

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.

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## 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

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

7 (1) by redesignating subparagraphs (A) and  
8 (B) as clauses (i) and (ii), respectively, and moving  
9 the margins of each such clause, as so redesignated,  
10 2 ems to the right;

11 (2) by striking “PROVIDERS” and all that fol-  
12 lows through “Each program” and inserting “PRO-  
13 VIDERS.—

14 “(A) IN GENERAL.—Each program”; and

15 (3) by adding at the end the following:

16 “(B) INCENTIVE PAYMENTS.—

17 “(i) IN GENERAL.—The Secretary  
18 shall pay to each provider that requests  
19 payment under this subparagraph and that  
20 is a program-registered provider under this  
21 section for the duration of the period be-  
22 ginning on the date of the enactment of  
23 this subparagraph, and ending on Decem-  
24 ber 31, 2022—

25 “(I) an amount equal to \$5,000,  
26 to be paid as soon as practicable after

1 the date of the enactment of this sub-  
2 paragraph;

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

6 “(III) an amount equal to  
7 \$2,500, to be paid as soon as prac-  
8 ticable after January 1, 2023.

9 “(ii) USE OF FUNDS.—Payments  
10 made under clause (i) may only be used by  
11 a provider for purposes of carrying out the  
12 program under this section (including any  
13 operational expenses associated with the  
14 furnishing of vaccines under such program,  
15 as specified by the Secretary).

16 “(iii) RECOUPMENT OF PAYMENTS.—  
17 The Secretary may conduct reviews of pro-  
18 viders receiving payments under this sub-  
19 paragraph to ensure that such payments  
20 are used in accordance with clause (ii) and  
21 recoup from such providers any such pay-  
22 ments not so used in accordance with such  
23 clause.”.

24 (b) EXPANSION OF DEFINITION OF FEDERALLY VAC-  
25 CINE-ELIGIBLE CHILD.—Paragraph (2) of section

1 1928(b) of the Social Security Act (42 U.S.C. 1396s(b))  
2 is amended—

3 (1) in subparagraph (A)—

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

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

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

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

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

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

23 (A) in subparagraph (B), by striking  
24 “and” at the end;

1 (B) in subparagraph (C), by striking the  
2 semicolon and inserting “; and”; and

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

5 “(D) for payment for vaccine administra-  
6 tion services (including vaccine counseling and  
7 educational services) furnished by a provider  
8 during the period beginning on the date of the  
9 enactment of this subparagraph, and ending on  
10 December 31, 2022 (including, notwithstanding  
11 subsection (c)(2)(C)(ii) of section 1928, any  
12 such services furnished with respect to a vac-  
13 cine furnished under the program established  
14 by the State pursuant to such section to a med-  
15 icaid-eligible child (as defined in subsection  
16 (b)(2)(B)(i) of such section)), at a rate not less  
17 than 100 percent of the payment rate that ap-  
18 plies to such services and provider under part  
19 B of title XVIII;”.

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

23 (A) in the header, by striking “PAYMENT  
24 FOR PRIMARY CARE SERVICES” and inserting  
25 “PAYMENTS”;

1 (B) by striking “section 1902(a)(13)(C)”  
2 and inserting “subparagraph (C) of section  
3 1902(a)(13) and vaccine administration services  
4 described in subparagraph (D) of such section”;

5 (C) by striking “such section” and insert-  
6 ing “such subparagraph (C) or (D), respec-  
7 tively”; and

8 (D) by adding at the end the following new  
9 sentence: “The provisions of the preceding sen-  
10 tence shall apply to contracts entered into with,  
11 and payments made by, other specified entities  
12 (as defined in section 1903(m)(9)(D)(iii)) in the  
13 same manner as such provisions apply with re-  
14 spect to contracts entered into with, and pay-  
15 ments made by, medicaid managed care organi-  
16 zations.”.

17 (3) CHIP.—Section 2103(c) of the Social Secu-  
18 rity Act (42 U.S.C. 1397cc(c)) is amended by add-  
19 ing at the end the following new paragraph:

20 “(11) VACCINE ADMINISTRATION SERVICES.—  
21 The child health assistance provided to a targeted  
22 low-income child shall include payment for vaccine  
23 administration services (including vaccine counseling  
24 and educational services) furnished by a provider  
25 during the period beginning on the date of the en-

1 actment of this paragraph, and ending on December  
2 31, 2022 (including, notwithstanding subsection  
3 (c)(2)(C)(ii) of section 1928, any such services fur-  
4 nished to such child with respect to a vaccine fur-  
5 nished under the program established by the State  
6 pursuant to such section), at a rate not less than  
7 100 percent of the payment rate that applies to such  
8 services and provider under part B of title XVIII.”.

9 (d) COVERAGE OF VACCINE COUNSELING AND EDU-  
10 CATIONAL SERVICES UNDER MEDICAID.—

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

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

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

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

19 “(30) vaccine counseling and educational serv-  
20 ices furnished to children under the age of 19 on or  
21 after the date of the enactment of this paragraph,  
22 including any such services furnished as part of a  
23 multiple component vaccine (identified as of October  
24 1, 2020, by CPT code 90461) and including any  
25 such services furnished under the program estab-

1 lished by the State pursuant to section 1928 to a  
2 medicaid-eligible child (as defined in subsection (b)  
3 of such section),”.

4 (2) MANDATORY BENEFIT.—Section  
5 1902(a)(10)(A) of the Social Security Act (42  
6 U.S.C. 1396a(a)(10)(A)) is amended by striking  
7 “and (29)” and inserting “(29), and (30)”.

