Association of Immunization Managers

Testimony to the House Committee on Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies from the Association of Immunization Managers - Funding for the Section 317 Immunization Program

Thank you to all members of this subcommittee. My name is Claire Hannan. I serve as the Executive Director of the Association of Immunization Managers (AIM). Our members are the leaders of the 66 federally funded immunization programs representing all 50 states, eight major cities, as well as eight current and former U.S. territories. These programs collectively direct our nation's public health efforts to protect our communities from vaccine-preventable diseases. **To restore stability to public health immunization, we urge this subcommittee to increase funding for the Section 317 Immunization Program by $100 million (to $782 million) for Fiscal Year 2027.**

We continue to sound the alarm. The warning signs are no longer subtle. Immunization policy in America is at a critical turning point. Trust in vaccines is eroding, vaccine coverage rates are dropping, and preventable diseases once eliminated from our society are resurging. Both public health officials and vaccine providers report being overwhelmed and burned out. The consequences are not theoretical; people are currently getting sick and dying from things that are preventable. This is unacceptable.

We need this subcommittee's help to turn this situation around. As of April 9, 2026, the United States has reported 1,704 confirmed measles cases across 33 states, with 92% of cases among people who were unvaccinated or whose vaccination status was unknown.[1] Pertussis (whooping cough) cases also recently surged, with 28,783 cases documented in 2025 compared to 7,063 cases in 2023.[2,3] Flu has been especially devastating. The Centers for Disease Control and Prevention (CDC) estimates that the 2024–2025 season caused 51 million illnesses, 23 million medical visits, 710,000 hospitalizations, and 45,000 deaths. That season had 280 reported childhood flu deaths - the highest number of pediatric deaths reported since child deaths became nationally notifiable. Ninety percent of the deaths were in children who were not vaccinated, and 44% had no previous underlying medical conditions.[4]

These are not just preventable tragedies; they are also devastating to our economy. A 2021 CDC-led analysis of the 2019 Clark County, Washington, outbreak estimated total societal costs at $3.4 million for just 72 cases, or $47,479 per case, with the public health response alone accounting for about $2.3 million. A systematic review later estimated the median public health response cost at $32,805 per measles case.[5] The latest modeling suggests the economic stakes are even higher if vaccination rates slip further. A February 2026 analysis reported that measles cost the U.S. about $244.2 million in 2025 alone.[6] Another model projected that a 1% annual decline in childhood MMR coverage would push annual costs to about $1.5 billion by 2030 and to about $7.8 billion over five years.[7] As it currently stands, MMR coverage rates for kindergarteners have fallen from 95.2% in the 2019–2020 school year to 92.5% in 2024–2025, leaving roughly

[1] Measles Cases and Outbreaks | CDC
[2] Pertussis Weekly Cases | CDC
[3] NNDS Weekly and Annual Tables | CDC
[4] Influenza-Associated Pediatric Deaths | CDC
[5] Societal Costs of a Measles Outbreak | Pediatrics
[6] 2025 Measles Resurgence | CIDRAP
[7] Declining Measles Vaccination Rates | Common Health Coalition

286,000 kindergartners at risk.[1] Additionally, every year the U.S. spends $26.5 billion treating adults for diseases that could have been prevented by vaccines which have been shown to return 19 times their initial investment.[8,9]

The Section 317 Immunization Program is the federal engine that keeps our immunization system working when reduced coverage, local capacity, and emerging threats collide. It helps states and localities protect underinsured and otherwise underserved children, adolescents, and adults. It maintains outbreak readiness and deploys the tools needed to monitor coverage, improve provider performance, track vaccine safety and effectiveness, and respond quickly when disease begins to spread. It also gives public health programs the flexibility to move vaccines where they are needed most, especially during outbreaks or other emergencies. This is not simply a vaccine purchase account, it is an investment in readiness, resilience, and access. Section 317 supports the systems and workforce that make immunization possible: enrolling providers, maintaining immunization information systems (IIS), supporting surveillance and laboratory capacity, educating providers and the public, and ensuring that communities with the greatest barriers to care are not left behind.

AIM appreciates this opportunity to highlight how current 317 funding levels are severely straining our nation's ability to sustain high immunization rates and endangering preparedness for the next public health emergency. Despite the immense need for additional resources for immunization programs to contain the current outbreaks and prevent additional ones from occurring, Section 317 has been flat funded for the last three years by Congress at $682 million. The real-world impact of level funding is an actual cut to immunization services. This is due to the confluence of:

- Dramatically increased costs for program personnel, immunization information systems, and the purchase price of vaccines
- The addition of five vaccines to the recommended adult schedule over the past decade
- Population growth of nearly 20 million over the past decade and a projected increase in the number of uninsured adults due to the post-pandemic Medicaid unwinding and previous budget reconciliation policies

Additionally, as it currently stands, only about 47% of Section 317 funds are ultimately awarded to the immunization programs who act as the boots on the ground. [10] Forty immunization programs (66%) received less federal funding than they expected last year.[11] We are therefore asking for a significant funding increase of $100 million dollars that should immediately be directed to support state, local, and territorial programs.

