



To: House Education Committee

From: Rachelle Colombo
Executive Director

Date: February 13, 2020

Re: HB 2601; Specifying the required childhood immunizations for
childcare facilities and school attendance.

The Kansas Medical Society appreciates the opportunity to provide comments regarding HB 2601, specifying the required childhood immunizations for childcare facilities and school attendance.

Current law (KSA 72-6262) requires students to obtain certain immunizations that are specified by the KDHE Secretary by rule and regulation. HB 2601 places the current list of eleven required immunizations (diphtheria, hepatitis A and B, measles, meningitis, mumps, pertussis, poliomyelitis, rubella, tetanus, and chicken pox) into statute, and then states that the Secretary can only add additional immunizations to the list if he or she makes a finding that “there is an imminent hazard to public safety”. Additionally, the regulation adding the immunization to the required list would expire on July 1 of the next calendar year following its adoption. In other words, any new immunizations added by regulation would only be temporary, unless it was added to the statutory list by the legislature. The effect of these changes is likely to make the addition of any new immunizations subject to legislative approval, instead of allowing the Secretary to make such decisions independently.

The Kansas Medical Society supports mandatory immunization requirements, as the positive impact on public health is well established. Without question, legislative oversight is entirely appropriate regarding public policies such as immunization. The legislature under current law could at any time specify which immunizations are required for schoolchildren. However, authorizing the state’s designated health officer to make such decisions based upon the best available science and public health practices, is a system that has served Kansas well. Additionally, it is possible that the legislature may find it cumbersome to respond in a timely manner if a demonstrated need for an additional immunization is identified, as different disease outbreaks threaten the population. Again, current law allows for appropriate legislative oversight and concurrence of any decision the Secretary might make regarding immunization. We are concerned that the unintended consequence of the changes in this bill will lead to unnecessary politicization of these fundamental

public health decisions. The Secretary of KDHE is specifically tasked with evaluating and impacting matters of public health and is uniquely qualified to oversee such policies. We would urge the Committee to find another way to accomplish what is intended without unnecessarily tying the hands of the Secretary as he or she carries out the responsibility of protecting the public. Thank you for the opportunity to provide these comments.