Report of Reference Committee C

Saturday, May 21, 2022

THIS REPORT IS NOT POLICY. THESE RESOLUTIONS WILL NOT BECOME ACADEMY POLICY UNTIL FORMALLY ACTED UPON BY THE HOUSE OF DELEGATES.

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| --- | --- | --- | --- |
| **Number:** | **Title:** | **Committee****Recommendation:** | **Line:** |
|  | 2022-C-01 | Support for Hemorrhage Control/Stop the Bleed Campaign | Adopt | 7 |
|  | 2022-C-02 | Immunizations in Children and Adults | Amend | 26 |
|  | 2022-C-03 | Global Epidemic HIV-AIDS | Adopted on Consent Agenda |  |
|  | 2022-C-04 | Reduced Restrictions on Methadone  | Adopt | 829 |
|  | 2022-C-05 | Advancing Progress of Palliative Care Education and Practice | Adopted on Consent Agenda |  |
|  | 2022-C-06 | Patient Hospice Benefits and PA Barriers | Amend | 849 |
|  | 2022-C-07 | Role of EMS PAs in Pre-Hospital Care | Adopted on Consent Agenda |  |
|  | 2022-C-08 | Reimbursement or Regulation of PAs Based on Academic Credentials | Adopt | 869 |
|  | 2022-C-09 | AAPA’s Promotion of PA Utilization | Adopted on Consent Agenda |  |
|  | 2022-C-10 | Team-Based Care | Adopt | 888 |
|  | 2022-C-11 | PA Practice Act Language | Adopted on Consent Agenda |  |
|  | 2022-C-12 | Unrestricted Shared Decision-Making Between Patient and Provider | Adopted on Consent Agenda |  |
|  | 2022-C-13 | Electronic Prescribing Compliance | Adopted on Consent Agenda |  |
|  | 2022-C-14 | The PA in Disaster Repose: Core Guidelines | Adopted on Consent Agenda |  |
|  | 2022-C-15 | The Role of In-Store or Retail-Based Convenient Care Clinics | Adopted on Consent Agenda |  |
|  | 2022-C-16 | AAPA Encourages Use of Telemedicine Services by PAs | Amend | 914 |
|  | 2022-C-17 | Advocacy for Telemedicine Implementation and Removal of Barriers | Adopted on Consent Agenda |  |
|  | 2022-C-18 | Pharmaceutical Samples Access | Amend | 956 |
|  | 2022-C-19 | NCCPA Lobby Activity | Adopted on Consent Agenda |  |
|  | 2022-C-20 | Alternatives to Mass Deportation of Immigrants | Amend | 982 |
|  | 2022-C-21 | Care of Undocumented Persons | Reaffirm | 1010 |
|  | 2022-C-22 | Opportunity for Immigrants | Expire | 1030 |

\*Shaded resolutions were Adopted on the General Consent Agenda and will not appear in this document.

Madam Speaker, Reference Committee C has considered each of the resolutions referred to it and wishes to present the following report. The committee's recommendations on each extracted resolution will be submitted separately, and I respectfully suggest that each extracted item be dealt with before going on to the next. Madam Speaker, please proceed with the extraction process.

The Committee considered testimony on 2022-C-01, the resolved portion of which reads:

AAPA believes that PAs should (1) advocate the appropriate placement of tourniquets in public spaces; (2) support increasing government and industry funding for the purchase of tourniquets; (3) encourage the American public become trained in recognizing and stopping life-threatening hemorrhage; and (4) advocate for legislation to be passed to provide immunity from liability for those who, in good faith, and without expectation of compensation, provide hemorrhage control in emergency situations.

Con testimony included:

* It was recommended that PAs be specifically included in the language regarding liability.

Pro testimony included:

* Support for current language that is inclusive of all types of first responders including the public.
* A perspective was provided that PAs are not always the first to respond.

**Madam Speaker, the committee recommends adoption of Resolution 2022-C-01**

The Committee next considered testimony on 2022-C-02, the resolved portion of which reads:

Amend the policy paper entitled *Immunizations in Children and Adults*.

# **Immunizations in Children and Adults**

(Adopted 1994, amended 2004, 2006, 2011, 2016, 2018)

# **Executive Summary of Policy Contained in this Paper**

Summaries will lack rationale and background information and may lose nuance of policy. You are highly encouraged to read the entire paper.

AAPA recognizes the importance of child and adult immunization programs and the need to educate individual PAs and the public about these programs. To that end, AAPA makes the following recommendations:

* PAs should be aware of current medical guidelines and recommendations for immunization of ALL PATIENT POPULATIONS AND CERTAIN HIGH-RISK INDIVIDUALS, ~~infants, children, adolescents, and adults. Providers also should be aware that patients in high-risk~~ ~~groups,~~ such as the chronically ill, immunosuppressed, asplenic, or elderly. HIGH-RISK POPULATIONS may need to be on different immunization schedules ~~than the general population~~.
* Individual PAs and their practices, in cooperation with public health agencies, should promote public information campaigns to increase awareness of the importance of immunizations and allay fears or doubts about potential adverse effects.
* PAs should be immunized against vaccine-preventable diseases ~~for which health providers are at~~ ~~high risk,~~ including annual influenza AND THE SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS(SARS-COV-2) vaccination SERIES UNLESS THERE IS A CLINICAL CONTRAINDICATION DUE TO THE PA’S MEDICAL HISTORY. This not only protects PAs, but also ~~protects~~~~patients by preventing~~ DECREASES THE RISK OF provider-to-patient transmission.
* PAs need to educate patients and their families about the safety of our national immunization program, dispel unsubstantiated fears about vaccination, and promote public confidence in vaccines ~~for the continued~~ ~~protection of all~~ TO PROTECT against vaccine-preventable diseases.
* PA students, LIKE PRACTICING PAs, should have all appropriate immunizations prior to STARTING their clinical experience.
* PAs ~~working in primary care~~ should develop systems within their practices to promote optimum immunization of their patients. These systems might include devices such as personal immunization records for patients AND EASILY ACCESSIBLE DOCUMENTATION OF THE ~~to carry with them and a way to easily locate each~~ patient’s immunization record in the patient’s medical chart. High-risk patients should be identified, and ~~special~~ TARGETED programs implemented to ENSURE COMPLIANCE, SUCH AS AUTOMATED REMINDERS. ~~optimize vaccine coverage, such as mailing a flu vaccine reminder to all high-risk patients every fall.~~
* PAs working in specialty practices ~~in hospitals and offices~~ should recognize patients who are at high risk for vaccine-preventable diseases. COLLABORATION ~~They should coordinate efforts~~ with the patients’ primary care providers WILL ~~to~~ ensure COMPLIANCE WITH IMMUNIZATION SCHEDULES. ~~that these patients are adequately immunized and that the~~ ~~primary care providers have complete immunization records.~~
* PAs should support the development of and participate in state and local immunization registries. Effective immunization registries have demonstrated an ability to prevent fragmentation of care, incomplete immunizations, and unnecessary over-immunization of patients. ~~because of lack of communication between various providers and programs. An objective of Healthy People 2020 is to enroll 95% of children under the age of six in population-based immunization registries. (1)~~
* All private and public payers should COVER ~~provide coverage for recommended~~ child and adult immunizations as recommended by the CDC.

