



Recent Federal Vaccine Policy Coverage Changes in Medicare and Medicaid

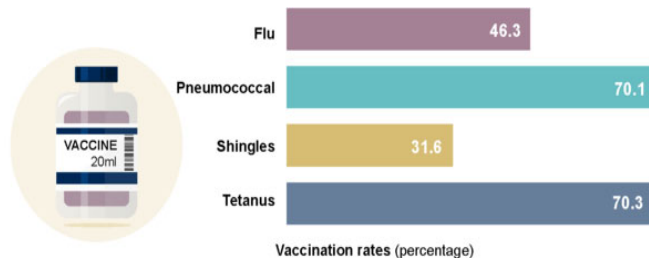
Abby Bownas
AVAC Manager

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Adult Vaccine Access Coalition (AVAC)

- Established in 2015 to strengthen and enhance access to and increase utilization of vaccines among adults.
- AVAC is made up of a diverse group of health care providers, vaccine innovators, public health organizations, patient and consumer groups.

Estimated Adult Vaccination Rates for Four Vaccines, 2020



Source: GAO analysis of Behavioral Risk Factor Surveillance System data. | GAO-22-105334

AVAC is fighting to make necessary policy changes to increase vaccination rates — saving lives and money.



Core Policy Goals to Improve Adult Vaccination Rates

1. Strengthening Vaccine Infrastructure
2. Creating Equity in Vaccine Access
3. Eliminating Financial Barriers
4. Promoting High Immunization Rates



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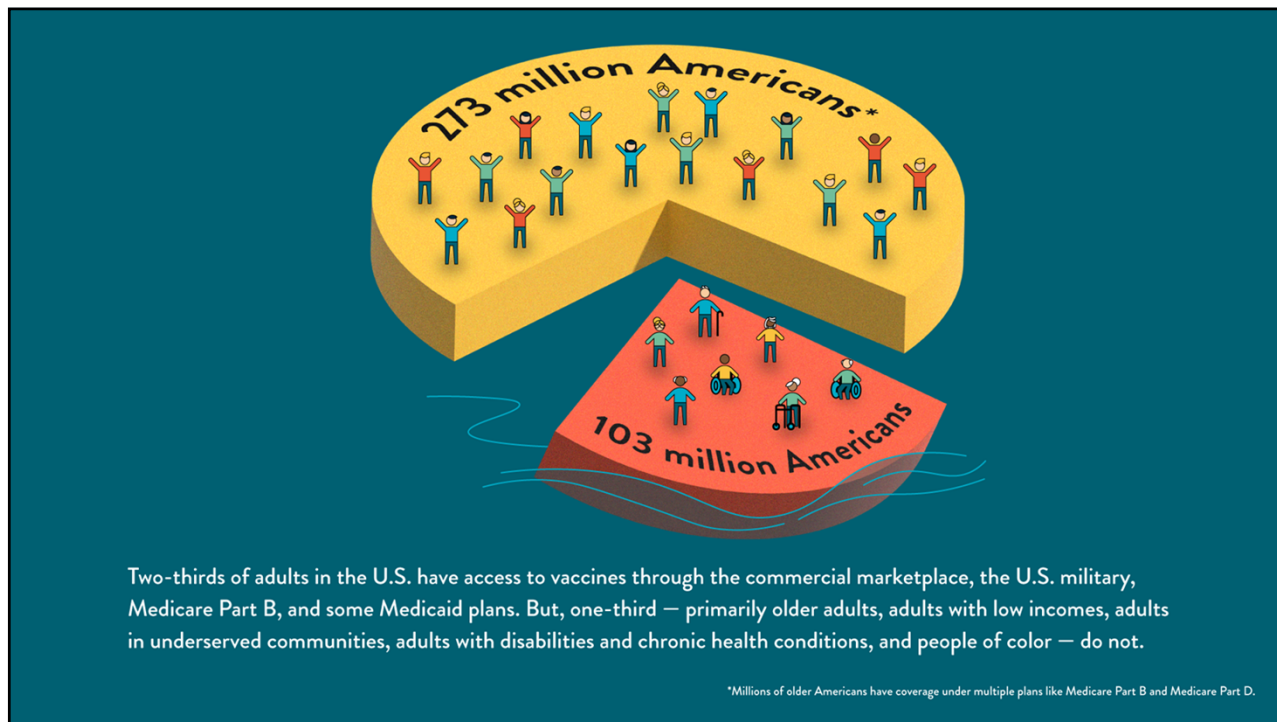
3 OUT OF 4 adults are missing one or more of four critical vaccines for flu, pneumococcal, shingles, and Td or Tdap.

