House Bill 1200
Human Services Committee
January 23rd, 2023

Good afternoon, Chairman Weisz and members of the House Human Services Committee. My name is Kylie Hall. I currently reside in north Fargo in District 45. I feel uniquely qualified to testify on this bill because I have a Master's Degree in Public Health, with an emphasis in the management of infectious diseases. I have spent the last 7.5 years working on vaccine-related projects at North Dakota State University in the Center for Immunization Research and Education, where I am the currently the Operations Director. I would like to make clear that my comments today are not on behalf of North Dakota State University.

I feel uniquely qualified to testify on this bill. In 2015 and 2016, I led a study in North Dakota that produced recommendations for how to improve school immunization rates. The study engaged nearly 200 immunization stakeholders in North Dakota, including healthcare providers, school administrators and staff, public health staff, legislators, and parents.

I have a number of concerns about House Bill 1200.

First and foremost, it would remove North Dakota University System (NDUS) immunization requirements for all vaccines because of the definition of "experimental vaccines". It would also prohibit the promotion of any vaccination at an NDUS institution. This is incredibly concerning, as college students are at risk for many vaccine-preventable diseases, including meningococcal disease. In the event of an outbreak of a vaccine-preventable disease on a college campus, vaccination would be a key piece of bringing the outbreak under control. If this bill were passed, you are restricting the ability of an NDUS institution to promote any vaccination, further complicating outbreak response, and potentially extending the outbreak and causing unnecessary illness.

In this bill, the word "promote" is not defined. I would like to suggest that this be further defined, as my interpretation of this bill means universities may not be able to educate healthcare professional students (medical, pharmacy or nursing students) about vaccinations.

The definition of experimental vaccine in this bill is extremely problematic, as it classifies nearly all vaccines as experimental for one or more (subsections a, b, c, or d) reasons. While at first these requirements may seem reasonable, those who understand vaccine clinical trials and history of vaccine safety systems recognize these points as misleading.

We know from decades of vaccine clinical trials and vaccine safety monitoring that if a vaccine is going to cause a side effect, it usually occurs within the first 6-8 weeks after vaccination. Why is that? Because this is when the vaccine is at the highest levels in your body, but also when your immune system is working the hardest to build protection. Vaccine ingredients are quickly eliminated from your body, and all that remains is your immune response. While it is certainly possible to study vaccines for significant periods of time following the clinical trial, it is unnecessary, and we have other safety monitoring systems in place that can watch for any unforeseen side effects, either short term or long term. It would also be incredibly expensive for

pharmaceutical companies to conduct longer trials, as conducting clinical trials already costs billions of dollars. Lastly, requiring a one-year follow-up period could delay the timeline for a life-saving vaccine to be approved.

Liability is also mentioned in this section. Questions about vaccine manufacturer liability come up regularly, and similar language is weaved in other bills before the legislature this session. I understand how hearing that vaccine manufacturers are not liable for injury caused by their products would seem concerning, but I would like to offer some perspective that I hope will help alleviate your concerns.

This true story starts in the 1970s. At the time, there were vaccines against smallpox, measles, mumps, rubella, polio, diphtheria, tetanus and pertussis. The DPT (diphtheria, pertussis, and tetanus) vaccine was known to be very reactogenic, which means it caused a lot of side effects. It wasn't uncommon for vaccine recipients to have injection site reactions, high fevers, and some even had febrile seizures and whole-limb swelling. These short-term side effects did not cause any long-term problems, but public concerns about the vaccine were growing. Some thought the vaccine caused brain injuries (further studies showed no association), and a TV documentary blamed the vaccine on intellectual and physical disabilities.

Through the 1970s and 1980s, many lawsuits were filed against vaccine manufacturers. Manufacturers made large payouts to those claiming vaccine injury, many of them tied to the DPT vaccine. More and more lawsuits were filed, and they became more expensive. In 1985, vaccine manufacturers knew that a successful vaccine could prevent hundreds of thousands of cases of a deadly disease, but it could also lead to multi-million dollar lawsuits for any bad thing that happened to a child, even if a causal link could not be established. The vaccine manufacturers struggled to obtain liability insurance. Vaccines had low profit margins, so manufacturers began to withdraw their DPT vaccines from the market. In the end, only one vaccine manufacturer was still making DPT. Vaccine prices soared, so providers limited their purchases. Experts saw the writing on the wall – if this continued, there would be a limited supply of vaccines to prevent infectious diseases and vaccine-preventable diseases would return. Additionally, the development of new vaccines would be halted by pharmaceutical companies because the risk was too high.

