

## **August 2016: CDC Professional Budget Judgement**

The Department of Health and Human Services and the CDC submitted a [report](#) to Congress on the Section 317 Immunization Program in August of 2016, which was requested by the House Appropriations Committee. The report includes the fiscal year 2017 cost estimate, an estimate of State, local, and tribal operations funding, as well as a discussion of the evolving and expanding role of the 317 program.

The professional judgement budget estimates include \$793.2 million for program operations, the majority of which would go to state and local operations, and an additional \$246.7 million for vaccine purchases.

### Program Operations

Program operations fund the continuation of existing vaccine infrastructure or the creation of new infrastructure at the local, state, and federal levels. The funding for program operations is the primary means of support for the five key program areas that are required for Section 317:

- Stewardship and accountability for publicly purchased vaccine and Section 317 and VFC operations funding;
- Assessment of program performance for program improvement;
- Assurance of access to vaccines;
- Assurance that immunization information technology supports programmatic goals; and,
- Improvement and maintenance of preparedness readiness.

### Vaccine Purchase

The vaccines purchased by Section 317 are not used on individuals with health insurance. Rather, Section 317 vaccines are intended to be used for financially vulnerable adults without insurance, and other time-sensitive public health needs such as responding to outbreaks of VPDs (vaccine preventable diseases) or improving influenza vaccination in schools.

The report also contains an explanation of Section 317's role, before and after the implementation of the Affordable Care Act (ACA). Its functions have evolved as the ACA has made expansions to insurance coverage for immunization services.