

IMMUNIZATION PROGRAM POLICY

# RESOURCE GUIDE



*Engage, inform, and educate for sound immunization policy*



Association of  
Immunization  
Managers

[immunizationmanagers.org/policytoolkit](https://immunizationmanagers.org/policytoolkit)

## Introduction

Legislators at the federal and state levels have tremendous influence on policies and programs administered by state and local immunization program (IP) managers. However, we know state and local public health officials are often hesitant to engage in the political process. There is often confusion over what is and is not allowable depending on the funding source—along with the perception that policy decisions are not always based on scientific evidence.

This toolkit is designed to equip members of the Association of Immunization Managers (AIM) and their staff with the tools and information necessary to appropriately and effectively engage with elected officials. Engaging with elected officials can support program efforts to rid the nation of vaccine-preventable diseases, ensure adequate resources for programs, and promote sound immunization policies.

State legislatures, in particular, have witnessed increased vaccination-related activity in recent years. More than 300 bills addressing childhood vaccinations were introduced in state legislatures in 2019. Many proposed bills focused on repealing nonmedical exemption statutes in the wake of measles outbreaks. Other common legislative focus areas included school and daycare entry requirements, safety, scope of practice, and informed and minor consent. This guide focuses on state and federal policy development and highlights the range of partners available for immunization programs to collaborate with.

## Leadership Skills

Throughout the guide, we highlight the crucial role of the IP manager in leading programs through the policy development process. The guide builds upon these key aspects of program leadership:

- **Being strategic.** While IP managers will always be met with urgent requests, developing a policy agenda with broad buy-in from your agency's leadership can provide a unified structure and will clearly communicate priorities.
- **Finding a win-win value proposition.** Broad coalitions are usually involved in any vaccine policy issue. Making sure there is alignment in goals and broad consensus on shared values will help promote sound policies.
- **Cultivating potential champions within key stakeholder groups that share your vision.** Having trusted and credible spokespeople for vaccine issues is essential to clear and persuasive communication.

- **Creating alliances before you need them.** Coalitions are built on trust and shared values. This cannot usually be forged on the fly, so advanced work is needed to lay a foundation for success.
- **Learning who your program detractors and opponents are and what drives them.** It's hard to respond effectively without a deep understanding of the other side's arguments and motivations. Understanding and empathy can provide insights and new paths to the mutual goal of safe and protected communities.
- **Creatively engaging non-traditional partners.** Since community health and workforce trends affect everyone, each member of a community has a stake in vaccine policy. Finding new ways to build connections and develop new partnerships will create additional opportunities to amplify your message and increase your impact.

## How to Use This Guide

The guide is comprised of three chapters, plus an online resource library.

Chapter 1 covers the basics of educating policymakers, including how to distinguish among education, advocacy, and lobbying, an overview of the relevant rules and regulations to ensure appropriate engagement, and fundamental information about the legislative process to guide effective action.

Chapter 2 covers the legislative landscape and highlights the roles of key players.

Chapter 3 discusses avenues for mobilization, including how to engage in a variety of advocacy activities such as analyzing legislation, crafting effective messages, and developing relationships with legislators where appropriate.

The resource library provides access to a collection of AIM, immunization program, and partner resources and tools for appropriately and effectively promoting sound immunization policies.

### ABOUT THIS GUIDE

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**Chapter 1:**  
Advocacy Rules and  
the Legislative Process

## Introduction

Legislators at the federal and state levels have enormous influence on policies and programs administered by state and local IP managers. By engaging with elected officials, IP managers support program efforts to rid the nation of vaccine-preventable diseases, ensure adequate resources for programs, and promote sound immunization policies.

Chapter 1 covers the basics of program policy, including how to distinguish among education, advocacy, and lobbying, an overview of the relevant rules and regulations to ensure appropriate engagement, and fundamental information about the legislative process to guide effective action.

## Why should immunization program managers engage in the legislative process?

State and local public health officials are often hesitant to engage in the political process. Confusion over what is and is not allowable depending on the source of funding—along with the perception that policy decisions are not always based on scientific evidence—have created an environment where many simply choose not to engage. As the former director of the Centers for Disease Control and Prevention's (CDC) Washington, DC, office observed, “mutual suspicion and historically complex working relationships” have led to lost opportunities, and yet “achieving public health goals depends on a sustained, constructive engagement between public health and political systems.”<sup>1</sup>

Elected officials make decisions each year about the level of resources allocated for IPs and important policy decisions that impact the operation of programs. Public health officials are often surprised to learn that many elected officials and their staff want to hear from IPs. Program managers and staff are the experts on IPs and can uniquely demonstrate the extraordinary value of the scarce public resources allocated to IPs. Program managers are the best advocates for what the programs they lead need to be effective. If policymakers don't hear from IPs, it's possible they may only hear from those who are opposed to what they do.

