

Closing the Gap on Vaccine Access: Ending Cost-sharing on All CDC-Recommended Vaccines

Vaccines are critical to public health: there should be no financial barriers to at-risk patients accessing this lifesaving, preventive care. This is why the Affordable Care Act (ACA) prohibits commercial insurers from charging patients for all FDA-approved vaccines with a recommendation from the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC).¹

Unfortunately, this provision of the ACA has not been fully implemented. Thirteen years later, regulations limit commercial insurance coverage without cost-sharing to vaccines considered “routine” and listed on the CDC Immunization Schedules, effectively restricting access to a host of critical travel, outbreak, and occupational vaccines, as well as creating confusion in the marketplace.²

“We urge HHS to act now to clarify its current regulations and ensure that the Public Health Service Act requirement for commercial coverage of all CDC-recommended vaccines with no patient cost-sharing is fully implemented.”

Letter to HHS Secretary Becerra (Feb. 14, 2022) signed by 21 public health stakeholders, including but not limited to: National Foundation for Infectious Diseases; Infectious Diseases Society of America; Immunize.org; NAFSA: Association of International Educators; Healthy Women; STChealth; Student and Youth Travel Association; National Consumers League; National Viral Hepatitis Roundtable; The Forum on Education Abroad; Vaccinate Your Family; American Association of Veterinary Medical Colleges; Association of Veterinary Technician Educators; and Dakota County Technical College Vet Technician Program.

The federal government, acting through the Departments of Health and Human Services (HHS), Labor, and Treasury, **must act now** to modify current regulations and ensure vaccine access for patients with commercial insurance.

This much-needed regulatory clarification aligns with the Inflation Reduction Act’s recent elimination of out-of-pocket costs for all CDC-recommended vaccines covered under Medicare Part D and Medicaid.³ Despite these critical vaccine coverage updates, a cost-sharing gap still exists for commercially insured patients.

This policy change is recommended by a broad set of stakeholders, including patients, consumers, veterinary technicians, infectious

disease experts, and vaccine manufacturers, all of whom have seen how the current regulations keep patients from accessing the care recommended by their providers.

What’s more, the cost of the change is low. The projected increase on premiums is approximately twenty-five cents per member per month, squarely within the typical range for increases associated with a mandated health insurance benefit.⁴

“We believe any barriers, including financial barriers, to individuals accessing life-saving vaccines should be removed. In this case, cost-sharing can be a real barrier, and HHS can simply remove that barrier by modifying its ACA implementing regulations.” Dr. L.J. Tan, Chief Policy and Partnerships Officer of Immunize.org

¹ 42 U.S.C. §300gg13.

² 45 C.F.R. §147.130.

³ Inflation Reduction Act of 2022, Pub. L. No. 117-169, H.R. 5376, 117th Cong. §§ 11401, 11405 (2022).

⁴ See *The Per Member Per Month Effect on Commercial Premiums Resulting from First Dollar Coverage for Travel and Occupational Vaccines*, AVALERE (Oct. 2022) (on file with author).

Several vaccines – including those recommended for individuals for occupational and travel reasons – are caught in this gap in commercial insurance coverage.

Current Commercial Vaccine Coverage

Recommended Vaccines Subject to Cost Sharing or Not Covered At All		Vaccines Listed on Schedule (No Cost-Sharing)	
CDC-Recommended Vaccines Not on a Schedule <ul style="list-style-type: none"> Cholera Dengue Japanese Encephalitis Ebola Rabies Typhoid Yellow Fever MPOX (formerly Monkeypox) 	Examples of Vaccines in the Pipeline (not yet approved) <ul style="list-style-type: none"> Chikungunya Zika Malaria 	<ul style="list-style-type: none"> Rotavirus Diphtheria, Tetanus, Pertussis (DTaP) Haemophilus influenzae type b (Hib) Pneumococcal conjugate (PCV13)* Polio Influenza Measles, Mumps, Rubella (MMR) 	<ul style="list-style-type: none"> Varicella (Chickenpox) Hepatitis A Hepatitis B* HPV** Meningococcal A, C, W, Y Meningococcal B** Pneumococcal polysaccharide (PPSV23) Zoster (Shingles)
Covered Without Cost-Sharing by Special Congressional Action <ul style="list-style-type: none"> COVID-19 vaccine <p>October 2022, ACIP recommended adding COVID-19 vaccine to the Immunization Schedule. Prior to that, this vaccine was not on the Immunization Schedule and was only covered because of independent congressional action.</p> <p>* Recommendations are for risk groups; not all are on the schedule, which may result in coverage confusion * Covered without cost-sharing even in non-routine circumstances ** Not approved as "routine" for any population, but still listed on a Schedule</p>			

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“The rabies vaccine is not always covered by insurance, and students often have to pay out-of-pocket, which is a huge financial hardship, or they must undergo lengthy documentation with their insurance providers to try to get some or all of the cost covered.” Jennifer Serling, President for the Association of Veterinary Technician Educators

“Fifty percent of travel is non-leisure, including for missionaries, students, families, researchers, business travelers, and more. Right now, we are working to grow and diversify U.S. study abroad participation; the vaccine cost-sharing burden can discourage many students from study and research abroad.” Rachel Banks, Senior Director for Public Policy and Legislative Strategy at NAFSA: Association of International Educators

Preminent disease experts are calling for the change:

“Concern about global transmission of infectious diseases has risen — outbreaks since 2000 include SARS, H1N1 influenza, MERS, Ebola, chikungunya and Zika viruses, and of course, the COVID-19 pandemic and monkeypox. . . . As clinician-educators, we take pride in recommending vaccines following guidance from the ACIP of the CDC. For those who cross borders, special vaccines protect against vaccine-preventable diseases to which travelers may be exposed during their journeys, and also prevent travelers from inadvertently bringing diseases home — thus reducing the risk of a domestic public health threat. . . . **The time is now for the Biden administration’s [HHS] to endorse a scientifically sound, forward-thinking clarification of regulatory policy that has the support of bipartisan members of Congress and diverse public health stakeholders alike — by ensuring that all CDC-recommended, physician-prescribed travel and other vaccines are covered by health insurance without patient cost-sharing. This is a matter of equity as well as individual and public health.**” Dr. Lin H. Chen, Dr. Elizabeth Barnet, Dr. Phyllis Kozarsky, *Ensure Access to All Vaccines*, THE HILL (Oct. 6, 2022).

Congressional leaders have taken notice:

“We urge HHS to take swift action to align the regulations with the statutory mandate to ensure broad-based coverage without cost-sharing for all CDC-recommended vaccines. **There appear to be a number of rulemaking vehicles that could address this critical public health matter.**” Senator Van Hollen (D-MD) and Representatives Trone (D-MD) and Ruppertsberger’s (D-MD)