

116TH CONGRESS
1ST SESSION

H. R. 2862

To amend the Public Health Service Act to provide for a national system for surveillance of vaccine rates, to authorize research on vaccine hesitancy, to increase public understanding of the benefits of immunizations, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 21, 2019

Ms. SCHRIER (for herself, Mr. BURGESS, Mr. ENGEL, Mr. GUTHRIE, Mr. SCHRADER, and Mr. BILIRAKIS) 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 a national system for surveillance of vaccine rates, to authorize research on vaccine hesitancy, to increase public understanding of the benefits of immunizations, 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 “Vaccine Awareness
5 Campaign to Champion Immunization Nationally and En-
6 hance Safety Act of 2019” or the “VACCINES Act of
7 2019”.

1 **SEC. 2. VACCINE SURVEILLANCE AND RESEARCH.**

2 (a) IN GENERAL.—Section 317 of the Public Health
3 Service Act (42 U.S.C. 247b) is amended by adding at
4 the end the following new subsection:

5 “(n) VACCINE SURVEILLANCE AND RESEARCH.—

6 “(1) SURVEILLANCE.—

7 “(A) IN GENERAL.—The Secretary, acting
8 through the Director of the Centers for Disease
9 Control and Prevention, and in consultation
10 with the National Vaccine Advisory Committee
11 and the Director of the National Vaccine Pro-
12 gram, shall develop and deploy a national sys-
13 tem for surveillance of vaccination rates.

14 “(B) AUTHORIZED ACTIVITIES.—The sur-
15 veillance system under subparagraph (A) may
16 include the following:

17 “(i) Use of immunization data avail-
18 able to the Centers for Disease Control
19 and Prevention and its contractors.

20 “(ii) Integration of data from existing
21 systems—

22 “(I) to measure vaccination con-
23 fidence over time;

24 “(II) to understand variations
25 across time and geography; and

26 “(III) to measure vaccine refusal.

1 “(C) USE OF DATA.—The Secretary may
2 use data collected pursuant to the surveillance
3 system under subparagraph (A) to predict and
4 identify areas and communities where—

5 “(i) vaccines are or will be underuti-
6 lized;

7 “(ii) vaccine confidence is low or de-
8 creasing; or

9 “(iii) misinformation about the safety
10 of vaccines, not supported by scientific or
11 medical evidence, has been directed in a
12 targeted manner.

13 “(D) CONSULTATION.—In developing the
14 surveillance system under subparagraph (A),
15 the Secretary shall consult with the National
16 Academies to synthesize existing evidence and
17 develop a standardized measurement of vaccine
18 confidence.

19 “(E) FUNDING.—There are authorized to
20 be appropriated \$15,000,000 for each of fiscal
21 years 2020 through 2024 to carry out this
22 paragraph.

23 “(2) GRANTS FOR RESEARCH.—The Secretary
24 may award grants for research—

1 “(A) to improve the understanding of vac-
 2 cine hesitancy;

3 “(B) to improve understanding of health
 4 care provider attitudes and beliefs toward vac-
 5 cination; and

6 “(C) to develop effective strategies for ad-
 7 dressing non-adherence to the safe and rec-
 8 ommended use of vaccines and encouraging the
 9 safe and recommended use of vaccines.”.

10 (b) UPDATE OF 2015 NVAC REPORT.—The National
 11 Vaccine Advisory Committee shall—

12 (1) assess the state of vaccine confidence in the
 13 United States; and

14 (2) update the findings and recommendations in
 15 the report on this topic approved by the National
 16 Vaccine Advisory Committee on June 10, 2015.

17 **SEC. 3. PUBLIC AWARENESS CAMPAIGN ON THE IMPOR-**
 18 **TANCE OF VACCINATIONS.**

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

22 “(o) PUBLIC AWARENESS CAMPAIGN ON THE IMPOR-
 23 TANCE OF VACCINATIONS.—

24 “(1) IN GENERAL.—The Secretary, acting
 25 through the Director of the Centers for Disease

1 Control and Prevention, shall carry out a national
2 campaign to increase awareness of the importance
3 of, combat misinformation about, and increase rates
4 of, vaccinations across the lifespan.

