

117TH CONGRESS  
1ST SESSION

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To increase vaccination rates among pregnant women enrolled in Medicaid or CHIP, and for other purposes.

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IN THE SENATE OF THE UNITED STATES

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Ms. HASSAN (for herself and Mr. CASSIDY) introduced the following bill; which was read twice and referred to the Committee on

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**A BILL**

To increase vaccination rates among pregnant women enrolled in Medicaid or CHIP, 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 “Maternal Immuniza-  
5 tion Enhancement Act”.

6 **SEC. 2. DEFINITIONS.**

7 In this Act:

8 (1) **ADULT HEALTH QUALITY MEASURES.**—The  
9 term “Adult Health Quality Measures” means the  
10 core set of adult health quality measures developed

1 and published under section 1139B of the Social Se-  
2 curity Act (42 U.S.C. 1320b–9b).

3 (2) CHILD HEALTH QUALITY MEASURES.—The  
4 term “Child Health Quality Measures” means the  
5 core set of child health quality measures developed  
6 and published under section 1139A of the Social Se-  
7 curity Act (42 U.S.C. 1320b–9a).

8 (3) CHIP.—The term “CHIP” means the Chil-  
9 dren’s Health Insurance Program established under  
10 title XXI of the Social Security Act (42 U.S.C.  
11 1397aa et seq.) and includes any waivers of such  
12 program.

13 (4) MEDICAID.—The term “Medicaid” means  
14 the medical assistance program established under  
15 title XIX of the Social Security Act (42 U.S.C. 1396  
16 et seq.) and includes any waivers of such program.

17 (5) SECRETARY.—The term “Secretary” means  
18 the Secretary of Health and Human Services.

19 (6) STATE.—The term “State” has the mean-  
20 ing given that term for purposes of title XIX of the  
21 Social Security Act (42 U.S.C. 1396 et seq.).

1 **SEC. 3. CMS GUIDANCE ON INCREASING VACCINATION**  
2 **RATES AMONG PREGNANT WOMEN EN-**  
3 **ROLLED IN MEDICAID OR CHIP.**

4 (a) **IN GENERAL.**—Not later than 1 year after the  
5 date of enactment of this Act, the Administrator of the  
6 Centers for Medicare & Medicaid Services, in consultation  
7 with the Director of the Centers for Disease Control and  
8 Prevention, shall issue guidance to States on increasing  
9 the vaccination rates for Advisory Committee on Immuni-  
10 zation Practices recommended vaccines among pregnant  
11 and postpartum women enrolled in Medicaid or CHIP.  
12 The guidance issued under this subsection shall be up-  
13 dated as necessary not later than 5 years after the date  
14 of enactment of this Act in consultation with the Director  
15 of the Centers for Disease Control and Prevention and the  
16 results of the report to Congress required under section  
17 5 by the Comptroller General of the United States.

18 (b) **REQUIREMENTS.**—The guidance issued under  
19 subsection (a) (and any update of such guidance) shall at  
20 a minimum include options and best practices for—

21 (1) increasing the vaccination rates for Advi-  
22 sory Committee on Immunization Practices rec-  
23 ommended vaccines among pregnant women, par-  
24 ticularly with respect to the influenza, diphtheria,  
25 tetanus, and whooping cough (pertussis) vaccines;

1           (2) ways in which States may obtain Federal  
2           matching payments under Medicaid and CHIP for  
3           obtaining and administering such recommended vac-  
4           cines to pregnant and postpartum women, and rec-  
5           ommendations for improving provider participation  
6           under Medicaid and CHIP with respect to obtaining  
7           and administering such recommended vaccines to  
8           pregnant and postpartum women; and

9           (3) ways in which State Medicaid programs  
10          may amplify Federal, State, and local health depart-  
11          ment recommendations on providing counseling and  
12          patient outreach and education regarding such vac-  
13          cines.

14 **SEC. 4. INCLUSION OF PRENATAL IMMUNIZATION STATUS**  
15                           **FOR PREGNANT WOMEN QUALITY MEASURE**  
16                           **IN THE CORE SETS OF HEALTH CARE QUAL-**  
17                           **ITY MEASURES FOR CHILDREN ENROLLED IN**  
18                           **MEDICAID OR CHIP AND ADULTS ENROLLED**  
19                           **IN MEDICAID.**

20          (a) **IN GENERAL.**—Not later than 2 years after the  
21          date of enactment of this Act, and after consulting with  
22          the stakeholders described in section 1139A(b)(3) of the  
23          Social Security Act (42 U.S.C. 1320b–9a(b)(3)), the Sec-  
24          retary shall consider adding a prenatal immunization sta-  
25          tus for pregnant women quality measure in either the—

- 1 (1) Child's Health Quality Measures; or
- 2 (2) Adult Health Quality Measures.

3 (b) REQUIREMENT.—If the Secretary includes a pre-  
4 natal immunization status for pregnant women quality  
5 measure in either such core set of health quality measures,  
6 the quality measure shall measure the percentage of deliv-  
7 eries in which pregnant women received vaccines rec-  
8 ommended by the Advisory Committee on Immunization  
9 Practices of the Centers for Disease Control and Preven-  
10 tion during pregnancy.

11 **SEC. 5. GAO REPORT.**

12 Not later than 2 years after the date of enactment  
13 of this Act, the Comptroller General of the United States  
14 shall submit a report to Congress on the vaccination rates  
15 among pregnant women enrolled in Medicaid or CHIP  
16 with respect to the Advisory Committee on Immunization  
17 Practices vaccines recommended for pregnant women. To  
18 the extent data are available, the report shall include the  
19 following:

- 20 (1) The percentage of pregnant women enrolled  
21 in Medicaid or CHIP who did not receive vaccines  
22 paid for by Medicaid or CHIP as recommended by  
23 the Advisory Committee on Immunization Practices  
24 while pregnant.

1           (2) To the extent practicable, an analysis of  
2           whether structural barriers, such as cost sharing or  
3           other specific requirements, are imposed under Med-  
4           icaid or CHIP which impact the vaccination rates  
5           among pregnant women enrolled in Medicaid or  
6           CHIP with respect to the Advisory Committee on  
7           Immunization Practices vaccines recommended for  
8           pregnant women.

9           (3) To the extent practicable, an analysis of the  
10          reasons why women enrolled in Medicaid or CHIP  
11          do not receive such recommended vaccines rec-  
12          ommended while pregnant.

13          (4) To the extent practicable, demographic de-  
14          tails regarding the population of pregnant women  
15          enrolled in Medicaid or CHIP, including race, eth-  
16          nicity, and rural or urban geographic location.

17          (5) As the Comptroller General deems appro-  
18          priate, recommendations for legislative or adminis-  
19          trative actions relating to increasing the vaccination  
20          rates among pregnant women enrolled in Medicaid  
21          or CHIP with respect to the Advisory Committee on  
22          Immunization Practices vaccines recommended for  
23          pregnant women.