

Congress of the United States

Washington, DC 20515

June 10, 2024

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Brooks-LaSure:

As we honor Hepatitis Awareness Month, we write to request that the Centers for Medicare & Medicaid Services (CMS) consider improving Medicare beneficiary vaccine access through changes in the upcoming Calendar Year (CY) 2025 Medicare Physician Fee Schedule (MPFS). CMS has the authority through this rulemaking to expand the mass immunizer program to include all current and future Part B preventive vaccines, and specifically, alleviate long-standing barriers to hepatitis B virus (HBV) vaccination. We believe Medicare seniors and the disabled with intermediate to high risk factors for HBV would benefit from receiving HBV vaccines in mass immunizer sites, such as pharmacies, without the physician order requirement.

These important policy changes would bring us closer to national viral hepatitis elimination goals set forth by the Department of Health and Human Services (HHS), universal adult HBV vaccination as recommended by the Centers for Disease Control (CDC) Advisory Committee on Immunization Practices (ACIP), the Federal Implementation Plan to eliminate vaccine-preventable diseases and helps overcome health equity disparities in Medicare and among adults.

It is estimated that 800,000 – 1.9 million people in the United State are living with HBV, with two-thirds being unaware of their statuses. HBV also disproportionately impacts the Asian American communities. While Asian Americans make up 6% of the U.S. population, they account for more than 60% of people with chronic HBV infection. Furthermore, people from racial and ethnic minorities are disproportionately affected when it comes to receiving recommended vaccines. Research has shown that racial minorities, older adults, and people with disabilities are more likely to have transportation services to primary health care services, but would benefit from being able to receive their HBV vaccines when visiting drug stores and pharmacies.

HBV vaccines are covered under the Medicare Part B medical benefit, however, they are treated differently from all other Medicare Part B preventive vaccines. HBV vaccines are excluded from being administered and reimbursed by mass immunizers, and a physician order is required for HBV vaccines to be covered. All other preventive Part B vaccines, including influenza, pneumococcal and COVID-19 vaccines, are eligible for administration and reimbursement by mass immunizers without a physician order requirement.

Despite coverage under the Medicare Part B medical benefit, risk-based guidelines and the physician order requirement have served as barriers for HBV vaccination. The ACIP

recommendation for vaccination included adults ≥ 60 years with risk factors for hepatitis B and adults aged ≥ 60 years without known risk factors for hepatitis B may be vaccinated. Yet, HBV vaccine coverage remains low within the Medicare population. Currently, only 19.5% of adults ages 60 years and older are vaccinated against HBV, even though many Medicare beneficiaries have known risk factors (e.g., 28% of beneficiaries are diagnosed with diabetes mellitus).

Expanding HBV vaccination would result in prevention of infections and associated cost savings. Given the role that mass immunizers, particularly pharmacists, carry out in providing most vaccinations to Medicare beneficiaries, patients expect that they can access these vital healthcare services at their local pharmacy, particularly in underserved communities, where the neighborhood pharmacy may be the only healthcare provider for miles. Lack of HBV vaccination access in a pharmacy setting for those Medicare Part B beneficiaries with risk factors is an outlier compared to most other adult populations, including Medicare beneficiaries without risk factors, most Medicaid beneficiaries and those adults with private health insurance. By permitting Hepatitis B vaccination by mass immunizers, including pharmacists, vulnerable seniors and the disabled, who have added challenges to completing multiple dose series, can more easily be protected from this preventable disease.

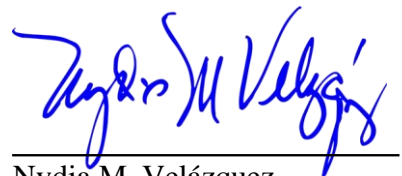
Policies that encourage HBV vaccination are needed in order to expand the number of people that will get vaccinated. Achieving equitable protection for Medicare beneficiaries from this preventable disease is almost impossible without allowing HBV vaccines to be included in the mass immunizer program. We believe expanded access to HBV vaccination in the pharmacy setting will help move the needle for this vulnerable population.

Therefore, we recommend that CMS take steps to facilitate enhanced beneficiary access to HBV vaccines by clarifying that a physician order is not necessary for HBV vaccines to be covered and allowing mass immunizer administration and reimbursement of HBV vaccines.

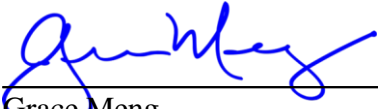
Sincerely,

A handwritten signature in black ink that reads "Hank Johnson". The signature is fluid and cursive, with the first name "Hank" being more prominent.

Henry C. "Hank" Johnson, Jr.
Member of Congress

A handwritten signature in blue ink that reads "Nydia M. Velázquez". The signature is fluid and cursive, with the last name "Velázquez" being more prominent.

Nydia M. Velázquez
Member of Congress



Grace Meng
Member of Congress



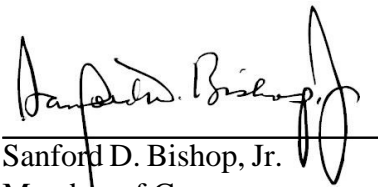
Frederica S. Wilson
Member of Congress



Alma S. Adams, Ph.D.
Member of Congress



Eleanor Holmes Norton
Member of Congress



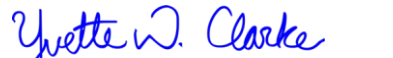
Sanford D. Bishop, Jr.
Member of Congress



Bonnie Watson Coleman
Member of Congress



Sheila Cherfilus-McCormick
Member of Congress



Yvette D. Clarke
Member of Congress



Donald S. Beyer Jr.
Member of Congress



Dwight Evans
Member of Congress



Barbara Lee
Member of Congress



Adam Smith
Member of Congress



Eric Swalwell
Member of Congress

cc: The Honorable Xavier Becerra
 Secretary
 Department of Health and Human Services