

TOM DAVIS, VIRGINIA,  
CHAIRMAN

CHRISTOPHER SHAYS, CONNECTICUT  
DAN BURTON, INDIANA  
ILEANA ROS-LEHTINEN, FLORIDA  
JOHN M. McHUGH, NEW YORK  
JOHN L. MICA, FLORIDA  
GIL GUTKNECHT, MINNESOTA  
MARK E. SOUDER, INDIANA  
STEVEN C. LATOURETTE, OHIO  
TODD RUSSELL PLATTS, PENNSYLVANIA  
CHRIS CANNON, UTAH  
JOHN J. DUNCAN, JR., TENNESSEE  
CANDICE MILLER, MICHIGAN  
MICHAEL R. TURNER, OHIO  
DARRELL ISSA, CALIFORNIA  
JON C. PORTER, NEVADA  
KENNY MARCHANT, TEXAS  
LYNN A. WESTMORELAND, GEORGIA  
PATRICK T. McHENRY, NORTH CAROLINA  
CHARLES W. DENT, PENNSYLVANIA  
VIRGINIA FOXX, NORTH CAROLINA  
JEAN SCHMIDT, OHIO  
VACANCY

ONE HUNDRED NINTH CONGRESS

# Congress of the United States

## House of Representatives

COMMITTEE ON GOVERNMENT REFORM

2157 RAYBURN HOUSE OFFICE BUILDING

WASHINGTON, DC 20515-6143

MAJORITY (202) 225-5074  
FACSIMILE (202) 225-3974  
MINORITY (202) 225-5051  
TTY (202) 225-6852

<http://reform.house.gov>

HENRY A. WAXMAN, CALIFORNIA,  
RANKING MINORITY MEMBER

TOM LANTOS, CALIFORNIA  
MAJOR R. OWENS, NEW YORK  
EDOLPHUS TOWNS, NEW YORK  
PAUL E. KANJORSKI, PENNSYLVANIA  
CAROLYN B. MALONEY, NEW YORK  
ELIJAH E. CUMMINGS, MARYLAND  
DENNIS J. KUCINICH, OHIO  
DANNY K. DAVIS, ILLINOIS  
Wm. LACY CLAY, MISSOURI  
DIANE E. WATSON, CALIFORNIA  
STEPHEN F. LYNCH, MASSACHUSETTS  
CHRIS VAN HOLLEN, MARYLAND  
LINDA T. SANCHEZ, CALIFORNIA  
C.A. DUTCH RUPPERSBERGER,  
MARYLAND  
BRIAN HIGGINS, NEW YORK  
ELEANOR HOLMES NORTON,  
DISTRICT OF COLUMBIA

BERNARD SANDERS, VERMONT,  
INDEPENDENT

March 2, 2006

The Honorable Julie Gerberding, M.D., M.P.H.  
Director  
Centers for Disease Control and Prevention  
1600 Clifton Road  
Atlanta, GA 30333

Dear Dr. Gerberding:

Thank you for your response to my letter regarding the reorganization of the National Immunization Program (NIP). While you assert that the commitment of the Centers for Disease Control and Prevention (CDC) to immunization remains strong, the President's budget does not reflect this commitment. Instead, it seeks a cut in the essential funds states use to purchase vaccines.

A key program for vaccinating children and adults is the section 317 program. This program ensures that children who are not eligible for the Vaccines for Children (VFC) Program and who cannot otherwise afford immunizations can be vaccinated. It also provides some access to immunizations for uninsured or underinsured adults.

Unfortunately, the section 317 program is not receiving sufficient funding to carry out its essential public health mission. Already at least ten states do not purchase the pneumococcal conjugate vaccine and therefore cannot ensure that all children in those states are fully immunized. This problem will be exacerbated as new vaccines are added to the immunization schedule. Within the last year, CDC recommended that adolescents and college freshmen receive the meningococcal conjugate vaccine, that adolescents receive the new pertussis booster, and that all children receive the Hepatitis A vaccine. Additionally, there are provisional recommendations for expanded use of varicella vaccine. This year it is likely that CDC will add Rotavirus and perhaps HPV vaccines to the immunization schedule and the flu vaccine recommendation may be expanded to include all children up to age 5 as well as their caregivers.

Despite the growing need for section 317 funding, the President's budget actually cuts the 317 vaccine purchase grants. Last year Congress appropriated \$263,023,000 for 317 vaccine purchase grants. This year, the President is requesting \$232,456,000 for vaccine purchase grants, a decrease of \$30,567,000. I understand that \$29,700,000 of this cut is due to CDC not

The Honorable Julie Gerberding, M.D., M.P.H.  
March 2, 2006  
Page 2


requesting funds for purchase of bulk, monovalent flu vaccine as was requested last year. But even after accounting for this difference, the vaccine purchase grant program would receive close to \$900,000 less under this budget request than it did last year even as the number of recommended vaccines is increasing.

The Administration is seeking a statutory change to the VFC program that would increase access to vaccines. If this change is enacted, the Administration is also requesting a \$100 million cut to the 317 program. The VFC program is a critical public health program that provides free immunizations to poor and uninsured children. I would certainly support increasing access to the VFC, but I would not support the attendant cut to the 317 program. New vaccines are being added to the adult and childhood immunization schedules and the cost of ensuring that children and adults are fully immunized is increasing. The funding for both the VFC and the 317 program should reflect these increased costs.

I am also concerned that funding for vaccine safety activities remains essentially flat in the budget request. As the routine immunization schedule becomes more complicated and as new vaccine technologies are developed, it is critical that CDC ensures that these vaccines are as safe as they can be. Public confidence in the safety of immunizations is a critical component of a successful vaccine program.

I urge you to reconsider these misguided budget decisions. I also ask you to explain why the President's budget is not seeking sufficient 317 funding to ensure that all children have access to life-saving vaccines and why the budget does not seek an increase in vaccine safety funding.

Sincerely,



Henry A. Waxman  
Ranking Minority Member