

117TH CONGRESS
1ST SESSION

H. R. 936

To direct the Federal Emergency Management Agency to assist States and local governments with the distribution and tracking of vaccines for COVID–19, to direct the Secretary of Health and Human Services to carry out a national program to oversee the collection and maintenance of all Federal and State data on vaccinations of individuals in the United States for COVID–19 to achieve mass vaccination saturation immunity, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 8, 2021

Ms. JACKSON LEE (for herself, Mr. PAYNE, Mr. BROWN, and Mr. JONES) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Transportation and Infrastructure, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To direct the Federal Emergency Management Agency to assist States and local governments with the distribution and tracking of vaccines for COVID–19, to direct the Secretary of Health and Human Services to carry out a national program to oversee the collection and maintenance of all Federal and State data on vaccinations of individuals in the United States for COVID–19 to achieve mass vaccination saturation immunity, 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 “Delivering COVID–
5 19 Vaccinations to All Regions and Vulnerable Commu-
6 nities Act of 2021” or the “COVID–19 Delivery Act”.

7 **SEC. 2. FEMA ASSISTANCE FOR COVID–19 VACCINATIONS.**

8 In the assistance to State and local governments, the
9 Administrator of the Federal Emergency Management
10 Agency shall—

11 (1) coordinate efforts for vaccine delivery, in-
12 cluding from manufacturing sites to inoculation
13 sites;

14 (2) monitor shipments of vaccines through a
15 24-hour tracking system, including readings on the
16 temperature, real-time location, origin, destination
17 data, anticipated time of arrival, and report to re-
18 cipients on changes and updates on the progress of
19 their delivery shipments and any changes that may
20 impact expected delivery or the viability of the vac-
21 cine while in transit;

22 (3) develop an advanced communication system
23 to allow the Department of Health and Human
24 Services and public health departments to commu-
25 nicate and share information about vaccine readi-

1 ness, capability of receiving vaccines, delivery loca-
2 tions, details of facility capability of storing and se-
3 curing vaccines, personnel authorized to receive de-
4 liveries, logistics for delivering vaccines to patients,
5 report on vaccine receipts, condition of vaccines, pa-
6 tient reactions, and feedback on how to improve the
7 process;

8 (4) secure transportation for delivery or use of
9 vaccines, and if requested, security for the vaccine
10 delivery sites or inoculation locations to ensure the
11 life and safety of personnel and patients who seek to
12 provide or receive vaccinations free of interference or
13 threat;

14 (5) design custom software applications (Apps)
15 with the Department of Health and Human Services
16 for use by public health agencies and any company
17 or person administering vaccines to provide informa-
18 tion to patients on the vaccine being received, the
19 date of a second dose and the location of the dose
20 if required, including generating a token that cor-
21 responds to an individual's vaccination record to en-
22 sure that the right vaccine is administered and if a
23 second inoculation is required and to ensure that an
24 individual is not vaccinated with different vaccines,

1 and any additional information that may be perti-
2 nent in the future;

3 (6) develop a public education and patient en-
4 gagement program about the safety and availability
5 of vaccines that also ensures that individuals in
6 areas and locations where vulnerable populations
7 often do not have easy access to health care or vac-
8 cinations are informed about vaccine availability;
9 and

10 (7) acting through the Department of Health
11 and Human Services, provide additional vaccination
12 centers, in addition to State and local government
13 sites, to augment vaccinations occurring within such
14 States and local governments to address access to
15 at-risk communities when vaccination rates are
16 below 80 percent for a population residing with in
17 a census block or tract that is experiencing a great-
18 er incidence of serious complications, such as hos-
19 pitalizations and deaths that are above the propor-
20 tional representation of the at-risk group when com-
21 pared to the general population, establishing the
22 need for a targeted vaccination effort to reduce the
23 incidence of infections for those individuals at great-
24 est risk for hospitalizations and death from COVID-
25 19.

