

111TH CONGRESS  
1ST SESSION

# S. 1003

To increase immunization rates.

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IN THE SENATE OF THE UNITED STATES

MAY 7, 2009

Mr. REED introduced the following bill; which was read twice and referred to  
the Committee on Health, Education, Labor, and Pensions

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## A BILL

To increase immunization rates.

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; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the  
5 “Immunization Improvement Act of 2009”.

6 (b) TABLE OF CONTENTS.—The table of contents for  
7 this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Findings.
- Sec. 3. State authority to purchase recommended vaccines for adults.
- Sec. 4. Demonstration program to improve immunization coverage.
- Sec. 5. Reauthorization of immunization program.
- Sec. 6. Inclusion of recommended immunizations under part B of the Medicare  
program with no beneficiary cost-sharing.
- Sec. 7. Medicaid coverage of recommended adult immunizations.
- Sec. 8. Vaccine administration fees.
- Sec. 9. Health insurance coverage for recommended immunizations.

Sec. 10. Immunization information systems.

Sec. 11. Reports.

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

3 (1) Immunizations recommended for routine  
4 use have been proven to be clinically effective in im-  
5 proving health and preventing the spread of disease.  
6 Routine childhood immunizations prevent over  
7 14,000,000 cases of disease and over 33,500 deaths  
8 over the lifetime of children born in any given year.  
9 In addition to protecting individuals from disease,  
10 immunization provides population-based (herd) im-  
11 munity.

12 (2) An economic evaluation of the impact of  
13 seven vaccines routinely given as part of the child-  
14 hood immunization schedule found that the vaccines  
15 are cost-effective. Over the lifetime of children born  
16 in any given year, these immunizations result in an  
17 annual cost savings of \$10,000,000,000 in direct  
18 medical costs and over \$40,000,000,000 in indirect  
19 societal costs.

20 (3) There are significant and persistent gaps in  
21 public and private health insurance coverage of im-  
22 munizations. About 11 percent of young children  
23 and 21 percent of adolescents are underinsured for  
24 immunizations. Among adults, 59 percent are under-

1 insured and 17 percent are completely uninsured for  
2 immunizations. According to the Institute of Medi-  
3 cine, even those with insurance increasingly have to  
4 pay higher deductibles and copayments for immuni-  
5 zations.

6 (4) Each year, vaccine-preventable diseases  
7 cause the deaths of more than 42,000 people and  
8 hundreds of thousands cases of illness.

9 (5) In 2003, the Institute of Medicine's Com-  
10 mittee on the Evaluation of Vaccine Purchase Fi-  
11 nancing made the following conclusions:

12 (A) Current public and private financing  
13 strategies for immunization have had substan-  
14 tial success, especially in improving immuniza-  
15 tion rates for young children. However, signifi-  
16 cant disparities remain in assuring access to  
17 recommended vaccines across geographic and  
18 demographic populations.

19 (B) Many young children, adolescents, and  
20 high-risk adults have no or limited insurance  
21 for recommended vaccines. Gaps and frag-  
22 mentation in insurance benefits create barriers  
23 for both vulnerable populations and clinicians  
24 that can contribute to lower immunization  
25 rates.

1 **SEC. 3. STATE AUTHORITY TO PURCHASE RECOMMENDED**  
 2 **VACCINES FOR ADULTS.**

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:

6 “(l) **AUTHORITY TO PURCHASE RECOMMENDED VAC-**  
 7 **CINES FOR ADULTS.**—

8 “(1) **IN GENERAL.**—The Secretary may nego-  
 9 tiate and enter into contracts with manufacturers of  
 10 vaccines for the purchase and delivery of vaccines  
 11 for adults otherwise provided vaccines under grants  
 12 under this section.

13 “(2) **STATE PURCHASE.**—A State may obtain  
 14 adult vaccines (subject to amounts specified to the  
 15 Secretary by the State in advance of negotiations)  
 16 through the purchase of vaccines from manufactur-  
 17 ers at the applicable price negotiated by the Sec-  
 18 retary under this subsection.”.

