

BILL ANALYSIS

H.B. 532
By: Dukes
Public Health
Committee Report (Unamended)

BACKGROUND AND PURPOSE

Through the federal and state funded Texas Vaccination For Children program the Department of State Health Services (DSHS) is engaged in purchasing vaccines for children that are primarily cost efficient and FDA approved. Influenza vaccine is one vaccine that is purchased and provided through this program. The influenza vaccine production and supply line is particularly fragile as it must be re-formulated and a new vaccine produced each year; there have, in fact, been frequent interruptions in the influenza vaccine supply over the past several years that have threatened the availability of the vaccine. Therefore, it would seem wise for the department to maximize its ability to obtain influenza vaccine by purchasing and providing all available vaccine formulations, to avoid any shortage caused by problems with one particular manufacturer.

In addition, with new and improved vaccines becoming available in the market, the purchasing policy of the program must be periodically reviewed to assure appropriate access to newer formulations. One new influenza formulation is the nasal-inhaled influenza vaccine which avoids injection, and is preferred by many parents and providers.

This purpose of this bill is to require DSHS to purchase from all available vaccine formulations in order to allow the DSHS to allow health care providers to use vaccines they prefer, and to avoid or minimize the effects of shortages in particular vaccine formulations.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

HB 532 amends the Health and Safety Code to require the Department of State Health Services (DSHS) to allow health care providers participating in the vaccines for children program to select influenza vaccines from the list of all influenza vaccines that are: approved by the United States Food and Drug Administration; recommended by the federal Advisory Committee on Immunization Practices; and made available under contract with the Centers for Disease Control of the United States Public Health Service. The bill would also require DSHS to allow health care providers to use both trivalent influenza virus and live, attenuated influenza vaccines.

EFFECTIVE DATE

September 1, 2007.