The United States government stepped in. Congress passed, and President Ronald Reagan signed, the National Childhood Vaccine Injury Act – it was meant to 1) eliminate the potential financial liability of vaccine manufacturers due to vaccine injury claims, 2) help ensure a stable supply of vaccines, 3) stabilize vaccine costs, and 4) provide cost-effective arbitration for vaccine injury claims.

This act created the National Vaccine Injury Compensation Program – often referred to as NVICP or VICP. This is the program that will compensate individuals that experience rare, serious side effects from vaccination. It's also worth mentioning that while vaccine manufacturers are not liable for unforeseen events, they are liable for negligence.

We see the liability language pop up in bills from time to time, and I really can understand how someone who doesn't understand the history and the program would be alarmed and think that

vaccines are not safe. But the truth is, if you look closely at the data from the compensation program, it shows that vaccines are extremely safe. Approximately one compensation happens for every million doses of vaccine received.

Lastly, and personally most concerning for me, is that this bill removes school immunization requirements. All states currently require vaccines for school entry, and we know that vaccines play a key role in the prevention and control of vaccine preventable disease. Vaccines work in two ways – 1) they protect the person getting vaccinated, and 2) they protect the person who can't be vaccinated. By ensuring a highly vaccinated population, we protect the most vulnerable individuals in our communities, such as pregnant mothers, cancer patients, and young children.

Schools have been tasked with immunization enforcement because most vaccines are given in childhood, nearly all children across the United States attend school, and schools are the prime location for an outbreak to start and spread, and schools would be directly impacted in the event of an outbreak. As many of you know, North Dakota has one of the most liberal vaccine exemption laws in the country. All parents have to do is sign the exemption form, which is readily available on the NDHHS website. North Dakota is one of only 15 states that allow parents to opt out of vaccination for medical, religious, or personal belief reasons. No children in North Dakota are being vaccinated to attend school if their parents prefer otherwise, but this bill goes too far in the other direction, attempting to erase decade of progress made towards eliminating vaccine-preventable diseases.

Which brings me to my last point: I want to talk about the impact that a bill like this could have.

We know from focus groups that we have done with school staff and medical professionals that school requirements play an important part in maintaining a vaccinated population. Most parents opt to vaccinate their kids – about 93% of kindergartners in North Dakota are up-to-date with the school required vaccines. But without school requirements, rates would likely be much lower than this. We have heard, time and time again, that school immunization requirements bring children in to be vaccinated. Parents are busy, and I can say this both from knowing other parents and being a parent myself. We prioritize things that need to be done, and sometimes things fall to the wayside. Sometimes, those vaccine appointments fall to the wayside when children are one, two or three years old. But once they get close to kindergarten, school requirements bring children in to be vaccinated.

If school immunization requirements go away, I can guarantee you rates will fall.

What happens when immunization rates fall? We don't need to go too far back in history – let's take a look at a measles outbreak that just happened in Ohio from October through December of 2022. During a span of about two months, Ohio saw 85 cases of measles, of which 34 were hospitalized. FORTY PERCENT of children who got measles were hospitalized.

Most of the children in the Ohio outbreak were unvaccinated, which isn't surprising. We know the measles, mumps rubella vaccine is very effective, about 97% effective if you have two doses, and about 93% if you only have one dose. Children can get their first dose of MMR at 12 months

of age. In Ohio, 25 of the cases were less than a year old. That means 29.4% of the children who got measles couldn't even be vaccinated. They relied on others to be immune to protect them.

This is what can happen when we let immunization rates fall. A case of measles may find its way into an undervaccinated population, it will spread quickly among the unvaccinated (about 90% of unvaccinated people who come in contact with a case of measles will catch the disease – it's that contagious), and children who didn't even have the opportunity to be vaccinated will suffer. Those who can't be vaccinated for other reasons will suffer. Those who are immunocompromised will suffer. And of those who get the disease, a large percent of them will be hospitalized. And all this is completely preventable.

Finally, I'd like to point out that outbreaks of vaccine-preventable diseases are costly to contain. In Minnesota in 2017, 79 cases of measles cost the state $2.3 million to contain. If we remove immunization requirements in North Dakota, rates will fall, and we will be vulnerable to an outbreak of a vaccine-preventable disease. It won't be a matter of it, but a matter of when it will happen. And that outbreak will cost North Dakota taxpayers millions of dollars.

Please vote "do not pass" on House Bill 1200.

Respectfully submitted,

Kylie Hall, MPH
Fargo, ND - District 45