Access to HPV Vaccine May Hit Funding Barriers

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WASHINGTON — The challenge of paying for vaccinations has become even greater now the human papillomavirus vaccine is on the immunization schedule.

At a meeting of the National Vaccine Advisory Committee, representatives from several organizations reported that there isn't enough money to go around and that states will have to make tough choices about funding for the HPV vaccine, which is scheduled to become a standard immunization for 11- to 12-year-old girls.

The evidence used by the Advisory Committee on Immunization Practices to make vaccine recommendations includes economic factors as part of the public health perspective, said Dr. Lance Rodewald, director of the immunization services division at the Centers for Disease Control and Prevention.

But the price of a vaccine cannot be a consideration for resolutions made by the Vaccines for Children (VFC) program. The key consideration in a VFC resolution simply is whether the vaccine is recommended for VFC-eligible children, Dr. Rodewald said.

Consequently, an ACIP recommendation raises the possibility of disparity, with VFC-eligible children receiving a vaccine because it is paid for, and children who have private insurance not receiving the same vaccine because it is not paid for.

Neither state-appropriated funds nor funds from Section 317 (a discretionary program within the Public Health Service Act that covers individuals whose insurance doesn't cover vaccines or who are not eligible for VFC funds) has kept up with VFC's need-based funding, Dr. Rodewald said.

What happens when the need outstrips the resources?

"The programs are put in a tough spot," Dr. Rodewald said. "The states will need to prioritize vaccinations, and we are looking to other groups to help resolve the financing dilemma."

Dr. Poki Stewart Namkung, president of the National Association of County & City Health Officials shared responses to a survey that solicited their members' concerns about implementing HPV vaccines. Key issues raised by the local health departments included how to vaccinate girls and young women who fall outside the bounds of public assistance given the limitations of the VFC program and Section 317.

Insured individuals are covered in theory, but there are concerns that as new, costly vaccines become available, more plans will not cover them all.

States will receive VFC funding, but do not know what other funds to expect, said Claire Hannan, executive director of the Association of Immunization Managers (AIM). AIM members are involved in every aspect of vaccination, including distribution, purchasing, and provider and consumer education.

Uninsured individuals aged 9-18 years will be covered by VFC, and limited coverage for uninsured females aged 9-26 years may be available through Merck & Co.'s vaccine assistance program.

Insured individuals are covered in theory, but AIM members are concerned that as new, expensive vaccines are added to the vaccine schedule, more insurance plans will not cover all the vaccines, Ms. Hannan said.

"Programs are making decisions about how to use limited funds, and they are making different decisions," she said. The result is a patchwork of vaccination coverage.

Possible solutions to the problem of patchwork coverage could include enlisting the help of ob.gyns. and dermatologists, since they treat children and adolescents and could enroll their eligible younger patients in the VFC program, Ms. Hannan said.

No one knows how the financing for HPV vaccines will play out until the vaccine actually is in use, but vaccine financing is dynamic because both the payments and the individual insurance plans change annually, said Dr. Gregory Wallace of the CDC's National Immunization Program. "Difficult decisions have to be made with competing priorities every year." ■

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