# Introduction

The immunization of infants, children adolescents, and adults against vaccine-preventable diseases is one of the most important medical advances of the 20th century and among the most valuable healthcare investments that can be made. In the 20th century, the development of effective vaccines has led to a 97% or greater reduction in reported cases of diphtheria, measles, mumps, pertussis, poliomyelitis, rubella, and tetanus in the United States. (~~2~~1) Recent economic analyses found that routine vaccination of children born from 1994 to 2018 will prevent about 419 million cases of disease and more than 936,000 early deaths, for a societal cost savings of more than 1.9 trillion dollars. (~~3~~2)Given their proven benefit in reducing morbidity, mortality and healthcare costs, age-appropriate immunization programs for children and adults should be part of the medical practice of all PAs.

# Childhood Immunizations

Despite great successes at controlling once common childhood diseases, such as poliomyelitis, diphtheria, measles, mumps, rubella and tetanus; significant gaps remain in vaccination coverage in the United States. The U.S. Department of Health and Human Services’ Healthy People 20~~20~~30 initiative has set vaccination coverage goals of 90**-**95 percent universally recommended vaccines among young children ages 19 to 35 months including those fordiphtheria tetanus and pertussis (DTaP), haemophilus influenzae type B (Hib), hepatitis A and B, measles mumps and rubella (MMR), polio, varicella, pneumococcal conjugate vaccine, and rotavirus. ~~(1)~~ IN ADDITION, THERE IS A PUSH TO REDUCE THE PROPORTION OF CHILDREN WHO GET NO RECOMMENDED VACCINES BY AGE TWO YEARS. Recent national coverage estimates showed that HP- 2020 targets of 90**-**95% were met for THE ABOVE-MENTIONED VACCINATIONS. (3) ~~poliovirus, MMR, HepB, and varicella, but not DTaP, Hib, HepB birth dose, PCV, HepA, rotavirus, and the combined vaccination series. (4)~~

Vaccination rates remains lower among children living below the poverty level, in non-Hispanic black children, and those living in high-risk geographic areas, such as rural, underserved, and low socio- economic regions. These surveys continue to reveal immunization rates well below the national average and/or targeted goal rates. (4)

Gaps in the system of childhood immunizations are not new. Barriers to immunization that have been identified include lack of knowledge about immunizations, fears about vaccine safety, logistical problems that limit access to immunization services, provider lack of knowledge regarding indications for and contraindications to immunization, fragmentation of patient care causing incomplete immunization records and missed opportunities. (5)

# Adolescent Immunization Programs

Vaccination of adolescents is an important and effective way to protect preteens, teens, their friends and family members from vaccine-preventable diseases such as tetanus, diphtheria, pertussis (TDaP), and cancers caused by human papillomavirus (HPV). The advisory committee on immunization practices (ACIP) and the Centers for Disease Control and Prevention (CDC) recommend that adolescents routinely receive tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine (TDaP), meningococcal conjugate vaccine, and HPV vaccine. Healthy People 2020 goals for 80% vaccination coverage among adolescents aged 13-15 were achieved or nearly achieved in recent years for TDaP and meningococcal conjugate vaccine, however, HEALTHY PEOPLE 2030 GOALS were lagging for complete coverage for the ~~3-dose~~ HPV vaccine among ~~females~~ ADOLESCENTS (TARGET – 80%; 2018 DATA – 48%**)**. ~~(1)~~(3)(6)**(7)** This disparity in vaccination coverage indicates many missed opportunities to administer HPV vaccination in addition to TDaP and meningococcal conjugate vaccine during the same clinical visit.

# Adult Immunization Programs

Adult immunization programs do not receive the same priority as efforts to immunize children, ~~despite the fact that~~ EVEN THOUGH most deaths from vaccine-preventable disease occur in adults. Between 5,000 AND 56,000~~50,000 and 90,000~~ adults die each year from vaccine-preventable diseases such as pneumococcal infection, influenza and hepatitis B. ~~(6)~~ (8)

Despite availability and effectiveness of vaccines current immunization rates fall below those recommended in Healthy People 20~~20~~30. In addition to deaths from pneumococcal pneumonia, flu and hepatitis B; each year adult deaths occur due to inadequately immunized children. A majority of the U.S. cases of tetanus and diphtheria today occur in adults who were inadequately immunized as children. Furthermore, the recent resurgence in measles, mumps and rubella; seen primarily among unimmunized preschool children, also occurred in a significant number of young adults. Most vaccine failures in adults occurred among those who did not have a primary response to the MMR vaccine administered in childhood. Waning immunity does not seem to be an important factor. It is now strongly recommended that everyone born since 1956 receive a two-dose measles immunization. Because mumps and rubella have shown similar, though less pronounced, epidemiologic patterns of reemergence, the vaccine of choice is MMR. ~~(7)~~(8)(9)

Unfortunately, adult vaccination coverage estimates for the four vaccines included in Healthy People 20~~20~~30 (influenza, pneumococcal, herpes zoster, and among healthcare providers, hepatitis B) remain below target levels. (10) The Centers for Disease Control and Prevention (CDC) recommends vaccinations from birth through adulthood to provide a lifetime of immunity. But while childhood vaccination rates are relatively high, most adults are not vaccinated as recommended per the adult schedule. PAs are encouraged to follow the most up-to-date vaccine schedule from CDC. ~~(7)~~(9)(11)

# Improving Vaccination Rates

The CDC recommends that institutions develop standing orders and reminder systems to help improve vaccination rates among adults. Overcoming the low immunization rates among adults will require better reimbursement and a sustained, cooperative effort in both the public and private sectors to educate providers, patients, and policymakers about indicated vaccine uses and the need for effective delivery.

