



March 13, 2026

Mehmet Oz, MD
Administrator
Centers for Medicare & Medicaid Services,
Department of Health and Human Services,
Attention: CMS-9883-P, P.O. Box 8016,
Baltimore, MD 21244-8016.

RE: Patient Protection and Affordable Care Act, HHS Notice of Benefit and Payment Parameters for 2027; and Basic Health Program

Dear Administrator Oz:

As members of the Adult Vaccine Access Coalition (AVAC), we appreciate the opportunity to comment on the Patient Protection and Affordable Care Act, HHS Notice of Benefit and Payment Parameters for 2027; and Basic Health Program.

Specifically, we ask CMS to:

- Support the development of guidelines to ensure that consumers with catastrophic plans have access to important preventive services prior to satisfaction of the plan's deductible and prior to satisfying the plan's cost-sharing limitation, as specified in section 2713 of the PHS Act.
- Consider disaggregating certain Essential Community Providers (ECP) categories in the upcoming benefit year to ensure better access to a range of providers licensed to provide immunization information, education and administration services within each plan service area.
- Include the range of health care professionals in the community who serve as immunizers as a metric used to measure provider network adequacy for plans seeking to be considered as a QHP on the Health Insurance Exchanges.
- Include updated plan guidance and materials to clarify that all vaccines with a recommendation from ACIP with respect to the individual involved, including vaccines recommended for travel and some specific groups listed on the CDC website, are considered part of the immunization schedule and must be covered by plans without patient cost-sharing.



- Consider enabling enrollees who submit direct member reimbursement (DMR) requests for immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention with respect to the individual that were accessed at either out-of-network pharmacies or providers, or at in-network pharmacies or providers to receive the benefit with no added cost sharing.
- Encourage plans to avoid utilization management strategies that hinder a provider or pharmacy's ability to choose to stock and offer vaccines.

AVAC's broad membership consists of over eighty organizational leaders in health and public health committed to raising awareness of the importance of adult immunization and to addressing the range of barriers to access. AVAC works towards common legislative and regulatory solutions that will help strengthen and enhance access to adult immunization across the health care system. Our priorities and objectives are driven by a consensus process with the goal of enabling the range of stakeholders to have a voice in the effort to improve access and utilization of adult immunizations.

Vaccination is a high value health intervention that is central to disease prevention and protecting the overall health and wellbeing of older adults as well as individuals with chronic conditions. Vaccines have a demonstrated track record of success as a cost-effective means of reducing disease burden and saving lives.

Despite the long and well-known benefits of immunizations, tens of thousands of adults die each year from vaccine-preventable diseases. Millions more adults suffer from the effects of vaccine-preventable illnesses, causing them to miss work and leaving some unable to care for those who depend on them. Avoidable illness costs individuals, families, communities and our nation in numerous ways – not only in terms of lives lost and a deterioration in quality of life and increased disability for older adults, but it also costs individuals, families and our health care system and economy billions of dollars in avoidable indirect costs and lost productivity.¹

It is essential to support a robust network of community qualified providers that is available and accessible to offer and administer vaccines. Vaccines are not equally

¹ <https://adultvaccinesnow.org/resources/influenzas-economic-burden-and-the-impact-of-adult-vaccination/>



available across communities, and as such, remain a consistently underutilized, yet valuable prevention tool. It is vital that HHS provide simple and clear guidance on immunization coverage to plans, their enrollees, as well as the range of providers who serve them.

Catastrophic Plan Coverage of Preventive Services

AVAC supports the development of guidelines to ensure that consumers with catastrophic plans have access to important preventive services as specified in section 2713 of the PHS Act. Specifically, section 1302(e)(1)(B) of the Affordable Care Act requires catastrophic health plans to provide certain benefits pre-deductible, including: 2) immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual. Encouraging catastrophic plans to design health coverage for preventive services that provide value to consumers and drive plan issuers to invest in the long-term health and well-being of enrollees will improve access and utilization of preventive services such as vaccines and increase enrollee plan satisfaction.

Essential Community Providers (ECPs)

HHS has an opportunity and a duty to ensure that adult populations have access to primary care providers and pharmacists who are considered by qualified health plans (QHPs) to be essential community providers for the purposes of vaccine information, education and administration. For health care consumers to be fully informed as to the range of covered preventive health services that are available to them with no out of pocket cost, ECPs must be accessible within their communities. Health and wellness efforts focused on preventing disease and improving overall health fall short when QHPs offer insufficient networks of participating practitioners who serve as community health educators. AVAC urges HHS to consider disaggregating certain ECP categories in the upcoming benefit year to ensure better access to a range of providers licensed to provide immunization information, education and administration services within each plan's service area.

Network Adequacy

Section 1311 (c)(1)(B) of the Affordable Care Act established minimum criteria and standards for determining provider network adequacy for health plan qualification as a qualified health plan (QHP). AVAC urges HHS to include the range of health care



professionals in the community who serve as immunizers as a metric used to measure provider network adequacy for plans seeking to be considered as a QHP on the Health Insurance Exchanges. It is also essential that HHS closely monitor the availability of essential providers in communities across the country to ensure access to vaccines is available to those who want them.

Vaccine Coverage

Health care consumers should have access to the full range of vaccines with a recommendation from ACIP with respect to the individual involved in accordance with federal statutory requirements set forth in Section 2713 of the PHS Act. AVAC encourages HHS to include in the Notice of Benefits and Parameters for 2027 updated plan guidance and materials to clarify that all vaccines with a recommendation from ACIP with respect to the individual involved, including vaccines recommended for travel and some specific groups listed on the CDC website, are considered part of the immunization schedule and must be covered by plans without patient cost-sharing.

Direct Member Reimbursement (DMR) Requests

AVAC would encourage HHS to consider a proposal to enable enrollees who submit direct member reimbursement (DMR) requests for immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention with respect to the individual that were accessed at either out-of-network pharmacies or providers, or at in-network pharmacies or providers, that are otherwise a covered benefit to receive them with no added cost sharing.

We would further urge HHS to require plans to reimburse the enrollee for the full cash price paid to the pharmacy or provider for an immunization that has in effect a recommendation from the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention with respect to the individual in instances where there is a potential difference between the cash price and plan allowance for DMRs.

Utilization Management

Lastly, AVAC urges HHS to encourage plans to avoid utilization management strategies (for example, prior authorization) that would otherwise hinder a provider or pharmacy's ability to choose to stock and offer vaccines that best serve the needs of their patients. For instance, a provider will want to ensure they are carrying vaccines that meet the clinical



needs a beneficiary, based on their age and any potential health conditions. The employment of utilization management strategies across different plans can complicate and add unnecessary costs to providers who wish to stock and offer vaccines to beneficiaries.

Again, thank you for the opportunity to share these views.