

MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Thursday, January 31, 2019

TIME: 3:00 P.M.

PLACE: Room WW54

MEMBERS PRESENT: Chairman Martin, Vice Chairman Souza, Senators Heider, Lee, Harris, Burtenshaw, Bayer, Jordan, and Nelson

ABSENT/ EXCUSED: None

NOTE: The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

CONVENED: **Vice Chairman Souza** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:03 p.m. and welcomed the public in attendance and introduced Dr. Kathy Turner, Doctor of Philosophy, Master of Public Health (PhD, MPH), Bureau Chief for Communicable Diseases and State Epidemiologist, Department of Health and Welfare (DHW). **Vice Chairman Souza** announced the intention to end public testimony at 4:15 p.m. to allow time for Committee discussion and to vote on the last docket.

DOCKET NO. 16-0211-1801 **Dr. Turner** presented **Docket No. 16-0211-1801**, Immunization Requirements for Children Attending Licensed Daycare Facilities, addressing a difference between statute and administrative code language identified during the 2018 legislative session. Current statutory language states that within 14 days of a child's initial attendance at any licensed daycare facility, the parent or guardian must provide an immunization record to the operator of the daycare facility. A child can be exempted from the immunization requirement if the parent or guardian provides a certificate signed by a physician for a medical exemption, or if they submit a signed statement to the daycare operator stating their objections on religious or other grounds.

MOTION: **Senator Harris** moved to approve **Docket No. 16-0211-1801**. **Senator Lee** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 16-0215-1801 **Dr. Turner** presented **Docket No. 16-0215-1801**, Immunization Requirements for Idaho School Children, to align language in the administrative code with language in statute. This docket is similar to the previous docket, but pertains to children enrolled in school.

MOTION: **Senator Heider** moved to approve **Docket No. 16-0215-1801**. **Chairman Martin** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 16-0215-1802 **Dr. Turner** presented **Docket No. 16-0215-1802**, Immunization Requirements for Idaho School Children. This rule would add a school entry booster vaccine for 12th grade students in Idaho to be immunized against meningococcal disease. The case fatality rate is 18.2 percent in Idaho for this age group. One in five who contract this disease will die. Of the four in five that survive, one or more will be left with permanent, lifelong disability. Those disabilities include loss of limbs, deafness, brain damage, or a combination of these devastating outcomes. The proposed booster for high school seniors would help ensure that young adults in Idaho at the most risk for meningococcal disease are protected. The booster given at age 11 or 12 works well initially; this extra booster dose brings effectiveness to 99 percent. It also provides protection to those in the community who are unable to receive the vaccine. After the booster dose for entry into 7th grade was

introduced, Idaho vaccination rates rose above 40 percent. Negotiated rulemaking was conducted statewide for six months, public hearings were held, including a teleconference, and comments were received through email and standard posted mail. Nine comments in opposition were received, but no requests for changes to the rule language (only general comments about vaccine safety, effectiveness, and parental rights). DHW received 44 comments in support of the rule change, generally stating that the requirement could help prevent serious illness and death. This recommended booster aligns with current medical recommendations. It does not impact the right to exemption. A change in language from "child" to "student" was deemed unnecessary by the Attorney General's Office, and a temporary rule will be introduced upon adjournment of the Legislature, to revert the language back to "child".

DISCUSSION: **Senator Harris** inquired why this rule was being brought this session. **Dr. Turner** explained that they hope to see the same uptick in vaccination rates seen after the introduction of the 7th grade booster. **Senator Harris**, in follow up, asked how many cases Idaho has yearly and if there are regional patterns. **Dr. Turner** reported four to five cases yearly, with no regional pattern. Babies and young adults over 15 years of age are at greatest risk. Last year, Idaho had two meningococcal deaths—both were unvaccinated patients. **Senator Burtenshaw** asked for confirmation that Idahoans still do not have to vaccinate, that it is not mandatory. **Dr. Turner** responded that he is absolutely correct: it is recommended, not mandatory. In follow-up, **Senator Burtenshaw** commented that Dr. Turner had a public responsibility to recommend this vaccine. **Dr. Turner** stated that the onus of responsibility is largely at the federal level through the Centers for Disease Control (CDC), where there is intense discussion and scrutiny of vaccine safety and efficacy rates. Idaho also tracks reportable conditions and there have been no reports of immunization reactions in over 20 years. **Vice Chairman Souza** noted the use of the terms "required" and "recommended", stating that she was comfortable using the word "recommended". **Dr. Turner** explained that the federal guidelines use the term "recommended" to providers. This rule uses "required" to match Idaho statute. **Senator Lee**, citing the uptick in vaccination rates after the introduction of the 7th grade booster, wondered what outreach has been used to increase awareness for this booster. **Dr. Turner** reported that outreach efforts are conducted through the seven Public Health Districts, the School Nurses Association, and media campaigns including billboards, radio spots, webinars, and blogs. **Senator Harris** inquired what other states have implemented similar rules to meet the CDC standards. **Dr. Turner** reported that 16 states have similar high school rules for this booster recommendation. **Vice Chairman Souza** thanked Dr. Turner, and added a point of clarification that this rule lines up with Idaho law.