More widespread immunization strategies include new methods of vaccine delivery (nasally administered sprays) and new combination vaccines. Nasal administration of ~~the influenza~~ vaccineSwould reduce the expense associated with intramuscular vaccination and would be more practical, especially amongst pediatric patients (over five years of age). ~~The immunization action coalition (IAC)~~~~8~~ ~~continues to promote a national immunization registry as a national goal in~~ Healthy People 20~~20~~30 IS ALSO DEVELOPING AN OBJECTIVE TO PROMOTE~~, specifying that 95% of children from birth to age six should fully participate in~~ an operational, population-based immunization registry.

# Challenges

Challenges to immunization programs for adults are similar to those in children. ~~(10)~~ ~~Challenges for assuring access and availability of vaccines Include: 1) Unprecedented Vaccine Delays, 2) Diminished Number of Vaccine Suppliers, 3) Disparities in Geographic and Socioeconomic Populations, and 4) Erosion of Insurance Coverage for Immunizations.~~
~~Adult~~ YET ADULT immunization rates are lower than pediatric immunization rates in part because adult immunizations are largely voluntary, have inconsistent insurance coverage (or other financial barriers), while children are subject to public health policies and school mandates requiring immunizations before school entry. ~~Barriers for adult immunization include:~~ CHALLENGES FOR ASSURING ACCESS AND AVAILABILITY OF VACCINES INCLUDE (12):

 • UNPRECEDENTED VACCINE DELAYS

 • DIMINISHED NUMBER OF VACCINE SUPPLIERS

 • DISPARITIES OF GEOGRAPHIC AND SOCIOECONOMIC POPULATIONS

 • EROSION OF INSURANCE COVERAGE FOR IMMUNIZATIONS
• Lack of healthcare provider familiarity with current vaccine guidelines;
• Lack of awareness among both patients and providers of potential risks involving vaccine-
preventable disease;
• Lack of resources to maintain an adequate supply of vaccine
• Or lack of infrastructure within healthcare systems to achieve high immunization rates in adults.

# COVID-19 PANDEMIC

#  CORONAVIRUS DISEASE 2019 (COVID-19) IS A RESPIRATORY ILLNESS CAUSED BY SARS-COV-2; A CORONAVIRUS FIRST DISCOVERED IN 2019. IT IS TRANSMITTED FROM PERSON-TO-PERSON VIA RESPIRATORY DROPLETS PRODUCED BY AN INFECTED PERSON. PATIENTS MAY BE ASYMPTOMATIC OR DEVELOP SEVERE ACUTE SYMPTOMS SUCH AS PULMONARY EMBOLISM, STROKE, HEART ATTACK, DEEP VEIN THROMBOSIS, AND EVEN DEATH. PATIENTS CAN ALSO DEVELOP COVID-19-LIKE SYMPTOMS FOR SEVERAL MONTHS OR EVEN SPONTANEOUSLY PRESENT WITH SYMPTOMS SEVERAL MONTHS AFTER INITIAL RECOVERY. MANY PATIENTS DEVELOP CHRONIC BRONCHITIS AND/OR BACTERIAL PNEUMONIA. DUE TO ITS HIGH PREVALENCE IN THE COMMUNITY, THE COVID-19 PANDEMIC WAS DECLARED A US NATIONAL EMERGENCY ON MARCH 13, 2020 AND HAS BECOME A GLOBAL PANDEMIC. ADULTS AGED 65 YEARS AND OLDER AND INDIVIDUALS OF ANY AGE WHO ARE IMMUNOCOMPROMISED ARE AT INCREASED RISK OF DEVELOPING SEVERE COVID-19 SYMPTOMS. COVID-19 TRANSMISSION AMONG HEALTHCARE PROVIDERS TO AND FROM THEIR PATIENTS HAS BEEN HIGHLY DOCUMENTED. DUE TO THE MORE HIGHLY VIRULENT COVID-19 MUTATIONS, MULTIPLE LOCAL AND WORLD HEALTH ORGANIZATIONS ADVOCATE FOR COMPLETE VACCINATION OF ALL CITIZENS WHO QUALIFY. MANY COVID-19 VACCINES ARE 1- OR 2- SHOT SERIES WITH SOME REQUIRING A BOOSTER VACCINE MONTHS AFTER INITIAL INOCULATION. SOME VACCINES HAVE BEEN GIVEN FULL APPROVAL BY THE FOOD AND DRUG ADMINISTRATION (FDA) WHILE OTHERS HAVE BEEN ONLY GIVEN EMERGENCY USE AUTHORIZATION FOR CERTAIN POPULATIONS. DUE TO INITIAL VACCINE SKEPTICISM AND/OR MISINFORMATION, MANY PEOPLE ARE VACCINE HESITANT OR REFUSE TO FOLLOW PRIVATE BUSINESS, LOCAL COMMUNITY, STATE OR FEDERAL VACCINE MANDATES. THIS IN TURN HAS PROVIDED AN ENVIRONMENT THAT PROMOTES VIRUS MUTATION WHICH ALSO HAS THE POTENTIAL TO CREATE A VIRUS THAT IS RESISTANT TO EXISTING VACCINES. (13) ON NOVEMBER 3, 2021, THE CDC RECOMMENDS THAT ALL PEOPLE AGES 5 AND OLDER GET A COVID-19 VACCINE TO HELP PROTECT AGAINST THE VIRUS. FOR THIS REASON, IT IS IMPERATIVE THAT ALL PAS SERVE AS TRUSTED HEALTHCARE PROVIDERS THAT CAN PROMOTE VACCINE EFFICACY AND INCREASE VACCINE USE AMONG THEIR PATIENTS. TO DATE (OCTOBER 2021), APPROXIMATELY 719,000 AMERICANS AND 4.55 MILLION INDIVIDUALS WORLDWIDE HAVE DIED OF COVID-19 THOUGH THE FINAL NUMBER IS LIKELY TO BE MUCH HIGHER.

# Influenza AND COVID-19 Vaccination of Healthcare Personnel

 Influenza AND COVID-19 transmission and outbreaks in healthcare facilities are well documented. Healthcare workers (HCW) acquire influenza AND COVID-19 from their patients or transmit the disease to patients, staff and their contacts. Because HCW provide care to patients at high risk for complications of influenza AND COVID-19, HCW should be considered a high priority group when expanding influenza AND COVID-19 vaccine use. In 2010 the Infectious Disease Society of America (IDSA) supported universal immunization of healthcare workers against ~~influenza~~ VIRAL ILLNESSES by healthcare institutions through mandatory vaccination programs. It was felt that this was the most effective means to protect patients from the transmission of ~~seasonal and pandemic influenza~~ VIRAL ILLNESSES by healthcare workers. ~~(9)~~ (14)

# Vaccine Safety

PAs need to educate patients and their families about the safety of our national immunization program, dispel unsubstantiated fears about and promote public confidence in vaccines for the continued protection of infants, children, adolescents, and adults against vaccine-preventable diseases.

