

116TH CONGRESS
1ST SESSION

H. R. 5076

To amend title XVIII of the Social Security Act to provide information regarding vaccines for seniors as part of the Medicare & You handbook and to ensure that the treatment of cost sharing for vaccines under Medicare part D is consistent with the treatment of vaccines under Medicare part B, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 13, 2019

Ms. SHALALA (for herself, Mr. BUCSHON, Ms. KUSTER of New Hampshire, and Mr. DAVID P. ROE of Tennessee) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XVIII of the Social Security Act to provide information regarding vaccines for seniors as part of the Medicare & You handbook and to ensure that the treatment of cost sharing for vaccines under Medicare part D is consistent with the treatment of vaccines under Medicare part B, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Protecting Seniors
3 Through Immunization Act of 2019”.

4 **SEC. 2. FINDINGS.**

5 Congress makes the following findings:

6 (1) The immune system deteriorates with age,
7 leaving older adults more susceptible to many vac-
8 cine-preventable diseases that could result in hos-
9 pitalizations and other costly medical interventions.

10 (2) Vaccines play an essential role in preventing
11 disease, thereby helping to keep older adults active
12 and independent.

13 (3) There are more than a dozen immunizations
14 recommended for adult populations by the Advisory
15 Committee on Immunization Practices of the Cen-
16 ters for Disease Control and Prevention, including—

17 (A) influenza;

18 (B) tetanus, diphtheria, pertussis (Tdap);

19 (C) measles, mumps, rubella (MMR);

20 (D) herpes zoster (shingles);

21 (E) human papillomavirus (HPV);

22 (F) pneumococcal;

23 (G) hepatitis A;

24 (H) hepatitis B; and

25 (I) meningococcal.

1 (4) Through new research and technology, addi-
2 tional vaccines may be approved for older adults.

3 (5) Although immunizations are lifesaving and
4 cost-effective interventions, adult vaccination rates
5 in the United States remain below Federal Healthy
6 People benchmarks.

7 (6) There are disparities in adult vaccination
8 rates across different races and ethnicities with rates
9 generally lower among Hispanics, African Ameri-
10 cans, and Asian Americans.

11 (7) Important vaccines, including those for
12 shingles and Tdap, are covered under the Medicare
13 Prescription Drug Program under part D of title
14 XVIII of the Social Security Act. Coverage under
15 the Medicare part D has resulted in barriers to opti-
16 mal and consistent uptake, including lack of patient
17 and provider awareness, beneficiary cost sharing,
18 and low provider reimbursement, as well as geo-
19 graphic, cultural, and linguistic challenges.

20 (8) The Advisory Committee on Immunization
21 Practices of the Centers for Disease Control and
22 Prevention recommends the Tdap vaccine should be
23 administered every 10 years for all ages. According
24 to the Centers for Disease Control and Prevention
25 Surveillance of Vaccination Coverage Among Adults

1 in the United States, National Health Interview Sur-
2 vey, 2016, vaccination rates remain low for tetanus
3 and diphtheria (Td) and tetanus and diphtheria with
4 acellular pertussis (Tdap) for adults age 65 and
5 older, at 58 percent and 20 percent respectively.

6 (9) Being up-to-date with Tdap is especially im-
7 portant for adults who are around babies, because
8 they are not only protecting their own health but
9 helping to form a “cocoon” of disease protection
10 around the baby during the first few months of life.

11 (10) The Advisory Committee on Immunization
12 Practices of the Centers for Disease Control and
13 Prevention recommends the shingles vaccine for indi-
14 viduals aged 50 and older. While vaccine coverage
15 for shingles has increased each year since licensure,
16 in 2016, only 33 percent of adults over 60 years re-
17 ported receiving the vaccine.

18 (11) Almost 1 out of every 3 people in the
19 United States will develop shingles in their lifetime.
20 The risk increases with age, and older individuals
21 are much more likely to experience postherpetic neu-
22 ralgia non-pain complications, hospitalizations, and
23 interference with activities of daily living, such as
24 eating, dressing, and bathing.

1 (12) A 2018 study of Tdap and shingles vaccine
 2 claims in Medicare part D demonstrated that higher
 3 out-of-pocket cost sharing was associated with high-
 4 er rates of cancelled vaccination claims, suggesting
 5 vaccination was abandoned. In this study, cost shar-
 6 ing of \$51 or greater was associated with a 2 to 2.7-
 7 times greater rate of cancelled vaccination claims
 8 compared with \$0 cost sharing.

