

# United States Senate

COMMITTEE ON FINANCE

WASHINGTON, DC 20510-6200

March 12, 2019

The Honorable Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, MD 21244

Dear Administrator Verma:

I write regarding additional actions the Centers for Medicare & Medicaid Services (CMS) can take in helping to prevent the spread of vaccine-preventable diseases. As Ranking Member of the Senate Finance Committee, I have the responsibility and privilege of protecting the coverage and health of the over 70 million individuals who receive health care through Medicaid and the Children's Health Insurance Program (CHIP), including the 35 million children covered by Medicaid and CHIP.<sup>1</sup>

Medicaid and CHIP provide millions of children with access to a robust pediatric health care services benefit often referred to as "EPSDT" or the Early and Periodic Screening, Diagnostic and Treatment benefit. As part of this benefit, Medicaid and CHIP cover a wide array of services including essential immunizations such as the measles vaccine (i.e., the MMR vaccine which covers measles, mumps, and rubella). Over the last few decades, the United States has made substantial progress increasing its immunization rates, in large part due to programs like Medicaid and CHIP and the Vaccines for Children Program—a program created in 1993 falling under the jurisdiction of the Senate Finance Committee to provide vaccines for eligible children.<sup>2</sup>

The evidence has shown time and time again that vaccines are safe and effective. According to the American Academy of Pediatrics, "vaccines protect children's health and save

---

<sup>1</sup> November 2018 Medicaid & CHIP Enrollment Data Highlights, <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html> (last visited Feb. 7, 2019).

<sup>2</sup> Cynthia G. Whitney et al., *Benefits from Immunization during the Vaccines for Children Program Era – United States, 1994-2013*, MMWR, Apr. 25, 2014, at 352.

lives.”<sup>3</sup> Yet, immunization rates continue to vary across communities.<sup>4</sup> Such variation is particularly concerning in light of recent reports of measles outbreaks across the country including in my home state of Oregon.<sup>5</sup> It is clear that more can and must be done to ensure the health and safety of our children.<sup>6</sup>

According to the Centers for Disease Control and Prevention, measles is a highly contagious disease, living in the air for up to two hours after an infected person coughs or sneezes and infecting 90 percent of people who are not immune to the disease, if they come in contact with an infected individual.<sup>7</sup> Vaccination helps protect not only the immunized child from infection, but also establishes immunity at the community level. This ensures that children too young to be vaccinated and those who cannot be vaccinated, such as those with weakened immune systems, are also protected. For instance, when it comes to the measles vaccine, a 92 to 95 percent vaccination range is generally considered adequate to achieve the benefit of community or herd immunity.<sup>8</sup>

While Medicaid and CHIP provide access to comprehensive coverage for life-saving immunizations, I remain concerned that as of 2017 children who were uninsured, those living in families with incomes below the poverty level, and those residing in more rural areas were less likely to have received all recommended vaccinations.<sup>9</sup> In addition, data collected by CMS as part of the 2017 Core Set of Children’s Health Care Quality Measures show that too many children covered by Medicaid and CHIP are not up-to-date on recommended vaccines by their second birthdays.<sup>10</sup>

---

<sup>3</sup> Fernando Stein & Karen Remley, *American Academy of Pediatrics Emphasizes Safety and Importance of Vaccines*, January 10, 2017, <https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/American-Academy-of-Pediatrics-Emphasizes-Safety-and-Importance-of-Vaccines.aspx>.

<sup>4</sup> Holly A. Hill et al., *Vaccination Coverage Among Children Aged 19–35 Months — United States, 2017*, MMWR, Oct. 12, 2018, at 1115.

<sup>5</sup> Gillian Flaccus, *Vaccination Exemptions Backfire in Oregon Measles Outbreak*, Portland Press Herald, Feb. 2, 2019, <https://www.pressherald.com/2019/02/01/vaccination-exemptions-backfire-in-oregon-measles-outbreak/>.

<sup>6</sup> Kirk Johnson, *Measles, Mostly Eliminated as Threat, Is Now an Emergency in the Northwest*, N.Y. Times, Feb. 7, 2019, at A15.

Elena H. Sun & Maureen O’Hagan, *‘It will take off like a wildfire’: The Unique Dangers of the Washington State Measles Outbreak*, Washington Post, Feb. 6, 2019, [https://www.washingtonpost.com/national/health-science/it-will-take-off-like-a-wildfire-the-unique-dangers-of-the-washington-state-measles-outbreak/2019/02/06/cfd5088a-28fa-11e9-b011-d8500644dc98\\_story.html?utm\\_term=.8791e3c01306](https://www.washingtonpost.com/national/health-science/it-will-take-off-like-a-wildfire-the-unique-dangers-of-the-washington-state-measles-outbreak/2019/02/06/cfd5088a-28fa-11e9-b011-d8500644dc98_story.html?utm_term=.8791e3c01306).

<sup>7</sup> Centers for Disease Control and Prevention, *Epidemiology and Prevention of Vaccine-Preventable Diseases* (Jennifer Hamborsky et al. eds, 13th ed. 2015).

<sup>8</sup> Centers for Disease Control and Prevention, *Vaccination Coverage Among Children Aged 19–35 Months –United States, 2015*, Oct. 7, 2016, <https://www.cdc.gov/mmwr/volumes/65/wr/mm6539a4.htm>.

<sup>9</sup> Centers for Disease Control and Prevention, *Supplementary Table 1. Estimated Vaccination Coverage Among Children Aged 19–35 months, by Selected Vaccines and Doses, Race/Ethnicity, and Poverty Level*, Oct. 12, 2018, <https://stacks.cdc.gov/view/cdc/59414>.

<sup>10</sup> Centers for Medicare & Medicaid Services, *Quality of Care for Children in Medicaid and CHIP: Findings from the 2017 Child Core Set*, Sept. 2018, <https://www.medicare.gov/medicaid/quality-of-care/downloads/performance-measurement/2018-child-chart-pack.pdf>.

Letter to Administrator Verma

March 12, 2019

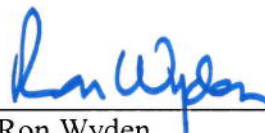
Page 3 of 3

Given such data and the role Medicaid and CHIP play in providing essential health coverage to millions of children across the country, I urge CMS to:

1. Identify potential barriers to vaccination and actions that can be taken to address such barriers.
2. Evaluate additional steps that can be taken to ensure children, including those enrolled in Medicaid and CHIP, receive all recommended vaccines, including all recommended doses in each vaccine series as recommended by the Centers for Disease Control and Prevention Advisory Committee on Immunization Practices as referred by the United States Preventive Services Task Force.
3. Identify opportunities to reduce disparities in vaccination rates for children across communities including in rural and underserved areas, and among populations including ethnic and racial minorities.
4. Issue guidance, as appropriate, to help states address barriers to immunization, take advantage of new actions and opportunities, and advance the health and safety of children in communities across the country as it relates to vaccine preventable diseases.

Please respond by April 5, 2019 to let me know what additional actions CMS plans to take to ensure children and other vulnerable populations are protected against the spread of vaccine-preventable diseases. Thank you for your prompt attention to this matter.

Sincerely,



---

Ron Wyden  
Ranking Member  
United States Committee on Finance