8 (e) CLARIFICATION OF COVERAGE OF PEDIATRIC  
9 VACCINES AND VACCINE COUNSELING AND EDUCATIONAL  
10 SERVICES UNDER THE VACCINES FOR CHILDREN PRO-  
11 GRAM.—Section 1928(c)(2)(C)(ii) of the Social Security  
12 Act (42 U.S.C. 1396s(c)(2)(C)(ii)) is amended to read as  
13 follows:

14 “(ii) The provider may impose—  
15 “(I) in the case of a qualified pedi-  
16 atric vaccine not described in subclause  
17 (II), a fee for the administration of and  
18 counseling for such vaccine so long as the  
19 fee in the case of a federally vaccine-eli-  
20 ble child does not exceed the costs of such  
21 administration and counseling (as deter-  
22 mined by the Secretary based on actual re-  
23 gional costs for such administration and  
24 counseling); and



1 “(II) in the case of a qualified pedi-  
2 atric vaccine that is a multiple component  
3 vaccine, a separate charge for the adminis-  
4 tration of and counseling for each compo-  
5 nent of such vaccine so long as the charge  
6 in the case of a federally vaccine-eligible  
7 child does not exceed—

8 “(aa) with respect to the first  
9 component of such vaccine, the costs  
10 of such administration and counseling  
11 for such component (as determined by  
12 the Secretary based on actual regional  
13 costs for such administration and  
14 counseling for such first component);  
15 and

16 “(bb) with respect to a subse-  
17 quent component of such vaccine, the  
18 payment rate that applies to such ad-  
19 ministration and counseling for such  
20 component and provider under part B  
21 of title XVIII.”.

22 (f) INCREASE IN FEDERAL MEDICAL ASSISTANCE  
23 PERCENTAGE.—

24 (1) IN GENERAL.—Subject to paragraph (2),  
25 for each calendar quarter occurring during the pe-

1 riod beginning on January 1, 2021, and ending on  
2 December 31, 2022, the Federal medical assistance  
3 percentage determined for each State, including the  
4 District of Columbia, American Samoa, Guam, the  
5 Commonwealth of the Northern Mariana Islands,  
6 Puerto Rico, and the United States Virgin Islands,  
7 under section 1905(b) of the Social Security Act (42  
8 U.S.C. 1396d(b)), after application of section 6008  
9 of the Families First Coronavirus Response Act  
10 (Public Law 116–127) (if applicable), shall be in-  
11 creased by 1 percentage point.

12 (2) REQUIREMENTS.—

13 (A) IN GENERAL.—A State described in  
14 paragraph (1) may not receive the increase de-  
15 scribed in such paragraph in the Federal med-  
16 ical assistance percentage for such State, with  
17 respect to a quarter, if such State does not en-  
18 sure culturally competent and effective mes-  
19 sages for vaccination outreach to child popu-  
20 lations, which may include the dissemination of  
21 information highlighting—

22 (i) advancements in research and vac-  
23 cine development that have saved millions  
24 of individuals from death and disability  
25 from now-preventable diseases;

1 (ii) information on how individuals  
2 across the lifespan benefit from immuniza-  
3 tions, including those who cannot be vac-  
4 cinated and rely on community immunity;

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

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

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

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

19 (ii) by inserting “, and in applying  
20 such treatments to the increases in the  
21 Federal medical assistance percentage  
22 under section 2(e) of the Strengthening the  
23 Vaccines for Children Program Act of  
24 2021, the reference to ‘December 31,  
25 2009’ shall be deemed to be a reference to

1                   ‘December 31, 2020’” before the period at  
2                   the end.

3           (g) TRIBAL EPIDEMIOLOGY CENTER DATA AC-  
4 CCESS.—With respect to data access for tribal epidemiology  
5 centers established under section 214 of the Indian Health  
6 Care Improvement Act (25 U.S.C. 1621m), the Director  
7 of the Centers for Disease control and Prevention may cre-  
8 ate a data sharing strategy that ensures such centers have  
9 access to data, data sets, monitoring systems, delivery sys-  
10 tems, and other protected health information with respect  
11 to health care and public health surveillance systems of  
12 child and adolescent health necessary to accomplish such  
13 centers’ public health authority responsibilities described  
14 in such section or section 164.501 of title 45, Code of Fed-  
15 eral Regulations.

16           (h) REPORTS.—

17           (1) IN GENERAL.—For each of fiscal years  
18 2021 and 2022, the Director of the Centers for Dis-  
19 ease Control and Prevention, in coordination with  
20 each State that has established a pediatric vaccine  
21 distribution program under section 1928 of the So-  
22 cial Security Act (42 U.S.C. 1396s), shall publish on  
23 the public internet website of the Centers for Dis-  
24 ease Control and Prevention, in such manner as de-  
25 termined appropriate by the Director, information

1 on vaccination rates under each such program dur-  
2 ing such year, including such rates disaggregated by  
3 region, age, sex, race, ethnicity, and other demo-  
4 graphic factors determined appropriate by the Direc-  
5 tor.

6 (2) EFFECTS ON VACCINATION RATES AND PRO-  
7 GRAM PARTICIPATION.—Not later than 2 years after  
8 the date of the enactment of this Act, the Comp-  
9 troller General of the United States shall submit to  
10 Congress a report containing an analysis of the ef-  
11 fects of the provisions of, and the amendments made  
12 by, this Act on—

13 (A) vaccination rates under the pediatric  
14 vaccine distribution program under section  
15 1928 of the Social Security Act (42 U.S.C.  
16 1396s); and

17 (B) provider participation in such pro-  
18 gram.

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