# Summary

The results of inadequate immunizations among infants, children, adolescents, and adults are unnecessary deaths, avoidable hospitalizations and the associated costs, and life-long disabilities caused by the sequelae of potentially preventable diseases. Safe, effective vaccines are available but underutilized, and patients who routinely see healthcare providers are not often educated about recommended immunizations. Healthcare providers should be familiar with the latest immunization schedule. They should make clear, evidence-based vaccine recommendations for all eligible patients and immunize at all opportunities including well, sick, and follow-up visits.

# ~~Recommendations~~

~~AAPA recognizes the importance of child and adult immunization programs and the need to educate individual PAs and the public about these programs. To that end, AAPA makes the following recommendations:~~

* ~~PAs should be aware of current medical guidelines and recommendations for immunization of infants, children, adolescents, and adults. Providers also should be aware that patients in high-risk groups, such as the chronically ill, immunosuppressed, asplenic, or elderly, may need to be on different immunization schedules than the general population.~~
	+ - ~~Individual PAs and their practices, in cooperation with public health agencies, should promote public information campaigns to increase awareness of the importance of immunizations and allay fears or doubts about potential adverse effects.~~
* ~~PAs should be immunized against vaccine-preventable diseases for which health providers are at high risk, including annual influenza vaccination. This not only protects PAs, but also protects patients by preventing provider-to-patient transmission.~~
* ~~PAs need to educate patients and their families about the safety of our national immunization program, dispel unsubstantiated fears about vaccination, and promote public confidence in vaccines for the continued protection of all against vaccine-preventable diseases.~~
* ~~PA students should have all appropriate immunizations prior to their clinical experience. PAs working in primary care should develop systems within their practices to promote optimum immunization of their patients. These systems might include devices such as personal immunization records for patients to carry with them and a way to easily locate each patient’s immunization record in the patient’s medical chart. High-risk patients should be identified and special programs implemented to optimize vaccine coverage, such as mailing a flu vaccine reminder to all high-risk patients every fall.~~
* ~~PAs working in specialty practices in hospitals and offices should recognize patients who are at high risk for vaccine-preventable diseases. They should coordinate efforts with the patients’ primary care providers to ensure that these patients are adequately immunized and that the primary care providers have complete immunization records.~~
* ~~PAs should support the development of and participate in state and local immunization registries. Effective immunization registries have demonstrated an ability to prevent fragmentation of care, incomplete immunizations, and unnecessary over-immunization of patients because of lack of communication between various providers and programs. An objective of Healthy People 2020 is to enroll 95% of children under the age of six in population-based immunization registries. (10)~~
* ~~All private and public payers should provide coverage for infant, child, adolescent, and adult immunizations as recommended by the CDC.~~

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Con testimony included:

* Current guidelines do not define COVID-19 as a preventable disease.
* Paper lacks language that allows for immunization exclusions.

Pro testimony included:

* Support for the paper with multiple organizations who collaborated to provide amended language for submission, with consideration of language desired by several delegations.

**Madam Speaker, I move that Resolution 2022-C-02 be amended as follows:**

# Immunizations in Children and Adults

(Adopted 1994, amended 2004, 2006, 2011, 2016, 2018)

# Executive Summary of Policy Contained in this Paper

Summaries will lack rationale and background information and may lose nuance of policy.

You are highly encouraged to read the entire paper.

AAPA recognizes the importance of child and adult immunization programs and the need to educate individual PAs and the public about these programs. To that end, AAPA makes the following recommendations:

* PAs should be aware of current medical guidelines and recommendations for immunization of **ALL PATIENT POPULATIONS AND CERTAIN HIGH-RISK INDIVIDUALS,** ~~infants~~**~~,~~** ~~children, adolescents, and adults. Providers also should be aware that patients in high-risk groups,~~ such as the chronically ill, immunosuppressed, asplenic, or elderly. **HIGH-RISK POPULATIONS** may need to be on different immunization schedules ~~than the general population~~.
* Individual PAs and their practices, in cooperation with public health agencies, should promote public information campaigns to increase awareness of the importance of immunizations and allay fears or doubts about potential adverse effects.
* PAs should be immunized against vaccine-preventable diseases ~~for which health providers are at high risk,~~ including annual influenza. PAs SHOULD ALSO BE IMMUNIZED WITH **THE SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS(SARS-COV-2)** vaccination **SERIES. ALL VACCINATIONS SHOULD BE ADMINSTERED UNLESS THERE IS A CLINICAL CONTRAINDICATION DUE TO THE PA’S MEDICAL HISTORY.** This not only protects PAs, but also ~~protects patients by preventing~~ **DECREASES THE RISK OF** provider-to-patient transmission.
* PAs need to educate patients and their families about the safety of our national immunization program, dispel unsubstantiated fears about vaccination, and promote public confidence in vaccines ~~for the continued~~ ~~protection of all~~ **TO PROTECT** against vaccine-preventable diseases.
* PA students**, LIKE PRACTICING PAs,** should have all appropriate immunizations prior to **STARTING** their clinical experience.
* PAs ~~working in primary care~~ should develop systems within their practices to promote optimum immunization of their patients. These systems might include devices such as personal immunization records for patients **AND** **EASILY ACCESSIBLE DOCUMENTATION OF THE** ~~to carry with them and a way to easily locate each~~ patient’s immunization record in the patient’s medical chart. High-risk patients should be identified, and ~~special~~ **TARGETED** programs implemented to **ENSURE COMPLIANCE, SUCH ~~H~~AS AUTOMATED REMINDERS.** ~~optimize vaccine coverage, such as mailing a flu vaccine reminder to all high-risk patients every fall.~~
* PAs working in specialty practices ~~in hospitals and offices~~ should recognize patients who are at high risk for vaccine-preventable diseases. **COLLABORATION** ~~They should coordinate efforts~~ with the patients’ primary care providers **WILL** ~~to~~ ensure **COMPLIANCE WITH IMMUNIZATION SCHEDULES**. ~~that these patients are adequately immunized and that the primary care providers have complete immunization records.~~
* PAs should support the development of and participate in state and local immunization registries. Effective immunization registries have demonstrated an ability to prevent fragmentation of care, incomplete immunizations, and unnecessary over-immunization of patients. ~~because of lack of communication between various providers and programs. An objective of Healthy People 2020 is to enroll 95% of children under the age of six in population-based immunization registries. (1)~~
* All private and public payers should **COVER** ~~provide coverage for recommended~~ child and adult immunizations as recommended by the CDC

# Introduction

The immunization of infants, children adolescents, and adults against vaccine-preventable diseases is one of the most important medical advances of the 20th century and among the most valuable healthcare investments that can be made. In the 20th century, the development of effective vaccines has led to a 97% or greater reduction in reported cases of diphtheria, measles, mumps, pertussis, poliomyelitis, rubella, and tetanus in the United States.(**1**) Recent economic analyses found that routine vaccination of children born from 1994 to 2018 will prevent about 419 million cases of disease and more than 936,000 early deaths, for a societal cost savings of more than 1.9 trillion dollars.**(2)** Given their proven benefit in reducing morbidity, mortality and healthcare costs, age-appropriate immunization programs for children and adults should be part of the medical practice of all PAs.