<http://dx.doi.org/10.15585/mmwr.ss7003a1>

Barriers to Adult Immunizations in the U.S.

Financial	Inability for individuals to pay due to co-pays / gaps in coverage
Hesitancy	Regarding vaccine safety and effectiveness among patients
Provider	Financial barriers for health care providers to stock and administer vaccines
Lack of awareness	Regarding recommended vaccines and the risk/consequences of vaccine-preventable diseases
Coordination	Lack of coordination among health care providers – many adults see multiple providers – and across the health care system
Legal/Policy	Systematic at the federal and state levels restricting which providers can immunize
Missed Opportunities	For immunization assessment, counseling and recommendations by health care providers
Infrastructure	Lack of or underuse of immunization data systems that document vaccination histories

<https://www.hhs.gov/vaccines/vaccines-national-strategic-plan/index.html>



Inflation Reduction Act - Key Vaccine provisions

Sec 11401 (Protecting Seniors Through Immunization Act).

Eliminates copays/out of pocket expenses for ACIP-recommended vaccines under Medicare Part D (Jan 2023)

Sec 11405 (Helping Adults Protect Immunity Act).

Requires coverage for ACIP-recommended adult vaccines in traditional Medicaid and CHIP programs. (Oct 2023)

Cost Sharing and Vaccines

With the new Inflation Reduction Law, now Medicare Part D beneficiaries won't face high out-of-pocket costs for their vaccines.

MARKET	VACCINES	OUT-OF-POCKET
Commercial	All CDC-Recommended	\$0
Medicaid Expansion	All CDC-Recommended	\$0
Traditional Medicaid	Determined by state	\$50-\$340
Medicare Part B	Pneumococcal, influenza, hepatitis B	\$0
Medicare Part D	All other CDC recommended vaccines, shingles, Tdap, future vaccines	\$0-\$160

Source: Alexander Stewart, <https://www.meritx.com/insights/white-papers/2018/Medicare-Part-D-Cost-Sharing-Trends-for-Adult-Vacc>

NEW Health Care Savings for Older Adults



@AVACnow

In 2021, 3.4 million older adults paid **\$234 million** in out-of-pocket costs for vaccines. Thanks to Congressional action, Medicare Part D enrollees can now get those vaccines for **free**.



2021



2023
and beyond

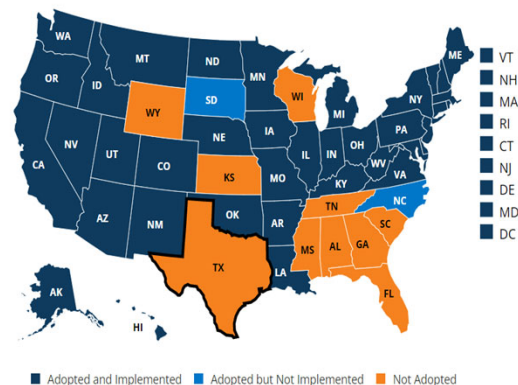
Source: <https://aspe.hhs.gov/topics/aging-disability/healthy-aging>

Section 11405 Implementation- Medicaid No Cost Vaccines

October 1, 2023

- Establishes federal coverage requirements across all Medicaid programs and populations.
- CMS guidance forthcoming
- The process for implementing coverage changes varies by state:
 - Legislation
 - Regulation
 - Administrative action

