

**LEGISLATIVE BUDGET BOARD**  
**Austin, Texas**

**FISCAL NOTE, 80TH LEGISLATIVE REGULAR SESSION**

**April 30, 2007**

**TO:** Honorable Dianne White Delisi, Chair, House Committee on Public Health

**FROM:** John S. O'Brien, Director, Legislative Budget Board

**IN RE: HB3237** by Hopson (Relating to requiring the Department of State Health Services to provide to health care providers certain equivalent vaccines in the vaccines for children program.), **Committee Report 1st House, Substituted**

<b>No significant fiscal implication to the State is anticipated.</b>
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The bill requires the Department of State Health Services (DSHS) to procure an equal supply of vaccine for the Vaccines for Children program from each manufacturer when two or more manufacturers produce equivalent vaccines. An equivalent vaccine must be approved by the United States Food and Drug Administration, recommended by the Advisory Committee on Immunization Practices, and made available to DSHS by the Centers for Disease Control and Prevention (CDC). DSHS is required to procure an equal supply of equivalent vaccines only if the cost to the department of providing each equivalent vaccine is at most 110 percent of the lowest-priced equivalent vaccine.

Vaccines for those children eligible for the Vaccines for Children program are provided to the state at no cost. Currently, influenza vaccine for the Vaccines for Children program is allocated to DSHS by the CDC. Information is not available on how influenza vaccine will be allocated in future years. **If the CDC's allocation is not equally divided among equivalent vaccines, DSHS would need to purchase additional vaccine with General Revenue Funds to meet the requirements of the bill; fiscal impact cannot be determined at this time.** According to DSHS, for vaccines other than influenza the agency is able to order any vaccine available at no cost to the state; it is assumed that sufficient amounts of each equivalent vaccine would be available to meet the requirements of the bill.

It is assumed that any additional administrative costs to implement the bill could be absorbed within available resources.

**Local Government Impact**

No fiscal implication to units of local government is anticipated.

**Source Agencies:** 537 State Health Services, Department of

**LBB Staff:** JOB, CL, PP, LR