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(Original Signature of Member)

116TH CONGRESS
1ST SESSION

H. R.

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

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

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-

1 hance Safety Act of 2019” or the “VACCINES Act of
2 2019”.

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

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

7 “(n) VACCINE SURVEILLANCE AND RESEARCH.—

8 “(1) SURVEILLANCE.—

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

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

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

22 “(ii) Integration of data from existing
23 systems—

24 “(I) to measure vaccination con-
25 fidence over time;

1 “(II) to understand variations
2 across time and geography; and

3 “(III) to measure vaccine refusal.

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

8 “(i) vaccines are or will be underuti-
9 lized;

10 “(ii) vaccine confidence is low or de-
11 creasing; or

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

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

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

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

3 “(A) to improve the understanding of vac-
4 eine hesitancy;

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

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

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

14 (1) assess the state of vaccine confidence in the
15 United States; and

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

19 **SEC. 3. PUBLIC AWARENESS CAMPAIGN ON THE IMPOR-**
20 **TANCE OF VACCINATIONS.**

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

24 “(o) PUBLIC AWARENESS CAMPAIGN ON THE IMPOR-

25 TANCE OF VACCINATIONS.—

1 “(1) IN GENERAL.—The Secretary, acting
2 through the Director of the Centers for Disease
3 Control and Prevention, shall carry out a national
4 campaign to increase awareness of the importance
5 of, combat misinformation about, and increase rates
6 of, vaccinations across the lifespan.

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

15 “(3) REQUIREMENTS.—The campaign under
16 this subsection—

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

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

22 “(C) may include the use of television,
23 radio, print, the Internet, and other commercial
24 marketing venues;

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

3 “(E) may be targeted to—

4 “(i) specific groups and local needs of
5 communities with high rates of
6 unvaccinated individuals; or

7 “(ii) areas or communities identified
8 pursuant to subsection (n)(1)(C);

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

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

20 “(H) may include the use of recognized
21 trusted figures;

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

1 “(J) shall include message testing to iden-
2 tify culturally competent and effective messages
3 for behavioral change;

4 “(K) may include the dissemination of in-
5 formation highlighting—

6 “(i) advancements in research and
7 vaccine development that have saved mil-
8 lions of individuals from death and dis-
9 ability from now-preventable diseases;

10 “(ii) information on how individuals
11 across the lifespan benefit from immuniza-
12 tions, including those who cannot be vac-
13 cinated and rely on community immunity;

14 “(iii) information on the dangers of
15 not being vaccinated, including the poten-
16 tial for infectious disease outbreaks within
17 communities; and

18 “(iv) information on vaccine safety
19 and the systems in place to monitor vac-
20 cine safety;

21 “(L) shall include the award of grants to
22 State, local, and tribal public health depart-
23 ments—

1 “(i) to identify and prioritize engage-
2 ment with communities with high rates of
3 unvaccinated individuals;

4 “(ii) to engage communities with high
5 rates of unvaccinated individuals in under-
6 standing the challenges to increasing vac-
7 cination rates in the respective commu-
8 nities and developing effective strategies
9 (including through formative research or
10 focus groups) to increase such rates; and

11 “(iii) to encourage partnerships with
12 community organizations and health care
13 providers to develop and deliver evidence
14 based interventions to increase vaccination
15 rates; and

16 “(M) may include the development and dis-
17 semination of evidence-based scientific curricula
18 for use in public elementary schools and sec-
19 ondary schools (as defined in section 8101 of
20 the Elementary and Secondary Education Act
21 of 1965) on infectious disease outbreaks and
22 how they can be prevented and controlled.

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

1 “(A) establish baseline measures and
2 benchmarks to quantitatively evaluate the im-
3 pact of the campaign under this subsection;

4 “(B) conduct qualitative assessments re-
5 garding the effectiveness of strategies employed
6 under this subsection; and

7 “(C) prepare and submit to the Committee
8 on Energy and Commerce of the House of Rep-
9 resentatives and the Committee on Health,
10 Education, Labor, and Pensions of the Senate
11 an evaluation of the campaign.

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