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Senate

COVID-19 VACCINES

Mr. CASEY. Mr. President, as our Nation battles another wave of COVID-19, I want to detail my efforts to lower barriers for Americans to access life-saving vaccinations against this terrible disease.

The Special Committee on Aging's investigation forced the largest commercial health insurer in the United States to reverse course and make whole providers who were paid far below the market rate for administering COVID-19 vaccines. These efforts will help ensure that every provider who can administer COVID-19 vaccines is doing so, helping get more shots in arms.

Last year, news reports detailed how UnitedHealth had been shortchanging pediatricians who were vaccinating children against COVID-19. In short, Medicare set reimbursement rates for participating providers at \$40 per dose in mid-March 2021. The Federal Government strongly recommended that private carriers do the same and most appear to have done so within weeks, but UnitedHealth did not.

The committee's investigation found that UnitedHealth paid in-network providers roughly 40 percent below the

Medicare rate until July 1, 2021. Further, the company delayed action to make providers whole. During the investigation, pediatricians in Pennsylvania and beyond raised concerns that UnitedHealth's original reimbursement rate could dissuade providers from administering the vaccine.

UnitedHealth covers 26 million people in employer and individual market health insurance plans, with 1.4 million in-network providers and an estimated 14 percent market share. UnitedHealth's decision to reimburse providers below the Medicare rate had the potential to harm families across our Nation at a critical juncture, just as the Food and Drug Administration prepared to expand the availability of vaccines to children ages 5-11.

For parents with questions about vaccines, pediatricians are trusted advisers who can play a key role in overcoming lingering concerns or hesitancy, which remains a major issue in our Nation.

In the long term, ensuring that all hands are on deck to deliver vaccines will help end this pandemic. Data has shown time and again that being vaccinated against COVID-19

reduces infections, severe disease, hospitalization, and death. Vaccinating children also will help protect adults by increasing the number of Americans shielded from the virus, reducing its spread. It also reduces the chance for the virus to mutate and spawn variants, like Omicron, that has led to another wave of illness and death. These concerns are particularly important for older adults who are more likely than the general population to experience both severe COVID-19 and breakthrough infections. Vaccinating children helps protect older generations, particularly older adults living in multigenerational households, including more than 7 million grandparents who live with grandchildren under the age of 18.

Providing more parents with the information they need to ensure they are comfortable vaccinating their kids will help protect all of our children. While pediatric hospitalizations remain relatively rare, there has nonetheless been a significant increase of such hospitalizations as the Omicron variant has spread in recent weeks. The Wall Street Journal recently reported that pediatric hospitalizations due to COVID-19 reached pan-

demic highs in the United States.

Vaccinating more children is essential to keep schools open for in-person learning, a live issue for schools throughout our Nation that have been forced to return to online classes in the face of the Omicron variant. We must do all that we can to safely keep students in the classroom so that they can receive the high-quality education they deserve. School closures also cause a disruption in the lives of families, with parents often struggling to find childcare or forcing them to take time from work. Vaccinating children will help schools remain open, protect students and educators, and help parents stay in the workforce.

After Aging Committee investigators reached out to UnitedHealth, the company quickly and voluntarily committed to change course, commitments I detailed in an October 20, 2021, letter. In response to my letter, UnitedHealth confirmed its plans to retroactively increase reimbursements for approximately 2 million COVID-19 vaccine administration claims to the Medicare rate across its entire commercial network, including individual plans on the Affordable Care Act marketplace. On January 14, 2022, the company reported that it had processed 1.64 million claims in connection with its commitment to the committee—more than 99.8 percent of the affected total—at an average cost of \$14.55 per claim for a total of \$23.9 million. The company expects the remaining claims, which number less than 2,900, to be processed by February 1, 2022.

UnitedHealth also committed to more quickly update reimbursement rates for future emergent vaccines and therapeutics, whether for COVID-19 or the next pandemic. The company added that it is “redirecting additional internal resources and automating updates whenever possible,” while noting that their new processes still might involve withholding claims “for a short time,” which it characterized as no longer than 30 days. On January 14, the company went further, stating that it will implement new billing codes in a national public health emergency “faster than industry standard,” while noting that it has “learned over the past few months the required technology and human resources that need to be brought forward to accelerate” adoption of new billing codes in a public health emergency.

While lacking some details, the steps UnitedHealth has described appear to be an appropriate response. However, UnitedHealth has not adequately addressed an issue that a senior company official raised when speaking with Aging Committee investigators in September, that the company’s size and numerous claims systems presented a barrier to quickly updating COVID-19 vaccine reimbursement rates in the first place. In its responses to subsequent questions about the issue from committee staff, UnitedHealth has cited reasons such as contracting language for the delay, but has failed to provide additional information or explanation in their written responses. The fact that a senior UnitedHealth official told the committee that the company’s size negatively

affected the quality and efficiency of its interactions with the market is concerning and a matter that deserves continued oversight from Congress and regulators.

In recent weeks, the world has been upended by the Omicron variant. Case rates have skyrocketed, and hospitals are once again filling up, primarily with people who have not gotten a COVID-19 vaccine or booster. In order to leave the tragedy, the disruptions and the closures of the pandemic behind, every person who can be vaccinated has a duty to the country to roll up their sleeves and get the shot.

We will continue to learn more about the Omicron variant and variants to come. However, there is one thing about this variant, past variants, and future variants that will not change: The key to ending this pandemic is getting more people vaccinated.

I remain committed to removing future roadblocks that may emerge to widespread vaccination against COVID-19.

This body should do the same.

In closing, I ask unanimous consent to have printed in the Record the following documents: a September 3, 2021 Modern Healthcare article detailing UnitedHealth’s under reimbursement for COVID-19 vaccines compared to most other major carriers; my October 20, 2021 letter to UnitedHealth; UnitedHealth’s November 5, 2021 response to my letter; a November 12, 2021 supplement to the company’s original response; and a January 14, 2022 email from UnitedHealth providing further updates.