

# THE 317 COALITION

## FY 2025 Labor-HHS Appropriations Bill | Centers for Disease Control and Prevention | Immunization

Program	FY 2023 Appropriation	FY 2024 Appropriation	FY 2025 President's Budget	FY 2025 317 Coalition Recommendation
Section 317 Immunization Program	\$681,933,000	\$681,933,000	\$731,933,000	\$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. Indeed, we know that for each dollar invested in the U.S. childhood immunization program, there are nearly 11 dollars of societal savings and three dollars in direct medical savings. Moreover, childhood immunizations over the past twenty-five years have prevented 472 million illnesses and 1,052,000 deaths and saved \$479 billion in direct costs and \$2.2 trillion in societal costs.

### Fast Facts

- So far this year, measles outbreaks continue to raise with 58 cases across 17 states, including seven outbreaks compared to 58 total cases and four outbreaks reported for the entire year in 2023.
- 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, laboratory testing, and epidemiology to respond to disease outbreaks. During the 2019 measles outbreak, 317 funds

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supported local and state health departments in rapid response, public health communication, data gathering, and diagnostics.

**Professional Judgment** – CDC developed an FY 2022 to FY 2023 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 \$1.143 million. Vaccine purchases include uninsured adults and time-sensitive public health needs, coming to \$474.9 million. In sum, the professional judgment total adds up to just over \$1.6 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 2025)

**317 Immunization Program.**—The Committee recognizes CDC’s immunization program plays a fundamental role in achieving national immunization goals and sustaining high vaccination coverage. In addition, this 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 continues to expect funding be used to promote health equity related to protection from vaccine preventable diseases [VPDs] as well as address vaccine hesitancy. CDC is directed to expand the existing immunization infrastructure, including implementing new strategies for hard-to-reach populations, such as those who may be vaccine-hesitant, those who are members of racial and ethnic or other minority groups, and those who are underserved due to socioeconomic or other reasons.

**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, 2025, to the Committees on Appropriations. The updated report should include an estimate of optimum State and local operations funding, as well as a discussion of the role of the 317 Program, as coverage for vaccination under public and private resources

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continues to evolve. The Committee also requests that the report include specific information on the estimated cost to fully address evidence-based public health strategies that could be funded through CDC to improve coverage for HPV and influenza. The Committee directs CDC to provide a professional judgment budget estimate to the Committee that specifically outlines the cost to fully fund an uninsured adult immunization program that includes the cost of purchase, storage, and administration of all ACIP-recommended adult vaccines and allows for provider choice of product, outreach, and counseling grants to providers and community-based organizations. Estimates should also be included to address the needs of outbreak investigation and response, particularly as measles cases are increasing. Additionally, the Committee requests CDC to provide analysis on how the addition of new adult vaccine recommendations and increased vaccine costs have reduced the number of vaccine doses administered to uninsured adults with available resources. This should include estimates of how much additional vaccine purchase funding would be needed to reach both half and all of the uninsured population with a complete series of recommended vaccines.

**Accelerate the Elimination of HPV-related Cancer and Disease.**—HPV-related cancers remain an alarming public health concern in the United States, impacting nearly 40,000 Americans each year. HPV is the leading cause of cervical cancer, which disproportionately affects communities of color and underrepresented populations. CDC estimates that each year nearly 200,000 women are diagnosed with cervical pre-cancer, 11,000 women are diagnosed with cervical cancer caused by HPV, and approximately 4,000 women die from cervical cancer in the U.S.. The evidence shows that HPV vaccination is extremely effective at preventing over 90 percent of HPV-related cancers when given between the recommended ages of 9 and 12. Yet, CDC data from 2022 shows that only 63 percent of children ages 13-17 were up to date with HPV vaccination, which is significantly less than the “Healthy People 2030” goal of 80 percent. While all childhood and adolescent vaccinations declined during the pandemic, the HPV vaccine rates experienced the largest decrease and have been the slowest to rebound to pre-pandemic levels. The Committee believes that the U.S. has the ability to virtually eliminate HPV-related cervical cancer, but more meaningful policy and action is necessary. The Committee appreciates the Cancer Moonshot Initiative and HHS’ new commitment to accelerate elimination of cervical cancer as a public health problem. The Committee urges CDC to take immediate action to expand access to HPV vaccination, including by: updating the immunization information system at the federal level to enable standardized forecasting of HPV vaccination at age 9 across the country; supporting providers and trusted voices to engage patients with a strong recommendation for HPV vaccination as cancer prevention; and continuing to reduce health disparities and barriers to care for underserved communities.

**Respiratory Viruses.**—The Committee recognizes the importance to national security of a strong capacity at CDC to address respiratory viruses and applauds CDC’s work to address respiratory holistically, with the capacity to identify and assess characteristics of viruses to inform vaccines and therapeutics, quantify the burden such viruses place on the health of Americans, and the effectiveness of vaccines and other preventive measures.