

July 26, 2018

The Honorable Bob Casey  
United States Senate  
393 Russell Senate Office Building  
Washington, DC 20510

The Honorable Johnny Isakson  
United States Senate  
131 Russell Senate Office Building  
Washington, DC 20510

The Honorable Ben Cardin  
United States Senate  
509 Hart Senate Office Building  
Washington, DC 20510

The Honorable Bill Cassidy  
United States Senate  
520 Hart Senate Office Building  
Washington, DC 20510

Dear Senators Casey, Isakson, Cardin and Cassidy,

We, the undersigned organizations, would like to express our strong support for **S. 3253, the Vaccine Access Improvement Act of 2018**. As patient and public health advocates, healthcare providers, and vaccine developers, we are committed to strengthening and enhancing access to life-saving immunizations. S. 3253 would ensure broad and timely access to new childhood and maternal vaccines by updating the tax code to allow prompt coverage under the National Vaccine Injury Compensation Program (VICP).

The VICP is a critical part of our U.S. immunization system. The program serves as a no-fault alternative to the traditional legal system for resolving vaccine injury petitions. At the time of its creation by Congress in 1986, lawsuits against vaccine companies and healthcare providers threatened to cause vaccine shortages and reduce U.S. vaccination rates, which would have caused a resurgence of vaccine-preventable diseases.

Over the past 30 years, the program has ensured that individuals injured by certain vaccines are provided with fair and efficient compensation, and it has stabilized the vaccine supply in the U.S. and helped spur innovation in new vaccines to protect against meningitis, hepatitis A and B, rotavirus, pneumonia, and HPV, the virus that causes cervical cancer.

There are a number of childhood vaccines in development that could soon be eligible for coverage under the VICP, and Congress added maternal immunizations to the program as part of the 21<sup>st</sup> Century Cures Act. 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. These and other first-in-class vaccines will meet critical unmet medical needs in the U.S., potentially saving thousands of children from devastating disabilities and death.

Vaccines have demonstrated tremendous public health and societal value. In children born between 1994 and 2016, vaccines will prevent 381 million illnesses, 24.5 million hospitalizations, and 855,000 deaths; further, vaccines will save nearly \$360 billion in direct costs and \$1.65 trillion in total societal costs (CDC estimates).

We urge the passage of S. 3253 before the end of this year. This legislation is critical for patients, healthcare providers and vaccine developers. It would facilitate timely access to new life-saving vaccines for patients, and it would ensure patients benefit from VICP protections and vaccine manufacturers and healthcare providers receive liability protections afforded them by the VICP. Thank you for your leadership, your efforts to support vaccine delivery and innovation in the U.S., and your work to protect our nation's mothers and children from devastating infectious diseases.

Sincerely,

American Academy of Pediatrics

American College of Obstetricians and Gynecologists

Biotechnology Innovation Organization

Every Child By Two

GlaxoSmithKline

Immunization Action Coalition

March of Dimes

National Association of County and City Health Officials

National Foundation for Infectious Diseases

Novavax

Sanofi

Trust for America's Health