Department of Legislative Services

Maryland General Assembly
2008 Session

FISCAL AND POLICY NOTE
Revised

Senate Bill 304 (Senator Middleton)

Finance and Education, Health, and Environmental Affairs — Health and Government Operations

Statewide Advisory Commission on Immunizations - Influenza Vaccines - Study

This bill requires the Statewide Advisory Commission on Immunizations to conduct a study on the current and anticipated future availability of single-dose influenza vaccines for use in the State. The commission must also identify the current and anticipated future cost differential between single-dose and multi-dose influenza vaccines. By December 1, 2008, the commission must report its findings to specified legislative committees.

The bill takes effect June 1, 2008.

Fiscal Summary

State Effect: No effect on finances since the Department of Health and Mental Hygiene already provides staffing for the commission.

Local Effect: None.

Small Business Effect: None.

Analysis

Current Law: The Statewide Advisory Commission on Immunizations has to determine where community vaccine shortages exist, which vaccines are in short supply, and develop a recommendation for a plan for the equitable distribution of vaccines. In addition, the commission has to study and make recommendations about other related

issues, including but not limited to • immunizations required of children entering schools in times of vaccine shortage; • all available options for the purchasing of vaccines**,** including the development of a universal vaccine purchasing system or a similar program to increase access to necessary vaccines for the State; • an update on the status of the use of thimerosal in vaccines, including the availability and affordability of thimerosal-free vaccines, and any other issue related to the use of thimerosal in vaccines**;** • elimination of any vaccine distribution disparities; • a public education campaign in the event of a vaccine shortage; • the availability and affordability of adult and childhood vaccines; and • strategies to increase immunizations among those adults and children recommended to receive immunizations, including catch-up immunizations.

Annually, by December 15, the commission has to submit a report on its findings and recommendations to the Governor and specified legislative committees. DHMH staffs the commission.

Background: A single-dose vaccine is one that is stored in a single vial that is disposed of after the one dose is given to a person. A multi-dose vaccine is stored in a vial which contains 10 doses of the vaccine. Thus, one vial of a multi-dose vaccine can be used to immunize up to 10 different people. The United States Code of Federal Regulations requires, in general, the addition of a preservative to multi-dose vials of vaccines to prevent microbial growth in the event that the vaccine is accidentally contaminated, which might occur with repeated puncture of multi-dose vials.

The commission submitted its most recent report in December 2007 with three major recommendations and one finding:

- do not implement a universal vaccine purchasing system at this time because it is not clear that the benefits would outweigh the costs;
- increase the Maryland Medical Assistance vaccine administration fee of $15 per dose;
- fully fund the implementation of the Maryland Immunizations Registry; and
- the number of vaccines that contain thimerosal continues to decline.

Thimerosal, a preservative used in some vaccines and other products, contains approximately 49% ethylmercury. The Centers for Disease Control and Prevention advises that there is no direct causal evidence that thimerosal in vaccines harms individuals, other than causing reactions such as redness and swelling at the injection site.

In 2004, the Institute of Medicine's Immunization Safety Review Committee reported that scientific data indicate no causal relationship between thimerosal in childhood vaccines and autism.

In 1999, FDA reviewed the use of thimerosal in childhood vaccines. FDA found that a child's cumulative mercury exposure from recommended vaccines was within acceptable limits set by FDA, ATSDR, and the World Health Organization. At the same time, FDA learned that, depending on the vaccine formulations and the infant's weight, the cumulative mercury exposure during a child's first six months could exceed the EPA's recommended guidelines for methylmercury. In response, the Public Health Service and the American Academy of Pediatrics urged vaccine manufacturers to reduce or eliminate thimerosal in vaccines.

According to IOM, thimerosal was removed from all recommended childhood vaccines except for the influenza vaccine. However, a thimerosal-free influenza vaccine is available in limited supply for infants, children, and pregnant women. IOM reports that there are very few vaccines with thimerosal that infants and young children could be exposed to only under special circumstances.

Additional Information

Prior Introductions: A similar bill, SB 902 of 2007, received an unfavorable report from the Senate Education, Health, and Environmental Affairs Committee.

Cross File: HB 586 (Delegates Kullen and Kipke) – Health and Government Operations.

Information Source(s): Department of Health and Mental Hygiene, Maryland Department of the Environment, Institute of Medicine, Food and Drug Administration, U.S. Environmental Protection Agency, Centers for Disease Control and Prevention, Illinois Department of Health, Department of Legislative Services

Fiscal Note History: First Reader - February 18, 2008
ncs/ljm Revised - Senate Third Reader - April 5, 2008

Analysis by: Sarah K. Harvey

Direct Inquiries to:
(410) 946-5510
(301) 970-5510