MEMORANDUM OF

UNDERSTANDING BETWEEN

Tuscarawas County Health Department, Vaccines for Children (VFC) (Deputizing Rural Health Center (RHC))

AND

Galion City Health Department (Deputized VFC Provider)

AND

Ohio Department of Health (VFC Award Recipient)

FOR

Deputizing and Oversight of Public Health Departments [or designated alternative VFC providers] to Provide Vaccines for Children (VFC) Purchased Vaccine to Entitled Underinsured Children

The Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), the Centers for Medicare & Medicaid Services (CMS) and the Department of Health and Human Services have issued guidance regarding deputization by Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) of other VFC provider locations in their state to authorize those locations to immunize the federally vaccine-eligible children category of underinsured children.

Background:

In many states, the capacity of FQHC/RHCs to serve underinsured children is not sufficient to meet the need of underinsured children entitled to VFC vaccine.

In conformance with VFC Deputization Guidance dated March 2026, and as may be revised,

1. The undersigned **Tuscarawas County Health Department (Deputizing RHC)** hereby confers authority to (i.e., deputize) the VFC provider locations listed in Appendix A to serve as their agents in vaccinating federally vaccine-eligible children who are underinsured as defined under subsection 1928(b)(2)(A)(iii) of the Social Security Act, with the understanding that –
    a. such other VFC provider locations have been identified by the undersigned VFC award recipient and approved by the CDC for such designation;
    b. the VFC award recipient and CDC retain their respective responsibilities for oversight of all VFC operations by such deputized VFC provider locations, including oversight of their roles in vaccinating underinsured children;
    c. federally purchased vaccine for use by deputized VFC provider locations in vaccinating VFC-eligible underinsured children is provided directly by CDC's vaccine distribution system to the deputized provider locations;

We, the undersigned, have read and agreed to the terms and conditions set forth in this MOU and will retain a copy of this MOU. I hereby acknowledge the responsibilities delineated above:

By: Deputizing RHC, **Tuscarawas County Health Department**

Signature of authorized individual: Katie Seward

Name and title of authorized individual: Katie Seward, MPH, MBA Health Commissioner

Date: 10/09/2026

By: Deputized VFC Provider, **Galion City Health Department**

Signature of authorized individual: Andrea Cinadr

Name and title of authorized individual: Andrea Cinadr, Health Commissioner

Date: 9/28/2026

By: VFC Award Recipient, **Ohio Department of Health**

Signature of authorized individual: Bruce Vanderhoff, MD, MBA, by MW Digitally signed by Bruce Vanderhoff, MD, MBA, by MW Date: 2026.10.16 09:04:59 -04'00'

Name and title of authorized individual: Bruce Vanderhoff, MD, MBA, Director, Ohio Department of Health

Date: 10/16/2026

cc: Centers for Disease Control and Prevention, Immunization Services Division

There has been some concern expressed that extending access to VFC vaccine through deputization may expose the deputizing FQHC/RHC to liability. The National Vaccine Injury Compensation Program (VICP) greatly reduces the legal liabilities involved in administering most vaccines. The VICP is a no-fault alternative to the traditional tort system for resolving vaccine injury claims that provides compensation to people found to be injured by certain vaccines. Generally, persons with claims of vaccine-related injuries or deaths resulting from covered vaccines must first exhaust their remedies under the VICP before they can pursue alternative legal actions against vaccine administrators. In addition, for certain vaccines to prevent diseases, health conditions, and threats that constitute or threaten a public health emergency and that are not covered by VICP, the Public Readiness and Preparedness Act of 2005 (PREP Act)[3] may provide liability protection to providers administering such vaccines, and the Countermeasures Injury Compensation Program established by the PREP Act may provide compensation to eligible individuals who are injured by these vaccines.

This document provides official guidance for VFC program award recipients, FQHCs, and RHCs on deputization for extending VFC access to eligible underinsured children.

