

Impact of Federal Vaccine Changes on the Vaccines for Children Program

Background & Context

What is the Vaccines for Children (VFC) program and why does it matter?

The [VFC program](#) provides no-cost vaccines to children whose parents or guardians may not be able to afford them. VFC is an entitlement program, meaning it is a right granted by law, for eligible children ages 18 and younger. The Office of Management and Budget (OMB) approves funding for the VFC Program, then allocates the funds through the Centers for Medicare & Medicaid Services (CMS) to the Centers for Disease Control and Prevention (CDC). After receiving the funds, CDC buys the vaccines at a discount and distributes them to VFC Program providers at the direction of states, territories, and localities.

Over half of all children in the U.S. are eligible to receive VFC vaccines. Children enrolled in Medicaid make up the largest category of VFC eligibility. Accordingly, provider locations serving children with Medicaid represent the largest provider pool for VFC program recruitment. For VFC-eligible children who are enrolled in Medicaid, the provider must accept the reimbursement for vaccination set by the state Medicaid agency or the contracted Medicaid health plans.

Current state of federal vaccine policy

Flu vaccine and RSV immunization guidance is largely similar to last year, with minor changes, while vaccine licensing and federal recommendations for the updated 2025-2026 COVID-19 vaccines remain in flux.

In August, the FDA made changes to COVID-19 vaccine labels, approving 2025-26 COVID-19 vaccines with indications *only* for adults 65+ and people over 6 months old with conditions that put them at high risk for severe COVID-19. For more information about the label change, see this [resource](#).

Figure 1: Summary of flu vaccine and RSV immunization recommendations

	Influenza	RSV	What has changed
Infants and Children	6mo-17 years Some children 6 months through 4 years may need multiple doses	All infants <8 months and children 8-19 months with risk factors should get nirsevimab or clesrovimab	Flu: No thimerosal-containing vaccines RSV: Clesrovimab is new
Pregnant Women	All	32-36 weeks gestation	Flu: No thimerosal-containing vaccines
Adults 18-49	All	See Pregnant Women	
Adults 50+	All High dose, recombinant, or adjuvanted preferred for 65+, if available	All adults 75+ and adults 50 through 74 years with risk factors should get a single lifetime dose	Flu: No thimerosal-containing vaccines RSV: Lowered eligibility age to 50 (from 60 y/o)

Advisory Committee on Immunization Practices (ACIP) and CDC recommendations are likely forthcoming in September. **This would mean a child without a high-risk condition who**

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wants a vaccine would need to receive one “off-label” from their provider.

In May, CDC updated 2024-2025 recommendations to include [shared clinical decision-making](#) for COVID-19 vaccinations for healthy children & youth aged 6 months to 17 years and to [remove the recommendation for COVID-19 shots for healthy, pregnant women](#).

Implications for VFC coverage

Recently published VFC program operational guidance clarifies that Advisory Committee on Immunization Practices (ACIP) recommendations directly impact the VFC program changes.

“The ACIP provides recommendations for the VFC program. When recommending a new vaccine or a change in vaccine use, the ACIP votes on a resolution to include the vaccine change in the VFC program. Providers must administer vaccines procured through the VFC program according to the guidelines outlined by the ACIP in VFC resolutions. (Providers may also administer VFC vaccines per state laws for school attendance.) CDC does not establish contracts for VFC vaccines until a VFC resolution is in place.”

Key Questions on COVID-19 Vaccine Recommendations and VFC for Medicaid Agencies and Managed Care Organizations

What has already changed in the VFC program for COVID-19 vaccines?

Providers are [no longer required to stock](#) COVID-19 vaccines. However, providers that choose to no longer stock these vaccines must be able to refer VFC-eligible children to a safety net provider, such as a local health department, if needed as part of their routine vaccine management plan.

This change could further limit access for children in states with limited VFC provider networks, requiring Medicaid-enrolled families to potentially travel long distances if they would like to receive a COVID-19 vaccine this season.

Are COVID-19 vaccines still covered by VFC?

Yes. At this time, prior to the issuance of the ACIP recommendations, providers may continue to order and administer them through the VFC program. VFC-eligible children are currently [allowed to obtain COVID-19 vaccine](#) at no charge through the VFC program after a shared clinical decision with their healthcare provider.

The current [CDC Vaccine Price List](#), updated August 1, 2025, continues to list COVID-19 vaccines available for order through the program.

How does the timing of recommendations from ACIP impact VFC programs as they think about procuring vaccines?

At this time, providers can continue to order pediatric vaccines, including the COVID-19 vaccine, through VFC, as the vaccines are still on the Price List. However, because ACIP has not yet made a recommendation for the 2025-26 COVID-19 vaccine formulations, VFC

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procurement of these vaccines has not yet begun, and guidelines for VFC provider use of 2025-26 COVID-19 vaccines will depend on the recommendation.

However, COVID-19 vaccines for 2025-26 not procured through VFC may be [ordered now](#). These misaligned timelines could result in a lag between when non-VFC-eligible and VFC-eligible children can receive their vaccines.

How do ACIP recommendations impact VFC providers in prescribing and administering vaccines?

According to [VFC program operational guidance](#), providers must administer vaccines procured through the VFC program according to the guidelines outlined by ACIP in VFC resolutions. If ACIP recommendations do not include certain populations, such as children without a high-risk condition, VFC providers would not be allowed to use VFC-procured vaccines for these children.

If ACIP does not make a recommendation on the COVID-19 vaccine, will VFC providers continue to use the current (2024-25) CDC immunization schedule?

Until ACIP makes a recommendation for 2025-26 COVID-19 vaccines, providers are not able to order or administer the 2025-26 vaccine as part of the VFC program.

Who will pay for the cost of COVID-19 vaccine administration for VFC-eligible children if ACIP recommendations change?

VFC providers who administer vaccines to VFC-eligible children may continue to charge an administration fee consistent with existing requirements. VFC is limited to providing vaccines consistent with ACIP recommendations, and if a vaccine is provided contrary to those recommendations, its administration is not eligible for coverage as part of the program.

Thus, if ACIP recommendations for COVID-19 vaccines are limited to individuals 65+ and those with high-risk conditions, the administration is not eligible for coverage as part of the program. In these cases, Medicaid programs have flexibility to pay for the vaccine and vaccine administration. For example, a state may choose to cover a broader range of medically necessary vaccines than those which are ACIP recommended, and under EPSDT, those medically necessary vaccines will be covered without cost sharing.