



Medicare Part B Coverage of Vaccines Talking Points

- Older Americans are more at risk for infectious diseases and serious complications that can be prevented by vaccines.
- However, despite vaccinations being one of the most cost-effective public health measures, a significant number of adults in America remain unvaccinated for common preventable illnesses.
- Medicare's current approach of splitting vaccine coverage between Parts B and D is contributing to this low uptake and preventing many seniors from accessing all recommended vaccines from their family physician.
 - Part B currently covers vaccines for influenza, pneumococcal, COVID-19, and hepatitis B. All other recommended vaccines (shingles, RSV, Tdap, etc.) are only covered under Part D (shingles, RSV, Tdap, etc.), which only pharmacies can easily bill.
 - Approximately 8.5 million Medicare enrollees do not have Part D coverage, and thus are left without affordable access to those vaccines.
 - This system creates confusion for me and my patients. *[share your patient stories here!]*
- While the Inflation Reduction Act eliminated patient cost-sharing for ACIP-recommended immunizations covered under Part D, physicians are not able to easily bill for (and therefore provide) vaccines only covered by Part D.
- Therefore, many practices don't stock these vaccines. Instead, we refer patients to pharmacies.
 - Patients then must identify and make a separate appointment at an in-network pharmacy to get vaccinated.
 - Naturally, many people cannot or are not going to do that. Nor are they going to pay high, unexpected out-of-pocket costs for vaccines.
- When beneficiaries encounter these barriers, they are much less likely to follow through in receiving vaccines, and in turn, many are left vulnerable. This ultimately increases health care costs rise due to having to treat vaccine-preventable illnesses.
- **This is why we're strongly advocating for legislation that would require Part B coverage of all ACIP-recommended vaccines so family physicians can easily administer them to Medicare patients in their offices, in a single visit.**
 - In the 117th Congress, legislation to do this ([H.R. 6007](#)) was introduced by Representatives John Joyce (R-PA) and Tom O'Halleran (formerly D-AZ).