# Childhood Immunizations

Despite great successes at controlling once common childhood diseases, such as poliomyelitis, diphtheria, measles, mumps, rubella and tetanus; significant gaps remain in vaccination coverage in the United States. The U.S. Department of Health and Human Services’ Healthy People 20~~20~~**30** initiative has set vaccination coverage goals of 90**-95** percent universally recommended vaccines among young children ages 19 to 35 months including those fordiphtheria tetanus and pertussis (DTaP), haemophilus influenzae type B (Hib), hepatitis A and B, measles mumps and rubella (MMR), polio, varicella, pneumococcal conjugate vaccine, and rotavirus. **IN ADDITION, THERE IS A PUSH TO REDUCE THE PROPORTION OF CHILDREN WHO GET NO RECOMMENDED VACCINES BY AGE TWO YEARS**. Recent national coverage estimates showed that HP- 2020 targets of 90**-95**% were met for **THE ABOVE-MENTIONED VACCINATIONS**. **(3)** ~~poliovirus, MMR, HepB, and varicella, but not DTaP, Hib, HepB birth dose, PCV, HepA, rotavirus, and the combined vaccination series. (4)~~

Vaccination rates remains lower among children living below the poverty level, in non-Hispanic black children, and those living in high-risk geographic areas, such as rural, underserved, and low socio- economic regions. These surveys continue to reveal immunization rates well below the national average and/or targeted goal rates. (4)

Gaps in the system of childhood immunizations are not new. Barriers to immunization that have been identified include lack of knowledge about immunizations, fears about vaccine safety, logistical problems that limit access to immunization services, provider lack of knowledge regarding indications for and contraindications to immunization, fragmentation of patient care causing incomplete immunization records and missed opportunities. (5)

# Adolescent Immunization Programs

Vaccination of adolescents is an important and effective way to protect preteens, teens, their friends and family members from vaccine-preventable diseases such as tetanus, diphtheria, pertussis (TDaP), and cancers caused by human papillomavirus (HPV). The advisory committee on immunization practices (ACIP) and the Centers for Disease Control and Prevention (CDC) recommend that adolescents routinely receive tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine (TDaP), meningococcal conjugate vaccine, and HPV vaccine. Healthy People 2020 goals for 80% vaccination coverage among adolescents aged 13-15 were achieved or nearly achieved in recent years for TDaP and meningococcal conjugate vaccine, however, **HEALTHY PEOPLE 2030 GOALS** were lagging for complete coverage for the ~~3-dose~~ HPV vaccine among ~~females~~ **ADOLESCENTS (TARGET – 80%; 2018 DATA – 48%)**. (3)(6)**(7)** This disparity in vaccination coverage indicates many missed opportunities to administer HPV vaccination in addition to TDaP and meningococcal conjugate vaccine during the same clinical visit.

# Adult Immunization Programs

Adult immunization programs do not receive the same priority as efforts to immunize children, ~~despite the fact that~~ **EVEN THOUGH** most deaths from vaccine-preventable disease occur in adults. Between **5,000 AND 56,000** ~~50,000 and 90,000~~ adults die each year from vaccine-preventable diseases such as pneumococcal infection, influenza and hepatitis B. ~~(6)~~ **(8)**

Despite availability and effectiveness of vaccines current immunization rates fall below those recommended in Healthy People 20~~20~~**30**. In addition to deaths from pneumococcal pneumonia, flu and hepatitis B; each year adult deaths occur due to inadequately immunized children. A majority of the U.S. cases of tetanus and diphtheria today occur in adults who were inadequately immunized as children. Furthermore, the recent resurgence in measles, mumps and rubella; seen primarily among unimmunized preschool children, also occurred in a significant number of young adults. Most vaccine failures in adults occurred among those who did not have a primary response to the MMR vaccine administered in childhood. Waning immunity does not seem to be an important factor. It is now strongly recommended that everyone born since 1956 receive a two-dose measles immunization. Because mumps and rubella have shown similar, though less pronounced, epidemiologic patterns of reemergence, the vaccine of choice is MMR. ~~(7~~)**(8)(9)**

Unfortunately, adult vaccination coverage estimates for the four vaccines included in Healthy People 20~~20~~**30** (influenza, pneumococcal, herpes zoster, and among healthcare providers, hepatitis B) remain below target levels. (10) The Centers for Disease Control and Prevention (CDC) recommends vaccinations from birth through adulthood to provide a lifetime of immunity. But while childhood vaccination rates are relatively high, most adults are not vaccinated as recommended per the adult schedule. PAs are encouraged to follow the most up-to-date vaccine schedule from CDC. **(9)(11)**

# Improving Vaccination Rates

The CDC recommends that institutions develop standing orders and reminder systems to help improve vaccination rates among adults. Overcoming the low immunization rates among adults will require better reimbursement and a sustained, cooperative effort in both the public and private sectors to educate providers, patients, and policymakers about indicated vaccine uses and the need for effective delivery.

More widespread immunization strategies include new methods of vaccine delivery (nasally administered sprays) and new combination vaccines. Nasal administration of ~~the influenza~~ vaccine**S** would reduce the expense associated with intramuscular vaccination and would be more practical, especially amongst pediatric patients (over five years of age). ~~The immunization action coalition (IAC)~~~~8~~ ~~continues to promote a national immunization registry as a national goal in~~ Healthy People 20~~20~~**30 IS ALSO DEVELOPING AN OBJECTIVE TO PROMOTE**~~, specifying that 95% of children from birth to age six should fully participate in~~ an operational, population-based immunization registry.

