

119<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 8425

To amend title XIX of the Social Security Act to ensure access to immunizations under the Medicaid program and the Vaccines for Children program, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

APRIL 21, 2026

Ms. SCHRIER (for herself and Mr. JOYCE of Pennsylvania) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To amend title XIX of the Social Security Act to ensure access to immunizations under the Medicaid program and the Vaccines for Children program, 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 “Strengthening the Vac-  
5        cines for Children Program Act of 2026”.

1 **SEC. 2. ENSURING ACCESS TO IMMUNIZATIONS UNDER THE**  
2 **MEDICAID PROGRAM AND THE VACCINES**  
3 **FOR CHILDREN PROGRAM.**

4 (a) EXPANSION OF DEFINITION OF FEDERALLY VAC-  
5 CINE-ELIGIBLE CHILD.—Paragraph (2) of section  
6 1928(b) of the Social Security Act (42 U.S.C. 1396s(b))  
7 is amended—

8 (1) in subparagraph (A)—

9 (A) in clause (iii), by striking “A child  
10 who” and all that follows through the period at  
11 the end and inserting “A child who is adminis-  
12 tered a qualified pediatric vaccine and is not in-  
13 sured with respect to such vaccine.”; and

14 (B) by adding at the end the following new  
15 clause:

16 “(v) A child who is enrolled for child  
17 health assistance under a State child  
18 health plan approved under title XXI.”;  
19 and

20 (2) in subparagraph (B)(ii)(II), by striking “for  
21 purposes of subparagraph (A)(iii)(II)” and inserting  
22 “for purposes of subparagraph (A)(iii)”.

23 (b) MINIMUM PAYMENT REQUIREMENT FOR VAC-  
24 CINE ADMINISTRATION AND COUNSELING SERVICES.—

1           (1) IN GENERAL.—Section 1902(a)(13) of the  
2 Social Security Act (42 U.S.C. 1396a(a)(13)) is  
3 amended—

4           (A) in subparagraph (B), by striking  
5 “and” at the end;

6           (B) in subparagraph (C), by striking the  
7 semicolon and inserting “; and”; and

8           (C) by adding at the end the following new  
9 subparagraph:

10           “(D) for payment for vaccine administra-  
11 tion and counseling services furnished by a pro-  
12 vider during the period beginning on the date of  
13 the enactment of this subparagraph, and ending  
14 on December 31, 2028 (including, notwith-  
15 standing subsection (c)(2)(C)(ii) of section  
16 1928, any such services furnished with respect  
17 to a vaccine furnished under the program estab-  
18 lished by the State pursuant to such section to  
19 a medicaid-eligible child (as defined in sub-  
20 section (b)(2)(B)(i) of such section)), at a rate  
21 not less than 100 percent of the payment rate  
22 that applies to such services and provider under  
23 part B of title XVIII;”.

1           (2) MANAGED CARE PLANS.—Section 1932(f)  
2 of the Social Security Act (42 U.S.C. 1396u–2(f)) is  
3 amended—

4           (A) in the header, by striking “PAYMENT  
5 FOR PRIMARY CARE SERVICES” and inserting  
6 “PAYMENTS”;

7           (B) by striking “section 1902(a)(13)(C)”  
8 and inserting “subparagraph (C) of section  
9 1902(a)(13) and vaccine administration and  
10 counseling services described in subparagraph  
11 (D) of such section”;

12           (C) by striking “such section” and insert-  
13 ing “such subparagraph (C) or (D), respec-  
14 tively”; and

15           (D) by adding at the end the following new  
16 sentence: “The provisions of the preceding sen-  
17 tence shall apply to contracts entered into with,  
18 and payments made by, other specified entities  
19 (as defined in section 1903(m)(9)(D)(iii)) in the  
20 same manner as such provisions apply with re-  
21 spect to contracts entered into with, and pay-  
22 ments made by, medicaid managed care organi-  
23 zations.”.

