

THE 317 COALITION

FY 2024 Labor-HHS Appropriations Bill | Centers for Disease Control and Prevention | Immunization

Program	FY23 Appropriation	FY24 President's Budget	FY24 House Bill	FY24 Senate Bill	FY24 317 Coalition Recommendation
Section 317 Immunization Program	\$681,933,000	\$998,572,000	\$681,933,000	\$681,933,000	\$1.13 billion

Vaccines Save Lives and Money – Vaccines are one of the greatest success stories in public health and are among the most cost-effective ways to prevent disease. We know that for each dollar invested in the U.S. childhood immunization program, there are over ten dollars in societal savings and three dollars in direct medical savings. Moreover, childhood immunizations over the past twenty years have prevented 381 million illnesses, 855,000 deaths, and nearly \$1.65 trillion in societal costs. In the 2019 – 2020 season alone, flu vaccination prevented an estimated 7.5 million illnesses. Maintaining high vaccination coverage is vital for preventing epidemics of diseases that cause preventable illness, disability, and death.

Fast Facts

- Millions of children, adolescents, and adults have missed routine vaccinations due to the pandemic.
- An effective vaccine campaign remains critical to controlling COVID-19.
- In 2019, 1,282 measles cases were confirmed, the greatest since 1992.
- CDC estimates it can cost over \$140,000 to contain one individual case of measles.
- The U.S. spends nearly \$27 billion annually to treat four vaccine preventable illnesses – flu, pertussis, pneumococcal, and shingles.

The need to establish and maintain a robust public health immunization infrastructure has never been more critical. Data reporting challenges, limited workforce, lack of enrolled adult vaccination providers, vaccine hesitancy, and health disparities hampered the efficient rollout of the COVID-19 vaccination campaign. Increased and sustained investment is needed to modernize immunization information systems (IIS), establish state-to-state IIS data sharing, provide aggregate doses-administered data from IIS to CDC in real time, increase and sustain a network of adult vaccination providers reporting data into IIS, and engage with communities to build vaccine confidence and reduce disparities. Control of COVID-19 will probably include annual COVID vaccinations, like annual flu vaccination. Thus, to sustain the improvements made through emergency supplemental bills, funding is needed to ensure that routine immunization is restored and future preparedness is assured. Everyday readiness is the foundation of pandemic preparedness.

Unfortunately, kindergarten vaccination coverage has dropped a total of two percentage points since the start of the pandemic – from 95% reported in the 2019-20 school year to 93% in the 2021-22 school year. This means there are more than 275,000 kindergartners who may not be completely protected against common, and sometimes very serious, vaccine-preventable diseases.

How the 317 Program Continues to Serve an Essential Role – Vaccines alone cannot protect a population. Ensuring children, adolescents, and adults receive appropriate vaccinations requires a strong immunization infrastructure. By partnering at the local and state levels with health care providers in the public and private sectors, immunization programs help implement effective and safe immunization practices to achieve high vaccination coverage, reduce disparities, and support infrastructure for essential activities.

The Vaccines for Children program, the primary source of federal vaccine purchase funding for children, relies on the critical infrastructure and operations funded through the Section 317 program to effectively serve millions of children each year. The Section 317 program is the backbone of our nation's public health infrastructure. It supports the science that informs our national immunization policy, provides a safety net to uninsured, low-income adults, monitors the safety of vaccines, educates providers, performs community outreach, and conducts surveillance,

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laboratory testing, and epidemiology to respond to disease outbreaks. During the 2019 measles outbreak, 317 funds supported local and state health departments in rapid response, public health communication, data gathering, and diagnostics.

Professional Judgment – CDC developed an FY 2022 professional judgment budget estimate that would cover the costs of realizing the prevention opportunities that are in scope for Section 317, accounting for changes in the recommended vaccination schedules and projecting changes to the immunization financing environment. Program operations, including state, local, and national, amount to \$1.032 billion. Vaccine purchases include uninsured adults and time-sensitive public health needs, coming to \$405.5 million. In sum, the FY 2022 professional judgment total adds up to over \$1.438 billion.

