

SUBJECT: Requiring TDH to report to the Legislature on an immunization pilot program

COMMITTEE: Public Health — favorable, without amendment

VOTE: 9 ayes — Capelo, Laubenberg, Truitt, Coleman, Dawson, McReynolds,
Naishtat, Taylor, Zedler

0 nays

SENATE VOTE: On final passage, February 27 — voice vote

WITNESSES: For — *(Registered, but did not testify)*: Tom Banning, Texas Academy of Family Physicians; Julie Boom, MD, Texas Children’s Hospital and Texas Pediatric Society; Melody Chatelle, Children’s Hospitals and Related Institutions of Texas; Robert Feather, Cook Children’s Health Care System; Aron Head, Amerigroup Texas, Inc.; Greg Hoke, Wyeth Vaccines; Susan Hopkins Craven, Texans Care for Children; Holly Jacques, Merck & Co, Inc.; Mazie Jamison, Children’s Medical Center of Dallas; Carrie Kroll, Texas Pediatric Society; Sister Michele O’Brien, CHRISTUS Santa Rosa Healthcare; Bryan Sperry, Children’s Hospital Association of Texas; Marcela Urritia, National Council of La Raza; Rosie Valadez McStay, Texas Children’s Hospital; Armando Villareal, United Farm Workers of America, AFL-CIO; Lynda Woolbert, Coalition for Nurses in Advanced Practice; Susan McMahan; Frankie Milley; Jane Penrod.

Against — Dawn Richardson, Parents Requesting Open Vaccine Education; *(Registered, but did not testify)*: Merry Lynn Gerstenschlager, Texas Eagle Forum; Allison Hill; James King; Jim Wilson.

On — Sharilyn Stanley, MD, Texas Department of Health.

BACKGROUND: The Centers for Disease Control (CDC) began funding the Educating Physicians in Your Community (EPIC) program, begun in Pennsylvania, as a pilot program to address low immunization rates in certain locales, including Houston. Texas Department of Health (TDH) receives a CDC grant to operate the Houston pilot program, for which it contracts with the Texas Pediatric Society (TPS). TPS coordinates with Texas Children’s Hospital and Baylor

Medical Center to implement the pilot. In Texas, EPIC is called Raising Immunization Through Education (RITE). Training is based on peer-to-peer education wherein doctors train doctors, nurses train nurses, and medical office managers train other office managers in best practices for increasing immunization levels in their offices. Participation in RITE is voluntary.

TDH is part of the Texas Immunization Partnership, which includes representatives from medical groups, consumer organizations, parents, pharmaceutical companies, and other interested parties. The partnership developed a state plan for increasing childhood immunization rates in Texas, identified barriers, and provided recommendations for improvement. Health and Safety Code, ch. 161, subch. A, governs immunizations.

DIGEST: SB 43 would require that TDH report to the Legislature by October 1, 2005, about the results of the RITE pilot program operated by TPS. The report would have to include the program's effect on immunization rates, its cost effectiveness, recommendations for expansion, and possible funding sources.

The bill would take effect September 1, 2003.

SUPPORTERS SAY: SB 43 could help TDH improve vaccination rates. Texas consistently ranks near the bottom in rates of immunization for children under two years of age — 42nd among states according to 2001 National Immunization Survey (NIS) data. From a public health standpoint, Texas has a compelling interest in raising childhood immunization rates. Diseases such as polio once were commonplace, but they have been virtually eradicated due to widespread programs of immunization.

By October 1, 2005, the RITE pilot will have been operational long enough to meaningfully report on its findings. However, since it is funded by CDC, the Legislature would not necessarily receive data from the RITE evaluations. This legislation is needed to ensure that the Legislature would be informed and able to apply lessons learned from the pilot. Pilot programs are intended to be experimental and educational, and sharing the program's data would yield a higher return on funds the CDC has invested in RITE.

TDH could implement this requirement with no new resources because it already would have most of the information required by SB 43. It must report

similar data to CDC, and a relatively minor effort would be necessary to alter the report to meet state specifications.

**OPPONENTS
SAY:**

The purpose of reporting on the pilot would be to allow the Legislature to duplicate its successes and expand it statewide. However, there is no need for statewide expansion of the RITE program. The NIS data ranking Texas 42nd among the states is misleading because Texas has lower mandatory vaccination levels than recommended by federal law. Even if all children in Texas were 100 percent immunized according to state levels, the state would still rank poorly simply because of how the measure is calculated. If Texas' immunization rate was recalculated based on immunization requirements in state law, it would be clear that there is no immunization crisis in Texas.

This bill is unnecessary because TDH already has an immunization reporting requirement in Rider 45 to the House-passed version of the general appropriations bill, HB 1 by Heflin. Since TDH has the authority and the mechanism for reporting RITE results, this legislation would be an inefficient use of taxpayer resources.

NOTES:

Two related bills were set on the General State Calendar for April 29. HB 1926 by Capelo would require TDH to conduct and facilitate public awareness campaigns designed to raise the statewide childhood immunization rate, and HB 1920 by Capelo would establish provider education programs relating to immunizations and the Vaccines For Children program.

A related bill also has been set on Wednesday's General State Calendar. SB 40 by Zaffirini would require TDH to partner with other public and private entities to coordinate a unified statewide vaccination education campaign.