

January 4, 2021

Ms. Seema Verma
Administrator, Centers for Medicare and Medicaid Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Re: Fourth COVID-19 Interim Final Rule with Comment Period (IFC-4)

Dear Ms. Verma,

On behalf of the Coalition to Transform Advanced Care (C-TAC), we appreciate the opportunity to provide comments on this interim final rule in regard to its effects on those living with serious illness.

C-TAC is a national non-partisan, not-for-profit organization dedicated to ensuring that all those living with serious illness, especially the sickest and most vulnerable, receive comprehensive, high-quality, person- and family-centered care that is consistent with their goals and values and honors their dignity. C-TAC is composed of over 170 national and regional organizations including patient and consumer advocacy groups, practitioners, health plans, faith-based and community organizations, and others who share a common vision of improving care for serious illness in the U.S.

Early on in the pandemic, it became clear that people with serious illness were at higher risk for complicationsⁱ and mortality due to the COVID-19 virus. Unfortunately, due to how widespread COVID-19 has been in the U.S, the population of those with serious illness will unfortunately increase as some who recover from COVID-19 will experience long-term or permanent complications. Others who deferred care for minor issues during the pandemic, like hypertension, may subsequently develop more serious conditions, such as heart failure. We therefore support the overall goal of this IFC to clarify policies that are intended to support COVID-19 vaccine reimbursement and distribution, given the great potential a successful national vaccination campaign has to ultimately help control this pandemic and allow for the resumption of a more stable health care system.

Regarding overall COVID-19 vaccine payment and implementation of the provisions of the CARES Act, we appreciate that they make vaccines fully covered under Part B and not subject to annual deductible costs. The financial burden that many Americans are facing as a result of the economic fallout of the pandemic is substantial, and these coverage policies will help promote broader access to the vaccines. We also encourage you to continue to develop transparent, evidence-based strategies to promote COVID-19 acceptance and

equitable and effective vaccine delivery.

However, we have concerns regarding the section of the IFC on vaccine coverage limitations. We disagree with your proposed blended interpretation of coverage and fear its effect will be to *entirely exclude* federal funding for states that want to extend COVID immunization coverage to special limited coverage groups. This is a concern because often individuals that are not covered are some of the most vulnerable populations in our country and many are already hard-hit from the pandemic. This blended interpretation could result in further disparities and may have the unintended consequences of leaving people with the lowest means who rely on community services or volunteer programs without access to the vaccine. This could therefore increase the spread of the virus and have negative effects on their health.

The blended interpretation also gives states the option to move Medicaid beneficiaries between categories of coverage that qualify for minimum essential coverage (MEC) and maintain the tier 1 classification. We do not support states being able to move people to different coverage tiers in the middle of a pandemic, as this may result in a loss or diminution of coverage at a time when it has never been needed more urgently.

Finally, we are aware that the only pathway to federal funding for COVID-19 immunizations under the blended interpretation would be for providers to bill the Health Resources and Services Administration (HRSA) uninsured fund. However, the HRSA fund is small, \$1.3 billion, and the blended interpretation would place added billing clinical management and administrative burdens on health care providers.

We therefore do not support this blended interpretation and ask that you go back to the previous interpretation.

Thank you for the opportunity to comment on this interim final rule. If you have any questions, please contact Dr. Marian Grant, Senior Regulatory Advisor, C-TAC, at 443-742-8872 or mgrant@thectac.org.

Sincerely,

Marian Grant

Marian Grant, DNP, CRNP, ACHPN, FPCN
Senior Regulatory Advisor
The Coalition to Transform Advanced Care (C-TAC)
900 16th Street, NW, Suite 400
Washington, DC, 20006

ⁱ <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html>