

2025 Legislative Session: HB 1458

Chairman Ruby and the North Dakota House Human Services Committee members, my name is Dr. Kathy Anderson, MD. I am a pediatrician in Bismarck and Immediate Past President of North Dakota American Academy of Pediatrics. I stand in opposition to House Bill 1458.

I am not writing on behalf of my employer but as a private citizen.

This bill imposes penalties and consent requirements for self-spreading viruses or bacteria, specifically targeting vaccines.

North Dakota Families already have choice in vaccination practices: North Dakota has very liberal vaccine requirements allowing parents and individuals to philosophically decline vaccines and still be able to do many things like attend public schools for example.

How Vaccines Work: Vaccines work by introducing a person's immune system to a component of a virus or bacteria, so that the immune system can be primed and create a response that prevents subsequent full blown infection with exposure. Research on diseases and vaccine development priorities were/are based on diseases that cause significant disease, disability, or death within our community (or did at some time in history).

Risk of decreased immunization rates to our community: The reason that decreased immunization rates has not yet significantly increased outbreak is that we had been able to maintain a herd immunity rate above the threshold for disease spread for these different diseases. What this means is that, if a large percentage of the population carries immunity through vaccination, small outbreaks of disease will not spread quickly and widely throughout the community because a large portion of the population has received immunization. We have seen a significant decline in the immunization practices within the community since the COVID-19 pandemic and this has left us more vulnerable to the spread of communicable diseases.

Who are we placing at risk? While we are all at higher risk of disease spread within our community and families with decreased immunizations rates, those at greatest risk are children, specifically infants and toddlers. Of all the age groups, babies are more often hospitalized due to, and sometimes die from, the diseases we can prevent with vaccines. This bill would uniquely impact our ability to deliver vaccines to this vulnerable age group and protect North Dakota infants from deadly diseases.

Where will the sick be cared for? Our hospitals in North Dakota, though they do a great job in caring for members of our community, do not have the capacity to care for an outbreak of illness related to vaccine preventable disease and a spike in population of children requiring higher acuity care. This means, we will have to send more patients out of state for urgent or emergent care which poses a whole host of additional risks and challenges.

How could a bill like this change the healthcare workforce? It is already difficult to recruit and retain medical professionals into the healthcare workforce in North Dakota to provide care in our hospitals and clinics. Having a growing unimmunized or underimmunized population significantly increases the risks to healthcare workers and their families within the state.

Furthermore, penalties for providing high quality, evidence-based, standard of care medicine could cause a significant loss of healthcare workforce. This would be devastating to the whole community, and affect all cause disease, death, and disability in North Dakota for all aged populations.

What is the cost of a bill that is aimed to decrease immunization rates? Childhood immunizations are one of the best public investments our state can make—an August 2024 CDC report found that for children born during 1994–2023, routine childhood vaccinations will have prevented approximately 508 million cases of illness, 32 million hospitalizations, and 1,129,000 deaths, resulting in societal savings of nearly \$2.7 trillion, including a direct savings of \$540 billion (for more information, see <https://www.cdc.gov/mmwr/volumes/73/wr/mm7331a2.htm>). We have not measured the cost of the experience to a family if they have lost a child or if they would need to make accommodations to care for a child who has become disabled related to a vaccine preventable disease. Nor have we measured the cost of lost workforce.

In summary, I am in strong opposition to HB 1458 because it will negatively affect the health and safety of all North Dakotans regardless of age and immunizations status.