TESTIMONY: The following individuals testified in opposition to the rule: Gwen Wyatt, Julie True, Jackie Briggs, Sara Walton Brady, Glenneda Zuiderveld, Michauna Balkovic, Alicia Peterson, Haley Peterson, and Courtney Thompson. Their testimony overlapped significantly in content, hitting on the following main points regarding their concerns with this rule: a growing list of vaccines; meningococcal disease is rare; the vaccine does not provide protection from all forms of meningococcal disease; God-given parenting rights; fundamental right to self-determination; government tyranny; unconstitutional; benefits corporations, lobbyists and practitioners; parents not notified of exemption option; some children are vaccine injured; pharmaceutical companies have no liability for reaction outcomes; and DHW staff are not elected, and therefore not authorized to enact laws. Following the testimony of Alicia Peterson, **Chairman Martin** asked for unanimous consent to extend testimony by fifteen minutes. There were no objections.

Three individuals testified in favor of the rule: Dr. Perry Brown, Dr. Lisa Barker, and Megan Keating. **Dr. Perry Brown**, Medical Doctor (M.D.), Pediatrician and member, American Association of Pediatrics, Idaho Medical Association, reported that the booster is 80-90 percent effective, with a drop in cases of more than 80 percent across the United States since its introduction. Reaction to this vaccination is very rare and relatively mild, with only 67 reactions reported out of 8.2 million doses administered. In Dr. Brown's practice, of the seven out of eight cases he sees for school physicals, the parents are grateful for the reminder.

Megan Keating, Master of Science (M.S.), Health Systems Manager, American Cancer Society, stated that many parents are busy; the school requirement is a good reminder that this booster is due, and some parents are not aware that the second dose exists.

Dr. Lisa Barker, Medical Doctor (M.D.), Pediatrician, member of the American Association of Pediatrics, and mother of 2 children, testified in favor of the recommended booster. She has been in practice for nine years. Healthy adolescents are often not seen regularly and parents are frequently unaware of the need for the booster. **Dr. Barker** stated that she has a good relationship with her non-vaccinating families and continues to educate them.

**FURTHER
DISCUSSION:**

In response to testimony in opposition, **Vice Chairman Souza** clarified that DHW is lawfully authorized to promulgate rules and the Idaho Constitution directs legislative review of all rules. **Senator Bayer** posed a question to Dr. Turner for clarification that the immunization requirement to enroll encompasses all public and private schools, pre-kindergarten through 12th grade. **Dr. Turner** confirmed that it does. **Vice Chairman Souza** added that the immunization exemption *also* applies to all institutions and levels of education. **Senator Heider** commented that he appreciated the testimony and good discussion on personal freedom, adding however, that Idahoans can opt out, so it is a moot point. **Chairman Martin** echoed the sentiments of Senator Heider, adding that he has adult children working in hospital emergency rooms that want him to share their message to please vaccinate their children. **Senator Harris** queried Dr. Turner about vaccine injury. **Dr. Turner** answered that it is a complicated statistic because of a non-adjudicated online database that is anonymous. **Dr. Turner** deferred to the medical expertise of Dr. Perry Brown, Pediatrician. **Dr. Brown** stated that vaccine injury occurs. He went on to state that there is risk inherent in human activity: from automobile accidents to walking down the street. The benefit outweighs the risk to the greater community. For an injured individual, the risk then outweighs the benefit. In closing, **Vice Chairman Souza** reminded the Committee that their decision today was only to determine if the docket aligns with what statute intends.

The motion carried by **roll call vote**.

**SUBSTITUTE
MOTION:**

Senator Bayer moved to reject **Docket No. 16-0215-1802**. **Vice Chairman Souza** seconded the motion. The motion **failed**.

**ROLL CALL
VOTE:**

Chairman Martin called for a roll call vote. **Senators Souza, Lee, Harris and Bayer** voted aye. **Senators Martin, Heider, Burtenshaw, Jordan, and Nelson** voted nay. The motion failed.

MOTION:

Senator Jordan moved to approve **Docket No. 16-0215-1802**. **Chairman Martin** seconded the motion.

**ROLL CALL
VOTE:**

Senators Martin, Heider, Burtenshaw, Jordan, and Nelson voted aye. **Senators Souza, Lee, Harris and Bayer** voted nay. The motion carried.

ADJOURNED:

There being no further business at this time, **Vice Chairman Souza** adjourned the meeting at 4:44 p.m.

Senator Martin
Chair

Margaret Major
Secretary