# Challenges

Challenges to immunization programs for adults are similar to those in children. ~~(10)~~ ~~Challenges for assuring access and availability of vaccines Include: 1) Unprecedented Vaccine Delays, 2) Diminished Number of Vaccine Suppliers, 3) Disparities in Geographic and Socioeconomic Populations, and 4) Erosion of Insurance Coverage for Immunizations.~~
~~Adult~~ **YET ADULT** immunization rates are lower than pediatric immunization rates in part because adult immunizations are largely voluntary, have inconsistent insurance coverage (or other financial barriers), while children are subject to public health policies and school mandates requiring immunizations before school entry. ~~Barriers for adult immunization include:~~ **CHALLENGES FOR ASSURING ACCESS AND AVAILABILITY OF VACCINES INCLUDE (12):**

 **• UNPRECEDENTED VACCINE DELAYS**

 **• DIMINISHED NUMBER OF VACCINE SUPPLIERS**

 **• DISPARITIES OF GEOGRAPHIC AND SOCIOECONOMIC POPULATIONS**

 **• EROSION OF INSURANCE COVERAGE FOR IMMUNIZATIONS**
• Lack of healthcare provider familiarity with current vaccine guidelines;
• Lack of awareness among both patients and providers of potential risks involving vaccine-
preventable disease;
• Lack of resources to maintain an adequate supply of vaccine
• Or lack of infrastructure within healthcare systems to achieve high immunization rates in adults.

# COVID-19 ~~PANDEMIC~~ VACCINE

 ~~CORONAVIRUS DISEASE 2019 (COVID- 19) IS A RESPIRATORY ILLNESS CAUSED BY SARS-COV-2; A CORONAVIRUS FIRST DISCOVERED IN 2019. IT IS TRANSMITTED FROM PERSON-TO-PERSON VIA RESPIRATORY DROPLETS PRODUCED BY AN INFECTED PERSON. PATIENTS MAY BE ASYMPTOMATIC OR DEVELOP SEVERE ACUTE SYMPTOMS SUCH AS PULMONARY EMBOLISM, STROKE, HEART ATTACK, DEEP VEIN THROMBOSIS, AND EVEN DEATH. PATIENTS CAN ALSO DEVELOP COVID-19-LIKE SYMPTOMS FOR SEVERAL MONTHS OR EVEN SPONTANEOUSLY PRESENT WITH SYMPTOMS SEVERAL MONTHS AFTER INITIAL RECOVERY. MANY PATIENTS DEVELOP CHRONIC BRONCHITIS AND/OR BACTERIAL PNEUMONIA. DUE TO ITS HIGH PREVALENCE IN THE COMMUNITY THE COVID-19 PANDEMIC WAS DECLARED AN US NATIONAL EMERGENCY ON MARCH 13, 2020 AND HAS BECOME A GLOBAL PANDEMIC. ADULTS AGED 65 YEARS AND OLDER AND INDIVIDUALS OF ANY AGE WHO ARE IMMUNOCOMPROMISED ARE AT INCREASED RISK OF DEVELOPING SEVERE COVID-19 SYMPTOMS. COVID-19 TRANSMISSION AMONG HEALTHCARE PROVIDERS TO AND FROM THEIR PATIENTS HAS BEEN HIGHLY DOCUMENTED. DUE TO THE MORE HIGHLY VIRULENT COVID-19 MUTATIONS, MULTIPLE LOCAL AND WORLD HEALTH ORGANIZATIONS ADVOCATE FOR COMPLETE VACCINATION OF ALL CITIZENS WHO QUALIFY. MANY COVID-19 VACCINES ARE 1- OR 2- SHOT SERIES WITH SOME REQUIRING A BOOSTER VACCINE MONTHS AFTER INITIAL INOCULATION. SOME VACCINES HAVE BEEN GIVEN FULL APPROVAL BY THE FOOD AND DRUG ADMINISTRATION (FDA) WHILE OTHERS HAVE BEEN ONLY GIVEN EMERGENCY USE AUTHORIZATION FOR CERTAIN POPULATIONS. DUE TO INITIAL VACCINE SKEPTICISM AND/OR MISINFORMATION, MANY PEOPLE ARE VACCINE HESITANT OR REFUSE TO FOLLOW PRIVATE BUSINESS, LOCAL COMMUNITY, STATE OR FEDERAL VACCINE MANDATES. THIS IN TURN HAS PROVIDED AN ENVIRONMENT THAT PROMOTES VIRUS MUTATION WHICH ALSO HAS THE POTENTIAL TO CREATE A VIRUS THAT IS RESISTANT TO EXISTING VACCINES. (13) ON NOVEMBER 3, 2021,~~ THE CDC RECOMMENDS~~ED~~ THAT ALL PEOPLE AGES 5 AND OLDER GET A COVID-19 VACCINE TO HELP PROTECT AGAINST SEVERE ILLNESS ~~THE VIRUS~~. FOR THIS REASON, IT IS IMPERATIVE THAT ALL PAS SERVE AS TRUSTED HEALTH CARE PROVIDERS THAT CAN PROMOTE VACCINE EFFICACY AND INCREASE VACCINE USE AMONG THEIR PATIENTS. ~~TO DATE (OCTOBER 2021), APPROXIMATELY 719,000 AMERICANS AND 4.55 MILLION INDIVIDUALS WORLDWIDE HAVE DIED OF COVID-19 THOUGH THE FINAL NUMBER IS LIKELY TO BE MUCH HIGHER.~~ As COVID-19 is a highly contagious respiratory virus, transmission and outbreaks in the community and especially within healthcare facilities are well DOCUMENTED(16, 17). Because PAs regularly provide care to patients at high risk for complications of COVID-19, PAs should be immunized as per the recommendation of the Centers for Disease Control and Prevention Advisory Committee on Immunization Practice. Use of the FDA-approved COVID-19 vaccine is recommended for persons aged ≥18 years as the benefits of the prevention of infection and associated hospitalization or death outweigh vaccine-associated risks.

# Influenza ~~AND COVID-19~~ Vaccination of Healthcare Personnel

 Influenza **~~AND COVID-19~~** transmission and outbreaks in healthcare facilities are well documented. Healthcare workers (HCW) acquire influenza **~~AND COVID-19~~** from their patients or transmit the disease to patients, staff and their contacts. Because HCW provide care to patients at high risk for complications of influenza **~~AND COVID-19~~**, HCW should be considered a high priority group when expanding influenza **~~AND COVID-19~~** vaccine use. In 2010 the Infectious Disease Society of America (IDSA) supported universal immunization of healthcare workers against ~~influenza~~ **VIRAL ILLNESSES** by healthcare institutions through mandatory vaccination programs. It was felt that this was the most effective means to protect patients from the transmission of ~~seasonal and pandemic influenza~~ **VIRAL ILLNESSES** by healthcare workers~~. (9~~**) (14)**

# Vaccine Safety

PAs need to educate patients and their families about the safety of our national immunization program, dispel unsubstantiated fears about and promote public confidence in vaccines for the continued protection of infants, children, adolescents, and adults against vaccine-preventable diseases.