Immunization programs are struggling. The majority do not receive any state or local funding and are exclusively reliant on these limited federal 317 funds. In March 2025, the U.S. Department of Health and Human Services (HHS) directed the CDC to claw back $11.4 billion in pandemic-era funding granted to state and local health departments, leading to the loss of at least 579 immunization program staff positions.[9] According to AIM's most recent annual survey of the 66 federally funded immunization programs, many remain with zero full time staff in key roles, including maternal coordinators (51 programs), partnership coordinators (51 programs), communications positions (42 programs), health educators (29 programs), adult vaccine

[8] Human and Economic Burden of Four Major Adult Vaccine-Preventable Diseases | Journal of Primary Prevention
[9] Socio-Economic Value of Adult Immunisation Programmes | U.K. Office of Health Economics
[10] FY27 Congressional Budget Justification | CDC
[11] States, Cities Face Loss of Vaccination Programs | CNN

coordinators (24 programs), and epidemiologists (18 programs).[12] Programs are being forced to scale back their outreach and education efforts at a time when our nation needs them the most, resulting in significant cuts to vaccine infrastructure.

I recognize that it is much easier to see and understand the infrastructure that makes up our nation's transportation system. Think of roads, bridges, railroad tracks, and airports. I'd like to ask you to imagine the parallels of our nation's immunization program infrastructure. Infrastructure in our world is the people, information systems, vaccines, and community partners that make it possible for Americans to choose protection from preventable diseases through vaccination. Together, networks of public and private providers move vaccines out of vaccine storage units and into arms, because a vaccine left in a storage unit is zero percent effective.

Unfortunately, even getting vaccines into provider refrigerators has become a challenge for programs. While Vaccines for Children (VFC) is a mandatory entitlement program which provides funds to purchase vaccines for uninsured children, underinsured children, and Alaska Native/American Indian children, no such program exists for the 11.1% of adults (more than 22 million) who are uninsured.[13] These uninsured adults rely on the over-stretched Section 317 discretionary program, forcing immunization programs to enact strict limitations to their adult-focused programs.

According to AIM's 2025 Annual Survey,[10] 72% of immunization programs are limiting the number of Section 317 doses that providers can order. For example, if a doctor says, "I need to order 110 doses for my uninsured adult population," the program might say, "Sorry, I can only give you 80 doses." Seventy percent of programs are also limiting the types of vaccines that providers can order. Many have not been able to let providers order newly added vaccines, like COVID-19 and RSV, because they do not have enough funding to go around. The most concerning finding was that 38% of programs are limiting the number of providers who can participate in their Section 317 programs. So, if a new provider opens in a medical desert and wants to order vaccines for uninsured adults, they might not even be able to enroll in the Section 317 program.

The historical picture for Section 317 funding paints a frightening picture. From 2014 to 2024, 317 Program funding increased only slightly from $620 million to $682 million (15%).[8] At the same time, personnel costs have increased at least 15%, some IIS system maintenance costs have doubled, and, most dramatically, the cost to provide a full series of all recommended vaccines to an uninsured adult have risen nearly 300% from $585 in 2014 to $1,515 in 2024 (156%).[14] Part of this increase can be attributed to newer, more advanced vaccines being added to the schedule (CDC's adults schedule was six doses in 2004 but has increased to 15 doses since 2024). The cost of all products has risen far faster than program funding, meaning fewer uninsured adults are receiving protection from preventable diseases. To put these increases in practical terms, if a program had the 317 funds to purchase 10,000 flu vaccines for uninsured adults in 2014, they could only purchase 4,224 doses of flu vaccine in 2024 using the same amount of funding.[12] This results in less access, and fewer adults able to receive vaccination.

The value of vaccines. In short, vaccines are our best defense against a wide range of infectious diseases. Next to ensuring clean water, vaccines are responsible for the greatest advancement to

[12] 2025 AIM Annual Survey | AIM
[13] Key Facts about the Uninsured Population | KFF
[14] Section 317 Vaccine Purchasing | AIM

public health in human history.[15] Diseases such as smallpox and polio, that used to kill or maim millions, are now eliminated from much of the world or eradicated completely because of effective vaccines. Other diseases like measles, mumps, rubella, tetanus, and diphtheria had been reduced by close to 99% thanks to vaccines.[16] Indeed, a walk through any old cemetery reveals that, prior to the modern era of vaccines, nearly one-third of the graves are those of children who died from now preventable diseases.[17] For children born during 1994–2023, routine vaccinations prevented approximately 508 million cases of disease, 32 million hospitalizations, and 1.13 million deaths, resulting in savings of $2.7 trillion dollars.[18] Simply put, vaccinations save lives and save dollars.

We urge the subcommittee to recognize immunization as a core public investment that protects our economy, strengthens preparedness for pandemics and other public health threats, and supports national health security. This is about science, not politics, and vaccines are not a partisan issue. A recent survey from the Partnership to Fight Infectious Disease and Research found 93% of participants agreed that every American should have barrier-free access to affordable vaccines. Eighty-nine percent of people say that vaccines are essential for public health, including 97% of Democrats and 82% of Republicans.[19] For decades, this program has been a bipartisan priority because Americans understand that preventable disease should not be a burden on families or communities, and that government has a responsibility to help safeguard the public's health. Sustained investment in the Section 317 Immunization Program will help ensure that every community has access to a strong immunization system and to safe, effective vaccines. Thank you for considering our request for **$782 million for the Section 317 Immunization Program**.

[15] The importance of immunization as a public health instrument | PMC
[16] Vaccination saves lives | PNAS
[17] Visit to historic cemetery shows power of vaccinations| Atlanta Constitution Journal
[18] Health and Economic Benefits of Routine Childhood Immunizations | CDC
[19] Polls; 90% of Americans Want Vaccine Access | CIDRAP