19 **SEC. 4. DEMONSTRATION PROGRAM TO IMPROVE IMMUNI-**  
 20 **ZATION COVERAGE.**

21 Section 317 of the Public Health Service Act (42  
 22 U.S.C. 247b), as amended by section 3, is further amend-  
 23 ed by adding at the end the following:

24 “(m) **DEMONSTRATION PROGRAM TO IMPROVE IM-**  
 25 **MUNIZATION COVERAGE.**—

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

9           “(2) STATE PLAN.—To be eligible for a grant  
10          under paragraph (1), a State shall submit to the  
11          Secretary an application at such time, in such man-  
12          ner, and containing such information as the Sec-  
13          retary may require, including a State plan that de-  
14          scribes the interventions to be implemented under  
15          the grant and how such interventions match with  
16          local needs and capabilities, as determined through  
17          consultation with local authorities.

18          “(3) USE OF FUNDS.—Funds received under a  
19          grant under this subsection shall be used to imple-  
20          ment interventions that are recommended by the  
21          Task Force on Community Preventive Services (as  
22          established by the Secretary, acting through the Di-  
23          rector of the Centers for Disease Control and Pre-  
24          vention) or other evidence-based interventions, in-  
25          cluding—

1           “(A) providing immunization reminders or  
2 recalls for target populations of clients, pa-  
3 tients, and consumers;

4           “(B) educating targeted populations and  
5 health care providers concerning immunizations  
6 in combination with one or more other interven-  
7 tions;

8           “(C) reducing out-of-pocket costs for fami-  
9 lies for vaccines and their administration;

10          “(D) carrying out immunization-promoting  
11 strategies for participants or clients of public  
12 programs, including assessments of immuniza-  
13 tion status, referrals to health care providers,  
14 education, provision of on-site immunizations,  
15 or incentives for immunization;

16          “(E) providing for home visits that pro-  
17 mote immunization through education, assess-  
18 ments of need, referrals, provision of immuniza-  
19 tions, or other services;

20          “(F) providing reminders or recalls for im-  
21 munization providers;

22          “(G) conducting assessments of, and pro-  
23 viding feedback to, immunization providers; or

24          “(H) any combination of one or more  
25 interventions described in this paragraph.

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

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

11          “(6) REPORT TO CONGRESS.—Not later than 4  
12          years after the date of enactment of the Immuniza-  
13          tion Improvement Act of 2009, the Secretary shall  
14          submit to Congress a report concerning the effective-  
15          ness of the demonstration program established under  
16          this subsection together with recommendations on  
17          whether to continue and expand such program.

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

22 **SEC. 5. REAUTHORIZATION OF IMMUNIZATION PROGRAM.**

23          Section 317(j) of the Public Health Service Act (42  
24          U.S.C. 247b(j)) is amended—

1 (1) in paragraph (1), by striking “for each of  
2 the fiscal years 1998 through 2005”; and

3 (2) in paragraph (2), by striking “after October  
4 1, 1997,”.

5 **SEC. 6. INCLUSION OF RECOMMENDED IMMUNIZATIONS**

6 **UNDER PART B OF THE MEDICARE PROGRAM**

7 **WITH NO BENEFICIARY COST-SHARING.**

8 (a) IN GENERAL.—Paragraph (10) of section  
9 1861(s) of the Social Security Act (42 U.S.C. 1395x(s))  
10 is amended to read as follows:

11 “(10) vaccines recommended for routine use by  
12 the Advisory Committee on Immunization Practices  
13 (an advisory committee established by the Secretary,  
14 acting through the Director of the Centers for Dis-  
15 ease Control and Prevention) and their administra-  
16 tion;”.

17 (b) CONFORMING AMENDMENTS.—

18 (1) Section 1833 of the Social Security Act (42  
19 U.S.C. 1395l) is amended, in each of subsections  
20 (a)(1)(B), (a)(2)(G), (a)(3)(A), (b)(1), by striking  
21 “1861(s)(10)(A)” or “1861(s)(10)(B)” and insert-  
22 ing “1861(s)(10)” each place it appears.

23 (2) Section 1842(o)(1)(A)(iv) of the Social Se-  
24 curity Act (42 U.S.C. 1395u(o)(1)(A)(iv)) is amend-  
25 ed by striking “subparagraph (A) or (B) of”.



1           (3) Section 1847A(c)(6) of the Social Security  
2   Act (42 U.S.C. 1395w–3a(c)(6)) is amended by  
3   striking subparagraph (G).