That's why it's imperative for IP managers to engage in the policy process in an ethically responsible manner. Because the voices of opposition to evidence-based immunization policy have increased in recent years, IP managers should expect that activities in the policy arena will be closely

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scrutinized. Managers can also expect their opinion on certain policy issues to be challenged. The next section explains what types of activities are permitted when engaging with policymakers and will help you to create an action plan within the lines of allowable activities.

## Education, advocacy, and lobbying: What's allowable and what's the difference?

When communicating with elected officials about public policy, there are three general levels of activity: education, advocacy, and direct and grassroots lobbying. It is critical for AIM members to understand the difference, particularly because using any federal funds to lobby the federal government is strictly prohibited.

The U.S. Constitution guarantees the right of citizens to petition their government. Federal law, however, has consistently prohibited the use of federal funds for lobbying, with important exceptions for state and local agency grantees working with their corresponding state legislatures. CDC guidance permits work directly on policy-related matters across equivalent branches of state or local government.<sup>2</sup>

Language included in the Fiscal Year 2012 Consolidated Appropriations Act (P.L. 112-74) reinforced and expanded long-standing provisions governing the use of appropriated funds by CDC and its grantees for advocacy, lobbying, and related activities.<sup>2</sup> CDC issued subsequent guidance to all grantees in July 2012,<sup>2</sup> which is usually referenced in most grant application packages. All IP managers and their staff should become familiar with this guidance as a primary resource on what is and is not permissible.<sup>†</sup>

CDC also published a 2015 issue brief, “The State Health Department's Role in the Policy Process: A Tool for State Health Department Injury and Violence Prevention Programs,” which defines the three levels of communication with policymakers.

<sup>†</sup> July 2012 Anti-Lobbying Restrictions for CDC Grantees is available at [https://www.cdc.gov/grants/documents/Anti-Lobbying\\_Restrictions\\_for\\_CDC\\_Grantees\\_July\\_2012.pdf](https://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf). Other long-standing guides include Office of Management and Budget (OMB) Circular A-122: Cost Principles for Non-Profit Organizations; OMB Circular A-87: and Cost Principles for State, Local, and Indian Tribal Governments.

### Education

Education gives factual information—data, program description, scientific evidence of the effectiveness of prevention measures, goals, current budget, people served, and accomplishments—without conveying a value judgment or linking to any legislative action (e.g., laws, pending legislation, appropriation, regulation, or other policy decision). State health departments may use CDC funds to educate the public about health issues and their public health consequences.

- **Sample educational message to policymakers:** Our state receives \$1 million in federal immunization funds. We are able to serve approximately 900,000 individuals and protect the health of all communities through our work. We have identified these pockets of need.

### Advocacy

Advocacy conveys general support for a cause, promotes best practice, and supports a national recommendation but does not seek a specific policy outcome or decision. CDC funds may be used to support a generalized policy such as “clean air” without a recommendation for a particular standard in law or regulation. CDC funds cannot be used to encourage members of the public to contact their elected representatives to urge support of—or opposition to—proposed or pending legislative proposals (known as grassroots lobbying).

- **Sample educational message to policymakers:** Our state is working hard to protect communities from vaccine-preventable diseases. We can and should do more by

increasing vaccination rates, improving our data systems, and examining the enforcement of our school entry laws.

### Direct lobbying

Includes any attempt to influence legislative or other similar deliberations at all levels of government through communications that directly express a view on proposed or pending legislation and other orders and are directed to members of staff, or other employees of a legislative body or to government officials or employees who participate in the formulation of legislation or other orders.<sup>3</sup>

- **Sample educational message to policymakers:** We urge Congress to include \$650 million for the CDC Section 317 Immunization Program in its next Labor-HHS Appropriations Bill.

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Along these lines, analysis, study, or research should contain a balanced, objective exposition of the facts to enable the public or an individual to form an independent opinion or conclusion. Materials must be posted or circulated widely to a diverse and numerous audience on a nonpartisan basis and must not contain an overt “call to action.” Below are examples of activities that are allowed.



