

103<sup>D</sup> CONGRESS  
1<sup>ST</sup> SESSION

# H. R. 940

To establish an entitlement program regarding the immunization of infants against vaccine-preventable diseases.

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## IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 17, 1993

Mrs. BYRNE (for herself, Mr. EVANS, Mr. RAHALL, Mr. JEFFERSON, Mr. WHEAT, Mrs. MORELLA, Mr. PETERSON of Minnesota, and Mr. BROWN of California) introduced the following bill; which was referred to the Committee on Energy and Commerce

MAY 13, 1993

Additional sponsors: Mr. BERMAN, Mr. MORAN, Ms. NORTON, Mr. PAYNE of Virginia, Mr. GONZALEZ, Mr. VALENTINE, Mr. WATT, Mr. BLACKWELL, Mrs. MEEK, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. RANGEL, Mr. KILDEE, Mr. UNDERWOOD, Mr. MARTINEZ, Mr. SMITH of New Jersey, Mr. HINCHEY, Mr. TOWNS, Mr. BOUCHER, Mr. PARKER, Mr. BONIOR, Mr. KOPETSKI, Ms. FURSE, Ms. DELAURO, Mr. HASTINGS, and Mr. WYNN

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## A BILL

To establish an entitlement program regarding the immunization of infants against vaccine-preventable diseases.

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 “Immunization Now  
5 Act of 1993”.

1 **SEC. 2. FINDINGS.**

2 The Congress finds, with respect to immunizations  
3 against vaccine-preventable diseases, the following:

4 (1) Childhood illnesses that can be prevented by  
5 timely application of commonly available vaccina-  
6 tions, through a program of Federal and local co-  
7 operation, are rising at an alarming rate.

8 (2) The incidence of measles increased 336 per-  
9 cent in 1989, increasing to eighteen thousand one  
10 hundred ninety three cases from three thousand  
11 three hundred ninety six in 1988.

12 (3) The cost of appropriate immunizations is  
13 minimal. One estimate places that cost at \$130 per  
14 child.

15 (4) The typical price per dose of a measles,  
16 mumps, rubella vaccine is approximately \$24 to the  
17 practitioner and the average cost of hospitalization  
18 for a child with measles is approximately \$5,000-  
19 \$6,000.

20 (5) A child who was not immunized from mea-  
21 sles died in a California hospital after \$800,000 was  
22 spent in an effort to treat the child's measles com-  
23 plications.

24 (6) In November 1990 the measles rate for the  
25 year had already surpassed the rates of other full  
26 years since 1978 and deaths from measles are the

1 highest since 1971. Measles caused more than sixty  
2 deaths in 1990, the largest annual number of re-  
3 ported cases due to measles in almost two decades.

4 (7) Fifty four percent of measles cases occur  
5 among vaccine-eligible infants and preschool children  
6 who have not been vaccinated.

7 (8) One-third to one-half of children up to age  
8 two who live in poor, inner-city areas are not prop-  
9 erly immunized.

10 (9) Preschool children in other Western, indus-  
11 trialized nations have significantly higher immuniza-  
12 tion rates than United States children of the same  
13 age group.

14 (10) There are seven to nine million uninsured  
15 children in the United States.

16 (11) While programs to immunize school-aged  
17 children have been very successful, preschoolers as a  
18 group now make up 47 percent of measles cases, up  
19 from 25 percent in 1988.

20 (12) Computerized systems of tracking immuni-  
21 zation status and utilization from birth have been  
22 operationalized in several countries, including Great  
23 Britain and the Netherlands. Such systems can aid  
24 in surveillance of immunization status, provision of  
25 reminders to parents when vaccines are due, and

1 monitoring the distribution of vaccines through pub-  
2 lic and private providers.

3 **SEC. 3. ESTABLISHMENT OF ENTITLEMENT PROGRAM RE-**  
4 **GARDING IMMUNIZATION OF INFANTS**  
5 **AGAINST VACCINE-PREVENTABLE DISEASES.**

6 (a) IN GENERAL.—Each infant in the United  
7 States—

8 (1) who has not reached the infant’s second  
9 birthday,

10 (2) who is a citizen or national of the United  
11 States, an alien lawfully admitted for permanent res-  
12 idence, or other alien permanently in the United  
13 States under color of law, and

14 (3) who is not entitled under a health insurance  
15 policy or other health benefit plan to receive (or have  
16 any payment made for the expenses of) any immuni-  
17 zation specified under section 7, is entitled to receive  
18 without charge, in accordance with this Act, immu-  
19 nizations against vaccine-preventable diseases.

20 (b) IMPLEMENTATION THROUGH SYSTEM OF VOUCH-  
21 ERS.—The entitlement established in subsection (a) shall  
22 be implemented through the use of vouchers issued under  
23 section 5. Such vouchers represent the obligation of the  
24 Federal Government to pay, subject to section 6, the costs

1 of providing the immunizations specified under section 7  
2 for the infants for whom the vouchers are issued.

