

May 26, 2009

The Honorable Kathleen Sebelius
Secretary of Health and Human Services
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Madam Secretary:

We at the Immunization Action Coalition (IAC) send our congratulations on your confirmation as Secretary of Health and Human Services. The position of Secretary carries great power to enhance the public health, and we hope that you will call upon us often when your duties invoke issues of immunization practice and policy.

I am writing today to encourage you to implement an administrative change to Medicare benefits. Medicare Part B should be expanded to cover all vaccines recommended for adults 65 years and older by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices. Currently, only influenza, pneumococcal, and hepatitis B vaccines are covered under Part B; the other vaccines recommended for this age group, such as those that prevent herpes zoster (shingles) and tetanus, are only covered under Medicare Part D.

Under Medicare Part B, patients have no difficulty obtaining recommended vaccinations, and it is a straightforward process for healthcare professionals to obtain reimbursement for vaccination services just as they do for any other covered service. In contrast, it can be a nightmare for patients to access vaccines under Medicare Part D.

The difficulty for patients begins with the complexity of understanding their own Part D vaccine coverage. Patients are often uncertain about which vaccines are covered and to what extent they are covered; because there are hundreds of different Part D plans, few providers are able to offer help in interpreting plan language. This uncertainty introduces an element of financial risk into the decision to accept vaccination.

Even when a Part D plan does offer coverage, patients often must pay for vaccines out of their own pockets and wait to be reimbursed. The price of some vaccines – for instance, the average

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wholesale price of zoster vaccine is about \$180 – is unmanageable for many Medicare recipients. In addition, patients within the “doughnut hole” must bear this expense knowing they will not receive reimbursement.

Moreover, because Part D is a prescription benefit, some patients must buy Part D-covered vaccines at pharmacies and then bring them back to their doctors’ offices to have them administered. CDC strongly discourages this practice because many vaccines require special handling. Zoster vaccine is properly transported on dry ice, because if it is held above freezer temperature for more than 30 minutes, it loses its potency. We at IAC are unaware of any retail pharmacy that provides dry ice for customer transport of zoster vaccine.

In order to be effective, our nation’s immunization recommendations need to be easy to follow for patients and healthcare professionals alike. I urge you to exercise your power to make all vaccines for seniors readily available under Medicare Part B. Few older Americans have received the recommended doses of tetanus and zoster vaccines, both of which can protect them from dangerous and painful diseases. You can do a great service to the growing population of Medicare recipients by placing all CDC-recommended vaccines on an equal footing within the Medicare program.

Best regards,

Deborah L. Wexler, M.D.

Executive Director

cc: The Honorable Edward M. Kennedy, United States Senate

The Honorable Charles B. Rangel, United States House of Representatives

Dora L. Hughes, M.D., M.P.H., Counselor for Public Health and Science, U.S.

Department of Health and Human Services

Jonathan D. Blum, Director, Center for Medicare Management, Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services