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U.S. GOVERNMENT
INFORMATION
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117TH CONGRESS
1st Session
HOUSE OF REPRESENTATIVES
REPORT
117–179

MATERNAL VACCINATION ACT

NOVEMBER 30, 2021.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. PALLONE, from the Committee on Energy and Commerce, submitted the following

R E P O R T

[To accompany H.R. 951]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 951) to direct the Secretary of Health and Human Services to carry out a national campaign to increase awareness of the importance of maternal vaccinations for the health of pregnant and postpartum individuals and their children, and for other purposes, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

CONTENTS

The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Maternal Vaccination Act".

SEC. 2. MATERNAL VACCINATION AWARENESS AND EQUITY CAMPAIGN.

(a) CAMPAIGN.—Section 313 of the Public Health Service Act (42 U.S.C. 245) is amended—

(1) in subsection (a), by inserting "and among pregnant and postpartum individuals," after "low rates of vaccination,";

(2) in subsection (c)(3), by striking "prenatal and pediatric" and inserting "prenatal, obstetric, and pediatric";

(3) in subsection (d)(4)(B), by inserting "pregnant and postpartum individuals and" after "including"; and

(4) in subsection (g), by striking the dollar amount and inserting "$17,000,000".

(b) ADDITIONAL ACTIVITIES.—Section 317(k)(1)(E) of the Public Health Service Act (42 U.S.C. 247b(k)(1)(E)) is amended—

(1) in clause (v), by striking "and" at the end; and

(2) by adding at the end the following clause:

"(vii) increase vaccination rates of pregnant and postpartum individuals, including individuals from racial and ethnic minority groups, and their children; and".

I. PURPOSE AND SUMMARY

H.R. 951, the "Maternal Vaccination Act," amends the Public Health Service Act (PHSA) to require the Secretary of Health and Human Services (the Secretary) to include outreach to obstetric care providers and improve efforts to increase vaccination among pregnant and postpartum individuals in vaccine public awareness campaigns. The bill also includes efforts to increase vaccination rates of pregnant and postpartum individuals as an authorized purpose for preventive health project grants authorized by the PHSA.

II. BACKGROUND AND NEED FOR LEGISLATION

Vaccinations for individuals during pregnancy can protect mothers and newborns against infectious diseases.[1] Antibodies from vaccines have been shown to protect pregnant women and can be passed on to newborns, who may be too young to receive certain vaccines in the first several months of life.[2] The Centers for Disease Control and Prevention (CDC) recommend that pregnant women receive the influenza vaccine and the tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine (Tdap, also known as the whooping cough vaccine). CDC advises that both vaccines can protect mothers and newborns from complications of flu and pertussis, illnesses that can cause serious harm to patients, including early labor and delivery.[3] CDC has also extended its recommendation for vaccination against coronavirus disease of 2019 (COVID–19) to all pregnant and breastfeeding individuals, citing growing evidence of the safety and efficacy of COVID–19 vaccination during pregnancy and the increased risk of severe illness from COVID–19 for pregnant individuals.[4]

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[1] U.S. Department of Health and Human Services, *Vaccines for Pregnant Women*, (https://www.hhs.gov/immunization/who-and-when/pregnant/index.html).

[2] *Id*.

[3] Centers for Disease Control and Prevention, *Why Maternal Vaccines Are Important*, (https://www.cdc.gov/vaccines/pregnancy/hcp-toolkit/important-maternal-vaccines.html).

[4] Centers for Disease Control and Prevention, *COVID–19 Vaccines While Pregnant or Breastfeeding*, (https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/pregnancy.html).

Despite longstanding recommendations for flu and Tdap vaccination, only 54.5 percent of pregnant individuals reported receiving a flu vaccine between October 2020 and January 2021, and 53.5 percent of pregnant individuals reported receiving Tdap vaccines.[5] Only 30.7 percent of women with a recent live birth reported receiving both vaccines.[6] Among these individuals, there were significant racial disparities. While 33.3 percent of White women reported receiving both vaccines, only 17.7 percent of Black women reported receiving both vaccines.[7] Other factors correlating with lower flu or Tdap vaccination rates included living below the federal poverty level, living in the South, being without prenatal insurance, and attaining lower levels of education.[8]

The COVID–19 vaccine also has low uptake among pregnant individuals. According to recent data from CDC, only 31 percent of pregnant individuals have been vaccinated against COVID–19. Rates are lower among Latino pregnant individuals, 25 percent of whom have been vaccinated against COVID–19, and lower still among Black pregnant individuals, at only 15.6 percent.[9]

