

117TH CONGRESS
1ST SESSION

S. 2691

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 SENATE OF THE UNITED STATES

AUGUST 10, 2021

Mr. REED (for himself and Mrs. CAPITO) introduced the following bill; which was read twice and referred to the Committee on Finance

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) EXPANSION OF DEFINITION OF FEDERALLY VAC-
 5 CINE-ELIGIBLE CHILD.—Paragraph (2) of section
 6 1928(b) of the Social Security Act (42 U.S.C. 1396s(b))
 7 is amended—

8 (1) in subparagraph (A)—

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

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

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

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

23 (b) COVERAGE OF VACCINE COUNSELING AND EDU-
 24 CATIONAL SERVICES UNDER MEDICAID.—

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

1 (A) in paragraph (30), by striking “and”
 2 at the end;

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

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

7 “(31) vaccine counseling and educational serv-
 8 ices furnished to children under the age of 19 on or
 9 after the date of the enactment of this paragraph,
 10 including any such services furnished as part of a
 11 multiple component vaccine (identified as of July 1,
 12 2021, by CPT code 90461) and including any such
 13 services furnished under the program established by
 14 the State pursuant to section 1928 to a vaccine-eli-
 15 gible child (as defined in subsection (b) of such sec-
 16 tion); and”.

17 (2) MANDATORY BENEFIT.—Section
 18 1902(a)(10)(A) of the Social Security Act (42
 19 U.S.C. 1396a(a)(10)(A)) is amended by striking
 20 “and (30)” and inserting “(30), and (31)”.

21 (c) CLARIFICATION OF COVERAGE OF PEDIATRIC
 22 VACCINES AND VACCINE COUNSELING AND EDUCATIONAL
 23 SERVICES UNDER THE VACCINES FOR CHILDREN PRO-
 24 GRAM.—Section 1928(c)(2)(C)(ii) of the Social Security

1 Act (42 U.S.C. 1396s(c)(2)(C)(ii)) is amended to read as
2 follows:

3 “(ii) The provider may impose—

4 “(I) in the case of a qualified pedi-
5 atric vaccine not described in subclause
6 (II), a fee for the administration of and
7 counseling for such vaccine so long as the
8 fee in the case of a federally vaccine-eligible
9 child does not exceed the costs of such
10 administration and counseling (as deter-
11 mined by the Secretary based on actual re-
12 gional costs for such administration and
13 counseling); and

14 “(II) in the case of a qualified pedi-
15 atric vaccine that is a multiple component
16 vaccine, a separate charge for the adminis-
17 tration of and counseling for each compo-
18 nent of such vaccine so long as the charge
19 in the case of a federally vaccine-eligible
20 child does not exceed—

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

1 costs for such administration and
2 counseling for such first component);
3 and

4 “(bb) with respect to a subse-
5 quent component of such vaccine, the
6 payment rate that applies to such ad-
7 ministration and counseling for such
8 component and provider under part B
9 of title XVIII.”.

10 (d) MINIMUM PAYMENT REQUIREMENT FOR VAC-
11 CINE ADMINISTRATION SERVICES.—Section 1902(a)(13)
12 of the Social Security Act (42 U.S.C. 1396a(a)(13)) is
13 amended—

14 (1) in subparagraph (B), by striking “; and”
15 and inserting a semicolon;

16 (2) in subparagraph (C), by striking the semi-
17 colon at the end and inserting “; and”; and

18 (3) by adding at the end the following new sub-
19 paragraph:

20 “(D) for payment for vaccine administra-
21 tion, counseling and educational services pro-
22 vided on or after the date of the enactment of
23 this subparagraph, with regard to vaccine ad-
24 ministration and counseling services furnished
25 by a provider for each additional component of

1 a vaccine after the first component, at a rate
 2 that is at least 80 percent of the payment rate
 3 that applies to such services and provider for
 4 the first or only component of a vaccine under
 5 the State plan at the time of service;”.