5 “(2) CONSULTATION.—In carrying out the cam-
6 paign under this subsection, the Secretary shall con-
7 sult with the National Academy of Medicine and na-
8 tionally recognized private entities, including medical
9 and public health associations and nonprofit organi-
10 zations, to solicit advice on evidence-based informa-
11 tion for policy development and program develop-
12 ment, implementation, and evaluation.

13 “(3) REQUIREMENTS.—The campaign under
14 this subsection—

15 “(A) shall be an evidence-based media and
16 public engagement initiative;

17 “(B) shall be carried out through competi-
18 tively bid contracts awarded to one or more
19 public or private entities;

20 “(C) may include the use of television,
21 radio, print, the internet, and other commercial
22 marketing venues;

23 “(D) may include the use of in-person pub-
24 lic communications;

25 “(E) may be targeted to—

1 “(i) specific groups and local needs of
2 communities with high rates of unvaccinat-
3 ed individuals; or

4 “(ii) areas or communities identified
5 pursuant to subsection (n)(1)(C);

6 “(F) shall include the development of cul-
7 turally and linguistically competent resources
8 that may be tailored for communities with high
9 rates of unvaccinated individuals;

10 “(G) shall include the dissemination of
11 vaccine information and vaccine communication
12 resources to health care providers and health
13 care facilities, including pharmacists, State and
14 local public health departments, and health care
15 providers and facilities that provide prenatal
16 and pediatric care;

17 “(H) may include the use of recognized
18 trusted figures;

19 “(I) shall be complementary to, and coordi-
20 nated with, any other Federal efforts;

21 “(J) shall include message testing to iden-
22 tify culturally competent and effective messages
23 for behavioral change;

24 “(K) may include the dissemination of in-
25 formation highlighting—

1 “(i) advancements in research and
2 vaccine development that have saved mil-
3 lions of individuals from death and dis-
4 ability from now-preventable diseases;

5 “(ii) information on how individuals
6 across the lifespan benefit from immuniza-
7 tions, including those who cannot be vac-
8 cinated and rely on community immunity;

9 “(iii) information on the dangers of
10 not being vaccinated, including the poten-
11 tial for infectious disease outbreaks within
12 communities; and

13 “(iv) information on vaccine safety
14 and the systems in place to monitor vac-
15 cine safety;

16 “(L) shall include the award of grants to
17 State, local, and tribal public health depart-
18 ments—

19 “(i) to identify and prioritize engage-
20 ment with communities with high rates of
21 unvaccinated individuals;

22 “(ii) to engage communities with high
23 rates of unvaccinated individuals in under-
24 standing the challenges to increasing vac-
25 cination rates in the respective commu-

1 nities and developing effective strategies
2 (including through formative research or
3 focus groups) to increase such rates; and

4 “(iii) to encourage partnerships with
5 community organizations and health care
6 providers to develop and deliver evidence
7 based interventions to increase vaccination
8 rates; and

9 “(M) may include the development and dis-
10 semination of evidence-based scientific curricula
11 for use in public elementary schools and sec-
12 ondary schools (as defined in section 8101 of
13 the Elementary and Secondary Education Act
14 of 1965) on infectious disease outbreaks and
15 how they can be prevented and controlled.

16 “(4) EVALUATION.—The Secretary shall—

17 “(A) establish baseline measures and
18 benchmarks to quantitatively evaluate the im-
19 pact of the campaign under this subsection;

20 “(B) conduct qualitative assessments re-
21 garding the effectiveness of strategies employed
22 under this subsection; and

23 “(C) prepare and submit to the Committee
24 on Energy and Commerce of the House of Rep-
25 resentatives and the Committee on Health,

1 Education, Labor, and Pensions of the Senate
2 an evaluation of the campaign.

3 “(5) FUNDING.—There are authorized to be ap-
4 propriated \$6,000,000 for each of fiscal years 2020
5 through 2024 to carry out this subsection.”.

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