

# **Challenges and Opportunities to Changing the Adult Vaccination Landscape**



**SARA ROSENBAUM  
HAROLD AND JANE HIRSH PROFESSOR  
HEALTH LAW AND POLICY**

**THE GEORGE WASHINGTON UNIVERSITY  
SCHOOL OF PUBLIC HEALTH  
AND HEALTH SERVICES**

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# Immunization Adult Coverage Markets, Post-ACA

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1. **Medicaid**
  - Traditional
  - Alternative Health Benefit Plans
2. **Medicare**
3. **Large Employer-Sponsored Self-Insured Health Plans**
  - Non-Grandfathered
  - Grandfathered
4. **Qualified Health Plans Sold in Health Insurance Marketplaces**
  - Individual
  - SHOP
5. **Non-Exchange Individual and Group Markets**
  - Individual
  - Small Groups
  - Large Groups
  - Grandfathered insured plans
6. **The Uninsured**

# The ACA Immunization Coverage Standard

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- **ACA sets an immunization coverage standard, consisting of ACIP recommended immunizations without cost-sharing (PPACA section 1001)**
- **This coverage standard extends to most but not all post-ACA coverage markets**
  - Applies to all individual and group (regardless of size) fully insured health plans (PPACA section 1001)
  - Applies to self-insured ERISA plans (PPACA section 1563) and to self-insured public plans
  - Applies to essential health benefits package required of all individual and small group health plans (100 or fewer) sold in both Exchange and non-Exchange markets (PPACA section 1302)
  - Applies to all Medicaid “alternative benefit plans” (PPACA section 2001)
  - Not applicable to “traditional” Medicaid coverage
  - Not applicable to “grandfathered” health plans (PPACA section 2001)
  - Not applicable to Medicare, which is governed by separate provisions of law
- **ACA does not address what happens to the uninsured**

# Fully Insured Group and Individual Markets

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- **All non-grandfathered insured health plans (including ERISA-governed plans) subject to the ACA immunization standard**
  - No size limitation on fully insured group plans
  - Grandfathered fully insured plans are exempt
    - ✦ Grandfathered status lost as a result in significant changes in premiums as well as benefit and cost-sharing design (Tri-Agency rules)
  - Requirement also extends to the self-insured public plan market, which is an ERISA-exempt market
  - About 40 percent of workers with employer health plan coverage work for firms whose plans are fully insured plans (Center for Studying Health Systems Change)

# Self-Insured ERISA-Governed Health Plans

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- **Subject to the ACA immunization standard unless grandfathered**
- **60 percent of workers with coverage through an employer-sponsored plan are in self-insured plans**

# Insurance Markets Subject to the Full Essential Health Benefits Requirement

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- **Essential health benefit requirements**
  - Incorporate the section 1001 immunization requirements
  - Extend to all health plans sold in the individual and small group markets (100 and fewer), inside and outside Exchanges
  - Apply to all qualified health plans (QHPs) sold in health insurance marketplaces (Exchanges)
    - ✦ Individual health plans – individual premium tax credits and cost sharing assistance available
    - ✦ SHOP plans
  - Grandfathered individual and small group plans exempt from essential health benefits requirements

# Medicaid – Traditional Adults

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- **Traditional non-elderly adult beneficiaries (18 and older, ~ 20 million non-elderly people)**
  - Consist of pregnant women, parents/caretakers of dependent children, low income parents, working age adults with disabilities
  - Not protected by the ACA immunization coverage requirement or by its cost-sharing provisions
  - ACA does include modest state incentive (1% FMAP increase) for coverage of optional preventive services.
    - ✦ But immunizations remain an optional preventive service for adults
    - ✦ Kaiser Family Foundation shows variation in state coverage of ACIP-recommended immunizations for adults, with nearly all covering Hepatitis A, Hepatitis B, Meningococcal, and Pneumococcal in 2011.

# Medicaid – Newly Eligible Adults

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- ~ 15 million people
- Actual numbers expected to be lower as a result of *NFIB v Sebelius* which permits states to opt out of new coverage group
- Entitled to “alternative benefit plan” coverage which includes the ACA’s immunization coverage standard

# Medicare

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- **Part B**
  - Influenza, pneumonia, hepatitis B, tetanus, rabies
- **Part D**
  - Other approved vaccines
- **Medicare not subject to the ACA immunization coverage standard's ban on cost-sharing (deductibles and coinsurance) for recommended immunizations. Deductibles and cost-sharing vary.**

# The Uninsured

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- **Roughly 25 million following full implementation**
  - Low income (<100% FPL) non-elderly adult citizens in states that opt out of the Medicaid expansion
  - Individuals who lack access to affordable coverage
    - ✦ Group includes uninsured spouses and children of workers with access to affordable employer sponsored self-only coverage. Employers do not have to subsidize dependent coverage; spouses and dependents barred from premium and cost sharing assistance through health insurance marketplaces
  - Individuals who receive hardship exemptions
  - Individuals who experience breaks in coverage because of market transitions
  - Undocumented persons

# Key Issues

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- Outreach to populations protected by the ACA's coverage guarantees
- Provider outreach regarding coverage and payment
- Health plan innovations that reflect lessons from the VFC program as they relate to vaccine replacement and direct supply
- Emphasis on adult immunizations (both routine and where clinically recommended) as performance measurement
- Emphasis on provider immunization incentives in payment reform
- Emphasis on immunization in efforts to incentivize health information exchange
- Medicare and Medicaid traditional adult immunization coverage policies remain challenging
- Support for the uninsured: CDC grants, funding through other PHSA programs (e.g., health centers, Title X) and a potential focus nonprofit hospital community benefit investments required under the Internal Revenue Code as a condition of federal tax exemption