# Summary

The results of inadequate immunizations among infants, children, adolescents, and adults are unnecessary deaths, avoidable hospitalizations and the associated costs, and life-long disabilities caused by the sequelae of potentially preventable diseases. Safe, effective vaccines are available but underutilized, and patients who routinely see healthcare providers are not often educated about recommended immunizations. Healthcare providers should be familiar with the latest immunization schedule. They should make clear, evidence-based vaccine recommendations for all eligible patients and immunize at all opportunities including well, sick, and follow-up visits. PAs should educate their patients and their families about the SARS-COV-2 virus vaccine series, dispel unsubstantiated myths and promote public confidence in the SARS-COV-2 vaccine series to protect infants, children, adolescents, and adults against the SARS-COV-2 virus. PA should support local initiatives to make these vaccines accessible to all approved populations including themselves.

# ~~Recommendations~~

~~AAPA recognizes the importance of child and adult immunization programs and the need to educate individual PAs and the public about these programs. To that end, AAPA makes the following recommendations:~~

* ~~PAs should be aware of current medical guidelines and recommendations for immunization of infants, children, adolescents, and adults. Providers also should be aware that patients in high-risk groups, such as the chronically ill, immunosuppressed, asplenic, or elderly, may need to be on different immunization schedules than the general population.~~
* ~~Individual PAs and their practices, in cooperation with public health agencies, should promote public information campaigns to increase awareness of the importance of immunizations and allay fears or doubts about potential adverse effects.~~
* ~~PAs should be immunized against vaccine-preventable diseases for which health providers are at high risk, including annual influenza vaccination. This not only protects PAs, but also protects patients by preventing provider-to-patient transmission.~~
* ~~PAs need to educate patients and their families about the safety of our national immunization program, dispel unsubstantiated fears about vaccination, and promote public confidence in vaccines for the continued protection of all against vaccine-preventable diseases.~~
* ~~PA students should have all appropriate immunizations prior to their clinical experience. PAs working in primary care should develop systems within their practices to promote optimum immunization of their patients. These systems might include devices such as personal immunization records for patients to carry with them and a way to easily locate each patient’s immunization record in the patient’s medical chart. High-risk patients should be identified and special programs implemented to optimize vaccine coverage, such as mailing a flu vaccine reminder to all high-risk patients every fall.~~
* ~~PAs working in specialty practices in hospitals and offices should recognize patients who are at high risk for vaccine-preventable diseases. They should coordinate efforts with the patients’ primary care providers to ensure that these patients are adequately immunized and that the primary care providers have complete immunization records.~~
* ~~PAs should support the development of and participate in state and local immunization registries. Effective immunization registries have demonstrated an ability to prevent fragmentation of care, incomplete immunizations, and unnecessary over-immunization of patients because of lack of communication between various providers and programs. An objective of Healthy People 2020 is to enroll 95% of children under the age of six in population-based immunization registries. (10)~~
* ~~All private and public payers should provide coverage for infant, child, adolescent, and adult immunizations as recommended by the CDC.~~

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The Committee then considered testimony on 2022-C-04, the resolved portion of which reads:

AAPA encourages federal, state, and local regulatory bodies to consider reducing restrictions on the use of methadone in the treatment of Opioid Use Disorder.

Con testimony included:

* There is an absence of quality data that rises to the strength of a policy.
* There is current AAPA policy in place that addresses treatment for opioid use disorder.

Pro testimony included:

* Cited evidence of the benefits and safety of methadone, including recent data that during the COVID-19 pandemic there was no increased morbidity/mortality due to lifting of some restrictions.
* Abundant testimony provided regarding barriers to methadone and patient safety.
* Support for the concept of the resolution but with recommendations for terminology changes that addressed other treatments; however, further testimony spoke to keeping the original intent of the policy specific to methadone.

**Madam Speaker, the committee recommends adoption of Resolution 2022-C-04**

The Committee next considered testimony on 2022-C-06, the resolved portion of which reads:

AAPA believes that federal and state regulations should remove existing barriers for PA management of seriously ill and patients who elect to use their hospice benefit at state and national levels, allowing for parity with our advanced practice nursing colleagues.

Con testimony:

* There was no con testimony provided.

Pro testimony included:

* Support for the concept provided but with amended language to exclude other professions as the justification does not need to be within the policy.

**Madam Speaker, I move that Resolution 2022-C-06 be amended as follows:**

AAPA believes that federal and state regulations should remove existing barriers for PA management of THE seriously ill and patients who elect to use their hospice benefit at state and national levels.~~, allowing for parity with our advanced practice nursing colleagues.~~

The Committee next considered testimony on 2022-C-08, the resolved portion of which reads:

Amend policy HP-3100.2.3 as follows:

AAPA opposes PRACTICE STATUTES AND REGULATIONS, OR PAYMENT POLICIES ~~any regulations, guidelines or payment policies~~ that TREAT ~~differentiate between~~ PAs DIFFERENTLY on the basis of length of, OR THE SPECIFIC ACADEMIC CREDENTIALS GRANTED UPON GRADUATION FROM THEIR PA EDUCATIONAL PROGRAM. ~~educational program or academic credentials granted if those PAs otherwise meet all criteria for fellow membership in the Academy.~~

Con testimony:

* There was no con testimony provided.

Pro testimony:

* There was no pro testimony provided.

**Madam Speaker, the committee recommends adoption of Resolution 2022-C-08**

The Committee next considered testimony on 2022-C-10, the resolved portion of which reads:

Amend policy HP-3400.1.2 as follows:

AAPA believes THAT TEAM-BASED CARE LEADS TO BETTER PATIENT OUTCOMES. ~~the physician-PA team relationship is fundamental to the PA profession and enhances the delivery of high-quality healthcare~~. ~~As the structure of the healthcare system changes, it is critical that this essential relationship be preserved and strengthened.~~ PAs, PHYSICIANS AND OTHER HEALTH PROFESSIONALS CONTINUE TO BE ESSENTIAL AND TRUSTED MEMBERS OF THE HEALTHCARE TEAM.

