

HOUSE BILL REPORT

HB 2157

As Reported by House Committee On:
Health Care & Wellness

Title: An act relating to updating the definition of "vaccine" in RCW 70.290.010 to include all federal food and drug administration-approved immunizations recommended by the centers for disease control and prevention.

Brief Description: Updating the definition of "vaccine" in RCW 70.290.010 to include all federal food and drug administration-approved immunizations recommended by the centers for disease control and prevention.

Sponsors: Representatives Harris, Stonier, Reed, Ormsby, Macri, Ortiz-Self and Reeves; by request of Department of Health.

Brief History:

Committee Activity:

Health Care & Wellness: 1/12/24, 1/19/24 [DP].

Brief Summary of Bill

- Changes the definition of "vaccine" for purposes of the Washington Vaccine Association.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: Do pass. Signed by 11 members: Representatives Riccelli, Chair; Bateman, Vice Chair; Bronoske, Davis, Harris, Macri, Orwall, Simmons, Stonier, Thai and Tharinger.

Minority Report: Do not pass. Signed by 4 members: Representatives Schmick, Ranking Minority Member; Hutchins, Assistant Ranking Minority Member; Caldier and Graham.

Minority Report: Without recommendation. Signed by 1 member: Representative Mosbrucker.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

Staff: Jim Morishima (786-7191).

Background:

The Washington Childhood Vaccine Program (WCVP) supplies, at no cost, vaccines to participating health care providers for administration to persons under the age of 19. The program includes all vaccines recommended by the United States Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP), including vaccines for influenza, hepatitis A and B, human papillomavirus, measles, mumps, rubella, COVID-19, and respiratory syncytial virus (RSV).

The WCVP is funded by a combination of federal funds, state funds, and assessments on health carriers and third-party administrators. The assessments on health carriers and third-party administrators are collected and remitted to the Department of Health by the Washington Vaccine Association (WVA), which is a public-private nonprofit corporation. The definition of "vaccine" for purposes of the WVA is a preparation of killed or attenuated living microorganisms, or fraction thereof, that stimulates immunity that protects against disease and is approved by the United States Food and Drug Administration as safe and effective and recommended by the ACIP for administration to children under the age of 19.

Summary of Bill:

The definition of vaccine for purposes of the WVA is broadened to include any immunization approved by the United States Food and Drug Administration as safe and effective and recommended by the Advisory Committee on Immunization Practices for administration to children under the age of 19. In other words, the requirement that the vaccines be a preparation of killed or attenuated virus that stimulates immunity that protects against disease is removed.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill contains an emergency clause and takes effect immediately.

Staff Summary of Public Testimony:

(In support) The definition of "vaccine" for purposes of the Washington Vaccine Association does not allow the state to purchase monoclonal vaccines such as the respiratory syncytial virus (RSV) vaccine. Washington is one of only two states that have this narrow definition. Vaccine-preventable diseases cause a heavy burden on children and

families. Babies and toddlers are particularly vulnerable to vaccine-preventable diseases, which can have severe consequences, including hospitalization in the intensive care unit.

Immunizations are a global public health success story. Routine childhood vaccination prevents disease, prevents death, generates cost savings, and reduces health disparities. Vaccination protects the most vulnerable among us, including children, seniors, and individuals with compromised immune systems. For example, the vaccine for RSV, which is the leading cause of hospitalization for children under one year of age, decreases hospitalizations from the disease by 180%.

This bill is a critical technical fix that will allow all federally recommended vaccines to be covered by the Childhood Vaccine Program. This update will ensure that vaccines remain accessible and affordable for all families who choose to vaccinate. This change is essential to allow providers to practice the standard of care by delivering all essential protections; it will reduce the financial burden on providers. The new definition in this bill aligns with federal law and is consistent with federal testing and approval processes. These vaccines have all been through safety and efficacy testing. This bill will ensure equal access to these treatments regardless of income or insurance. This bill will prevent needless suffering, so all families have the choice of how to protect their families.

The Washington Vaccine Association (WVA) is a nonprofit created by the legislature and is funded by private insurers. It ensures that the Department of Health is able to purchase in bulk. The WVA only relates to funding and is not involved in vaccination policy. This bill is neither a vaccine mandate nor an expansion to the state's school vaccination requirements.

(Opposed) The altered definition of vaccine in this bill has far-reaching consequences. The new definition deviates from scientific and medical standards and will open the floodgates to the purchase of new technologies for children, including treatment with monoclonal antibodies. The new definition will create confusion among patients, providers, and the public and will have unintended consequences, including increasing skepticism about vaccines. The public has been lied to before. The COVID vaccines were rushed to market and claims were made about the vaccines that were not true, including that the vaccines would prevent COVID infections. This bill might have passed more easily but for the public distrust created by the COVID vaccine.

New technologies like the RSV immunization can have negative health consequences. The effectiveness of these new treatments is questionable, especially as viruses mutate. These new treatments are lucrative and allow the collection of a lot of money from insurers. The long-term consequences of these treatments were not studied while they were rushed to market. The bodies of babies are given secondary importance to money.

It is the parent's responsibility to make the best health decisions for their families. This bill will lead to children having to have these vaccines in order to go to school.

Persons Testifying: (In support) Representative Paul Harris, prime sponsor; Lacy Fehrenbach, Washington State Department of Health; Maria Huang and John Dunn, Washington Chapter of the American Academy of Pediatrics and Washington Vaccine Association; Ciara Wesen; Jeff Duchin and Jamie Bodden, Washington State Association of Local Public Health Officials; Nari Heshmati, Washington State Medical Association; Michelle Davis, Washington State Board of Health; and Hugh Ewart, Seattle Children's Hospital.

(Opposed) Natalie Chavez; Julie Barrett, Conservative Ladies of Washington; Bob Runnells, Informed Choice Washington; and Jennifer Child.

Persons Signed In To Testify But Not Testifying: None.