



Immunization Principles

All persons should have equal access to vaccine.

- Cost should not be a barrier to vaccination. Health insurance policies should provide first dollar coverage for vaccinations recommended by the Advisory Committee on Immunization Practices (ACIP) and public programs should provide a safety net for those not covered by insurance.
- Vaccine policies and programs should be equally accessible in both the public and private sectors. Underinsured persons should be eligible to receive no-cost vaccinations in all public and private healthcare settings.
- Children should receive vaccinations in their medical home.
 - According to the American Academy of Pediatrics, a medical home is not a building, house, or hospital, but rather an approach to providing health care services in a high-quality and cost-effective manner. Children and their families who have a medical home receive the care that they need from a pediatrician or physician whom they know and trust.

Vaccine funding and financing policies must meet the growing needs of the nation's immunization infrastructure as well as ensure a stable vaccine supply.

- Public vaccine purchase programs must be consistently adequately funded to ensure access to all ACIP routinely-recommended vaccines for all people.
- Vaccine financing policies should recognize the societal value of vaccines and provide adequate compensation for vaccine; as well as, incentives for continued vaccine research and development.

The success of the Vaccines for Children (VFC) program must be maintained.

- The Vaccines for Children (VFC) program has resulted in partnerships between the private and medical community and public health. Any changes to this national program should build upon these relationships. Benefits include:
 - Access by public health agency personnel to private provider offices for hands-on education, immunization coverage rate assessments, and vaccine monitoring.
 - Education and incentive programs for private providers to encourage new vaccine implementation procedures and complicated routine delivery policies.
- Changes to public programs designed to provide savings should not be accompanied by funding cuts until savings can be accurately estimated. Vaccine purchase and distribution policies vary tremendously by state and should not be expected to produce uniform savings.
- Effects of program changes from the federal level must be adequately researched before cuts are implemented.

- Administration of vaccine purchase and distribution programs should be simple and paperwork kept to a minimum in order to ensure maximum participation of providers.