Care providers, especially obstetric care providers, have been shown to play an important role in ensuring pregnant individuals receive recommended vaccines. According to the American College of Obstetricians and Gynecologists, when a recommendation for vaccination comes directly from an obstetric care provider during pregnancy, the odds of vaccine acceptance and receipt are five-fold to 50-fold higher.[10]

H.R. 951 aims to improve vaccination among pregnant and postpartum individuals by incorporating outreach to obstetric care providers and pregnant and postpartum individuals in existing federal vaccine awareness campaigns. The bill would also include efforts to vaccinate pregnant and postpartum individuals, including individuals from racial and ethnic minority groups, and their children, as an authorized purpose for prevention grants authorized by the Public Health Service Act.

III. COMMITTEE HEARINGS

For the purposes of section 3(c) of rule XIII of the Rules of the House of Representatives, the following hearing was used to develop or consider H.R. 951:

The Subcommittee on Health held a legislative hearing on June 15, 2021, entitled "Booster Shot: Enhancing Public Health through Vaccine Legislation." The Subcommittee received testimony from the following witnesses:

- Phyllis Arthur, Vice President, Infectious Diseases and Emerging Science Policy, Biotechnology Innovation Organization;

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[5] Centers for Disease Control and Prevention, *Flu and Tdap Vaccination Coverage Among Pregnant Women—United States, April 2021*, (https://www.cdc.gov/flu/fluvaxview/pregnant-women-apr2021.htm).

[6] *Id.*

[7] *Id.*

[8] *Id.*

[9] Centers for Disease Control and Prevention, *CDC Statement on Pregnancy Health Advisory*, (https://www.cdc.gov/media/releases/2021/s0929-pregnancy-health-advisory.html).

[10] American College of Obstetricians and Gynecologists, *Committee Opinion on Maternal Immunization*, (https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/06/maternal-immunization).

- Rebecca Coyle, Executive Director, American Immunization Registry Association;
- Yvonne Maldonado, M.D., Chair, Committee on Infectious Diseases, American Academy of Pediatrics; and
- Lijen (L.J.) Tan, Ph.D., Chief Strategy Officer, Immunization Action Coalition.

IV. Committee Consideration

H.R. 951, the "Maternal Vaccination Act," was introduced on February 8, 2021, by Representative Terri Sewell (D–AL) along with 44 original cosponsors and referred to the Committee on Energy and Commerce. Subsequently, on February 9, 2021, H.R. 951 was referred to the Subcommittee on Health. A legislative hearing was held on the bill on June 15, 2021.

On July 15, 2021, the Subcommittee on Health met in open markup session, pursuant to notice, to consider H.R. 951 and 18 other bills. During consideration of the bill, an amendment in the nature of a substitute (AINS) offered by Representative Barragán (D–CA) was agreed to by a voice vote. Upon conclusion of consideration of the bill, the Subcommittee on Health agreed to report the bill favorably to the full Committee, amended, by a voice vote.

On July 21, 2021, the full Committee met in open markup session, pursuant to notice, to consider H.R. 951 and 23 other bills. No amendments were offered during consideration of the bill. Upon conclusion of consideration of the bill, the full Committee agreed to a motion on final passage offered by Representative Pallone (D–NJ), Chairman of the Committee, to order H.R. 951 reported favorably to the House, as amended, by a voice vote.

V. Committee Votes

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list each record vote on the motion to report legislation and amendments thereto. The Committee advises that there were no record votes taken on H.R. 951.

VI. Oversight Findings

Pursuant to clause 3(c)(1) of rule XIII and clause 2(b)(1) of rule X of the Rules of the House of Representatives, the oversight findings and recommendations of the Committee are reflected in the descriptive portion of the report.

VII. New Budget Authority, Entitlement Authority, and Tax Expenditures

Pursuant to 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the estimate of new budget authority, entitlement authority, or tax expenditures or revenues contained in the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

VIII. CONGRESSIONAL BUDGET OFFICE ESTIMATE

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, September 21, 2021.

Hon. FRANK PALLONE JR.,
Chairman, Committee on Energy and Commerce,
House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 951, the Maternal Vaccination Act.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Sarah Sajewski.

Sincerely,

PHILLIP L. SWAGEL,
Director.

Enclosure.

