

117TH CONGRESS
1ST SESSION

S. 1114

To increase vaccination rates among pregnant women enrolled in Medicaid or CHIP, and for other purposes.

IN THE SENATE OF THE UNITED STATES

APRIL 14, 2021

Ms. HASSAN (for herself and Mr. CASSIDY) introduced the following bill;
which was read twice and referred to the Committee on Finance

A BILL

To increase vaccination rates among pregnant women enrolled in Medicaid or CHIP, 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 “Maternal Immuniza-
5 tion Enhancement Act”.

6 **SEC. 2. DEFINITIONS.**

7 In this Act:

8 (1) **ADULT HEALTH QUALITY MEASURES.**—The
9 term “Adult Health Quality Measures” means the
10 core set of adult health quality measures developed

1 and published under section 1139B of the Social Se-
2 curity Act (42 U.S.C. 1320b–9b).

3 (2) CHILD HEALTH QUALITY MEASURES.—The
4 term “Child Health Quality Measures” means the
5 core set of child health quality measures developed
6 and published under section 1139A of the Social Se-
7 curity Act (42 U.S.C. 1320b–9a).

8 (3) CHIP.—The term “CHIP” means the Chil-
9 dren’s Health Insurance Program established under
10 title XXI of the Social Security Act (42 U.S.C.
11 1397aa et seq.) and includes any waivers of such
12 program.

13 (4) MEDICAID.—The term “Medicaid” means
14 the medical assistance program established under
15 title XIX of the Social Security Act (42 U.S.C. 1396
16 et seq.) and includes any waivers of such program.

17 (5) SECRETARY.—The term “Secretary” means
18 the Secretary of Health and Human Services.

19 (6) STATE.—The term “State” has the mean-
20 ing given that term for purposes of title XIX of the
21 Social Security Act (42 U.S.C. 1396 et seq.).

1 **SEC. 3. CMS GUIDANCE ON INCREASING VACCINATION**
2 **RATES AMONG PREGNANT WOMEN EN-**
3 **ROLLED IN MEDICAID OR CHIP.**

4 (a) **IN GENERAL.**—Not later than 1 year after the
5 date of enactment of this Act, the Administrator of the
6 Centers for Medicare & Medicaid Services, in consultation
7 with the Director of the Centers for Disease Control and
8 Prevention, shall issue guidance to States on increasing
9 the vaccination rates for Advisory Committee on Immuni-
10 zation Practices recommended vaccines among pregnant
11 and postpartum women enrolled in Medicaid or CHIP.
12 The guidance issued under this subsection shall be up-
13 dated as necessary not later than 5 years after the date
14 of enactment of this Act in consultation with the Director
15 of the Centers for Disease Control and Prevention and the
16 results of the report to Congress required under section
17 5 by the Comptroller General of the United States.

18 (b) **REQUIREMENTS.**—The guidance issued under
19 subsection (a) (and any update of such guidance) shall at
20 a minimum include options and best practices for—

21 (1) increasing the vaccination rates for Advi-
22 sory Committee on Immunization Practices rec-
23 ommended vaccines among pregnant women, par-
24 ticularly with respect to the influenza, diphtheria,
25 tetanus, and whooping cough (pertussis) vaccines;

1 (2) ways in which States may obtain Federal
 2 matching payments under Medicaid and CHIP for
 3 obtaining and administering such recommended vac-
 4 cines to pregnant and postpartum women, and rec-
 5 ommendations for improving provider participation
 6 under Medicaid and CHIP with respect to obtaining
 7 and administering such recommended vaccines to
 8 pregnant and postpartum women; and

9 (3) ways in which State Medicaid programs
 10 may amplify Federal, State, and local health depart-
 11 ment recommendations on providing counseling and
 12 patient outreach and education regarding such vac-
 13 cines.

14 **SEC. 4. INCLUSION OF PRENATAL IMMUNIZATION STATUS**
 15 **FOR PREGNANT WOMEN QUALITY MEASURE**
 16 **IN THE CORE SETS OF HEALTH CARE QUAL-**
 17 **ITY MEASURES FOR CHILDREN ENROLLED IN**
 18 **MEDICAID OR CHIP AND ADULTS ENROLLED**
 19 **IN MEDICAID.**

20 (a) IN GENERAL.—Not later than 2 years after the
 21 date of enactment of this Act, and after consulting with
 22 the stakeholders described in section 1139A(b)(3) of the
 23 Social Security Act (42 U.S.C. 1320b–9a(b)(3)), the Sec-
 24 retary shall consider adding a prenatal immunization sta-
 25 tus for pregnant women quality measure in either the—

- 1 (1) Child's Health Quality Measures; or
- 2 (2) Adult Health Quality Measures.

3 (b) REQUIREMENT.—If the Secretary includes a pre-
4 natal immunization status for pregnant women quality
5 measure in either such core set of health quality measures,
6 the quality measure shall measure the percentage of deliv-
7 eries in which pregnant women received vaccines rec-
8 ommended by the Advisory Committee on Immunization
9 Practices of the Centers for Disease Control and Preven-
10 tion during pregnancy.

11 **SEC. 5. GAO REPORT.**

12 Not later than 2 years after the date of enactment
13 of this Act, the Comptroller General of the United States
14 shall submit a report to Congress on the vaccination rates
15 among pregnant women enrolled in Medicaid or CHIP
16 with respect to the Advisory Committee on Immunization
17 Practices vaccines recommended for pregnant women. To
18 the extent data are available, the report shall include the
19 following:

- 20 (1) The percentage of pregnant women enrolled
21 in Medicaid or CHIP who did not receive vaccines
22 paid for by Medicaid or CHIP as recommended by
23 the Advisory Committee on Immunization Practices
24 while pregnant.

1 (2) To the extent practicable, an analysis of
2 whether structural barriers, such as cost sharing or
3 other specific requirements, are imposed under Med-
4 icaid or CHIP which impact the vaccination rates
5 among pregnant women enrolled in Medicaid or
6 CHIP with respect to the Advisory Committee on
7 Immunization Practices vaccines recommended for
8 pregnant women.

9 (3) To the extent practicable, an analysis of the
10 reasons why women enrolled in Medicaid or CHIP
11 do not receive such recommended vaccines rec-
12 ommended while pregnant.

13 (4) To the extent practicable, demographic de-
14 tails regarding the population of pregnant women
15 enrolled in Medicaid or CHIP, including race, eth-
16 nicity, and rural or urban geographic location.

17 (5) As the Comptroller General deems appro-
18 priate, recommendations for legislative or adminis-
19 trative actions relating to increasing the vaccination
20 rates among pregnant women enrolled in Medicaid
21 or CHIP with respect to the Advisory Committee on
22 Immunization Practices vaccines recommended for
23 pregnant women.

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