

Securing Babies' Access to Life-Saving Medicine

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The National Coalition for Infant Health is a collaborative of more than 200 professional, clinical, community health, and family support organizations focused on improving the lives of premature infants through age two and their families. NCfIH's mission is to promote lifelong clinical, health, education, and supportive services needed by premature infants and their families. NCfIH prioritizes safety of this vulnerable population and access to approved therapies.

Bringing a newborn baby home from the hospital is a joy like no other. Bringing that same baby back to the hospital for treatment of a life-threatening virus would be a nightmare. Yet, for tens of thousands of parents, [RSV](#) makes that traumatic return trip a reality. (1)

While there is no vaccine to prevent the respiratory syncytial virus, “vaccine-like” drugs can protect babies through their most vulnerable years. These drugs, called monoclonal antibodies, deliver protective antibodies by enlisting the body’s natural immune system response against infection like RSV. Realizing their potential for all babies means improving their accessibility. That comes down to the question of whether policymakers and insurance companies will cover these medications as vaccines.

If they do, the drugs might be eligible for the national [Vaccines for Children Program](#) (VCP). (2) VCP would expand the num-

ber of protected children and reduce disparities in access by providing vaccine-like drugs to eligible children at no cost. Such an approach would benefit children insured by Medicaid as well as those who are under or uninsured.

By contrast, if vaccine-like products are treated as traditional medications, they will be more costly for parents and likely harder to get. Most commercial health plans require patients to pay at least a flat co-pay for prescriptions, and uninsured patients are usually responsible for a medication’s total cost. It is also common for insurers to limit access through the use of [prior authorization](#). (3) Out-of-pocket costs and insurance barriers will keep kids from reaping the benefits of these preventive medications.

To understand why vaccine-like medications need to be widely available, consider the scope of RSV in America.

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It is one of the most common causes of lower respiratory tract infections in young children and the [leading cause of hospitalization](#) (4) among babies less than one year old. The majority of RSV hospitalizations are in healthy infants born at full term.

Most RSV infections produce cold-like symptoms and are easily treated. But the virus can be much more dangerous in some in-



ants and children. [Research](#) cites a greater rate of serious cases in babies from lower socioeconomic groups. (4)

Vaccine-like medications are a welcome tool to protect infants and their families from the torment of a serious RSV infection. Treating these drugs like vaccines will assure more equitable access and save the high costs of treating preventable infections. The net result is lower costs and healthier kids.

References:

1. <https://www.cdc.gov/rsv/high-risk/infants-young-children.html>
2. <https://www.cdc.gov/vaccines/programs/vfc/index.html>
3. <https://www.youtube.com/watch?v=aibWAFpkht0&t=15s>
4. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5833316/#:~:text=Palivizumab%20is%20a%20monoclonal%20antibody.infections%20in%20high%20risk%20infants.>

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National Coalition for Infant Health Values (SANE)

Safety. Premature infants are born vulnerable. Products, treatments and related public policies should prioritize these fragile infants' safety.

Access. Budget-driven health care policies should not preclude premature infants' access to preventative or necessary therapies.

Nutrition. Proper nutrition and full access to health care keep premature infants healthy after discharge from the NICU.

Equality. Prematurity and related vulnerabilities disproportionately impact minority and economically disadvantaged families. Restrictions on care and treatment should not worsen inherent disparities.