



Association of
Immunization
Managers

April 9, 2025

Testimony to the House Subcommittee on Labor, HHS, Education, and Related Agencies from the Association of Immunization Managers Regarding Funding for the Section 317 Immunization Program

Greetings to Chairman Aderholt, ranking member DeLauro and distinguished members of this subcommittee. My name is Heather Roth. I am the Immunization Branch Chief in the Division of Disease Control and Public Health Response at the Colorado Department of Public Health and Environment. I also have the honor to serve as Chair of the Association of Immunization Managers, known as AIM. Our members are the leaders of state, local, and territorial immunization programs—directing our country’s public health efforts to protect our communities from vaccine-preventable disease.

Thank you for considering AIM’s recommendation to provide \$1.1 billion for the Section 317 Immunization Program for Fiscal Year 2026.

I am here to ring the alarm bell. Immunization policy in America is at a crossroads. Routine childhood vaccine coverage rates are dropping. Adult vaccine rates for diseases like flu, RSV, and shingles are less than optimal. Trust in the institutions studying, manufacturing, approving, recommending, monitoring, and administering vaccines has eroded. States are facing an onslaught of anti-vaccine legislation often fueled by misinformation. Both public health officials and vaccine providers report being overwhelmed and burned out. Measles and other once-dormant diseases are on the rise, threatening communities. The current U.S. measles outbreak will likely result in us losing the measles elimination status we gained 25 years ago. This is unacceptable.

We need this committee’s help and leadership to turn this situation around. As of April 3rd, there are a total of 607 confirmed measles cases reported in 22 jurisdictions.¹ 95% of these cases were unvaccinated. Tragically, three people have died -two children and one adult. Beyond measles, this past flu season was one of the worst in recent memory. There have been at least 45 million illnesses, 580,000 hospitalizations, and 25,000 deaths from flu². This represents both unnecessary suffering, preventable healthcare costs, and a drag on our economy. And although it doesn’t make headlines, there were 20 influenza-associated pediatric deaths reported for a single week in mid-March, bringing the 2024-2025 seasonal total to 168 *children’s* deaths.³ Many of these children were previously healthy with no underlying health conditions.⁴

In short, people are getting sick and dying in America from things that are preventable.

¹ [Measles Cases and Outbreaks | Measles \(Rubeola\) | CDC](#)

² [Preliminary Estimated Flu Disease Burden 2024-2025 Flu Season | Flu Burden | CDC](#)

³ [Weekly US Influenza Surveillance Report: Key Updates for Week 10, ending March 8, 2025 | FluView | CDC](#)

⁴ [Reports of Encephalopathy Among Children with Influenza-Associated Mortality – United States, 2010–11 Through 2024–25 Influenza Seasons | MMWR](#)

We are asking for a significant funding increase and acknowledge that this is a heavy lift in this environment. Increased funds would immediately support state, local, and territorial programs in achieving three main goals. The most urgent need is to investigate and contain outbreaks of measles and other emerging preventable disease threats. Second, is to expand more sustainable support for immunization information systems. These systems are the backbone of our country's immunization program infrastructure, supporting vaccine ordering and distribution, clinical decision support, immunization record consolidation and consumer access to their own vaccine records. They also provide policymakers, like you, with aggregate data on vaccination for use in disease monitoring, directing limited resources to issues of greatest need, and guiding public health action with the goal of reducing vaccine-preventable disease. Finally, funds will help get no- and low-cost vaccines to people who want them in communities where access is not always easy.

I recognize that it is much easier to see and understand the infrastructure that makes up our nation's transportation system. Think 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 the immunization 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 limbs, because a vaccine left in a storage unit is zero percent effective.

As Colorado is a nationally recognized leader in vaccine-preventable disease prevention and response, I'd like to share just a few examples of how this works for us. We support more than 600 existing healthcare providers enrolled in the Vaccines for Children program daily, ensuring they can get the vaccines they need to offer to families in their care. We maintain thousands of electronic connections from provider Electronic Health Records systems to our immunization information system, eliminating the need for duplicate data entry and providing clinical decision support in real time, at the point of care. We partner with local public health agencies, community-based organizations, and faith-based organizations to bring vaccines to communities experiencing barriers to traditional healthcare.

We rely heavily on data to ensure our limited resources are used in the most efficient and effective way. I'd also like to share two examples of the success we've had in Colorado in using data to inform our programmatic activities. In 2024, we delivered more than 19,000 vaccines to more than 7,000 Coloradans through our mobile vaccine clinics, using data to focus on areas of the state with low vaccination coverage and high social vulnerability, including rural areas of Colorado where families have to travel long distances to reach a vaccine provider. Also in the past year, we have used data from our immunization information system to perform direct outreach to Coloradans who were overdue for one or more vaccines. Sometimes, this little reminder is what people need to take the next step of contacting their healthcare provider.

