

**Testimony on Behalf of the New England Biotechnology Association (NEBA) and
Connecticut United for Research Excellence, Inc. (CURE)**

In support of HB6610—An Act Concerning Vaccines

March 23, 2011

Good morning. Senator Gerratana, Representative Ritter and members of the Public Health Committee—thank you for letting speak before you today.

My name is Paul Pescatello—I'm president of CURE—Connecticut United for Research Excellence and chair of NEBA—the New England Biotechnology Association.

Both organizations advocate on behalf of biomedical research and count among our members Connecticut's leading biotechnology companies and biomedical research institutions. Our overarching goal is to grow the biotech sector, create well paying and meaningful jobs and, of course, speed the progress towards new medical treatments and cures.

I am here today to speak in favor of HB6610—An Act Concerning Vaccines.

Separately, NEBA has submitted additional and more extensive remarks for your reference.

In the short time possible here, I will try to distill the essential points regarding the need for passage of HB6610.

This bill removes a layer of administration that no longer serves any useful purpose and in so doing improves patient and physician choice. It does all this without adding cost.

By way of a short history, decades ago Connecticut established a committee within the Department of Public Health to select childhood vaccines. Under this system, state approved vaccines were then purchased in bulk, stored and made available to physicians. Pursuant to this system, Connecticut today makes 15 vaccines available to Connecticut residents.

In an era when vaccines were not widely or easily available and there were no other entities organizing and coordinating vaccine purchases, transport and storage this state system made sense.

In recent years, however, changes in state and federal law concerning the regulation, approval and funding of vaccines has made Connecticut's system an impediment to rather than a means to facilitate childhood immunizations.

Today, of course, vaccines must be approved by the federal Food and Drug Administration (FDA) after a lengthy review of human clinical data.

The federal Centers for Disease Control and Prevention (CDC), in turn, now reviews all childhood vaccines as they come on the market upon FDA approval and makes an assessment whether some or all children should receive them and at what age they should be administered. At this time the CDC has identified/recommended 31 such vaccines.

Pursuant to the Vaccines for Children (VFC) program the federal government pays for any brand of vaccine that has been recommended by the CDC. Approximately, one-third of Connecticut's children are covered by the VFC program. In the case of the other two-thirds of the children, local health insurers pay for the vaccines through a "health and welfare fee assessment" established in 2003.

Simply put, the Connecticut Department of Public Health continues to run their childhood immunization program as they have for decades despite all the changes that have occurred in the program from a state level, federal level and advances in vaccine therapy. The current limited formulary system employed by the DPH is a hold-over from when the state purchased in advance and stored all the vaccines for all children in the state regardless of whether they had insurance.

Beginning in 2007 the federal government established a system whereby it contracts with a third party to store and ship all vaccines, thus eliminating the state's responsibility to for these tasks. In addition, the federal government is piloting a program whereby physicians will be able to order the vaccines they need directly on-line from this third party for shipment directly to their offices, further reducing the need for the state to be involved in product selection and distribution.

So we have a modern system of federal vaccine review and selection, procurement and delivery together with a federal-state insurance payment system that ensures that all Connecticut children have access to vaccination—a system that would otherwise allow Connecticut physicians to choose among 31 vaccines for their patients. Instead, however, we labor under Connecticut's existing DPH regulatory structure that permits our doctors to choose among only 15 vaccines.

This translates into Connecticut being unable to offer more than half of the CDC's approved vaccines to Connecticut's children. Often, those not offered are the newest, the most effective, the vaccines with the fewest side effects. Vaccines, for example, that cover a greater number of and/or newer viral strains, as well as others that have been reengineered to be free of certain qualities that can be harmful to some patients, such as latex.

Our existing system wastes DPH time and resources in the review of already comprehensively federally reviewed and approved vaccines—a system that often results in the selection of a sole source for each vaccine. This policy persists despite dramatic changes in how vaccines are ordered, stored, financed and continued advances in vaccine technology. New vaccines are routinely developed that are not identical to existing vaccines and may offer advantages over others for specific patients. However, these newer vaccines are not readily available to physicians in Connecticut as they are in most other states. This puts our children at a potential disadvantage to children in other states. Because DPH continues with this outdated policy we have unnecessary delays in providing access to vaccines, shortages, and in some cases the use of a suboptimal vaccine for certain patients and patient groups.

The Connecticut childhood immunization is one of only eight state programs that do not allow the physician to choose which vaccine is the best one to use for a particular patient. This non-choice policy does not seem to correspond to our common goal of higher immunization rates. One half of the 8 states that currently employ this policy rank in the bottom half for immunization rates, 3 are in the bottom 10 nationally and only is ranked in the top 5. Whatever success Connecticut has had in getting children immunized is due to other factors. The DPH mandates the use of a single brand even in the federally funded program where provider choice is encouraged and multiple brands are recommended for use.

HB6610 would not cost the state any additional funds nor does it request any additional appropriation to pay for vaccines in a category not currently covered by our existing state administered program.

The bill would accomplish much—modernize our childhood vaccination program, allowing physicians to choose which product they feel is best for their patients, without adding cost to the state.

I would be happy to answer any questions you may have.

Thank you.