

106TH CONGRESS
2D SESSION

S. 2443

To increase immunization funding and provide for immunization infrastructure and delivery activities.

IN THE SENATE OF THE UNITED STATES

APRIL 13, 2000

Mr. DURBIN (for himself, Ms. Snowe, Mr. REED, Mrs. MURRAY, Mrs. HUTCHISON, and Mr. WELLSTONE) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To increase immunization funding and provide for immunization infrastructure and delivery activities.

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 “State Immunization
5 Funding and Infrastructure Act”.

6 **SEC. 2. INCREASE IN IMMUNIZATION FUNDING.**

7 (a) FINDINGS.—Congress finds that—

8 (1) vaccines protect children and adults against
9 serious and potentially fatal diseases;

1 (2) society saves up to \$24 in medical and soci-
2 etal costs for every dollar spent on vaccines;

3 (3) every day, 11,000 babies are born—
4 4,000,000 each year—and each child needs up to 19
5 doses of vaccine by age 2;

6 (4) approximately 1,000,000 2-year-olds have
7 not received all of the recommended vaccine doses;

8 (5) the immunization program under section
9 317(j)(1) under the Public Health Service Act (42
10 U.S.C. 247b(j)(1)), administered by the Centers for
11 Disease Control and Prevention, provides grants to
12 States and localities for critical activities including
13 immunization registries, outbreak control, provider
14 education, outreach efforts, and linkages with other
15 public health and welfare services;

16 (6) Federal grants to States and localities for
17 these activities have declined from \$271,000,000 in
18 1995 to \$139,000,000 in 2000;

19 (7) because of these funding reductions States
20 are struggling to maintain immunization rates and
21 have implemented severe cuts to immunization deliv-
22 ery activities;

23 (8) even with significant gains in national im-
24 munization rates, underimmunized children still
25 exist and there are a number of subpopulations

1 where coverage rates remain low and are actually de-
2 clining;

3 (9) rates in many of the Nation's urban areas,
4 including Chicago and Houston, are unacceptably
5 low; and

6 (10) these pockets of need create pools of sus-
7 ceptible children and increase the risk of dangerous
8 disease outbreaks.

9 (b) INCREASE IN IMMUNIZATION FUNDING.—

10 (1) IN GENERAL.—There are authorized to be
11 appropriated to carry out programs under section
12 317(j)(1) of the Public Health Service Act (42
13 U.S.C. 247b(j)(1)), \$615,000,000 for fiscal year
14 2001.

15 (2) INFRASTRUCTURE AND DELIVERY.—Of the
16 amount appropriated under paragraph (1),
17 \$214,000,000 shall be made available to the Sec-
18 retary of Health and Human Services to carry out
19 immunization infrastructure and delivery activities,
20 including providing targeted support for immuniza-
21 tion project areas with low immunization rates or
22 that contain areas of need that are particularly sus-
23 ceptible to disease outbreaks.

24 (3) VACCINE PURCHASE.—Of the amount ap-
25 propriated under paragraph (1), \$199,883,000 shall

1 be made available to the Secretary of Health and
2 Human Services for the purchase of domestically li-
3 censed and recommended vaccines.

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