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TO: California Healthcare Providers

FROM: John Talarico, DO, MPH *J. Talarico, DO*
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SUBJECT: Section 317 Policy Change

The Centers for Disease Control and Prevention (CDC) recently notified states of an upcoming change in federally purchased Section 317 vaccine policy. The CDC's new guidance stipulates that effective October 1st, 2012, 317 vaccine can no longer be used for immunizing insured individuals. Therefore, beginning October 1st, 2012, local health departments (LHDs) may not administer vaccines purchased with 317 funds to fully insured children or adults.

The CDC defines "fully insured" as:

Anyone with insurance that covers the cost of vaccine, even if the insurance includes a high deductible or co-pay, or if a claim for the cost of the vaccine and its administration would be denied for payment by the insurance carrier because the plan's deductible had not been met.

Section 317 vaccines are a critical resource for filling gaps in the nation's immunization program. It is important that Section 317 vaccine be directed to those with the least ability to pay for vaccination and to assure timely response to outbreaks of vaccine-preventable diseases. To assure that 317 vaccine remains available for those who truly have no other option, it is important that all fully insured children are vaccinated with vaccines purchased through their insurance. Private physicians who have been referring their patients to public health clinics for routine vaccination will need to consider how to meet the preventive care needs of their fully-insured private patients.

The Section 317 Immunization Program has contributed to one of the most successful public health interventions in history. It is essential that we collectively provide good stewardship of this national resource by ensuring Section 317 vaccine is directed to those most at need. Additional resources, including the (1) patient eligibility table (2) 317 Q & A and (3) signage can be accessed on EZIZ.org.

cc: CDPH Immunization Branch Field Representatives