

Congress of the United States
Washington, DC 20515

April 15, 2016

Mr. Andy Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Blvd
Baltimore, MD 21244

Dear Acting Administrator Slavitt,

We write to commend your recent efforts to reduce financial barriers to vaccine access in the Medicare program and urge continued action to ensure greater health equity for seniors.

Vaccines not only save lives, they improve the quality of life by preventing disease and disability often times among the most vulnerable populations. Great success has been achieved in reducing disparities in vaccination coverage for children. In fact, disparities between racial and ethnic minorities and white children are now non-existent for most vaccine preventable conditions¹. Racial and ethnic differences persist within adult immunization rates, and in some cases, data suggest the gap in vaccination rates may be getting worse.²

Specifically, disparities in coverage have been identified for a number of vaccines, including pneumococcal, hepatitis A, hepatitis B, herpes zoster (shingles), influenza, human papillomavirus (HPV) and the tetanus/pertussis/diphtheria³. These disparities in adult immunization coverage have serious implications for our growing senior population in terms of disease impact and health outcomes.

A variety of patient, provider, and system factors contribute to racial and ethnic differences in adult vaccination rates. According to the Centers for Disease Control and Prevention (CDC), incorporating standards for adult vaccination, including routine assessment of vaccination needs during clinical encounters, strong recommendations for vaccination to patients with indications, and same visit vaccination, can have a substantial impact on reducing disparities.⁴ However, high cost-sharing encountered by some beneficiaries under Medicare Part D plans is a commonly cited barrier to increasing adult vaccination.⁵ Removing cost-sharing barriers associated with essential preventive health services such as immunization can help reduce disparities and increase access to recommend vaccines. This is especially critical for adults with chronic conditions who are at increased risk of certain preventable conditions, many of which disproportionately burden racial and ethnic minorities.

¹ <http://www.cdc.gov/mmwr/preview/mmwrhtml/su6203a1.htm>

² http://www.cdc.gov/mmwr/volumes/65/ss/ss6501a1.htm?s_cid=ss6501a1_w

³ http://www.cdc.gov/mmwr/volumes/65/ss/ss6501a1.htm?s_cid=ss6501a1_w

⁴ <http://www.cdc.gov/mmwr/volumes/65/ss/ss6501a1.htm>.

⁵ <http://www.gao.gov/assets/590/587009.pdf>

The Affordable Care Act (ACA) provided a powerful opportunity to achieve health equity by expanding access to Advisory Committee on Immunizations (ACIP) recommended vaccines without cost-sharing. However, coverage of vaccines without cost-sharing is not the current standard of care for many Medicare Part D plans.

We commend the 2017 Medicare Advantage (MA) and Part D Advance Notice and Draft Call Letter for recommending coverage of Part D vaccines with no cost-sharing. Specifically, the letter states, "We encourage Part D sponsors to consider offering a \$0 or low cost sharing for vaccines to promote this important benefit."⁶

Removing financial barriers to Part D vaccines will go a long way toward protecting millions of Americans through improved immunization coverage and reduce racial and ethnic disparities in vaccination rates. We urge continued action to achieve equity in adult immunization rates in Medicare.

We also encourage CMS to work with MA and Part D plans to ensure that beneficiary education and outreach efforts are culturally and linguistically appropriate and reflect the health literacy and language proficiency needs of the beneficiary. Furthermore, we urge CMS to work with plans and providers to standardize routine assessment, recommendation and offering of vaccines for all Medicare beneficiaries.

Achieving equity will require hard work, and we stand ready to work with CMS to narrow widening racial and ethnic disparities in vaccination coverage.

