

State Vaccine Legislation in America 2015-2017

*What the Media, Medical Trade & Pharma
Do Not Want You to Know*

By The NVIC Advocacy Team



National Vaccine Information Center

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Background

State vaccine laws and the legal right to vaccine exemptions are hot topics in America. Between 2015 and 2017, the [National Vaccine Information Center \(NVIC\)](#), a non-profit charity, closely monitored state legislation and analyzed and issued positions on 454 vaccine-related bills through the [NVIC Advocacy Portal](#) (NVICAP).

The NVICAP is a free online vaccine choice advocacy network that was launched by NVIC in 2010 to protect and expand the legal right to exercise informed consent to vaccination in the U.S. NVIC's mission since 1982 has been to prevent vaccine injuries and deaths through public education and to secure and defend informed consent protections in vaccine policies and laws, including protecting flexible medical, religious and conscientious belief vaccine exemptions.

In 2015, the NVICAP team responded to more vaccine related bills than were filed in any previous year: 160 bills across 41 states. This record was shattered two years later in 2017 when NVIC tracked and published information on an all-time record of 184 proposed vaccine bills filed in 42 state legislatures.

Mainstream media continues to cite the passage of two 2015 bills, [California SB277](#), which eliminated the personal belief and religious vaccine exemption, and [Vermont H98](#), which removed only the philosophical exemption, as evidence that public support for vaccine exemptions is waning.¹ This is a myth easily refuted by looking at the real evidence.

Over the last three years it has been easy to find biased articles and newspaper OpEds in favor of “no exceptions” forced vaccination laws. Articles featuring individuals advocating for the removal of vaccine exemptions and opposing the expansion of exemptions are portrayed in a positive light.^{2 3} There is also a distinct trend to portray individuals, who oppose bills that eliminate vaccine exemptions and support bills expanding exemptions, in a negative light.^{4 5} However, this clear media bias fails to tell the truth about what really occurred in state legislatures around the country since 2015, when only two states removed personal belief vaccine exemptions.

The American Academy of Pediatrics (AAP), which has adopted and actively promoted through their state chapters the extreme position to “eliminate non-medical exemptions for school entry,” acknowledges the backlash caused by pushing bills that propose to strip public health laws of vaccine exemptions.⁶ At a debate held at the AAP's annual conference in September 2017, there was discussion about the fact that the position of outright elimination of personal belief exemptions may “embolden” parents.⁷ A recent article in the Journal of the American Medical Association admits there is uncertainty about the effectiveness of policies to remove a parent's ability to obtain a religious or conscientious belief exemption so a child can attend daycare or be educated in a public or private school.⁸

Neither of these medical trade associations accurately depicts the extent to which passage of the two bills eliminating exemptions in California and Vermont have inspired grassroots vaccine informed consent advocates in every state to become even more active and effective. The medical trade and Pharma lobby, as well as public health officials promoting heavy-handed implementation of the federally recommended childhood vaccine schedule, do not want to acknowledge there is a strong growing backlash against inflexible implementation of vaccine laws.

Follow The Money

While it is rare to find registered lobbyists for vaccine manufacturers directly testifying in favor of a bill eliminating vaccine exemptions, Pharma's fingerprints are all over lobbying efforts to influence the outcome of proposed vaccine bills severely restricting or removing vaccine choices. There are a number of vocal advocacy organizations promoting forced vaccination which receive financial contributions and support from pharmaceutical corporations that make big profits from mandatory vaccination laws requiring all children to get federally recommended vaccines.

The CDC's childhood vaccine schedule of 69 doses of 16 vaccines alone is worth billions of dollars to drug companies marketing vaccines. Every vaccine that a state mandates guarantees vaccine manufacturers liability free profits under the 1986 National Childhood Vaccine Injury Act and a U.S. Supreme Court ruling in 2011 which effectively eliminated all product liability for vaccine injuries and deaths caused by government licensed vaccines recommended for children.^{9 10 11}

