

107TH CONGRESS
1ST SESSION

H. R. 2598

To amend the Public Health Service Act to provide for increased funding for the Centers for Disease Control and Prevention to carry out activities toward increasing the number of medically underserved, at-risk adults and adolescents who are immunized against vaccine-preventable diseases, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 23, 2001

Ms. ROYBAL-ALLARD (for herself, Mrs. JONES of Ohio, Mr. PALLONE, Mr. MURTHA, Ms. JACKSON-LEE of Texas, Mr. WYNN, Mr. McGOVERN, Mr. WAXMAN, Mr. SERRANO, Mr. LANTOS, Ms. NORTON, and Mr. BONIOR) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to provide for increased funding for the Centers for Disease Control and Prevention to carry out activities toward increasing the number of medically underserved, at-risk adults and adolescents who are immunized against vaccine-preventable diseases, 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Underserved Adult and
3 Adolescent Immunization Act of 2001”.

4 **SEC. 2. FINDINGS.**

5 The Congress finds as follows:

6 (1) While the United States achieved record lev-
7 els of immunization in the 1990s and childhood im-
8 munization coverage has dramatically increased, cer-
9 tain problems persist within the national immuniza-
10 tion system. The Nation still needs to address per-
11 sistent disparities in childhood levels of immuniza-
12 tion coverage in high-poverty areas. In addition, im-
13 munization coverage rates for adults are well below
14 those achieved for childhood immunizations. Thus,
15 there is a vital need to step up our activities to im-
16 munize underserved adults and adolescents.

17 (2) Presently, many at-risk adults and adoles-
18 cents are not getting the vaccines they need, such as
19 influenza, pneumococcal, hepatitis B, chickenpox and
20 meningitis vaccine. Moreover, adolescents and cer-
21 tain adult subpopulations (minorities, seniors, the
22 uninsured, persons with chronic diseases) have sig-
23 nificantly lower coverage.

24 (3) This past season’s shortage of influenza
25 vaccine emphasized that the United States has no
26 comprehensive flu vaccination plan. Delays in vac-

1 cine production and a haphazard distribution system
2 creates shortages, and drives up vaccine prices. This
3 past season, much of the available vaccine went to
4 programs that immunize mostly lower-risk people
5 (colleges, workplaces, shopping malls), leaving out
6 the elderly and sick, for whom immunization could
7 make the difference between life or death.

8 (4) Vaccine-preventable diseases in adults cause
9 staggering deaths and illnesses. Each year, about
10 20,000 Americans die due to influenza or influenza-
11 related pneumonia. Over 90 percent of the deaths
12 occur in persons aged 65 years and older. Moreover,
13 pneumonia and influenza together are the fifth lead-
14 ing cause of death among older adults. The Centers
15 for Disease Control and Prevention estimates that
16 the overall cost to society from these vaccine-pre-
17 ventable diseases of adults exceeds \$10 billion per
18 year.

19 (5) The problem is exacerbated by the fact that
20 Federal resources for immunizations have decreased
21 over the last five years. This unpredictable funding
22 has created uncertainty in State and local planning
23 efforts. Increasingly, State health departments are
24 facing difficulties in monitoring the effectiveness of
25 immunizations, since the majority of vaccines are de-

1 livered in private health care facilities. Thus, long-
2 range data collection, assessment of immunization
3 rates and strategic planning efforts have suffered.

4 **SEC. 3. PROGRAM FOR INCREASING IMMUNIZATION RATES**
5 **FOR ADULTS AND ADOLESCENTS; COLLEC-**
6 **TION OF ADDITIONAL IMMUNIZATION DATA.**

7 (a) ACTIVITIES OF CENTERS FOR DISEASE CONTROL
8 AND PREVENTION.—Section 317(j) of the Public Health
9 Service Act (42 U.S.C. 247b(j)) is amended by adding at
10 the end the following paragraphs:

11 “(3)(A) For the purpose of carrying out activities to-
12 ward increasing immunization rates for adults and adoles-
13 cents through the immunization program under this sub-
14 section, and for the purpose of carrying out subsection
15 (k)(2), there are authorized to be appropriated
16 \$50,000,000 for fiscal year 2002, and such sums as may
17 be necessary for each of the fiscal years 2003 through
18 2005. Such authorization is in addition to amounts avail-
19 able under paragraphs (1) and (2) for such purposes.

20 “(B) In expending amounts appropriated under sub-
21 paragraph (A), the Secretary shall give priority to adults
22 and adolescents who are medically underserved and are
23 at risk for vaccine-preventable diseases, including as ap-
24 propriate populations identified through projects under
25 subsection (k)(2)(E).

1 “(C) The purposes for which amounts appropriated
2 under subparagraph (A) are available include (with re-
3 spect to immunizations for adults and adolescents) pay-
4 ment of the costs of storing vaccines, outreach activities
5 to inform individuals of the availability of the immuniza-
6 tions, and other program expenses necessary for the estab-
7 lishment or operation of immunization programs carried
8 out or supported by States or other public entities pursu-
9 ant to this subsection.

10 “(4) The Secretary shall annually submit to the Con-
11 gress a report that—

12 “(A) evaluates the extent to which the immuni-
13 zation system in the United States has been effective
14 in providing for adequate immunization rates for
15 adults and adolescents, taking into account the ap-
16 plicable year 2010 health objectives established by
17 the Secretary regarding the health status of the peo-
18 ple of the United States; and

19 “(B) describes any issues identified by the Sec-
20 retary that may affect such rates.

21 “(5) In carrying out this subsection and paragraphs
22 (1) and (2) of subsection (k), the Secretary shall consider
23 recommendations regarding immunizations that are made
24 in reports issued by the Institute of Medicine.”.

1 (b) RESEARCH, DEMONSTRATIONS, AND EDUCATION.—Section 317(k) of the Public Health Service Act
2 (42 U.S.C. 247b(k)) is amended—

4 (1) by redesignating paragraphs (2) through
5 (4) as paragraphs (3) through (5), respectively; and
6 (2) by inserting after paragraph (1) the following paragraph:

8 “(2) The Secretary, directly and through grants
9 under paragraph (1), shall provide for a program of
10 research, demonstration projects, and education in
11 accordance with the following:

12 “(A) The Secretary shall coordinate with
13 public and private entities (including nonprofit
14 private entities), and develop and disseminate
15 guidelines, toward the goal of ensuring that im-
16 munizations are routinely offered to adults and
17 adolescents by public and private health care
18 providers.

19 “(B) The Secretary shall cooperate with
20 public and private entities to obtain information
21 for the annual evaluations required in sub-
22 section (j)(4)(A).

23 “(C) The Secretary shall (relative to fiscal
24 year 2001) increase the extent to which the
25 Secretary collects data on the incidence, preva-

1 lence, and circumstances of diseases and ad-
2 verse events that are experienced by adults and
3 adolescents and may be associated with immu-
4 nizations, including collecting data in coopera-
5 tion with commercial laboratories.

6 “(D) The Secretary shall ensure that the
7 entities with which the Secretary cooperates for
8 purposes of subparagraphs (A) through (C) in-
9 clude managed care organizations, community
10 based organizations that provide health serv-
11 ices, and other health care providers.

12 “(E) The Secretary shall provide for
13 projects to identify racial and ethnic minority
14 groups and other health disparity populations
15 for which immunization rates for adults and
16 adolescents are below such rates for the general
17 population, and to determine the factors under-
18 lying such disparities.”.

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