

Approved: Feb 8, 2001
Date

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Garry Boston at 1:30 p.m. on January 29 in Room 210 Memorial Hall.

All members were present except:

Committee staff present: Dr. Bill Wolff, Kansas Legislative Research Department
Norman Furse, Revisor of Statute's Office
June Evans, Secretary

Conferees appearing before the committee: David Monical, Executive Director, Governmental Affairs, Washburn University
Chris Ross-Dace, Child Care Licensing and Regulation, KDHE
Dixie Link, Executive Director of Topeka Day Care
Cindy Galemore, President, Kansas School Nurse Organization, Inc.
Arnold Z. Balanoff, M.D., Kansas Immunization Action Coalition
Sherry Smith, Leon, Kansas

Others attending: See Attached Sheet

The Chairperson opened the meeting for bill introductions:

Representative Joann Freeborn requested introduction of a bill similar to one that was in this committee last year regarding physically disabled persons using guide dogs and assistance dogs.

Ron Gaches, requested introduction of three bills for the Dental Hygienists Association: (a) Reintroduction of a bill passed by the House in 1999 Dental Hygienists Loan Scholarship Program intended to help put registered dental hygienists in underserved areas of the state (b) Access to care proposal which would allow dental hygienists greater direct access to serve the indigent children and elderly in the state of Kansas with intent to reach more with medicaid and other underserved constituents across the state (c) Kansas Dental Board Rebalancing Commission, the number of dentists practicing in the state has declined in recent years even as the number of dental hygienists has continued to increase. There are now roughly the same number of dental hygienists as dentists practicing in the state while the makeup of the Kansas Dental Board remains 6 dentists, 2 dental hygienists and 1 public member. A balancing of the board is recommended with 4 dental members, 4 registered dental hygienists and an increase in the public members.

Norman Furse, Revisor of Statutes, requested introduction of a bill that would take some steps that have references in K.S.A.74-3201b and change the update references. Some of these were changed and updated last year but did not catch all of them and these need to be added.

The Chairperson stated the 5 bills were introduced without objection.

The Chairperson opened the hearing on: **HB 2015 - Concerning post-secondary educational institutions; exempting certain programs from licensure as child care facilities.**

Dr. Bill Wolff gave a briefing on **HB 2015** stating that **SB 50** was having hearings in the Senate on Feb 1 and would add Washburn University under "municipal university".

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 210, Memorial Hall at 1:30 p.m. on January 29.

David G. Monical, Executive Director of Governmental & University Relations, Washburn University, testified in support of **HB 2015**, as this bill would exempt post-secondary educational institutions from the necessity of having a day care license or temporary permit from the Secretary of Health and Environment in order to operate various academic, athletic and recreational camps on our campuses. One amendment is required, i.e, in Sec. 3, the effective date should be changed to publication in the Kansas Register rather than statute (Attachment 1).

Christine Ross-Baze, Director, Child Care Licensing and Registration Section, Bureau of Consumer Health, KDHE, testified opposing **HB 2015**, stating it would exempt educational or recreational programs for children, from child care licensure and inspection by the Department when the program is conducted, maintained or operated by a post-secondary educational institution.

The Department is charged with safeguarding the health and safety of children who are being cared for away from their parents or guardians. The Department licenses and inspects programs serving infants, toddlers, preschoolers and school age children in a variety of settings. These licensed child care programs provide educational and recreational programs for children. Parents enrolling children in programs operated by a public or private institution or by a community group have an expectation that their children are kept safe and healthy.

The language in this bill would exempt all child care programs operated by a post-secondary educational institution from the health and safety protections afforded through the Child Care Licensing and Registration Program and would remove regulatory safeguards from the 28 currently licensed child care programs operated by post-secondary educational institutions.

The state has a responsibility to ensure that child care programs operate in a way that protects the health, safety and well-being of children attending the programs. Educational and recreational programs for children should be subject to standards and consumer protection regulation regardless of the setting in which the services are offered (Attachment 2).

Dixie A. Link, Executive Director of Topeka Day Care, Inc. and serves as a member of the Board of Directors for Kansas Association for the Education of Young Children, testified opposing **HB 2015** as it lowers the quality of child care and puts young children at risk. The child care programs of post secondary educational institutions are usually training sites for early care and education providers. Early child care educators have their powerful, first experiences in the child care centers of post secondary institutions. These institutions must be held to the highest quality standards, for they will ultimately impact all child care in Kansas through their teacher preparation and training programs (Attachment 3).

Robert N. Kelly, Executive Director, Kansas Independent College Association, provided written testimony supporting **HB 2015** with an amendment, stating the majority of our campuses conduct the educational or recreational programs alluded to in **HB 2015** as they hold sports, math, science, music, art, theater, etc. summer camps where the participants are housed in dormitories and many are under 16 (Attachment 4).

The Chairperson closed the hearing on **HB 2015**.

The Chairperson opened the hearing on **HB 2041- Concerning proof of inoculations; requiring hepatitis B** and stated due to time restraints testimony would need to be paraphrased.

Dr. Wolff gave a briefing on **HB 2041**.

A fiscal note which estimates that passage of **HB 2041** would require additional expenditures of \$1,055,371 from the State General Fund for the first year of implementation in FY 2002 was distributed. A different interpretation could be made of the bill. This interpretation assumes that only one-third of the estimated inoculations of middle school students would be required in FY 2002. Based on the Department's data, the Division of the Budget estimates that a total of \$413,873 would be required in FY

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 210, Memorial Hall at 1:30 p.m. on January 29.

2002 and subsequent years for the statutorily required inoculations. This estimate includes \$93,123 for kindergarten inoculations and \$320,750 for middle school inoculations. Any fiscal effect resulting from passage would be in addition to amounts included in the FY 2002 Governor's Budget Report.

Cindy Galemore, R.N., President Kansas School Nurse Organization, Inc., testified in support of **HB 2041**, stating 40 states required hepatitis B for school entry as of August 2000. Kansas remains one of the very few states without the hepatitis B requirements. Introduction and passage of this bill requires that we carefully consider the following: (a) what is hepatitis B, (b) how is the disease spread, (c) what are the current recommendations for vaccination, (d) is vaccination safe, (e) is vaccine available to the public at a reduced fee/free, (f) what are the expected cost savings of vaccination and (g) if mandated, what should be the starting point? (Attachment 5).

Sherry Smith, Leon, testified as an opponent to **HB 2041** as Hepatitis B is a lifestyle choice disease, occurring mostly in IV drug users and sexually promiscuous individuals. 95% of the U.S. citizens will never acquire hepatitis B in their lifetimes. Vaccines are far from safe. Vaccines are "stabilized" with aluminum and mercury, don't know why that is but know that is the reason given for having those components in the vaccine (Attachment 6).

