

109TH CONGRESS
1ST SESSION

H. R. 3598

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 who are immunized against vaccine-preventable diseases, to require a study regarding standards for the measurement of use by beneficiaries under the Medicare and Medicaid Programs of adult immunizations for influenza, to amend title 5, United States Code, with respect to the Federal Employees Health Benefits Program and certain immunization services, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 28, 2005

Ms. ROYBAL-ALLARD (for herself, Mr. WICKER, Mr. WAXMAN, Mr. GRIJALVA, Mrs. DAVIS of California, Ms. WOOLSEY, Mr. FARR, Ms. SOLIS, Mr. CARDOZA, Ms. ZOE LOFGREN of California, Ms. MATSUI, Mrs. CAPPS, Ms. ESHOO, Mr. HONDA, Mr. COSTA, Mr. ROYCE, Mr. INSLEE, Mr. PASTOR, Mr. SALAZAR, Mr. MENENDEZ, Mr. BACA, Mr. BECERRA, Mrs. NAPOLITANO, Mr. GUTIERREZ, Ms. LINDA T. SÁNCHEZ of California, Mr. SERRANO, Ms. VELÁZQUEZ, Mr. REYES, Mr. LEACH, Mr. ENGLISH of Pennsylvania, Mr. WALSH, Mr. BONNER, Mr. CASTLE, Mrs. JOHNSON of Connecticut, Mr. CRENSHAW, Ms. JACKSON-LEE of Texas, Mr. GONZALEZ, and Ms. LORETTA SANCHEZ of California) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means and Government Reform, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

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the number of medically underserved, at-risk adults who are immunized against vaccine-preventable diseases, to require a study regarding standards for the measurement of use by beneficiaries under the Medicare and Medicaid Programs of adult immunizations for influenza, to amend title 5, United States Code, with respect to the Federal Employees Health Benefits Program and certain immunization services, 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 “Total Health Requires
 5 Improved Vaccination Efforts Act of 2005” or the
 6 “THRIVE Act of 2005”.

7 **SEC. 2. FINDINGS.**

8 The Congress finds as follows:

9 (1) Since the 1990s, the United States has
 10 achieved and maintained high levels of childhood im-
 11 munization, yet certain problems persist within the
 12 national immunization system. Data from the Cen-
 13 ters for Disease Control indicate the following:

14 (A) Immunization coverage rates among
 15 adults are well below those achieved among chil-
 16 dren.

17 (B) Significant racial and ethnic dispari-
 18 ties exist between coverage rates among adults.

1 (C) Many at-risk adults are not getting the
2 vaccines they need to prevent diseases such as
3 influenza, pneumococcal pneumonia and hepa-
4 titis B.

5 (2) Vaccine-preventable diseases in adults cause
6 a staggering number of deaths and illnesses each
7 year. Research shows that the following applies each
8 year in the United States:

9 (A) 200,000 individuals are hospitalized
10 due to influenza complications and approxi-
11 mately 36,000 will die.

12 (B) 33,000 people suffer from invasive
13 pneumococcal disease and 5,000 will die.

14 (C) 80,000 individuals become newly in-
15 fected with hepatitis B, and of these 5,000 will
16 die.

17 (D) Pneumonia and influenza together are
18 the sixth leading cause of death among older
19 adults.

20 (3) The Centers for Disease Control and Pre-
21 vention (“CDC”) estimates that the overall cost to
22 the Nation from these vaccine-preventable diseases
23 of adults exceeds \$10 billion per year.

24 (4) Recommended adult immunizations are cost
25 effective and would produce significant savings for

1 the health care system of the United States. Accord-
2 ing to current research and CDC statistics:

3 (A) Influenza vaccine saves \$14.71 per
4 person vaccinated between the ages of 18 and
5 63.

6 (B) Influenza vaccine saves \$182 in med-
7 ical costs for each person vaccinated aged 65 or
8 over.

9 (C) Pneumococcal vaccine saves \$8.87 in
10 medical costs per person vaccinated aged 65 or
11 over.

12 (D) Hepatitis B vaccine saves \$100 million
13 in medical costs for every 1 million high-risk
14 adults vaccinated.

15 (5) The shortage of influenza vaccine for the
16 2004–2005 season revealed a number of weaknesses
17 in the adult immunization infrastructure in the
18 United States: insufficient vaccine to meet demand;
19 uneven distribution of vaccine; and impaired abilities
20 to administer vaccine to those in greatest need. Such
21 problems undermine public health and confidence in
22 the public health system, create confusion and un-
23 certainty, and destabilize the vaccine market place.

