TO: The Honorable Peter A. Hammen, Chairman
Members, House Health & Government Operations Committee
The Honorable Wade Kach

FROM: Joseph A. Schwartz, III
Pamela Metz Kasemeyer
J. Steven Wise

DATE: February 16, 2010

RE: SUPPORT WITH AMENDMENT – House Bill 411 – Statewide Advisory Commission on Immunizations – Membership, Sunset Extension, and Study of HPV Vaccine
SUPPORT WITH AMENDMENT – House Bill 532 – Department of Health and Mental Hygiene – Statewide Advisory Commission on Immunizations – Sunset Extension

On behalf of MedChi, the Maryland State Medical Society and the Maryland Chapter of the American Academy of Pediatrics, we support House Bills 411 and 532 with amendment.

Both of these bills are intended to address the sunset of the Statewide Advisory Commission on Immunizations which was first created in 2002 to address a number of important issues regarding immunizations, their administration, distribution and financing. The Commission membership includes representatives from various stakeholder organizations who have expertise or involvement with immunizations including health professionals, consumer advocacy organizations, local health departments, school system representatives, insurers and manufacturers. It has been utilized by the legislature to address a number of immunization issues over the last several years. MedChi and MDAAP strongly urge the Committee to remove the sunset entirely and make this Commission permanent.

Each of the bills contains different provisions to achieve the goal of extending the work of the Commission and its charge. There will also be another bill this Committee will hear at a later date – House Bill 862 – which makes additional changes to the Commission and removes the sunset entirely. The differences between each of the proposals before you today, as well as the position of MedChi and MDAAP on those differences, is as follows:
House Bill 411: Proposes to extend the sunset for two additional years, adds a consumer member to the Commission and charges the Commission with studying the safety of the HPV vaccine and other tasks related to the HPV vaccine such as holding public hearings. MedChi and MDAAP would like to see the sunset removed, not extended. While they do not object to the addition of a consumer member, they would note that there already is a consumer representative from a public health advocacy consumer organization and therefore the addition of another member is duplicative. Finally, MedChi and MDAAP oppose the HPV study and related charges that are required of the Commission. The information the Commission is charged with evaluating and gathering has just been evaluated by the FDA. In August of 2009, the FDA completed a review of the safety of the HPV vaccine. The results of that study are attached. Similarly, the safety of the vaccine was reviewed in an article published in the August Journal of the American Medical Association (See, JAMA 2009.302(7): 750-757). In both instances, the safety of the vaccine was reconfirmed and adverse events that had been reported were within expected ranges. MedChi and MDAAP believe the charge to the Commission related to the HPV vaccine will create unnecessary work for the Commission who has little staff support and an already full list of charges. It will divert scarce resources to a charge that will provide no new useful information. Therefore, MedChi and MDAAP request its deletion.

House Bill 532: This bill is Departmental legislation which proposes to extend the sunset of the Commission for an additional 3 years. Originally created in 2002, the Commission’s sunset has already been extended two times, most recently in 2007. MedChi and MDAAP believe the Commission has demonstrated that it is a meaningful component of the public health infrastructure of the Department of Health and Mental Hygiene and should be made a permanent Commission. MedChi would urge an amendment to remove the sunset language.

In addition to the removal of the sunset provision, MedChi and MDAAP believe that there are a number of changes to the Commission that will make the Commission more effective in meeting its charges. Those changes included: changing the Chair appointment from MedChi to the Secretary of DHMH; providing for a staggered term for the Commission members; clarifying that the Commission’s charge with respect to school vaccines is not only in times of shortage; and clarifying that the public education component of the Commission’s charge applies when there are public health emergencies that involve vaccines such as the H1N1 and seasonal flu vaccine issues this year. These proposed changes are reflected in House Bill 862, which will be heard at a later date. MedChi and MDAAP believe these proposed changes will
ensure that the Commission has a vibrant membership, the leadership of the Commission reflects the best candidate possible and that the work of the Commission will continue uninterrupted by concerns of sunset and encourage their incorporation into the two bills before you today.

The only additional amendment MedChi and MDAAP would offer with regard to these bills is the addition of the word “adolescent” in the charges of the Commission that now identify adult and childhood vaccines (see page 4, lines 4-8). The addition of “adolescent” to the charges address the concerns that may have lead to the introduction of the HPV vaccine language in House Bill 411 and other issues that may arise with respect to vaccines for adolescents.

In summary, MedChi and MDAAP believe the continuation of this Commission and its work is vital to the public health of the citizens of this State. Furthermore, they request that Committee consider these bills in conjunction with House Bill 862, to be heard at a later date, and to incorporate the provisions of that bill along with the requested addition of “adolescent” into the relevant charge language, into these bills as well. Such action by the Committee will strengthen the Commission and make it a permanent resource to the Department and policy makers.

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cc: Department of Health & Mental Hygiene