



December 21, 2015

Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-9937-P  
P.O. Box 8016  
Baltimore, MD 21244-8016

**RE: CMS-9937-P Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2017**

To Whom It May Concern:

As participants in the Adult Vaccine Access Coalition (AVAC), we appreciate the opportunity to comment on the HHS Notice of Benefit and Payment Parameters for 2017.

AVAC consists of more than 40 organizational leaders in health and public health that are committed to tackling the range of barriers to adult immunization and to raising awareness of the importance of adult immunization. AVAC works towards common legislative and regulatory solutions that will strengthen and enhance access to adult immunization across the health care system. Our mission is informed by a growing body of scientific and empirical evidence in support of the benefits immunizations provide by improving health, protecting lives against a variety of debilitating and potentially deadly conditions and saving costs to the healthcare system and to society as a whole.

AVAC priorities and objectives are driven by a consensus process with the goal of enabling the range of stakeholders to have a voice in the effort to improve access and utilization of adult immunizations. One of our key coalition priorities is to advocate for policies that will improve access to the full complement of vaccines recommended for adults by the Advisory Committee on Immunization Practices (ACIP).

The Affordable Care Act (ACA) enacted a set of reforms requiring health plans to cover vaccines recommended by ACIP without any cost-sharing requirements when provided by an in-network provider. This provides an opportunity for adults

ages 19 years and older who are enrolled in a group or individual private health plan to fully access recommended vaccinations such as Hepatitis A, Hepatitis B, Herpes Zoster, Human Papillomavirus vaccine, Influenza, Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis, and Varicella.

As important to covering immunizations without any cost-sharing requirements, is ensuring that a robust network of community providers who are qualified to administer vaccines to adult populations is available and accessible. Vaccines are a consistently underutilized yet valuable prevention tool. Despite efforts to expand access to the range of preventive services with no cost sharing to patients, adult immunization rates continue to lag far behind Healthy People 2020 goals. These disparities are even more pronounced with you consider at-risk populations, including seniors, communities of color, limited English proficient persons and people with chronic illness.

Essential Community Providers (ECPs), §156.235:

AVAC believes that HHS has an opportunity and a duty to ensure that adult populations have access to primary care providers and pharmacists who are considered by qualified health plans (QHPs) to be essential community providers for the purposes of vaccine information, education and administration. If health care consumers are to truly take advantage of the range of covered preventive health services that are available to them with no out of pocket cost, ECPs must be accessible within their communities. Health promotion and disease prevention efforts focused on encouraging broad based immunization against a range of vaccine preventable conditions, including influenza, pneumococcal, tetanus, shingles and hepatitis fall short when QHPs offer insufficient networks of participating practitioners serving as community immunizers to carry out this important work. **AVAC urges HHS to consider disaggregating certain ECP categories in the 2017 benefit year to ensure better access to a range of providers licensed to provide immunization information, education and administration services within each plan's service area.**

Network Adequacy, §156.230:

Section 1311 (c)(1)(B) of the Affordable Care Act also established minimum criteria and standards for determining provider network adequacy for health plan qualification as a qualified health plan (QHP). **AVAC urges HHS to include the range of health care professionals in the community who serve as immunizers (primary care providers and community pharmacists) to be included as a metric used to measure provider network adequacy for plans seeking to be considered as a QHP on the Health Insurance Exchanges. It is essential that HHS closely monitor the availability of this essential preventive service in communities across the country.**

Thank you for the opportunity to offer our perspective on this proposed rule. Please contact the AVAC Coalition Manager (202) 540-1070 or [info@adultvaccinesnow.org](mailto:info@adultvaccinesnow.org) if you wish to discuss our comments or adult immunization issues.

Sincerely,

Asian and Pacific Islander American Health Forum  
Immunization Action Coalition  
National Association of County and City Health Officials  
Pfizer  
Sanofi  
The Gerontological Society of America  
Trust for America's Health