

119TH CONGRESS
1ST SESSION

H. R. 3701

To amend the Public Health Service Act to codify the Advisory Committee on Immunization Practices, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 4, 2025

Mr. PALLONE (for himself and Ms. SCHRIER) introduced the following bill;
which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to codify the Advisory Committee on Immunization Practices, 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 “Family Vaccine Protec-
5 tion Act”.

6 **SEC. 2. CODIFICATION OF ADVISORY COMMITTEE ON IM-**
7 **MUNIZATION PRACTICES.**

8 (a) IN GENERAL.—Title II of the Public Health Serv-
9 ice Act (42 U.S.C. 202 et seq.) is amended by inserting
10 after section 222 (42 U.S.C. 217a) the following:

1 **“SEC. 222A. ADVISORY COMMITTEE ON IMMUNIZATION**
2 **PRACTICES.**

3 “(a) IN GENERAL.—The Advisory Committee on Im-
4 munization Practices established pursuant to section 222
5 (referred to in this section as the ‘Advisory Committee’)
6 shall carry out the duties specified in this section.

7 “(b) APPLICATION OF CHAPTER 10 OF TITLE 5,
8 UNITED STATES CODE.—The provisions of chapter 10 of
9 title 5, United States Code (other than section 1013),
10 shall apply with respect to the Advisory Committee.

11 “(c) ADVICE, GUIDANCE, AND RECOMMENDATIONS
12 FROM ADVISORY COMMITTEE.—

13 “(1) IN GENERAL.—The Advisory Committee
14 shall, based on a preponderance of the best avail-
15 able, peer-reviewed scientific evidence, provide advice
16 and guidance, and make recommendations, to the
17 Director regarding the use of vaccines and related
18 agents licensed under section 351 for effective con-
19 trol of vaccine-preventable diseases in the civilian
20 population of the United States.

21 “(2) PROCEDURE FOR PUBLICATION.—

22 “(A) IN GENERAL.—The Director shall re-
23 view any recommendations received under para-
24 graph (1). The Director shall adopt any such
25 recommendation unless the Director determines
26 such recommendation is not supported by a pre-

1 ponderance of the best available, peer-reviewed
2 scientific evidence and publishes the results of
3 that review.

4 “(B) ADOPTED.—If the Director adopts
5 such a recommendation—

6 “(i) such recommendation shall be
7 considered as an official recommendation
8 of the Secretary, acting through the Direc-
9 tor, upon such adoption; and

10 “(ii) the Director shall—

11 “(I) publish such recommenda-
12 tion on the public website of the De-
13 partment of Health and Human Serv-
14 ices; and

15 “(II) inform the Secretary and
16 the Assistant Secretary for Health, in
17 writing, of such recommendation.

18 “(C) NOT ADOPTED.—If the Director does
19 not adopt such a recommendation, the Director
20 shall—

21 “(i) publish the basis for not adopting
22 such recommendation, including an expla-
23 nation on why the Director found that the
24 recommendation does not support the find-

ings of a preponderance of the best available, peer-reviewed scientific evidence; and

“(ii) not later than 48 hours after such determination, submit a notification to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate containing the information described in clause (i).

“(3) CONSIDERATION OF NEW VACCINES.—

Upon the licensure of any vaccine or any new indication for a vaccine under section 351, the Advisory Committee shall—

“(A) consider the use of the vaccine not later than its next regularly scheduled meeting;

“(B) not later than 90 days after receiving a notification in writing from the holder of the license of the vaccine or new indication for a vaccine under section 351, make a recommendation with respect to the use of such vaccine under paragraph (1); and

“(C) submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education,

1 Labor, and Pensions of the Senate an update
2 on the status of the Advisory Committee's con-
3 sideration of the use of the vaccine.

4 “(4) CONSIDERATION FOR BREAKTHROUGH
5 THERAPIES AND FOR POTENTIAL USE DURING PUB-
6 LIC HEALTH EMERGENCY.—The Advisory Committee
7 shall make recommendations under paragraph (1)
8 with respect to the use of vaccines that—

9 “(A) are designated as a breakthrough
10 therapy under section 506 of the Federal Food,
11 Drug, and Cosmetic Act and licensed under sec-
12 tion 351 of this Act; or

13 “(B) are intended to address a public
14 health emergency as determined by the Sec-
15 retary under section 319.

