

NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health

November 28, 2018

The Honorable Orrin Hatch
Chairman
U.S. Senate Committee on Finance
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member
U.S. Senate Committee on Finance
Washington, DC 20510

The Honorable Kevin Brady
Chairman
Ways and Means Committee
Washington, DC 20515

The Honorable Richard Neal
Ranking Member
Ways and Means Committee
Washington, DC 20515

Dear Chairmen Hatch and Brady and Ranking Members Wyden and Neal:

On behalf of the National Association of County and City Health Officials (NACCHO) and nearly 3,000 local health departments, I write in support of the Vaccine Access Improvement Act of 2018 (S. 3253/H.R. 4993) and urge you to consider including it in any yearend tax legislation to reduce administrative burden and help improve access to FDA-approved vaccinations.

NACCHO represents city, county, metropolitan district, and tribal health departments that work every day to help ensure immunizations are available to populations in need. Local health departments coordinate and administer vaccination programs in their communities, providing access to one of the most successful and cost-effective ways to prevent disease and death. They work with public and private physicians to assure effective immunization practices, including proper storage and delivery of vaccines.

A critical piece of our nation's immunization infrastructure is the National Vaccine Injury Compensation Program (VICP), which serves as a no-fault alternative to the traditional legal system for resolving vaccine injury petitions and has stabilized the vaccine supply in the U.S. since its inception over 30 years ago.

The financing of the VICP is simple. Vaccines eligible for coverage under it are subject to an excise tax of \$0.75 per dose. This tax revenue funds the Vaccine Injury Compensation Trust Fund, which provides awards to petitioners for vaccine-related injuries. However, there is a lag between when vaccines approved by the Food and Drug Administration (FDA) are recommended by the Centers for Disease Control and Prevention (CDC) and when they qualify for the VICP because separate tax legislation must be considered by Congress to impose the excise tax each time a new vaccine is recommended. The Vaccine Access Improvement Act would update the tax code to remove the need to enact separate tax legislation to impose the excise tax each time an FDA-approved vaccine is recommended by CDC, thereby streamlining the availability of innovative, life-saving immunizations.

There are several childhood and maternal vaccines in development that could soon be eligible for coverage under the VICP. The pipeline includes vaccines against respiratory syncytial virus (RSV), a leading cause of illness in children under one year of age, and Group B streptococcus (GBS), an infection



that can be passed from mother to baby during birth. The Vaccine Access Improvement Act is an important step to helping make these vaccines available to those who need them.

The Vaccine Access Improvement Act is important for patients, healthcare providers, and vaccine developers, as it ensures broad and timely access to new life-saving vaccines. NACCHO supports passage of the Vaccine Access Improvement Act without delay and urges the tax-writing committees to attach the Vaccine Access Improvement Act to any year-end tax extenders legislation.

Thank you for your consideration of this legislation to protect our nation's children and mothers from devastating infectious diseases.

Sincerely,

A handwritten signature in black ink, appearing to read "Lori Tremmel Freeman". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Lori Tremmel Freeman, MBA
CEO