



**Matthew Eyles**  
President & Chief Executive Officer

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William H. Foege, MD  
Helene D. Gayle, MD  
Co-Chairs, Committee on Equitable Allocation of Vaccine for the Novel Coronavirus  
National Academies of Sciences, Engineering, and Medicine  
500 5<sup>th</sup> St NW  
Washington, DC 20001

*Comments submitted via [nap.edu/vaccine](http://nap.edu/vaccine)*

Dear Dr. Foege and Dr. Gayle:

The COVID-19 pandemic is severely impacting the world, our country, states, communities, families, and individuals. A safe, effective vaccine that can protect people against the disease will be critical to restoring our country's health, economy, and way of life.

There are many uncertainties about when a vaccine will be approved; what the evidence will say about the populations it will be safest and most effective for; what requirements there will be on the shipping, storage, and administration; how the vaccine will be distributed; and the public's perception about the vaccine.

There has been significant federal government investment to accelerate the development of vaccines. However, no matter how many of the vaccine candidates are ultimately successful, there will be a limited supply of the vaccine available initially. Therefore, there must be a plan to phase the allocation of COVID vaccines over time as the supply increases until they are widely available for the entire population.

We commend the National Academies of Sciences, Engineering, and Medicine (NASEM) and the Committee specifically for its important and difficult work in developing the Discussion Draft of the Preliminary Framework for Equitable Allocation of COVID-19 Vaccine. America's Health Insurance Plans (AHIP<sup>1</sup>) appreciates the opportunity to offer comments to the Committee tasked with developing a Framework for the equitable allocation of a vaccine for the novel coronavirus.

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<sup>1</sup> AHIP is the national association whose members provide coverage for health care and related services to millions of Americans every day. Through these offerings, we improve and protect the health and financial security of consumers, families, businesses, communities, and the nation. We are committed to market-based solutions and public-private partnerships that improve affordability, value, access, and well-being for consumers.

We appreciate the thorough, independent approach taken by the Committee, which incorporates lessons learned from previous disease outbreaks and ethical considerations as well. We support the inclusion of different scenarios and the opportunity for providing public comment. We recognize the many challenges associated with allocating the vaccine, including considerations of the needs of vulnerable and diverse ethnic communities, along with the urgency to deliver the vaccine to front-line health care personnel caring for patients and essential workers to support re-opening of the economy.

#### *Role of Health Insurance Providers*

Health insurance providers play an important role ensuring that people receive the vaccines that are recommended for them, and have experience conducting outreach to their members to inform them of the vaccines that are recommended for them and how they can get them. This may include reminders to ensure they receive multiple doses of a vaccine when needed. Insurance providers work with their provider networks and can coordinate across partners such as public health officials for data sharing regarding the status of their members' vaccine status, encouraging data to be shared with state or regional databases - Immunization Information Systems (IIS).

Health insurance providers also educate their members on the safety and effectiveness of vaccines, playing an important role to help combat vaccine hesitancy. Following the release of a vaccine for COVID-19, some insurance providers could play a collaborative role in the post-market safety surveillance system by contributing real-world data on safety and efficacy of the vaccine to the Food and Drug Administration (FDA), the Centers for Disease Control and Prevention (CDC), and other authorities. Most relevant to this Framework, insurance providers can use their member data to help identify which people may meet the criteria to be eligible for the vaccine, according to the best available evidence. These outreach efforts must adhere to patient privacy requirements. Insurance providers, along with many other public and private stakeholders, can be an important part of the solution to the COVID crisis and making vaccines available to the public as efficiently and effectively as possible.

#### *Phases of Allocation*

The Committee developed a very thoughtful Preliminary Framework for allocating the vaccine. Below are our suggestions for your consideration.

**We recommend that health care professionals who regularly interact with patients, whether it is in a hospital, clinic, or doctor's office, should be included in Phase 1a.** These men and women may be caring for patients with severe illness from COVID-19 and playing a pivotal role in preventing patients from requiring admission to the hospital. These health care professionals caring for patients with COVID-19 outside of hospital settings should be included

alongside those working in hospitals and other facilities. Health care professionals should also include non-licensed staff of hospitals and other facilities interacting with patients (e.g., transport, housekeeping, etc.). We also suggest you consider pharmacists as health care professionals.

**We recommend that you provide additional guidance on how to prioritize populations within each of the phases.** There will be a limited supply of vaccine available initially. The size of the population in each of the phases outlined by the Committee is quite large and ultimately the entire population will need to have access to the vaccine. For example, Phase 2 includes 30 to 35% of the U.S. population, over 100 million people. It will likely take some time before the supply of vaccine will be available to meet the needs of the populations included in Phase 2, let alone Phases 3 and 4. While we recommend that you provide additional guidance on prioritization, as mentioned in the Framework, there must be flexibility to adjust as appropriate.

