Re: Revised Managed Care Plan Network Adequacy Model Act (#74)

Dear Ms. Matthews:

We, the undersigned organizations, appreciate this opportunity to submit comments on the National Association of Insurance Commissioners’ (NAIC’s) revised draft of the Managed Care Plan Network Adequacy Model Act #74 (“Model Law”), dated November 12, 2014. The Model Law makes great strides toward ensuring network adequacy generally. Nevertheless, we believe the Model Law can be further strengthened to meet its goal of assuring “the adequacy, accessibility and quality of health care services offered.”

As acknowledged by the National Vaccine Advisory Committee (NVAC) in the updated Standards for Adult Immunization Practice, “there is an increased recognition of community vaccinators and pharmacists as integral to achieving higher adult vaccination rates.”\(^1\) We strongly urge the NAIC Network Adequacy Model Review (B) Subgroup to add language to the Model Act specifying that managed care plans should include all types of immunizers in their provider networks, as expanded access to immunization services will improve vaccination rates and thereby reduce morbidity, mortality, and overall medical care costs for enrollees.

I. Redline Edit

We respectfully request that the Subgroup include the following language in Section 5 of the Model Act specifying that health carriers include community immunizers in their provider networks as a means to ensure broad access to this critical preventive service. The rationale for the addition of this language is detailed in section II of this letter.

“(D) (3) Community providers, such as health departments, pharmacies, and school-based clinics, can act as safety net providers to improve access to certain preventive services, including vaccinations. Health carriers should offer in-network status to such community providers in order to ensure reasonable and adequate access to preventive care for covered persons.”

II. Rationale

One of the most important provisions of the Affordable Care Act was the establishment of the “immunization coverage standard,” which requires plans to cover immunizations recommended by the Centers for Disease Control and

Prevention’s (CDC’s) Advisory Committee on Immunization Practices (ACIP) without cost-sharing when administered by an in-network provider.

Immunization services have a unique set of providers. In addition to traditional immunizers, such as pediatricians and other primary care providers, complementary community immunizers—pharmacists, public health department clinicians, school-based clinicians, and other community providers operating within their state scope of practice laws—administer many vaccines.

It has been observed that complementary immunizers are currently being excluded from provider networks across the country, and therefore, access is compromised. For instance, school-based clinics in Carson City, Nevada have been excluded from the network of a major health insurer. Similarly, two insurers will not contract with the School-Located Vaccine Clinic program operated by the health department in Pomperaug, Connecticut. Should a plan enrollee seek to be immunized at a school-based clinic, public health department clinic or pharmacy that has been excluded from the plan’s provider network, the enrollee would be denied first dollar coverage (or coverage at all) for that service. In turn, the patient may decide not to receive the vaccine due to cost and an immunization opportunity would be lost.

Because adults have demonstrated a preference to be vaccinated outside of their medical home, at a time and place that it is convenient for them, the inclusion of complementary immunizers in provider networks is particularly important. During the current 2014-15 influenza season, 25% of adult influenza vaccines have been administered in pharmacies. Moreover, of all influenza vaccinations provided by one pharmacy chain, Walgreens, during the last influenza season, 31% were during off-peak times (59% on weekends and 31% in the evenings), and approximately 31% of patients during off-peak times were age 65 or older, and 36% had underlying medical conditions. To support immunization access, all 50 states now allow pharmacists to administer influenza, pneumococcal, and zoster vaccines and more than 230,000 pharmacists have been trained to administer vaccines across the country. However, pharmacists’ efforts to provide immunizations other than influenza have often been complicated by their lack of recognition as in-network providers.

Many stakeholders have supported recent efforts to include complementary immunization sites, such as public health and school-based clinics, in provider networks. A significant CDC initiative, known as the “Third Party Billing Project,” works with state health departments, public health clinics, and health insurers to include public health clinics in provider networks. Thirty-five states and large cities are currently planning or implementing the Billing Project, which allows them to bill insurers for immunization services provided to insured persons of all ages. Data from the Billing Project underscore the sheer volume of immunizations furnished by these complementary immunizers: in 2010, local health units billed private insurance

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for $1,964,267 in immunization-related costs in North Dakota alone.\textsuperscript{6} Other states such as Arizona, California, Arkansas, Georgia, and Montana experienced success with the Billing Project.\textsuperscript{7}

As referenced in Section 5 of the Model Act, services should be accessible without unreasonable delay, and criteria to measure network sufficiency may include geographic accessibility, waiting times for visits with providers, and hours of operation. Complementary immunizers are able to meet these criteria. To ensure health carriers include these immunization providers in their provider networks, we strongly encourage the NAIC Network Adequacy Model Review (B) Subgroup to address this issue directly in the revised Model Law.

\textit{III. Conclusion}

We appreciate this opportunity to comment on the revised Model Law and we are pleased that the NAIC Network Adequacy Model Review (B) Subgroup has elected to undertake such an open and deliberative process to review and update the model standards for network adequacy.

Immunization services have a unique set of providers that includes pharmacists, public health department clinicians, school-based clinicians, and other community providers. We request that the Subgroup include language in the Model Act specifying that health carriers include these community immunizers in their provider networks as a means to ensure broad access to this critical preventive service.

If you have any questions or require any further information, please do not hesitate to contact Kathy Talkington at the Association of State and Territorial Health Officials (\texttt{ktalkington@astho.org}) or Kelly Cappio at the Biotechnology Industry Organization (\texttt{kcappio@bio.org}). Thank you for your consideration.

Sincerely,

Alliance for Aging Research
American College of Preventive Medicine
American Pharmacists Association
American Sexual Health Association
Arizona Local Health Officers Association (ALHOA)
Asian Services In Action
Association of Asian Pacific Community Health Organizations
Association of State and Territorial Health Officials
Biotechnology Industry Organization
Caregiver Action Network
Cochise Health & Social Services
Colorado Children's Immunization Coalition
EveryThrive Illinois
Every Child By Two


Hepatitis B Foundation
Hep B United
Immunization Action Coalition
Immunization Action Coalition of Washington
Indiana Immunization Coalition
Infectious Diseases Society of America
Iowa Immunization Coalition
Kentucky Life Sciences Council
Langlade County Immunization Coalition
Lupus Foundation of Arkansas, Inc.
National Association of County and City Health Officials
National Hispanic Medical Association
National Viral Hepatitis Roundtable
RxPlus Pharmacies
Southern Wisconsin Immunization Consortium
Tennessee Department of Health
The American Council on Science and Health
The Consortium for Healthy & Immunized Communities
The Gerontological Society of America
Trust for America’s Health
Vaccine Education Center at CHOP