Every Child By Two (ECBT) identifies multiple vaccine manufacturers among sources of funding, including GlaxoSmithKline, Merck, Pfizer, and Sanofi Pasteur.¹² A non-profit organization, ECBT actively lobbies in state legislatures and in Congress to promote mandatory vaccination and the elimination of vaccine exemptions, as well to secure increased funding for the Centers for Disease Control (CDC) and other government agencies developing, licensing, making policy for and promoting universal use of federally recommended vaccines.¹³ An ECBT board member, who is executive director of the California Immunization Action Coalition, was instrumental in lobbying efforts in the California legislature to pass the bill (SB277) that removed California's personal belief vaccine exemption in 2015.^{14 15}

The California Immunization Coalition is a network member of the non-profit Immunization Action Coalition (IAC), which is funded by Astra Zeneca, GlaxoSmithKline, Merck, Pfizer, Sanofi Pasteur and the Centers for Disease Control (CDC).^{16 17} Among members of IAC's Advisory Board are vaccine developers and current or former CDC officials and mandatory vaccination proponents, including developers of Merck's rubella and rotavirus vaccines, Stanley Plotkin, MD, PhD and Paul Offit, MD.¹⁸
19 20 21

Voices for Vaccines, which has lobbied in Colorado, Virginia and other state legislatures for the removal of vaccine exemptions, is an administrative program of the Atlanta-based non-profit Task Force for Global Health (TFGH), which was founded in 1984 by a former Director of the CDC to raise childhood vaccination rates globally.²² Among TFGH funders are Merck, GlaxoSmithKline, Pfizer, and the Centers for Disease Control, The World Health Organization and the Bill and Melinda Gates Foundation.²³ Scientific Advisory Board members of Voices for Vaccines include the founder and director of the Immunization Action Coalition (IAC), Dr. Stanley Plotkin, Dr. Paul Offit, and a former CDC Director of Immunization.²⁴

The Immunization Partnership (TIP) is a Texas based coalition dedicated to eradicating diseases through the universal use of vaccines facilitated by electronic vaccine tracking registries and implementation of mandatory vaccination laws. TIP is funded in part by Merck, GlaxoSmithKline and Pfizer and counts as one of its biggest accomplishments that it "screened more than 50,000 immunization records and recalled more than 14,000 patients back into clinics to get up-to-date on their vaccines through the Immunization Champions project."²⁵ Peter Hotez, MD, PhD, a vaccine developer and well known forced vaccination proponent, serves as a Director for TIP.^{26 27 28} During

the 2017 legislative session in Texas, TIP representatives directly gave testimony and lobbied for bills that would make it harder for families to decline vaccines or choose to vaccinate their children using a schedule that differs from the CDC's recommended schedule.^{29 30}

Contrary to what the corporate and government dominated media is reporting and would like the public to believe, many enlightened state legislators *are* listening to concerned constituents. They are supporting parental rights and the ethical principle of informed consent, which are protected in vaccine laws that contain flexible medical and personal belief exemptions.

What has largely been ignored or misrepresented by the media, medical trade, and Pharma during the 2015-2017 timeframe is a growing public awareness about vaccine risks and failures and the increasing number of well informed Americans who are advocating for vaccine freedom of choice because they understand the need to protect informed consent rights by securing and protecting vaccine exemptions in public health laws.

The Truth By Numbers

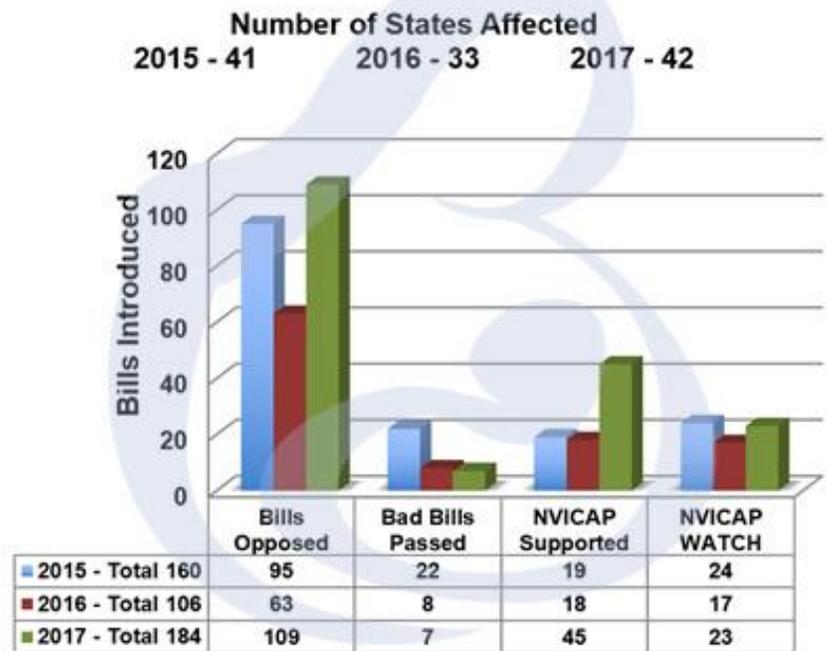
In 2014, the NVIC Advocacy Portal tracked 91 bills across 28 states. Over the course of the 2015-2017

