healthy women

January 30, 2024

To: Daniel Tsai
Deputy Administrator and Director
Center for Medicaid and CHIP Services (CMCS)

Mary Beth Hance
Senior Policy Advisor, Division of Quality, Evaluations and Health Outcomes
Children and Adults Health Programs Group
Center for Medicaid and CHIP Services (CMCS)

Cc: Melinda Wharton, MD, MPH
Associate Director for Vaccine Policy
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention

Demetre Daskalakis, MD, MPH
Director, National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention

SUBJ: Request to Clarify Continued Coverage for Maternal RSV Vaccination

Dear Mr. Tsai and Ms. Hance,

As organizations with a history of advocating for the safe and effective use of recommended vaccines during pregnancy, and appreciating our shared goal of keeping babies healthy, we are writing the Center for Medicaid and CHIP Services (CMCS) to confirm clarifying information related to the reimbursement of new respiratory syncytial virus (RSV) prevention tools.

Given this is the first respiratory season that RSV immunization options have been approved for seasonal use, we want to confirm that if a pregnant individual within 32-36 weeks' gestation receives the RSVpreF (Abrysvo) vaccine after January 31, 2024, the vaccine will remain covered without cost-sharing, as required for all ACIP-recommended vaccines for adults enrolled in Medicaid.[1] Additionally, we seek clarification that provider reimbursement will remain consistent for administration of the RSVpreF vaccine after January 31, 2024.

This information would be welcomed, especially when considering CDC's *Clinician Outreach and Communication Activity (COCA) Now* from January 26, 2024, which

[1] Section 11405 of the Inflation Reduction Act (IRA)

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noted that U.S. jurisdictions that have different RSV seasonality "may consider RSV vaccination of pregnant people after January 31," but that "**healthcare providers who administer the RSV vaccine to pregnant people after January 31 should encourage patients to check with their insurance plans on coverage details**, as coverage and cost-sharing by private insurance plans may vary after January 31. Providers should consider submitting an insurance test claim to estimate out-of-pocket costs."[i]

Recognizing your critical role in providing coverage for people with low incomes, we seek a better understanding of continuity of coverage for Medicaid recipients within these circumstances, especially since health insurance coverage is a strong predictor of vaccine uptake during pregnancy.[ii] The CDC notes that the goal of maternal RSV vaccination is to protect babies from getting very sick with RSV during their first RSV season and "in most of the continental United States, this means maternal RSV vaccine will be given in September through January." However, as the CDC has noted, "in most regions of the U.S., RSV season starts in the fall and peaks in the winter, but the timing and severity of RSV season can vary from place to place and year to year. RSV season is likely to be different for people living in Alaska, parts of Florida, Hawaii, Puerto Rico, U.S. Virgin Islands, Guam, and the U.S.-affiliated Pacific Islands."[iii]

Guidance on the CDC website related to RSV vaccination during pregnancy states, "If you live in Alaska, Florida, or outside the continental U.S., talk to your healthcare provider about when RSV season is expected where you live, so that your infant can be protected against RSV disease."[iv] In jurisdictions with RSV seasonality that differs from most of the continental United States, the CDC suggests that "providers should follow state, local, or territorial guidance on timing of maternal RSVpreF vaccination" and that "even if vaccination occurs after January 31st, the dose is considered valid." Further, "administration after January 31st is not considered a vaccine administration error" and "the recommendation to administer maternal RSVpreF vaccination during September through January in most of the continental United States is meant to maximize cost-effectiveness and benefits."[v]

We would like to thank you for your important role in providing affordable coverage and better continuity of care for millions of U.S. families. Given the time-sensitive nature of this information, we look forward to your response. If we can provide additional background related to this request, please contact Martha Nolan at martha@healthywomen.org.

Respectfully,
The undersigned organizations

[i] https://emergency.cdc.gov/newsletters/coca/2024/012624.html
[ii] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8117778
[iii] https://www.cdc.gov/vaccines/vpd/rsv/public/pregnancy.html
[iv] https://www.cdc.gov/vaccines/vpd/rsv/public/pregnancy.html
[v] https://www.cdc.gov/vaccines/vpd/rsv/hcp/pregnant-people-faqs.html