H.R. 951, Maternal Vaccination Act
As ordered reported by the House Committee on Energy and Commerce on July 21, 2021

By Fiscal Year, Millions of Dollars	2021	2021-2026	2021-2031
Direct Spending (Outlays)	0	0	0
Revenues	0	0	0
Increase or Decrease (-) in the Deficit	0	0	0
Spending Subject to Appropriation (Outlays)	0	7	not estimated

Statutory pay-as-you-go procedures apply?	No	Mandate Effects	
Increases on-budget deficits in any of the four consecutive 10-year periods beginning in 2032?	No	Contains intergovernmental mandate?	No
		Contains private-sector mandate?	No

H.R. 951 would instruct the Centers for Disease Control and Prevention to broaden a public awareness campaign on vaccinations to include pregnant and postpartum individuals and require the campaign to disseminate vaccine information to providers and facilities that provide obstetric care. The bill would also authorize an additional $2 million annually from 2021 through 2025 for the vaccination awareness campaign.

For this estimate, CBO assumes H.R. 951 will be enacted near the beginning of fiscal year 2022. Based on historical spending for similar activities, CBO estimates that implementing H.R. 951 would increase federal spending by $7 million over the 2022–2026 period, subject to the availability of appropriated funds.

The CBO staff contact for this estimate is Sarah Sajewski. The estimate was reviewed by Leo Lex, Deputy Director of Budget Analysis.

IX. FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

X. Statement of General Performance Goals and Objectives

Pursuant to clause 3(c)(4) of rule XIII, the general performance goal or objective of this legislation is to support efforts to increase vaccination rates among pregnant and postpartum individuals and their children.

XI. Duplication of Federal Programs

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 951 is known to be duplicative of another Federal program, including any program that was included in a report to Congress pursuant to section 21 of Public Law 111–139 or the most recent Catalog of Federal Domestic Assistance.

XII. Committee Cost Estimate

Pursuant to clause 3(d)(1) of rule XIII, the Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

XIII. Earmarks, Limited Tax Benefits, and Limited Tariff Benefits

Pursuant to clause 9(e), 9(f), and 9(g) of rule XXI, the Committee finds that H.R. 951 contains no earmarks, limited tax benefits, or limited tariff benefits.

XIV. Advisory Committee Statement

No advisory committee within the meaning of section 5(b) of the Federal Advisory Committee Act was created by this legislation.

XIV. Applicability to Legislative Branch

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

XV. Section-by-Section Analysis of the Legislation

Section 1. Short title

Section 1 designates that the Act may be cited as the "Maternal Vaccination Act."

Sec. 2. Maternal vaccination awareness and equity campaign

Section 2 amends Section 313 of the PHSA, relating to a public awareness campaign on the importance of vaccinations, to direct the Secretary to incorporate efforts directed toward pregnant and postpartum individuals into such campaign.

Section 2 further amends PHSA section 313 by requiring the Secretary to disseminate information to obstetric care providers and authorizing the Secretary to directly disseminate scientific and evidence-based vaccine-related information to pregnant and postpartum individuals.

Additionally, section 2 amends PHSA section 317(k), relating to grants for addressing vaccine-preventable diseases, to include ef-

forts to increase vaccination rates among postpartum individuals, including individuals from racial and ethnic minority groups, and their children, as an authorized purpose of such grants.

To account for increased activities authorized by the Maternal Vaccination Act, section 2 increases the authorization for PHSA sections 313, 317(k), and 317(n) related to vaccination data from $15 million annually to $17 million annually for each of fiscal years 2021 through 2025.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, and existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

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TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

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PART B—FEDERAL-STATE COOPERATION

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SEC. 313. PUBLIC AWARENESS CAMPAIGN ON THE IMPORTANCE OF VACCINATIONS.

(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention and in coordination with other offices and agencies, as appropriate, shall award competitive grants or contracts to one or more public or private entities to carry out a national, evidence-based campaign to increase awareness and knowledge of the safety and effectiveness of vaccines for the prevention and control of diseases, combat misinformation about vaccines, and disseminate scientific and evidence-based vaccine-related information, with the goal of increasing rates of vaccination across all ages, as applicable, particularly in communities with low rates of vaccination, *and among pregnant and postpartum individuals,* to reduce and eliminate vaccine-preventable diseases.

(b) CONSULTATION.—In carrying out the campaign under this section, the Secretary shall consult with appropriate public health and medical experts, including the National Academy of Medicine and medical and public health associations and nonprofit organizations, in the development, implementation, and evaluation of the evidence-based public awareness campaign.