1           (3) CHIP.—Section 2103(c) of the Social Secu-  
2           rity Act (42 U.S.C. 1397cc(c)) is amended by add-  
3           ing at the end the following new paragraph:

4           “(11) VACCINE ADMINISTRATION SERVICES.—  
5           The child health assistance provided to a targeted  
6           low-income child shall include payment for vaccine  
7           administration and counseling services furnished by  
8           a provider during the period beginning on the date  
9           of the enactment of this paragraph, and ending on  
10          December 31, 2028 (including, notwithstanding sub-  
11          section (c)(2)(C)(ii) of section 1928, any such serv-  
12          ices furnished to such child with respect to a vaccine  
13          furnished under the program established by the  
14          State pursuant to such section), at a rate not less  
15          than 100 percent of the payment rate that applies  
16          to such services and provider under part B of title  
17          XVIII.”.

18          (c) CLARIFICATION OF COVERAGE OF PEDIATRIC  
19          VACCINE ADMINISTRATION AND VACCINE COUNSELING  
20          AND EDUCATIONAL SERVICES UNDER THE VACCINES FOR  
21          CHILDREN PROGRAM.—Section 1928(c)(2)(C) of the So-  
22          cial Security Act (42 U.S.C. 1396s(c)(2)(C)) is amend-  
23          ed—

24                 (1) in clause (ii), by amending such clause to  
25                 read as follows:

1 “(ii) The provider may impose—

2 “(I) in the case of a qualified pedi-  
3 atric vaccine not described in subclause  
4 (II), a fee for the administration of and  
5 counseling for such vaccine (which, in the  
6 case of a counseling fee, may be so im-  
7 posed regardless of whether such vaccine is  
8 actually administered) so long as the fee in  
9 the case of a federally vaccine-eligible child  
10 does not exceed the costs of such adminis-  
11 tration and counseling (as determined by  
12 the Secretary based on actual regional  
13 costs for such administration and coun-  
14 seling and updated as determined appro-  
15 priate by the Secretary to take into ac-  
16 count changes in such costs, including  
17 changes attributable to the inclusion of  
18 new qualified pediatric vaccines in the pro-  
19 gram established under this section); and

20 “(II) in the case of a qualified pedi-  
21 atric vaccine that is a multiple component  
22 vaccine, a separate charge for the adminis-  
23 tration of and counseling for each compo-  
24 nent of such vaccine (which, in the case of  
25 a counseling fee, may be so imposed re-

1            regardless of whether such component is ac-  
2            tually administered) so long as the charge  
3            in the case of a federally vaccine-eligible  
4            child does not exceed—

5            “(aa) with respect to the first  
6            component of such vaccine, the costs  
7            of such administration and counseling  
8            for such component (as determined by  
9            the Secretary based on actual regional  
10           costs for such administration and  
11           counseling for such first component  
12           and updated as determined appro-  
13           priate by the Secretary to take into  
14           account changes in such costs, includ-  
15           ing changes attributable to the inclu-  
16           sion of new qualified pediatric vac-  
17           cines in the program established  
18           under this section); and

19           “(bb) with respect to a subse-  
20           quent component of such vaccine, the  
21           payment rate that applies to such ad-  
22           ministration and counseling for such  
23           component and provider under part B  
24           of title XVIII.”; and

1           (2) in clause (iii), by inserting “or counseling”  
2           after “an administration”.

3           (d) INCREASE IN FEDERAL MEDICAL ASSISTANCE  
4           PERCENTAGE.—

5           (1) IN GENERAL.—Subject to paragraph (2),  
6           for each calendar quarter occurring during the pe-  
7           riod beginning on or after January 1, 2027, the  
8           Federal medical assistance percentage determined  
9           for each State, including the District of Columbia,  
10          American Samoa, Guam, the Commonwealth of the  
11          Northern Mariana Islands, Puerto Rico, and the  
12          United States Virgin Islands, under section 1905(b)  
13          of the Social Security Act (42 U.S.C. 1396d(b))  
14          shall be increased by 1 percentage point.