**We recommend that the local trends in COVID-19 cases be considered as a factor to help guide prioritization of allocation of the vaccine across all phases.** To help target the vaccine to the highest need communities, the Committee should consider community outbreak and disease trends. While we appreciate that the Committee has suggested the possibility of maintaining a stockpile of vaccines for emergency use in “hot spots,” it is important that allocation across the Phases take into consideration those in the hardest-hit communities. An individual in a remote, rural community, for example, may fit the criteria to receive the vaccine in Phase 1b; however, if there are not cases in that community, an individual with similar risk in an area where the disease is more prevalent and growing should be given priority. The Framework should account for prevalence and trends of the disease in the region to supplement the CDC Supplemental Vulnerability Index and other tools incorporated by the Committee. In addition, we suggest you consider population density and risk of spread due to population density.

**We recommend emphasizing the importance of following the science and best available evidence in the allocation, distribution, and administration of the vaccine.** As information emerges from the clinical trials, it is possible the vaccine may be more shown to be more effective in some populations than it is in others. That best available scientific evidence should be factored into the allocation of vaccines to various populations. As the evidence evolves, so too should the approach to allocating vaccines. The first vaccine to be approved is expected to be only one of several that may eventually make it to market. Subsequent vaccines may be more effective for different populations than the first. We do not yet know what the evidence will show. The important thing is that stakeholders and the public have visibility into the evidence and that is what decisions are based on as the vaccines become available.

*Costs Associated with Vaccination*

The Framework indicates that, “In the national interest, Medicare and Medicaid should require free vaccine administration; providers should not charge private plans or consumers; and private insurers and employers should not charge co-pays or deductibles for vaccine administration.”

Insurance providers support the need for the entire population to have access to the vaccine. Federal law requires most health insurers to cover vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) without cost share for consumers. It is important to note that there will likely be substantial costs associated with the significant cold chain requirements expected for some of the vaccines as well as the supplies needed to provide the vaccine. This may require centralized distribution centers, at least initially. As the vaccine becomes more widely available and potentially delivered through doctors’ offices and pharmacies across the country, they may indeed charge an administration fee to cover some associated costs. Society must balance the public health imperative of administering the vaccine to everyone while ensuring affordability. Drug manufacturers must offer their vaccine(s) at an affordable price. The federal government and taxpayers have invested significantly to accelerate the research and development of COVID-19 vaccines and to pre-purchase hundreds of millions of doses in advance of approval. Every stakeholder must do its part to promote affordable access to the vaccine initially and in the years to come.

### *Infrastructure*

Dissemination of a COVID-19 vaccine will entail significant logistical and infrastructure requirements. For example, the vaccines currently in Phase 3 clinical trials require maintained “cold chain” shipping, storage and distribution, with one vaccine requiring ultra-cold chain. These vaccines must remain frozen, often via a specially designed freezer, until shortly before they are thawed and stored for administration. The varying temperature requirements will necessitate significant infrastructure, logistics and coordination including refrigeration to accommodate shipping and storage of the vaccines. If a vaccine must be stored in an ultra-cold supply chain and thawed for only a few hours at a time, then mass immunization sites with special freezers may be needed to administer the vaccine. This will undoubtedly prove challenging. We are confident the Committee will consider these many complexities in the full report which is expected to include more details on implementation. The infrastructure requirements are likely to have a major impact on how, where, when, and by whom a vaccine can be administered.

### *Communication*

As noted in the Framework, there may be widespread hesitancy towards a COVID-19 vaccine, with some estimates showing that one-third of Americans would consider not getting immunized. To address potential concerns and ensure that accurate information is available to the public, there should be a concerted multi-stakeholder collaborative effort to build public trust

through an effective communication and education campaign at the federal, state, local, and community levels. As mentioned, insurance providers have experience communicating to their members as a trusted source and can also provide information to their network providers regarding vaccines. Insurance providers have expertise in delivering culturally- and linguistically appropriate messaging to diverse populations. Most of all, we must be transparent with the public throughout every step of the way to build public trust and confidence. And we look forward to working with a variety of partners to build that trust.

*Conclusion*

Thank you for the opportunity to provide these comments. We recognize that there will be many implementation, coordination, and communications challenges associated with allocation and distribution of the COVID-19 vaccine. We recognize that there has been a significant amount of planning – with significantly more needed – and we know that the next phase of this report will have more information about logistics. We look forward to issuance of the final report and continuing our engagement with the National Academies and other stakeholders on efforts to address the appropriate allocation of a vaccine for COVID-19.

Sincerely,

A handwritten signature in cursive script that reads "Matthew Eyles".

Matthew Eyles  
President & Chief Executive Officer