

117TH CONGRESS
1ST SESSION

S. 167

To amend the Public Health Service Act to direct the Secretary of Health and Human Services to make grants to covered health departments to increase the rate of recommended immunizations, and for other purposes.

IN THE SENATE OF THE UNITED STATES

FEBRUARY 2, 2021

Ms. SMITH introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act to direct the Secretary of Health and Human Services to make grants to covered health departments to increase the rate of recommended immunizations, 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 “Community Immunity
5 During COVID–19 Act of 2021”.

1 **SEC. 2. GRANTS TO INCREASE THE RATE OF IMMUNIZA-**
2 **TIONS.**

3 Section 317 of the Public Health Service Act (42
4 U.S.C. 247b) is amended by adding at the end the fol-
5 lowing new subsection:

6 “(n) GRANTS TO INCREASE THE RATE OF IMMUNI-
7 ZATIONS.—

8 “(1) IN GENERAL.—The Secretary, acting
9 through the Director of the Centers for Disease
10 Control and Prevention, shall make grants to cov-
11 ered health departments to increase the rate of rec-
12 ommended immunizations during the COVID–19
13 public health emergency.

14 “(2) USE OF FUNDS.—A covered health depart-
15 ment receiving a grant under this section may use
16 funds received through the grant for the following:

17 “(A) Providing funds to programs that in-
18 crease the rate of recommended immunizations
19 during the COVID–19 public health emergency,
20 including supporting evidence-based outreach
21 and educational activities in communities served
22 by the covered health department involved.

23 “(B) Supporting efforts by health care
24 providers to communicate the importance of
25 maintaining immunization schedules and vis-

1 iting a primary care provider during the
2 COVID–19 public health emergency.

3 “(C) Increasing awareness with respect to
4 health insurance options and programs that re-
5 duce the cost of vaccines, including the Vac-
6 cines for Children program (or similar pro-
7 gram) carried out by the Centers for Disease
8 Control and Prevention.

9 “(D) Evaluating efforts to increase the
10 rate of recommended immunizations in commu-
11 nities described in subparagraph (A) during the
12 COVID–19 public health emergency.

13 “(E) Developing and distributing culturally
14 and linguistically appropriate messages about
15 the importance of recommended immunizations
16 during the COVID–19 public health emergency,
17 including vaccines licensed under section 351 of
18 this Act to prevent the virus that causes
19 COVID–19.

20 “(F) Combating misinformation and
21 disinformation with respect to vaccines and the
22 safety of vaccines, including a vaccine that will
23 be licensed under section 351 of this Act or au-
24 thorized for emergency use under section 564 of
25 the Federal Food, Drug, and Cosmetic Act (21

1 U.S.C. 300bbb–3) to prevent the virus that
2 causes COVID–19.

3 “(3) PARTNERSHIPS.—A covered health depart-
4 ment that receives a grant under this section may
5 develop a partnership with entities and individuals in
6 the communities served by the State, local, or Tribal
7 government involved to carry out the activities under
8 paragraph (3), including—

9 “(A) a health care provider;

10 “(B) a local educational agency, including
11 school nurses employed by such agencies;

12 “(C) an organization that primarily pro-
13 vides health care or social services for—

14 “(i) groups that have a low rate of
15 immunizations;

16 “(ii) individuals with a chronic health
17 condition or underlying medical condition
18 associated with increased risk for severe ill-
19 ness from COVID–19;

20 “(iii) racial and ethnic minority, rural,
21 and other vulnerable populations; or

22 “(iv) individuals with a limited pro-
23 ficiency in the English language;

24 “(D) a faith-based organization;

1 “(E) a long-term care facility, senior cen-
 2 ter, or other facility in which recommended im-
 3 munizations for older adults may be provided or
 4 promoted by the staff of such facility or center;

5 “(F) a vaccine coalition;

6 “(G) a pediatric hospital;

7 “(H) a pharmacy;

8 “(I) an early childhood education program
 9 or child care provider;

10 “(J) a public elementary, or secondary
 11 school; or

12 “(K) an institution of higher education.

13 “(4) EVALUATION.—Not later than 18 months
 14 after the date on which a covered health department
 15 receives a grant under this subsection, the covered
 16 health department shall submit to the Secretary an
 17 evaluation on the effectiveness of the activities car-
 18 ried out using such funds to increase the rate of rec-
 19 ommended immunizations.

