

- SUBJECT:** Requiring two additional immunizations for children in child care
- COMMITTEE:** Public Health — committee substitute recommended
- VOTE:** 8 ayes — Delisi, Laubenberg, Truitt, Coleman, Dawson, Jackson, McReynolds, Zedler
- 0 nays
- 1 absent — Solis
- WITNESSES:** For — Conni Barker, De Pelchin Children’s Center; Michael Rush, Merck Vaccine Division; Laura York, Wyeth Vaccines; (*Registered, but did not testify:* Ari Brown, Texas Pediatric Society; Raif Calvert, Texas Academy of Family Physicians; Greg Herzog, Texas Medical Association; Josette Saxton, Texans Care for Children; Charles Stuart, Blue Cross and Blue Shield of Texas)
- Against — Dawn Richardson, Parents Requesting Open Vaccine Education
- On — Susan Penfield and Jack Sims, Department of State Health Services; (*Registered, but did not testify:* Michele Adams, Department of Family and Protective Services)
- BACKGROUND:** Human Resources Code, sec. 42.043, and Department of State Health Services rules require that each child be tested for tuberculosis and vaccinated against diphtheria, tetanus, poliomyelitis, mumps, rubella, rubeola, pertussis, Haemophilus influenzae type b, varicella, and hepatitis B before entering day care.
- The Vaccines for Children (VFC) program provides vaccines for uninsured, underinsured, and Medicaid or Children’s Health Insurance Program (CHIP) children through age 18. VFC currently administers nine vaccines that prevent 13 diseases.
- DIGEST:** CSHB 1316 would add the vaccines for invasive pneumococcal disease and hepatitis A to the requirements for entry to day care.

The bill would take effect September 1, 2005.

**SUPPORTERS
SAY:**

CSHB 1316 would better protect the health of all children in day care by vaccinating children for these two diseases before they entered day care.

Hepatitis A is a disease of the liver that causes inflammation and can lead to chronic liver disease. It is highly contagious and easily transmitted through person-to-person contact. In Texas the number of cases has grown exponentially in the last couple of years to an estimated 613 new cases in 2003. In high prevalence areas of Texas, between 30 percent and 40 percent of children may be infected before age five. The cost for a dose of vaccine is only \$11.50 and can prevent costs of treating hepatitis A that average between \$433 and \$1,492 per case.

The PCV-7 vaccine prevents pneumonia and meningitis from pneumococcal streptococcus at a cost of \$206 per four-dose series. Invasive diseases related to these strains led to a 14 percent mortality rate among adult patients in 2002, and children under the age of two are at a higher risk of contracting such infections. The incidence rate of these invasive diseases declined by 70 percent between 1998 and 2002 following the administration of PCV-7 through a federal program.

Vaccines are safe and effective. In communities with high compliance rates, the incidence of communicable disease is significantly lower than in areas where vaccinations are not as widespread. Concerns about the safety of vaccines is unproven, according to the medical community, and unfounded in the case of the hepatitis A and pneumococcal disease because both contain only trace amounts of mercury, the element often singled out by anti-vaccine proponents. Most vaccines on the market contain aluminum.

Both the House and the Senate budget proposals include funding for these new vaccines under the Vaccines for Children program. The bill also would not burden parents because insurers reimburse for required vaccines. Many insurers already offer the vaccine, and the additional cost for covering all insured children would not increase the cost of insurance.

Parents who feel strongly that their child should not receive a vaccination may opt out by filing a conscientious objection. This bill would not force them to have their children vaccinated.

OPPONENTS
SAY:

The state should not require parents to subject their children to a medical procedure that may carry some risk to the child. The clinical trial process — whereby a new vaccine is compared to an existing one — is flawed. Post-approval data also show significant adverse events related to the PCV-7 vaccine. In addition, even though the vaccines contain only trace levels of mercury, both use aluminum as a binding agent, a metal that can be delivered in toxic levels by a vaccine if it is administered too early.

This bill would, in effect, add a mandated benefit to insurance policies. Requiring them to pay for a vaccine that already is widely available to parents who want their child to receive it would unnecessarily drive up the cost of health insurance. Texas already has dismal rates of insured and should not exacerbate the problem by making insurance more expensive.

Mandating these vaccines would be a financial windfall for two drug manufacturers — Wyeth and Merck — and for physicians who could realize a greater profit under insurance policies than if parents were paying with cash.

NOTES:

The original bill would have required only the pneumococcol vaccine.

The companion bill, SB 1773 by Deuell, has been referred to the Senate Health and Human Services Committee.

Both the House and the Senate versions of the general appropriations bill for fiscal 2006-07 include general revenue funding in the Vaccines for Children program to for the hepatitis A and PCV-7 vaccines. According to the fiscal note, it would cost the state approximately \$5.5 million in general-revenue related funds in fiscal 2006-07 to provide the vaccines, and about \$3.3 million per fiscal year thereafter.