aligned with federal recommendations for adult immunization programs. Activities will include:

- evaluating the impact of adult vaccination on morbidity and mortality, with special emphasis on vulnerable populations
- identifying coverage gaps and disparities among racial and ethnic minorities
- developing targeted strategies to reduce disparities in vaccination coverage
- improving methods to verify vaccination coverage status, and
- Identifying efficiencies to improve adult immunization delivery by encouraging greater use and increased functionality of existing systems (e.g., state and local immunization information systems)

The Department will work closely with health care partners to better understand financial barriers to administering vaccinations to uninsured adults, identify vaccine stocking, technological and management barriers, and develop tools to improve immunization business practices.

The Department will evaluate the increased community demand for vaccine, working with health care partners and community to identify barriers, implementing assessment strategies to look at adult vaccine data, and utilizing outreach and education promoting adult vaccine to providers and community-based organizations.

### ***Detailed Assumptions and Calculations:***

#### **Outreach/Engagement Contracts - \$200,000 in FY25 (contracts/community Compensation)**

Provides compensation for community member participation in workgroup and outreach activities; and contracts to Community Based Organizations for outreach and education promoting adult vaccine access and implementation strategies.

#### **Routine Adult Vaccine Inventory - \$1.0M/FY ongoing (Vaccine purchase)**

To cover the projected annual need for addition purchase of adult vaccine for uninsured adults not including COVID-19 Vaccine. This would be in addition to the already received \$1.1 million in federal 317 federal funds which provides approximately 17,000 doses of routine adult vaccines. Vaccines provided include MMR, Tdap, Hepatitis A and B, HPV, Pneumococcal, RSV, and Zoster/Shingles.

#### **Adult Flu Vaccine Inventory - \$700,000/FY ongoing (Vaccine purchase)**

To cover the projected annual need for adult influenza purchase for uninsured adults. Projected annual need would purchase 50,000 doses of adult flu vaccine. Currently no funds are received from federal sources to purchase adult flu vaccine.

Department of Health has applied for federal funds to support staffing from August 2023 through December 2024 to conduct adult Covid vaccine activities (with possibility of a no-cost extension through June 2025) and anticipates \$6.2M in funds to support the purchase of COVID-19 Vaccine for underinsured and uninsured adults in FY24. The assumptions for staffing related to this project assume that these funds will be received and with spend down of those funds through December 2024. Staffing costs may change if these funds are not received. There are currently no additional funds identified for purchase of COVID-19 Vaccine for adults after December 2024.

**Workforce Assumptions:**

**Immunization Information System (IIS) 3.0 FTE \$450,801 Annually Cost**

Support staff to develop, implement, and maintain IIS systems operations and enhancements related to the expansion of the Adult Vaccine Program

- 2.0 FTE - Health Services Consultant 2: \$291,105 Annual Cost
- 1.0 FTE - Health Services Consultant 3: \$159,696 Annual Cost

**Assessment Support 3.0 FTE \$559,144 Annually**

To provide epidemiologic and evaluation subject matter expertise by monitoring adult vaccination coverage rates and addressing program impact.

- 1.0 FTE - Epidemiologist 3 non-medical: \$214,468 Annual Cost
- 2.0 FTE - Epidemiologist 2 non-medical: \$344,676 Annual Cost

**Informatics Support 2.0 FTE \$344,676 Annually**

To build, maintain, and enhance 1) REDCap provider management modules used by AVP Providers to submit applications, temperature logs, and other required information, and 2) data pipelines within the DOH Cloud Environment for Analytics and Reporting (CEDAR)

- 2.0 FTE - Epidemiologist 2 non-medical: \$344,676 Annual Cost

**Health Promotion Support 1.0 FTE \$159,696 Annually**

To provide education, outreach, and communication, and adult vaccine materials.