Adult Vaccinations – In 2021, the Advisory Committee on Immunization Practices (ACIP) voted to expand its recommendations for several adult vaccinations:

- **Hepatitis B** – In a paradigm shift, the ACIP now recommends routine catch-up hepatitis B vaccination for all adults through age 59 and adults with risk factors age 60 and over. Since 1991, all children have received hepatitis B vaccinations, resulting in very low rates of new infections in people under 30. Yet, vaccination rates among at-risk adults have remained stagnant and low, while rates of acute hepatitis B are rising among adults aged 30-50, many with no known risk. Anyone can contract hepatitis B, and achieving HHS’s target of eliminating hepatitis B in the U.S. is possible only with higher levels of adult vaccination. Funding is needed to support increased adult vaccination against hepatitis B, which will promote vaccine uptake, equity, and access.
- **Pneumococcal disease** – ACIP recommends one of two new pneumococcal vaccines for adults 65 and older and adults 19 or older with chronic health problems. Most adults under 65 who need pneumococcal vaccination have not had it. The new vaccines, including a single-dose option, can prevent many more invasive pneumococcal infections and cases of pneumonia, which cause costly hospitalizations, and simplify vaccination programs – but increased funding is needed to purchase the vaccines and implement the ACIP recommendations.
- **Shingles** – ACIP expanded its recommendation for shingles vaccination to include immunocompromised adults age 19 or older who face a high risk of serious and potentially debilitating disease. Successfully implementing and educating the public about this new recommendation requires more funding.
- **Influenza and tetanus, diphtheria and pertussis vaccines** – Immunization rates during pregnancy with both these vaccines remain low, leading to unnecessary morbidity and mortality for the pregnant person and the fetus. Indeed, immunization with both vaccines protects the newborn until they are old enough to be vaccinated. Influenza continues to be a significant cost burden to healthcare systems due to overall coverage rates despite a routine recommendation from the ACIP to vaccinate all persons 6 months of age and older.

Proposed Report Language (FY 2024)

Immunizations. — Vaccines are one of the greatest success stories in public health and are among the most cost-effective ways to prevent disease. For each dollar invested in the U.S. childhood immunization program, there are over ten dollars of societal savings and three dollars in direct medical savings. Moreover, childhood immunizations over the past twenty years have prevented 381 million illnesses, 855,000 deaths, and nearly \$1.65 trillion in societal costs. In the 2019 – 2020 season alone, flu vaccination prevented an estimated 7.5 million illnesses, even though coverage rates are low. Maintaining high vaccination coverage is vital for preventing epidemics of diseases that cause preventable illness, disability, and death.

Immunization cooperative agreements are awarded to State and local public health departments for planning, developing, and conducting childhood, adolescent, and adult immunization programs, including enhancement of the vaccine delivery infrastructure. CDC supports the consolidated purchase of vaccines for State and local health agencies for uninsured and underinsured adults, and children underinsured for the Vaccines for Children (VFC) program. The 317 Immunization Program also provides the essential infrastructure to state and local health departments for the VFC program to ensure the quality assurance that 40,000 pediatricians’ offices provide safe vaccines that are properly stored and used. Approximately half of the children in the U.S. receive free vaccination

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through the VFC program. In addition, the 317 Immunization Program underpins the protection of all children being vaccinated, even those fully insured, by providing federal, state and local resources to investigate outbreaks, conduct surveillance, and provide public awareness campaigns to address vaccine hesitancy that continues to be the root cause of outbreaks for measles and other preventable diseases. The Committee recognizes that the COVID-19 pandemic exposed critical gaps in our nation's immunization infrastructure, and directs CDC to increase the base funding awarded to state and local jurisdictions. With the encouraging news of a 65 percent drop in U.S. cervical cancer rates between 2012 and 2019, driven in part by the cancer-preventing HPV vaccination, the Committee directs CDC to allocate \$15,000,000 of FY 2024 Section 317 Immunization Program funding to support additional efforts to increase HPV vaccination rates. This funding, which will help address declines in HPV vaccination rates experienced as a result of the pandemic, supports the goals of the Cancer Moonshot to 'end cancer as we know it.' The Committee requests CDC provide in the FY 2024 Congressional Justifications specific information on the estimated cost to fully address evidence-based public health strategies that could be funded through the CDC to improve coverage for HPV and flu.

Cost Estimates.— The Committee requests that the report on estimated funding needs of the Section 317 Immunization Program be updated and submitted not later than February 1, 2024 to the Committees on Appropriations. The updated report should include an estimate of optimum State and local operations funding and a discussion of the role of the 317 Immunization Program, as coverage for vaccination under public and private resources continues to evolve. The Committee also requests that the report include information on the estimated cost to fully address evidence-based public health strategies that could be funded through CDC to improve coverage for human papillomavirus and influenza. The report should also provide full transparency on the use of currently appropriated 317 Immunization Program funding.