(c) REQUIREMENTS.—The campaign under this section shall—

(1) be a nationwide, evidence-based media and public engagement initiative;

(2) include the development of resources for communities with low rates of vaccination, including culturally and linguistically appropriate resources, as applicable;

(3) include the dissemination of vaccine information and communication resources to public health departments, health care providers, and health care facilities, including such providers and facilities that provide [prenatal and pediatric] *prenatal, obstetric, and pediatric* care;

(4) be complementary to, and coordinated with, any other Federal, State, local, or Tribal efforts, as appropriate; and

(5) assess the effectiveness of communication strategies to increase rates of vaccination.

(d) ADDITIONAL ACTIVITIES.—The campaign under this section may—

(1) include the use of television, radio, the internet, and other media and telecommunications technologies;

(2) include the use of in-person activities;

(3) be focused to address specific needs of communities and populations with low rates of vaccination; and

(4) include the dissemination of scientific and evidence-based vaccine-related information, such as—

(A) advancements in evidence-based research related to diseases that may be prevented by vaccines and vaccine development;

(B) information on vaccinations for individuals and communities, including *pregnant and postpartum individuals and* individuals for whom vaccines are not recommended by the Advisory Committee for Immunization Practices, and the effects of low vaccination rates within a community on such individuals;

(C) information on diseases that may be prevented by vaccines; and

(D) information on vaccine safety and the systems in place to monitor vaccine safety.

(e) EVALUATION.—The Secretary shall—

(1) establish benchmarks and metrics to quantitatively measure and evaluate the awareness campaign under this section;

(2) conduct qualitative assessments regarding the awareness campaign under this section; and

(3) prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and Committee on Energy and Commerce of the House of Representatives an evaluation of the awareness campaign under this section.

(f) SUPPLEMENT NOT SUPPLANT.—Funds appropriated under this section shall be used to supplement and not supplant other Federal, State, and local public funds provided for activities described in this section.

(g) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section and subsections (k) and (n) of section 317, [$15,000,000] *$17,000,000* for each of fiscal years 2021 through 2025.

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PROJECT GRANTS FOR PREVENTIVE HEALTH SERVICES

SEC. 317. (a) The Secretary may make grants to States, and in consultation with State health authorities, to political subdivisions of States and to other public entities to assist them in meeting the

costs of establishing and maintaining preventive health service programs.

(b) No grant may be made under subsection (a) unless an application therefor has been submitted to, and approved by, the Secretary. Such an application shall be in such form and be submitted in such manner as the Secretary shall by regulation prescribe and shall provide—

(1) a complete description of the type and extent of the program for which the applicant is seeking a grant under subsection (a);

(2) with respect to each such program (A) the amount of Federal, State, and other funds obligated by the applicant in its latest annual accounting period for the provision of such program, (B) a description of the services provided by the applicant in such program in such period, (C) the amount of Federal funds needed by the applicant to continue providing such services in such program, and (D) if the applicant proposes changes in the provision of the services in such program, the priorities of such proposed changes, reasons for such changes, and the amount of Federal funds needed by the applicant to make such changes;

(3) assurances satisfactory to the Secretary that the program which will be provided with funds under a grant under subsection (a) will be provided in a manner consistent with the State health plan in effect under section 1524(c) and in those cases where the applicant is a State, that such program will be provided, where appropriate, in a manner consistent with any plans in effect under an application approved under section 315;

(4) assurances satisfactory to the Secretary that the applicant will provide for such fiscal control and fund accounting procedures as the Secretary by regulation prescribes to assure the proper disbursement of and accounting for funds received under grants under subsection (a);

(5) assurances satisfactory to the Secretary that the applicant will provide for periodic evaluation of its program or programs;

(6) assurances satisfactory to the Secretary that the applicant will make such reports (in such form and containing such information as the Secretary may by regulation prescribe) as the Secretary may reasonably require and keep such records and afford such access thereto as the Secretary may find necessary to assure the correctness of, and to verify, such reports;

(7) assurances satisfactory to the Secretary that the applicant will comply with any other conditions imposed by this section with respect to grants; and

(8) such other information as the Secretary may by regulation prescribe.

(c)(1) The Secretary shall not approve an application submitted under subsection (b) for a grant for a program for which a grant was previously made under subsection (a) unless the Secretary determines—

(A) the program for which the application was submitted is operating effectively to achieve its stated purpose,

(B) the applicant complied with the assurances provided the Secretary when applying for such previous grant, and

(C) the applicant will comply with the assurances provided with the application.