1 **SEC. 3. CDC REQUIREMENTS.**

2 The Centers for Disease Control and Prevention shall
3 track the dissemination of inoculations and report on effi-
4 ciencies, effectiveness, or deficiencies of local and state
5 COVID–19 vaccination programs, including the avail-
6 ability of certified individuals under Federal, State or ter-
7 ritorial authority to administer a vaccination under State
8 law, and report to Congressional oversight committees in
9 the House of Representatives and the Senate on findings
10 and recommendations.

11 **SEC. 4. HHS MANAGEMENT OF COVID–19 VACCINATION**
12 **DATA TO ACHIEVE MASS VACCINATION SATU-**
13 **RATION IMMUNITY.**

14 (a) IN GENERAL.—The Secretary of Health and
15 Human Services (in this section referred to as the “Sec-
16 retary”) shall carry out a national program to oversee the
17 collection and maintenance of all Federal and State data
18 on vaccinations of individuals in the United States for
19 COVID–19, including tracking booster vaccinations, to
20 achieve mass vaccination saturation immunity.

21 (b) APPLICABLE PRIVACY LAW; PENALTIES.—

22 (1) IN GENERAL.—The Secretary shall main-
23 tain data on vaccinations for COVID–19 in accord-
24 ance with all applicable privacy and security law, in-
25 cluding HIPAA privacy and security law (as defined

1 in section 3009(a)(2) of the Public Health Service
2 Act (42 U.S.C. 300jj–19(a)(2)).

3 (2) PENALTIES.—Any person who discloses or
4 uses data on vaccinations for COVID–19 in violation
5 of any provision of law referred to in paragraph
6 (1)—

7 (A) shall be imprisoned for not more than
8 5 years, or fined in accordance with title 18, or
9 both; and

10 (B) shall be subject, in addition to any
11 other penalties that may be prescribed by law,
12 to a civil money penalty of not more than
13 \$10,000 for each such violation.

14 (c) DATA RETENTION LIMITATION.—The Secretary
15 shall destroy any data maintained pursuant to subsection
16 (a) by the end of the 5-year period beginning on the date
17 of receipt or collection of the data, whichever is later.

18 (d) TRANSMISSION OF STATE DATA.—The Secretary
19 shall take such steps as may be necessary to encourage
20 and assist each State in transmitting to the Secretary on
21 an ongoing basis the State’s data with respect to vaccina-
22 tion of individuals in such State for COVID–19.

23 (e) OMBUDSMAN.—The Secretary shall appoint an
24 ombudsman to—

1 (1) support public and stakeholder input on the
2 activities carried out pursuant to this section;

3 (2) provide advocacy and advice for those who
4 elect not to be vaccinated for COVID–19; and

5 (3) champion the privacy and civil liberty rights
6 of individuals in the United States in connection
7 with vaccination for COVID–19.

8 (f) COLLABORATION.—In carrying out this section,
9 the Secretary shall collaborate with stakeholders in estab-
10 lishing vaccine inoculation centers in locations including—

11 (1) stadiums, arenas, elementary and secondary
12 schools, colleges and universities, and places of wor-
13 ship; and

14 (2) other locations determined by the Secretary
15 to be conducive to reaching the greatest number of
16 people in need of inoculations for COVID–19.

17 (g) ADVISORY BOARD.—For the purpose achieving
18 mass vaccination saturation immunity to COVID–19 in
19 the United States, the Secretary shall establish a stake-
20 holder advisory board to support the collaboration and co-
21 operation of entities including Federal, State, and local
22 governments, businesses, colleges, universities, elementary
23 and secondary schools, hospitals, clinics, professional med-
24 ical associations, and such other entities as the Secretary
25 determines to be essential to such purpose.

1 (h) REPORTS.—On a daily or weekly basis, subject
2 to subsection (b), the Secretary shall submit to the Con-
3 gress and make public reports on the activities carried out
4 under this section, including such data as the Director of
5 the Centers for Disease Control and Prevention deter-
6 mines to be relevant to analyzing inoculation statistics and
7 progress toward achieving mass vaccination saturation im-
8 munity.

○