Arnold Z. Balanoff, M.D., FAAP, Kansas Immunization Action Coalition, a proponent for **HB 2041** stated he was in agreement with Ms. Galemore's testimony. Hepatitis is called the "silent killer" because a person can be infected and not know until many years later when they are diagnosed with cirrhosis or liver cancer. Up to 300,000 people in the U.S. are infected with the hepatitis B virus each year. The number of individuals infected with the hepatitis B virus is 20 times greater than the number of people infected with HIV.

The hepatitis B virus is blood-borne and can be spread through sexual activity, from an infected mother to her child at birth, through occupational exposure to infected blood, or even by sharing a toothbrush with an infected person. More than 30% of people with chronic hepatitis B have no known risk factors and do not know when or how they were exposed to the virus. The virus can live on a surface up to 30 days. Children can be infected through playground cuts and scrapes.

CDC has established a national goal to reduce the prevalence of hepatitis B disease. The goal calls for all states to institute a hepatitis B school entry requirement by the year 2001.

Preventing hepatitis B infection is far less costly to the patient, family, and to society than managing patients with chronic liver failure or liver cancer. Data can be provided upon request.

The primary series of three doses appears to provide lifetime immunity and is significantly less costly to administer to children than to adults due to the lower dose requirements for children (Attachment 7).

Written testimony: Jean Higbie School Nurse U.S.D. #512 (Attachment 8).

The Chairperson suspended the hearing until January 30.

The meeting ended at 3:15 p.m. and the next meeting will be January 30.

HEALTH AND HUMAN SERVICES

DATE January 29, 2001

NAME	REPRESENTING
Josie Torres	Ks Council on Dev. Disabilities
JEAN D NEAL JR	Glaxo SmithKline
Will deGroot	Glaxo SmithKline
Jean Morgan	SRS / CFP
CHRIS ROSS-BARE	KDHE
Cindy Coakmore	Kansas School Nurse Org.
Sharon Mc Bride	Shawnee Mission School Dist
Bill Sneed	Merck
Barbara Belcher	Merck
Jess Rogers	Merck
Bruce Wink	Kansas Assoc for the Education of Young Children
Chip Wheeling	Osteopathic Association
Stephen Ruzi	KDHE
Michael Moore	KDHE
David G Monical	Washburn University
Loren Ferrer	Washburn University
Vivian Kuwogari	KDHE
Don Cowby	Division of the Budget
Sherry Smith	myself
KEITH R LANDIS	CHARLES F. KNOX SENIORS COMMITTEE ON PUBLICATION FOR KANSAS
Vernie Roberts	KSQA
Carolyn Bonser	KS St Ns Assn
Ron Daches	KDHA
KBone	Her/Her chrt.



WASHBURN UNIVERSITY

**Testimony to the
House and Human Services Committee
regarding House Bill 2015
by
David G. Monical
Executive Director of Governmental & University Relations
Washburn University
January 29, 2001**

Mr. Chairman, Members of the Committee:

It is a pleasure to appear before you today and ask your support of House Bill 2015. This bill will exempt post-secondary educational institutions from the necessity of having a day care license or temporary permit from the Secretary of Health and Environment in order to operate various academic, athletic and recreational camps on our campuses.

The issue was initially brought forward by Washburn University to the Kansas Board of Regents and, subsequently, was considered by the Legislative Educational Planning Committee. Both the Kansas Board of Regents and the Legislative Educational Planning Committee have endorsed this request and the LEPC was responsible for the introduction of House Bill 2015. While Washburn raised the issue, the language in House Bill 2015 applies to "post-secondary educational institutions." This means any public university, such as the Regents' institutions, community colleges, technical colleges, vocational education schools, and includes any entity resulting from the consolidation or affiliation of any two or more of such post-secondary educational institutions.

You will notice that Washburn University, a municipal university under the Kansas Constitution, is not included in this definition. A companion bill, Senate Bill 5, will be heard by the Senate Education Committee on Thursday, February 1, to add Washburn University to the list of post-secondary educational institutions. When the Legislature passed the Higher Education Coordination Act in 1999 (SB 345), through an oversight, Washburn was not included in the list of post-secondary educational institutions. We will be rectifying this oversight through the technical amendment contained in SB 5.

There is a policy issue before you as to the scope of which educational institutions should be excluded from this requirement. We think it is appropriate to be inclusive. However, at a minimum, we urge you to exempt Washburn University from this requirement just as you have exempted other public, four-year institutions in the state by virtue of their status as a "state institution maintained and operated by the state."

While coverage of this statute would relate to any academic, athletic or activity camp offered by any of our institutions, what has prompted this request is our operation of the National Youth Sports Program (NYSP) summer projects under the auspices of the National Association for Intercollegiate Athletics (NCAA). We have been operating this camp for the past eight years, focusing on economically deprived children aged 10-16 in the Topeka area. Last year, the camp operated from June 8 through July 14 and in those 25 days had an average daily attendance of 216 children. Twenty-three staff persons were involved, the University served over 10,000 breakfasts and lunches, and each day bus transportation was provided to and from campus. The program includes instruction in drug and alcohol prevention, activity oriented science and math, nutrition and personal health, and instruction in careers, job responsibilities and higher education opportunities. Also included in the program are sports activities such as swimming, basketball, golf, tennis and softball. Washburn's program has consistently received top ratings in the NCAA evaluation of such programs.

There is one amendment which is required. In Sec. 3, the effective date should be changed to publication in the Kansas Register rather than the statute book. Our NYSP (as do many others) begins in June and if you grant the exemption, it is appropriate that it coincide with the beginning of the program.

We feel this program, various band camps, history and math day activities, among others, are not programs which the Legislature intended to fall under the category of maintenance of a maternity center or child care facility. We request your approval of HB 2015 to enable ourselves and our sister campuses to provide these programs for the youth of the state without the necessity of obtaining a license or temporary permit from the Secretary of Health and Environment prior to the operation of such a program.

Thank you for your consideration of this matter.



KANSAS
DEPARTMENT OF HEALTH & ENVIRONMENT
BILL GRAVES, GOVERNOR
Clyde D. Graeber, Secretary

Testimony Concerning HB 2015

to

House Health and Human Services Committee

Presented by

Christine Ross-Baze, Director

Child Care Licensing and Registration Section

Bureau of Consumer Health

January 29, 2001

Representative Boston and members of the Health and Human Services Committee, I am pleased to appear before you today to discuss HB 2015 and its impact on Kansas children. HB 2015 would exempt educational or recreational programs for children, from child care licensure and inspection by the Department when the program is conducted, maintained or operated by a postsecondary educational institution. Postsecondary educational institution is defined in K.S.A. 74-3201b to mean any public university, community college, technical college and vocational education school, and includes any entity resulting from the consolidation or affiliation or any two or more of such postsecondary educational institutions.