16 “(5) LIMITATION.—If the Secretary or the Di-
17 rector takes an action regarding the use of vaccines
18 and related agents licensed under section 351 for ef-
19 fective control of vaccine-preventable diseases in the
20 civilian population of the United States (including
21 an action with respect to coverage under section
22 2713 or the listing of vaccines for purposes of the
23 program under section 1928 of the Social Security
24 Act) that is contrary to a recommendation of the

1 Advisory Committee, the Secretary or the Director
2 (as applicable) shall—

3 “(A) publish the basis for the action, in-
4 cluding an explanation on why the Secretary or
5 the Director (as applicable) found that the ac-
6 tion supports the findings of a preponderance of
7 the best available, peer-reviewed scientific evi-
8 dence; and

9 “(B) not later than 48 hours after taking
10 such action, the Secretary or the Director (as
11 applicable) shall submit a notification to the
12 Committee on Energy and Commerce of the
13 House of Representatives and the Committee
14 on Health, Education, Labor, and Pensions of
15 the Senate containing the information described
16 in subparagraph (A).

17 “(d) DUTIES.—

18 “(1) IN GENERAL.—

19 “(A) IN GENERAL.—The Advisory Com-
20 mittee shall do the following:

21 “(i) Provide advice and guidance, and
22 make recommendations, to the Director as
23 specified in subsection (c)(1).

24 “(ii) Make immunization rec-
25 ommendations for purposes of the require-

1 ment under section 2713 for group health
2 plans and health insurance issuers offering
3 group or individual health insurance cov-
4 erage to provide coverage for immuniza-
5 tions that have in effect a recommendation
6 from the Advisory Committee.

7 “(iii) In accordance with section 1928
8 of the Social Security Act and this section,
9 establish and periodically review and, as
10 appropriate, revise the list of vaccines for
11 administration to children and adolescents
12 eligible to receive vaccines through the
13 Vaccines for Children Program, along with
14 schedules regarding the appropriate dose
15 and dosing interval, and contraindications
16 to administration of the pediatric vaccines.

17 “(B) USE OF LIST.—The Secretary, and
18 as delegated, the Director, shall use the list es-
19 tablished by the Advisory Committee for the
20 purpose of the purchase, delivery, and adminis-
21 tration of pediatric vaccines in the Vaccines for
22 Children Program under section 1928 of the
23 Social Security Act.

24 “(2) ADVICE AND GUIDANCE CONTENT.—Ad-
25 vice and guidance provided under paragraph (1)—

1 “(A) shall address—

2 “(i) the general use of vaccines and
3 immune globulin preparations as a class of
4 biologic agents;

5 “(ii) the use of specific antibody prod-
6 ucts for prevention of infectious diseases;
7 and

8 “(iii) special situations or populations
9 that may warrant modification of the rou-
10 tine recommendations for vaccine use;

11 “(B) may include recommendations for the
12 administration of immune globulin preparations
13 or antimicrobial therapy shown to be effective
14 in controlling a vaccine-preventable disease for
15 which a vaccine is available; and

16 “(C) with respect to each vaccine described
17 in such paragraph, shall include—

18 “(i) population groups or cir-
19 cumstances in which a vaccine or related
20 agent is recommended;

21 “(ii) contraindications and pre-
22 cautions for use of the vaccine and related
23 agents; and

1 “(iii) information on recognized ad-
2 verse events associated with the use of
3 such vaccine.

4 “(3) EMERGENCY USE AUTHORIZATION.—Guid-
5 ance for use of vaccines and related agents author-
6 ized for emergency use under section 564 of the
7 Federal Food, Drug, and Cosmetic Act may be de-
8 veloped by the Advisory Committee if circumstances
9 warrant, including in the case of a public health
10 emergency, as determined by the Secretary under
11 section 319.

12 “(4) CONSIDERATIONS FOR RECOMMENDATION
13 DEVELOPMENT OR WITHDRAWAL OF RECOMMENDA-
14 TION.—The Advisory Committee, when making new
15 recommendations under subsection (c)(1), or revi-
16 sions or withdrawals of such recommendations under
17 paragraph (5), shall review evidence in the following
18 categories:

19 “(A) Identification of the specific interven-
20 tion, including dosage and schedule.

21 “(B) The strength of the design of the
22 study used to provide the evidence considered.

23 “(C) Randomized controlled trials or over-
24 whelming evidence from observational studies.

