



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

May 28, 2015

Andy Slavitt, Acting Administrator
Centers for Medicare & Medicaid Services
200 Independence Ave., SW
Washington, DC 20201

RE: Medicare Part B coverage of the shingles vaccine, Tdap, and other ACIP recommended vaccines

Dear Acting Administrator Slavitt,

On behalf of the American Academy of Family Physicians (AAFP), which represents 120,900 family physicians and medical students across the country, I respectfully urge the Centers for Medicare & Medicaid Services (CMS) to cover under Medicare Part B the cost of the shingles vaccine and the recommended one-time dose of tetanus, diphtheria, and acellular pertussis (Tdap) plus their administration in family physicians' offices. The AAFP believes the zoster vaccine, the Tdap booster, and all vaccines that the Advisory Committee on Immunization Practices (ACIP) recommends should be covered and paid under Medicare Part B, and this payment should be retroactive to the time of the ACIP recommendation. In a May 28, 2015 [letter](#), the AAFP has made a similar recommendation to Congress.

Specifically, we are writing to request that CMS use the authority granted by Section 101 of the *Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)* to include all recommended preventive vaccines within the "additional preventive services" eligible for coverage under Medicare Part B. Section 101 of *MIPPA* authorizes the Secretary of Health and Human Services (HHS) to cover additional preventive services that are not expressly named within the Social Security Act. To qualify, the services must first be recommended by the U.S. Preventive Services Task Force (USPSTF) and then assessed under Medicare's national coverage determination process.

The USPSTF – an independent panel of experts in primary care and prevention – regularly reviews scientific evidence to develop recommendations designed to help clinicians evaluate clinical preventive services. The USPSTF includes by reference in its *Guide to Clinical Preventive Services* the recommendations of the Centers for Disease Control and Prevention's (CDC's) ACIP. The CDC's ACIP, in turn, is comprised of immunization experts selected by the HHS Secretary to provide recommendations for the routine administration of vaccines to children and adults, including age and dosage recommendations. The ACIP is the only entity in the federal government that makes such recommendations regarding vaccines. In fact, ACIP's recommendations for the coverage of preventive vaccines are considered to be the "gold-standard" for coverage policies.

Thus, under *MIPPA*, Congress provided the necessary mechanism for HHS and CMS to provide Medicare beneficiaries with meaningful access to preventive vaccines under Medicare Part B. Given that the USPSTF incorporates the recommendations of the CDC's ACIP on vaccines by reference, we urge HHS

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and CMS to interpret Section 101 of *MIPPA* to provide for coverage of vaccines recommended by ACIP. CMS' actions to consolidate all vaccines under Medicare Part B will promote the interests of Medicare beneficiaries by further advancing Medicare's focus on prevention.

In addition to covering the shingles, Tdap booster, and other ACIP recommended vaccines within the Medicare Part B program, we encourage CMS to develop and offer educational materials for physicians and patients regarding the administration of the shingles vaccine and other ACIP recommended vaccines in family physicians' offices.

We also urge the agency to be mindful that these vaccines are also administered in Federally Qualified Health Centers and Rural Health Clinics. CMS should consider these sites as vaccine payment policies are reexamined.

We appreciate the opportunity to make this request. For any questions you might have please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or rbennett@aafp.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Reid B. Blackwelder MD". The signature is fluid and cursive, with a large, stylized initial "R" and "B".

Reid B. Blackwelder, MD, FAAFP
Board Chair