Guidance Overview

CDC, in coordination with HRSA and CMS, may authorize FQHC and RHC deputization through Memoranda of Understanding (MOU) of local health departments (LHDs) to vaccinate underinsured VFC-eligible children. In VFC, award recipient locations without LHDs or where LHDs lack capacity to serve the underinsured, FQHCs/RHCs may deputize through MOU particular non-LHD VFC provider locations which have been designated by the VFC award recipient, with appropriate justification, to serve in place of LHDs to vaccinate underinsured children with VFC vaccine. The purpose of the MOU is to confer the FQHC/RHC authority to use VFC vaccine to vaccinate VFC-eligible underinsured children to a designated VFC provider location(s) and to specify the responsibilities of all parties (the VFC award recipient, the deputizing FQHC or RHC, and the deputized LHD or other VFC provider location). Deputization is authorized when underinsured children lack sufficient access to FQHCs and RHCs. Recipients use the VFC Deputization module in PEAR to identify deputized providers, FQHCs or RHCs delegating their authority to the providers, report the total number of VFC-eligible underinsured children served by the deputized provider, the reason for deputization, and provide the date MOUs were signed by all parties. VFC award recipients are responsible for monitoring compliance with VFC program requirements under these deputization arrangements.

[3] HR 2863, "DEPARTMENT OF DEFENSE APPROPRIATIONS ACT, 2006

the CDC-provided template. MOUs should ideally be reviewed and signed by all parties at least every 24 months or when there are updates. Each MOU may be uploaded into the PEAR Deputization module. If an MOU is not uploaded into PEAR, it should be available upon request by CDC.

a. The deputizing FQHC/RHC retains all of its authorities as a VFC provider location; the MOU does not change the participating FQHC's or RHC's access to vaccine needed to immunize VFC-eligible children, including underinsured children.
b. CDC and the award recipients retain oversight responsibility of deputized VFC provider locations in the same manner they do over all other VFC provider locations.
c. All parties retain copies of the fully executed MOUs.

4. Responsibilities of VFC providers deputized with extended VFC authority:
    a. Signing the MOU that deputizes the VFC provider location to immunize VFC-eligible underinsured children and reviewing this information ideally every 24 months, retaining a copy of the MOU during the time that the MOU is in effect, and fulfilling the terms of the MOU.
    b. Completing and/or updating the VFC Provider Agreement that describes the provider's responsibilities under the deputization arrangement at least every 24 months or sooner if the recipient's program manager changes.
    c. Including 'underinsured' as a VFC eligibility category during the screening for VFC eligibility for every visit.
    d. Ongoing compliance with all other VFC provider responsibilities.
    e. Reporting the number of VFC-eligible underinsured children served as described below under Award Recipient Reporting Requirements.

5. Award Recipient Reporting Requirements:
Deputized provider locations must report to the recipient the **total number of individual VFC-eligible underinsured children served by provider**, ideally using immunization information systems (IIS) data collected from electronic health record (EHR) data at the provider level. The frequency that deputized provider locations report to the recipient is at the recipient's discretion, but data should be collected at least annually. Starting in the 2026-2027 budget period, recipients must report to CDC the total number of VFC-eligible underinsured children served by each deputized provider using the PEAR VFC Deputization Module.

Attachments

Attachment A: Responsibilities
Attachment B: Definitions of Terms

- Maintaining an accurate listing of deputized VFC provider locations.
- Receiving from VFC award recipients the number of deputized provider locations and the number of VFC-eligible underinsured children served by the deputized provider.
- Evaluating annually the programmatic use of VFC deputization arrangements to determine if additional guidance is required.

HRSA is responsible for:

- Communicating the DHHS-approved guidance on VFC deputization arrangements to FQHCs that are Section 330-funded health centers or are FQHC Look-Alikes.

CMS is responsible for:

- Communicating the DHHS-approved guidance on VFC deputization arrangements to RHCs; communicating to State Medicaid Agencies the DHHS-approved guidance on VFC deputization arrangements.

VFC Award Recipient: One of 63 VFC program award recipients that includes the 50 states, the District of Columbia, the cities of Chicago, Houston, Los Angeles, New York, Philadelphia, Phoenix, and San Antonio, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, American Samoa, Guam, and the Commonwealth of the Northern Mariana Islands.

VFC Provider Location: An immunization provider location that has been approved by the VFC award recipient to provide VFC vaccines to eligible children. An enrollment site visit by the VFC award recipient is required prior to approval, and a VFC provider agreement is signed that indicates the terms of participation in the VFC program. VFC provider locations must meet the minimum requirements of participation prior to enrollment.

Walk-in: Walk-in refers to any VFC-eligible child who presents requesting a vaccine, not just established patients. "Walk-in" does not mean that a provider must serve VFC patients without an appointment. If a deputized provider's office policy is for all patients to make an appointment to receive vaccinations, then the policy would apply to underinsured VFC patients, as well.