

**Minutes**  
**Massachusetts Department of Public Health**  
**Massachusetts Vaccine Purchasing Advisory Council (MVPAC) Meeting**  
**Thursday, Marcy 9, 2023**

Date: Thursday, March 9, 2023

Time: 4-6 PM

Location: Massachusetts Medical Society, 860 Winter Street, Waltham, MA 02451

**Attendees:**

*Council Members:*

Kevin Cranston, MDiv  
Lloyd Fisher, MD  
Thomas Hines, MD (virtual)  
Everett Lamm, MD (virtual)  
Vandana Laxmi Madhavan, MD, MPH  
Larry Madoff, MD  
H. Cody Meissner, MD  
David Norton, MD (virtual)  
Marissa Woltmann (virtual)

**Additional attendees:**

Rich Aceto  
Susanna Bachle, PhD  
John Crowley  
Angela Fowler-Brown, MD, MPH  
Ali Lydon, MBA  
Elizabeth Manley  
Cynthia McReynolds, MBA  
Andrew Rennekamp, PhD  
Peter Saing  
Sherry Schilb, MBA  
Pejman Talebian, MA, MPH  
Tim Temple, MBA

**MDPH Updates**

Mr. Cranston welcomed attendees and noted that a meeting quorum had been reached.

Mr. Cranston noted that the purpose of the Massachusetts Vaccine Purchasing Advisory Council (Council) is to deliberate and to make consensus-based pediatric vaccine recommendations as they relate to MDPH's universal supply vaccine formulary. He added that there would not be any presentations at this meeting, but the Council would deliberate and make recommendations.

Attendees introduced themselves.

Dr. Madoff introduced Dr. Angela Fowler-Brown, MDPH's new Associate Medical Director for Vaccine Preventable Diseases. Dr. Brown would be filling the role of Dr. Susan Lett as the Immunization Division's Medical Director and moving forward would be joining the Council as an official member.

Mr. Cranston thanked Dr. Madoff for serving on the Council as an interim member.

In January 2023, there was a change in gubernatorial administration with Governor Healey and Lt. Governor Driscoll being sworn into office.

Kate Walsh was named as Secretary of Health and Human Services. Ms. Walsh has a long working relationship with MDPH and has an interest in pediatric vaccination.

The Healey administration has not named a Commissioner of Public Health. The current Commissioner, Margret Cooke, will continue to serve in this role until a new Commissioner is named.

Governor Healey has submitted the Governor's budget (House 1) for the first year of the two-year legislative session. While pediatric vaccines are not in the budget (funds are collected separately because of the Vaccine Trust Fund legislation signed into law in 2014), the House 1 budget fully honored MDPH's budgeted maintenance request.

For simplicity, in 2022 MDPH adult vaccine funding was consolidated with other line items in the state lab account. Budget additions included collective bargaining for salaries, and State Lab facility costs. The budget projections were accepted in the House 1 budget.

The budget will now work its way through the legislature.

The commercialization of COVID-19 vaccines and therapeutics continues to be discussed on the national level. Once these products are moved to the commercial market, states or private payers will be responsible for accommodating and funding the ongoing need for primary series and booster vaccines.

Although Massachusetts is a nearly universal health-insured state, additional programming will be needed to help uninsured individuals access COVID-19 vaccines and therapeutics.

While adult immunizations do not fall under the purview of the Council, as an FYI, there have been some preliminary conversations about a mechanism for financing adult COVID-19 vaccines. Adults have become used to accessing COVID-19 vaccines without copayments or payments. The success of the Massachusetts pediatric immunization program is a good model for an adult immunization program.

Mr. Cranston responded to Dr. Meissner's question about respiratory syncytial virus (RSV) monoclonal antibody for infants, and whether it would be included in the Vaccines for Children (VFC) program or the Massachusetts Vaccine Purchase Trust Fund. Legal guidance will be sought to determine whether the statute governing the Council would include deliberation about a product that is not defined as a vaccine.

## **Deliberation – Including the COVID-19 Vaccine in the Universal Pediatric Vaccine Program**

### ***Introduction***

Once COVID-19 vaccines go to the commercial market they will no longer be universally supplied by the US government. On the pediatric side, COVID-19 vaccines will be included in the VFC program.

While commercialization of COVID-19 vaccines is expected in the fall of 2023, likely timed with a new formulation of a bivalent booster vaccine, the date when this will happen is currently unknown. In the meantime, the Massachusetts universal-supply pediatric program allows for a proactive discussion about including these vaccines in the program.

### ***Deliberation Questions***

1. Should pediatric COVID-19 vaccines be included in MDPH's universal supply program?

2. If yes, should provider choice of vaccine be offered?
3. If no, then should deliberation about which formulations to include be delayed until fall, when more data and information about new vaccine formulations will be known?