- 1.0 FTE Health Services Consultant 3 – Adult Vaccine Health Educator: \$159,696 Annual Cost

**Vaccine Management Support 3.0 FTE \$491,729 Annually**

To coordinate storage and handling, assurance, and accountability for adult vaccines.

- 1.0 FTE - Health Services Consultant 4: \$172,338 Annual Cost
- 2.0 FTE - Health Services Consultant 3: \$319,391 Annual Cost

**Clinical Support 0.5 FTE \$105,668 Annually /FY**

To provide clinical expertise related to adult vaccines.

- 0.5 FTE – Public Health Nurse Consultant: \$105,668 Annual Cost

**Total FTE requested – 12.5 \$2,111,714**

The level of FTE has been determined to be the minimum number of FTEs needed to carry out this work, based proportionally on the staffing needed to perform similar duties for our routine childhood immunization work.

Estimated expenditures include salary, benefit, and related costs to assist with administrative workload activities. These activities include policy and legislative relations; information technology; budget and accounting services; human resources; contracts; procurement; risk management, and facilities management

## Strategic and Performance Outcomes

### ***Strategic Framework:***

Vaccines remain the most powerful tools available to prevent serious illness, hospitalization and death from vaccine-preventable disease. This proposal is critical and necessary to support the Governor's Results Washington Goal 4: Health and Safe Communities Metrics of striving to foster the health of Washingtonians from a healthy start to safe and supported future.

The proposal is also an important reflection of DOH's Transformational Plan. Specifically, vaccine work supports:

- Priority 1 Health & Wellness by promoting vaccination for all eligible population groups; a key strategy to prevent serious illness, hospitalization, and death from vaccine preventable disease.
- Priority 4 Emergency Response and Resilience by ensuring the Department continues to maintain the capacity, knowledge and resources to able to respond to outbreaks of vaccine-preventable diseases with strength and decisiveness.
- There is currently no state or federal funding dedicated to the expansion of an adult vaccine program. This request would provide new funding to support this activity. We continue to explore additional funding opportunities for this work.

### ***Performance Outcomes:***

DOH's goal remains to make vaccines available and accessible to all Washingtonians no matter where they live or who they are, with a particular focus on addressing any equity gaps that may be present. DOH will continue initiatives, outreach and education, training, and support for health care providers. DOH will continue to monitor overall vaccination coverage rates as well as rates among people at increased risk for severe illness. State support will ensure sustainability of vital vaccine work, specifically the ability to ensure state readiness for future vaccination needs.

Infrastructure

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Data analysis of coverage rates for routine adult vaccines	<p>IIS data quality for the adult population will be documented, including areas of relative strength and identification of areas where development is needed to ensure complete and reliable coverage estimates can be produced.</p> <p>Baseline estimates will be produced to compare adult vaccination coverage for geographic areas with the highest and lowest uninsured rates. Coverage will also be described by race/ethnicity, comorbidity, disability, and other demographics, to identify and better understand any disparities.</p> <p>Coverage for above populations will be monitored over time, to identify areas of improvement and populations that may require programmatic efforts to achieve coverage rate increases.</p> <p>Methods are developed and implemented to measure associations between adult vaccination coverage rates and rates of associated vaccine-preventable disease in the population.</p>
Increase provider use of the IIS for routine adult vaccines	<p>Current levels of provider use of the IIS for routine adult vaccines will be assessed, including percent of adult vaccine providers that routinely report data to IIS and the quality of the data reported.</p> <p>Barriers to provider reporting for routine adult vaccines are identified and addressed.</p> <p>Provider use of the IIS for routine adult vaccines rises to the standard set for use with routine childhood vaccines.</p>
Improve data exchange and interoperability between IIS and EHRs	Current gaps in data exchange and interoperability between IIS and EHRs are identified and addressed, resulting in improved data quality.
Expand consumers' access to their own vaccination data through secure IIS portals.	<p>Barriers to consumers' access to their own vaccination data through secure IIS portals are identified and reduced or eliminated.</p> <p>Consumers have greater awareness of their vaccination status.</p>
Develop and encourage adoption of standardized clinical decision support tools in IIS for adult vaccination.	Providers have access to standardized clinical support tools in IIS for adult vaccination, making it easier to ensure patients receive appropriate immunizations at the recommended interval.
Increase the capability of IIS to onboard adult providers for bidirectional data exchange between the provider and IIS.	Current limitations of IIS to onboard adult providers for bidirectional data exchange are addressed, enhancing utility of IIS for providers.
AVP quality improvement interventions	AVP quality improvement interventions are implemented and evaluated.