1 “(D) Comparison and outcome of the tar-
2 get population for the vaccine, including stand-
3 ard of care, existing vaccines, and other preven-
4 tion options.

5 “(E) Prevention outcome or scientifically
6 verified adverse effects associated with vaccina-
7 tion.

8 “(5) REVISION OR WITHDRAWAL OF REC-
9 ommendation.—The Advisory Committee may re-
10 vise or withdraw any recommendation regarding a
11 particular vaccine under this subsection if and when
12 new information on disease epidemiology, vaccine ef-
13 fectiveness or safety, or other data become available,
14 and as supported by a preponderance of the best
15 available, peer-reviewed scientific evidence.

16 “(e) ADMINISTRATION.—

17 “(1) REPORTING STRUCTURE.—The Advisory
18 Committee shall report to the Director. The Director
19 shall inform the Secretary, the Assistant Secretary
20 for Health, and the Administrator of the Centers for
21 Medicare & Medicaid Services of immunization rec-
22 ommendations made by the Advisory Committee.

23 “(2) AGENCY SUPPORT.—For purposes of sup-
24 porting the Advisory Committee in carrying out this
25 section—

1 “(A) the Office of the Director, National
2 Center for Immunization and Respiratory Dis-
3 eases of the Centers for Disease Control and
4 Prevention shall provide management and sup-
5 port services; and

6 “(B) the Advisory Committee may enter
7 into an agreement with the National Academies
8 of Sciences, Engineering, and Medicine to pro-
9 vide external support.

10 “(3) DESIGNATED FEDERAL OFFICER.—

11 “(A) SELECTION.—The Director shall se-
12 lect a full-time or permanent part-time Federal
13 employee to serve as the Designated Federal
14 Officer.

15 “(B) DUTIES.—The Designated Federal
16 Officer selected under subparagraph (A) shall—

17 “(i) attend each meeting of the Advi-
18 sory Committee (and any subcommittee
19 thereof) or select a designee to attend such
20 a meeting;

21 “(ii) ensure that all procedures of the
22 Advisory Committee for such a meeting are
23 within applicable statutory, regulatory, and
24 HHS General Administration Manual di-
25 rectives; and

1 “(iii) approve and prepare all policies
2 and agendas for each such meeting, call
3 any such meeting, adjourn any meeting
4 when the Designated Federal Officer
5 deems adjournment to be in the public in-
6 terest, and chair meetings when directed to
7 do so by the official to whom the Advisory
8 Committee reports.

9 “(C) ASSIGNMENT.—In the event that the
10 Designated Federal Officer cannot fulfill the as-
11 signed duties of the Advisory Committee, one or
12 more full-time or permanent part-time Federal
13 employees shall be assigned as the Designated
14 Federal Officer and carry out such duties on a
15 temporary basis.

16 “(f) MEETINGS.—

17 “(1) FREQUENCY.—Pursuant to the call of the
18 Designated Federal Officer, in consultation with the
19 Chair of the Advisory Committee, meetings shall be
20 held—

21 “(A) not less than three times per calendar
22 year; and

23 “(B) upon the licensure of any vaccine, or
24 any new indication for a vaccine, under section

1 351(a), not later than 90 days after the date of
2 the first marketing of such vaccine.

3 “(2) OPEN TO THE PUBLIC.—Meetings of the
4 Advisory Committee shall be open to the public ex-
5 cept as determined otherwise by the Director, or
6 other official, to whom the authority has been dele-
7 gated, in accordance with sections 552b(c) and 1009
8 of title 5, United States Code. Notice of all such
9 meetings shall be given to the public.

10 “(g) MEMBERSHIP.—

11 “(1) IN GENERAL.—The Secretary shall appoint
12 at least 15 and not more than 19 individuals to
13 serve as members (including the chairperson) of the
14 Advisory Committee. Such individuals shall be ap-
15 pointed from among individuals recommended by the
16 Comptroller General of the United States. Such
17 members shall serve as Special Government Employ-
18 ees.

19 “(2) REQUIRED EXPERTISE.—The Comptroller
20 General of the United States may only recommend
21 as a member of the Advisory Committee an indi-
22 vidual who has expertise or experience with respect
23 to one or more of the following:

24 “(A) A prevalence of peer-reviewed and
25 best available scientific research.