24 (6) These deficiencies in adult immunization in
25 the United States are further exacerbated by de-

1 creasing Federal and State resources for immuniza-
2 tions:

3 (A) The Federal budget for immunizations
4 has decreased over the last five years, shifting
5 more of the immunization infrastructural costs
6 to states already facing budget shortfalls.

7 (B) With most currently available State
8 and Federal immunization resources directed
9 toward childhood immunization, adult immuni-
10 zation policies and programs are increasingly at
11 risk.

12 (C) The diminishing resource base com-
13 promises the abilities of State health depart-
14 ments to collect data about adult immunization,
15 assess immunization rates and conduct and im-
16 plement strategic planning to protect adults
17 from vaccine-preventable diseases.

18 (7) There is, therefore, a vital need to enhance
19 the Nation's efforts to protect adults against vac-
20 cine-preventable diseases. Establishing a strong and
21 effective adult immunization infrastructure in the
22 Unites States makes good sense:

23 (A) From a public health perspective it will
24 better prepare the health care system for an an-
25 ticipated influenza pandemic.

1 (B) From a homeland security prepared-
2 ness stance it will enable the public health com-
3 munity to respond more quickly and effectively
4 to biological threats.

5 (C) From a biomedical standpoint it will
6 encourage American adults to capitalize on
7 newly developed vaccines for other diseases such
8 as cervical cancer and shingles.

9 (8) There are proven ways to bolster the adult
10 immunization system:

11 (A) Rigorous studies have shown that re-
12 moving financial barriers increases vaccination
13 rates among adults.

14 (B) Measuring how well providers deliver
15 immunizations increases vaccination rates.

16 (C) Existing performance measurement
17 systems are excellent incentives to ensure that
18 health care workers are immunized against in-
19 fectionous diseases that could potentially spread
20 to vulnerable patients.

21 (D) Health education campaigns are prov-
22 en ways to positively impact immunization be-
23 haviors.

1 **SEC. 3. CENTERS FOR DISEASE CONTROL AND PREVEN-**
2 **TION; PROGRAM FOR INCREASING IMMUNI-**
3 **ZATION RATES FOR ADULTS.**

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

8 “(3)(A) For the purpose of carrying out activities to-
9 ward increasing immunization rates for adults through the
10 immunization program under this subsection, and for the
11 purpose of carrying out subsection (k)(2), there are au-
12 thorized to be appropriated \$75,000,000 for fiscal year
13 2006, and such sums as may be necessary for each of the
14 fiscal years 2007 through 2010. Such authorization is in
15 addition to amounts available under paragraphs (1) and
16 (2) for such purposes.

17 “(B) In expending amounts appropriated under sub-
18 paragraph (A), the Secretary shall give priority to adults
19 who are medically underserved and are at risk for vaccine-
20 preventable diseases.

21 “(C) The purposes for which amounts appropriated
22 under subparagraph (A) are available include (with re-
23 spect to immunizations for adults) payment of the costs
24 of storing vaccines, outreach activities to inform individ-
25 uals of the availability of the immunizations, and other
26 program expenses necessary for the establishment or oper-

1 ation of immunization programs carried out or supported
2 by States or other public entities pursuant to this sub-
3 section.

4 “(D)(i) Of the amounts appropriated under subpara-
5 graph (A), the Secretary may, for three consecutive fiscal
6 years during the fiscal years 2006 through 2010, reserve
7 in the aggregate for such three years not more than
8 \$25,000,000 to make grants to not more than four States
9 for the purpose of carrying out demonstration projects to
10 provide immunizations against influenza to individuals
11 who are in the age group 19 through 64, are uninsured
12 with respect to such vaccine, and are at high risk with
13 respect to influenza.

14 “(ii) In making grants pursuant to clause (i), the
15 Secretary shall give preference to any State that—

16 “(I) has a low rate of adult immunizations for
17 influenza and pneumococcus among populations that
18 are at high risk with respect to such diseases; or

19 “(II) has a racial or ethnic minority group for
20 which there is a significant disparity in the rate of
21 adult immunizations for influenza and pneumococcus
22 as compared to the general population of the State.

23 “(iii) A grant may be made pursuant to clause (i)
24 only if the State involved agrees that, before the dem-
25 onstration project under such clause begins providing im-

1 munizations, the State will, for purposes of determining
2 the effects of the project, make an estimate of the rate
3 of immunizations with influenza vaccine in the population
4 that will be served by the project.