The Department is charged with safeguarding the health and safety of children who are being cared for away from their parents or guardians. The Department licenses and inspects programs serving infants, toddlers, preschoolers and school age children in a variety of settings. These licensed child care programs provide educational and recreational programs for children. Parents enrolling children in programs operated by a public or private institution or by a community group have an expectation that their children are kept safe and healthy. Parents expect that the teachers or care givers are qualified to work with children, that children are not exposed to adults who have a history of crimes against persons or child abuse, that building and activities are appropriate and safe for children and that the policies and practices support what we know about children's health and well-

being. Child care regulations address these issues and the inspection process assures that the program meets minimum standards for care.

The language used in this bill would exempt all child care programs operated by a postsecondary educational institution from the health and safety protections afforded through the Child Care Licensing and Registration Program and would remove regulatory safeguards from the 28 currently licensed child care programs operated by postsecondary educational institutions. These 28 programs have a capacity to serve 977 children at any one time including 55 infants, 102 toddlers, 677 preschool age children and 143 school age children. Children with special needs also attend these programs. The programs are open to the children in the community as well as the children of faculty and students.

The primary mission of postsecondary educational institutions is to provide education to adult students who have completed the requirements for a high school education. These same institutions help meet the educational needs of their students by providing on campus child care programs which offer adult students the opportunity to obtain practical experience in child care related fields. Learning about child care regulation in these programs better prepares students for work in the child care field and models the importance of regulation in protecting the health, safety and well-being of children. Exempting child care facilities from licensure because they are operated by post secondary educational institutions undermines the basic education of the students who wish to work with children following graduation in the fields of child development, education or recreation.

The state has a responsibility to ensure that child care programs operate in a way that protects the health, safety and well-being of children attending the programs. Educational and recreational programs for children should be subject to standards and consumer protection regulation regardless of the setting in which the services are offered.

I thank you for the opportunity to appear before the House Health and Human Services Committee and will gladly stand for questions the committee may have on this topic.

January 29, 2001

Re: **House Bill 2015**

From: Dixie A. Link

I work as the Executive Director of Topeka Day Care, Inc. and serve as member of the Board of Directors for Kansas Association for the Education of Young Children (KAEYC). I am testifying as a representative of KAEYC and hundreds of early child care professionals across the state.

We stand in opposition of House Bill #2015.

House Bill 2015 is **not** in the best interests of Kansas children. It lowers the quality of child care and puts young children at risk. The purpose of child care regulation is to protect the health, safety and welfare of children while they are away from their parents. Licensing child care programs imposes a basic level of protection for children and a measure of consumer protection for their parents. Kansas child care licensing standards hold providers to a minimum level of quality. House Bill 2015 removes this safety for **more than 1000** Kansas children under the age of five years.

The child care programs of post secondary educational institutions are usually training sites for early care and education providers. Early child care educators have their powerful, first experiences in the child care centers of post secondary institutions. These institutions must be held to the highest quality standards, for they will ultimately impact all child care in Kansas through their teacher preparation and training programs. House Bill 2015 lowers the standard for child care programs in post secondary institutions.

House Bill 2015 is not in the best interests of Kansas children.
Please vote NO.

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Kansas Association for the Education of Young Children

KAEYC MISSION STATEMENT

TO IMPROVE THE QUALITY OF EARLY EDUCATION FOR ALL CHILDREN FROM BIRTH TO AGE EIGHT

KAEYC PURPOSE

The purpose of this organization shall be to work for the advancement of the education and well being of all young children and improvement of services for young children and their families through:

- a. Bringing together individuals interested in young children.
- b. Improving the knowledge and understanding of its members through a variety of educational methods.
- c. Educating and promoting public interest in the health, welfare, and other advocacy issues for all young children.
- d. Assisting the development of services for young children in the state.
- e. Cooperating with other agencies for the benefit of young children and their families.
- f. Encouraging development of the professional status of all individuals employed in the care of young children.
- g. Encouraging high standards in facilities for young children.
- h. Supporting the importance of families and respecting them as their child's first teachers.
- i. Promoting philosophies consistent with new research findings on developmentally appropriate practice for young children.

KAEYC FACTS

- KAEYC membership includes preschool teachers, child care center staff, family home providers, primary grade school teachers, out of school time care providers, directors, trainers, higher education instructors, resource and referral personnel, college students, state agency personnel and child care licensers.
- KAEYC has 9 affiliates dotted across the state, representing two-thirds of the state.
- KAEYC turned 30 in September 1997. At the same time, its forerunner organization, *The Kansas Preschool Association*, celebrated its 45th year.
- KAEYC has a 35 member Board of Directors who meet five times a year in various cities across the state.
- KAEYC officers and members serve on numerous task forces and advisory boards at the Kansas Department of Health and Environment, the Kansas Department of Social and Rehabilitation Services, and the Professional Development Initiative for Early Care and Education in Kansas (PDI).



KANSAS INDEPENDENT COLLEGE ASSOCIATION

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Topeka, Kansas 66603
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ROBERT N. KELLY, Executive Director
TESTIMONY
BEFORE THE HOUSE
HEALTH AND HUMAN SERVICES COMMITTEE ON HB2015.
JANUARY 29, 2001

Mr. Chairman, Members of the Committee:

Thank you for letting me provide you written testimony in absentia. I am in Washington at the annual independent college meeting.

The majority of our campuses conduct the educational or recreational programs alluded to in HB2015. We hold sports, math, science, music, art, theater, etc. summer camps where we house the participants, many of whom are under 16, in our dormitories for a week or so. We definitely would like the exemption proposed in HB2015 to cover us as well as public colleges and universities.

However, "postsecondary educational institution" as defined in K.S.A. 2000 Supp. 74-3201b does not include not-for-profit accredited independent colleges and universities. Therefore, we propose the following language to be added to the amendment in the bill after line 23:

or by a not-for-profit independent institution of higher education as described in K.S.A. 74-32, 120(f).

The House Utilities Committee adopted a similar amendment to HB2035 in order to have our colleges and Washburn included as "schools" in the KAN-ED program.

For your information, K.S.A. 74-32, 120(f) reads as follows:

"Kansas educational institution" means a state educational institution under the control and supervision of the board of regents, a municipal university, or a not-for-profit independent institution of higher education which is accredited by the north central association of colleges and secondary schools accrediting agency based on its requirements as of April 1, 1985, is operated independently and not controlled or administered by the state or any agency or subdivision thereof, maintains open enrollment, and the main campus or principal place of operation of which is located in Kansas."

Thank you for your consideration.