### **Question 1: Should pediatric COVID-19 vaccines be included in MDPH's universal supply program?**

#### Discussion

- COVID-19 vaccines should be included in MDPH's universal pediatric supply program. Not including them could set a precedent that they are not as valued as other pediatric vaccines.
- COVID-19 vaccines also are included in the 2023 pediatric immunization schedule. By not including them in the program they would be perceived as less important.
- Massachusetts is a leader in immunization access and delivery. There is almost full and unfettered access to pediatric vaccines. It would be a step backwards to not include COVID-19 vaccines in the state's program.
- The administration burden of this vaccine is more challenging. Public/private storage would be burden if they weren't included in the program.
- Single dose vials will help to alleviate the administration burden.
- From a programmatic standpoint, including the vaccine would allow for consistency in day-to-day practice operations.
- The delivery mechanism for practices would not change.
- The vaccine has been and will continue to be tracked in the Massachusetts Immunization Information System (MIIS).
- The shift/change will be in how the vaccines are funded.

#### Questions

- Would Council deliberations be impacted by whether new vaccines are authorized versus approved?
- Would ACIP recommendation/CDC approval be adequate?
- What if the vaccine is approved under an emergency use authorization (EUA)?

Mr. Cranston noted that he would check with MDPH's legal department about whether the Council can deliberate on an EUA vaccine. Mr. Talebian also noted that it is unlikely that the VFC Program allows for distribution of an EUA vaccine but he would confirm this.

- Is there any reason other than cost to not include COVID-19 vaccines?

There is sufficient funding so that the addition of COVID-19 vaccines will not compromise other vaccines. The money would be raised through current mechanisms. The estimated total cost of pediatric vaccines and MIIS is not fixed and is calculated as a surcharge percentage against the health safety net. The largest Massachusetts health insurers fund vaccines by paying the surcharge.

Insurers would need to cover the vaccine costs one way or the other. If the vaccine were privately funded, the pressure would be on clinicians to fund the vaccines and seek reimbursement for them from insurers.

- How many pediatric patients to date have received the vaccine?

Current rates from MDPH's COVID-19 vaccination dashboard were reviewed.

COVID-19 vaccine in children under 11 and especially under 5 has been slow. Universal supplying the vaccine should help with uptake.

There is a particular concern about rates in the BIPOC community. Access is important.

The medical home is important for accessing care and vaccines.

Including COVID-19 vaccines in MDPH's universal program would support equity.

***After discussion, Council consensus was unanimous that COVID-19 vaccines should be included in MDPH's universal program, pending the Commissioner's acceptance of the Council's recommendation.***

## **Question 2: Should provider choice be offered for all currently available pediatric COVID-19 vaccines?**

### Discussion

- It would be hard to restrict, as both the Moderna and Pfizer vaccines are excellent vaccines.
- Provider choice is currently offered for other vaccines supplied by MDPH.
- Provider choice should be limited unless data supports one product to be more efficacious or safe.
- The availability of multiple products is a good thing.
- Unless there is a substantial price difference among product, provider choice should be offered.
- With the primary series schedule, there could be problems with eliminating the availability of one of the vaccines.

Federal contracts allow manufacturers to lower prices every quarter. With the availability of more than one option, parity should be reached at some point.

### Questions:

- How many practices are currently ordering both COVID-19 vaccines?

70% of practices are ordering one vaccine.

***After deliberation, Council consensus was unanimous that provider choice be offered for ACIP-recommended pediatric COVID-19 vaccines, barring significant differences in the formulation, cost, efficacy, safety, or schedule of future COVID-19 pediatric vaccines.***

The Food and Drug Administration (FDA) realizes the monovalent COVID-19 vaccine will be expiring soon. The FDA plans to resolve this situation within the next month. The monovalent vaccine will be phased out. The plan is that the bivalent COVID-19 vaccine will be standardized. Manufacturers will make the same products in terms of strains. The same vaccine will be used for the primary and booster series.

There may children who have not finished the primary series. In the interim, providers will need to find monovalent doses of Moderna vaccine, or switch to Pfizer monovalent vaccine. More Pfizer monovalent vaccine is currently available.

Mr. Temple (Pfizer Vaccines) noted that the monovalent vaccine supply provided to the federal government has been ordered and additional orders are not anticipated. As uptake has slower in this population, monovalent vaccine for ages 4/5 is available for now.

### **Future Council Meeting Topics**

Today's deliberation may be revisited as more information becomes available.

Topics:

- RSV monoclonal antibody for infants.
- Maternal RSV vaccine; may be included for Council discussion if it is covered by the VFC program.
- PCV20 - ACIP will discussing it at its June 2023 meeting.

Additional topics for future meetings should be sent to Mr. Talebian.

### **Future Council Meetings**

Future Meeting Dates:

Thursday, June 8, 2023 – likely to be cancelled

Thursday, October 12, 2023

Thursday, March 14, 2024

The next scheduled Council meeting is Thursday, June 8, 2023. There may be few agenda items since ACIP is not meeting until late June. The June meeting was canceled.

Because of the timing of future COVID-19 vaccines, there was discussion about holding the October meeting and if necessary, moving it to late summer. Updates on this meeting will be circulated as they become available.

The meeting was adjourned.

MVPAC webpage:

<https://www.mass.gov/service-details/massachusetts-vaccine-purchasing-advisory-council-mvpac>