I would also like to share a few stories on the value of vaccines. In short, vaccines are our best defense against a wide range of infectious diseases. Next to assuring clean water, vaccines are responsible for the greatest advancement to public health in human history.⁵ Diseases such as smallpox and polio that used to kill or maim millions are now eliminated from much of the world or eradicated completely as a result of effective vaccines. Other diseases like measles, mumps,

⁵ [The importance of immunization as a public health instrument - PMC](#)

rubella, tetanus, and diphtheria have been reduced by close to 99% thanks to vaccines.⁶ 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.⁷ Simply put, vaccinations save lives.

Emerging and Urgent Needs – AIM appreciates this opportunity to highlight several factors that are severely straining our nation's ability to sustain high immunization rates and improve preparedness for the next public health emergency. In FY 2025, this committee provided flat funding of \$682 million for the Section 317 Program. However, the real-world impact of level funding is a real 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 additional vaccines to the recommended adult schedule over the past decade
- A population growth of nearly 20 million over the past decade
- A projected increase in the number of uninsured adults due to the post-pandemic Medicaid unwinding

Together, these factors account for programmatic cost increases that far exceed the small increase this program received in recent years. Specifically, from 2014 to 2024, 317 Program funding increased slightly from \$620 million to \$682 million (15%). At the same time, personnel costs have increased at least 10%, 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 three-fold from \$585 in 2014 to \$1,515 in 2024 (156%). Part of this increase can be contributed to newer, more advanced vaccines being added to the schedule (**CDC's adult schedule was 6 doses in 2004 and was 15 doses in 2024**). But the cost of all products has risen far faster than program funding, meaning fewer uninsured adults are receiving protection from preventable diseases.

The Critical Role of Section 317 Immunization Program - The Section 317 Immunization Program plays a fundamental role in sustaining high vaccination coverage rates to prevent the spread of disease, disability, and death from vaccine preventable diseases (VPDs). The Section 317 Program also supports the purchase of routinely recommended vaccines to protect populations at higher risk that are ineligible for immunizations through the Vaccines for Children (VFC) program. CDC provides flexibility to states to use purchased vaccines to meet their unique needs and priorities in responding to VPD outbreaks. Additional public health functions supported by the discretionary program include:

- Providing a safety net for those who cannot otherwise access immunization services
- Managing vaccine shortages
- Conducting continual quality improvement efforts with immunization providers

⁶ Orenstein, Walt and Ahmed, Rafi, Simply put: Vaccination saves lives, April 10, 2017, 114 (16) 4031-4033. PNAS <https://doi.org/10.1073/pnas.1704507114>

⁷ Davis, Ren. Opinion: Visit to historic cemetery shows power of vaccinations. Atlanta Constitution Journal, October 20, 2021. <https://www.ajc.com/opinion/opinion-visit-to-historic-cemetery-shows-power-of-vaccinations/VGZMNQOI3ZDZBE6AN4LMM7CAJY/>

- Monitoring the safety and effectiveness of vaccines and vaccine programs
- Preventing disease outbreaks and responding early and rapidly should they occur
- Responding quickly to other emergencies, such as the recent pandemic
- Managing public sector vaccine ordering and tracking distribution and inventory
- Recruiting and enrolling physicians, pharmacists, and other providers in the VFC program
- Educating providers and the public about new and expanded vaccine recommendations.⁸

The End of Emergency COVID-19 Funding – COVID funding allowed states and jurisdictions to quickly fill gaps, expand, and leverage the nation’s childhood immunization infrastructure to build a historic vaccination program, distributing over 800 million COVID-19 vaccines in just under 20 months. This campaign is credited with saving over 3.2 million lives, preventing more than 18.5 million additional hospitalizations, and saving the U.S. \$1.15 trillion in medical costs that would otherwise have been incurred.⁹ By these measures, the COVID vaccination program is one of the greatest bi-partisan public investments in U.S. history. The gaps this program filled should not be allowed to re-emerge.

Now is the time to sustain and build upon these improvements. Returning to pre-pandemic funding levels would ensure that our nation repeats the tragic pattern of neglect that followed nearly every previous public health emergency. When this funding ends, our immunization programs will shrink back to near pre-pandemic levels. This is akin to building a fleet of battleships that are sent out to win one battle, and then immediately brought back to be scrapped or mothballed. **We should not mothball our expanded immunization infrastructure but rather ensure both everyday effectiveness and pandemic preparedness by providing adequate funding of \$1.1 billion in FY 2026.**

We urge this committee to recognize that strong immunization programs are critical to our nation’s economic progress, pandemic and bioterrorism preparedness, and national security. Support for immunization has always been bipartisan because of our nation’s dedication to the proposition that no one should suffer from something that is preventable. It is underscored by the understanding that governments have an obligation to protect the health and safety of our citizens. These investments will help ensure all our communities are protected by a strong immunization system that provides coverage and access to life-saving vaccines that are safe and effective. Thank you again for considering our request for \$1.1 billion for the Section 317 Immunization Program.

⁸ Ibid.

⁹ Meagan C. Fitzpatrick et al., “Two Years of U.S. COVID-19 Vaccines Have Prevented Millions of Hospitalizations and Deaths,” *To the Point* (blog), Commonwealth Fund, Dec. 13, 2022. <https://doi.org/10.26099/whsf-fp90>