

United States Senate

WASHINGTON, DC 20510

October 13, 2023

VIA ELECTRONIC DELIVERY

Mr. Matt Eyles
President and CEO, America's Health Insurance Plans
601 Pennsylvania Avenue, NW
South Building Suite 500 Washington, DC 20004

Dear Mr. Eyles:

I write to urge you to work with your members, who are health insurance providers across the country in every market, to increase access to nirsevimab for prevention of Respiratory Syncytial Virus (RSV) in all neonates and infants younger than 8 months of age and certain children 8-19 months of age. America's Health Insurance Plans (AHIP) plays a vital role in making sure that hundreds of millions of Americans get high quality, affordable care, including some of the Nation's most vulnerable populations—neonates, infants and children with pre-existing conditions who are at increased risk for severe disease from RSV infection.

According to the Centers for Disease Control and Prevention (CDC), RSV can be very dangerous for infants and young children, with between 58,000 and 80,000 children under five years old being hospitalized with RSV infection annually. Those most at risk for severe disease resulting from RSV infection include:

- Premature infants;
- Infants up to 12 months, especially those 6 months and younger;
- Children younger than 2 years with chronic lung disease or congenital (present from birth) heart disease;
- Children with weakened immune systems;
- Children who have neuromuscular disorders, including those who have difficulty swallowing or clearing mucus secretions; and
- American Indian and Alaska Native children.

In July 2023, the Food and Drug Administration (FDA) approved nirsevimab for neonates and infants younger than 8 months of age born during or entering their first RSV season and in children 8-19 months of age who remain vulnerable to severe RSV disease through their second RSV season. The CDC Advisory Committee on Immunization Practices (ACIP) voted unanimously to recommend the use of nirsevimab and for its inclusion in the Vaccines for Children (VFC) program, which is a Federally funded program that provides immunizations at no cost to children who might not otherwise be vaccinated because of inability to pay.

As our Nation braces for RSV season this fall and winter, CDC is already notifying U.S. healthcare providers that RSV activity is increasing, particularly in the Southeast. Unfortunately, as the American Academy of Pediatrics (AAP) noted, “As with any new product, nirsevimab may not be readily available in all clinical settings, including birthing hospitals and primary care settings, particularly in the first season of implementation of this recommendation.” The CDC also warned, “Nirsevimab may not be readily available in all birthing hospitals or primary care settings this RSV season.”

The Nation’s healthcare system, including AHIP members, must prioritize safeguarding our most vulnerable neonates, infants and children as the Nation enters RSV season. I recognize the first season of implementation carries complexity and challenges, from effective supply chains to efficient distribution and adequate public awareness. However, what must never be a hinderance to providing children with this potentially life-saving immunization is provider confusion over policies and coverage, or worse, a penny-wise, but deadly-foolish decision to deny coverage of the RSV immunization or subject families to onerous out-of-pocket costs.

I recognize AHIP members must rely on other components of the country’s complex healthcare system to ensure effective and efficient manufacturing, distribution and delivery—and I am not demanding insurance providers act where there is no nexus to carrier responsibilities. What I *am* urgently requesting AHIP and its members do is the following:

1. Commit to working with your members to ensure coverage of nirsevimab to include the cost to purchase and administer the product, and at no cost for patients no later than October 31, 2023; and
2. Coordinate with the Biden administration to provide AHIP members with clear and urgent guidance on the importance and need for all insurance carriers to update every plan beneficiary of the cost-free RSV immunization coverage.

Given the urgent public health need to proactively encourage RSV immunization ahead of the fall and winter RSV season, I request that AHIP provide a response to this letter by October 20, 2023, and I thank every AHIP member in advance for taking swift action to clearly and decisively commit to covering nirsevimab without cost-sharing.

Sincerely,