20 “(5) REPORT TO CONGRESS.—Not later than 2
 21 years after the date of the enactment of this sub-
 22 section, the Secretary shall submit to Congress a re-
 23 port that includes—

24 “(A) an evaluation of the effectiveness of
 25 the activities under paragraph (3) to increase

the rate of recommended immunizations, based on the evaluations submitted pursuant to paragraph (6); and

“(B) recommendations to increase the rate of recommended immunizations, including recommendations with respect to any public health emergency that occurs in the future.

“(6) DEFINITIONS.—

“(A) IN GENERAL.—In this subsection:

“(i) COVERED HEALTH DEPARTMENT.—The term ‘covered health department’ means the public health department of a State, local, or Tribal government.

“(ii) COVID–19 PUBLIC HEALTH EMERGENCY.—The term ‘COVID–19 public health emergency’ means the public health emergency declared by the Secretary of Health and Human Services under section 319 of this Act on January 31, 2020, with respect to COVID–19.

“(iii) EARLY CHILDHOOD EDUCATION PROGRAM.—The term ‘early childhood education program’ has the meaning given such term in section 103 of the Higher Education Act of 1965 (20 U.S.C. 1003).

1 “(iv) INDIAN TRIBE.—The term ‘In-
 2 dian tribe’ has the meaning given such
 3 term in section 4 of the Indian Self-Deter-
 4 mination and Education Assistance Act
 5 (25 U.S.C. 5304).

6 “(v) INSTITUTION OF HIGHER EDU-
 7 CATION.—The term ‘institution of higher
 8 education’ has the meaning given that
 9 term in section 101 of the Higher Edu-
 10 cation Act of 1965 (20 U.S.C. 1001).

11 “(vi) RECOMMENDED IMMUNIZA-
 12 TIONS.—The term ‘recommended immuni-
 13 zations’ means immunizations rec-
 14 ommended by the Advisory Committee on
 15 Immunization Practices of the Centers for
 16 Disease Control and Prevention.

17 “(vii) TRIBAL ORGANIZATION.—The
 18 term ‘tribal organization’ has the meaning
 19 given such term in section 4 of the Indian
 20 Self-Determination and Education Assist-
 21 ance Act (25 U.S.C. 5304).

22 “(B) OTHER TERMS.—In this subsection,
 23 the terms ‘elementary school’, ‘secondary
 24 school’, and ‘local educational agency’ have the
 25 meanings given such terms in section 8101 of

the Elementary and Secondary Education Act
of 1965 (20 U.S.C. 7801).

“(7) AUTHORIZATION OF APPROPRIATIONS.—

“(A) IN GENERAL.—To carry out this subsection, there is authorized to be appropriated, \$560,000,000 to remain available until expended.

“(B) APPORTIONMENT.—In awarding grant funds under this subsection, the Secretary shall apportion the amounts appropriated to carry out this subsection as follows:

“(i) Not less than 50 percent of such funds to State and Tribal public health departments.

“(ii) Not less than 50 percent of such funds to local health departments.

“(iii) Based on the population of the State, local, or Tribal government involved.

“(C) TRIBAL FUNDS.—Of total amount appropriated under subparagraph (A), not less than 3 percent and not more than 5 percent of such amount shall be reserved for non-competitive and formula-based awards to Indian Tribes and Tribal organizations.”.

1 **SEC. 3. COVID-19 VACCINE GUIDANCE.**

2 (a) IN GENERAL.—Not later than 3 months after the
3 date of enactment of this section, the Director of the Cen-
4 ters for Disease Control and Prevention (in this section
5 referred to as the “Director”), in consultation with the
6 Advisory Committee on Immunization Practices and Cen-
7 ters for Medicare & Medicaid Services, shall develop and
8 distribute to health care providers and State education
9 agencies guidance to provide health counseling services
10 with respect to a vaccine licensed under section 351 of
11 the Public Health Service Act (42 U.S.C. 262) or author-
12 ized for emergency use under section 564 of the Federal
13 Food, Drug, and Cosmetic Act (21 U.S.C. 300bbb-3) for
14 the prevention, mitigation, or treatment of COVID-19.

15 (b) CONTENT.—The guidance developed pursuant to
16 subsection (a) shall—

17 (1) be aligned with evidence-based practices;

18 and

19 (2) include information that is culturally appro-
20 priate.

21 (c) UPDATE.—The Director shall periodically update
22 and distribute, as appropriate, the guidance developed
23 pursuant to subsection (a).

1 (d) AUTHORIZATION OF APPROPRIATIONS.—There is
2 authorized to be appropriated to carry out this section,
3 \$2,500,000 to remain available until expended.

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