## What’s allowable with CDC funds?

CDC guidance notes that grantees are permitted to prepare and disseminate “certain”:

1. Nonpartisan analyses, studies, or research reports
2. Examinations and discussions of broad social, economic, and similar problems in conferences and reports
3. Information provided upon request by a legislative body or committee for technical advice and assistance

- + Educating the public about personal health behaviors and choices.
- + Conducting research on policy alternatives and their impact.
- + Conducting educational campaigns that explain the advantages and disadvantages of certain public policies or demonstrate the efficacy and possible ineffectiveness of certain measures, as long as those communications are widely disseminated, balanced in their analysis, and avoid an express call to action with respect to specific legislation.
- + Compiling and communicating research results on health issues and policy approaches that have successfully addressed them (e.g., presenting evidence on rates of injury associated with mandatory bike helmet laws and the extent to which different approaches may be more or less effective at preventing injuries based on the evidence). Such communication should contain a balanced view of the evidence that allows the public to form an independent opinion or conclusion.
- + Upon formal, written request, providing public officials with technical advice or assistance concerning evidence of program or policy effectiveness (e.g., an NGO funded wholly by a CDC grant may respond to a county commission’s written request to provide technical assistance to the county commission on a draft ordinance banning smoking in public buildings).
- + Educating the public using examples of best practices or success stories across states or localities. Such communication should contain a balanced view of the evidence that allows the public to form an independent opinion or conclusion.
- + Identifying and broadly disseminating balanced, objective evidence on options and alternatives for legislative or executive actions that would achieve a policy outcome (e.g., identifying and ranking effectiveness of policy options based on scientific evidence). The communications, however, may not

Allowable Educational Messaging	Lobbying (Prohibited with federal funds)
<p><b>Tweeting a message from your agency’s account describing what your program is doing to raise immunization rates.</b></p>	<p><b>Tweeting a message urging Congress to increase funding for federal immunization programs.</b></p>
<p><b>Meeting with members of Congress to share data on current immunization program successes and challenges and discussing the role of federal funds to support your state’s efforts.</b></p>	<p><b>Meeting with members of Congress to urge them to increase federal funding for immunization programs.</b></p>
<p><b>Issuing a press release or issue brief that provides factual data on how changes in immunization exemption laws or regulations have coincided with changes in immunization rates.</b></p>	<p><b>Urging the public to contact their elected officials to support changes to exemption laws.</b></p>

refer to specific legislation or administrative action, may not state a point of view on that legislation or action, and may not make an explicit call to action encouraging the public to contact the legislative or executive body responsible for passing the law or issuing the order.

- + Identifying approaches for tracking and evaluating implementation of policy actions.
- + Compiling and sharing best practices and success stories from jurisdictions adopting policy approaches provided such tools are not designed as a call to action on a proposed or pending matter or are a “how-to” guide for lobbying.
- + Broadly sharing balanced, objective information across large groups of interested parties (such as groups of other NGOs or state/local governments), e.g., meeting with an association of state or local

education agencies to highlight evidence-based policy approaches to improve healthy choices in school lunches. This information may not make an explicit call that such policy approaches be adopted.

- + Developing information to inform the public of potential policy solutions and their impact (e.g., balanced, objective materials designed to educate community groups or the public about the extent to which policies such as healthy food choices and indoor air quality policies can lead to health improvements). Communications should be designed to allow individuals and the public to form an independent conclusion.
- + Communicating with the public about health issues and potential policy solutions (e.g., undertaking community outreach, media, or other campaigns designed to broadly disseminate the information described in the preceding example).
- + Working with private sector organizations to achieve institutional or systems changes that do not require governmental or executive action.
- + Communicating with the public about health risks and their consequences, provided the communications do not include a call for the public to engage in the policy process.

## What's restricted or not allowed using CDC-appropriated funds?

Federally-funded lobbying activities are prohibited. Below are examples of activities that are not allowed.

- ✗ Direct lobbying in support of or in opposition to a matter proposed or pending before a legislature, including a state or local legislature or the U.S. Congress, or to a proposed or pending decision by an executive agency (including regulations, executive orders, or other administrative action).
- ✗ Presenting materials relating to public policies that may require legislative or executive action that do not include an objective, balanced presentation of evidence.
- ✗ Presenting materials relating to public policies that may require legislative or executive action that are only made available to allies or a narrow or selective audience.
- ✗ Developing and/or disseminating materials that exhibit all three of the following characteristics: 1) reference to specific legislation or other order; 2) reflecting a point of view on that legislation or other order, and 3) containing an overt call to action.