15          (2) REQUIREMENTS.—

16                (A) IN GENERAL.—A State described in  
17                paragraph (1) may not receive the increase de-  
18                scribed in such paragraph in the Federal med-  
19                ical assistance percentage for such State, with  
20                respect to a quarter, if such State does not en-  
21                sure culturally competent and effective mes-  
22                sages for vaccination outreach to child popu-  
23                lations, which may include the dissemination of  
24                information highlighting—

1 (i) advancements in research and vac-  
2 cine development that have saved millions  
3 of individuals from death and disability  
4 from now-preventable diseases;

5 (ii) information on how individuals  
6 across the lifespan benefit from immuniza-  
7 tions, including those who cannot be vac-  
8 cinated and rely on community immunity;

9 (iii) information on the dangers of not  
10 being vaccinated, including the potential  
11 for infectious disease outbreaks within  
12 communities; and

13 (iv) information on vaccine safety and  
14 the systems in place to monitor vaccine  
15 safety.

16 (B) REQUIREMENT FOR CERTAIN  
17 STATES.—Section 1905(cc) of the Social Secu-  
18 rity Act (42 U.S.C. 1396d(cc)) is amended—

19 (i) by inserting “and section 2(d) of  
20 the Strengthening the Vaccines for Chil-  
21 dren Program Act of 2026” before “, ex-  
22 cept that in applying”; and

23 (ii) by inserting “, and in applying  
24 such treatments to the increases in the  
25 Federal medical assistance percentage

1 under section 2(e) of the Strengthening the  
2 Vaccines for Children Program Act of  
3 2026, the reference to ‘December 31,  
4 2009’ shall be deemed to be a reference to  
5 ‘December 31, 2025’” before the period at  
6 the end.

7 (e) TRIBAL EPIDEMIOLOGY CENTER DATA AC-  
8 CESS.—With respect to data access for tribal epidemiology  
9 centers established under section 214 of the Indian Health  
10 Care Improvement Act (25 U.S.C. 1621m), the Director  
11 of the Centers for Disease control and Prevention may cre-  
12 ate a data sharing strategy that ensures such centers have  
13 access to data, data sets, monitoring systems, delivery sys-  
14 tems, and other protected health information with respect  
15 to health care and public health surveillance systems of  
16 child and adolescent health necessary to accomplish such  
17 centers’ public health authority responsibilities described  
18 in such section or section 164.501 of title 45, Code of Fed-  
19 eral Regulations.

20 (f) REPORTS.—

21 (1) IN GENERAL.—For each of fiscal years  
22 2027 and 2028, the Director of the Centers for Dis-  
23 ease Control and Prevention, in coordination with  
24 each State that has established a pediatric vaccine  
25 distribution program under section 1928 of the So-

1 cial Security Act (42 U.S.C. 1396s), shall publish on  
2 the public internet website of the Centers for Dis-  
3 ease Control and Prevention, in such manner as de-  
4 termined appropriate by the Director, information  
5 on vaccination rates under each such program dur-  
6 ing such year, including such rates disaggregated by  
7 region, age, sex, race, ethnicity, and other demo-  
8 graphic factors determined appropriate by the Direc-  
9 tor.

10 (2) EFFECTS ON VACCINATION RATES AND PRO-  
11 GRAM PARTICIPATION.—Not later than 2 years after  
12 the date of the enactment of this Act, the Comp-  
13 troller General of the United States shall submit to  
14 Congress a report containing an analysis of the ef-  
15 fects of the provisions of, and the amendments made  
16 by, this Act on—

17 (A) vaccination rates under the pediatric  
18 vaccine distribution program under section  
19 1928 of the Social Security Act (42 U.S.C.  
20 1396s); and

21 (B) provider participation in such pro-  
22 gram.

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