

Approved: February 24, 2012

## MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairperson Brenda Landwehr at 1:30 PM on Tuesday, January 18, 2012 in Room 784 of the Docking State Office Building.

All members were present except:

Representative Ward - Excused  
Representative Winn - Excused

Committee staff present:

Norm Furse, Office of the Revisor of Statutes  
Katherine McBride, Office of the Revisor of Statutes  
Martha Dorsey, Kansas Legislative Research Department  
Jay Hall, Kansas Legislative Research Department  
Joseph Leiker, Kansas Legislative Research Department  
Debbie Bartuccio, Committee Assistant

Conferees appearing before the Committee:

Erika Higgins, Wichita, Kansas ([Attachment 1](#))  
William Mize, Law Office of William D. Mize, Overland Park, Kansas  
([Attachment 2](#))  
Erik Leon, Pharm.D., R.Ph., Topeka, Kansas ([Attachment 3](#))  
Lori Leonard, Colwich, Kansas ([Attachment 4](#))  
Monica DeGraffenreid, Wichita, Kansas ([Attachment 5](#))  
Jill Craven, Goddard, Kansas ([Attachment 6](#))  
Melissa Riopel, Kingman, Kansas ([Attachment 7](#))  
Steven L'Hommedieu, D.C., Wichita, Kansas ([Attachment 8](#))  
Dr. William Keough, Kansas Chapter of the American Academy of  
Pediatrics ([Attachment 48](#))  
Dr. Deborah Clements, Kansas Academy of Family Physicians  
([Attachments 49 & 50](#))  
Charles Hunt, MPH, State Epidemiologist, KDHE ([Attachment 51](#))  
Chris Tuck, Kansas School Nurse Organization ([Attachment 52](#))  
Michelle Ponce, Claudia Blackburn, Lindsay Power and Deina Rockhill, Kansas  
Association of Local Health Departments ([Attachment 53](#))  
Regina Weir, Mid America Immunization Coalition ([Attachment 54](#))  
Richard Morrissey, Kansas Public Health Association, Inc. ([Attachments 55 and 56](#))  
Tom Krebs, Kansas Association of School Boards ([Attachment 57](#))  
Gianfranco Pezzino, M.D., M.P.H., Kansas Health Institute ([Attachment 74](#))

Others in attendance:

No guests signed the form.

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Chairperson Landwehr asked if there were any bill introductions.

Representative Bethell made a motion concerning a bill which would allow doctor of nursing practice degrees at Washburn University. The motion was seconded by Representative Mast. The motion carried.

Representative Denning made a motion relating to the creation of an interstate health care compact. The motion was seconded by Representative Mast. The motion carried.

### **HB 2094—Vaccinations; exemption from getting based on reasons of conscience or personal belief**

Chairperson Landwehr opened the hearing on the bill. Due to the large number of conferees, she indicated each speaker would be limited to three minutes with questions to follow after all conferees had testified.

Erika Higgins provided testimony in support of the bill. There are three basic reasons parents choose to opt out of or delay one, some or all the required and recommended vaccinations. 1) They have valid safety concerns. 2) They understand and appreciate the possible risks associated with the diseases but they choose to approach health from a natural perspective. 3) They are morally opposed to the use of all vaccines, or to some such as the vaccines for sexually transmitted diseases such as HPV (Gardasil) and Hepatitis B, and especially to the ones that are undeniably produced in aborted-fetal cell lines. It is difficult for parents to obtain medical or religious exemptions. Medical exemptions are reserved for children who have a true medical condition that makes them at risk of danger from the vaccine. Since there are, as of yet, no tests available to predict a vaccine reaction in a child, many doctors assume the child will not have a reaction, even if a sibling or close relative has experienced a severe vaccine injury. Due to the restrictive wording of the religious exemption, there are a growing number of families, such as ours, who are not allowed to use the religious exemption because of its unconstitutional restriction of belonging to a religious denomination and of belonging to one that has precise teachings against vaccinations. Restrictive wording like this in Kansas' religious exemption has been proven in court in other states to be unconstitutional. (Attachment 1)