**BAKER UNIVERSITY/BENEDICTINE COLLEGE/BETHANY COLLEGE/BETHEL COLLEGE/CENTRAL COLLEGE/
DONNELLY COLLEGE/FRIENDS UNIVERSITY/HESSTON COLLEGE/KANSAS WESLEYAN UNIVERSITY/
MCPHERSON COLLEGE/MIDAMERICA NAZARENE UNIVERSITY/NEWMAN UNIVERSITY/OTTAWA
UNIVERSITY/SAINT MARY COLLEGE/SOUTHWESTERN COLLEGE/STERLING COLLEGE/TABOR COLLEGE**

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KANSAS SCHOOL NURSE ORGANIZATION, INC.
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Testimony concerning House Bill No. 2041

Date: January 29, 2001

By: Cindy Galemore RN, BSN, MSE - President Kansas School Nurse Organization, Inc.

I am currently employed by Olathe District Schools serving as Coordinator of Health Services and may be reached at work at the following address and phone number: NLSC, 315 N. Lindenwood, Olathe, KS 66062, 913-780-7002.

Thank you for the opportunity to speak today on behalf of Kansas School Nurses. KSNO, Inc. has a membership of 240, approximately 37% of the 640 school nurses employed across the state. Overall, school nurses are supportive of including hepatitis B vaccination among the required immunizations for school entry. Monitoring of an additional vaccine, in particular, a series of three vaccines with mandatory minimum spacing between doses will be labor intensive for the school nurse. However, school nurses want what is best for Kansas' children despite the increased work that often accompanies a goal. According to our National affiliate, the National Association of School Nurses, 40 states required hepatitis B for school entry as of August 2000. Lately, we have heard that the number of states has increased, and that Kansas remains one of a very few states without the hepatitis B requirement. Introduction and passage of this bill requires that we carefully consider the following:

1. What is hepatitis B?
2. How is the disease spread?
3. What are the current recommendations for vaccination?
4. Is vaccination safe?
5. Is vaccine available to the public at a reduced fee/free?
6. What are the expected cost savings of vaccination?
7. If mandated, what should be the starting point?

In the interest of time, I have attached a hepatitis B vaccine information sheet provided by the U.S. Department of Health & Human Services, Centers for Disease Control and Prevention, National Immunization Program (12/16/98) which provides answers for questions 1, 2, 3, and 4 above. It is worthy to note that indeed hepatitis B is a serious disease infecting 200,000 additional Americans each year. About 1.25 million American have chronic hepatitis B virus infection, and thus are potential carriers. Death occurs in 1% of those infected; many others develop chronic disease including cirrhosis or cancer of the liver. The *Recommended Childhood Immunization Schedule - United States, 2001* was just published in the *MMWR*, January 12, Vol. 50, No. 1, as reviewed by the Center for Disease Control's Committee on Immunization Practices (ACIP). Their latest findings continue to recommend hepatitis B vaccination to all children and adolescents through 18 years of age who have not been immunized against hepatitis B, beginning at any visit. The preferred schedule remains the same as that printed on the vaccine information sheet, beginning in infancy by the age of 2 months.

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Hepatitis B vaccine is considered to be very safe for infants, children and adults (*CDC, 1991a; Greenberg, 1993*). More than 20 million persons have received the vaccine in the United States (500 million worldwide). The most common side effects from hepatitis B vaccination are pain at the injection site and mild to moderate fever. Among children receiving both hepatitis B vaccine and diphtheria-tetanus-pertussis vaccine, these mild side effects have been observed no more frequently than among children receiving DTP vaccine alone. This last statement leads us to consider the main concern of adding another vaccination to the infant schedule as some believe the administration of multiple vaccinations for different diseases at the same time increases the risk of harmful side effects and can overload the immune system. This concern is unfounded. According to the CDC, a number of studies have examined the effects of giving various combinations of vaccines simultaneously. These studies have shown that the recommended vaccines are as effective in combination as they are individually, and that such combinations carry no greater risk for adverse side effects. Further, research is under way to find ways to combine more antigens in a single vaccine injection in order to require fewer shots; and, neither the ACIP or American Academy of Pediatrics would recommend the simultaneous administration of any vaccines until studies have been completed showing both to be safe and effective.

(www.cdc.gov/nip/publications/6mishome.htm) A final reassurance is the explanation given by the CDC stating that children are exposed to many foreign antigens every day. Eating food introduces new bacteria into the body, and numerous bacteria live in the mouth and nose. An upper respiratory viral infection exposes a child to 4 – 10 antigens, and a case of “strep throat” from 25 to 50. Available scientific data show that simultaneous vaccination with multiple vaccines has no adverse effect on the normal childhood immune system (*Adverse Events Associated with Childhood Vaccines*, Institute of Medicine, 1994).

In response to question number five as stated above, a new mandate requires inquiry into available resources for enforcing the mandate. School nurses ask that prior to passage of House Bill No. 2041, it be determined that adequate funding is or will be made available to local health departments as many parents will seek vaccination through this established resource, especially in rural parts of the state. School nurses are in agreement with the “sliding fee scale for administration charges with the exception that no child may be denied inoculations for inability to pay” language as stated in the bill.

Many Kansas schools have participated in hepatitis B clinics for adolescent students at school. Reports provided by such clinics address question number six above as to cost savings with the prevention of hepatitis B vaccination. Olathe is one such school district, and information obtained from a 1998-99 school immunization program include the following: According to an economic analysis conducted in 1995 (Margolis, 1995), the lifetime risk of being infected with hepatitis B for non-vaccinated persons over the age of 6 years is 4.16%. Of those infected, there will be a 40% chance of having chronic hepatitis B virus with cirrhosis and 25% chance of getting liver cancer. The lifetime costs for each person with chronic hepatitis B virus with cirrhosis was estimated to be \$87,000, and for those progressing to liver cancer \$96,500. The typical cost of the series of three doses of hepatitis B vaccine received through a health department is \$40.00 to \$50.00 per student. The future cost of unvaccinated students during the 1998-99 campaign was figured to be \$2,459 per student.

Finally, question number six above concerns the appropriate grade level for the enforcement of this regulation. It is worthy to note that hepatitis B is not spread in the same way (i.e. respiratory droplet) as the other vaccine-preventable diseases mandated for school entry. The method of spread (i.e. contact with blood and body fluids of an infected person, such as sexual intercourse and the

sharing of razors and toothbrushes) explains the increased concern for this disease during the adolescence period. Nevertheless, school nurses support requiring Hepatitis B immunization at kindergarten entry into school for the following reasons:

- 1) Children are increasingly entering school with a variety of health needs, included among these are students needing trach care, gastrostomy tube feedings, and urinary catheterizations, in addition to students with behavioral disorders such as autism making them prone to biting school employees and fellow students. Further, frequent minor accidents occur at school involving possible exposure to blood. Thus, the potential for students and staff members to be exposed to contaminated body fluids is occurring in increasing numbers.
- 2) Requiring immunizations is much easier to enforce and process at kindergarten entry versus during the adolescent years. The provision of the bill to also require the vaccine for entry into middle school would help to protect those most at risk during the next five to six years. The term "middle school" might want to be replaced with a grade (i.e. grade 6 or 7) as "middle school" is not a standard term or grade across the state. However, we **do not** desire this to be replaced with an age, as that is very difficult to monitor and results in students being affected over three grade levels.