legislative sessions, the number of vaccine related bills for which NVIC issued position statements and the number of states affected by bills proposing to restrict or eliminate vaccine freedom of choice dramatically increased. However, the numbers also clearly show that as the grassroots vaccine safety and informed consent movement grows, a lower percentage of bad bills require opposition because a higher percentage of good bills are being filed by legislators that deserve support. Most importantly, the numbers and percentages of bills

passing that negatively affect vaccine exemptions and threaten informed consent rights are significantly decreasing because more legislators are resisting aggressive lobbying efforts by medical trade and Pharma to make the vaccination system more oppressive than it already is in the U.S.

In a nutshell, slowly but surely as a result of years of hard work, grassroots vaccine education and informed consent advocacy in the U.S. is achieving tangible results. To keep this trend moving in the right direction, everyone needs to get involved and continue to educate and personally communicate with his or her own legislators. The best way to get real time accurate information about what actions you can take to help protect vaccine informed consent rights in your state is to register as a user of the free online [NVIC Advocacy Portal](#).

Vaccine Related Legislation Trends



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The Real Story: Few Bad Vaccine Bills Passed

What Happened in 2015

In 2015, there was a significant increase in state legislative action to add more vaccine mandates and attack the legal right to make voluntary vaccine decisions. Bills were introduced to:

- eliminate or severely restrict vaccine exemptions;
- add and expand vaccine mandates for both children and adults in the school or workplace settings;
- expand police powers related to vaccination during government declared public health emergencies;
- expand intrusive electronic vaccine tracking and medical records data sharing without consent to more easily enforce use of government recommended vaccines;
- publish and publicly post detailed information about vaccine exemptions and vaccination rates in much smaller geographical boundaries like individual schools.

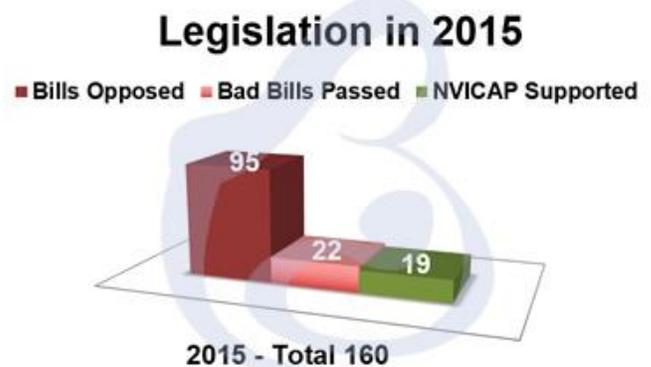
In some states, legislation was passed allowing pharmacists to administer more vaccines.

Spurred on by reports of a measles outbreak in Disneyland, much of the media attention focused the loss of the personal belief and religious exemptions in California and the loss of the philosophical exemption in Vermont, and there was no acknowledgement of the strong pushback by citizens that thwarted multiple attacks on vaccine exemptions and informed consent rights in many other states.

During the 2015 legislative cycle, the following states derailed legislative attempts to outright eliminate the conscientious/philosophical vaccine exemptions: Maine, Minnesota, Oklahoma, Oregon, Pennsylvania, Texas and Washington. Additionally, the following states came out on top of attacks on freedom of conscience and religion that would have eliminated or severely restricted the religious exemption: Connecticut, Maryland, New Jersey, New Mexico, North Carolina, Oklahoma, Pennsylvania, Rhode Island, Texas, and Vermont.

