

115TH CONGRESS
1ST SESSION

S. 2103

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 SENATE OF THE UNITED STATES

NOVEMBER 8, 2017

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

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 2017”.

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

3 (1) Herpes zoster, also known as shingles, is
4 caused by the reactivation of the varicella-zoster
5 virus that causes chickenpox in childhood. The virus
6 can reactivate later in life, resulting in a painful,
7 itchy rash that can persist for weeks, months, or
8 years. Not only does the risk of herpes zoster itself
9 increase with age, but, among individuals who expe-
10 rience herpes zoster, older individuals are much
11 more likely to experience postherpetic neuralgia non-
12 pain complications, hospitalizations, and interference
13 with activities of daily living, such as eating, dress-
14 ing, and bathing.

15 (2) Postherpetic neuralgia, a complication of
16 shingles, occurs rarely among individuals under age
17 40 but can occur in up to $\frac{1}{3}$ of untreated individ-
18 uals age 60 and older.

19 (3) The Food and Drug Administration ap-
20 proved the herpes zoster vaccine for individuals age
21 50 and older. The Advisory Committee on Immuni-
22 zation Practices presently recommends the herpes
23 zoster vaccine for all individuals age 60 and older.

24 (4) The Healthy People 2020 target baseline
25 for the herpes zoster vaccine is 30 percent coverage
26 for individuals age 60 and over. This benchmark is

1 unfortunately low compared to that of other adult
2 vaccines such as influenza (70 percent) and pneumo-
3 coccal disease (60 percent). Even at such a low tar-
4 get, the coverage rate is not being met. The Centers
5 for Disease Control and Prevention reported that in
6 2014, only 28 percent of adults age 60 and older re-
7 ported receiving the herpes zoster vaccine.

8 (5) According to the 2014 National Health
9 Interview Survey of the Centers for Disease Control
10 and Prevention, vaccination rates for adults are 20
11 percent for Tetanus, Diphtheria, and Pertussis, 28
12 percent for shingles, 24 percent for Hepatitis B, and
13 61 percent for pneumonia. There are also disparities
14 across adult vaccination rates. Adult immunization
15 rates are generally lower among Hispanics, African
16 Americans, and Asians.

17 (6) Medicare coverage for the herpes zoster vac-
18 cine under the Prescription Drug Program under
19 part D of title XVIII of the Social Security Act has
20 resulted in many barriers to optimal and consistent
21 uptake to prevent shingles and its costly and painful
22 complications.

23 (7) Lack of awareness and logistical and finan-
24 cial challenges are the most often cited reasons for

1 Medicare beneficiaries not being immunized against
2 the varicella-zoster virus.

3 (8) Herpes zoster is estimated to account for
4 more than 87,000 emergency room visits and 28,000
5 inpatient admissions each year. Average costs across
6 the episode of care were \$1,835 and \$14,428 per pa-
7 tient in the outpatient and inpatient settings, respec-
8 tively.

9 **SEC. 3. PROVISION OF INFORMATION REGARDING VAC-**
10 **CINES FOR SENIORS AS PART OF MEDICARE**
11 **& YOU HANDBOOK AND COVERAGE OF THE**
12 **SHINGLES VACCINE UNDER MEDICARE PART**
13 **D.**

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

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

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

23 (B) by adding at the end the following new
24 subsection:

1 “(d) The notice provided under subsection (a) shall
 2 include information with respect to vaccines for seniors,
 3 including information with respect to coverage of the shin-
 4 gles vaccine under part D for individuals enrolled in a pre-
 5 scription drug plan under such part.”.

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

11 (b) COVERAGE OF THE SHINGLES VACCINE UNDER
 12 MEDICARE PART D.—

13 (1) PROVISION OF EDUCATIONAL MATERIALS
 14 REGARDING THE AVAILABILITY OF ACIP-REC-
 15 OMMENDED HERPES VACCINE WITH NO COST SHAR-
 16 ING.—Section 1860D–4(a)(1)(B) of the Social Secu-
 17 rity Act (42 U.S.C. 1395w–104(a)(1)(B)) is amend-
 18 ed by adding at the end the following new clause:

19 “(v) For plan years beginning on or
 20 after January 1 of the first year beginning
 21 more than 60 days after the date of the
 22 enactment of this clause, information re-
 23 garding access to the shingles vaccines
 24 with no cost sharing under the plan.”.