9 (13) There is an opportunity to improve edu-
 10 cation around adult immunization, including the
 11 risks and consequences of vaccine-preventable dis-
 12 ease, and which vaccines are recommended for older
 13 adults.

14 **SEC. 3. PROVISION OF INFORMATION REGARDING VAC-**
 15 **CINES FOR SENIORS AS PART OF MEDICARE**
 16 **& YOU HANDBOOK AND COVERAGE OF ADULT**
 17 **VACCINES RECOMMENDED BY THE ADVISORY**
 18 **COMMITTEE ON IMMUNIZATION PRACTICES**
 19 **UNDER MEDICARE PART D.**

20 (a) PROVISION OF INFORMATION REGARDING VAC-
 21 CINES FOR SENIORS AS PART OF MEDICARE & YOU
 22 HANDBOOK.—

23 (1) IN GENERAL.—Section 1804 of the Social
 24 Security Act (42 U.S.C. 1395b–2) is amended—

1 (A) in subsection (a)(1), by inserting “, in-
 2 cluding information with respect to coverage of
 3 vaccines for seniors described in subsection (e)”
 4 before the comma at the end; and

5 (B) by adding at the end the following new
 6 subsection:

7 “(e) The notice provided under subsection (a) shall
 8 include information with respect to vaccines for seniors,
 9 including information with respect to coverage of adult
 10 vaccines recommended by the Advisory Committee on Im-
 11 munization Practices (as defined in section 1860D-
 12 2(b)(8)(B)) under part D for individuals enrolled in a pre-
 13 scription drug plan under such part.”.

14 (2) EFFECTIVE DATE.—The amendments made
 15 by this subsection shall apply to notices distributed
 16 prior to each Medicare open enrollment period begin-
 17 ning after the date of implementation of section
 18 1860D-2(b)(8), as added by subsection (b)(2).

19 (b) COVERAGE OF ADULT VACCINES RECOMMENDED
 20 BY THE ADVISORY COMMITTEE ON IMMUNIZATION PRAC-
 21 TICES UNDER MEDICARE PART D.—

22 (1) PROVISION OF EDUCATIONAL MATERIALS
 23 REGARDING THE AVAILABILITY OF ADULT VACCINES
 24 RECOMMENDED BY THE ADVISORY COMMITTEE ON
 25 IMMUNIZATION PRACTICES WITH NO COST SHAR-

1 ING.—Section 1860D–4(a)(1)(B) of the Social Secu-
 2 rity Act (42 U.S.C. 1395w–104(a)(1)(B)) is amend-
 3 ed by adding at the end the following new clause:

4 “(vii) For plan years beginning on or
 5 after January 1 of the first year beginning
 6 more than 60 days after the date of the
 7 enactment of this clause, information re-
 8 garding access to adult vaccines rec-
 9 ommended by the Advisory Committee on
 10 Immunization Practices (as defined in sec-
 11 tion 1860D–2(b)(8)(B)).”.

12 (2) ENSURING TREATMENT OF COST SHARING
 13 IS CONSISTENT WITH TREATMENT OF VACCINES
 14 UNDER MEDICARE PART B.—Section 1860D–2(b) of
 15 the Social Security Act (42 U.S.C. 1395w–102(b)) is
 16 amended—

17 (A) in paragraph (1)(A), by striking “the
 18 coverage” and inserting “Subject to paragraph
 19 (8), the coverage”;

20 (B) in paragraph (2)(A), by striking “and
 21 (D)” and inserting “and (D) and paragraph
 22 (8)”;

23 (C) in paragraph (3)(A), by striking “and
 24 (4)” and inserting “(4), and (8)”;

1 (D) in paragraph (4)(A)(i), by striking
2 “The coverage” and inserting “Subject to para-
3 graph (8), the coverage”; and

4 (E) by adding at the end the following new
5 paragraph:

6 “(8) TREATMENT OF COST SHARING FOR
7 ADULT VACCINES RECOMMENDED BY THE ADVISORY
8 COMMITTEE ON IMMUNIZATION PRACTICES CON-
9 SISTENT WITH TREATMENT OF VACCINES UNDER
10 PART B.—

11 “(A) IN GENERAL.—For plan years begin-
12 ning on or after January 1 of the first year be-
13 ginning more than 60 days after the date of the
14 enactment of this paragraph, the following shall
15 apply with respect to an adult vaccine rec-
16 ommended by the Advisory Committee on Im-
17 munization Practices (as defined in subpara-
18 graph (B)):

19 “(i) NO APPLICATION OF DEDUCT-
20 IBLE.—The deductible under paragraph
21 (1) shall not apply with respect to such
22 vaccine.