(2) The Secretary shall review annually the activities undertaken by each recipient of a grant under subsection (a) to determine if the program assisted by such grant is operating effectively to achieve its stated purposes and if the recipient is in compliance with the assurances provided the Secretary when applying for such grant.

(d) The amount of a grant under subsection (a) shall be determined by the Secretary. Payments under such grants may be made in advance on the basis of estimates or by the way of reimbursement, with necessary adjustments on account of underpayments or overpayments, and in such installments and on such terms and conditions as the Secretary finds necessary to carry out the purposes of such grants.

(e) The Secretary, at the request of a recipient of a grant under subsection (a), may reduce the amount of such grant by—

(1) the fair market value of any supplies (including vaccines and other preventive agents) or equipment furnished the grant recipient, and

(2) the amount of the pay, allowances, and travel expenses of any officer or employee of the Government when detailed to the grant recipient and the amount of any other costs incurred in connection with the detail of such officer or employee.

When the furnishing of such supplies or equipment or the detail of such an officer or employee is for the convenience of and at the request of such grant recipient and for the purpose of carrying out a program with respect to which the grant under subsection (a) is made. The amount by which any such grant is so reduced shall be available for payment by the Secretary of the costs incurred in furnishing the supplies or equipment, or in detailing the personnel, on which the reduction of such grant is based, and such amount shall be deemed as part of the grant and shall be deemed to have been paid to the grant recipient.

(f)(1) Each recipient of a grant under subsection (a) shall keep such records as the Secretary shall by regulation prescribe, including records which fully disclose the amount and disposition by such recipient of the proceeds of such grant, the total cost of the undertaking in connection with which such grant was made, and the amount of that portion of the cost of the undertaking supplied by other sources, and such other records as will facilitate an effective audit.

(2) The Secretary and the Comptroller General of the United States, or any of their duly authorized representatives, shall have access for the purpose of audit and examination to any books, documents, papers, and records of the recipient of grants under subsection (a) that are pertinent to such grants.

(g)(1) Nothing in this section shall limit or otherwise restrict the use of funds which are granted to a State or to an agency or a political subdivision of a State under provisions of Federal law (other than this section) and which are available for the conduct of preventive health service programs from being used on connection with programs assisted through grants under subsection (a).

(2) Nothing in this section shall be construed to require any State or any agency or political subdivision of a State to have a preventive health service program which would require any person, who objects to any treatment provided under such a program, to be treated or to have any child or ward treated under such program.

(h) The Secretary shall include, as part of the report required by section 1705, a report on the extent of the problems presented by the diseases and conditions referred to in subsection (j) on the amount of funds obligated under grants under subsection (a) in the preceding fiscal year for each of the programs listed in subsection (j); and on the effectiveness of the activities assisted under grants under subsection (a) in controlling such diseases and conditions.

(i) The Secretary may provide technical assistance to States, State health authorities, and other public entities in connection with the operation of their preventive health service programs.

(j)(1) Except for grants for immunization programs the authorization of appropriations for which are established in paragraph (2), for grants under subsections (a) and (k)(1) for preventive health service programs to immunize without charge children, adolescents, and adults against vaccine-preventable diseases, there are authorized to be appropriated such sums as may be necessary. Not more than 10 percent ot the total amount appropriated under the preceding sentence for any fiscal year shall be available for grants under subsection (k)(1) for such fiscal year.

(2) For grants under subsection (a) for preventive health service programs for the provision without charge of immunizations with vaccines approved for use, and recommended for routine use, there are authorized to be appropriated such sums as may be necessary.

(k)(1) The Secretary may make grants to States, political subdivisions of States, and other public and nonprofit private entities for—

(A) research into the prevention and control of diseases that may be prevented through vaccination;

(B) demonstration projects for the prevention and control of such diseases;

(C) public information and education programs for the prevention and control of such diseases;

(D) education, training, and clinical skills improvement activities in the prevention and control of such diseases for health professionals (including allied health personnel);

(E) planning, implementation, and evaluation of activities to address vaccine-preventable diseases, including activities to—

(i) identify communities at high risk of outbreaks related to vaccine-preventable diseases, including through improved data collection and analysis;

(ii) pilot innovative approaches to improve vaccination rates in communities and among populations with low rates of vaccination;

(iii) reduce barriers to accessing vaccines and evidence-based information about the health effects of vaccines;

(iv) partner with community organizations and health care providers to develop and deliver evidence-based interventions, including culturally and linguistically appropriate interventions, to increase vaccination rates;

(v) improve delivery of evidence-based vaccine-related information to parents and others; [and]

(vi) improve the ability of State, local, Tribal, and territorial public health departments to engage communities at high risk for outbreaks related to vaccine-preventable diseases, including, as appropriate, with local educational agencies, as defined in section 8101 of the Elementary and Secondary Education Act of 1965; and

(vii) increase vaccination rates of pregnant and postpartum individuals, including individuals from racial and ethnic minority groups, and their children; and

(F) research related to strategies for improving awareness of scientific and evidence-based vaccine-related information, including for communities with low rates of vaccination, in order to understand barriers to vaccination, improve vaccination rates, and assess the public health outcomes of such strategies.

