



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

May 28, 2015

Senator Orrin Hatch
Chairman
Committee on Finance
U.S. Senate
Washington, DC 20510

Senator Ron Wyden
Ranking Member
Committee on Finance
U.S. Senate
Washington, DC 20510

Rep. Paul Ryan
Chairman
Committee on Ways and Means
U.S. House of Representatives
Washington, DC 20515

Rep. Sander Levin
Ranking Member
Committee on Ways and Means
U.S. House of Representatives
Washington, DC 20515

Rep. Fred Upton
Chairman
Committee on Energy and Commerce
U.S. House of Representatives
Washington, DC 20515

Rep. Frank Pallone
Ranking Member
Committee on Energy and Commerce
U.S. House of Representatives
Washington, DC 20515

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

Dear Chairmen Hatch, Ryan, Upton, and Ranking Members Wyden, Levin, and Pallone:

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 Congress to assist family physicians and the Medicare patients they treat by encouraging CMS to use existing 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 or otherwise amending that section of the law to more explicitly reference the Centers for Disease Control and Prevention’s (CDC’s) Advisory Committee on Immunization Practices (ACIP). Failing that, we would respectfully urge Congress to pass legislation that creates a new benefit category that explicitly includes the shingles vaccine and all other ACIP recommended vaccines under Medicare Part B just as influenza, pneumococcal, and hepatitis B vaccines are now and that makes payment for such vaccines retroactive to the time of the ACIP recommendation.

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.

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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 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.

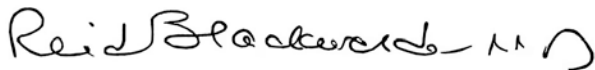
Thus, under *MIPPA*, Congress provided the necessary mechanism for HHS and CMS to provide Medicare beneficiaries with meaningful access to preventive vaccines under Medicare Part B. However, CMS has thus far declined to use this authority to extend Medicare Part B coverage to ACIP recommended vaccines. Given that the USPSTF incorporates the recommendations of the CDC's ACIP on vaccines by reference, we have urged and continue to urge HHS and CMS to interpret Section 101 of *MIPPA* to provide for coverage of vaccines recommended by ACIP, since consolidation of all vaccines under Medicare Part B will promote the interests of Medicare beneficiaries by further advancing Medicare's focus on prevention.

It would be invaluable if Congress could similarly urge HHS and CMS to use the authority granted by Section 101 of *MIPPA* for this purpose or otherwise amend this section of the law to make more explicit reference to the ACIP. Failing that, we urge Congress to pass legislation that creates a new benefit category that explicitly includes the shingles vaccine and all other ACIP recommended vaccines under Medicare Part B just as influenza, pneumococcal, and hepatitis B vaccines are now and that makes payment be for such vaccines retroactive to the time of the ACIP recommendation. Otherwise, Medicare beneficiaries may need to continue to navigate both Part B and Part D of Medicare to ensure coverage and payment of federally recommended vaccines, which makes getting vaccinated needlessly complicated for these beneficiaries and the physicians who seek to serve them.

In addition to covering the shingles and other ACIP recommended vaccines within the Medicare Part B program, we believe more must be done to address and ease the burden between the Medicare Parts B and D programs that medical practices encounter when offering vaccines to their Medicare patients. As articulated in a May 28, 2015 [letter](#) to the agency, the AAFP remains willing to partner with CMS in this regard and also is committed to working with the agency to refocus educational materials for physicians and patients regarding the administration of the shingles vaccine in family physicians' offices.

We appreciate the opportunity to make this request. For any questions you might have please contact Sonya C. Clay, Government Relations Representative, at 202-232-9033 or sclay@aafp.org.

Sincerely,



Reid B. Blackwelder, MD, FAAFP
Board Chair

C: Andy Slavitt, Acting Administrator, Centers for Medicare & Medicaid Services