## Access

Assess and address providers' financial barriers to delivering vaccinations, including stocking and administering vaccines.	Develop survey and carry out data collection to assess providers' financial barriers to delivering vaccinations. Solutions to address these barriers are identified and implemented.
Increase provider participation in the Adult Vaccine Program	<p>Provider enrollment increases, with the aim of enrolling all providers who serve uninsured adults 18-64.</p> <p>Among providers who enroll in AVP, coverage rates for their patients are compared before and after enrollment.</p>
Increase and ensure a reliable vaccine supply and the ability to track vaccine inventories, including during public health emergencies.	<p>Vaccine supply is increased to meet demand, so all orders from enrolled providers can be fulfilled. A reliable supply is available, ensuring provider demand can consistently be met.</p> <p>Improved system is established to track vaccine.</p>
Develop a locator tool where consumers can easily find providers participating in AVP	<p>Locator tool is developed and tested with users in the target population, to ensure accessibility.</p> <p>Locator tool is made availability and regularly updated with currently enrolled AVP providers.</p>

## Demand

Educate and encourage individuals to be aware of and receive recommended adult immunizations.	<p>Awareness of the importance of receiving recommended adult immunizations is assessed in uninsured adults 18-64. Assessment identifies any disparities based on race/ethnicity, comorbidity, disability, or other demographics.</p> <p>Targeted culturally appropriate outreach campaign to address any knowledge or awareness gaps is developed, implemented, and evaluated.</p> <p>Disparities in vaccination knowledge and awareness are reduced.</p>
Educate and encourage health care providers to recommend and/or deliver adult vaccinations.	<p>Report percent of adults 18-64 who report receiving provider recommendations for routine immunizations, by insurance status and other demographics.</p> <p>Develop survey and carry out initial data collection on provider practices for recommending vaccines to their adult patient population.</p> <p>Evaluate impact of provider education on practices for recommending vaccines to adult patient population.</p> <p>Increase proportion of health care providers recommending and/or delivering adult vaccinations.</p>
Educate and encourage other groups (e.g., community and faith-based groups) to promote the importance of adult immunization.	<p>Other groups, such as community and faith-based organizations and community health workers (CHWs), are engaged to participate in promotion of the importance of adult immunization.</p> <p>Organizations are supported in their promotion efforts. Support is based on unique needs identified by the organization and the population served. (Ex. Tailored, evidence-based communication materials are provided to assist these organizations in communicating with their population.)</p>

## Equity Impacts

### ***Community outreach and engagement:***

An expanded AVP program is supported by currently enrolled providers, who see the many benefits an expanded program could afford. Within the first year of receiving state funds, DOH plans to actively engage community-based organizations (CBOs) who serve uninsured adult populations via dialogue conversations and surveys to inform how the expanded program is implemented. This includes organizations that participate in the Partnering for Vaccine Equity (P4VE) Program, which is operated by the CDC. The agency's Community Collaborative, which is composed of over 700 CBOs, will also have the opportunity to provide feedback to help guide direction. DOH will continue to connect with these groups regularly to assess program impact. This proposal seeks to close existing equity gaps.

