

117TH CONGRESS
1ST SESSION

H. R. 951

To direct the Secretary of Health and Human Services to carry out a national campaign to increase awareness of the importance of maternal vaccinations for the health of pregnant and postpartum individuals and their children, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 8, 2021

Ms. SEWELL (for herself, Ms. UNDERWOOD, Ms. ADAMS, Mr. KHANNA, Ms. VELÁZQUEZ, Mrs. MCBATH, Mr. SMITH of Washington, Ms. SCANLON, Mr. LAWSON of Florida, Mrs. HAYES, Mr. BUTTERFIELD, Ms. MOORE of Wisconsin, Ms. STRICKLAND, Mr. RYAN, Mr. SCHIFF, Mr. JOHNSON of Georgia, Mr. HORSFORD, Ms. WASSERMAN SCHULTZ, Ms. BARRAGÁN, Mr. DEUTCH, Mr. PAYNE, Mr. BLUMENAUER, Mr. MOULTON, Mr. SOTO, Mr. NADLER, Mr. TRONE, Ms. CLARKE of New York, Ms. SCHAKOWSKY, Ms. BASS, Ms. PRESSLEY, Mr. EVANS, Ms. BLUNT ROCHESTER, Ms. CASTOR of Florida, Mr. JONES, Mr. COHEN, Ms. ROYBAL-ALLARD, Ms. SPEIER, Ms. JACKSON LEE, Mr. CARSON, Mr. KILDEE, Mr. DAVID SCOTT of Georgia, Ms. NORTON, Mr. SUOZZI, Ms. WILLIAMS of Georgia, and Mr. COOPER) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To direct the Secretary of Health and Human Services to carry out a national campaign to increase awareness of the importance of maternal vaccinations for the health of pregnant and postpartum individuals and their children, 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Maternal Vaccination
3 Act”.

4 **SEC. 2. MATERNAL VACCINATION AWARENESS AND EQUITY**
5 **CAMPAIGN.**

6 (a) IN GENERAL.—The Secretary of Health and
7 Human Services (in this section referred to as the “Sec-
8 retary”), acting through the Director of the Centers for
9 Disease Control and Prevention, shall carry out a national
10 campaign to—

11 (1) increase awareness of the importance of ma-
12 ternal vaccinations for the health of pregnant and
13 postpartum individuals and their children; and

14 (2) increase maternal vaccination rates, with a
15 focus on communities with historically high rates of
16 unvaccinated individuals.

17 (b) CONSULTATION.—In carrying out the campaign
18 under this Act, the Secretary shall consult with relevant
19 community-based organizations, health care professional
20 associations and public health associations, State public
21 health departments and local public health departments,
22 Tribal-serving organizations, nonprofit organizations, and
23 nationally recognized private entities.

24 (c) ACTIVITIES.—The campaign under this section
25 shall—

1 (1) focus on increasing maternal vaccination
2 rates in communities with historically high rates of
3 unvaccinated individuals, including for pregnant and
4 postpartum individuals from racial and ethnic mi-
5 nority groups;

6 (2) include efforts to engage with pregnant and
7 postpartum individuals in communities with histori-
8 cally high rates of unvaccinated individuals to seek
9 input on the development and effectiveness of the
10 campaign;

11 (3) provide evidence-based, culturally congruent
12 resources and communications efforts; and

13 (4) be carried out in partnership with trusted
14 individuals and entities in communities with histori-
15 cally high rates of unvaccinated individuals, includ-
16 ing community-based organizations, community
17 health centers, perinatal health workers, and mater-
18 nity care providers.

19 (d) COLLABORATION.—The Secretary shall ensure
20 that the information and resources developed for the cam-
21 paign under this section are made publicly available and
22 shared with relevant Federal, State, and local entities.

23 (e) EVALUATION.—Not later than the end of fiscal
24 year 2025, the Secretary shall—

1 (1) establish quantitative and qualitative
2 metrics to evaluate the campaign under this section;
3 and

4 (2) submit a report detailing the campaign’s
5 impact to the Congress.

6 (f) AUTHORIZATION OF APPROPRIATIONS.—To carry
7 out this section, there is authorized to be appropriated
8 \$2,000,000 for each of fiscal years 2022 through 2026.

9 **SEC. 3. DEFINITIONS.**

10 In this Act:

11 (1) CULTURALLY CONGRUENT.—The term “cul-
12 turally congruent”, with respect to care or maternity
13 care, means care that is in agreement with the pre-
14 ferred cultural values, beliefs, worldview, language,
15 and practices of the health care consumer and other
16 stakeholders.

17 (2) MATERNITY CARE PROVIDER.—The term
18 “maternity care provider” means a health care pro-
19 vider who—

20 (A) is a physician, physician assistant,
21 midwife who meets at a minimum the inter-
22 national definition of the midwife and global
23 standards for midwifery education as estab-
24 lished by the International Confederation of

1 Midwives, nurse practitioner, or clinical nurse
2 specialist; and

3 (B) has a focus on maternal or perinatal
4 health.

5 (3) PERINATAL HEALTH WORKER.—The term
6 “perinatal health worker” means a doula, commu-
7 nity health worker, peer supporter, breastfeeding
8 and lactation educator or counselor, nutritionist or
9 dietitian, childbirth educator, social worker, home
10 visitor, language interpreter, or navigator.

11 (4) POSTPARTUM AND POSTPARTUM PERIOD.—
12 The terms “postpartum” and “postpartum period”
13 refer to the 1-year period beginning on the last day
14 of the pregnancy of an individual.

15 (5) RACIAL AND ETHNIC MINORITY GROUP.—
16 The term “racial and ethnic minority group” has the
17 meaning given such term in section 1707(g)(1) of
18 the Public Health Service Act (42 U.S.C. 300u-
19 6(g)(1)).

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