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.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Strengthening the Vaccines for Children Program Act of 2021”.

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

(a) EXPANSION OF DEFINITION OF FEDERALLY VACCINE-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 administered a qualified pediatric vaccine and is not insured 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)”.

(b) 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 (30), by striking “and” at the end;

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

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

“(31) 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 established 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 (30)” and inserting “(30), and (31)”. 

(c) CLARIFICATION OF COVERAGE OF PEDIATRIC VACCINES AND VACCINE COUNSELING AND EDUCATIONAL SERVICES UNDER THE VACCINES FOR CHILDREN PROGRAM.—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 pediatric 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-eligible child does not exceed the costs of such administration and counseling (as determined by the Secretary based on actual regional 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 subse-
quent component of such vaccine, the
payment rate that applies to such ad-
ministration and counseling for such
component and provider under part B
of title XVIII.”.

(d) INCREASE IN FEDERAL MEDICAL ASSISTANCE

PERCENTAGE.—

(1) IN GENERAL.—Section 1905 of the Social

Security Act (42 U.S.C. 1396d) is amended—

(A) in subsection (b), by striking “and

(ii)” and inserting “(ii), and (jj)”;

and

(B) by adding at the end the following new

subsection:

“(jj) TEMPORARY INCREASE IN FMAP FOR VAC-

CINATIONS FURNISHED TO CHILDREN.—

“(1) IN GENERAL.—Subject to paragraph (2),

notwithstanding any other provision of this title, the

Federal medical assistance percentage otherwise ap-

pllicable for a State with respect to amounts ex-

pended by a State for medical assistance for a vac-

cine furnished to an individual under the age of 19
during the 8 calendar quarter period beginning with
the first calendar quarter beginning after the date of
the enactment of this subsection shall be increased
by 1 percentage point.

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

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

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

“(C) information on the dangers of not
being vaccinated, including the potential for in-
fecious disease outbreaks within communities;
and
“(D) information on vaccine safety and the systems in place to monitor vaccine safety.’’.

(2) REQUIREMENT FOR CERTAIN STATES.—Section 1905(cc) of the Social Security Act (42 U.S.C. 1396d(cc)) is amended—

(A) by inserting ‘‘and section 2(e) of the Strengthening the Vaccines for Children Program Act of 2021’’ before ‘‘, except that in applying’’; and

(B) by inserting ‘‘, and in applying such treatments to the increases in the Federal medical assistance percentage under subsection (jj), the reference to ‘December 31, 2009’ shall be deemed to be a reference to ‘December 31, 2020’’’ before the period at the end.

(e) 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.

(f) 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.