

117TH CONGRESS  
1ST SESSION

# S. 167

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 SENATE OF THE UNITED STATES

FEBRUARY 2, 2021

Ms. SMITH 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 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 the virus that causes  
19          COVID–19.

20          “(F) Combating misinformation and  
21          disinformation with respect to vaccines and the  
22          safety of vaccines, including a vaccine that will  
23          be licensed under section 351 of this Act or au-  
24          thorized for emergency use under section 564 of  
25          the Federal Food, Drug, and Cosmetic Act (21

1 U.S.C. 300bbb-3) to prevent the virus that  
2 causes COVID-19.

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

9 “(A) a health care provider;

10 “(B) a local educational agency, including  
11 school nurses employed by such agencies;

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

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

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

20 “(iii) racial and ethnic minority, rural,  
21 and other vulnerable populations; or

22 “(iv) individuals with a limited pro-  
23 ficiency in the English language;

24 “(D) a faith-based organization;

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

5           “(F) a vaccine coalition;

6           “(G) a pediatric hospital;

7           “(H) a pharmacy;

8           “(I) an early childhood education program  
9           or child care provider;

10          “(J) a public elementary, or secondary  
11          school; or

12          “(K) an institution of higher education.

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

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

24                 “(A) an evaluation of the effectiveness of  
25                 the activities under paragraph (3) to increase

1 the rate of recommended immunizations, based  
2 on the evaluations submitted pursuant to para-  
3 graph (6); and

4 “(B) recommendations to increase the rate  
5 of recommended immunizations, including rec-  
6 ommendations with respect to any public health  
7 emergency that occurs in the future.

8 “(6) DEFINITIONS.—

9 “(A) IN GENERAL.—In this subsection:

10 “(i) COVERED HEALTH DEPART-  
11 MENT.—The term ‘covered health depart-  
12 ment’ means the public health department  
13 of a State, local, or Tribal government.

14 “(ii) COVID–19 PUBLIC HEALTH  
15 EMERGENCY.—The term ‘COVID–19 pub-  
16 lic health emergency’ means the public  
17 health emergency declared by the Secretary  
18 of Health and Human Services under sec-  
19 tion 319 of this Act on January 31, 2020,  
20 with respect to COVID–19.

21 “(iii) EARLY CHILDHOOD EDUCATION  
22 PROGRAM.—The term ‘early childhood edu-  
23 cation program’ has the meaning given  
24 such term in section 103 of the Higher  
25 Education Act of 1965 (20 U.S.C. 1003).

1           “(iv) INDIAN TRIBE.—The term ‘In-  
2           dian tribe’ has the meaning given such  
3           term in section 4 of the Indian Self-Deter-  
4           mination and Education Assistance Act  
5           (25 U.S.C. 5304).

6           “(v) INSTITUTION OF HIGHER EDU-  
7           CATION.—The term ‘institution of higher  
8           education’ has the meaning given that  
9           term in section 101 of the Higher Edu-  
10          cation Act of 1965 (20 U.S.C. 1001).

11          “(vi) RECOMMENDED IMMUNIZA-  
12          TIONS.—The term ‘recommended immuni-  
13          zations’ means immunizations rec-  
14          ommended by the Advisory Committee on  
15          Immunization Practices of the Centers for  
16          Disease Control and Prevention.

17          “(vii) TRIBAL ORGANIZATION.—The  
18          term ‘tribal organization’ has the meaning  
19          given such term in section 4 of the Indian  
20          Self-Determination and Education Assist-  
21          ance Act (25 U.S.C. 5304).

22          “(B) OTHER TERMS.—In this subsection,  
23          the terms ‘elementary school’, ‘secondary  
24          school’, and ‘local educational agency’ have the  
25          meanings given such terms in section 8101 of

1 the Elementary and Secondary Education Act  
2 of 1965 (20 U.S.C. 7801).

3 “(7) AUTHORIZATION OF APPROPRIATIONS.—

4 “(A) IN GENERAL.—To carry out this sub-  
5 section, there is authorized to be appropriated,  
6 \$560,000,000 to remain available until ex-  
7 pended.

8 “(B) APPORTIONMENT.—In awarding  
9 grant funds under this subsection, the Sec-  
10 retary shall apportion the amounts appropriated  
11 to carry out this subsection as follows:

12 “(i) Not less than 50 percent of such  
13 funds to State and Tribal public health de-  
14 partments.

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

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

19 “(C) TRIBAL FUNDS.—Of total amount  
20 appropriated under subparagraph (A), not less  
21 than 3 percent and not more than 5 percent of  
22 such amount shall be reserved for non-competi-  
23 tive and formula-based awards to Indian Tribes  
24 and Tribal organizations.”.



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

2 (a) IN GENERAL.—Not later than 3 months after the  
3 date of enactment of this section, the Director of the Cen-  
4 ters for Disease Control and Prevention (in this section  
5 referred to as the “Director”), in consultation with the  
6 Advisory Committee on Immunization Practices and Cen-  
7 ters for Medicare & Medicaid Services, shall develop and  
8 distribute to health care providers and State education  
9 agencies guidance to provide health counseling services  
10 with respect to a vaccine licensed under section 351 of  
11 the Public Health Service Act (42 U.S.C. 262) or author-  
12 ized for emergency use under section 564 of the Federal  
13 Food, Drug, and Cosmetic Act (21 U.S.C. 300bbb-3) for  
14 the prevention, mitigation, or treatment of COVID-19.

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

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

18 and

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

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

1       (d) AUTHORIZATION OF APPROPRIATIONS.—There is  
2 authorized to be appropriated to carry out this section,  
3 \$2,500,000 to remain available until expended.

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