In conclusion, KSNO thanks you for consideration of this important initiative sure to affect the overall health of the people of Kansas for years to come.

HEPATITIS B VACCINE

WHAT YOU NEED TO KNOW

1 Why get vaccinated?

Hepatitis B is a serious disease.

The hepatitis B virus can cause short-term (acute) illness that leads to:

- loss of appetite
- diarrhea and vomiting
- tiredness
- jaundice (yellow skin or eyes)
- pain in muscles, joints, and stomach

It can also cause long-term (chronic) illness that leads to:

- liver damage (cirrhosis)
- liver cancer
- death

About 1.25 million people in the U.S. have chronic hepatitis B virus infection.

Each year it is estimated that:

- 200,000 people, mostly young adults, get infected with hepatitis B virus
- More than 11,000 people have to stay in the hospital because of hepatitis B
- 4,000 to 5,000 people die from chronic hepatitis B

Hepatitis B vaccine can prevent hepatitis B. It is the first anti-cancer vaccine because it can prevent a form of liver cancer.

2 How is hepatitis B virus spread?

Hepatitis B virus is spread through contact with the blood and body fluids of an infected person. A person can get infected in several ways, such as:

- during birth when the virus passes from an infected mother to her baby
- by having sex with an infected person
- by injecting illegal drugs
- by being stuck with a used needle on the job
- by sharing personal items, such as a razor or toothbrush with an infected person

People can get hepatitis B virus infection without knowing how they got it. About 1/3 of hepatitis B cases in the United States have an unknown source.

3 Who should get hepatitis B vaccine and when?

- 1) Everyone 18 years of age and younger
- 2) Adults over 18 who are at risk

Adults at risk for hepatitis B virus infection include people who have more than one sex partner, men who have sex with other men, injection drug users, health care workers, and others who might be exposed to infected blood or body fluids.

If you are not sure whether you are at risk, ask your doctor or nurse.

- ✓ People should get 3 doses of hepatitis B vaccine according to the following schedule. *If you miss a dose or get behind schedule, get the next dose as soon as you can. There is no need to start over.*

		WHO?		
		Infant whose mother is infected with hepatitis B virus	Infant whose mother is <i>not</i> infected with hepatitis B virus	Older child, adolescent, or adult
WHEN?	First Dose	Within 12 hours of birth	Birth - 2 months of age	Any time
	Second Dose	1-2 months of age	1-4 months of age (at least 1 month after first dose)	1-2 months after first dose
	Third Dose	6 months of age	6-18 months of age	4-6 months after first dose

- The second dose must be given at least 1 month after the first dose.
- The third dose must be given at least 2 months after the second dose and at least 4 months after the first.
- The third dose should **not** be given to infants younger than 6 months of age.

All three doses are needed for full and lasting immunity.

Hepatitis B vaccine may be given at the same time as other vaccines.

4 Some people should not get hepatitis B vaccine or should wait

People should not get hepatitis B vaccine if they have ever had a life-threatening allergic reaction to baker's yeast (the kind used for making bread) or to a previous dose of hepatitis B vaccine.

People who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting hepatitis B vaccine.

Ask your doctor or nurse for more information.



5 What are the risks from hepatitis B vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of hepatitis B vaccine causing serious harm, or death, is extremely small.

Getting hepatitis B vaccine is much safer than getting hepatitis B disease.

Most people who get hepatitis B vaccine do not have any problems with it.

Mild problems

- soreness where the shot was given, lasting a day or two (up to 1 out of 11 children and adolescents, and about 1 out of 4 adults)
- mild to moderate fever (up to 1 out of 14 children and adolescents and 1 out of 100 adults)

Severe problems

- serious allergic reaction (very rare).

6 What if there is a moderate or severe reaction?

What should I look for?

Any unusual condition, such as a serious allergic reaction, high fever or behavior changes. Signs of a

serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness. If such a reaction were to occur, it would be within a few minutes to a few hours after the shot.

What should I do?

- Call a doctor or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to file a Vaccine Adverse Event Reporting System (VAERS) form, or call VAERS yourself at 1-800-822-7967.

7 The National Vaccine Injury Compensation Program

In the rare event that you or your child has a serious reaction to a vaccine, a federal program has been created to help you pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit the program's website at <http://www.hrsa.dhhs.gov/bhpr/vicp>

8 How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department's immunization program.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-2522 or 1-888-443-7232 (English)
 - Call 1-800-232-0233 (Español)
 - Visit the National Immunization Program's website at <http://www.cdc.gov/nip> or CDC's Hepatitis Branch website at <http://www.cdc.gov/ncidod/diseases/hepatitis/>



U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention
National Immunization Program

Comments to Health & Human Services Committee opposing H-2041

I object to the State of Kansas requiring that children that attend Kansas schools be required to have the hepatitis B series of inoculations for several reasons.

1) Hepatitis B is a lifestyle choice disease, occurring mostly in IV drug users and sexually promiscuous individuals. I have read that more than 95% of U.S. citizens will never acquire hepatitis B in their lifetimes. The legislature needs to find out what the real risk for contracting this disease is. I have enclosed a one page article with statistics compiled by the National Vaccine Awareness Center.

2) The hepatitis B vaccine has a dubious history. Several people who have researched the origin of AIDS have discovered that the highest initial outbreaks of AIDS occurred in New York City & San Francisco, among participants of a hepatitis B vaccine trial in the late 1970's & 1980 that specifically recruited homosexual males for the trial.

Vaccines are far from safe, it could very well be one of the biggest medical scams perpetrated on the American people by their government. Vaccines are "stabilized " with aluminum and mercury, I don't know why that is but I do know that is the reason given for having those components in the vaccine. Another common ingredient is formaldehyde. Here is what Sidney MacDonald Baker, M.D., former director of the Gesell Institute of Human Development, former professor at Yale Medical School and author of several published scientific articles on nutritional biochemistry, has to say about aluminum, "...The body normally contains no aluminum, and aluminum does not resemble any atom that the body is used to handling. ...Aluminum has a particular affinity for phosphates that form an active part of our DNA. Instead of knocking electrons off the DNA like the shoe store X-ray machine might have done to mine, aluminum's affinity for electrons of the phosphates of DNA simply makes it join up

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with DNA and get in the way. It does not leave. Once it is on board, it is essentially stuck there and does not leave the body. In fact, no matter what you do, your body will contain more aluminum at the time of your death than at any other time in you life." pg. 144, Detoxification & Healing. Dr. Baker goes on to say in the next paragraph how aluminum impairs a step in the citric acid cycle, which is the process our bodies use to make adenosine triphosphate (ATP), what we use for energy at the cellular level.

