



WASHINGTON STATE

Board of Health

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Testimony: HB 1703 – Concerning child immunization exemptions

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I am testifying on behalf of the Board in support of the concept behind House Bill 1703, but wanted to express concerns about the notarization requirements. I would also like to request a technical amendment.

The Board defines in rule what constitutes full immunization (the diseases children must be immunized against) and conditional status (a process for admitting children who are working toward full immunization). But the Legislature has retained discretion over exemptions.¹

Washington has one of the highest exemption rates in the country. And it has relatively low immunization rates. High exemption rates have been shown to be associated with outbreaks, particularly for pertussis (whooping cough).

Many parents claim philosophical exemptions because of deep-seated concerns and will do whatever it takes to gain an exemption. Others, though, claim exemptions because signing the exemption form is simply easier than hunting down records or scheduling an appointment with a provider.

Philosophical exemptions can be reduced if claiming an exemption is at least as difficult as complying with immunization requirements. But it may be possible to go too far. Omer et al, writing in the Journal of the American Medical Association in 2006, found that states with easy exemption policies had higher rates of nonmedical exemptions. But states with moderate policies performed as well or better than states with difficult policies.

I believe this proposal falls into the “difficult” category and runs the risk of backfiring. It requires two notarized documents and a provider visit. The Board supports efforts to discourage overuse of exemptions, but it has generally not favored approaches that are not public health-related. Requiring parents to consult with a public health professional or a health care provider, or to read a vaccine information sheet, has a clear public health rationale; requiring notarized signatures seems intended simply to make things harder for parents.

Though the current language is difficult to interpret, the bill seems to suggest that the note from a provider must include the provider’s notarized signature. This would place a tremendous administrative burden on providers.

There are various national recommendations concerning exemptions, and most differ from what this bill proposes. We would like to work with the proponents and the prime sponsor to develop

¹ RCW 28A.210.080(1): The attendance of every child at every public and private school in the state and licensed day care center shall be conditioned upon the presentation before or on each child's first day of attendance at a particular school or center, of proof of either (a) full immunization, (b) the initiation of and compliance with a schedule of immunization, as required by rules of the state board of health, or (c) a certificate of exemption as provided for in RCW [28A.210.090](#).

an approach that considers the recommendations of the Healthy States Initiative and the leading researchers in this field.² We might also want to take a look at the Arkansas model law.

We also request a technical amendment to 28A.210.090 while it is open. The revised section (3) would allow physicians, physician assistants and nurses to sign philosophical exemption forms. Section (2), however, allows only physicians to sign medical exemptions. We would like this to say “or other health care provider as allowed by Board rule” or specify a broader list of providers in the RCW. The current Board rule allows medical exemptions to be signed by medical doctors, osteopaths, naturopaths, physician assistants, or nurse practitioners.

² These include:

- Develop an exemption process that balances valid parental concerns and beliefs and promotes immunization.
- Ensure documentation of conscientious and well-informed beliefs against vaccination.
- Link mandatory parent education to the exemption process to ensure that the parent is adequately informed.
- Require annual renewal of exemptions to make sure there has been no change in a parent’s decision not to vaccinate.