

Congress of the United States
House of Representatives
Washington, DC 20515-0545

January 11, 2021

Matt Eyles
President and Chief Executive Officer
America's Health Insurance Plans
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South Building, Suite 500
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Mr. Eyles,

We write to you today in hopes that we can work with you and your members, our country's health insurance providers, to guarantee the affordability of vaccines for insured patients. As you are aware, due to an incredible investment of resources and the diligent work of scientists across the globe, we are fortunate to now have two COVID-19 vaccines authorized by the Food and Drug Administration (FDA) for emergency use. It is critical that we deploy these vaccines quickly and effectively to achieve widespread immunity. In order to do this, we need the cooperation of your members. Specifically, we ask that your organization and its membership adopt language that will make it clear that patients will not be responsible for any cost sharing requirements for the administration of the vaccine.

We cannot risk patients receiving surprise bills for vaccine administration. Unfortunately, despite Congress's best efforts to protect against surprise billing for testing and treatment for COVID-19, there has been an endless trickle of stories of patients receiving devastating bills for these services.^{1,2} This deters patients from pursuing the care they need,³ and inhibits the deployment of public health measures to gauge and prevent spread of the virus.⁴ Were cost to become a factor in individual decisions to receive the vaccine, it could slow the spread of the vaccine rollout, placing lives at risk and exacerbating the burden on our health care system.⁵ Insurers can easily

¹ Coronavirus Tests Are Supposed to Be Free. The Surprise Bills Come Anyway, New York Times, Retrieved at: <https://www.nytimes.com/2020/09/09/upshot/coronavirus-surprise-test-fees.html>

² How 'Free' Coronavirus Testing Has Become the New Surprise Medical Bill, Consumer Reports, Retrieved at: <https://www.consumerreports.org/coronavirus/how-free-coronavirus-testing-has-become-new-surprise-medical-bill/>

³ Covid-19: Medical expenses leave many Americans deep in debt, BMJ, Retrieved at: <https://www.bmj.com/content/370/bmj.m3097>

⁴ Worries about medical bills and lost pay may hamper coronavirus efforts in the United States, Washington Post, Retrieved at: https://www.washingtonpost.com/health/worries-about-medical-bills-and-lost-pay-may-hamper-coronavirus-efforts-in-the-united-states/2020/03/02/75825be0-5c9c-11ea-9055-5fa12981bbbf_story.html

⁵ Gaps in Cost Sharing Protections for COVID-19 Testing and Treatment Could Spark Public Concerns About COVID-19 Vaccine Costs, Kaiser Family Foundation, Retrieved at: <https://www.kff.org/health-costs/issue-brief/gaps-in-cost-sharing-protections-for-covid-19-testing-and-treatment-could-spark-public-concerns-about-covid-19-vaccine->

put a stop to this possibility. This is why we are asking you to join us as a partner in the fight to end this pandemic.

Under 42 USC 300gg-13(a), which governs insurance coverage of preventive health services, “A group health plan and a health insurance issuer offering group or individual health insurance coverage shall, at a minimum provide coverage for and shall not impose any cost sharing requirements for . . . (2) immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved.” Rulemaking further clarifies these requirements,⁶ and late last year, the Centers for Medicare and Medicaid Services provided additional guidance expanding on coverage requirements established under Section 3713 of the Coronavirus Aid, Relief, and Economic Security Act (CARES) Act.⁷ However, despite these efforts, we remain concerned that some insurers may circumvent these requirements, as we’ve seen repeatedly with testing and treatment costs. We ask that the following proposed language be adopted by all health plans and sponsors to verify that insurers treat the vaccine as falling within preventive health services provisions, and do not skirt coverage requirements because of the location or timing of the vaccination. As such, we propose the following language to provide additional clarity for American consumers:

“To ensure that as many Americans as possible will be able to receive the COVID-19 vaccine expeditiously and at no cost to them, the COVID-19 vaccine will be deemed to be a preventive health service that falls within 42 USC 300gg-13 and its implementing regulation, 29 CFR 2590.715-2713, such that the vaccine will be provided to insureds without any cost-sharing requirements, such as a copayment, coinsurance, or a deductible. Further, insurers and plan sponsors agree to cover any such vaccine under this provision at any convenient location where such vaccine is available to the public, whether offered by a physician, nurse, or other health care professional, in a physician’s office, a health care center, a pharmacy or otherwise and agree to do so even after the Public Health Emergency has ended and even for those vaccine doses not purchased by the federal government.”

costs/?utm_campaign=KFF-2020-Health-Costs&utm_medium=email&_hsmi=103576058&_hsenc=p2ANqtz--SJW2G5KMJ_MWEKFjhBMc0z8umedlAVT4Ie6mv0yxp6okqFc7RBEEnLVb4oh-Z9UTMi5kOBP0yhfeQOFFKVRf3KDIGmrQ&utm_content=103576058&utm_source=hs_email

⁶ 29 CFR 2590.715-2713(a)(1), which states that “a group health plan, or a health insurance issuer offering group health insurance coverage, must provide coverage for and must not impose any cost-sharing requirements (such as a copayment, coinsurance, or a deductible) for . . . (ii) Immunizations for routine use in children, adolescents, and adults that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved (for this purpose, a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention is considered in effect after it has been adopted by the Director of the Centers for Disease Control and Prevention, and a recommendation is considered to be for routine use if it is listed on the Immunization Schedules of the Centers for Disease Control and Prevention).”

⁷ CMS-9912-IFC IFC-4, Centers for Medicare and Medicaid Services, Retrieved at: <https://www.cms.gov/files/document/covid-vax-ifc-4.pdf>

We thank you in advance for working with us to protect the American people and end this pandemic. If, for any reason, you or your members refuse to adopt these provisions we ask them to provide a detailed explanation as to why they will not include this under their coverage of the vaccine for their beneficiaries. Because of the urgency of this request, we request that you respond by January 25, 2020.

Very Truly Yours,



KATIE PORTER
Member of Congress



ROSA DeLAURO
Member of Congress



JAN SCHAKOWSKY
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LAUREN UNDERWOOD
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