

116TH CONGRESS
2D SESSION

S. 4690

To increase vaccination rates among pregnant women enrolled in Medicaid or CHIP, and for other purposes.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 24, 2020

Ms. HASSAN (for herself and Mr. CASSIDY) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To increase vaccination rates among pregnant women enrolled in Medicaid or CHIP, 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 “Maternal Immuniza-
5 tion Enhancement Act”.

6 **SEC. 2. DEFINITIONS.**

7 In this Act:

8 (1) CHIP.—The term “CHIP” means the chil-
9 dren’s health insurance program established under
10 title XXI of the Social Security Act (42 U.S.C.

1 1397aa et seq.) and includes any waivers of such
2 program.

(4) STATE.—The term “State” has the meaning given that term for purposes of title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).

12 SEC. 3. CMS GUIDANCE ON INCREASING VACCINATION
13 RATES AMONG PREGNANT WOMEN EN-
14 ROLLED IN MEDICAID OR CHIP.

15 (a) IN GENERAL.—Not later than 1 year after the
16 date of enactment of this Act, the Administrator of the
17 Centers for Medicare & Medicaid Services, in consultation
18 with the Director of the Centers for Disease Control and
19 Prevention, shall issue guidance to States on increasing
20 the vaccination rates for Advisory Committee on Immuni-
21 zation Practices recommended vaccines among pregnant
22 women enrolled in Medicaid or CHIP.

23 (b) REQUIREMENTS.—The guidance issued under
24 subsection (a) shall at a minimum include options and best
25 practices for—

- 1 (1) increasing the vaccination rates for Advisory Committee on Immunization Practices recommended vaccines among pregnant women, particularly with respect to the influenza, diphtheria, tetanus, and whooping cough (pertussis) vaccines;
- 2 (2) billing and receiving Federal payments under Medicaid and CHIP for obtaining and administering such recommended vaccines to pregnant women; and
- 3 (3) providing counseling and patient outreach and education regarding such vaccines.

4 **SEC. 4. INCLUSION OF PRENATAL IMMUNIZATION STATUS**

5 **FOR PREGNANT WOMEN QUALITY MEASURE**

6 **IN THE CORE SETS OF HEALTH CARE QUAL-**

7 **ITY MEASURES FOR CHILDREN ENROLLED IN**

8 **MEDICAID OR CHIP AND ADULTS ENROLLED**

9 **IN MEDICAID.**

10 (a) IN GENERAL.—Not later than 2 years after the date of enactment of this Act, the Secretary shall include a prenatal immunization status for pregnant women quality measure in—

- 11 (1) the core set of child health quality measures for Medicaid and CHIP; and
- 12 (2) the adult health care quality measures for Medicaid.

1 (b) REQUIREMENT.—The prenatal immunization sta-
2 tus for pregnant women quality measure included in such
3 core sets of health quality measures shall measure the per-
4 centage of deliveries in which pregnant women received
5 vaccines recommended by the Advisory Committee on Im-
6 munization Practices of the Centers for Disease Control
7 and Prevention during pregnancy.

8 **SEC. 5. GAO REPORT.**

9 Not later than 2 years after the date of enactment
10 of this Act, the Comptroller General of the United States
11 shall submit a report to Congress on the vaccination rates
12 among pregnant women enrolled in Medicaid or CHIP
13 with respect to the Advisory Committee on Immunization
14 Practices vaccines recommended for pregnant women. To
15 the extent data are available, the report shall include the
16 following:

17 (1) The percentage of pregnant women enrolled
18 in Medicaid or CHIP who did not receive vaccines
19 paid for by Medicaid or CHIP as recommended by
20 the Advisory Committee on Immunization Practices
21 while pregnant.

22 (2) To the extent practicable, an analysis of
23 whether structural barriers, such as cost sharing or
24 other specific requirements, are imposed under Med-
25 icaid or CHIP which impact the vaccination rates

1 among pregnant women enrolled in Medicaid or
2 CHIP with respect to the Advisory Committee on
3 Immunization Practices vaccines recommended for
4 pregnant women.

5 (3) To the extent practicable, an analysis of the
6 reasons why women enrolled in Medicaid or CHIP
7 do not receive such recommended vaccines rec-
8 ommended while pregnant.

9 (4) To the extent practicable, demographic de-
10 tails regarding the population of pregnant women
11 enrolled in Medicaid or CHIP, including race, eth-
12 nicity, and rural or urban geographic location.

13 (5) As the Comptroller General deems appro-
14 priate, recommendations for legislative or adminis-
15 trative actions relating to increasing the vaccination
16 rates among pregnant women enrolled in Medicaid
17 or CHIP with respect to the Advisory Committee on
18 Immunization Practices vaccines recommended for
19 pregnant women.