4           (4) Section 1860D–2(e)(1) of the Social Secu-  
5   rity Act (42 U.S.C. 1395w–102(e)(1)) is amended  
6   by striking “a vaccine” and all that follows through  
7   “its administration) and”.

8           (5) Section 1861(ww)(2)(A) of the Social Secu-  
9   rity Act (42 U.S.C. 1395x(ww)(2)(A)) is amended  
10   by striking “Pneumococcal, influenza, and hepatitis  
11   B” and inserting “Any”.

12          (6) Section 1866(a)(2)(A) of the Social Security  
13   Act (42 U.S.C. 1395cc(a)(2)(A)) is amended by  
14   striking “1861(s)(10)(A)” and inserting  
15   “1861(s)(10)”.

16          (c) EFFECTIVE DATE.—The amendments made by  
17   this section shall apply to vaccines administered on or  
18   after January 1, 2010.

19   **SEC. 7. MEDICAID COVERAGE OF RECOMMENDED ADULT**  
20                           **IMMUNIZATIONS.**

21          (a) MANDATORY COVERAGE OF RECOMMENDED IM-  
22   MUNIZATIONS FOR ADULTS.—Section 1905(a)(4) of the  
23   Social Security Act (42 U.S.C. 1396d(a)(4)) is amended—

24           (1) by striking “and” before “(C)”; and

1           (2) by inserting after the semicolon the fol-  
 2           lowing: “and (D) with respect to an adult individual,  
 3           vaccines recommended for routine use by the Advi-  
 4           sory Committee on Immunization Practices (an advi-  
 5           sory committee established by the Secretary, acting  
 6           through the Director of the Centers for Disease  
 7           Control and Prevention) and their administration;”.

8           (b) PROHIBITION ON COST-SHARING.—

9           (1) IN GENERAL.—Section 1916 of the Social  
 10          Security Act (42 U.S.C. 1396o), as amended by sec-  
 11          tion 5006(a)(1)(A) of division B of Public Law 111–  
 12          5, is amended—

13                   (A) in subsection (a), by striking “and (j)”  
 14                   and inserting “, (j), and (k)”; and

15                   (B) by adding at the end the following:

16          “(k) The State plan shall require that no provider  
 17          participating under the State plan may impose a copay-  
 18          ment, cost-sharing charge, or similar charge for vaccines  
 19          or their administration that the State is required to pro-  
 20          vide under sections 1902(a)(10)(A) and 1905(a)(4)(D).”.

21           (2) TECHNICAL AND CONFORMING AMEND-  
 22          MENT.—The second sentence of section 1916A(a)(1)  
 23          of such Act (42 U.S.C. 1396o–1(a)(1)) is amended  
 24          by striking “or (i)” and inserting “(i), (j), or (k)”.

1 (c) ALLOWING FOR MEDICAID REBATES.—Section  
2 1927(k)(2)(B) of such Act (42 U.S.C. 1396r–8(k)(2)(B))  
3 is amended by striking “, other than a vaccine” and in-  
4 serting “(including vaccines described in section  
5 1905(a)(4)(D) but excluding qualified pediatric vaccines  
6 under section 1928)”.

7 (d) EFFECTIVE DATE.—

8 (1) IN GENERAL.—Except as provided in para-  
9 graphs (2) and (3), the amendments made by this  
10 section take effect on October 1, 2010.

11 (2) EXTENSION OF EFFECTIVE DATE FOR  
12 STATE LAW AMENDMENT.—In the case of a State  
13 plan under title XIX of the Social Security Act (42  
14 U.S.C. 1396 et seq.) which the Secretary of Health  
15 and Human Services determines requires State legis-  
16 lation in order for the plan to meet the additional  
17 requirements imposed by the amendments made by  
18 this section, the State plan shall not be regarded as  
19 failing to comply with the requirements of such title  
20 solely on the basis of its failure to meet these addi-  
21 tional requirements before the first day of the first  
22 calendar quarter beginning after the close of the  
23 first regular session of the State legislature that be-  
24 gins after the date of enactment of this Act. For  
25 purposes of the previous sentence, in the case of a

1 State that has a 2-year legislative session, each year  
2 of the session is considered to be a separate regular  
3 session of the State legislature.

4 (3) MEDICAID REBATES.—The amendment  
5 made by subsection (c) takes effect on October 1,  
6 2010, and applies to rebate agreements entered into  
7 under section 1927 of the Social Security Act (42  
8 U.S.C. 1396r–8) on or after that date.