23 “(ii) NO APPLICATION OF COINSUR-
24 ANCE.—There shall be no coinsurance

1 under paragraph (2) with respect to such
2 vaccine.

3 “(iii) NO APPLICATION OF INITIAL
4 COVERAGE LIMIT.—The initial coverage
5 limit under paragraph (3) shall not apply
6 with respect to such vaccine.

7 “(iv) NO COST SHARING ABOVE AN-
8 NUAL OUT-OF-POCKET THRESHOLD.—
9 There shall be no cost sharing under para-
10 graph (4) with respect to such vaccine.

11 “(B) ADULT VACCINES RECOMMENDED BY
12 THE ADVISORY COMMITTEE ON IMMUNIZATION
13 PRACTICES.—For purposes of this paragraph,
14 the term ‘adult vaccine recommended by the
15 Advisory Committee on Immunization Prac-
16 tices’ means a vaccine approved for use by
17 adult populations and in accordance with rec-
18 ommendations of the Advisory Committee on
19 Immunization Practices of the Centers for Dis-
20 ease Control and Prevention.”.

21 (3) CONFORMING AMENDMENTS TO COST SHAR-
22 ING FOR LOW-INCOME INDIVIDUALS.—Section
23 1860D–14(a) of the Social Security Act (42 U.S.C.
24 1395w–114(a)) is amended—

1 (A) in paragraph (1)(D), in each of clauses
 2 (ii) and (iii), by striking “In the case” and in-
 3 serting “Subject to paragraph (6), in the case”;

4 (B) in paragraph (2)—

5 (i) in subparagraph (D), by striking
 6 “The substitution” and inserting “Subject
 7 to paragraph (6), the substitution”; and

8 (ii) in subparagraph (E), by striking
 9 “subsection (c)” and inserting “paragraph
 10 (6) and subsection (c)”; and

11 (C) by adding at the end the following new
 12 paragraph:

13 “(6) NO APPLICATION OF COST SHARING FOR
 14 ADULT VACCINES RECOMMENDED BY THE ADVISORY
 15 COMMITTEE ON IMMUNIZATION PRACTICES.—Con-
 16 sistent with section 1860D–2(b)(8), for plan years
 17 beginning on or after January 1 of the first year be-
 18 ginning more than 60 days after the date of the en-
 19 actment of this paragraph, there shall be no cost
 20 sharing under this section with respect to an adult
 21 vaccine recommended by the Advisory Committee on
 22 Immunization Practices (as defined in subparagraph
 23 (B) of such section).”.

24 (c) STUDY AND REPORT.—

1 (1) STUDY.—The Secretary of Health and
2 Human Services (referred to in this subsection as
3 the “Secretary”), acting through the Director of the
4 Centers for Disease Control and Prevention, and in
5 collaboration with the Administrator of the Centers
6 for Medicare & Medicaid Services, shall conduct a
7 study on the uptake of vaccines among the Medicare
8 beneficiary population, including the herpes zoster
9 vaccine and the tetanus, diphtheria, and pertussis
10 vaccine, and anticipated vaccines against such dis-
11 eases as respiratory syncytial virus, clostridium
12 difficile, and others. Such study shall include an
13 analysis of ways to—

14 (A) increase the baseline target rate of
15 coverage for vaccines recommended by the Advi-
16 sory Committee on Immunization Practices of
17 the Centers for Disease Control and Prevention
18 in the Healthy People 2020 goals;

19 (B) ensure that baseline targets focus on
20 reducing racial and socioeconomic disparities in
21 the vaccine coverage rates for all adult vaccines;

22 (C) help facilitate immunization of Medi-
23 care beneficiaries, by developing and evaluating
24 a specific set of actions that will address physi-
25 cian and health care provider administrative

1 challenges, such as difficulty verifying bene-
2 ficiary coverage and complexity of physician of-
3 fice billing of vaccines covered under Medicare
4 part D, that impact access for beneficiaries;

5 (D) support adoption of the HEDIS adult
6 immunization status composite measure (Tdap,
7 pneumococcal, influenza, and zoster) in order to
8 close gaps in adult immunization performance
9 measurement and incentivize vaccination
10 through adoption of evidence-based measures;
11 and

12 (E) strengthen immunization information
13 systems to allow all States to have electronic
14 databases for immunization records.

15 (2) REPORT.—Not later than 2 years after the
16 date of enactment of this Act, the Secretary shall
17 submit to Congress a report containing the results
18 of the study under paragraph (1), together with rec-
19 ommendations for such legislation and administra-
20 tive action as the Secretary determines appropriate.

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