1 “(B) Expertise relating to epidemiology
2 and vaccine-preventable disease burden.

3 “(C) Expert experience to rigorously evalu-
4 ate the best available scientific evidence with
5 immunization recommendations and public
6 health.

7 “(D) Expertise in immunology as evi-
8 denced by publications on the topic of immu-
9 nology in peer-reviewed journals.

10 “(E) Expertise in the use of vaccines and
11 other immunobiologic agents in clinical practice
12 or preventive medicine.

13 “(F) Expertise in infectious diseases, par-
14 ticularly human immune responses to vaccines,
15 assessment of vaccine efficacy or effectiveness,
16 or vaccine safety, as evidenced by publications
17 on the topic in peer-reviewed journals.

18 “(G) Expertise with clinical or laboratory
19 vaccine research.

20 “(H) Expertise in assessment of vaccine
21 efficacy and safety.

22 “(I) Knowledge about consumer perspec-
23 tives or the social and community aspects of im-
24 munization programs, or both.

1 “(3) EX-OFFICIO MEMBERS.—In addition to the
2 individuals appointed under paragraph (1), the
3 membership of the Advisory Committee shall also
4 consist of the following 6 non-voting ex-officio mem-
5 bers (or their designees):

6 “(A) The Administrator of the Health Re-
7 sources and Services Administration.

8 “(B) The Commissioner of Food and
9 Drugs.

10 “(C) The Administrator of the Centers for
11 Medicare & Medicaid Services.

12 “(D) The Director of the National Insti-
13 tutes of Health.

14 “(E) The Director of the Indian Health
15 Service.

16 “(F) The Director of the National Vaccine
17 Program Office.

18 “(4) QUORUM.—Two-thirds of the voting mem-
19 bers of the Advisory Committee shall constitute a
20 quorum for purposes of meetings of the Advisory
21 Committee.

22 “(5) VOTING IF LESS THAN QUORUM
23 PRESENT.—If fewer than a quorum of members of
24 the Advisory Committee are eligible to vote due to
25 absence or a financial or other conflict of interest at

1 any meeting of the Advisory Committee, the Des-
2 ignated Federal Officer, or their designee, shall have
3 the authority to temporarily designate the ex-officio
4 members under paragraph (3) as voting members.

5 “(6) NON-VOTING LIAISON REPRESENTA-
6 TIVES.—Meetings of the Advisory Committee may
7 also be attended by non-voting liaison representa-
8 tives who shall be deemed representatives from a
9 stakeholder organization.

10 “(7) TERMS.—

11 “(A) IN GENERAL.—Except as specified in
12 subparagraph (B), individuals appointed under
13 paragraph (1) shall be invited to serve as mem-
14 bers of the Advisory Committee for overlapping
15 terms of 4 years, except that any member ap-
16 pointed to fill a vacancy for an unexpired term
17 shall be appointed for the remainder of that
18 term. A member of the Advisory Committee
19 may continue to serve on the Advisory Com-
20 mittee for a period not to exceed 180 days after
21 the expiration of that member’s term if a suc-
22 cessor has not taken office.

23 “(B) CHAIRPERSON.—The term of the
24 Chairperson of the Advisory Committee shall be
25 7 years.

1 “(h) SUBCOMMITTEES.—

2 “(1) IN GENERAL.—The Advisory Committee
3 may, subject to approval by the Secretary (or the
4 Secretary’s designee), establish subcommittees com-
5 posed, in part, of members of the Advisory Com-
6 mittee and other subject matter experts.

7 “(2) REPORTING.—The subcommittees shall re-
8 port back to the parent committee and may not pro-
9 vide advice or work products directly to the Depart-
10 ment of Health and Human Services.

11 “(3) DEPARTMENT COMMITTEE MANAGEMENT
12 OFFICER.—The Secretary shall—

13 “(A) notify the Department Committee
14 Management Officer upon establishment of each
15 subcommittee; and

16 “(B) provide to such Officer information
17 on the name, membership, function, and esti-
18 mated frequency of meetings of such sub-
19 committee.

20 “(i) RECORDKEEPING.—The records of the Advisory
21 Committee, established subcommittees, or other subgroups
22 of the committee, shall be managed in accordance with
23 General Records Schedule 6.2, Federal Advisory Com-
24 mittee Records, or other approved agency records disposi-
25 tion schedule. Such records shall be available for public

1 inspection and copying, subject to section 552 of title 5,
2 United States Code.