"According to Hugh Fudenberg, M.D., the world's leading immunogeneticist and the 13th most quoted biologist of our times (nearly 850 papers in peer reviewed journals), if an individual has had five consecutive flu shots between 1970 and 1980 (the years studied) his/her chances of getting Alzheimer's disease is ten times higher than if they had one or two or no shots. I asked Dr. Fudenberg why this was and he said it was due to the mercury and aluminum that is in every flu shot (and most childhood shots.) The gradual mercury and aluminum buildup in the brain causes cognitive dysfunction. Is that why the incidence of Alzheimer's is expected to quadruple over the next several years." This quote is attributed to Ted Koren, a chiropractor, and was reported in the July/August 2000 "Here's To Your Health" section of the Spotlight Newspaper. The operative phrase is aluminum and mercury cause cognitive dysfunction. The hepatitis B vaccine was never tested for safety on infants yet in 1991 it was made mandatory for infants. This is unconscionable and it was given to babies who were only 12 hours old, we will never know how many babies have been injured by giving them this shot so young. This is why so many people are questioning the value of vaccinations, especially when you consider how many the State is requiring now. When you look into the vaccine issue you will learn that how little follow-up research has been done prove the long term safety of vaccines. It has been acknowledged that the polio vaccine most of us received could have been contaminated with slow growing cancer-causing monkey viruses.

It is also interesting that the companies that are developing these vaccines that are being forced on us are also involved in biological weapons development. That fact coupled with Title 50 Chapter 32 section 1520 and 1524 of the US Code which says it is okay for the Department of Defense to conduct chemical and biological tests on civilian populations if they notify local civilian officials in the area 30 days prior to such test, and that they may enter into agreement with the Secretary of Health & Human Services to provide support for vaccination programs and the DoD's history of conducting tests on unwitting people.

You should not only kill this bill but should also examine the whole vaccine program. How do we know that the high incidence of behavioral problems are not linked to the multitude of vaccines required before a child can start school. We don't because the vaccine companies have not been made to guarantee the long term safety of their product. They are not even liable, the government has let them off the hook, and assumed the liability. Wouldn't we all like to have a product that was government mandated, but we didn't have to warranty. Most people are not aware that autism, allergies, asthma, SIDS, and hyperactivity have all been linked to adverse vaccine reactions. These vaccines don't even give true immunity as evidenced by the need for booster shots. It is time for state legislatures to start taking responsibility for their actions and quit just assuming something is safe because the federal government says it is. There is a lot of money involved in mandating vaccines, and those that are milking this cash cow are not about give it up. But this is supposed to be a free country, yet parents are forced to vaccinate their children and some end up with sick or dead children.

Sherry Smith
c/o 656 Southeast 90th Street
Leon, Kansas
316-742-9907

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Update on Hepatitis B Vaccination Situation

We featured the failed national vaccination policy in our Winter issue and one of the points was made by a grieving father whose baby daughter had died following a Hepatitis B shot.

Here's an update on that controversial issue taken from the National Vaccination Awareness Center (NVAC):

The National Vaccine Information Center (NCIV) recently released figures showing the number of hepatitis B vaccine-associated serious adverse effects and death reports in American children under the age of 14 outnumber the reported cases of hepatitis B disease in that age group. The Center is calling the government-mandated hepatitis B vaccination of all children a "dangerous and scientifically unsubstantiated policy."

Independent analysis of raw computer data generated by the government-operated Vaccine Adverse Effect Reporting System confirms that in 1996, there were 872 serious adverse events reported in children under 14 years of age who had been injected with hepatitis B vaccine. The children were either taken to a hospital emergency room, had life-threatening health problems, were hospitalized or were left disabled following vaccina-

tion. Two hundred and fourteen of the children had received hepatitis B vaccine alone and the rest had received hepatitis B vaccine in combination with other vaccines. Forty eight children were reported to have died after they were vaccinated in 1996 and 13 of them had received only hepatitis B vaccine before death. By contrast, in 1996 only 279 cases of hepatitis B disease were reported in children under age fourteen.

Between July 1, 1990 and October 31, 1998, there were 24,775 hepatitis B vaccine-related adverse events reported in all age groups, including 9673 serious adverse events and 479 deaths. Out of this total, 17,497 reports were of individuals who received only the hepatitis B vaccine (and no other vaccinations). Of the reports, 5,983 were serious events and there were 146 deaths.

The Vaccine Adverse Event Reporting System depends primarily upon physicians reporting and causation cannot be conclusively determined without in-depth follow-up of each serious event and death report. The National Vaccine Information Center maintains that reports made by doctors represent only a small fraction of the vaccine-related

injuries and deaths which occur in the U.S. every year.

The NCIV president Barbara Fisher testified before a Congressional Subcommittee hearing that "there is a clear pattern to hepatitis B vaccine reaction symptoms and Congress should appropriate funds to conduct non-government, non-industry research into vaccine-associated cases."

When the experts from the Centers for Disease Control and the FDA testified before the same Subcommittee, their responses were vague and they failed to offer Chairman John Mica (R-Fl) "reliable statistics defending the accusation that the vaccine may cause more harm than good to infants and babies."

Hepatitis B is an inflammatory liver disease that kills about 5,000 people per year in the US. It is transmitted in the same way that HIV is transmitted—intravenous drug users and/or sexual contact. Despite this fact, the CDC and the FDA strongly advocate vaccination even for healthy babies.

Starting in 1991 the vaccine was made mandatory for infants and babies. Since that time more than 5 million people worldwide have been vaccinated against hepatitis B. Today 90% of American children are vaccinated.

And, as we have just seen, the side effect toll is largely unknown and apparently unchecked.

Testimony Presented to the Health and Human Services Committee
January 29, 2001
Arnold Z. Balanoff, MD, FAAP
Kansas Immunization Action Coalition

Hepatitis B Vaccination

Hepatitis is called the "silent killer" because a person can be infected and not know until many years later when they are diagnosed with cirrhosis or liver cancer. Up to 300,000 people in the U.S. are infected with the hepatitis B virus each year. The number of individuals infected with the hepatitis B virus is 20 times greater than the number of people infected with HIV.

