

Provide Critical Funding for National Immunization Programs in FY 2024 Appropriations

The coronavirus pandemic demonstrated the critical importance of vaccines and immunization in combating disease and protecting public health. The COVID vaccination campaign saved 3.2 million lives, prevented more than 18 million hospitalizations, and avoided more than \$1 trillion in health care costs, according to the Association of Immunization Managers. Over the past twenty years, childhood immunizations have prevented an estimated 381 million illnesses and 855,000 deaths while saving nearing \$1.65 trillion in societal costs. **The National Association of Pediatric Nurse Practitioners (NAPNAP) calls on Congress to provide no less than \$681.93 million in Fiscal Year 2024 funding for immunization programs under Section 317 of the Public Health Service Act – and to make every effort to significantly increase the program's funding.**

In the aftermath of the public health emergency, millions of children and adults are still behind on routine vaccinations. Kindergarten immunization coverage has dropped by two percent since the start of the pandemic, from 95 percent reported in the 2019-20 school year to 93 percent in the 2021-22 school year – meaning there are more than 275,000 kindergarteners who may not be fully protected against common, and sometimes very serious, vaccine-preventable diseases.

Significant public health threats remain from preventable infectious diseases – 1,282 measles cases were confirmed in 2019, the greatest number of cases reported in U.S. since 1992, while respiratory syncytial virus (RSV) surged in 2022-23, overwhelming many pediatric hospitals and emergency departments. The high number of RSV, flu, and COVID hospitalizations in 2022-23 further stressed health care systems already stretched to near their capacity. In addition, the U.S. spends nearly \$27 billion annually to treat four vaccine-preventable illnesses (flu, pertussis, pneumococcal disease, and shingles). To protect our children and adults, it is critically important that the federal government fully fund our nation's public health immunization structure and ensure that pediatric nurse practitioners (PNPs) and advanced practice registered nurses (APRNs) are adequately paid for the acquisition, maintenance and administration of a wide range of vaccines, boosters, and annual updates and improvements in their formulation.

The Section 317 Immunization Programs

Authorized under Section 317 of the Public Health Service Act [42 U.S.C. 247b et seq.], Congress launched grants for preventive health services programs in 1963. Six decades later, the Centers for Disease Control and Prevention (CDC) funds 64 grantees – all 50 states, six large cities, and eight territories and former territories – to support program operations and vaccine purchases and to ensure that children, adolescents, and adults receive appropriate immunizations by partnering with healthcare providers in the public and private sectors. Grantees can use funds to coordinate and implement the delivery of vaccines to children, purchase and administer vaccines to uninsured adults, respond to public health emergencies, staff vaccination clinics, conduct education and outreach campaigns, and monitor and respond to community disease outbreaks.

While Congress has provided incremental increases in funding for Section 317 programs in recent years, it has simply not been enough to meet the needs of recent disease outbreaks while maintaining routine services. President Biden's Fiscal Year 2024 budget proposal requested nearly \$1 billion for the program, and NAPNAP and other organizations believe that full funding would require at least \$1.13 billion.

The Senate Appropriations Committee approved legislation (S. 2624) in July that would provide \$681.93 million for the Section 317 program – the same amount appropriated for the program in FY 2023. The need for federal support for immunization programs is much greater than that, but NAPNAP believes Congress must provide no less than that amount in a final Fiscal Year 2024 spending agreement – and should put a high priority on finding additional funding for the program.

For more information, please contact Dave Mason at healthpolicy@napnap.org.