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Mr. Andrew Witty  
Chief Executive Officer  
UnitedHealth Group Inc.  
9900 Bren Road East  
Minnetonka, MN 55343

Dear Mr. Andrew Witty,

As leading organizations representing and advocating for older Americans, consumers, patients, caregivers and providers, we are writing to oppose the inclusion of any payer access barriers to CDC-recommended vaccines in your upcoming June 2024 Medicare Part D (MPD) and Medicare Advantage Part D (MAPD) contract bids. Specifically, we request that your company refrains from any cost-cutting dealmaking with Pharmacy Benefit Managers (PBMs) that will result in limited availability of certain vaccines at local, in-network pharmacies during the upcoming respiratory virus season. This could include limited access to Tdap vaccines that help protect against whooping cough and even the newly approved RSV vaccines.

Our organizations are grateful to the Centers for Medicare & Medicaid Services (CMS) for posting an [open letter](#) to your company last December that noted “concerns about certain practices by some plans and PBMs that threaten the sustainability of many pharmacies, impede access to care, and put increased burden on health care providers.” For example, we agree with CMS that contracts between MPD and MAPD plans and PBMs should require adequate payment for vaccine administration across *all* pharmacies and other vaccine providers that serve beneficiaries your plans cover. If your contracts allow payment shortchanges for vaccine administration, older beneficiaries will end up being shortchanged in their preventive care. We also agree with CMS’ caution against anticompetitive behavior by PBM-owned pharmacies that may place independent pharmacies at a disadvantage. These are not ethical business practices, and we support CMS’ stated efforts to closely monitor plan compliance.

As you know, beginning on January 1, 2023, federal law eliminated cost-sharing and deductibles for all adult vaccines and boosters covered under MPD and MAPD plans that are

recommended by the Centers for Disease Control and Prevention (CDC). A [May 3, 2024 brief from the U.S. Department of Health and Human Services \(HHS\)](#) shared new data on how the law has significantly increased vaccine uptake in only one year:

- Nearly 1.5 million Medicare enrollees received a Tdap vaccine in 2023, compared to about 700,000 enrollees in 2021, an increase of over 112 percent.
- In addition, RSV vaccines are new and became recommended for adults 60 and older in consultation with their health care provider in June 2023. 6.5 million Medicare Part D enrollees accessed an RSV vaccine free of charge.

Despite these incredibly positive changes, an estimated 75% of adults are still [missing](#) at least one CDC-recommended vaccine. We hope you all agree that it is in no one's interest to create new barriers to vaccine access that would ultimately lead to increased medical costs for both plans and patients through increased hospitalizations, greater need for care, and even loss of life.

As more Americans rely on their local pharmacies to get their vaccines, preserving supply, access, and choice become increasingly critical. In fact, [CDC advisors have noted that](#) "where there is not more than one manufacturer, challenges such as supply and marketplace issues may arise that would result in issues with access or adherence." Let's work together to ensure vaccine access is not impeded by short-term cost-saving PBM tactics that would result in reduced vaccine availability or narrowed choice, especially in rural and underserved areas where pharmacies are less prevalent.

Many pharmacies around the country are already raising flags about losing money on vaccine administration and can no longer offer them to customers. As we saw during the COVID pandemic, and in the day-to-day lives of the individuals we serve, pharmacists play a crucial role in the healthcare of patients of all ages, especially older adults. Many older Americans face mobility challenges or other barriers that prevent timely travel to another pharmacy when vaccines are not accessible locally. Please don't make harmful choices in your contracting that could result in lower uptake of vaccines among our nation's older adults.

Older adults have spent their whole lives paying for the Medicare program. The promise of the program is to provide care, and Medicare beneficiaries need and deserve access to the full range of vaccines the CDC recommends.

Thank you for considering our requests. We will be watching alongside CMS during Medicare Open Enrollment and beyond to let beneficiaries know if you listened.

Sincerely,

Alliance for Aging Research  
National Association of Nutrition and Aging Services Programs  
National Consumers League  
ALS Association  
American Kidney Fund  
American Pharmacists Association  
American Society of Consultant Pharmacists (ASCP)  
Association of Immunization Managers  
Asthma and Allergy Foundation of America  
Autoimmune Association  
HealthHIV  
HealthyWomen  
Hydrocephalus Association  
Immune Deficiency Foundation  
LeadingAge  
Lupus Foundation of America  
National Alliance for Caregiving  
National Caucus and Center on Black Aging  
National Community Pharmacists Association (NCPA)  
National Council on Aging  
National Foundation for Infectious Diseases  
National Grange  
National Health Council  
National Hispanic Council on Aging  
National Kidney Foundation  
National Multiple Sclerosis Society  
National Psoriasis Foundation  
Patients Rising  
RetireSafe

CC: CMS Administrator Chiquita Brooks-LaSure