The hepatitis B virus is blood-borne and can be spread through sexual activity, from an infected mother to her child at birth, through occupational exposure to infected blood, or even by sharing a toothbrush with an infected person. More than 30% of people with chronic hepatitis B have no known risk factors and do not know when or how they were exposed to the virus. The virus can live on a surface up to 30 days. Children can be infected through playground cuts and scrapes.

Universal immunization against hepatitis B is recommended for children by the Center for Disease Control and Prevention (CDC), the American Academy of Pediatrics (AAP), and the American Academy of Family Practice and is *essential* because:

- In spite of information disseminated to the public by anti-vaccine groups, there has been no confirmed scientific evidence that hepatitis B vaccine causes any chronic illnesses. The vaccine is produced by using synthetic material and therefore cannot cause the disease.
- Given the frequency and severity of hepatitis B infection, the benefit of vaccination far outweighs the known and potential risks (fever, soreness at the site of infection or other minor short-term reactions.)
- When a child acquires hepatitis B infection, he/she has a higher likelihood of developing chronic severe complications than an adult.
- The CDC has established a national goal to reduce the prevalence of hepatitis B disease. The goal calls for all states to institute a hepatitis B school entry requirement by the year 2001. *Currently Kansas is one of only 7 remaining states that does not yet require immunization against hepatitis B prior to school entry.*

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- Preventing hepatitis B infection is far less costly to the patient, family, and to society than managing patients with chronic liver failure or liver cancer. Data can be provided upon request.
- The primary series of three doses appears to provide lifetime immunity and is significantly less costly to administer to children than to adults due to the lower dose requirements for children.

Material cited from American Liver Foundation, CDC, AAP

National Immunization Action Coalition listings are attached:
Hepatitis B Mandates by States
What is Your State Doing?

Addendum:

Since the committee is focusing today on immunization for children, I am also attaching the Varicella Prevention Mandate listing provided by the Immunization Action Coalition. The 2000 Red Book: Report by the Committee on Infectious Diseases published by the American Academy of Pediatrics states "the CDC recommends that all states require that children entering elementary school have received varicella vaccine or have other evidence of immunity to varicella." (p 119). Therefore we ask also for consideration of the varicella vaccination.



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NEEDLE TIPS

and the Hepatitis B Coalition News

Handcolored by Kate, age 15



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What's your state doing? Current U.S. immunization information by state

An empty box in this table indicates a "NO"

State	% of children with 4:3:1:3:3 series complete*	% of children with 3 doses of hepatitis B vaccine*	% of children given 1 dose of varicella vaccine*	Hepatitis B childhood vaccination mandates, with year implemented				Varicella childhood vaccination mandates, with year implemented			
				Mandate?	Daycare	Elem. School	Middle School	Mandate?	Daycare	Elem. School	Middle School
AL	74.1	90.7	71.3								
AK	74.5	88.8	29.9								
AZ	67.3	84.4	59.3	yes	1997	1997	7/00 prog [†]				
AR	70.4	83.2	58.0	yes	1997			yes	3/00	9/00	
CA	70.5	87.9	69.7	yes	1997	1997	1999	yes	7/01	7/01	
CO	69.6	85.6	52.9	yes	1997	1997	1997	yes	7/00	7/00	prog [†]
CT	82.3	93.6	62.7	yes	1995	1996	8/00	yes	2/00	8/00	8/00
DE	69.0	87.7	61.4	yes		1999	1999				
DC	70.9	86.2	77.9	yes	1997	1997	1997	yes	1997	1997 prog [†]	1997 prog [†]
FL	77.9	92.9	50.7	yes		1998	1997	yes	9/01	9/01	prog [†]
GA	77.9	91.0	61.7	yes	1997	1997		yes	8/00		8/00
HI	79.2	91.2	63.1	yes	1998	1998					
ID	65.0	81.6	16.1	yes	born 11/91 or after						
IL	72.0	87.6	43.6	yes	1997		1997				
IN	65.3	83.3	42.8	yes		1999					
IA	78.9	89.6	46.0	yes		1999					
KS	70.7	81.9	53.5								
KY	84.4	93.8	61.7	yes	1998	1998					
LA	72.3	90.5	61.0	yes	1998	1998		yes	9/03	9/03	
ME	76.8	87.2	43.1								
MD	72.7	87.7	71.7	yes	1995	9/01		yes	1998	9/01	prog [†]
MA	81.4	92.0	66.0	yes	1992	1996	1999	yes	1998	1999 prog [†]	1999 prog [†]
MI	70.9	87.8	43.5	yes	1997	1/01	1/03	yes	1/00	9/02	9/02
MN	78.5	90.6	61.6	yes		9/00	9/01				
MS	79.0	91.1	39.4	yes		1999					

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MO	68.9	84.9	51.4	yes	1995	1996	1999				
MT	76.4	89.9	44.6								
NE	79.8	92.9	58.4	yes		1999	7/00				
NV	68.5	84.9	48.3								
NH	78.4	90.5	54.0	yes	1996	1996					
NJ	75.3	90.9	59.7								
NM	66.6	88.3	53.5	yes	9/00	9/02	1999	yes	9/00	9/02	
NY	78.2	92.9	59.2	yes	1995	1998	9/00	yes	1/01	1/03	1/03
NC	77.1	89.0	59.4	yes	born 7/94 or after						
ND	76.3	90.2	45.9	yes		9/00					
OH	73.0	85.9	53.0	yes	1999	1999					
OK	70.4	87.2	66.4	yes	1999	1997	1997	yes	1998	1998	prog†
OR	63.8	80.9	57.9	yes	1998	1998	9/00	yes	9/00	9/00	9/00
PA	80.8	91.2	67.0	yes		1997		yes	1997		
RI	83.2	94.0	76.5	yes	1998	1999	8/00	yes	1999	1999 prog†	8/00 prog†
SC	78.0	92.0	65.1	yes	1994	1998	1998	yes	9/00		
SD	76.9	90.5	17.5					yes		7/00	
TN	70.0	86.2	56.9	yes	1998	1999		yes	1999		
TX	64.8	81.7	58.9	yes	1998	1998	8/00	yes	8/00	8/00 prog†	8/00
UT	65.8	74.0	41.6	yes		1999					
VT	85.2	90.9	46.8	yes			1999				
VA	74.9	89.5	64.6	yes	1994	1994	7/01	yes	born 1/97 or after	born 1/97 or after	
WA	67.1	85.5	32.1	yes	1997	1997					
WV	77.8	92.2	51.3					yes	1/00		
WI	78.6	90.1	49.1	yes	1997	1997	1997				
WY	81.5	93.9	46.1	yes	born 1/96 or after	1999	1998				

* Four or more doses of diphtheria-tetanus-pertussis vaccine, three or more doses of poliovirus vaccine, one or more doses of any measles-containing vaccine, three or more doses of *Haemophilus influenzae* type b vaccine, and three or more doses of hepatitis B vaccine. Percentages are for children aged 19-35 months. (Source: CDC NIS data, 1999)

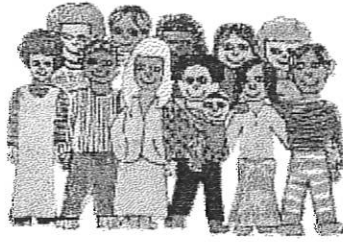
† Signifies a "progressive" law in which each new school year another successive grade becomes covered by the law (e.g., 7th grade in 2000, 7th and 8th grade in 2001).

