

116TH CONGRESS
2D SESSION

H. R. 8061

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 HOUSE OF REPRESENTATIVES

AUGUST 14, 2020

Ms. UNDERWOOD (for herself, Ms. SCHRIER, Ms. CASTOR of Florida, and Ms. KUSTER of New Hampshire) introduced the following bill; which was referred to the Committee on Energy and Commerce

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 2020”.

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, mitigate, or treat the virus
19 that causes COVID–19.

20 “(F) Combating misinformation and
21 disinformation with respect to the safety of vac-
22 cines, including a vaccine that will be licensed
23 under section 351 of this Act to prevent, miti-
24 gate, or treat the virus that causes COVID–19.

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

7 “(A) a health care provider, which may in-
8 clude a pediatrician, pediatric nurse practi-
9 tioner, family physician, internal medicine phy-
10 sician, or primary care provider;

11 “(B) a school nurse;

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; or

20 “(iii) individuals with a limited pro-
21 ficiency in the English language;

22 “(D) a faith-based organization;

23 “(E) a long-term care facility, senior cen-
24 ter, or other facility in which recommended im-

1 munizations for older adults may be provided or
2 promoted by the staff of such facility or center;

3 “(F) a vaccine coalition;

4 “(G) a pediatric hospital;

5 “(H) a pharmacy;

6 “(I) a kindergarten, elementary, or sec-
7 ondary school; or

8 “(J) an institution of higher education.

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

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

20 “(A) an evaluation of the effectiveness of
21 the activities under paragraph (3) to increase
22 the rate of recommended immunizations, based
23 on the evaluations submitted pursuant to para-
24 graph (6); and

1 “(B) recommendations to increase the rate
2 of recommended immunizations, including rec-
3 ommendations with respect to any public health
4 emergency that occurs in the future.

5 “(6) DEFINITIONS.—In this subsection:

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

10 “(B) COVID–19 PUBLIC HEALTH EMER-
11 GENCY.—The term ‘COVID–19 public health
12 emergency’ means the public health emergency
13 declared by the Secretary of Health and
14 Human Services under section 319 of this Act
15 on January 31, 2020, with respect to COVID–
16 19.

17 “(C) INSTITUTION OF HIGHER EDU-
18 CATION.—The term ‘institution of higher edu-
19 cation’ has the meaning given that term in sec-
20 tion 101 of the Higher Education Act of 1965
21 (20 U.S.C. 1001).

22 “(D) RECOMMENDED IMMUNIZATIONS.—
23 The term ‘recommended immunizations’ means
24 immunizations recommended by the Advisory

1 Committee on Immunization Practices of the
2 Centers for Disease Control and Prevention.

3 “(7) AUTHORIZATION OF APPROPRIATIONS.—

4 “(A) IN GENERAL.—To carry out this sub-
5 section, there is authorized to be appropriated,
6 \$560,000,000 to remain available until ex-
7 pended.

8 “(B) APPORTIONMENT.—In awarding
9 grant funds under this subsection, the Sec-
10 retary shall apportion the amounts appropriated
11 to carry out this subsection as follows:

12 “(i) Not less than 50 percent of such
13 funds to State and Tribal public health de-
14 partments.

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

17 “(iii) Based on the population of the
18 State, local, or Tribal government in-
19 volved.”.

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

21 (a) IN GENERAL.—Not later than 3 months after the
22 date of enactment of this section, the Director of the Cen-
23 ters for Disease Control and Prevention (in this section
24 referred to as the “Director”), in consultation with the
25 Advisory Committee on Immunization Practices and Cen-

1 ters for Medicare & Medicaid Services, shall develop and
2 distribute to health care providers and State education
3 agencies guidance to provide health counseling services
4 with respect to a vaccine licensed under section 351 of
5 the Public Health Service Act (42 U.S.C. 262) for the pre-
6 vention, mitigation, or treatment of COVID–19.

7 (b) CONTENT.—The guidance developed pursuant to
8 subsection (a) shall—

9 (1) be aligned with evidence-based practices;
10 and

11 (2) include information that is culturally appro-
12 priate.

13 (c) UPDATE.—The Director shall periodically update
14 and distribute, as appropriate, the guidance developed
15 pursuant to subsection (a).

16 (d) AUTHORIZATION OF APPROPRIATIONS.—There is
17 authorized to be appropriated to carry out this section,
18 \$2,500,000 to remain available until expended.

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