9 **SEC. 8. VACCINE ADMINISTRATION FEES.**

10 (a) REVIEW OF FEDERALLY ESTABLISHED MAX-  
11 IMUM ALLOWABLE ADMINISTRATIVE FEES.—Not later  
12 than October 1, 2010, the Administrator of the Centers  
13 for Medicare & Medicaid Services and the Director of the  
14 Centers for Disease Control and Prevention, jointly  
15 shall—

16 (1) review the regional maximum charge for  
17 vaccine administration for each State established  
18 under the Vaccines for Children program under sec-  
19 tion 1928 of the Social Security Act (42 U.S.C.  
20 1396s) to determine the appropriateness and ade-  
21 quacy of such rates; and

22 (2) update such rates, as appropriate, based on  
23 the results of such review and taking into account  
24 all appropriate costs related to the administration of  
25 vaccines under that program.

1 (b) FEDERAL REIMBURSEMENT FOR VACCINE AD-  
 2 MINISTRATION FOR NON-MEDICAID VACCINE-ELIGIBLE  
 3 CHILDREN.—

4 (1) IN GENERAL.—Section 1928 of the Social  
 5 Security Act (42 U.S.C. 1396s) is amended—

6 (A) in subsection (a)(1)(B), by inserting  
 7 “and is entitled to receive reimbursement for  
 8 any fee imposed by the provider for the admin-  
 9 istration of such vaccine consistent with sub-  
 10 section (c)(2)(C) (not to exceed the amount ap-  
 11 plicable under clause (iv) of such subsection) to  
 12 a federally vaccine-eligible child who is de-  
 13 scribed in clause (ii), (iii), or (iv) of subsection  
 14 (b)(2),” after “delivery to the provider,”;

15 (B) in subsection (a)(2), by adding at the  
 16 end the following new subparagraph:

17 “(D) REIMBURSEMENT FOR VACCINE  
 18 ADMINISTRATION FOR NON-MEDICAID ELI-  
 19 GIBLE CHILDREN.—The Secretary shall  
 20 pay each State such amounts as are nec-  
 21 essary for the State to reimburse each pro-  
 22 gram-registered provider in the State for  
 23 an administration fee imposed consistent  
 24 with subsection (c)(2)(C) (not to exceed  
 25 the amount applicable under clause (iv) of

such subsection) for the administration of  
 a qualified pediatric vaccine to a federally  
 vaccine-eligible child who is described in  
 clause (ii), (iii), or (iv) of subsection  
 (b)(2).”;

(C) in subsection (c)(2)(C), by adding at  
 the end the following new clause:

“(IV) In the case of a federally vac-  
 cine-eligible child who is described in  
 clause (ii), (iii), or (iv) of subsection  
 (b)(2), the State shall pay the provider an  
 amount equal to the administration fee es-  
 tablished under the State plan approved  
 under this title for the administration of a  
 qualified pediatric vaccine to a medicaid-el-  
 igible child.”; and

(D) by striking subsection (g).

(2) CONFORMING AMENDMENTS.—Section 1928  
 of such Act (42 U.S.C. 1396s), as amended by para-  
 graph (1), is amended—

(A) by redesignating subsection (h) as sub-  
 section (g);

(B) in subsection (a)(1)(A), by striking  
 “(h)(8)” and inserting “(g)(8)”; and

1 (C) in subsection (b)(2)(A)(iv), by striking  
 2 “(h)(3)” and inserting “(g)(3)”.

3 **SEC. 9. HEALTH INSURANCE COVERAGE FOR REC-**  
 4 **OMMENDED IMMUNIZATIONS.**

5 (a) AMENDMENTS TO THE PUBLIC HEALTH SERVICE  
 6 ACT.—

7 (1) GROUP HEALTH COVERAGE.—Subpart 2 of  
 8 part A of title XXVII of the Public Health Service  
 9 Act (42 U.S.C. 300gg–4 et seq.) is amended by add-  
 10 ing at the end the following:

11 **“SEC. 2708. COVERAGE OF RECOMMENDED IMMUNIZA-**  
 12 **TIONS.**

13 “A group health plan, and a health insurance issuer  
 14 offering group health insurance coverage, shall provide for  
 15 coverage, without the application of deductibles, coinsur-  
 16 ance, or copayments, of vaccines recommended for routine  
 17 use by the Advisory Committee on Immunization Practices  
 18 (as established by the Secretary, acting through the Direc-  
 19 tor of the Centers for Disease Control and Prevention)  
 20 and their administration.”.

