



Association of  
Immunization  
Managers

April 27, 2026

Ms. Kate Berry  
601 Pennsylvania Avenue, NW  
South Building, Suite 500  
Washington, D.C. 20004

Re: Payment for hospital-administered RSV mAb products

Dear Ms. Berry,

The undersigned organizations, representing public health professionals, non-governmental organizations, clinicians, and advocates that support the health and well-being of infants, **urge commercial insurance companies to accept line-item billing and provide appropriate payment for the procurement and administration of respiratory syncytial virus (RSV) monoclonal antibody (mAb) products during the birth hospitalization to all eligible infants** as recommended by the [Centers for Disease Control and Prevention](#) (CDC), the [American Academy of Pediatrics](#) (AAP), and the [American Academy of Family Physicians](#). RSV mAb products have been approved by the Federal Drug Administration (FDA) for use in the United States since **July 2023** and have been shown in both domestic and international studies to significantly reduce RSV-associated hospitalizations, the leading cause of hospitalization among U.S. infants.

For the past three years, it has been a priority of the CDC and state and local immunization programs to enroll birthing hospitals in the Vaccines for Children program so RSV mAb can be provided to infants who qualify for the program at no cost to the family or the hospital. These enrollment efforts have been met with resistance **because of the lack of payment for RSV mAb products by commercial insurance when they are delivered during the hospitalization, even though most commercial insurance plans will pay for the product when delivered on an out-patient basis**. As birthing hospitals, especially those in rural and critical access areas, are unable to provide the product to their commercially insured infants without compensation, most hospitals are forced to make the decision not to provide the product to **any** of their infants rather than create disparity between commercially insured and VFC-eligible infants. Hospitals in one state actually disenrolled from the VFC program, citing their inability to collect payment for providing RSV mAb products to the commercially insured infants under their care. Overall, only

36 percent of U.S. birthing institutions are enrolled in the VFC program after three years, in part due to this ongoing issue with commercial insurance coverage of the RSV mAb products. As a result, administration of RSV mAb products is largely forced to occur in the out-patient setting, placing infants at unnecessary risk for RSV infection before they can be protected. One [study](#) demonstrated only 37 percent of all infants, regardless of insurance status, were seen in the out-patient setting within the first six days of life. Roughly 1 in 5 babies covered by Medicaid do not receive a well-baby checkup within the first week of life. **Immunizing infants prior to discharge from the birth hospitalization helps to ensure that every infant can be protected from RSV disease.**

Representatives of AHIP have communicated previously that RSV mAb products would not be considered for inclusion in the bundled payment (DRG) for neonatal care unless hospitals first billed for and were denied payment for administration of the products for a period of time, which was estimated to be approximately one year. Approximately 10,000 babies are born in the U.S. each day, approximately [98.4 percent](#) of which are born in hospitals. Approximately 50 percent of these births, or 4,920 births per day, are covered by commercial insurance plans. At a private sector cost of \$595 per dose, this equates to asking U.S. hospitals to provide **\$2.9 million in uncompensated care EACH DAY for a year or more, even though commercial insurance plans will pay for the product if given on the same day as an out-patient.** This delay in administration is not only bad for babies as it puts them at needless risk of severe RSV infections, but puts insurance companies at greater risk of needing to cover preventable infant hospitalizations. One recent [study](#) estimated the annual direct medical costs from medically attended RSV-associated illness among infants aged <12 months to be \$1.4 billion. **The most effective and cost-saving use of RSV mAb products is to administer them prior to hospital discharge, before an infant is likely to be exposed to RSV.**

Because of the ongoing denial of payment by commercial insurance companies for the in-patient administration of RSV mAb products, infants, regardless of insurance status, remain unprotected. It is unconscionable that infants are being denied access to these products in the hospital setting where they can be of greatest benefit, and instead left vulnerable until they are offered protection in the outpatient setting.

**We urge commercial insurance companies to immediately allow for line-item billing and subsequent appropriate payment of RSV mAb products administered during the birth hospitalization to all eligible infants,** as well as continued coverage of out-patient administration of these products. As the timing of administration of RSV mAb products varies geographically and by population, **insurance companies should not impose limitations on the coverage of these products based on the date of administration.**

By providing for line-item billing and appropriate payment of RSV mAb products, commercial insurance companies can remove a tremendous barrier to birthing hospital provision of these life-saving products to the infants in their care. Insurance companies will avoid unnecessary costs

related to RSV-associated hospitalizations, and babies will avoid unnecessary and potentially life-threatening infections from RSV.

Each day that goes by without commercial insurance coverage of RSV mAb products administered during the birth hospitalization leaves thousands of infants at risk. We ask that you act swiftly to protect these infants. Rarely is there such an opportunity for all sides to benefit from one important decision.

Sincerely,

The Association of Immunization Managers

The Alliance for Women's Health and Prevention

American Academy of Family Physicians

American Academy of Pediatrics

American Academy of Pediatrics, DC Chapter

American College of Obstetricians & Gynecologists

Association of State and Territorial Health Officers

Infectious Diseases Society of America

March of Dimes

National Coalition for Infant Health

Pediatric Infectious Diseases Society

Society for Maternal-Fetal Medicine

Vaccinate Your Family