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Varicella Prevention Mandates

An empty box in this table indicates a "NO" answer

State	Any childhood varicella vaccine mandate?	Varicella vaccine or immunity law for daycare entry, year implemented.	Varicella vaccine or immunity law for elementary school entry, year implemented.	Varicella vaccine or immunity law for middle school/junior high entry, year implemented.
Alabama	yes	9/00	9/01 prog [†]	
Alaska	yes	9/01		
Arizona				
Arkansas	yes	3/00	9/00	9/00
California	yes	7/01	7/01	
Colorado	yes	7/00	7/00	prog [†]
Connecticut	yes	2/00	8/00	8/00
Delaware				
Dist of Columbia	yes	1997	1997 prog [†]	1997 prog [†]
Florida	yes	7/01	school year 2001	prog [†]
Georgia	yes	8/00		8/00
Hawaii				
Idaho				
Illinois				
Indiana				
Iowa				
Kansas				
Kentucky				
Louisiana	yes	9/03	9/03	
Maine				
Maryland	yes	1998	9/01	prog [†]
Massachusetts	yes	1998-daycare 1999-preschool	1999 prog [†]	1999 prog [†]
Michigan	yes	1/00	9/02	9/02
Minnesota				
Mississippi				
Missouri				
Montana				
Nebraska				

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Nevada				
New Hampshire				
New Jersey				
New Mexico	yes	9/00	9/02	
New York	yes	1/01	1/03	1/03
North Carolina				
North Dakota				
Ohio				
Oklahoma	yes	1998	1998	prog [†]
Oregon	yes	9/00	9/00	9/00
Pennsylvania	yes	1997		
Rhode Island	yes	1999	1999 prog [†]	8/00 prog [†]
South Carolina	yes	9/00		
South Dakota	yes		7/00	
Tennessee	yes	1999		
Texas	yes	8/00	8/00 prog [†]	8/00 prog [†]
Utah				
Vermont				
Virginia	yes	born on or after 1/97	born on or after 1/97	
Washington				
West Virginia	yes	1/00		
Wisconsin				
Wyoming				

† Signifies a "progressive" law in which each new school year another successive grade becomes covered by the law (e.g., 7th grade in 2000, 7th and 8th grade in 2001).

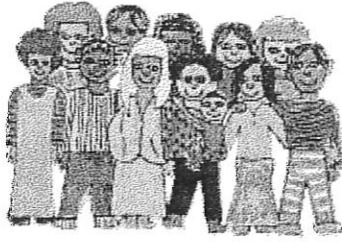
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Hepatitis B Prevention Mandates

An empty box in this table indicates a "NO" answer

State	Hep B prenatal screening law?	Hep B childhood vaccination law?	Hep B daycare law, year implemented.	Hep B elementary school law, year implemented.	Hep B middle school law, year implemented.
Alabama					
Alaska		yes	9/01	9/01	9/01
Arizona		yes	1997	1997	7/00 prog [†]
Arkansas	yes	yes	1997	9/00	9/00
California	yes	yes	1997	1997	1999
Colorado		yes	1997	1997	1997
Connecticut		yes	1995	1996	8/00
Delaware		yes		1999	1999
Dist of Columbia		yes	1997	1997	1997
Florida	yes	yes		1998	1997
Georgia		yes	1997	1997	
Hawaii	yes	yes	1998	1998	
Idaho		yes	born after 11/91	born after 11/91	born after 11/91
Illinois	yes	yes	1997		1997
Indiana		yes		1999	
Iowa		yes		1999	
Kansas	yes				
Kentucky	yes	yes	1998	1998	
Louisiana	yes	yes	1998	1998	
Maine					
Maryland		yes	1995	9/01	
Massachusetts	yes	yes	1992	1996	1999
Michigan	yes	yes	1997	1/01	1/03
Minnesota		yes		9/00	9/01
Mississippi		yes		1999	
Missouri	yes	yes	1995	1996	1999
Montana					
Nebraska		yes		1999	7/00
Nevada	yes				
New Hampshire		yes	1996	1996	

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New Jersey		yes		9/01	9/01
New Mexico		yes	9/00	9/02	1999
New York	yes	yes	born after 1/95	born after 1/93	9/00
North Carolina	yes	yes	born after 7/94	born after 7/94	born after 7/94
North Dakota	yes	yes		9/00	
Ohio		yes	1999	1999	
Oklahoma		yes	1999	1997	1997
Oregon		yes	1998	1998	9/00
Pennsylvania		yes	1994	1997	
Rhode Island		yes	1998	1999	8/00
South Carolina		yes	1994	1998	1998
South Dakota					
Tennessee	yes	yes	1998	1999	
Texas	yes	yes	1998	1998	8/00
Utah		yes		1999	
Vermont		yes			1999
Virginia	yes	yes	1994	1994	7/01
Washington		yes	1997	1997	
West Virginia	yes				
Wisconsin		yes	1997	1997	1997
Wyoming		yes	born after 1/96	1999	1998

† Signifies a "progressive" law in which each new school year another successive grade becomes covered by the law (e.g., 7th grade in 2000, 7th and 8th grade in 2001).

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January 29, 2001

I am Jean Higbie School Nurse U.S.D.#512. Since graduating from the University of Kansas as a registered nurse, I have worked as a Public Health Nurse, Obstetrical Nurse, Medical-Surgical Nurse, Emergency Room Nurse, Intensive Care Nurse, Nursing Supervisor, and School Nurse for 13 years. I ran into my first case of Hepatitis B in the elementary as a School Nurse assisting with a 4th grade diabetic child. After all the high risk areas that I had worked in the hospital, my first known Hepatitis B case was in a school setting.

There are numerous bloody spills with elementary children today and it is believed that a dry blood spill of hepatitis B can be communicable up to 30 days after the spill. Even without injury, a simple, frequent blood body spill in the elementary is the loss of a tooth. The other frequent bloody spill is nosebleeds, and then the obvious cuts, abrasions, lacerations, and bites from other children. Therefore, I support the Mandatory Hepatitis B immunization prior to kindergarten and if past this age, prior to middle School admission.

Sincerely,
Jean Higbie R.N.
Elementary School Nurse
U.S.D.#512

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