Bills to mandate vaccines for child care employees passed in California in 2015. However, bills to require vaccination of health care workers in Connecticut, Missouri and New Jersey and to require vaccination of school employees in Texas all failed.

Taking a closer look at the bills NVIC opposed that did pass, there was one Illinois bill in 2015 that weakened vaccine freedom of choice. Illinois SB 1410 added the requirement for parents to complete state approved vaccine education and secure a physician's signature prior to filing a religious exemption for children to attend school.



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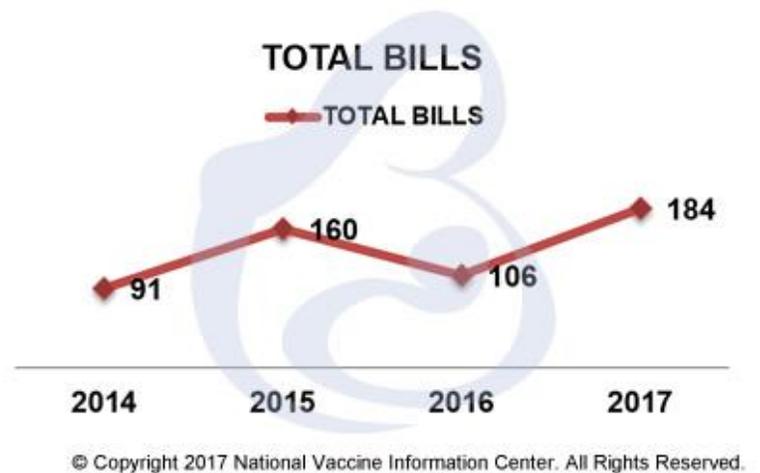
Oregon passed SB 895A, which required schools to publicly post vaccine exemption rates. New vaccine mandates became law in Illinois for children attending daycare, as did new vaccine mandates for school children in Indiana, Louisiana and Montana.

It was clear that 2015 marked a turning point, both for pharmaceutical and medical trade lobbyists pushing for more oppressive vaccine laws and for citizens who support informed consent and the legal right to flexible medical, religious and conscientious belief vaccine exemptions.

What Happened in 2016

There was a sharp decline in 2016 in the total number of vaccine-related bills filed in state legislatures compared to the previous year: from 160 bills filed in 2015 down to 106 bills filed in 2016, but, again, this was still more bills than were filed in 2014.

It is very significant that in 2016, NO bills were passed by state legislatures that restricted or eliminated vaccine exemptions. The NVIC Advocacy team helped families and enlightened health care professionals defeat bills proposing to restrict or eliminate vaccine exemptions that were filed in Colorado, Connecticut, Hawaii, Illinois, New York, Ohio, Rhode Island, South Dakota and Virginia. Bills in three states tried to completely remove the religious exemption, and bills in four states tried to eliminate the personal, philosophical or conscientious belief exemption.



In Virginia, where NVIC has been headquartered since 1982, a bill was proposed to gut the medical exemption by confining it to CDC vaccine contraindications only and to eliminate the religious vaccine exemption for all school aged children, including home schooled children. This assault on freedom of conscience and religion was met with strong opposition from hundreds of parents, grandparents, health care professionals and allied health freedom groups, who responded to NVIC's call to action and attended Joint Commission on Health Care public hearings with their children and flooded the legislature with emails, phone calls and personal visits to legislators' offices. NVIC prepared a 90-page referenced report defending the religious and medical vaccine exemptions and NVIC's co-founder and president gave an oral presentation in the legislature defending freedom of religion and conscience, which was defined in the Virginia Constitution and Bill of Rights by authors of the US Constitution and Bill of Rights.^{31 32} The bill did not pass out of committee.

This nationwide rejection by state legislatures of lobbying attempts to take away more vaccine exemptions was a strong and definitive response by citizens and legislators to the attack on and loss of personal belief vaccine exemptions in two states in the 2015 legislative session.

In 2016, only eight vaccine bills passed out of the 71 bills that NVIC actively opposed on the [NVIC Advocacy Portal](#).

