

Good morning, Chairman LeFor and members of the Industry, Business and Labor Committee. My name is Molly Howell, and I am the Immunization Director at the North Dakota Department of Health (NDDoH). I am providing testimony in opposition to HB1352.

Before immunizations were available, diseases like diphtheria, measles, whooping cough, polio, *Haemophilus influenzae* type B and rubella caused severe illness, hospitalization and death in the United States. More than 15,000 Americans died of diphtheria in 1921, before there was a vaccine. Because of the successes of vaccines, many people have forgotten these diseases.

Most vaccine-preventable diseases are spread from person-to-person. Vaccines not only protect the individual receiving the vaccine, but they also protect others around them, including children and adults who are unable to be vaccinated for medical reasons or who have weakened immune systems. Most vaccines do not offer 100% protection to the individual who receives them, meaning sometimes those who are vaccinated can still be at risk of a vaccine preventable disease. The more people who are vaccinated, then the fewer opportunities there are to spread disease.

In addition to preventing disease, hospitalization and death, vaccination reduces costs. For every \$1 spent on vaccines, the United States saves \$10.90.¹ The vaccination of children born between 1994 and 2018 has saved the U.S. nearly \$406 billion in direct medical costs and \$1.88 trillion in total societal costs. Vaccination of one birth cohort (children born in 2009) will prevent ~42,000 early deaths, 20 million cases of disease, save \$13.5 billion in direct costs and \$68.8 billion in total societal costs.² In 2017, the Minnesota Department of Health spent \$2.3 million in five months responding to an outbreak of 79 cases of measles.³

¹ <https://doi.org/10.1542/peds.2013-0698>

² [Vaccines Are Cost Saving | Vaccinate Your Family](#)

³ [MN Health Dept. Spent \\$2.3M During 5-Month Measles Outbreak – WCCO | CBS Minnesota \(cbslocal.com\)](#)

Serious adverse events related to vaccination are extremely [rare](#). Vaccine manufacturers are not be liable for unforeseen adverse events, however, they are liable for negligence.

HB1352 allows exemptions for any “medical products” where the manufacturer is not liable. The [National Childhood Vaccine Injury Act of 1986](#), as amended, created the National Vaccine Injury Compensation Program (VICP), a no-fault alternative to the traditional tort system. It provides compensation to people found to be injured by certain vaccines. Even in cases in which such a finding is not made, petitioners may receive compensation through a settlement. The VICP was established after lawsuits against vaccine manufacturers and healthcare providers threatened to cause vaccine shortages and reduce vaccination rates. The Program began accepting petitions (also called claims) in 1988.

To encourage expedient development of medical countermeasures during a public health crisis, the [PREP Act](#) was created in 2005. The PREP Act authorizes the Secretary of the Department of Health and Human Services (HHS) to issue a PREP Act Declaration that provides immunity from liability for any loss caused, arising out of, relating to, or resulting from administration or use of countermeasures to diseases, threats and conditions determined in the Declaration to constitute a present or credible risk of a future public health emergency. Previous PREP Act declarations have been issued numerous times, including those for the H1H1 pandemic in 2009. The PREP Act does provide manufacturers of countermeasures (i.e. COVID-19 vaccines, treatment) some immunity from liability, but this does not mean COVID-19 vaccine injuries are not covered or compensated for. They are covered under the Countermeasures Injury Compensation Program (CICP). The PREP Act authorizes CICP to provide benefits to certain individuals or estates of individuals who sustain a covered serious physical injury as the direct result of the administration or use of covered countermeasures identified in and administered or used under the PREP Act declaration.

Childcare, school and university immunization requirements play an important role in increasing immunization rates and ensuring environments where children congregate are safe. North Dakota already has one of the most relaxed childcare and school immunization policies in the United States. NDCC

23-07-17.1 allows medical, religious, and moral/philosophical exemptions. Parents simply have to sign a document prior to school entry to claim a religious, moral/philosophical exemption. North Dakota is only one of 15 states that still allow moral/philosophical exemptions; many of the other states that allow philosophical exemptions require a notary signature or education from a healthcare provider prior to claiming an exemption. Five states only allow medical exemptions and don't offer religious or philosophical exemptions.⁴ States that have easily-obtained personal belief exemptions have higher rates of pertussis and measles.^{5,6} HB1352 supersedes NDCC 23-07-17.1 and is not needed, as a law and related rules are already in place to allow for exemptions. NDCC 23-07-17.1 and Administrative Rules 33-06-05 outline the process for claiming an exemption, documentation requirements, and exclusion of unvaccinated children during outbreaks.

HB1352 would prohibit employers, including hospitals and long term care facilities from requiring influenza vaccine, putting staff, patients and residents at risk. Laboratorians may be required to receive rabies vaccine if working with specimens from potentially rabid animals. Many law enforcement agencies may require hepatitis B vaccination to protect employees against hepatitis B through needlesticks.

For the reasons I have outlined today, the NDDoH asks you to oppose HB1352. This concludes my testimony. I am happy to answer any questions you may have.

⁴ [States With Religious and Philosophical Exemptions From School Immunization Requirements \(ncsl.org\)](http://ncsl.org)

⁵ [Nonmedical Exemptions to School Immunization Requirements: Secular Trends and Association of State Policies With Pertussis Incidence | Infectious Diseases | JAMA | JAMA Network](#)

⁶ [Individual and community risks of measles and pertussis associated with personal exemptions to immunization - PubMed \(nih.gov\)](#)