

Elizabeth Richter  
Acting Administrator  
Centers for Medicare & Medicaid Services

Dear Ms. Richter,

The 60 undersigned advocacy organizations are writing to urge CMS to provide guidance to state Medicaid programs that includes non-emergency medical transportation (NEMT) within the scope of the temporary increase to 100% in federal matching payments for administration of COVID-19 vaccines.

Section 3101 of the American Rescue Plan Act increases the Federal medical assistance percentage (FMAP) to 100 percent for authorized COVID-19 vaccines “and the administration of such vaccine.” As Congress and the administration recognize, there is a critical need for Medicaid beneficiaries to receive the vaccine on a wide scale to achieve herd immunity and mitigate the disproportionate impact of the pandemic on this population. The temporary FMAP increase can significantly help to achieve this shared goal if NEMT services are included in the definition of administration of the vaccine to facilitate access to the vaccine and reduce potential transportation barriers.

Specifically, we ask that CMS issue regulations or guidance confirming that an eligible vaccine administration expense includes expenses for NEMT services furnished to all Medicaid beneficiaries who are eligible for the vaccine and utilize NEMT to and/or from a COVID-19 vaccine appointment.

We also ask that CMS quickly approve states’ requests for any time-limited state plan amendments to respond to the COVID-19 national emergency related to reimbursement and delivery system strategies for ensuring access to NEMT services for COVID-19 vaccine administration. With efficient processes in place, a COVID-19 vaccine can be administered in a relatively short period of time with clinically appropriate monitoring for side effects. Nonetheless, even in the best circumstances, wait times a beneficiary experiences at a site to register or sign in, receive the vaccine, and be monitored for side effects significantly adds time and expense to an NEMT trip and could constrain NEMT networks in many regions and localities, particularly in connection with mass-scale events at stadium or drive-through sites. Accordingly, CMS should encourage states to consider temporarily increasing NEMT reimbursement for vaccine trips (and confirm the 100% FMAP would apply to any such increased reimbursement). Arizona has already taken this step with respect to drive-through vaccine administration and North Carolina temporarily increased reimbursement for NEMT during the public health emergency.

We thank you in advance for giving this request your fullest consideration.

Sincerely,

AIDS Action Baltimore  
AIDS Alabama  
AIDS Alabama South  
AIDS Foundation of Chicago  
Allies for Independence  
American Academy of HIV Medicine  
American Association of People with Disabilities  
American Association on Health and Disability  
American Federation of County and Municipal Employees  
American Kidney Fund  
American Network of Community Options and Resources  
American Public Transportation Association  
American Therapeutic Recreation Association  
Amida Care  
The Arc of the United States  
Association of Programs for Rural Independent Living (APRIL)  
Autistic Self Advocacy Network  
California Dental Association  
Center for Autism and Related Disorders  
Center for Public Representation  
Children's Health Fund  
Community Catalyst  
Community Transportation Association of America  
Dialysis Patient Citizens  
Disability Rights Education and Defense Fund  
Easterseals  
Equality NC  
Families USA  
First Focus Campaign for Children  
Global Alliance for Behavioral Health and Social Justice  
Greater WI Agency on Aging Resources, Inc. (GWAAR)  
Justice in Aging  
HIV Dental Alliance  
HIV Medicine Association  
Hudson Valley Community Services  
Lakeshore Foundation  
Los Angeles LGBT Center  
Lutheran Services in America  
Medicare Rights Center  
Mental Health America  
Michael J. Fox Foundation for Parkinson's Research  
National Adult Day Services Association (NADSA)  
National Alliance on Mental Illness

National Association for Children's Behavioral Health  
National Association of Area Agencies on Aging (N4A)  
National Association of Directors of Developmental Disabilities Services  
National Association of Nutrition and Aging Services Programs (NANASP)  
National Council on Aging  
National Healthcare for the Homeless Council  
Nevada Disability Coalition  
Pennsylvania Council on Independent Living  
Planned Parenthood of California  
Schizophrenia and Related Disorders Alliance of America  
SKIL Resource Center  
The Transportation Alliance  
Treatment Action Group  
Treatment Communities of America  
United Spinal Association  
WI Association of Mobility Managers (WAMM)  
Wisconsin Aging Advocacy Network (WAAN)

cc:

Anne Marie Costello  
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Centers for Medicare & Medicaid Services

Christen Linke Young, Deputy Director  
White House Domestic Policy Council for Health and Veterans Affairs

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Kimberly Espinosa, Deputy Assistant Secretary for Legislation  
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