

Committee Print

(SHOWING THE TEXT OF H.R. 2347, AS FAVORABLY FORWARDED BY THE
SUBCOMMITTEE ON HEALTH ON JULY 15, 2021)

117TH CONGRESS
1ST SESSION

H. R. 2347

To amend title XIX of the Social Security Act to ensure adequate access to vaccines under the Medicaid program and the Vaccines for Children program, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 1, 2021

Ms. SCHRIER (for herself, Mr. JOYCE of Pennsylvania, Mr. BUTTERFIELD, and Mr. MCKINLEY) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend title XIX of the Social Security Act to ensure adequate access to vaccines under the Medicaid program and the Vaccines for Children program, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Strengthening the Vac-
5 cines for Children Program Act of 2021”.

1 **SEC. 2. ENSURING ADEQUATE ACCESS TO VACCINES**
2 **UNDER THE MEDICAID PROGRAM AND THE**
3 **VACCINES FOR CHILDREN PROGRAM.**

4 (a) EXPANSION OF DEFINITION OF FEDERALLY VAC-
5 CINE-ELIGIBLE CHILD.—Paragraph (2) of section
6 1928(b) of the Social Security Act (42 U.S.C. 1396s(b))
7 is amended—

8 (1) in subparagraph (A)—

9 (A) in clause (iii), by striking “A child
10 who” and all that follows through the period at
11 the end and inserting “A child who is adminis-
12 tered a qualified pediatric vaccine and is not in-
13 sured with respect to such vaccine.”; and

14 (B) by adding at the end the following new
15 clause:

16 “(v) A child who is enrolled for child
17 health assistance under a State child
18 health plan approved under title XXI.”;
19 and

20 (2) in subparagraph (B)(ii)(II), by striking “for
21 purposes of subparagraph (A)(iii)(II)” and inserting
22 “for purposes of subparagraph (A)(iii)”.

23 (b) COVERAGE OF VACCINE COUNSELING AND EDU-
24 CATIONAL SERVICES UNDER MEDICAID.—

25 (1) IN GENERAL.—Section 1905(a) of the So-
26 cial Security Act (42 U.S.C. 1396d) is amended—

1 (A) in paragraph (30), by striking “and”
2 at the end;

3 (B) by redesignating paragraph (31) as
4 paragraph (32); and

5 (C) by inserting after paragraph (30) the
6 following new paragraph:

7 “(31) vaccine counseling and educational serv-
8 ices furnished to children under the age of 19 on or
9 after the date of the enactment of this paragraph,
10 including any such services furnished as part of a
11 multiple component vaccine (identified as of October
12 1, 2020, by CPT code 90461) and including any
13 such services furnished under the program estab-
14 lished by the State pursuant to section 1928 to a
15 medicaid-eligible child (as defined in subsection (b)
16 of such section),”.

17 (2) MANDATORY BENEFIT.—Section
18 1902(a)(10)(A) of the Social Security Act (42
19 U.S.C. 1396a(a)(10)(A)) is amended by striking
20 “and (30)” and inserting “(30), and (31)”.

21 (c) CLARIFICATION OF COVERAGE OF PEDIATRIC
22 VACCINES AND VACCINE COUNSELING AND EDUCATIONAL
23 SERVICES UNDER THE VACCINES FOR CHILDREN PRO-
24 GRAM.—Section 1928(c)(2)(C)(ii) of the Social Security

1 Act (42 U.S.C. 1396s(c)(2)(C)(ii)) is amended to read as
2 follows:

3 “(ii) The provider may impose—

4 “(I) in the case of a qualified pedi-
5 atric vaccine not described in subclause
6 (II), a fee for the administration of and
7 counseling for such vaccine so long as the
8 fee in the case of a federally vaccine-eli-
9 gible child does not exceed the costs of such
10 administration and counseling (as deter-
11 mined by the Secretary based on actual re-
12 gional costs for such administration and
13 counseling); and

14 “(II) in the case of a qualified pedi-
15 atric vaccine that is a multiple component
16 vaccine, a separate charge for the adminis-
17 tration of and counseling for each compo-
18 nent of such vaccine so long as the charge
19 in the case of a federally vaccine-eligible
20 child does not exceed—

21 “(aa) with respect to the first
22 component of such vaccine, the costs
23 of such administration and counseling
24 for such component (as determined by
25 the Secretary based on actual regional

1 costs for such administration and
2 counseling for such first component);
3 and

4 “(bb) with respect to a subse-
5 quent component of such vaccine, the
6 payment rate that applies to such ad-
7 ministration and counseling for such
8 component and provider under part B
9 of title XVIII.”.