3 **SEC. 4. OBLIGATION TO PROVIDE IMMUNIZATIONS.**

4 (a) IN GENERAL.—Any licensed health care profes-  
5 sional or provider who or which is authorized by law to  
6 provide immunizations specified under section 7 and who  
7 or which is engaged in the public or private practice of  
8 pediatrics or family medicine shall provide the immuniza-  
9 tions specified under section 7 that are appropriate for  
10 the age of the infant involved if a voucher issued under  
11 section 5 for the infant is presented to the professional  
12 or provider.

13 (b) APPLICABILITY.—The requirement established in  
14 subsection (a) shall apply to a professional or provider  
15 without regard to whether the professional or provider  
16 provides health services as a participant in the program  
17 established in title XVIII of the Social Security Act or  
18 the program established in title XIX of such Act, and  
19 without regard to whether the professional or provider oth-  
20 erwise receives Federal payments or Federal financial as-  
21 sistance for any purpose.

22 **SEC. 5. ISSUANCE OF VOUCHERS.**

23 (a) IN GENERAL.—The Secretary of Health and  
24 Human Services shall provide for the issuance of vouchers  
25 for purposes of section 3(b). Each such voucher shall—

1           (1) bear a seal for purposes of indicating that  
2           the voucher has been issued for purposes of the enti-  
3           tlement established in section 3(a);

4           (2) contain the name of the infant for whom  
5           the voucher is issued and the name and address of  
6           not less than one parent of the infant;

7           (3) in summary form state the principal legal  
8           rights and obligations arising with respect to the  
9           voucher; and

10          (4) contain a simple explanation of what immu-  
11          nizations are needed and why.

12          (b) ELIGIBILITY.—A voucher shall not be issued  
13          under this section with respect to an infant unless the in-  
14          fant is described in section 3(a) and an application for  
15          the voucher has been made and signed by a parent of the  
16          infant.

17          (c) APPLICATION FOR ISSUANCE.—

18           (1) HOSPITALS.—The Secretary shall provide  
19           for a process by which a hospital, in which an infant  
20           eligible for a voucher is born, issues the voucher to  
21           the parent of the infant at the time of birth if the  
22           hospital determines, based on information supplied  
23           by the parent, that the infant is described in section  
24           3(a). Under the process, the hospital shall complete  
25           the application for the voucher on behalf of the in-

1       fant, obtain the signature of a parent as to the accu-  
2       racy of the information supplied, and forward the  
3       application to the Secretary.

4           (2) COMMUNITY HEALTH CENTERS.—The Sec-  
5       retary shall provide for a process by which a commu-  
6       nity health center issues a voucher to the parent of  
7       an infant if—

8           (A) based upon information supplied by  
9       the parent to the center, the center determines  
10      that the infant is described in section 3(a) and  
11      a voucher has not been previously issued with  
12      respect to the infant, and

13      (B) the infant is a patient at the center.

14      Under the process, the center shall complete the ap-  
15      plication for the voucher on behalf of the infant, ob-  
16      tain the signature of a parent as to the accuracy of  
17      the information supplied, and forward the applica-  
18      tion to the Secretary.

19      (3) SECRETARY.—In cases not described in  
20      paragraph (1) or (2), the Secretary shall provide for  
21      direct issuance of a voucher to a parent of an infant  
22      described in section 3(a) upon application by the  
23      parent.

1 **SEC. 6. REIMBURSEMENT FOR PROVISION OF IMMUNIZA-**  
2 **TIONS.**

3 (a) **IN GENERAL.**—In the case of a professional or  
4 provider providing immunizations pursuant to the presen-  
5 tation of vouchers issued under section 5, the Secretary  
6 shall make a single payment to the professional or pro-  
7 vider each quarter of the fiscal year as reimbursement for  
8 the costs of immunizations provided in the preceding quar-  
9 ter if—

10 (1) the professional or provider submits to the  
11 Secretary the vouchers involved;

12 (2) the Secretary determines that the vouchers  
13 were obtained, and the immunizations involved were  
14 provided, in accordance with this Act; and

15 (3) the vouchers are submitted to the Secretary  
16 in accordance with such procedures and meet such  
17 requirements as the Secretary determines to be nec-  
18 essary to carry out paragraph (2).

19 (b) **AMOUNT OF REIMBURSEMENT.**—The Secretary  
20 shall establish amounts of reimbursement that will be pro-  
21 vided for types of immunizations specified under section  
22 7. Each such reimbursement shall include reimbursement  
23 both for the vaccine and for the professional service of pro-  
24 viding the immunization.

1 **SEC. 7. SPECIFICATION OF IMMUNIZATIONS.**

2 The immunizations specified in this section are such  
3 immunizations as may be established by the Secretary  
4 based on the recommendations of the Advisory Committee  
5 on Immunization Practice of the Centers for Disease  
6 Control.

