

SUBJECT: Allowing the use of certain vaccines in the vaccines for children program

COMMITTEE: Public Health — favorable, without amendment

VOTE: 8 ayes — Delisi, Laubenberg, Jackson, Cohen, Coleman, Gonzales, Olivo, Truitt
0 nays
1 absent — S. King

SENATE VOTE: On final passage, March 7 — 31-0, on Local and Uncontested Calendar

WITNESSES: (*On House companion, HB 532 by Dukes:*)
For — Hasan Jafri; (*Registered, but did not testify:* Greg Herzog, Texas Medical Association; Carrie Kroll, Texas Pediatric Society)
Against — None
On — (*Registered, but did not testify:* Jack Sims, Department of State Health Services)

BACKGROUND: The federal Vaccines for Children Program was established in 1993 to remove the barriers of cost and access to attaining childhood immunizations. The program, which is funded by the Centers for Disease Control and Prevention (CDC) and the state, supplies vaccines to providers across Texas. The vaccine contracts are negotiated at a federal level to ensure a standardized cost and the lowest price. The Texas Vaccines for Children (TVFC) program supplies vaccines at no cost to providers in order to immunize children who are uninsured, underinsured, on Medicaid, or covered by the Children's Health Insurance Program (CHIP).

DIGEST: SB 811 would revise the TVFC program to authorize the Department of State Health Services (DSHS) to allow participating providers in the program to select either killed or live weakened influenza vaccines, that were:

- approved by the U.S. Food and Drug Administration;
- recommended by the federal Advisory Committee on Immunization Practices; and
- available from the CDC.

The bill would take effect September 1, 2007.

**SUPPORTERS
SAY:**

SB 811 would help DSHS and health care providers offer greater protection against influenza. The bill would allow providers to choose among all recommended and approved vaccines, not just the least expensive versions, which would maximize the usage of vaccine and bring more providers into the program. Because some providers currently may be unwilling to participate because they are unfamiliar with or hesitant to use vaccines stipulated by the program, SB 811 would allow providers to use vaccines with which they were more comfortable.

Influenza mortality is highest for children under six months of age, but physicians cannot immunize them. The way to protect this group of children from influenza is to immunize the family members to ensure that they did not become carriers of the virus. In addition, no single manufacturer can manufacture enough doses to cover the entire population in the case of a flu emergency, so it is important that the state have access to vaccines from multiple sources, which SB 811 would provide.

Even if the bill did result in providers requesting types of vaccine in excess of the amount allocated by the CDC, the Legislative Budget Board (LBB) estimates no significant fiscal impact from the purchase of additional vaccine with general revenue by DSHS.

**OPPONENTS
SAY:**

SB 811 could be costly while doing little to improve rates of influenza vaccination. The LBB estimates that if providers requested any type of vaccine in excess of the amount allocated by the CDC, DSHS would need to use general revenue to purchase additional vaccine. Additionally, DSHS typically does not use all of its allocation of influenza vaccine for the TVFC program. These vaccines quickly expire and must be destroyed. Adding costlier vaccines as an option would mean that money could be wasted on vaccines that might never be used.

NOTES: The identical companion bill, HB 532 by Dukes, was reported favorably, without amendment, by the House Public Health Committee on April 4.