Resolution: 128
(A-22)

Introduced by: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont

Subject: Improving Access to Vaccinations for Patients

Referred to: Reference Committee A

Whereas, Over the past two years a new shingles vaccine, Shingrix, has become available. However, that vaccine is only reimbursed under Medicare Part D, which does not pay for office-based treatment. It remains unclear why that decision was made as the previous shingles vaccine, Zostavax, was covered in an office-based practice (Medicare Part B); and

Whereas, Medicare does cover other vaccines (influenza, both pneumococcal vaccines and Td) in the office; and

Whereas, Commercial insurers in Massachusetts, unlike Medicare, cover this vaccine in an office-based practice as they do with other vaccines; and

Whereas, This policy of the Centers for Medicaid and Medicare Services (not to cover in-office administration of the Shingrix vaccine) encourages our patients to forego the convenience of having their vaccine while being present for an office visit. They must travel to the pharmacy to obtain the vaccine; and

Whereas, It is generally acknowledged that patients are much more likely to accept a treatment as part of a meeting with their health care provider than if they have to make a separate trip to access the treatment, such that deferring the vaccination lessens the likelihood that the patient will receive it; and

Whereas, It is important to improve our patients access to this vaccine; therefore be it

RESOLVED, That our American Medical Association encourage all payors, including the Centers for Medicare and Medicaid Services, to fully cover the cost of product, handling and administration, without cost sharing, all vaccines recommended by the Centers for Disease Control and Prevention, at patient’s preferred site of care including when administered in the physician office. (Directive to Take Action)

Fiscal Note: Not yet determined

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