William Mize provided testimony in support of the bill. Besides the limitations to those exercising their religious beliefs, the present statute offers no alternative for those who desire a voice as to their child's vaccination if the objection is based upon non-religious beliefs. A parent may hold a strong opinion regarding the vaccination of their children even if these beliefs are not founded on religious principals. Nineteen states already recognize this deficiency and allow an exemption for non-religious reasons. Such an exemption would answer these concerns. (Attachment 2)

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Erik Leon provided testimony in support of the bill. As a pharmacist, he does not question the value of vaccinations in the appropriate situations. However, after much research, he has concerns about the safety, effectiveness and necessity of certain vaccinations. He stated that data shows that the states with a conscientious belief exemption do not have higher rates of “vaccine-preventable” diseases. ([Attachment 3](#))

Lori Leonard provided testimony in support of the bill. She related her experience with her son, Grant, who was hospitalized in 1999 with intussusceptions (where the intestine turns into itself). It cannot be proven that any of his shots caused the problem, however, one rotavirus shot was taken off the market in 1999 for causing intussusceptions. ([Attachment 4](#))

Monica DeGraffenreid provided testimony in support of the bill. She stated they rarely medicate their children, so how is it fair that they should be required to inject chemicals, heavy metals, residual fetal DNA and live viruses into their little bodies using a “one size fits all” schedule that has arguably not been adequately studied for its long-term effects. When her parents had this decision to make for her, ten rounds of three vaccines were required before she was sent to school. Today, around twenty-five rounds of eight immunizations are required by the time a child reaches kindergarten, with many being combined doses of various vaccines that are injected at the same time into the developing and vulnerable bodies of our babies starting as early as birth or two-months of age. And in addition to boosters for several of these vaccines, there are also currently multiple rounds of four other vaccines that, while not yet required, are being strongly recommended for school-aged children. ([Attachment 5](#))

Jill Craven provided testimony in support of the bill. She stated when they sought to get their family physician to sign the medical waiver, they were basically laughed at. While the physician fundamentally understands their decision on vaccines, he let them know he would be shunned in the medical community if he started signing these medical waivers. Because they are Christians, they believe that signing the religious waiver would be a lie. They currently home school their children. The addition of the conscience clause would not change their views on immunizing their children, but it would give them the freedom to put their children in public schools without having to lie to do so. ([Attachment 6](#))

Melissa Riopel provided testimony in support of the bill. We are told that every child must receive vaccines, even though there is a chance of a severe reaction or vaccine-related death, for the sake of the “common good” and it is said that those who have unfortunately suffered severe reactions or vaccine-related deaths were an essential sacrifice for the common good. The common good is only common when it has the “good of all people and of the whole person” as its aim. If vaccines are required for all children in school and daycare for their protection and safety, then exemptions for those who object to vaccines for their children’s protection and safety must also be allowed. ([Attachment 7](#))

Steven L’Hommedieu provided testimony in support of the bill. He stated vaccination mandates abrogate the parental responsibility for their children’s health and at the same time exempts

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related medical, pharmaceutical and government health entities from liability when adverse events result in serious injury, permanent disability or even death. Conscientious exemption is already offered in nineteen states representing 48% of the U.S. population. To this day, there has not been any direct correlation reported between exemption rates and disease rates. (Attachment 8)

Written only testimony in support of the bill was provided by:

Andrea Nielson Lackey, Hutchinson, Kansas (Attachment 9)  
Bailey Keenan, Emmett, Kansas (Attachment 10)  
Beth Hein, Hillsboro, Kansas (Attachment 11)  
Cheryl Munden, Burrton, Kansas (Attachment 12)  
Connie Newcome, Inman, Kansas (Attachment 13)  
Crystall Parnell, Salina, Kansas (Attachment 14)  
Danielle Powell Clupny, Mount Hope, Kansas (Attachment 15)  
Danielle Holtzman, Wichita, Kansas (Attachment 16)  
Don and Debra Rohr, Wichita, Kansas (Attachment 17)  
Debra Vinnedge, Largo, Florida (Attachment 18)  
Diana Shull, Reno County (Attachment 19)  
Dr. Dianne Mallari, D.C., Topeka, Kansas (Attachment 20)  
Dorie Thiessen, Hillsboro, Kansas (Attachment 21)  
Dr. Robert W. Sears, M.D., FAAP (Attachment 22)  
George Watson, D.O., Park City, Kansas (Attachment 23)  
Jane M. Orient, M.D., Executive Director, Association of American Physicians  
And Surgeons, Tucson, Arizona (Attachment 24)  
Janis Bishop, Ph.D., Fort Collins, Colorado (Attachment 25)  
Faith Hanna, Hutchinson, Kansas (Attachment 26)  
Gale Barr, Onaga, Kansas (Attachment 27)  
Janet Moore, Wichita, Kansas (Attachment 28)  
Jason Clupny, Mount Hope, Kansas (Attachment 29)  
Mark and Julie Simpson, Colwich, Kansas (Attachment 30)  
Kelly Smith, Harvey County (Attachment 31)  
Linda Weinmaster, Lawrence, Kansas (Attachment 32)  
Lorraine Palmer, Concordia, Kansas (Attachment 33)  
Lynette Hendrickson, North Newton, Kansas (Attachment 34)  
Lynne Boettcher, Benton, Kansas (Attachment 35)  
Margaret Syrokosz (Attachment 36)  
Mark and Cherilyn Dahlsten, Hesston, Kansas (Attachment 37)  
Michele Boy, Syracuse, Kansas (Attachment 38)  
Myrna Schmidt, Inman, Kansas (Attachment 39)  
Nathan Nusz, Maize, Kansas (Attachment 40)  
Nathan Patry, Wichita, Kansas (Attachment 41)  
Renee Meyer, Wichita, Kansas (Attachment 42)

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Sarah Nusz, Maize, Kansas ([Attachment 43](#))  
Teresa Burnham, Rose Hill, Kansas ([Attachment 44](#))  
Carol Meyer, Wichita, Kansas ([Attachment 45](#))  
Julie Patry, Wichita, Kansas ([Attachment 46](#))  
Joy Bourdes, Overland Park, Kansas ([Attachment 47](#))

Dr. William Keough presented testimony in opposition to the bill. Childhood infectious diseases are serious infections that can cause death or serious long term disabilities in many children. Children are far more likely to be harmed by these infectious diseases than by the immunizations that prevent them. Children not immunized increase the chance others will get the disease. Recent studies have continued to show that vaccines are safe and not the cause of disorders such as autism. School entry requirements for immunizations are one of the best means of increasing immunization rates. ([Attachment 48](#))

Dr. Deborah Clements provided testimony in opposition to the bill. Several recent outbreaks of measles, pertussis, and varicella (chickenpox) have been traced to pockets of unvaccinated children in states that allow personal belief exemptions. These outbreaks affect not only the unvaccinated children, but also children and adults who are not fully protected due to incomplete immunity (e.g. people with cancer, rheumatologic illness or pregnancy). Public health works when everyone participates. ([Attachment 49](#)) A report on the historical comparisons of morbidity and mortality for vaccine-preventable diseases in the United States was also provided ([Attachment 50](#))

Charles Hunt, MPH, provided testimony in opposition to the bill. High vaccination levels in a community protect not only those who are immunized, but also the community as a whole, particularly vulnerable individuals who cannot be vaccinated because of medical reasons or because they are simply too young to be immunized. Much of our success can be attributed to policies such as enforcement of mandatory immunization requirements for children in child care settings and schools. At least fourteen studies published in peer-reviewed medical and public health journals have show that personal belief exemptions increase the risks of disease outbreaks. ([Attachment 51](#))

Chris Tuck provided testimony in opposition to the bill. It is the position of the Kansas School Nurse Organization that immunizations are a key to primary prevention of disease from infancy through adulthood. Immunizations have had the most profound effect in preventing disease. The danger in a declining vaccination rate is the likelihood that diseases such as measles and polio can and will re-emerge among populations. It is proven where pockets of vaccine refusal occur, clusters of disease outbreaks will follow. ([Attachment 52](#))

Michelle Ponce, Claudia Blackburn, Lindsay Power and Deina Rockhill provided testimony in opposition to the bill on behalf of the Kansas Association of Local Health Departments. According to the Centers for Disease Control and Prevention (CDC), vaccinations are one of the

