116TH CONGRESS
2D SESSION

H. R. ___

To amend the Public Health Service Act to direct the Secretary of Health and Human Services to make grants to covered health departments to increase the rate of recommended immunizations, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Ms. Underwood introduced the following bill; which was referred to the Committee on

A BILL

To amend the Public Health Service Act to direct the Secretary of Health and Human Services to make grants to covered health departments to increase the rate of recommended immunizations, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Community Immunity During COVID–19 Act of 2020”.
SEC. 2. GRANTS TO INCREASE THE RATE OF IMMUNIZATIONS.

Section 317 of the Public Health Service Act (42 U.S.C. 247b) is amended by adding at the end the following new subsection:

“(n) GRANTS TO INCREASE THE RATE OF IMMUNIZATIONS.—

“(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall make grants to covered health departments to increase the rate of recommended immunizations during the COVID–19 public health emergency.

“(2) USE OF FUNDS.—A covered health department receiving a grant under this section may use funds received through the grant for the following:

“(A) Providing funds to programs that increase the rate of recommended immunizations during the COVID–19 public health emergency, including supporting evidence-based outreach and educational activities in communities served by the covered health department involved.

“(B) Supporting efforts by health care providers to communicate the importance of maintaining immunization schedules and vis-
iting a primary care provider during the COVID–19 public health emergency.

“(C) Increasing awareness with respect to health insurance options and programs that reduce the cost of vaccines, including the Vaccines for Children program (or similar program) carried out by the Centers for Disease Control and Prevention.

“(D) Evaluating efforts to increase the rate of recommended immunizations in communities described in subparagraph (A) during the COVID–19 public health emergency.

“(E) Developing and distributing culturally and linguistically appropriate messages about the importance of recommended immunizations during the COVID–19 public health emergency, including vaccines licensed under section 351 of this Act to prevent, mitigate, or treat the virus that causes COVID–19.

“(F) Combating misinformation and disinformation with respect to the safety of vaccines, including a vaccine that will be licensed under section 351 of this Act to prevent, mitigate, or treat the virus that causes COVID–19.
“(3) PARTNERSHIPS.—A covered health department that receives a grant under this section may develop a partnership with entities and individuals in the communities served by the State, local, or Tribal government involved to carry out the activities under paragraph (3), including—

“(A) a health care provider, which may include a pediatrician, pediatric nurse practitioner, family physician, internal medicine physician, or primary care provider;

“(B) a school nurse;

“(C) an organization that primarily provides health care or social services for—

“(i) groups that have a low rate of immunizations;

“(ii) individuals with a chronic health condition or underlying medical condition associated with increased risk for severe illness from COVID–19; or

“(iii) individuals with a limited proficiency in the English language;

“(D) a faith-based organization;

“(E) a long-term care facility, senior center, or other facility in which recommended im-
munizations for older adults may be provided or
promoted by the staff of such facility or center;

“(F) a vaccine coalition;

“(G) a pediatric hospital;

“(H) a pharmacy;

“(I) a kindergarten, elementary, or sec-
ondary school; or

“(J) an institution of higher education.

“(4) EVALUATION.—Not later than 18 months
after the date on which a covered health department
receives a grant under this subsection, the covered
health department shall submit to the Secretary an
evaluation on the effectiveness of the activities car-
ried out using such funds to increase the rate of rec-
ommended immunizations.

“(5) REPORT TO CONGRESS.—Not later than 2
years after the date of the enactment of this sub-
section, the Secretary shall submit to Congress a re-
port that includes—

“(A) an evaluation of the effectiveness of
the activities under paragraph (3) to increase
the rate of recommended immunizations, based
on the evaluations submitted pursuant to para-
graph (6); and
“(B) recommendations to increase the rate
of recommended immunizations, including rec-
ommendations with respect to any public health
emergency that occurs in the future.

“(6) DEFINITIONS.—In this subsection:

“(A) COVERED HEALTH DEPARTMENT.—
The term ‘covered health department’ means
the public health department of a State, local,
or Tribal government.

“(B) COVID–19 PUBLIC HEALTH EMER-
GENCY.—The term ‘COVID–19 public health
emergency’ means the public health emergency
declared by the Secretary of Health and
Human Services under section 319 of this Act
on January 31, 2020, with respect to COVID–
19.

“(C) INSTITUTION OF HIGHER EDU-
cation.—The term ‘institution of higher edu-
cation’ has the meaning given that term in sec-
tion 101 of the Higher Education Act of 1965

“(D) RECOMMENDED IMMUNIZATIONS.—
The term ‘recommended immunizations’ means
immunizations recommended by the Advisory
Committee on Immunization Practices of the Centers for Disease Control and Prevention.

“(7) AUTHORIZATION OF APPROPRIATIONS.—

“(A) IN GENERAL.—To carry out this subsection, there is authorized to be appropriated, $560,000,000 to remain available until expended.

“(B) APPORTIONMENT.—In awarding grant funds under this subsection, the Secretary shall apportion the amounts appropriated to carry out this subsection as follows:

“(i) Not less than 50 percent of such funds to State and Tribal public health departments.

“(ii) Not less than 50 percent of such funds to local health departments.

“(iii) Based on the population of the State, local, or Tribal government involved.”.

SEC. 3. COVID–19 VACCINE GUIDANCE.

(a) IN GENERAL.—Not later than 3 months after the date of enactment of this section, the Director of the Centers for Disease Control and Prevention (in this section referred to as the “Director”), in consultation with the Advisory Committee on Immunization Practices and Cen-
 ters for Medicare & Medicaid Services, shall develop and
distribute to health care providers and State education
agencies guidance to provide health counseling services
with respect to a vaccine licensed under section 351 of
the Public Health Service Act (42 U.S.C. 262) for the pre-
vention, mitigation, or treatment of COVID–19.

(b) CONTENT.—The guidance developed pursuant to
subsection (a) shall—

(1) be aligned with evidence-based practices;

and

(2) include information that is culturally appro-
 priate.

(c) UPDATE.—The Director shall periodically update
and distribute, as appropriate, the guidance developed
pursuant to subsection (a).

(d) AUTHORIZATION OF APPROPRIATIONS.—There is
authorized to be appropriated to carry out this section,
$2,500,000 to remain available until expended.