(2) The Secretary may make grants to States, political subdivisions of States, and other public and nonprofit private entities for—

(A) research into the prevention and control of diseases and conditions;

(B) demonstration projects for the prevention and control of such diseases and conditions;

(C) public information and education programs for the prevention and control of such diseases and conditions; and

(D) education, training, and clinical skills improvement activities in the prevention and control of such diseases and conditions for health professionals (including allied health personnel).

(3) No grant may be made under this subsection unless an application therefor is submitted to the Secretary in such form, at such time, and containing such information as the Secretary may by regulation prescribe.

(4) Subsections (d), (e), and (f) shall apply to grants under this subsection in the same manner as such subsections apply to grants under subsection (a).

(l) AUTHORITY TO PURCHASE RECOMMENDED VACCINES FOR ADULTS.—

(1) IN GENERAL.—The Secretary may negotiate and enter into contracts with manufacturers of vaccines for the purchase and delivery of vaccines for adults as provided for under subsection (e).

(2) STATE PURCHASE.—A State may obtain additional quantities of such adult vaccines (subject to amounts specified to the Secretary by the State in advance of negotiations) through the purchase of vaccines from manufacturers at the applicable price negotiated by the Secretary under this subsection.

(m) DEMONSTRATION PROGRAM TO IMPROVE IMMUNIZATION COVERAGE.—

(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish a demonstration program to award grants to States to improve the provision of recommended immunizations for children, adolescents, and adults through the use of evidence-based, population-based interventions for high-risk populations.

(2) STATE PLAN.—To be eligible for a grant under paragraph (1), a State shall submit to the Secretary an application at

such time, in such manner, and containing such information as the Secretary may require, including a State plan that describes the interventions to be implemented under the grant and how such interventions match with local needs and capabilities, as determined through consultation with local authorities.

(3) USE OF FUNDS.—Funds received under a grant under this subsection shall be used to implement interventions that are recommended by the Task Force on Community Preventive Services (as established by the Secretary, acting through the Director of the Centers for Disease Control and Prevention) or other evidence-based interventions, including—

(A) providing immunization reminders or recalls for target populations of clients, patients, and consumers;

(B) educating targeted populations and health care providers concerning immunizations in combination with one or more other interventions;

(C) reducing out-of-pocket costs for families for vaccines and their administration;

(D) carrying out immunization-promoting strategies for participants or clients of public programs, including assessments of immunization status, referrals to health care providers, education, provision of on-site immunizations, or incentives for immunization;

(E) providing for home visits that promote immunization through education, assessments of need, referrals, provision of immunizations, or other services;

(F) providing reminders or recalls for immunization providers;

(G) conducting assessments of, and providing feedback to, immunization providers;

(H) any combination of one or more interventions described in this paragraph; or

(I) immunization information systems to allow all States to have electronic databases for immunization records.

(4) CONSIDERATION.—In awarding grants under this subsection, the Secretary shall consider any reviews or recommendations of the Task Force on Community Preventive Services.

(5) EVALUATION.—Not later than 3 years after the date on which a State receives a grant under this subsection, the State shall submit to the Secretary an evaluation of progress made toward improving immunization coverage rates among high-risk populations within the State.

(6) REPORT TO CONGRESS.—Not later than 4 years after the date of enactment of the Affordable Health Choices Act, the Secretary shall submit to Congress a report concerning the effectiveness of the demonstration program established under this subsection together with recommendations on whether to continue and expand such program.

(7) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this subsection, such sums as may be necessary for each of fiscal years 2010 through 2014.

(n) VACCINATION DATA.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall ex-

pand and enhance, and, as appropriate, establish and improve, programs and conduct activities to collect, monitor, and analyze vaccination coverage data to assess levels of protection from vaccine-preventable diseases, including by assessing factors contributing to underutilization of vaccines and variations of such factors, and identifying communities at high risk of outbreaks associated with vaccine-preventable diseases.

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