Colorado SB 146 proposed to allow minor children to receive vaccines for sexually transmitted diseases, such as hepatitis B and HPV vaccines, without their parents' knowledge or consent. Through well-organized grassroots action using the Advocacy Portal network and NVIC talking points, this offensive provision was stripped from the bill before final passage, pushing it into a "win" category for supporters of parental rights and informed consent.

Of the seven remaining bills that NVIC opposed but went on to pass in 2016, three added meningococcal vaccine requirements in Delaware, Iowa, and South Dakota.

The remaining four bills were not as threatening: HB 313 in Virginia expanded categories of medical workers who could give vaccines; S 1294 in Idaho lowered the age of children who can be vaccinated by pharmacists; SB 512 in New Hampshire expanded vaccine tracking of flu shots for health care workers, and SB 5143 in Washington state added mandated vaccine education for expectant parents before birth of a child.

In 2016, people around the country contacted NVIC and expressed concern that they did not want to see what happened in California happen in their state, too, and committed to actively educating their legislators. Many became users of the NVIC Advocacy Portal to learn more about becoming an effective vaccine choice advocate and how to network with legislators and community leaders. The excellent numbers coming out of the 2016 legislative session show just how committed and effective they were.

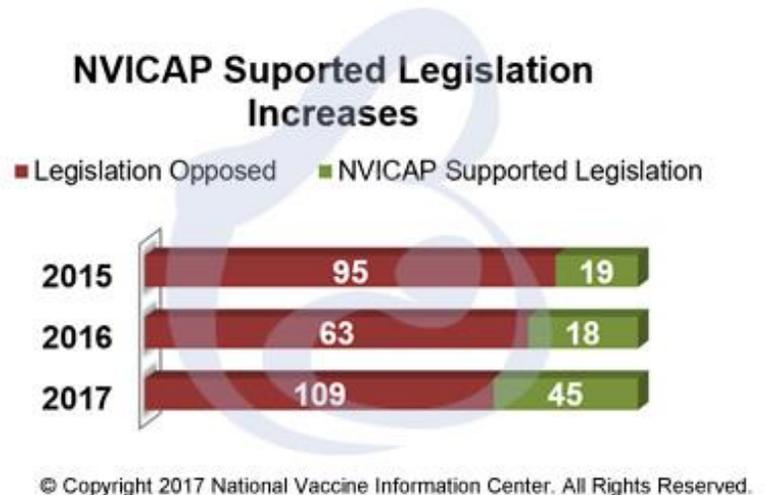
NVIC supported 18 bills in 2016 including:

- Massachusetts S 317 to add a personal belief vaccine exemption;
- Michigan HB 5126 to remove restrictions placed on vaccine exemptions by the Dept. of Health through rule making authority;
- New Hampshire HB 1463 to offer protection for employees against being forced to get an annual flu shot as a condition of employment; and
- Ohio HB 170 to prohibit an employer from taking punitive action against an employee who chooses not to get an annual flu shot.

While these positive bills did not pass, opportunities to educate legislators about vaccines and informed consent rights gained momentum, with some of these bills being carried through to 2017.

What Happened in 2017

2017 was a record breaking year on many fronts starting with NVIC's Advocacy Portal team tracking an unprecedented 184 vaccine related bills across 42 states.



The great news coming out of 2017 was that there was very little progress made by forced vaccination lobbyists during this year's legislative session. Out of the 116 bills that NVIC opposed, only 16 bills passed and, out of those 16, only seven had elements that were targeted for strong opposition.

Indiana took the hardest hit with a total of three unwanted vaccine bills passing: HB 1069 mandated meningococcal vaccinations for college students; HB 1540 allowed for quarantine and isolation of children with personal belief vaccine exemptions during a declared public health emergency involving disease outbreaks, and SB 51 added new vaccines that pharmacists can administer under standing orders and expanded medical records data sharing with the state's electronic vaccine tracking registry. Arkansas also passed a bill (SB 301) to expand medical records data sharing with the state's electronic vaccine tracking registry.

Tennessee passed the only other bill (SB393) affecting vaccine mandates, which required college boards and the state Department of Health to adopt rules concerning vaccine requirements that effectively delegated the authority to add new vaccine mandates for college students to the health department.