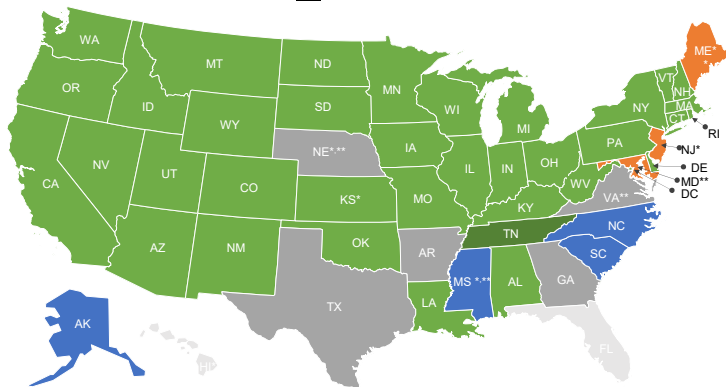
Status of State Medicaid Expansion 2023



<https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>

Current Vaccine Coverage & Cost Sharing in Medicaid

States with Medicaid FFS Programs that Do Not Cover One or More Assessed Vaccines for All ACIP-Recommended Populations, 2021



11 Fee for Service States & 6 Medicaid Managed Care do NOT cover one or more ACIP recommended vaccines.

- All Assessed Vaccines Covered for All ACIP Recommended Populations (35 States)
- 3+ Assessed Vaccines Not Covered (2 States)
- 1 Assessed Vaccine Not Covered (4 States)
- 2 Assessed Vaccines Not Covered (5 States)
- Unable to Determine All Assessed Vaccines (3 States)
- State Does Not Have FFS (1 State)

*FFS programs contain less than 2% of state Medicaid beneficiaries; most Medicaid beneficiaries in these states are enrolled in a MMC plan.
 **Avalere was unable to determine if a coverage policy aligned with ACIP recommendation for one or more assessed vaccines

Avalere Adult Vaccine Coverage in Medicaid: Assessing Existing Gaps and Looking Ahead to Implementation of the Inflation Reduction Act.
<https://avalere.com/wp-content/uploads/2022/12/Medicaid-and-IRA-White-Paper.pdf>

9
OUT OF
10

Americans that have first dollar coverage for ACIP-recommended vaccines

<https://www.statnews.com/2022/09/27/inflation-reduction-act-improves-vaccine-access-but-gaps-remain/>

Policy Considerations

- Uninsured vaccination coverage
- Improvements to Reimbursement policies
 - Increase rates for vaccine
 - vaccine administration
 - Counseling
 - Support FQHC payment
- Educating providers + individuals
- Strengthening infrastructure
- Modernizing immunization data
- Adopting quality measures



Learn More:
www.adultvaccinesnow.org

Contact Us:
<https://adultvaccinesnow.org/contact/>

Follow Us:
[@AVACNow](https://twitter.com/AVACNow)

37.1M
Cumulatively, from January 2020 - July 2021, teens and adults may have missed an estimated 37.1 million doses of recommended vaccines compared to 2019.^{1*}

Keeping Vaccinations Up to Date:
COVID-19 vaccines save lives—so do adult vaccines for flu, shingles, Tdap and more.

75% of the U.S. population received a first dose of the COVID-19 vaccine in less than a year.

Immunizations are a highly cost-effective form of preventive medicine that saves our health system money and protects the health of Americans. Over the last decade, advancements in technology, policy and infrastructure have strengthened the immunization landscape.

Adults still suffer from substantial morbidity and mortality and incur significant health care costs because of vaccine-preventable diseases. The United States spends \$26.5 billion annually treating four vaccine-preventable diseases in adults over the age of 50.² In addition to the economic consequences, gaps in vaccinations leave older adults and persons with chronic conditions, such as heart and lung disease and diabetes, vulnerable to the devastating effects of routine as well as emerging infectious disease outbreaks.

Millions of adults suffer from vaccine-preventable diseases, causing them to miss work, leaving some unable to care for those who depend on them. Adults aged 50 and over are particularly susceptible to many vaccine-preventable diseases and account for a disproportionate number of the deaths and illnesses associated with vaccine-preventable diseases. Additionally, disparities exist in vaccination status. In 2019, white adults were almost twice as likely to receive shingles vaccinations than Black and Hispanic adults.³

Vaccines have always been considered one of the greatest public health achievements, but especially amid the pandemic, where there is overlap between populations that are vulnerable to COVID-19 and other vaccine-preventable diseases.

Despite the demonstrated benefits, vaccine-preventable diseases (and their complications) account for 50,000 to 90,000 adult deaths in the U.S. each year.⁴ Adult immunization coverage lags behind federal targets for most commonly recommended vaccines. In fact, 75% of adults are missing one or more critical vaccines for flu, pneumococcal, shingles, and Tdap.⁵

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