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 eines for Children Program Act of 2021”.

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

(a) ENCOURAGING INVOLVEMENT OF PROVIDERS.— Paragraph (3) of section 1928(c) of the Social Security Act (42 U.S.C. 1396s(c)) is amended—

(1) by redesignating subparagraphs (A) and (B) as clauses (i) and (ii), respectively, and moving the margins of each such clause, as so redesignated, 2 ems to the right;

(2) by striking “PROVIDERS” and all that follows through “Each program” and inserting “PROVIDERS.—

“(A) IN GENERAL.—Each program”; and

(3) by adding at the end the following:

“(B) INCENTIVE PAYMENTS.—

“(i) IN GENERAL.—The Secretary shall pay to each provider that requests payment under this subparagraph and that is a program-registered provider under this section for the duration of the period beginning on the date of the enactment of this subparagraph, and ending on December 31, 2022—

“(I) an amount equal to $5,000, to be paid as soon as practicable after
the date of the enactment of this sub-
paragraph;

“(II) an amount equal to $2,500,
to be paid as soon as practicable after
January 1, 2022; and

“(III) an amount equal to
$2,500, to be paid as soon as practi-
cable after January 1, 2023.

“(ii) Use of Funds.—Payments
made under clause (i) may only be used by
a provider for purposes of carrying out the
program under this section (including any
operational expenses associated with the
furnishing of vaccines under such program,
as specified by the Secretary).

“(iii) Recoupment of Payments.—
The Secretary may conduct reviews of pro-
viders receiving payments under this sub-
paragraph to ensure that such payments
are used in accordance with clause (ii) and
recoup from such providers any such pay-
ments not so used in accordance with such
clause.”.

(b) Expansion of Definition of Federally Vac-
cine-Eligible Child.—Paragraph (2) of section
1928(b) of the Social Security Act (42 U.S.C. 1396s(b))
is amended—

(1) in subparagraph (A)—

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

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

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

and

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

(c) MINIMUM PAYMENT REQUIREMENT FOR VACCINE
ADMINISTRATION SERVICES.—

(1) IN GENERAL.—Section 1902(a)(13) of the
Social Security Act (42 U.S.C. 1396a(a)(13)) is
amended—

(A) in subparagraph (B), by striking
“and” at the end;
(B) in subparagraph (C), by striking the semicolon and inserting “; and”; and

(C) by adding at the end the following new subparagraph:

“(D) for payment for vaccine administration services (including vaccine counseling and educational services) furnished by a provider during the period beginning on the date of the enactment of this subparagraph, and ending on December 31, 2022 (including, notwithstanding subsection (c)(2)(C)(ii) of section 1928, any such services furnished with respect to a vaccine furnished under the program established by the State pursuant to such section to a medicaid-eligible child (as defined in subsection (b)(2)(B)(i) of such section)), at a rate not less than 100 percent of the payment rate that applies to such services and provider under part B of title XVIII;”.

(2) MANAGED CARE PLANS.—Section 1932(f) of the Social Security Act (42 U.S.C. 1396u–2(f)) is amended—

(A) in the header, by striking “PAYMENT FOR PRIMARY CARE SERVICES” and inserting “PAYMENTS”;
(B) by striking “section 1902(a)(13)(C)” and inserting “subparagraph (C) of section 1902(a)(13) and vaccine administration services described in subparagraph (D) of such section”;

(C) by striking “such section” and inserting “such subparagraph (C) or (D), respectively”; and

(D) by adding at the end the following new sentence: “The provisions of the preceding sentence shall apply to contracts entered into with, and payments made by, other specified entities (as defined in section 1903(m)(9)(D)(iii)) in the same manner as such provisions apply with respect to contracts entered into with, and payments made by, medicaid managed care organizations.”.

(3) CHIP.—Section 2103(c) of the Social Security Act (42 U.S.C. 1397cc(c)) is amended by adding at the end the following new paragraph:

“(11) VACCINE ADMINISTRATION SERVICES.—The child health assistance provided to a targeted low-income child shall include payment for vaccine administration services (including vaccine counseling and educational services) furnished by a provider during the period beginning on the date of the en-
actment of this paragraph, and ending on December 31, 2022 (including, notwithstanding subsection (c)(2)(C)(ii) of section 1928, any such services furnished to such child with respect to a vaccine furnished under the program established by the State pursuant to such section), at a rate not less than 100 percent of the payment rate that applies to such services and provider under part B of title XVIII.”.

(d) Coverage of Vaccine Counseling and Educational Services Under Medicaid.—

(1) In general.—Section 1905(a) of the Social Security Act (42 U.S.C. 1396d) is amended—

(A) in paragraph (29), by striking “and” at the end;

(B) by redesignating paragraph (30) as paragraph (31); and

(C) by inserting after paragraph (29) the following new paragraph:

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

(2) Mandatory benefit.—Section
1902(a)(10)(A) of the Social Security Act (42
U.S.C. 1396a(a)(10)(A)) is amended by striking
“and (29)” and inserting “(29), and (30)”.