Con testimony included:

* With the majority of PA preceptors being physicians, the policy should maintain emphasis on the PA-physician relationship.
* This policy is redundant with HP-3100.2.1:
	+ *PAs practice patient-centered, team-based medicine with physicians and other healthcare professionals.*

Pro testimony included:

* Affirmation that health care functions in a team-based environment where all members are equal.
* Support for the amended language with substitution for “team-based;” however, multiple testimonies supported the language of “team-based practice.”

**Madam Speaker, the committee recommends adoption of Resolution 2022-C-10**

The Committee next considered testimony on 2022-C-16, the resolved portion of which reads:

Amend policy HX-4500.1 as follows:

AAPA believes that telemedicine IMPROVES ~~can improve~~ access to cost-effective, quality healthcare. ~~and improves clinical outcomes by facilitating interaction and consultation among providers.~~ ~~Because of the potential of telemedicine to enhance the practice of medicine by physician-PA teams,~~ AAPA encourages PAs AND PA STUDENTS to BECOME PROFICIENT ~~take an active role in the utilization and evaluation of this technology~~ IN BEST PRACTICES OF TELEMEDICINE TECHNOLOGY AND THE CLINICAL DELIVERY OF TELEMEDICINE SERVICES. ~~AAPA supports further research and development in telemedicine, including resolution of problems related to regulation, reimbursement, liability, and confidentiality.~~

Con testimony included:

* Concerns for the feasibility to provide this training in the current compact nature of PA education.
* There are specific specialties to which telemedicine does not apply; therefore, there is concern for a “one size fits all” approach to training.

Pro testimony included:

* Abundant pro testimony on the importance of telemedicine in increasing access to health care.
* There is a need for student education, with one informal survey finding students did not have sufficient telemedicine training.
* Regarding the importance of the ability for PAs to pivot and be adaptive to changes in technology.
* Competency in telemedicine is necessary for PAs to remain competitive.

**Madam Speaker, I move that Resolution 2022-C-16 be amended as follows:**

AAPA believes that telemedicine THAT FOLLOWS BEST PRACTICE GUIDELINES IMPROVES ~~can improve~~ access to cost-effective, quality healthcare. ~~and improves clinical outcomes by facilitating interaction and consultation among providers.~~ ~~Because of the potential of telemedicine to enhance the practice of medicine by physician-PA teams,~~ AAPA encourages PAs AND PA STUDENTS to BECOME COMPETENT ~~PROFICIENT~~ ~~take an active role in the utilization and evaluation of this technology~~ IN THE BEST PRACTICES OF TELEMEDICINE TECHNOLOGY AND THE CLINICAL DELIVERY OF TELEMEDICINE SERVICES. ~~AAPA supports further research and development in telemedicine, including resolution of problems related to regulation, reimbursement, liability, and confidentiality.~~

The Committee next considered testimony on 2022-C-18, the resolved portion of which reads:

Amend policy HX-4600.5.1 as follows:

AAPA supports ~~legislative efforts to block the diversion of prescription drugs to illicit channels and prevent the sale or trade of samples, while preserving appropriate access by PAs and other appropriate healthcare practitioners to samples of prescription drugs from pharmaceutical manufacturers.~~ THE PRACTICING PA’S APPROPRIATE AND COMPLIANT ACCESS TO SAMPLES OF PRESCRIPTION DRUGS FROM PHARMACEUTICAL MANUFACTURERS.

Con testimony:

* There was no con testimony.

Pro testimony included:

* Support for the current resolution with amended language provided.

**Madam Speaker, I move that Resolution 2022-C-18 be amended as follows:**

AAPA supports ~~legislative efforts to block the diversion of prescription drugs to illicit channels and prevent the sale or trade of samples, while preserving appropriate access by PAs and other appropriate healthcare practitioners to samples of prescription drugs from pharmaceutical manufacturers.~~ ~~THE PRACTICING PA’S~~ APPROPRIATE AND COMPLIANT ACCESS TO SAMPLES OF PRESCRIPTION DRUGS FROM PHARMACEUTICAL MANUFACTURERS FOR THE PRACTICING PA.

The Committee next considered testimony on 2022-C-20, the resolved portion of which reads:

Expire policy HX-4600.8.1.

AAPA recognizes that policies disrupting families and communities living in the United States have significant negative physical and mental health implications, in particular when minor children are involved. Thus, AAPA supports alternatives to mass deportation of immigrants and reiterates its support of the historical duty of PAs to deliver high quality-care to all patients regardless of their immigration or citizenship status.

Testimony for reaffirmation included:

* Support for the care of patients regardless of immigration or citizenship status with suggestions for amended language to remove politically polarized wording or retain original language. The preponderance of testimony was to remove the language.
* The physical and mental health implications of this policy are relevant to PA practice.

Testimony for expiration included:

* Concern that this policy was not in the purview of the DEI commission nor that of the PA profession.

**Madam Speaker, I move that Resolution 2022-C-20 be amended as follows:**

AAPA recognizes that policies disrupting families and communities living in the United States have significant negative physical and mental health implications, ~~in~~ particularLY when minor children are involved. ~~Thus,~~ AAPA ~~supports alternatives to mass deportation of immigrants and~~ reiterates its support of the ~~historical~~ duty of PAs to deliver high quality-care to all patients regardless of their immigration or citizenship status.

The Committee next considered testimony on 2022-C-21, the resolved portion of which reads:

Expire policy HX-4600.1.10.

AAPA believes that all patients deserve access to healthcare and opposes the establishment of local, federal, or state initiatives that require healthcare providers to refuse care to undocumented persons or to report suspected undocumented persons to authorities.

Testimony for reaffirmation included:

* Immigration status is a social determinant of health.
* All people should have access to healthcare. We should not refuse care to those who are undocumented.

Testimony for expiration included:

* Concern for a redundant policy that supports this topic.
* Statements that this was not in the purview of the DEI commission.

**Madam Speaker, the committee recommends to reaffirm Resolution 2022-C-21**

The Committee next considered testimony on 2022-C-22, the resolved portion of which reads:

Expire policy HX-4600.8.2.

AAPA supports the opportunity of people of the world to immigrate to the United States in accordance with the law to seek the opportunities that our nation holds for its citizens, without discrimination.

There was no testimony on this resolution.

**Madam Speaker, the committee recommends to expire Resolution 2022-C-22**

Madam Speaker, this concludes the report of Reference Committee C. I would like to thank the House Officers Todd Pickard, Leslie Clayton, and Peggy Walsh for their support and guidance. I would like to thank the committee members for their hard work and being well prepared for this committee.

SIGNATURES ON FILE

Respectfully submitted,

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Hillary Lewia, MHS, PA-C

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