

FEDERAL "317" VACCINE ALLOCATION AND HUMAN PAPILOMA VIRUS VACCINES

This memorandum provides information on the uses by the State Department of Health of federal "317" allocations and funding for human papilloma virus (HPV) vaccinations.

OVERVIEW

Section 317 of the federal Public Health Service Act provides for immunization grants to states to support the reduction of vaccine-preventable disease. Grants to states are either provided as direct assistance or financial assistance. Direct assistance provides states with an allocation amount that can be used to order vaccines. Financial assistance provides funding for various programmatic activities, such as outreach, surveillance, and outbreak control. Section 317 direct assistance grants are intended to allow grantees to provide vaccine for populations at the greatest risk for undervaccination and disease. The emphasis has historically been placed on children whose health insurance does not provide for immunizations, but the program may be used to provide vaccine for all children and adults. Children who do not have health insurance or are eligible for Medicaid receive vaccinations through the federal Vaccines for Children program rather than the "317" program.

STATE DEPARTMENT OF HEALTH - USE OF "317" VACCINE ALLOCATIONS

The State Department of Health receives "317" direct assistance which allows the department to order vaccines at its discretion. The assistance is received quarterly based on federal fiscal years (October 1 through September 30). The following table summarizes the amount of "317" direct assistance received by the state since 2003:

Federal Fiscal Year	"317" Direct Assistance Received
2008	\$1,059,943 ¹
2007	\$1,785,002
2006	\$2,200,102
2005	\$1,983,359
2004	\$2,135,526
2003	\$1,778,198

¹Through June 2008 - The projected amount to be received for fiscal year 2008 is \$1,517,169.

The following table summarizes vaccines anticipated to be ordered through the "317" program for federal fiscal year 2008, including the targeted population:

Vaccine	Targeted Population
Birth dose of Hepatitis B	Insured children
Measles, mumps, and rubella	Students attending North Dakota colleges
Chickenpox	Insured children
Pneumococcal	High-risk adults who are 50 years of age and older and adults 65 years of age and older who do not have Medicare
HPV	Uninsured women at family planning clinics and American Indian women at Indian Health Service clinics
Tetanus, diphtheria, and pertussis, meningococcal, and chickenpox	Distributed to local public health units for new school immunization requirements
Tetanus, diphtheria, and pertussis	New parents
Hepatitis	High-risk adult populations

A list of vaccines ordered to date by the State Department of Health for federal fiscal year 2008 with federal, state, and local funding is attached as [Appendix A](#).

IMMUNIZATION PROGRAM TRANSITION FUNDING

House Bill No. 1435 (2007) ([Appendix B](#)) provides \$2 million of funding to the State Department of Health for the purpose of providing vaccines to public health units and other immunization providers. The purpose of the distribution of vaccines was to assist in the transition from a universal-select immunization program to a Provider Choice immunization program. Of the \$2 million provided, \$500,000 is available to the department only if it determines that vaccines need to be provided after December 31, 2007.

Through April 2008 the department has spent \$1,018,630 on the transition and anticipates spending a total of \$1,266,744 for the project. The following table summarizes expenses related to the immunization program transition:

Funds spent through April 2008	
Meningococcal vaccine	\$233,888
Chickenpox vaccine	432,387
Grants to local public health units for vaccine startup inventory for insured patients	327,080
University of North Dakota project startup costs	23,786
Travel and postage	1,489
Estimated remaining expenses	
Blue Cross Blue Shield of North Dakota project costs	47,988
Additional startup costs for local public health units (refrigerators, sensaphones, software, and training)	200,126
Total actual and estimated remaining expenses	\$1,266,744

**LEGISLATIVE INTENT REGARDING
HUMAN PAPILLOMA VIRUS
VACCINATION**

In reviewing the legislative history of related legislation from the 2007 legislative session, including House Bill Nos. 1004 and 1435, no specific legislative intent sections were included in these bills relating to funding for HPV vaccinations. However, during House Human Services Committee discussion of House Bill No. 1435, a comment was made that the funds provided in the bill were not to be used for HPV vaccines.

ATTACH:2