5 “(iv) Upon the request of a State that will carry out
6 a demonstration project under clause (i), the Secretary
7 shall provide technical assistance to the State with respect
8 to making the estimate described in clause (iii) and with
9 respect to identifying intervention and comparison sites
10 for the project.

11 “(v) For purposes of this subparagraph:

12 “(I) An individual shall be considered to be un-
13 insured with respect to influenza vaccine if the indi-
14 vidual does not have benefits with respect to the cost
15 of such vaccine under a health insurance policy or
16 plan (including a group health plan, a prepaid health
17 plan, or an employee welfare benefit plan under the
18 Employee Retirement Income Security Act of 1974).

19 “(II) With respect to influenza, an individual
20 shall be considered to be at high risk if the indi-
21 vidual meets the high-risk criteria identified by the
22 Advisory Committee on Immunization Practices (an
23 advisory committee established by the Secretary).

24 “(4)(A) The Secretary shall annually submit to the
25 Congress a report that—

1 “(i) evaluates the extent to which the im-
2 munization system in the United States has
3 been effective in providing for adequate immu-
4 nization rates for adults, taking into account
5 the applicable year 2010 health objectives es-
6 tablished by the Secretary regarding the health
7 status of the people of the United States; and

8 “(ii) describes any issues identified by the
9 Secretary that may affect such rates.

10 “(B) For each fiscal year for which demonstration
11 projects under paragraph (3)(D) are being carried out, the
12 report under subparagraph (A) shall include information
13 on—

14 “(i) the effectiveness of the projects in increas-
15 ing the rate of immunizations with influenza vaccine
16 in the populations involved;

17 “(ii) demographic information on the individ-
18 uals to whom the projects have provided immuniza-
19 tions (including with respect to race and ethnicity);
20 and

21 “(iii) the types of health care entities that have
22 been involved in the projects.

23 “(5) In carrying out this subsection and paragraphs
24 (1) and (2) of subsection (k), the Secretary shall consider

1 recommendations regarding immunizations that are made
2 in reports issued by the Institute of Medicine.”.

3 (b) RESEARCH, DEMONSTRATIONS, AND EDU-
4 CATION.—Section 317(k) of the Public Health Service Act
5 (42 U.S.C. 247b(k)) is amended—

6 (1) by redesignating paragraphs (2) through
7 (4) as paragraphs (3) through (5), respectively; and

8 (2) by inserting after paragraph (1) the fol-
9 lowing paragraph:

10 “(2)(A) The Secretary, directly or through grants
11 under paragraph (1), shall provide for the following:

12 “(i) The Secretary shall coordinate with public
13 and private entities (including nonprofit private enti-
14 ties), and develop and disseminate guidelines, toward
15 the goal of ensuring that immunizations are rou-
16 tinely offered to adults by public and private health
17 care providers.

18 “(ii) The Secretary shall cooperate with public
19 and private entities to obtain information for the an-
20 nual evaluations required in subsection (j)(4)(A)(i).

21 “(B)(i) The Secretary, directly or through grants
22 under paragraph (1), shall provide for a campaign of edu-
23 cation on the importance of adults receiving immuniza-
24 tions. Such campaign shall have—

1 “(I) a component directed toward the general
2 public;

3 “(II) a component or components directed to-
4 ward health professionals, providers of health insur-
5 ance and plans, and employers; and

6 “(III) components directed toward particular
7 populations for which the rate of immunizations is
8 low relative to the general population.

9 “(ii) In carrying out the campaign under clause (i),
10 the Secretary shall seek to use innovative educational
11 methods, and shall seek to meet the following goals:

12 “(I) Increase the demand for immunizations.

13 “(II) Correct misconceptions and unjustified
14 concerns about the safety of vaccines.

15 “(III) Promote the inclusion in health insurance
16 and plans of coverage of immunizations for adults.

17 “(IV) Promote the use of evidence-based ap-
18 proaches for improving the rate of immunizations.

19 “(iii) The Secretary shall provide for an evaluation,
20 including through surveys, of the effects of the campaign
21 under clause (i) on the knowledge, attitudes, and practices
22 of the populations described in subclauses (I) through
23 (III) of such clause.”.