21 (2) INDIVIDUAL HEALTH INSURANCE COV-  
 22 ERAGE.—Subpart 2 of part B of title XXVII of the  
 23 Public Health Service Act (42 U.S.C. 300gg–51 et  
 24 seq.) is amended by adding at the end the following:

1 **“SEC. 2754. COVERAGE OF RECOMMENDED IMMUNIZA-**  
 2 **TIONS.**

3 “The provisions of section 2708 shall apply to health  
 4 insurance coverage offered by a health insurance issuer  
 5 in the individual market in the same manner as such pro-  
 6 visions apply to health insurance coverage offered by a  
 7 health insurance issuer in connection with a group health  
 8 plan in the small or large group market.”.

9 (b) AMENDMENTS TO ERISA.—

10 (1) IN GENERAL.—Subpart B of part 7 of sub-  
 11 title B of title I of the Employee Retirement Income  
 12 Security Act of 1974 is amended by adding at the  
 13 end the following:

14 **“SEC. 715. COVERAGE OF RECOMMENDED IMMUNIZATIONS.**

15 “A group health plan, and a health insurance issuer  
 16 offering group health insurance coverage, shall provide for  
 17 coverage, without the application of deductibles, coinsur-  
 18 ance, or copayments, of vaccines recommended for routine  
 19 use by the Advisory Committee on Immunization Practices  
 20 (as established by the Secretary, acting through the Direc-  
 21 tor of the Centers for Disease Control and Prevention)  
 22 and their administration.”.

23 (2) TECHNICAL AMENDMENTS.—

24 (A) Section 732(a) of such Act (29 U.S.C.  
 25 1191a(a)) is amended by striking “section 711”  
 26 and inserting “sections 711 and 715”.



1 (B) The table of contents in section 1 of  
 2 such Act is amended by inserting after the item  
 3 relating to section 713 the following new item:

“Sec. 715. Coverage of recommended immunizations.”.

4 (c) INTERNAL REVENUE CODE AMENDMENTS.—

5 (1) IN GENERAL.—Subchapter B of chapter  
 6 100 of the Internal Revenue Code of 1986 is amend-  
 7 ed—

8 (A) in the table of sections, by inserting  
 9 after the item relating to section 9813 the fol-  
 10 lowing new item:

“Sec. 9814. Coverage of recommended immunizations.”;

11 and

12 (B) by inserting after section 9813 the fol-  
 13 lowing:

14 **“SEC. 9814. COVERAGE OF RECOMMENDED IMMUNIZA-**  
 15 **TIONS.**

16 “A group health plan, and a health insurance issuer  
 17 offering group health insurance coverage, shall provide for  
 18 coverage, without the application of deductibles, coinsur-  
 19 ance, or copayments, of vaccines recommended for routine  
 20 use by the Advisory Committee on Immunization Practices  
 21 (as established by the Secretary, acting through the Direc-  
 22 tor of the Centers for Disease Control and Prevention)  
 23 and their administration.”.

1 (d) EXCEPTION FOR COLLECTIVE BARGAINING  
 2 AGREEMENTS.—Nothing in this section shall be construed  
 3 to preempt any provision of a collective bargaining agree-  
 4 ment that is in effect on the date of enactment of this  
 5 section.

6 (e) EFFECTIVE DATE.—The amendments made by  
 7 this section shall apply to plan years beginning with the  
 8 first plan year during which the Congressional Budget Of-  
 9 fice determines that any health reform legislation enacted  
 10 by Congress will provide health insurance coverage to 95  
 11 percent or more of the population of the United States.

