

December 17, 2024

Office of Health Plan Standards and Compliance Assistance
Employee Benefits Security Administration
Room N-5653
U.S. Department of Labor
Washington, DC 20210

Re: File Code 1210-AC25, “Enhancing Coverage of Preventive Services Under the Affordable Care Act”

Submitted electronically to <http://www.regulations.gov>

To Whom It May Concern:

Thank you for the opportunity to comment on the proposed rule entitled "Enhancing Coverage of Preventive Services Under the Affordable Care Act". On behalf of NAFSA: Association of International Educators, we appreciate the Administration’s efforts to expand access to preventive services without patient cost-sharing. NAFSA is the world’s largest professional nonprofit dedicated to international education. Our more than 10,000 individual members represent the breadth of the field on campuses in the United States and abroad, from presidents and provosts to international student and scholar advisors and education abroad program directors.

We write to urge that this or future preventive services regulations be clarified to ensure commercial coverage without patient cost-sharing for **all** vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), as required under current law.

Specifically, we urge the Department of Health and Human Services (HHS), the Department of Labor (DOL) and the Department of Treasury (collectively, “the Departments”) to give full force and effect to Section 2713 of the Public Health Service Act (PHSA) (the “Preventive Care Mandate”). The PHSA Preventive Care Mandate requires, without qualification, that commercial payors provide coverage for CDC recommended immunizations with no patient cost-sharing. The language of the PHSA does not limit this coverage requirement to routine vaccines on CDC’s Immunization Schedules.

Current implementing regulations, however, limit coverage without cost-sharing to only those vaccines that are recommended “for routine use in children, adolescents, and adults.” According to the regulations, a vaccine is considered “routine” if it is listed on one of CDC’s Immunization Schedules. Unfortunately, this has resulted in coverage gaps for a number of important non-routine vaccines and at-risk individuals are being subject to inappropriate cost-sharing.

An example of where coverage gaps can have an unintended impact is among U.S. college students who pursue study abroad. Fifty percent of global travel is non-leisure; this includes students, families, researchers, business travelers and more. For students, U.S. colleges and universities play an important role in ensuring their health and safety while studying abroad. The vaccine cost sharing burden can discourage students from studying abroad.

NAFSA seeks to increase and diversify participation in study abroad prior to graduation. Before the COVID pandemic, nearly 350,000 U.S. students studied abroad around the world during the 2018-19 academic year.¹ Over 2,000 went to Ghana, which requires a yellow fever vaccine for entry, among others. The current cost for the yellow fever vaccine is approximately \$200; this vaccine is recommended by ACIP. The added cost of this required vaccine can be a dealbreaker for a student of limited means.

This recommended policy fix will not only help ensure we increase access and equity in study abroad, but also encourage more students to choose non-traditional destinations like Ghana that have vaccine requirements. Given these realities and as a component of the proposed rule, the following simple redlined changes would effectuate the coverage required under current law:

45 CFR § 147.130 - Coverage of preventive health services.

(a) Services -

(1) In general. Beginning at the time described in paragraph (b) of this section and subject to §§ 147.131, 147.132, and 147.133, a group health plan, or a health insurance issuer offering group or individual health insurance coverage, must provide coverage for and must not impose any cost-sharing requirements (such as a copayment, coinsurance, or a deductible) for -

(i) Evidence-based items or services that have in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force with respect to the individual involved (except as otherwise provided in paragraph (c) of this section);

*(ii) Immunizations (regardless of whether recommended for routine use or on an **Immunization Schedule**) for ~~routine~~ use in children, adolescents, and adults 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 involved (for this purpose, a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention is considered in effect after it has been adopted by the Director of the Centers for Disease Control and Prevention.) ~~and a recommendation is considered to be for routine use if it is listed on the Immunization Schedules of the Centers for Disease Control and Prevention;~~*

(iii) With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration;

¹ <https://opendoorsdata.org/data/us-study-abroad/all-destinations/>

(iv) With respect to women, such additional preventive care and screenings not described in paragraph (a)(1)(i) of this section as provided for in comprehensive guidelines supported by the Health Resources and Services Administration for purposes of section 2713(a)(4) of the Public Health Service Act, subject to §§ 147.131, 147.132, and 147.133; and

(v) Any qualifying coronavirus preventive service, which means an item, service, or immunization that is intended to prevent or mitigate coronavirus disease 2019 (COVID-19) and that is, with respect to the individual involved -

(A) An evidence-based item or service that has in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force; or

(B) An immunization that has in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. ~~(regardless of whether the immunization is recommended for routine use).~~ For purposes of this paragraph (a)(1)(v)(B), a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention is considered in effect after it has been adopted by the Director of the Centers for Disease Control and Prevention.

We urge the Departments to include this provision in the final rule under consideration to correct the inequity that is currently occurring as a result of these vaccines not being given the same cost sharing status of other equally important preventive services. If it is not possible to include the language in this rule, we respectfully request this language be given high priority for inclusion in future preventive services regulations that might be promulgated in the near future.

Sincerely,

[signature redacted]

Jill Allen Murray
Deputy Executive Director, Public Policy
NAFSA: Association of International Educators