Sincerely,



Eddie Bernice Johnson
Member of Congress



Ami Bera
Member of Congress



Michelle Lujan Grisham
Member of Congress



Bonnie Watson Coleman
Member of Congress



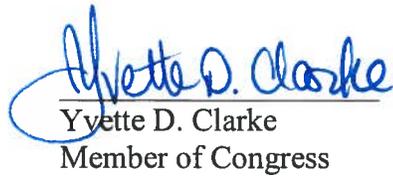
Corrine Brown
Member of Congress



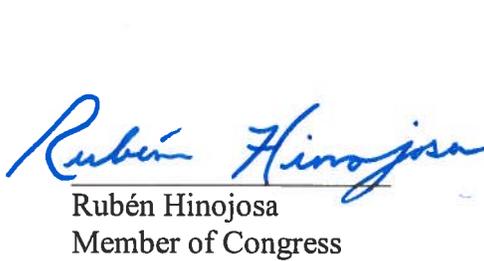
Eleanor H. Norton
Member of Congress

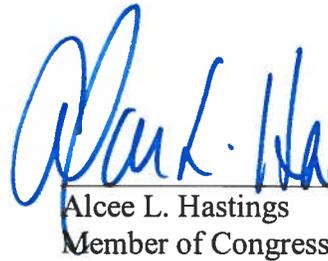
⁶ <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-04-06.html?DLPage=1&DLSort=0&DLSortDir=descending>


John Conyers
Member of Congress

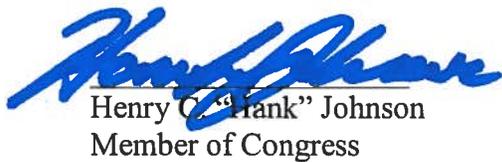

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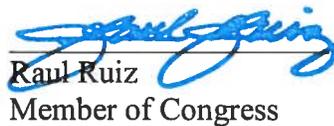

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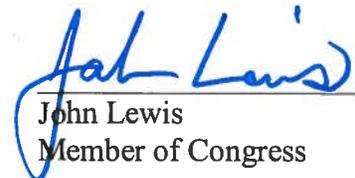

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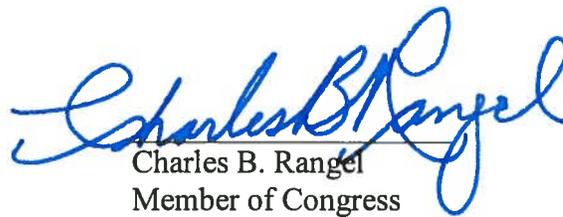

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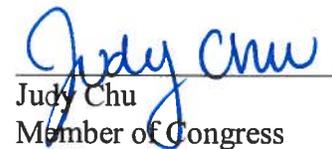

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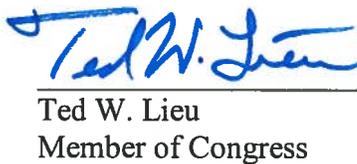

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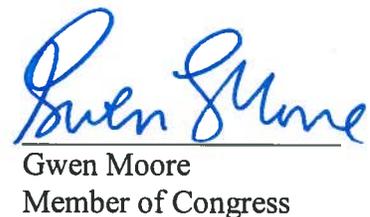

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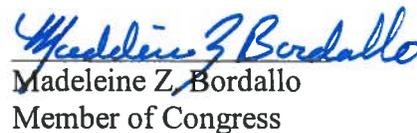

Judy Chu
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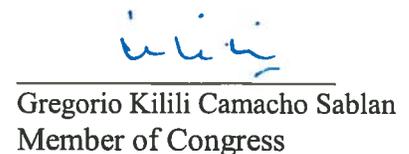

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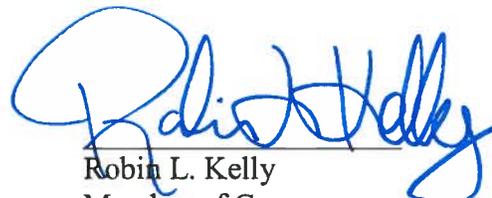

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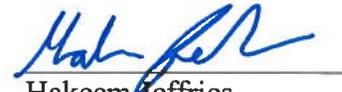
Sheila Jackson Lee
Member of Congress



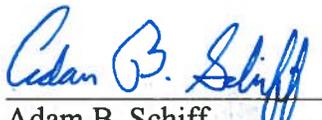
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Loretta Sanchez
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Donna F. Edwards
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