12 **SEC. 10. IMMUNIZATION INFORMATION SYSTEMS.**

13 (a) HEALTH INFORMATION TECHNOLOGY INFRA-  
 14 STRUCTURE.—Section 3011(a) of the Public Health Serv-  
 15 ice Act (as added by section 13301 of the American Recov-  
 16 ery and Reinvestment Act of 2009) is amended by adding  
 17 at the end the following:

18 “(8) Improvement and expansion of immuniza-  
 19 tion information systems (as defined in section  
 20 3000), including activities to—

21 “(A) support the integration and linkage of  
 22 such systems with electronic birth records,  
 23 health care providers, other preventive health  
 24 services information systems, and health infor-  
 25 mation exchanges;

1 “(B) support interstate data exchange;

2 “(C) ensure that such systems are inter-  
3 operable with electronic health record systems;

4 “(D) provide technical support, such as  
5 training, data reporting, data quality and com-  
6 pleteness review, and decision support, to im-  
7 munization providers to integrate the use of  
8 such systems;

9 “(E) develop, in consultation with manu-  
10 facturers, vendors, and specialty professional  
11 organizations, continuing education materials  
12 relating to the use of such systems;

13 “(F) ensure that such systems can provide  
14 complete and accurate data to monitor immuni-  
15 zation coverage, uptake, and the impact of  
16 shortages in the population served within their  
17 jurisdiction; and

18 “(G) ensure the privacy, confidentiality,  
19 and security of all data and data exchanges  
20 with such systems.”.

21 (b) STATE GRANTS.—Section 3013(d) of the Public  
22 Health Service Act (as added by section 13301 of the  
23 American Recovery and Reinvestment Act of 2009) is  
24 amended—

1           (1) in paragraph (9), by striking “and” at the  
2       end;

3           (2) by redesignating paragraph (10) as para-  
4       graph (11); and

5           (3) by inserting after paragraph (9), the fol-  
6       lowing:

7           “(10) improving and expanding immunization  
8       information systems (as defined in section 3000);  
9       and”.

10       (c) DEFINITION.—Section 3000 of the Public Health  
11       Service Act (as added by section 13301 of the American  
12       Recovery and Reinvestment Act of 2009) is amended—

13           (1) by redesignating paragraphs (9) through  
14       (14) as paragraphs (10) through (15), respectively;  
15       and

16           (2) by inserting after paragraph (8), the fol-  
17       lowing:

18           “(9) IMMUNIZATION INFORMATION SYSTEM.—  
19       The term ‘immunization information system’ means  
20       an immunization registry or a confidential, popu-  
21       lation-based, computerized information system that  
22       collects vaccination data within a geographic area,  
23       consolidates vaccination records from multiple health  
24       care providers, generates reminder and recall notifi-

1 cations, and is capable of exchanging immunization  
2 information with health care providers.”.

3 **SEC. 11. REPORTS.**

4 (a) COSTS OF PUBLIC AND PRIVATE VACCINE AD-  
5 MINISTRATION.—Not later than 5 years after the date of  
6 enactment of this Act, and every 5 years thereafter, the  
7 Director of the Centers for Disease Control and Preven-  
8 tion jointly with the Administrator of the Centers for  
9 Medicare & Medicaid Services shall collect and publish  
10 data relating to the costs associated with public and pri-  
11 vate vaccine administration, including the costs associated  
12 with the delivery of vaccines, activities such as reporting  
13 data to immunization registries, and maintenance of ap-  
14 propriate storage requirements for vaccines.

15 (b) SECTION 317 IMMUNIZATION PROGRAM.—Not  
16 later than February 1, 2010, and each February 1 there-  
17 after, the Director of the Centers for Disease Control and  
18 Prevention shall submit to Congress a report concerning  
19 the size and scope of the appropriations needed for each  
20 fiscal year for vaccine purchases, vaccination infrastruc-  
21 ture, vaccine administration, and vaccine safety under sec-  
22 tion 317 of the Public Health Service Act (42 U.S.C.  
23 247b).

24 (c) ANNUAL PUBLICATION OF STATE-ESTABLISHED  
25 ADMINISTRATIVE FEES UNDER MEDICAID.—Beginning

1 October 1, 2009, and annually thereafter, the Adminis-  
2 trator of the Centers for Medicare & Medicaid Services  
3 and the Director of the Centers for Disease Control and  
4 Prevention jointly shall make publicly available the admin-  
5 istrative fee established under each State Medicaid pro-  
6 gram for administering a qualified pediatric vaccine to a  
7 vaccine-eligible child under the Vaccines for Children pro-  
8 gram under section 1928 of the Social Security Act (42  
9 U.S.C. 1396s) with the State and Federal contribution for  
10 such fee separately identified.

○