10 (d) INCREASE IN FEDERAL MEDICAL ASSISTANCE
11 PERCENTAGE.—

12 (1) IN GENERAL.—Section 1905 of the Social
13 Security Act (42 U.S.C. 1396d) is amended—

14 (A) in subsection (b), by striking “and
15 (ii)” and inserting “(ii), and (jj)”; and

16 (B) by adding at the end the following new
17 subsection:

18 “(jj) TEMPORARY INCREASE IN FMAP FOR VAC-
19 CINATIONS FURNISHED TO CHILDREN.—

20 “(1) IN GENERAL.—Subject to paragraph (2),
21 notwithstanding any other provision of this title, the
22 Federal medical assistance percentage otherwise ap-
23 plicable for a State with respect to amounts ex-
24 pended by a State for medical assistance for a vac-
25 cine furnished to an individual under the age of 19

1 during the 8 calendar quarter period beginning with
2 the first calendar quarter beginning after the date of
3 the enactment of this subsection shall be increased
4 by 1 percentage point.

5 “(2) REQUIREMENTS.—A State may not receive
6 the increase described in paragraph (1) in the Fed-
7 eral medical assistance percentage for such State,
8 with respect to a quarter, if such State does not en-
9 sure culturally competent and effective messages for
10 vaccination outreach to child populations, which may
11 include the dissemination of information high-
12 lighting—

13 “(A) advancements in research and vaccine
14 development that have saved millions of individ-
15 uals from death and disability from now-pre-
16 ventable diseases;

17 “(B) information on how individuals across
18 the lifespan benefit from immunizations, includ-
19 ing those who cannot be vaccinated and rely on
20 community immunity;

21 “(C) information on the dangers of not
22 being vaccinated, including the potential for in-
23 fectious disease outbreaks within communities;
24 and

1 “(D) information on vaccine safety and the
2 systems in place to monitor vaccine safety.”.

3 (2) REQUIREMENT FOR CERTAIN STATES.—Sec-
4 tion 1905(cc) of the Social Security Act (42 U.S.C.
5 1396d(cc)) is amended—

6 (A) by inserting “and section 2(e) of the
7 Strengthening the Vaccines for Children Pro-
8 gram Act of 2021” before “, except that in ap-
9 plying”; and

10 (B) by inserting “, and in applying such
11 treatments to the increases in the Federal med-
12 ical assistance percentage under subsection (jj),
13 the reference to ‘December 31, 2009’ shall be
14 deemed to be a reference to ‘December 31,
15 2020’” before the period at the end.

16 (e) TRIBAL EPIDEMIOLOGY CENTER DATA AC-
17 CESS.—With respect to data access for tribal epidemiology
18 centers established under section 214 of the Indian Health
19 Care Improvement Act (25 U.S.C. 1621m), the Director
20 of the Centers for Disease control and Prevention may cre-
21 ate a data sharing strategy that ensures such centers have
22 access to data, data sets, monitoring systems, delivery sys-
23 tems, and other protected health information with respect
24 to health care and public health surveillance systems of
25 child and adolescent health necessary to accomplish such

1 centers' public health authority responsibilities described
2 in such section or section 164.501 of title 45, Code of Fed-
3 eral Regulations.

4 (f) REPORTS.—

5 (1) IN GENERAL.—For each of fiscal years
6 2021 and 2022, the Director of the Centers for Dis-
7 ease Control and Prevention, in coordination with
8 each State that has established a pediatric vaccine
9 distribution program under section 1928 of the So-
10 cial Security Act (42 U.S.C. 1396s), shall publish on
11 the public internet website of the Centers for Dis-
12 ease Control and Prevention, in such manner as de-
13 termined appropriate by the Director, information
14 on vaccination rates under each such program dur-
15 ing such year, including such rates disaggregated by
16 region, age, sex, race, ethnicity, and other demo-
17 graphic factors determined appropriate by the Direc-
18 tor.

19 (2) EFFECTS ON VACCINATION RATES AND PRO-
20 GRAM PARTICIPATION.—Not later than 2 years after
21 the date of the enactment of this Act, the Comp-
22 troller General of the United States shall submit to
23 Congress a report containing an analysis of the ef-
24 fects of the provisions of, and the amendments made
25 by, this Act on—

1 (A) vaccination rates under the pediatric
2 vaccine distribution program under section
3 1928 of the Social Security Act (42 U.S.C.
4 1396s); and
5 (B) provider participation in such pro-
6 gram.