1 **SEC. 4. MEDICARE AND MEDICAID PROGRAMS; STANDARDS**
2 **TO MEASURE USAGE AND COVERAGE OF**
3 **ADULT IMMUNIZATIONS.**

4 (a) IN GENERAL.—The Secretary of Health and
5 Human Services, acting through the Administrator of the
6 Centers for Medicare & Medicaid Services, shall establish
7 standards for the measurement of use by beneficiaries
8 under the medicare and medicaid programs of adult im-
9 munizations for influenza.

10 (b) STUDY FOR USE OF STANDARDS AS A QUALITY
11 MEASURE.—The Secretary, acting through the Adminis-
12 trator of the Centers for Medicare & Medicaid Services,
13 shall conduct a study to determine the feasibility and ad-
14 visability of including adult immunization for influenza by
15 medicare and medicaid beneficiaries, as a performance
16 measure under quality initiatives conducted by the Sec-
17 retary under the medicare and medicaid programs.

18 (c) MEASUREMENT OF USAGE BY HEALTH CARE
19 WORKERS.—The Secretary, acting through the Adminis-
20 trator of the Centers for Medicare & Medicaid Services,
21 shall establish standards for the measurement of use by
22 health care workers, as defined by the Secretary for pur-
23 poses of this section, working in a provider of services (as
24 defined in section 1861(u) of the Social Security Act (42
25 U.S.C. 1395x(u)) of adult immunizations for influenza.

1 (d) ASSESSMENT OF BEST PRACTICES TO IMPROVE
 2 COVERAGE OF ADULT IMMUNIZATIONS.—The Secretary
 3 of Health and Human Services, acting through the Agency
 4 for Healthcare Research and Quality, shall conduct a
 5 study of the best practices of health insurers and managed
 6 care organizations to encourage the use of adult immuni-
 7 zations for influenza by enrollees of such insurers and or-
 8 ganizations, such as informed refusal and other interven-
 9 tions.

10 **SEC. 5. STUDY ON ADULT IMMUNIZATION FOR INFLUENZA**
 11 **FOR HEALTH CARE WORKERS AS A QUALITY**
 12 **INDICATOR FOR PURPOSES OF ACCREDITA-**
 13 **TION.**

14 (a) STUDY.—The Secretary of Health and Human
 15 Services shall conduct a study to determine the feasibility
 16 and advisability of including as a requirement of accredita-
 17 tion of a provider of services (as defined in section 1861(u)
 18 of the Social Security Act (42 U.S.C. 1395x(u)) compli-
 19 ance with recommended adult immunizations, including
 20 influenza, for all health care workers employed by the pro-
 21 vider of services. Any such requirement should include a
 22 provision for informed refusal by the health care worker
 23 of the immunization and appropriate documentation of
 24 usage and refusal of such immunizations.

1 (b) REPORT.—Not later than one year after the date
 2 of the enactment of this Act, the Secretary shall submit
 3 to Congress a report on the study conducted under sub-
 4 section (a), and shall include in that report a description
 5 of the difficulties of implementing such a requirement as
 6 well as recommendations for the resolution of those dif-
 7 ficulties.

8 **SEC. 6. FEHBP COVERAGE OF QUALIFIED IMMUNIZATION**
 9 **SERVICES.**

10 (a) IN GENERAL.—Section 8902 of title 5, United
 11 States Code, is amended by adding at the end the fol-
 12 lowing:

13 “(p)(1) A contract may not be made or a plan ap-
 14 proved which does not (A) offer qualified immunization
 15 services to eligible enrollees, and (B) provide for the waiv-
 16 er of any deductible that might otherwise apply with re-
 17 spect to any such services provided to any such enrollee.

18 “(2) For purposes of this subsection—

19 “(A) the term ‘qualified immunization services’
 20 means—

21 “(i) pneumococcal vaccine and its adminis-
 22 tration; and

23 “(ii) influenza vaccine and its administra-
 24 tion; and

1 “(B) the term ‘eligible enrollee’, as used with
2 respect to a health benefits plan, means an indi-
3 vidual enrolled in such plan under this chapter who
4 is 18 years of age or older and who is at high risk
5 of contracting pneumonia or influenza, as deter-
6 mined under criteria of the Advisory Committee on
7 Immunization Practices or another similar body (as
8 identified by the Office).”.

9 (b) EFFECTIVE DATE.—The amendment made by
10 this section shall apply to services provided under any con-
11 tract entered into or renewed for any contract year begin-
12 ning later than 9 months after the date of the enactment
13 of this Act.

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