6 (e) INCREASE IN FEDERAL MEDICAL ASSISTANCE
 7 PERCENTAGE.—

8 (1) IN GENERAL.—Subject to paragraph (2),
 9 for each calendar quarter occurring during the pe-
 10 riod beginning on January 1, 2022, and ending on
 11 December 31, 2023, the Federal medical assistance
 12 percentage determined for each State, including the
 13 District of Columbia, American Samoa, Guam, the
 14 Commonwealth of the Northern Mariana Islands,
 15 Puerto Rico, and the United States Virgin Islands,
 16 under section 1905(b) of the Social Security Act (42
 17 U.S.C. 1396d(b)), after application of section 6008
 18 of the Families First Coronavirus Response Act
 19 (Public Law 116–127) (if applicable), shall be in-
 20 creased by 1 percentage point.

21 (2) REQUIREMENTS.—

22 (A) IN GENERAL.—A State described in
 23 paragraph (1) may not receive the increase de-
 24 scribed in such paragraph in the Federal med-
 25 ical assistance percentage for such State, with

1 respect to a quarter, if, throughout such quar-
2 ter, such State does not ensure culturally com-
3 petent and effective messages for vaccination
4 outreach to child populations, which may in-
5 clude the dissemination of information high-
6 lighting—

7 (i) advancements in research and vac-
8 cine development that have saved millions
9 of individuals from death and disability
10 from now-preventable diseases;

11 (ii) information on how individuals
12 across the lifespan benefit from immuniza-
13 tions, including those who cannot be vac-
14 cinated and rely on community immunity;

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

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

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

1 (i) by striking “and section 6008”
 2 and inserting “, section 6008”;

3 (ii) inserting “, and section 2(e) of the
 4 Strengthening the Vaccines for Children
 5 Program Act of 2021” before “, except
 6 that in applying”; and

7 (iii) by inserting “, and in applying
 8 such treatments to the increases in the
 9 Federal medical assistance percentage
 10 under section 2(e) of the Strengthening the
 11 Vaccines for Children Program Act of
 12 2021, the reference to ‘December 31,
 13 2009’ shall be deemed to be a reference to
 14 ‘December 31, 2021’” before the period at
 15 the end.

16 (f) TRIBAL EPIDEMIOLOGY CENTER DATA AC-
 17 CESS.—With respect to data access for tribal epidemiology
 18 centers established under section 214 of the Indian Health
 19 Care Improvement Act (25 U.S.C. 1621m), the Director
 20 of the Centers for Disease Control and Prevention may
 21 create a data sharing strategy that ensures such centers
 22 have access to data, data sets, monitoring systems, deliv-
 23 ery systems, and other protected health information with
 24 respect to health care and public health surveillance sys-
 25 tems of child and adolescent health necessary to accom-

1 publish such centers' public health authority responsibilities
2 described in such section or section 164.501 of title 45,
3 Code of Federal Regulations.

4 (g) REPORTS.—

5 (1) IN GENERAL.—For each of fiscal years
6 2022 and 2023, the Director of the Centers for Dis-
7 ease Control and Prevention, in coordination with
8 each State that has established a pediatric vaccine
9 distribution program under section 1928 of the So-
10 cial Security Act (42 U.S.C. 1396s), shall publish on
11 the public internet website of the Centers for Dis-
12 ease Control and Prevention, in such manner as de-
13 termined appropriate by the Director, information
14 on vaccination rates under each such program dur-
15 ing such year, including such rates disaggregated by
16 region, age, sex, race, ethnicity, and other demo-
17 graphic factors determined appropriate by the Direc-
18 tor.

19 (2) EFFECTS ON VACCINATION RATES AND PRO-
20 GRAM PARTICIPATION.—Not later than 2 years after
21 the date of the enactment of this Act, the Comp-
22 troller General of the United States shall submit to
23 Congress a report containing an analysis of the ef-
24 fects of the provisions of, and the amendments made
25 by, this Act on—

1 (A) vaccination rates under the pediatric
2 vaccine distribution program under section
3 1928 of the Social Security Act (42 U.S.C.
4 1396s); and

5 (B) provider participation in such pro-
6 gram.

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