

THE 317 COALITION

FY 2022 Labor-HHS-Education Appropriations Bill Centers for Disease Control and Prevention Immunization

| Program | FY 2021 Appropriation | FY 2022 President's Budget | FY 2022 317 Coalition Recommendation |
|----------------------------------|-----------------------|----------------------------|--------------------------------------|
| Section 317 Immunization Program | \$613,847,000 | \$714,000,000 | \$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 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 2017 – 2018 season alone, flu vaccination prevented an estimated 5.3 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 and adults have missed routine vaccinations due to the pandemic.
- An effective vaccine campaign is 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 each 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 providers, vaccine hesitancy, and health disparities have hampered the efficient rollout of a COVID-19 vaccination campaign. Increased and sustained investment is needed to modernize immunization information systems, 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 immunization providers reporting data into IIS, and engage with communities to build vaccine confidence and reduce disparities. Control of COVID-18 will likely include possible virus variations and potential need for booster or annual COVID vaccinations, like annual flu vaccination. Thus, to sustain the improvements made through emergency supplemental bills, funding is needed to ensure that both routine immunization is restored and future preparedness is assured.

How the 317 Program Continues to Serve a Critical Role –

Vaccines alone cannot protect a population. A strong immunization infrastructure is required to ensure that children, adolescents, and adults receive appropriate immunizations. By partnering at the local and state levels with health care providers in the public and private sectors, the program helps assure the implementation of effective and safe immunization practices to achieve high 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 for vaccine purchases, monitors the safety of vaccines, educates providers, performs community outreach, and conducts surveillance, laboratory testing, and epidemiology to respond

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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 a 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 include state, local, and national, and come to \$1,032.8 million. 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 \$1,438.3 billion.

Proposed Report Language – Immunizations. —Vaccines are one of the greatest success stories in public health and are among the most cost-effective ways to prevent disease. 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 2017 – 2018 season alone, flu vaccination prevented an estimated 5.3 million illnesses. Maintaining high vaccination coverage is vital for preventing epidemics of diseases that cause preventable illness, disability, and death.

The 317 Immunization Program also provides the infrastructure to state and local health departments for the Vaccines for Children (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 a free vaccination through the VFC program. In addition, the 317 program underpins the protection of all children being vaccinated, even those who are 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 has exposed critical gaps in our nation's immunization infrastructure resulting from years of stagnant funding. Furthermore, base awards for state and local grantees have not substantially changed for a number of years, and increased use of component funding has increased the complexity and burden of grants administration. The Committee has provided an increase expand awardee base awards, and support additional resources for adult vaccine purchase.

Cost Estimates.—The Committee looks forward to reviewing the fiscal year 2023 report on estimated funding needs of the Section 317 Immunization Program and urges that the report be updated and submitted not later than February 1, 2022. 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 continues to evolve. The fiscal year 2022 report should 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 human papillomavirus and influenza.

The Committee requests CDC provide in the FY 2023 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.