The only state to pass a bill (HB 308) restricting existing vaccine exemption rights was Utah, which added the requirement that parents either complete a vaccine education module to obtain a vaccine exemption form online or attend an in-office consultation at the local health department if an exemption form for a child to attend school is picked up at a health department office. The original statute only required the local health department to make the exemption form available to parents on request, but some parents reported that there were local health departments making that process too difficult for parents. Adding any additional codified restrictions to obtaining a vaccine exemption is a position that NVIC has consistently opposed.

In Washington State, a bill (HB 1641) was passed that significantly undermined parental informed consent rights by authorizing school nurses to give consent for vaccines to be administered to children whose families were homeless.

Of the remaining nine bills that NVIC opposed but were passed in 2017, none of them affected vaccine exemptions. In Alabama (HB 381), Georgia (HB 198), Nebraska (HB 1481) and Tennessee (HB 388 and SB 598), laws were passed to require vaccine promotion and marketing by schools or health care providers. Hawaii (SB 514), Kansas (HB 2030) and Montana (HB 177) authorized pharmacists to give vaccines or expand the types of vaccines and ages of children pharmacists could vaccinate.

On the positive side, New Hampshire scored a huge win with the passage of a bill (HB 362) that prohibits school vaccine requirements for diseases that are not transmitted from person to person in a public setting, basically gutting hepatitis B vaccine requirements and putting a road block in the way of any future rule to mandate HPV vaccine or other vaccines for sexually transmitted diseases.

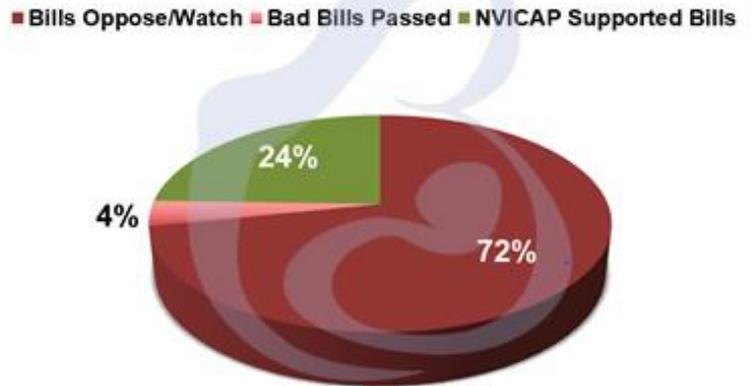
Parental rights in Texas were affirmed when a bill (HB 7) was passed protecting families from having their children vaccinated by Child Protective Services (CPS) without parents' informed consent. Out of the 184 bills that the NVIC Advocacy Portal team tracked in 2017, 23 were in Texas. Among the Texas bills NVIC opposed, there were three bills proposing to use tax dollars to promote vaccination; one bill removing parental consent by allowing minor children to consent to HPV vaccination; four bills mandating public vaccine exemption disclosure resulting in shaming of schools with high vaccine

exemption rates; two bills removing the right to opt-in informed consent for personal medical information to be entered into the vaccine tracking system; two bills to restrict vaccine exemptions, and one bill to eliminate conscientious and religious exemptions. All of these bills trampling on parental and informed consent rights FAILED, thanks to the work of NVIC's volunteer state directors, supporters, and allied groups in Texas.

2017 Bill Analysis By Category

Because of the record number of vaccine bills filed in 2017, it is useful to look at trends across the states. The four main areas that NVIC focuses on when tracking proposed bills are: (1) vaccine exemptions and informed consent rights; (2) new vaccine mandates; (3) electronic vaccine tracking and reporting registries and (4) vaccines in general. The breakout and analysis of bills in these different categories is interesting and can serve as a guide to those who want to become active in educating their legislators and community about protecting vaccine informed consent rights in 2018.

2017 - Total 184 Bills



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Exemptions and Informed Consent (81 related bills)

The majority of vaccine bills filed in state legislatures in 2017 affected vaccine exemptions and informed consent rights: 81 related bills. NVIC opposed 42 of these bills and supported 39 bills. Some of the position statements NVIC posted on the Advocacy Portal were listed as bills to “WATCH” because our analysis indicated they were unlikely to move forward; however, NVIC stated opposition to all of the bills in the “watch” category that negatively affected vaccine exemptions and informed consent rights.