3 “(j) DEFINITIONS.—In this section:

4 “(1) STAKEHOLDER ORGANIZATION.—The term
5 ‘stakeholder organization’ means—

6 “(A) the American Academy of Family
7 Physicians;

8 “(B) the American Academy of Pediatrics;

9 “(C) the American Academy of Physician
10 Associates;

11 “(D) the American College Health Associa-
12 tion;

13 “(E) the American College of Nurse Mid-
14 wives;

15 “(F) the American College of Obstetricians
16 and Gynecologists;

17 “(G) the American College of Physicians;

18 “(H) the American Geriatrics Society;

19 “(I) the America’s Health Insurance
20 Plans;

21 “(J) the American Immunization Registry
22 Association;

23 “(K) the American Medical Association;

24 “(L) the American Nurses Association;

1 “(M) the American Osteopathic Associa-
2 tion;

3 “(N) the American Pharmacists Associa-
4 tion;

5 “(O) the Association of Immunization
6 Managers;

7 “(P) the Association for Prevention Teach-
8 ing and Research;

9 “(Q) the Association of State and Terri-
10 torial Health Officials;

11 “(R) the Biotechnology Innovation Organi-
12 zation;

13 “(S) the Council of State and Territorial
14 Epidemiologists;

15 “(T) the Canadian National Advisory
16 Committee on Immunization;

17 “(U) the Infectious Diseases Society of
18 America;

19 “(V) the International Society of Travel
20 Medicine;

21 “(W) the National Association of County
22 and City Health Officials;

23 “(X) the National Association of Pediatric
24 Nurse Practitioners;

1 “(Y) the National Foundation for Infec-
2 tious Diseases;

3 “(Z) the National Medical Association;

4 “(AA) the Pediatric Infectious Diseases
5 Society;

6 “(BB) the Pharmaceutical Research and
7 Manufacturers of America;

8 “(CC) the Society for Adolescent Health
9 and Medicine;

10 “(DD) the American Public Health Asso-
11 ciation;

12 “(EE) the Society for Healthcare Epidemi-
13 ology of America; and

14 “(FF) such other non-voting liaison as the
15 Secretary determines necessary to effectively
16 carry out the functions of the Advisory Com-
17 mittee.

18 “(2) VACCINE.—The term ‘vaccine’ means any
19 substance (and any related agent) that is licensed
20 under section 351 for the prevention of 1 or more
21 diseases. Such term includes related agents that are
22 administered prophylactically for active or passive
23 antigen-specific immunity.

24 “(k) FUNDING.—There are authorized to be appro-
25 priated to carry out this section, including operating costs,

1 compensation and travel expenses for members, and staff
2 support of the Advisory Committee, \$2,800,000 for each
3 of fiscal years 2026 through 2029.”.

4 (b) RULE OF CONSTRUCTION.—Except as expressly
5 provided in the amendment made by subsection (a), noth-
6 ing in such amendment shall be construed as limiting the
7 authority of the Advisory Committee on Immunization
8 Practices, or the duties of such Advisory Committee, that
9 were in effect as of the day before the date of the enact-
10 ment of this Act, including with respect to subsections
11 (c)(2)(B)(i) and (e) of section 1928 of the Social Security
12 Act (42 U.S.C. 1396s) and section 2713(a)(2) of the Pub-
13 lic Health Service Act (42 U.S.C. 300gg–13(a)(2)) (as
14 such sections were in effect on the day before the date
15 of the enactment of this Act).

16 **SEC. 3. NATIONAL VACCINE INJURY COMPENSATION PRO-**
17 **GRAM.**

18 Subsection (c) of section 2114 of the Public Health
19 Service Act (42 U.S.C. 300aa–14) is amended by adding
20 at the end the following:

21 “(5) Any removal of a vaccine from the Vaccine
22 Injury Table, or any other modification under para-
23 graph (1), including any additions to the list of inju-
24 ries, disabilities, illnesses, conditions, and deaths for
25 which compensation may be provided, shall be sup-

1 ported by the preponderance of the best available
2 scientific evidence regarding the safety or efficacy of
3 the vaccine. Nothing in the preceding sentence shall
4 be construed to limit the authority of the Secretary
5 to amend the Vaccine Injury Table to include new
6 vaccines pursuant to subsection (e).”.

○