- ✗ Encouraging the public or other entities to support or oppose specific action proposed or pending before the U.S. Congress, also referred to as grassroots lobbying.
- ✗ Encouraging the public or other entities to support or oppose specific legislation or executive action by a state or local government, also referred to as grassroots lobbying.
- ✗ Advocating to perpetuate or increase their own funding from the federal government.<sup>2</sup>

## What's allowed with state funds?

In addition to the federal rules, allowable activities can vary by state. Therefore, it is important to consult your state or local health agency rules to ensure full compliance. While there is no blanket prohibition on public officials lobbying, the National Conference of State Legislatures has developed a table describing each state's statutory provisions discussing restrictions on the use of public funds to lobby.<sup>4</sup> The key is to ask.

Your state health agency likely has a designated legislative liaison who is charged with being the lead contact for the department for state and federal legislators. This person can likely help your IP fully understand what is and is not allowable for public employees in your state.

## Key Takeaways

- ▶ **Federal regulations have long recognized an exception to the anti-lobbying rules that allows CDC grantees to “work directly on policy-related matters across their equivalent branches of state or local government...permitting communications through a normal and recognized executive-legislative relationship.”**
- ▶ **Your state may have barriers to engaging in lobbying, particularly with your federal congressional delegation. The key is to ask and respect your state's rules. Staff may be surprised to find out they can do more than they thought. The key is to ask.**
- ▶ **No lobbying activity can be charged to a federal grant.**

## Understanding the policy process

A famous saying often attributed to former German Chancellor Otto von Bismarck asserts, “people who love the law or good sausage should never watch either being made.” But if you want to educate, advocate, or lobby where permissible, it is essential to observe and understand the key steps in the policy development process.

Most state legislatures operate similarly to the federal Congress in terms of the annual budget process and methods of authorizing legislation. However, there are some important differences to consider, including the length of your state’s legislative session and whether your state legislature is full-time or part-time, paid or volunteer, and how it is staffed. One constant between state and federal legislatures is the importance of staff. Because legislators need to be well-informed about a range of public policy issues—from energy to criminal justice to transportation to health—they often rely on staff to gather information and conduct the deep-dive analyses needed to inform good policy. You are encouraged to develop relationships with both elected officials and the staff they rely on (see chapter 3 for more information).

### State level

State legislatures—with some exceptions—generally begin session in January and most complete work by June. The short length of sessions means that budgets and policy-related legislation are being considered in a compressed amount of time, so opportunities to engage are often presented on short notice. A key starting point is to understand which committees have jurisdiction over immunization issues for your state. Most state legislatures have two types of committees: authorizing committees that can create, amend, or discontinue programs and budget committees that set annual funding levels for state public health activities. Knowing leaders’ priorities for both committee types can help you anticipate the agenda of your legislature.

Governors serve as the chief executive of each state and have enormous influence in setting the legislative agenda by offering an annual (or in some states biennial) budget proposal, in which they suggest needed legislation and provide priority policy directives to state agency directors. State legislatures often use a governor’s budget proposal

as a starting point and make adjustments that reflect the priorities of legislative leaders. It is important to understand your state’s budget process at all stages—from before the beginning of a session when state health agencies often have the opportunity to help shape the governor’s budget proposal—to how it is considered and adjusted by legislative budget committees during session, to final approval by the full body.

Legislatures can also take up a range of non-budget legislation related to immunization policy, typically at any time during their sessions. Remember that it is important to understand which committees in each body of your legislature have jurisdiction over public health issues, including immunization policy. Committees are important because after legislation is introduced, the committee of jurisdiction has the power to change, stop, or send the bill on to consideration by the full body.

Knowing who the key legislative leaders and key staff members are for each committee can be incredibly helpful in knowing whose priorities will dominate the committee’s agenda. Developing long-term relationships with these leaders or ensuring you are connected via your state agency’s designated legislative liaison can help make sure you are engaged as any immunization policy is developed.

### Federal level

Similar to most state legislatures, the U.S. Congress has two types of committees in the House and Senate that influence immunization policy. Many vaccine policy decisions are often delegated to states. However, Congress occasionally considers legislation affecting both the Section 317 and VFC programs, as well as the coverage and affordability of immunizations through changes to health insurance programs, including Medicaid, CHIP, Medicare, and the Affordable Care Act. Opportunities to engage on these issues can be assessed by monitoring regular updates from AIM and other key partners like Vaccinate Your Family.