Vaccine Exemption & Informed Consent Legislation 2017
Total - 81 Bills



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2017 was a big year for vaccine choice advocates: ALL lobbying attempts to eliminate vaccine exemptions failed in every state where bills were proposed to do that.

Bills were filed in Arkansas (HB1043), Iowa (H 261), New York (A 1810), Pennsylvania (SB 217), and Rhode Island (H 5681) to eliminate vaccine exemptions.

Texas (HB120) attempted to remove the words “conscientious” and “religious” from vaccine exemption language in state law and refer to exemptions only in medical terms (i.e., “non-medical”).

The Arkansas bill was withdrawn by the sponsor and the rest of the bills failed to move forward. This is very good news.

On the other side, there were 17 bills filed in Hawaii, Iowa, Mississippi (4), New Jersey, New York (3), Rhode Island (3), Tennessee and West Virginia (3) that NVIC supported because they proposed to expand vaccine exemptions. Unfortunately, none of those bills passed but their introduction provided an excellent opportunity for citizens to educate legislators about vaccine science, policy and law and informed consent rights.

Of the 15 bills filed in Connecticut (2), Iowa, Minnesota (2), New Jersey, New York, Ohio (3), Oklahoma, Texas (2) and Utah (2) that attempted to restrict vaccine exemptions, only one bill in Utah passed (HB 308). Utah parents now must obtain a vaccine exemption form after completing an online educational module or having in an “in-person consultation” with a health official or other designated person at a local health department office, where parents can be charged up to \$25 to do that.

In Mississippi and Texas, there were proposed bills to expand the types of medical workers who could sign a medical vaccine exemption, but they did not pass.

Many more bills in 2017 were filed that tried to mandate the public disclosure of vaccine exemption rates for individual schools. This type of law serves to publicly shame schools with higher student vaccine exemption rates and creates a climate of fear and stigmatization of children attending school with vaccine exemptions. There were bills attempting to do this filed in Arizona, Connecticut, Nevada, New York, Oklahoma, Texas (4) and Virginia. NVIC opposed every one of these bills and we are happy to say NONE of them passed.

This was the second session in a row that a legislator in Texas was unsuccessful in passing this type of legislation and users of the NVIC Advocacy Portal fought hard to stop it from passing. There was a lot of media attention generated by pro-forced vaccination groups in advance of the 2017 legislative session in Texas to try to sway public opinion and persuade the legislature to pass coercive vaccine bills, but those efforts failed.

There were six bills filed in the states of Minnesota (4), New York and Texas that attempted to remove vaccine informed consent rights from parents and delegate them to the minor children themselves. Fortunately, NONE of these bills passed.

However, Washington State did pass a bill (HB1641) that allows school nurses to give consent to vaccinating children whose families are homeless. Being “homeless” does not mean children don’t have parents who care for them and are legally responsible for their welfare. School nurses should not be given the power to vaccinate children for whom they are not legal guardians. NVIC is urging families in Washington State to contact legislators to repeal this law, which sets a bad precedent and threatens parental informed consent rights.

A new category of legislation that emerged in 2017: six bills were filed in Colorado, Idaho, Michigan, Oregon and Washington that highlighted the urgent need to reign in overzealous government agencies where officials are appropriating authority they do not have by ignoring current statutes and adding erroneous restrictions and forms to vaccine exemptions. Although none of the six bills passed that would have expressly limited state agency actions where government officials are overstepping their authority, the efforts still yielded wins in two states: Colorado and Oregon.

