

**Testimony on HB 2601
House Education Committee
Thursday, February 13, 2020
Secretary Lee A. Norman, MD
Kansas Department of Health and Environment**

Chairman Huebert and members of the House Education Committee, thank you for the opportunity to provide opponent testimony on HB 2601. HB 2601 amends K.S.A. 65-508 of the Child Care Act and K.S.A. 72-6262, an Education statute, to specify required vaccines both for children in licensed child care facilities and in schools. Additionally, HB 2601 restricts the Secretary's ability to adopt additional immunization requirements through the rules and regulations process except in cases of imminent hazard to public safety; such rules and regulations must contain a sunset provision expiring the required immunizations on July 1 of the following calendar year after adoption.

Currently, vaccine requirements are found in a public health regulation, K.A.R. 28-1-20. The regulation was first adopted in 1978 and has only been amended three times in over 40 years, demonstrating the Department's commitment to evidence-based public health decisions and conservative use of the regulation promulgation process as it applies to immunizations. The KDHE Secretary is advised by the content experts in the Kansas Immunization Program which makes determinations of the annual list of required vaccines based on the Advisory Committee on Immunization Practices (ACIP). The ACIP is regarded as the premier resource for guidance on vaccine best practices. The ACIP uses a very extensive process to review all available science before making a recommendation or changing a recommendation on a vaccine. The ACIP uses a variety of subject matter experts on workgroups to do extensive research and consideration prior to recommendations being made or changed.

It is important that required vaccines remain in regulation (K.A.R. 28-1-20) rather than listed in statutes to support timely response to changes in ACIP recommendations. A new vaccine may be recommended by ACIP based on evidence which would make it best practice for inclusion in our required list. In the same vein, a problem may be discovered, and a vaccine no longer be recommended due to a new safety concern or new evidence of poor efficacy of a particular vaccine. In either case, KDHE would be required to propose an amendment to the current regulation in accordance with the Administrative Rules and Regulations procedures. This is a process which includes opportunities for public comment and legislative branch input which is taken seriously and deemed an important role in the protection of Kansans.

It is important to note that the required list of vaccines is due to the schools annually in February to allow for notification to providers and parents prior to the school year beginning in August. If vaccines were listed in statutes, the ability to respond to changes in a timely manner would be significantly hindered due to the constraints of the legislative process and timeline.

In the event of a pandemic which would result in widespread disease, the current process allows for the KDHE to have a real-time response when vaccines become available to counteract this type of event. If changed, the ability to properly respond and minimize the number of Kansans infected in a pandemic would be greatly hampered, particularly if the pandemic response vaccine becomes available between legislative sessions. Responding to such an event would require a special session of the legislature costing not only time, but valuable fiscal resources to the state.

In summary, maintaining the required vaccinations for schools and licensed child care facilities is an essential public health protection. Constant study of the current vaccines available, the impact they have on vaccine preventable disease, and the timing of vaccination requirements is crucial and must be managed by experts in the medical and public health fields. Weighing the impact of the protection of those who are at greatest risk for infection and who cannot be protected by vaccines must be considered. Timely response to medical advancement and awareness of risk associated with vaccines which have impact on human life is vital to managing the vaccine requirements.

History shows vaccine requirements do not change frequently, as the current regulation has only been amended three times in over 40 years. This demonstrates KDHE's commitment to evidence-based public health decisions and conservative use of the regulation promulgation process as it applies to immunizations.