One main focus for Congress is setting the annual federal budget for all public health activities, including the Section 317 Immunization Program. The House and Senate Labor, Health and Human Services, Education, and Related Agencies Committees consider public health appropriations on the following schedule.

<sup>1</sup> Hunter, Edward L. MA, “Politics and Public Health—Engaging the Third Rail,” *Journal of Public Health Management and Practice*. 2016; 22(5): 436–441.

<sup>2</sup> Centers for Disease Control and Prevention, “Anti-Lobbying Restrictions for CDC Grantees,” July 2012. Available at [https://www.cdc.gov/grants/documents/Anti-Lobbying\\_Restrictions\\_for\\_CDC\\_Grantees\\_July\\_2012.pdf](https://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf). Accessed March 25, 2019.

<sup>3</sup> Centers for Disease Control and Prevention, “The State Health Department’s Role in the Policy Process: A Tool for State Health Department Injury and Violence Prevention Programs,” 2015. [www.cdc.gov/injury/pdfs/shd\\_policy\\_tool-a.pdf](http://www.cdc.gov/injury/pdfs/shd_policy_tool-a.pdf). Accessed March 15, 2019.

<sup>4</sup> National Conference of State Legislatures, “Limiting Public Funds for Lobbying.” Available at <https://www.ncsl.org/research/ethics/50-state-chart-limits-on-public-funds-to-lobby.aspx>. Accessed March 25, 2019.



## Key Dates in the Annual Congressional Appropriations Process\*

DATE	PROCESS	ACTIONS FOR CONSIDERATION
<b>January–March</b>	Congressional appropriators begin considering funding priorities for the upcoming fiscal year, which begins October 1. This is in advance of a deadline for each member of Congress to submit a funding request letter specifying their priorities to the subcommittee handling public health appropriations.	Weigh in with your state’s congressional delegation on the importance of immunization funding and ask them to consider making it a priority, especially if your state delegate is a member of the appropriations committee.
<b>First Monday in February</b>	The president submits a proposed budget to Congress for the next fiscal year.	Weigh in with the White House and members of Congress on proposed increases or cuts to immunization programs.
<b>February–April</b>	House and Senate appropriations committees hold hearings to review the president’s proposed budget.	Suggest questions that members of Congress could ask witnesses—typically the HHS secretary and CDC director—regarding immunization program funding levels.
<b>March or April</b>	Usual deadline for members of Congress to submit their funding priorities letter to appropriations committee leaders.	If allowable, weigh in with your elected official on recommended funding level requests.
<b>May</b>	The white house often begins developing its proposal for the following fiscal year.	Weigh in with committee members on preferred funding levels. If the Senate and House propose different levels, weigh in on a preference for the higher number.
<b>May–July</b>	Appropriations subcommittees and full committees meet to “mark-up” and pass proposed appropriations bills. This is usually the first glimpse into if and how congressionally proposed funding levels differ from the president’s request.	
<b>June–September</b>	House and Senate sometimes pass spending bills and then work to agree on the differences between the House and Senate versions so a final version can go to each floor for final passage. Often differences between House and Senate lead to delays that extend beyond October 1.	
<b>October 1</b>	On rare occasions, Congress passes the Labor-HHS appropriations bill prior to October 1. Often, they are required to pass a continuing resolution (CR) to fund programs at current levels while they complete negotiations.	
<b>Beyond October 1</b>	Congress passes a final version of the appropriations bill or a package of bills. If they fail to agree, they sometimes pass a full-year CR continuing the level funding.	Weigh in with Congress on why it is essential to complete a bill or CR to assure continued and adequate operation of immunization programs.

\*Please note that because these actions address pending legislation, they are formally considered to be lobbying. You are encouraged to work within your state process to assess if this is permissible.

See chapter 2 for information on the legislative landscape and the roles of key players.

# Immunization Program Policy Toolkit



## RESOURCE LIBRARY

Access a collection of AIM, immunization program, and partner resources and tools for appropriately and effectively promoting sound immunization policies.

Find bills, testimony, and immunization program resources for addressing legislation related to exemptions, vaccine ingredients, informed consent, minor consent, and school and daycare requirements.

[www.immunizationmanagers.org/PolicyLibrary](http://www.immunizationmanagers.org/PolicyLibrary)



LEGISLATION



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