



HOUSE OF REPRESENTATIVES  
900 COURT ST NE  
SALEM, OR 97301

May 6, 2019

**Vote explanation on HB 3063B**

I voted in support of HB 3063B, but I want to clarify my understanding and legislative intent with regard to several concerns that have been raised – some of which were clarified on the House floor.

**1) Question: Are medical exemptions still limited to the criteria put forward by the Centers for Disease Control / Advisory Council on Immunization Practices? We have heard concerns from parents who feel that these criteria are very strict and their child won't qualify.**

Response from Sen. Steiner Hayward in a May 4, 2019 email sent to colleagues (which was reiterated by co-carrier Rep. Helt on the House floor on May 6, 2019):

*Section 3, subsection 3, states that the health licensing boards will determine if exemptions were granted "in compliance with a **reasonable** interpretation of recommendations by the Advisory Committee on Immunization Practices."*

*This means that if a physician, nurse-practitioner or naturopathic physician makes a good faith determination that a child should not receive one or more immunizations, or that the immunization schedule should be altered, for a reason that fits under a "reasonable interpretation," that will be acceptable.*

*We understand that especially for the first few years, as everyone is figuring out the new system, we expect that health care providers, OHA, and the licensing boards will take a more permissive stance.*

*Second, the OHA budget will include a budget note that requires OHA to bring together stakeholders, including the relevant healthcare providers, the licensing boards, and experts on immunization policy & practice to develop some guidelines that will help the licensing boards as they move into this new role. These guidelines will not be prescriptive and will give boards the latitude to accept some medical exemptions that do not meet the strict CDC criteria.*

**2) Question: Will students have to catch up on all their vaccines by the Aug 1, 2020 date stated in HB 3063B?**

I asked OHA about the tight time table within which students must catch up on all their immunizations in the original bill when it was heard in the House Health Care committee. I had hoped that the time table for compliance would be moved to August 1, 2021, to ensure plenty of time for compliance, with a requirement that the MMR vaccine series be completed sooner.



Although the bill date is August 2020, I was assured by Health Care Committee Chair Salinas that the bill drafter and several education and health representatives (Laurie Wimmer, Dale Penn, Jessica Adamson) said more time would be allowed. While schools request documentation by August in statute, schools will continue their current practice (by rule) of allowing children to attend school until February 1 of the following year to comply. This means that students will be able to stay in school until Feb. 1, 2021 even if they haven't completed the full vaccination series -- twenty months from the bill's enactment to complete the series.

If there is any question that children need more time to space out getting all of their vaccinations over the next 20 months, their health care providers should have discretion to grant an exemption, as stated above.

**3) Question: Can OHA add mandatory vaccines to the list need for school attendance, by rule?**

My understanding from the discussions in my Health Care Committee and on the floor (via Rep. Nosse) is that OHA may list new diseases that pose a threat to public health by rule, but that OHA may only *recommend* new vaccines that are mandatory for school attendance to the Legislature, who must approve any new vaccinations that are mandatory for school attendance.

**4) Question: What equity concerns may result from Section 8, subsection 1(b), which requires that exemption documentation must be renewed and submitted to the administrator annually?**


Given that all low-income children now have health care coverage (thanks to Cover All Kids), I hope that the annual documentation requirement will motivate all parents to ensure that their children get an annual check-up. Annual check-ups are not only important for this exemption but also because of the benefits of a comprehensive primary health care exam – including the behavioral and oral health needs that CCO's are trying hard to incorporate into primary health care.

Regardless of those laudable goals, CCO's may fall short on outreach to low income families. I encourage CCO's to ensure that this provision does not become a barrier for low income families and that CCO's double down on their preventative health outreach efforts to children from all backgrounds.

**In summary:**

I worked hard to amend the bill to ensure more flexibility in medical exemptions and to address equity issues. While the bill that emerged made some but not all of the changes I promoted, I voted Yes due to the *public health importance of vaccination*. However, I urge us to practice flexibility in implementation and to ensure outreach, particularly to low income populations, to remove barriers to vaccinations – and to exemptions when truly needed.

Finally, I want to add my enormous disappointment in some of the comments made on the House floor yesterday that demeaned certain populations living in our state (i.e, calling out immigrant "aliens") in the name of opposing this bill. In my view, those comments were not germane to the bill and are antithetical to our purpose of *promoting the common good* in Oregon.



Rep. Alissa Keny-Guyer