(e) Clarification of Coverage of Pediatric
Vaccines and Vaccine Counseling and Educational
Services Under the Vaccines for Children Pro-
gram.—Section 1928(c)(2)(C)(ii) of the Social Security
Act (42 U.S.C. 1396s(c)(2)(C)(ii)) is amended to read as
follows:

“(ii) The provider may impose—

“(I) in the case of a qualified pedi-
atriic vaccine not described in subclause
(II), a fee for the administration of and
counseling for such vaccine so long as the
fee in the case of a federally vaccine-eli-
ble child does not exceed the costs of such
administration and counseling (as deter-
mined by the Secretary based on actual re-
geonial costs for such administration and
counseling); and
“(II) in the case of a qualified pediatric vaccine that is a multiple component vaccine, a separate charge for the administration of and counseling for each component of such vaccine so long as the charge in the case of a federally vaccine-eligible child does not exceed—

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

“(bb) with respect to a subsequent component of such vaccine, the payment rate that applies to such administration and counseling for such component and provider under part B of title XVIII.”.

(f) INCREASE IN FEDERAL MEDICAL ASSISTANCE PERCENTAGE.—

(1) IN GENERAL.—Subject to paragraph (2), for each calendar quarter occurring during the pe-
period beginning on January 1, 2021, and ending on December 31, 2022, the Federal medical assistance percentage determined for each State, including the District of Columbia, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, Puerto Rico, and the United States Virgin Islands, under section 1905(b) of the Social Security Act (42 U.S.C. 1396d(b)), after application of section 6008 of the Families First Coronavirus Response Act (Public Law 116–127) (if applicable), shall be increased by 1 percentage point.

(2) REQUIREMENTS.—

(A) IN GENERAL.—A State described in paragraph (1) may not receive the increase described in such paragraph in the Federal medical assistance percentage for such State, with respect to a quarter, if such State does not ensure culturally competent and effective messages for vaccination outreach to child populations, which may include the dissemination of information highlighting—

(i) advancements in research and vaccine development that have saved millions of individuals from death and disability from now-preventable diseases;
(ii) information on how individuals
across the lifespan benefit from immuniza-
tions, including those who cannot be vac-
cinated and rely on community immunity;

(iii) information on the dangers of not
being vaccinated, including the potential
for infectious disease outbreaks within
communities; and

(iv) information on vaccine safety and
the systems in place to monitor vaccine
safety.

(B) REQUIREMENT FOR CERTAIN
STATES.—Section 1905(cc) of the Social Secu-
rity Act (42 U.S.C. 1396d(cc)) is amended—

(i) by inserting “and section 2(e) of
the Strengthening the Vaccines for Chil-
dren Program Act of 2021” before “, ex-
cept that in applying”; and

(ii) by inserting “, and in applying
such treatments to the increases in the
Federal medical assistance percentage
under section 2(e) of the Strengthening the
Vaccines for Children Program Act of
2021, the reference to ‘December 31,
2009’ shall be deemed to be a reference to
‘December 31, 2020’” before the period at
the end.

(g) Tribal Epidemiology Center Data Access.—With respect to data access for tribal epidemiology centers established under section 214 of the Indian Health Care Improvement Act (25 U.S.C. 1621m), the Director of the Centers for Disease control and Prevention may create a data sharing strategy that ensures such centers have access to data, data sets, monitoring systems, delivery systems, and other protected health information with respect to health care and public health surveillance systems of child and adolescent health necessary to accomplish such centers’ public health authority responsibilities described in such section or section 164.501 of title 45, Code of Federal Regulations.

(h) Reports.—
(1) In general.—For each of fiscal years 2021 and 2022, the Director of the Centers for Disease Control and Prevention, in coordination with each State that has established a pediatric vaccine distribution program under section 1928 of the Social Security Act (42 U.S.C. 1396s), shall publish on the public internet website of the Centers for Disease Control and Prevention, in such manner as determined appropriate by the Director, information
on vaccination rates under each such program during such year, including such rates disaggregated by region, age, sex, race, ethnicity, and other demographic factors determined appropriate by the Director.

(2) EFFECTS ON VACCINATION RATES AND PROGRAM PARTICIPATION.—Not later than 2 years after the date of the enactment of this Act, the Comptroller General of the United States shall submit to Congress a report containing an analysis of the effects of the provisions of, and the amendments made by, this Act on—

(A) vaccination rates under the pediatric vaccine distribution program under section 1928 of the Social Security Act (42 U.S.C. 1396s); and

(B) provider participation in such program.