Immunizations

Summary: Reauthorizes the Immunization Program in Section 317 of the Public Health Service Act and expands the program to provide States with the ability to purchase adult vaccines under the 317 immunizations program. Under a newly authorized demonstration program to improve immunization coverage program, the Centers for Disease Control and Prevention (CDC) will provide grants to States to improve immunization coverage of children, adolescents, and adults through the use of evidence-based interventions. States may use funds to implement interventions that are recommended by the Task Force on Community Preventive Services, such as reminders or recalls for patients or providers, or home visits. Also requires a GAO study and report to Congress on coverage of vaccines under Medicare Part D and the impact on access to those vaccines.

Next steps:
- June 1, 2011 -- Government Accountability Office (GAO) must submit a report on Medicare beneficiary access to routinely recommended vaccines covered under Medicare Part D.

Additional information:
- CDC general information on program -- http://www.cdc.gov/vaccines/programs/vfc/default.htm
- Task Force on Community Preventive Services -- http://www.cdc.gov/vaccines/programs/iis/org-support.htm
- Adult immunization schedule -- http://www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm

Long summary:
Sec. 4204. Immunizations.
Permanently re-authorizes the state immunization grant program in section 317(j) of the Public Health Service Act (also known as the Vaccines for Children Program) and grants the Secretary authority to negotiate contracts with manufacturers to purchase vaccines for adults and authorizes states to obtain additional quantities of such adult vaccines at the price negotiated by the Secretary.

New demonstration program. Authorizes such sums for FYs 2010-2014 for new demonstration grants to states to improve the provision of recommended immunizations for children, adolescents and adults. States may use funds to implement interventions that are recommended by the Task Force on Community Preventive Services, such as reminders or recalls for patients or providers, or home visits. Requires an evaluation of, and a report to Congress on the program.
**GAO report.** Government Accountability Office (GAO) must submit a report not later than June 1, 2011 on Medicare beneficiary access to routinely recommended vaccines covered under Medicare Part D.

**Legislative text:**

SEC. 4204. IMMUNIZATIONS.

(a) **STATE AUTHORITY TO PURCHASE RECOMMENDED VACCINES FOR ADULTS.**—Section 317 of the Public Health Service Act (42 U.S.C. 247b) is amended by adding at the end the following:

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''(l) AUTHORITY TO PURCHASE RECOMMENDED VACCINES FOR ADULTS.—
''(1) IN GENERAL.—The Secretary may negotiate and enter into contracts with manufacturers of vaccines for the purchase and delivery of vaccines for adults as provided for under subsection (e).
''(2) STATE PURCHASE.—A State may obtain additional quantities of such adult vaccines (subject to amounts specified to the Secretary by the State in advance of negotiations) through the purchase of vaccines from manufacturers at the applicable price negotiated by the Secretary under this subsection.''
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(b) **DEMONSTRATION PROGRAM TO IMPROVE IMMUNIZATION COVERAGE.**—Section 317 of the Public Health Service Act (42 U.S.C. 247b), as amended by subsection (a), is further amended by adding at the end the following:

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''(m) DEMONSTRATION PROGRAM TO IMPROVE IMMUNIZATION COVERAGE.—
''(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish a demonstration program to award grants to States to improve the provision of recommended immunizations for children, adolescents, and adults through the use of evidence-based, population-based interventions for high-risk populations.
''(2) STATE PLAN.—To be eligible for a grant under paragraph (1), a State shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require, including a State plan that describes the interventions to be implemented under the grant and how such interventions match with local needs and capabilities, as determined through consultation with local authorities.
''(3) USE OF FUNDS.—Funds received under a grant under this subsection shall be used to implement interventions that are recommended by the Task Force on Community Preventive Services (as established by the Secretary, acting through the Director of the Centers for Disease Control and Prevention) or other evidence-based interventions, including—
''(A) providing immunization reminders or recalls for target populations of clients, patients, and consumers;
''(B) educating targeted populations and health care providers concerning immunizations in combination with one or more other interventions;
''(C) reducing out-of-pocket costs for families for vaccines and their administration;
''(D) carrying out immunization-promoting strategies for participants or clients of public programs, including assessments of immunization status, referrals to health care providers, education, provision of on-site immunizations, or incentives for immunization;
''(E) providing for home visits that promote immunization through education, assessments of need, referrals, provision of immunizations, or other services;
''(F) providing reminders or recalls for immunization providers;
''(G) conducting assessments of, and providing feedback to, immunization providers;
''(H) any combination of one or more interventions described in this paragraph; or
''(I) immunization information systems to allow all States to have electronic databases for immunization records.
''(4) CONSIDERATION.—In awarding grants under this subsection, the Secretary shall consider any reviews or recommendations of the Task Force on Community Preventive Services.
''(5) EVALUATION.—Not later than 3 years after the date on which a State receives a grant under this subsection, the State shall submit to the Secretary an evaluation of progress made toward improving immunization coverage rates among high-risk populations within the State.
''(6) REPORT TO CONGRESS.—Not later than 4 years after the date of enactment of the Affordable Health Choices Act, the Secretary shall submit to Congress a report concerning the effectiveness of the demonstration program established under this subsection together with recommendations on whether to continue and expand such program.
''(7) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this subsection, such sums as may be necessary for each of fiscal years 2010 through 2014.''
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(c) **REAUTHORIZATION OF IMMUNIZATION PROGRAM.**—Section 317(j) of the Public Health Service Act (42 U.S.C. 247b(j)) is amended—

(1) in paragraph (1), by striking “for each of the fiscal years 1998 through 2005”; and
(2) in paragraph (2), by striking ‘‘after October 1, 1997,’’.

(d) **Rule of Construction Regarding Access to Immunizations.**—Nothing in this section (including the amendments made by this section), or any other provision of this Act (including any amendments made by this Act) shall be construed to decrease children’s access to immunizations.

(e) **GAO Study and Report on Medicare Beneficiary Access to Vaccines.**—

(1) Study.—The Comptroller General of the United States (in this section referred to as the ‘‘Comptroller General’’) shall conduct a study on the ability of Medicare beneficiaries who were 65 years of age or older to access routinely recommended vaccines covered under the prescription drug program under part D of title XVIII of the Social Security Act over the period since the establishment of such program. Such study shall include the following:

(A) An analysis and determination of—

(i) the number of Medicare beneficiaries who were 65 years of age or older and were eligible for a routinely recommended vaccination that was covered under part D;

(ii) the number of such beneficiaries who actually received a routinely recommended vaccination that was covered under part D; and

(iii) any barriers to access by such beneficiaries to routinely recommended vaccinations that were covered under part D.

(B) A summary of the findings and recommendations by government agencies, departments, and advisory bodies (as well as relevant professional organizations) on the impact of coverage under part D of routinely recommended adult immunizations for access to such immunizations by Medicare beneficiaries.

(2) Report.—Not later than June 1, 2011, the Comptroller General shall submit to the appropriate committees of jurisdiction of the House of Representatives and the Senate a report containing the results of the study conducted under paragraph (1), together with recommendations for such legislation and administrative action as the Comptroller General determines appropriate.

(3) Funding.—Out of any funds in the Treasury not otherwise appropriated, there are appropriated $1,000,000 for fiscal year 2010 to carry out this subsection.