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ten great public health achievements of the twentieth century. Vaccines have reduced or eliminated many diseases that once killed or seriously harmed infants, children and adults. Several studies were listed showing evidence for an increased risk of vaccine-preventable disease among vaccine refusers. When an outbreak of a preventable illness occurs there is a very real cost to the community including severe illness or death of the affected individuals, loss of productivity when children and parents must miss work or school, and the cost of medical care, hospitalization, and treatment for exposed individuals to help prevent the spread of the disease. When an outbreak of a preventable illness occurs, much time and energy is devoted to investigating how the disease is spread throughout the community, who may have been exposed, and trying to contain the spread. ([Attachment 53](#))

Regina Weir provided testimony in opposition to the bill. If a critical number of people within a community are vaccinated against a particular illness, the entire group becomes less likely to get the disease. This protection is called community, or herd, immunity. On the other hand, if too many people in a community do not get vaccinations, diseases can reappear. ([Attachment 54](#))

Richard Morrissey provided testimony in opposition to the bill. The enforcement of immunization requirements for children entering childcare facilities and school has resulted in high immunization levels in Kansas and across the country. These high coverage levels have been shown to have substantially contributed to the reduction of morbidity and mortality for many childhood diseases. ([Attachment 55](#)) A second document provided summarizes and cites the key findings for thirteen studies directly relevant to this issue. ([Attachment 56](#))

Tom Krebs provided testimony in opposition to the bill. The Kansas Association of School Boards recognizes both the positive impact of having children in the district who have been immunized while noting current exemptions create a need for some flexibility in dealing with the issue. Schools will continue to work with parents who choose not to immunize their children, but offering an even broader, more nebulous exemption has the potential of both making schools even more at the epicenter of the spread of dangerous infections as well as creating more management issues for schools that are already experiencing diminished resources spread thinly as it is. ([Attachment 57](#))

Written only testimony in opposition to the bill was provided by:

Nancy Tausz, RN, BSN, Johnson County Health Department ([Attachment 58](#))

Dan Partridge, RS, MPH, Director, Lawrence-Douglas County Health Dept. ([Attachment 59](#))

Matt Casey, Gaches Braden & Assoc. on behalf of Kansas Independent Pharmacy Service Corporation ([Attachment 60](#))

Dr. Robert Wittler, MD, Professor, Department of Pediatrics, University of Kansas School of Medicine, Wichita, Kansas ([Attachment 61](#))

Rachelle Colombo, Kansas Medical Society ([Attachment 62](#))

Chad Austin, Kansas Hospital Association ([Attachment 63](#))

Claudia Blackburn, Sedgwick County Health Department ([Attachment 64](#))

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H. David Wilson, MD, Professor Pediatrics, Dean – KU School of Medicine, Wichita, Kansas ([Attachment 65](#))

Cynthia Galemore, MEd, BSN, RN, NCSN, Director of Health Services, Olathe Public Schools, Olathe, Kansas ([Attachment 66](#))

Robert Moser, MD, Secretary and State Health Officer, KDHE ([Attachment 67](#))

Jessie Swisher, RN, Immunization Coordinator, Pottawatomie County Health Department ([Attachment 68](#))

Bill Reardon, Lobbyist for Kansas City Public Schools ([Attachment 69](#))

Mary Ann Jackson, MD, Professor of Pediatrics, Children's Mercy Hospitals and Clinics ([Attachments 70 and 71](#))

Diana Rice, Administrator, Edwards County Health Department ([Attachment 72](#))

Melissa Carlson, Overland Park, Kansas ([Attachment 73](#))

Dr. Gianfranco Pezzino provided testimony neutral to the bill. The goal of his organization is not to advocate for or against legislation but to inform policymakers by identifying, producing, analyzing and communicating information that is timely, relevant and objective. A wealth of evidence supports the effectiveness of vaccine mandates in increasing immunization rates among children and dramatically decreasing the occurrence of vaccine-preventable diseases. Like any medical product, vaccines are not perfectly safe, but overall their safety profile is much higher than that of most medical interventions. Beyond legal conformity of vaccine mandates, the ethical issue remains: When do any individual's personal choices sufficiently infringe on or endanger other citizens and their families such that personal freedoms can and should be restricted? A list of resources was provided to use while looking for answers to these complex issues. ([Attachment 74](#))

No written testimony only was provided neutral to the bill.

Following a question and answer session, the meeting was adjourned at 3:15 p.m.

The next meeting is scheduled for January 23, 2012.