

Fiscal impact reports (FIRs) are prepared by the Legislative Finance Committee (LFC) for standing finance committees of the NM Legislature. The LFC does not assume responsibility for the accuracy of these reports if they are used for other purposes.

Current FIRs (in HTML & Adobe PDF formats) are available on the NM Legislative Website (legis.state.nm.us). Adobe PDF versions include all attachments, whereas HTML versions may not. Previously issued FIRs and attachments may be obtained from the LFC in Suite 101 of the State Capitol Building North.

FISCAL IMPACT REPORT

ORIGINAL DATE 02/19/07

SPONSOR Nava LAST UPDATED _____ HB _____

SHORT TITLE Expand Influenza Immunization SB 859

ANALYST Geisler

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Non-Rec	Fund Affected
FY07	FY08		
	\$150.0	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

Relates to: SJM 25

SOURCES OF INFORMATION

LFC Files

Responses Received From
Department of Health (DOH)

SUMMARY

Synopsis of Bill

Senate Bill 859 makes an appropriation of \$150,000 to the Department of Health (DOH) for expenditure in Fiscal Year (FY) 2008 to purchase additional influenza vaccines. The bill would establish a preference for purchasing vaccines that are not preserved with thimerosal. Any unexpended balance remaining at the end of FY 2008 would revert to the general fund.

FISCAL IMPLICATIONS

DOH notes SB 859 relates to the DOH FY08 request for funding to increase adult influenza vaccine purchases. Approximately \$367 thousand of a \$1.4 million expansion request for vaccines is to purchase adult flu vaccine. The department also has an FY08 expansion request to make a \$500 thousand special appropriation for FY07 to buy adult flu vaccine permanent funding.

Non-thimerosal-preserved vaccine is packaged in single doses and costs \$3.56 more per dose than preservative-containing multi-dose vaccine (\$13.87 vs. \$10.31 per dose). The appropriation in SB 859 could purchase approximately 11,000 doses of non-thimerosal-preserved influenza vaccine. If non-thimerosal-preserved vaccine could not be obtained, the appropriation could be

used to purchase approximately 14,500 doses of standard influenza vaccine.

SIGNIFICANT ISSUES

DOH provides:

Childhood immunizations are one of the most cost-effective public health interventions, resulting in the almost entire elimination of polio, diphtheria, measles, mumps, rubella and tetanus among children in the United States. The federal Centers for Disease Control and Prevention and the Advisory Committee on Immunization Practices have established a recommendation for immunizing children 3-5 years of age against influenza.

Ethylmercury is contained in thimerosal, which has been used as a preservative in medicines, including vaccines, for many years. In 1999, the US Public Health Service and the American Academy of Pediatrics (AAP) urged the removal of thimerosal from vaccines to reduce the overall exposure of infants to mercury. Since then, manufacturers have removed thimerosal as a preservative from all routinely recommended childhood vaccines, including influenza vaccine, for children less than 3 years of age. However, the majority of influenza vaccine produced still contains thimerosal as a preservative, enabling the vaccine to be sold in multi-dose vials. The AAP has continued to recommend that mercury exposure be reduced, including in vaccines.

The NM DOH has, for the last 3 years, purchased only non-thimerosal-preserved influenza vaccine for children less than 3 years of age and has preferentially ordered preservative-free influenza vaccine for children 3-8 years old; however, this vaccine is in short supply nationally and not enough is available for all children in this age group. Procurement depends on the availability of non-thimerosal-reserved influenza vaccine in the United States.

It is desirable to reduce or eliminate public exposure to mercury. Mercury is neurotoxic at very low levels with the developing fetus at particular risk, and with young children also at risk for neuromuscular, neurobehavioral and learning disorders. Many of the adverse effects of mercury are reversible, therefore minimizing or eliminating certain exposures can have a beneficial effect on the exposed individual. However, many of the effects are irreversible, particularly to the developing fetus, and should be avoided to the greatest extent possible.

The preference for non-thimerosal-reserved vaccines is consistent with the recommendations of the task force study to reduce exposures of New Mexicans to mercury. There are health costs associated with mercury exposure and health effects such as long-term consequences of learning disabilities. Reductions in mercury exposure, particularly to the developing fetus, would likely reduce state health care costs and benefit the neurological development of children.

Many physicians and immunization advocates fear that passing this type of legislation may give the misleading message that vaccines containing thimerosal-based preservatives are not safe. This may result in people not getting influenza and other vaccines that could protect their health. Current influenza vaccines that are thimerosal-free cost more, which could reduce the number of vaccines that the state and private providers can buy and administer.

RELATIONSHIP

SB 859 relates to SJM 25 which supports the current DOH policy of preferentially purchasing thimerosal-free influenza vaccine for pregnant women and young children when available.

GG/csd