

117TH CONGRESS  
1ST SESSION

# H. R. 736

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.

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## IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 2, 2021

Ms. UNDERWOOD (for herself, Ms. CASTOR of Florida, Ms. KUSTER, and Ms. SCHRIER) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## 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.

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 “Community Immunity  
5 During COVID–19 Act of 2021”.

1 **SEC. 2. GRANTS TO INCREASE THE RATE OF IMMUNIZA-**  
2 **TIONS.**

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 new subsection:

6 “(n) GRANTS TO INCREASE THE RATE OF IMMUNI-  
7 ZATIONS.—

8 “(1) IN GENERAL.—The Secretary, acting  
9 through the Director of the Centers for Disease  
10 Control and Prevention, shall make grants to cov-  
11 ered health departments to increase the rate of rec-  
12 ommended immunizations during the COVID–19  
13 public health emergency.

14 “(2) USE OF FUNDS.—A covered health depart-  
15 ment receiving a grant under this section may use  
16 funds received through the grant for the following:

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

23 “(B) Supporting efforts by health care  
24 providers to communicate the importance of  
25 maintaining immunization schedules and vis-

1           iting a primary care provider during the  
2           COVID–19 public health emergency.

3           “(C) Increasing awareness with respect to  
4           health insurance options and programs that re-  
5           duce the cost of vaccines, including the Vac-  
6           cines for Children program (or similar pro-  
7           gram) carried out by the Centers for Disease  
8           Control and Prevention.

9           “(D) Evaluating efforts to increase the  
10          rate of recommended immunizations in commu-  
11          nities described in subparagraph (A) during the  
12          COVID–19 public health emergency.

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

20          “(F) Combating misinformation and  
21          disinformation with respect to the safety of vac-  
22          cines, including a vaccine that will be licensed  
23          under section 351 of this Act to prevent, miti-  
24          gate, or treat the virus that causes COVID–19.

1           “(3) PARTNERSHIPS.—A covered health depart-  
2           ment that receives a grant under this section may  
3           develop a partnership with entities and individuals in  
4           the communities served by the State, local, or Tribal  
5           government involved to carry out the activities under  
6           paragraph (2), including—

7                   “(A) a health care provider;

8                   “(B) a school nurse;

9                   “(C) an organization that primarily pro-  
10           vides health care or social services for—

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

13                   “(ii) individuals with a chronic health  
14           condition or underlying medical condition  
15           associated with increased risk for severe ill-  
16           ness from COVID–19; or

17                   “(iii) individuals with a limited pro-  
18           ficiency in the English language;

19                   “(D) a faith-based organization;

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

24                   “(F) a vaccine coalition;

25                   “(G) a pediatric hospital;

1           “(H) a pharmacy;

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

4           “(J) an institution of higher education.

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

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

16                 “(A) an evaluation of the effectiveness of  
17                 the activities under paragraph (2) to increase  
18                 the rate of recommended immunizations, based  
19                 on the evaluations submitted pursuant to para-  
20                 graph (4); and

21                 “(B) recommendations to increase the rate  
22                 of recommended immunizations, including rec-  
23                 ommendations with respect to any public health  
24                 emergency that occurs in the future.

25          “(6) DEFINITIONS.—In this subsection:

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

5           “(B) COVID–19 PUBLIC HEALTH EMER-  
6           GENCY.—The term ‘COVID–19 public health  
7           emergency’ means the public health emergency  
8           declared by the Secretary under section 319 on  
9           January 31, 2020, with respect to COVID–19.

10          “(C) INSTITUTION OF HIGHER EDU-  
11          CATION.—The term ‘institution of higher edu-  
12          cation’ has the meaning given that term in sec-  
13          tion 101 of the Higher Education Act of 1965  
14          (20 U.S.C. 1001).

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

20          “(7) AUTHORIZATION OF APPROPRIATIONS.—

21                 “(A) IN GENERAL.—To carry out this sub-  
22                 section, there is authorized to be appropriated,  
23                 \$560,000,000 to remain available until ex-  
24                 pended.

1           “(B) APPORTIONMENT.—In awarding  
2           grant funds under this subsection, the Sec-  
3           retary shall apportion the amounts appropriated  
4           pursuant to subparagraph (A) for a fiscal year,  
5           based on the population of the State, local, or  
6           Tribal government involved, as follows:

7                   “(i) Not less than 50 percent of such  
8                   funds to State and Tribal public health de-  
9                   partments.

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

12 **SEC. 3. COVID-19 VACCINE GUIDANCE.**

13           (a) IN GENERAL.—Not later than 3 months after the  
14           date of enactment of this section, the Director of the Cen-  
15           ters for Disease Control and Prevention (in this section  
16           referred to as the “Director”), in consultation with the  
17           Advisory Committee on Immunization Practices and the  
18           Administrator of the Centers for Medicare & Medicaid  
19           Services, shall develop and distribute to health care pro-  
20           viders and State education agencies guidance to provide  
21           health counseling services with respect to a vaccine li-  
22           censed under section 351 of the Public Health Service Act  
23           (42 U.S.C. 262) for the prevention, mitigation, or treat-  
24           ment of COVID-19.

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

3 (1) be aligned with evidence-based practices;

4 and

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

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

10 (d) AUTHORIZATION OF APPROPRIATIONS.—There is  
11 authorized to be appropriated to carry out this section,  
12 \$2,500,000 to remain available until expended.

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