7 **SEC. 8. GENERAL PROVISIONS.**

8 (a) PROVISION OF INFORMATION REGARDING PRO-  
9 GRAM.—The Secretary shall carry out activities—

10 (1) to inform the public of the entitlement es-  
11 tablished in section 3(a), including the manner in  
12 which an application under section 5(c) may be ob-  
13 tained; and

14 (2) to inform professionals and providers of  
15 their legal rights and obligations regarding vouchers  
16 issued under section 5.

17 (b) REGULATIONS.—The Secretary shall by regula-  
18 tion issue criteria for carrying out sections 3 through 7.  
19 For purposes of the preceding sentence, the final rule shall  
20 be issued not later than ninety days after the date of the  
21 enactment of this Act.

22 (c) APPLICABILITY.—The entitlement established in  
23 section 3(a) shall apply upon the expiration of the forty-  
24 five day period beginning on the date on which the final  
25 rule referred to in subsection (b) is required under such  
26 subsection to be issued.

1 (d) DEFINITIONS.—For purposes of this Act:

2 (1) The term “Secretary” means the Secretary  
3 of Health and Human Services.

4 (2) The term “parent” means any parent, step-  
5 parent, grandparent, or duly appointed guardian.

6 (3) The term “United States” includes Puerto  
7 Rico, Guam, the Virgin Islands, American Samoa,  
8 and the Northern Mariana Islands.

9 (e) AUTHORIZATION OF APPROPRIATIONS.—For the  
10 purpose of carrying out this Act, there are authorized to  
11 be appropriated such sums as may be necessary for fiscal  
12 year 1994 and each subsequent fiscal year.

13 **SEC. 9. NATIONAL IMMUNIZATION REGISTRY SYSTEM.**

14 (a) IN GENERAL.—The Secretary, acting through the  
15 Director of the Centers for Disease Control, shall establish  
16 a national immunization registry system (in this section  
17 referred to as the “registry”). The purpose of the system  
18 is to provide for national surveillance of childhood immuni-  
19 zation status through age six.

20 (b) 2-YEAR RESEARCH AND DEMONSTRATION  
21 PHASE.—

22 (1) IN GENERAL.—The Secretary shall make  
23 grants to public and nonprofit private entities to  
24 conduct research and demonstration projects aimed

1 at identifying mechanisms and structures to develop  
2 the registry, including—

3 (A) projects to test methods for collecting  
4 birth certificate and immunization information  
5 in a large central data system;

6 (B) projects to evaluate the capacity of  
7 public health agencies to provide birth certifi-  
8 cate and immunization information in a cost-ef-  
9 fective and efficient manner;

10 (C) projects to assess techniques for track-  
11 ing children in mobile populations across geo-  
12 graphic areas;

13 (D) projects to explore the feasibility of a  
14 registry which requires the participation by pri-  
15 vate providers of immunization services; and

16 (E) projects to demonstrate the efficient  
17 use of registry information in providing immu-  
18 nization status.

19 (2) AUTHORIZATION OF APPROPRIATIONS.—

20 There are authorized to be appropriated to carry out  
21 this subsection \$7,000,000 in fiscal year 1994 and  
22 \$12,000,000 in fiscal year 1995.

23 (c) ENHANCEMENT OF INFORMATION SYSTEMS.—

24 (1) IN GENERAL.—The Secretary, based on  
25 projects conducted under subsection (b), shall ex-

1       pand the registry to cover the entire Nation. In  
2       doing this, the Secretary shall—

3               (A) develop the capacity to link and proc-  
4               ess all birth certificate records through a  
5               central registry;

6               (B) enhance State and local technical ca-  
7               pacity to provide information through use of re-  
8               sources (such as new computer hardware and  
9               software or technical assistance);

10              (C) promote participation by private pro-  
11              viders who administer childhood vaccines; and

12              (D) develop mechanisms to collect informa-  
13              tion on all doses of vaccine administered to pre-  
14              school age children in both the public and pri-  
15              vate sectors.

16              (2) AUTHORIZATION OF APPROPRIATIONS.—

17       There are authorized to be appropriated to carry out  
18       this subsection \$50,000,000 in fiscal year 1996.

19       (d) FULL IMPLEMENTATION.—

20              (1) IN GENERAL.—Beginning with fiscal year  
21              1997, the Secretary shall provide for full implemen-  
22              tation of the registry. In implementing such registry,  
23              the Secretary shall provide that—

24                      (A) all infants born in the United States  
25                      are registered through birth certificate informa-

1           tion that relates to immunization tracking and  
2           vaccine administration;

3           (B) information on doses of vaccines ad-  
4           ministered to all children under six years of age  
5           is collected;

6           (C) appropriate notices are provided to  
7           parents regarding overdue vaccinations; and

8           (D) appropriate records are provided to  
9           parents for their children entering schools or  
10          day care programs.

11          The Secretary shall include information on the oper-  
12          ation of the registry with annual reports submitted  
13          to Congress on the operation of the vaccine system  
14          provided under the other provisions of this Act.

15          (2) AUTHORIZATION OF APPROPRIATIONS.—  
16          There are authorized to be appropriated to carry out  
17          this subsection \$50,000,000 in each fiscal year, be-  
18          ginning with fiscal year 1997.

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