### ***Disproportional Impact Considerations:***

All uninsured adults throughout Washington will benefit from an expansion of the Adult Vaccine Program. Many patients without health insurance ultimately decline vaccines due to the high cost who might otherwise elect to be vaccinated. Cost is a significant barrier to vaccination leaving many adults vulnerable to vaccine-preventable diseases. According to the Kaiser Family Foundation estimates based on the 2008-2019 American Community Survey:

- Among adults impacted by high costs, **46% never get vaccinated.**
- Adults with an out-of-pocket payment of \$30 for the flu vaccine are **58% less likely to get vaccinated** than adults without any out-of-pocket payment.
- Only **16.2% of adults without health insurance** received the influenza vaccine during the 2017-2018 season, while 49% of adults with health insurance were vaccinated over the same period.

#### ***Low vaccination rates among adults in racial and ethnic minority groups are even lower among those without insurance***



Vaccination rates are lower among those without insurance, compared to those with insurance coverage, across all racial and ethnic minority groups.

Rates of adults without health insurance vary by county. County-level rates for people 19-64 with no health insurance in 2015-2019 ranged from 5.1% to 27.8%. There is even greater variation at the census-tract level, with 2013-2017 rates ranging from 0% to 55.7%<sup>1</sup>. Given the lower vaccination rates among the uninsured, this may contribute to geographic pockets of the population with lower immunization coverage. This places these communities at increased risk of communicable disease outbreaks.

### ***Target Populations or Communities:***

The COVID-19 pandemic highlighted the long standing and systemic inequities in health care and public health among disproportionately impacted groups including rural, low-income, and essential worker communities. These inequities demonstrate the need for a robust adult immunization program to respond to efficiently and effectively to public health emergencies. An expanded adult immunization program would reduce disparities in vaccination coverage, improve outbreak control of vaccine-preventable diseases, and enhance and maintain infrastructure needed for responding to future pandemics.

## Other Collateral Connections



***Puget Sound Recovery:***

N/A

***State Workforce Impacts:***

N/A

***Intergovernmental:***

**Health Care Authority (HCA):** Support Apple Health covers vaccines and administration costs for Medicaid clients.

**Office of the Insurance Commissioner (OIC):** Support policies regarding insurance coverage of vaccines requires collaboration with the Office of the Insurance Commissioner.

**Local Health Jurisdictions:** Support continuation of the deployment of the COVID-19 vaccine across the state requires the assistance, coordination, and collaboration with local health jurisdictions.

**Tribes:** Support continuation of the deployment of a COVID-19 vaccine and routine immunizations across the state requires input and collaboration with tribal governments.

**Department of Corrections:** Support vaccination efforts in correctional facilities requires the collaboration of the state agency responsible for oversight and operation of such facilities.

***Stakeholder Response:***

Healthcare Providers: Support

Healthcare Professional Associations: Support

Association of Community Health Centers: Support

Marginalized and/or under vaccinated communities: Support

Community Collaborative CBOs: Support

Vaccination Contractors: Support

Immunization Information System (WAIS) Vendor: Support

***State Facilities Impacts:***

N/A

***Changes from Current Law:***

N/A

***Legal or Administrative Mandates:***

N/A

***HEAL Act Agencies Supplemental Questions***

N/A

## IT Addendum

***Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?***

No

## Objects of Expenditure

<b>Objects of Expenditure</b> <i>Dollars in Thousands</i>	<b>Fiscal Years</b>		<b>Biennial</b>	<b>Fiscal Years</b>		<b>Biennial</b>
	<b>2024</b>	<b>2025</b>	<b>2023-25</b>	<b>2026</b>	<b>2027</b>	<b>2025-27</b>
Obj. A	\$0	\$348	<b>\$348</b>	\$1,807	\$1,771	<b>\$3,578</b>
Obj. B	\$0	\$162	<b>\$162</b>	\$710	\$693	<b>\$1,403</b>
Obj. E	\$0	\$1,969	<b>\$1,969</b>	\$2,059	\$1,852	<b>\$3,911</b>
Obj. T	\$0	\$0	<b>\$0</b>	\$117	\$117	<b>\$234</b>

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