

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 80TH LEGISLATIVE REGULAR SESSION

April 17, 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 allow health care providers to use certain vaccines in the vaccines for children program.), **As Introduced**

No significant fiscal implication to the State is anticipated.

The bill requires the Department of State Health Services (DSHS) to allow each health care provider participating in the Vaccines for Children program to select vaccines from the list of all those approved by the United States Food and Drug Administration, recommended by the Advisory Committee on Immunization Practices, and available under contract with the Centers for Disease Control and Prevention (CDC). DSHS is required to provide vaccine only if the cost to the agency 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. It is assumed that the CDC's allocation would be sufficient to meet the requests of a majority of providers. **If providers request any type of influenza vaccine in excess of the amount allocated by the CDC, DSHS would need to purchase additional vaccine with General Revenue Funds; no significant fiscal impact is anticipated from purchase of additional influenza vaccine.** According to DSHS, for vaccines other than influenza the agency is able to order any vaccine available at no cost to the state.

Vaccines for Children providers may provide vaccinations to underinsured children that are not eligible for the federal program at a cost to General Revenue Funds. **If providers request any vaccine that is of higher cost than what would have been provided by DSHS, the agency would need to purchase these higher cost vaccines with General Revenue Funds; no significant fiscal impact is anticipated from purchase of additional vaccine.**

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