

116TH CONGRESS  
1ST SESSION

# S. 1872

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.

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## IN THE SENATE OF THE UNITED STATES

JUNE 13, 2019

Ms. HIRONO (for herself, Mrs. CAPITO, and Mr. WHITEHOUSE) introduced the following bill; which was read twice and referred to the Committee on Finance

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## 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,*

3 **SECTION 1. SHORT TITLE.**

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

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

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

7 (2) Vaccines play an essential role in preventing  
8 disease, thereby helping to keep older adults active  
9 and independent.

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

14 (A) influenza;

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

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

17 (D) herpes zoster (shingles);

18 (E) human papillomavirus (HPV);

19 (F) pneumococcal;

20 (G) hepatitis A;

21 (H) hepatitis B; and

22 (I) meningococcal.

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

25 (5) Although immunizations are lifesaving and  
26 cost-effective interventions, adult vaccination rates

1 in the United States remain below Federal Healthy  
2 People benchmarks.

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

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

16 (8) The Advisory Committee on Immunization  
17 Practices of the Centers for Disease Control and  
18 Prevention recommends the Tdap vaccine should be  
19 administered every 10 years for all ages. According  
20 to the Centers for Disease Control and Prevention  
21 Surveillance of Vaccination Coverage Among Adults  
22 in the United States, National Health Interview Sur-  
23 vey, 2016, vaccination rates remain low for tetanus  
24 and diphtheria (Td) and tetanus and diphtheria with

1        acellular pertussis (Tdap) for adults age 65 and  
2        older, at 58 percent and 20 percent respectively.

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

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

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

22           (12) A 2018 study of Tdap and shingles vaccine  
23       claims in Medicare part D demonstrated that higher  
24       out-of-pocket cost sharing was associated with high-  
25       er rates of cancelled vaccination claims, suggesting

1 vaccination was abandoned. In this study, cost shar-  
 2 ing of \$51 or greater was associated with a 2 to 2.7-  
 3 times greater rate of cancelled vaccination claims  
 4 compared with \$0 cost sharing.

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

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

16 (a) PROVISION OF INFORMATION REGARDING VAC-  
 17 CINES FOR SENIORS AS PART OF MEDICARE & YOU  
 18 HANDBOOK.—

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

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

1 (B) by adding at the end the following new  
 2 subsection:

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

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

15 (b) COVERAGE OF ADULT VACCINES RECOMMENDED  
 16 BY THE ADVISORY COMMITTEE ON IMMUNIZATION PRAC-  
 17 TICES UNDER MEDICARE PART D.—

18 (1) PROVISION OF EDUCATIONAL MATERIALS  
 19 REGARDING THE AVAILABILITY OF ADULT VACCINES  
 20 RECOMMENDED BY THE ADVISORY COMMITTEE ON  
 21 IMMUNIZATION PRACTICES WITH NO COST SHAR-  
 22 ING.—Section 1860D-4(a)(1)(B) of the Social Secu-  
 23 rity Act (42 U.S.C. 1395w-104(a)(1)(B)) is amend-  
 24 ed by adding at the end the following new clause:

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

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

14                 (A) in paragraph (1)(A), by striking “the  
15                 coverage” and inserting “Subject to paragraph  
16                 (8), the coverage”;

17                 (B) in paragraph (2)(A), by striking “and  
18                 (D)” and inserting “and (D) and paragraph  
19                 (8)”;

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

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

1 (E) by adding at the end the following new  
2 paragraph:

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

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

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

20 “(ii) NO APPLICATION OF COINSUR-  
21 ANCE.—There shall be no coinsurance  
22 under paragraph (2) with respect to such  
23 vaccine.

24 “(iii) NO APPLICATION OF INITIAL  
25 COVERAGE LIMIT.—The initial coverage



1           limit under paragraph (3) shall not apply  
2           with respect to such vaccine.

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

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

17          (3) CONFORMING AMENDMENTS TO COST SHAR-  
18          ING FOR LOW-INCOME INDIVIDUALS.—Section  
19          1860D–14(a) of the Social Security Act (42 U.S.C.  
20          1395w–114(a)) is amended—

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

24                 (B) in paragraph (2)—

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

4 (ii) in subparagraph (E), by striking  
5 “subsection (c)” and inserting “paragraph  
6 (6) and subsection (c)”; and

7 (C) by adding at the end the following new  
8 paragraph:

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

20 (c) STUDY AND REPORT.—

21 (1) STUDY.—The Secretary of Health and  
22 Human Services (referred to in this subsection as  
23 the “Secretary”), acting through the Director of the  
24 Centers for Disease Control and Prevention, and in  
25 collaboration with the Administrator of the Centers

1 for Medicare & Medicaid Services, shall conduct a  
2 study on the uptake of vaccines among the Medicare  
3 beneficiary population, including the herpes zoster  
4 vaccine and the tetanus, diphtheria, and pertussis  
5 vaccine, and anticipated vaccines against such dis-  
6 eases as respiratory syncytial virus, clostridium  
7 difficile, and others. Such study shall include an  
8 analysis of ways to—

9 (A) increase the baseline target rate of  
10 coverage for vaccines recommended by the Advi-  
11 sory Committee on Immunization Practices of  
12 the Centers for Disease Control and Prevention  
13 in the Healthy People 2020 goals;

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

17 (C) help facilitate immunization of Medi-  
18 care beneficiaries, by developing and evaluating  
19 a specific set of actions that will address physi-  
20 cian and health care provider administrative  
21 challenges, such as difficulty verifying bene-  
22 ficiary coverage and complexity of physician of-  
23 fice billing of vaccines covered under Medicare  
24 part D, that impact access for beneficiaries;

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

8           (E) strengthen immunization information  
9 systems to allow all States to have electronic  
10 databases for immunization records.

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

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