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

6 (A) in paragraph (1)(A), by striking “the
 7 coverage” and inserting “Subject to paragraph
 8 (8), the coverage”;

9 (B) in paragraph (2)(A), by striking “and
 10 (D)” and inserting “and (D) and paragraph
 11 (8)”;

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

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

17 (E) by adding at the end the following new
 18 paragraph:

19 “(8) TREATMENT OF COST SHARING FOR SHIN-
 20 GLES VACCINE CONSISTENT WITH TREATMENT OF
 21 VACCINES UNDER PART B.—For plan years begin-
 22 ning on or after January 1 of the first year begin-
 23 ning more than 60 days after the date of the enact-
 24 ment of this paragraph:

1 “(A) NO APPLICATION OF DEDUCTIBLE.—
 2 The deductible under paragraph (1) shall not
 3 apply with respect to the shingles vaccine.

4 “(B) NO APPLICATION OF COINSUR-
 5 ANCE.—There shall be no coinsurance under
 6 paragraph (2) with respect to the shingles vac-
 7 cine.

8 “(C) NO APPLICATION OF INITIAL COV-
 9 ERAGE LIMIT.—The initial coverage limit under
 10 paragraph (3) shall not apply with respect to
 11 the shingles vaccine.

12 “(D) NO COST SHARING ABOVE ANNUAL
 13 OUT-OF-POCKET THRESHOLD.—There shall be
 14 no cost sharing under paragraph (4) with re-
 15 spect to the shingles vaccine.”.

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

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

23 (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 SHINGLES VACCINE.—Consistent with section
 11 1860D–2(b)(8), for plan years beginning on or after
 12 January 1 of the first year beginning more than 60
 13 days after the date of the enactment of this para-
 14 graph, there shall be no cost sharing under this sec-
 15 tion with respect to the shingles vaccine.”.

16 (c) STUDY AND REPORT.—

17 (1) STUDY.—The Secretary of Health and
 18 Human Services (referred to in this subsection as
 19 the “Secretary”), acting through the Director of the
 20 Centers for Disease Control and Prevention, in col-
 21 laboration with the Administrator of the Centers for
 22 Medicare & Medicaid Services, shall conduct a study
 23 on the uptake of vaccines, including the herpes
 24 zoster vaccine and the tetanus, diphtheria, and per-
 25 tussis vaccine, and anticipated vaccines against such

1 diseases as respiratory syncytial virus, clostridium
2 difficile, and others. Such study shall include an
3 analysis of ways to—

4 (A) increase the baseline target rate of
5 coverage for currently recommended vaccines,
6 such as herpes zoster vaccine coverage in the
7 Healthy People 2030 goals;

8 (B) ensure that the baseline target focuses
9 on reducing racial and socio-economic dispari-
10 ties in the vaccine coverage rates for all adult
11 vaccines, including the herpes zoster vaccine;
12 and

13 (C) help facilitate vaccination for Medicare
14 beneficiaries for vaccines recommended by the
15 Centers for Disease Control and Prevention
16 both currently and in the future, by developing
17 and evaluating a specific set of actions that will
18 address physician and health care provider ad-
19 ministrative challenges, such as difficulty
20 verifying beneficiary coverage and complexity of
21 physician office billing of vaccines covered
22 under Medicare part D, that impact access for
23 beneficiaries.

24 (2) REPORT.—Not later than 2 years after the
25 date of enactment of this Act, the Secretary shall

1 submit to Congress a report containing the results
2 of the study under paragraph (1), together with rec-
3 ommendations for such legislation and administra-
4 tive action as the Secretary determines appropriate.

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