



Feb. 11, 2019

Texas Health and Human Services Commission
Rate Analysis Department
Brown-Heatly Building
4900 N. Lamar Blvd.
Austin, TX 78751

Sent via email: RADAcuteCare@hhsc.state.tx.us

To Whom It May Concern:

On behalf of the Texas Medical Association, Texas Academy of Family Physicians, Texas Pediatric Society, Texas Association of Obstetricians and Gynecologists, and American College of Obstetricians and Gynecologists-District XI (Texas), which together represent nearly 53,000 Texas physicians and medical students, we are writing to strongly oppose the rate reductions for physician-administered vaccines as proposed in the Medicaid Biennial Calendar Fee Review with an April 1, 2019, effective date.

Members of our organizations strive to improve the health of all Texans. Paramount to this effort is increasing vaccination rates among Texans young and old to prevent the spread of vaccine-preventable infectious diseases and illnesses. That is why we were dismayed by the Texas Health and Human Service Commission's (HHSC's) proposal to reduce payments for physician-administered vaccines. While some of the proposed rate reductions are relatively small, if the new payment is less than a physician's acquisition costs, even small reductions in the amount will deter physicians from offering vaccines in their offices, thus affecting vaccination rates.

Thanks to the Texas Vaccines for Children Program (VFC), pediatricians, family physicians, and obstetrician-gynecologists who are VFC participants will not be subject to the proposed new payment rates because they do not bear the costs of acquiring vaccines. But physicians treating adult Medicaid patients or women enrolled in the Healthy Texas Women's program will be.

Alarming, several of the proposed new payment rates decline by one-third or more:

- 90621: Trumenba, prevention of invasive meningococcal disease -33.33 percent
- 90651: Gardasil 9, prevention of human papillomavirus -33.33 percent
- 90654: Fluzone Intradermal, prevention of flu in patients aged 19+ -35.96 percent

We strongly urge HHSC to reconsider any payment reduction for physician-administered vaccines, but we take particular exception to reductions for these three codes for the reasons outlined below.

90621 — Trumenba

- Meningococcal disease is a life-threatening illness caused by *Neisseria meningitides*. In severe cases, it has the potential to cause neurologic disability, loss of limbs, hearing impairment, or death. The

bacteria is classified into 13 serogroups. Trumenba is a vaccine against one subgroup — meningococcal B (MenB).

- The Advisory Committee on Immunization Practices recommends that a MenB series may be administered to people aged 16 through 23, with a preferred age of 16 through 18 years. This Category B recommendation allows the clinician to make a MenB recommendation based on the risk and benefit for the individual patient.
- While the proposed new fees do not alter the payment for another MenB vaccine, vaccine shortages do occur periodically, often with little warning. Thus, it is important that physicians have a choice of cost-effective vaccines to stock in their practices.

90654 — Gardasil

- The HPV vaccine is a **cancer prevention vaccine**. This vaccine continues to prove effective and safe and is critical for the prevention of many types of cancer. In October 2018, the Food and Drug Administration approved the HPV vaccines for adults aged 27 to 45.
- Widely associated with cervical cancer, HPV also causes other cancers such as some types of oropharyngeal and anal cancers. HPV vaccination is helping to lower cervical cancer rates so that now cervical cancers are outpaced by rising oropharyngeal cancer rates.¹
- Of the 50 states and the District of Columbia, Texas ranks 47th in its HPV vaccination rate of teens.² Less than half (49.3 percent) of Texas adolescents aged 13-17 years received even one HPV vaccine dose in 2016, and only one-third (32.9 percent) were up to date on their HPV vaccinations.²
- TMA physicians have made addressing such low HPV vaccination rates in Texas a top priority, identifying evidence-based strategies to counter obstacles such as patient vaccine hesitancy and barriers in communication.³
- A cut in HPV vaccine payment will be yet another obstacle.

90654 — Fluzone

- Overall, Texas has low rates for influenza vaccination; it is fortunate that flu has not been severe this year. However, influenza strains vary each year, so it is critical to individuals and public health that every Texan get vaccinated each year.
- When those who are unvaccinated spread influenza, it spreads most quickly in settings such as long-term care facilities and schools — where some of our most fragile Texans can quickly become ill. This year schools and day care centers already have been closed, and long-term care facilities have reported influenza outbreaks.
- While Texas is one of the few states that does not require [reporting](#) all influenza deaths, we know more than 10,000 Texans died in 2018 from flu.
- According to the [Centers for Disease Control and Prevention](#), “seniors bear the greatest burden of severe flu disease. In recent years, about 70 percent to 90 percent of seasonal flu-related deaths have occurred in people 65 years and older and between 50 percent and 70 percent of seasonal flu-related hospitalizations have occurred among people in that age group.”
- Immunizing parents and grandparents helps protect not only individuals but also their families. Newborns younger than 6 months old are at high risk of flu infection but are not old enough to be immunized. Vaccinating their caregivers helps protect young babies from the infection.

¹ *MMWR*, [Trends in HPV-Associated Cancers — US, 1999-2015](#). Aug. 24, 2018 / 67(33);918–924

² Nehme, E., Patel, D., Oppenheimer, D., Elerian, N., Lakey, D. [Missed Opportunity: Human Papillomavirus Vaccination](#). 2017. The University of Texas System.

³ Texas Medical Association. [TMA House OKs Plan to Stop Cancer Before It Starts](#). 2018. Accessed Feb. 7, 2019.

Patients are more likely to be vaccinated at the time of a physician office visit than if referred elsewhere for the service. Yet cutting the amount HHSC will pay for the cost of a vaccine will deter physicians from offering vaccines directly to their patients, undermining Texas' fight against cancer and the spread of common infectious diseases. It also will undermine our mutual goal of improving the health of Texans.

We urge you to not adopt the proposed payment reductions.

Sincerely,



Douglas W. Curran, MD, President
Texas Medical Association



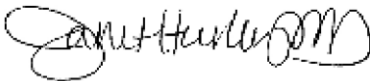
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