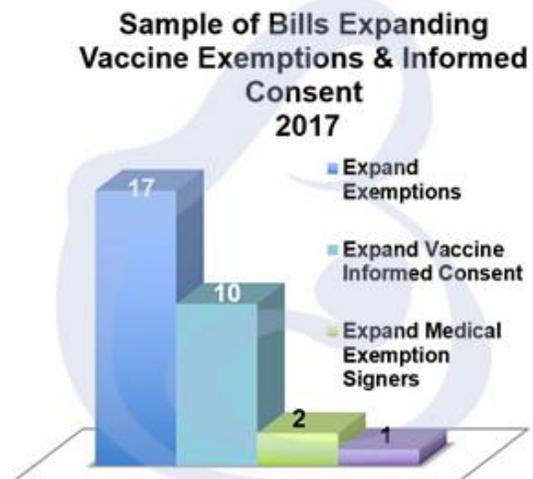
In Colorado, a bill (SB 250) proposed to clarify that parents can submit a signed letter requesting a religious or philosophical exemption to vaccination for children to attend school and parents are not required to fill out a state health department form. This bill was filed because the Colorado Department of Public Health and Environment (CDPHE), the Colorado Department of Education (CDE) and schools were telling parents they must use the CDPHE forms, even though Colorado State Law 25-4-903(2)(b) has been in force since 1978 allowing parents or legal guardians to submit to schools a signed statement requesting a vaccine exemption on behalf of a minor child. While the bill did not pass, the parent's right to submit a vaccine exemption statement to the school was publicly affirmed in a joint letter signed by the departments of health and education.³³

Oregon SB 687 proposed to clarify that the definition of parental child abuse does not include delaying or declining vaccination for a child. While the bill did not pass, the Oregon Department of Human Services issued a memo, which states that not vaccinating a child by itself does not constitute medical neglect. It is likely there will be more clarification bills filed in the future as more families and legislators grow frustrated with state agencies that don't follow the law.³⁴

Texas made strides in 2017 in creating legislation to protect parents, whose children have not received all federally recommended and state mandated vaccines, from overreach by Child Protective Services (CPS) and the courts. Already armed with protective language passed in a 2003 bill, which amended the Government Code with "Prohibition on Punitive Action for Failure to Immunize," the passage of Texas HB 7 in 2017 took this protection to an even higher level. HB 7 provided for a sweeping revamping of the CPS system and it was amended to include protective language for parents filing a conscientious/religious vaccine exemption for their children. Sections 10 and 11 of the bill prohibit a court from ordering the termination of parental rights, and sections 17 and 18 prohibit the Department of Family and Protective Services (DFPS) from taking possession of a child based on a parent "declining immunization for a child for reasons of conscience including a religious belief."

Threatening language also was removed from Texas HB 1549 that targeted innocent parents, who CPS officials believe are "at risk" of committing child abuse or neglect at some point in the future. The original bill contained no qualification that families would have to already be under investigation for child abuse or neglect to be labeled "at risk" of becoming child abusers. Rather, the bill would have allowed CPS officials to visit the home of any family they believed displayed "risk factors" and CPS could schedule monthly visits to that family's home. Under the bill's original language, a "risk factor" could be anything that CPS believed would make a child susceptible to abuse or neglect. NVIC sent an action alert to oppose the bill. We are grateful to all the organizations that worked together in Texas to remove offensive language from the bill that could have led to labeling parents who do not vaccinate their children as potential child abusers.

Seventeen bills in Hawaii, Iowa, Mississippi (4), New Jersey, New York (3), Rhode Island (3), Tennessee, and West Virginia (3) were filed to expand vaccine exemptions and bills filed in Minnesota, Oklahoma (4), Oregon (3), Texas (2) and Washington State proposed to expand vaccine informed consent rights. Two bills in



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Mississippi and Texas were filed to expand which type of medical workers can sign medical exemptions, plus Texas had a bill to prohibit doctors from refusing to provide medical care to patients for declining vaccinations. While none of these proactive bills passed, they advanced education efforts in the legislature about vaccine exemption and informed consent issues affecting families, which ultimately helped stop some of the bad vaccine-related bills from passing.

Vaccine Mandates (35 bills)

Twenty-five bills were filed across 11 states to add new vaccine mandates, including in Connecticut (2), Illinois, Indiana (3), Kansas, Kentucky, Maine (2), Missouri, New Jersey (5), New York (5), Tennessee (2), and Virginia (2). The majority of these bills attempted to require influenza, meningococcal, or HPV vaccines for either health care workers or children attending school. NVIC opposed all of these bills and the only two that passed were Indiana HB 1069, which mandated meningococcal vaccinations for college students, and Tennessee SB 393, which required college boards and the Department of Health to adopt vaccine requirement rules.

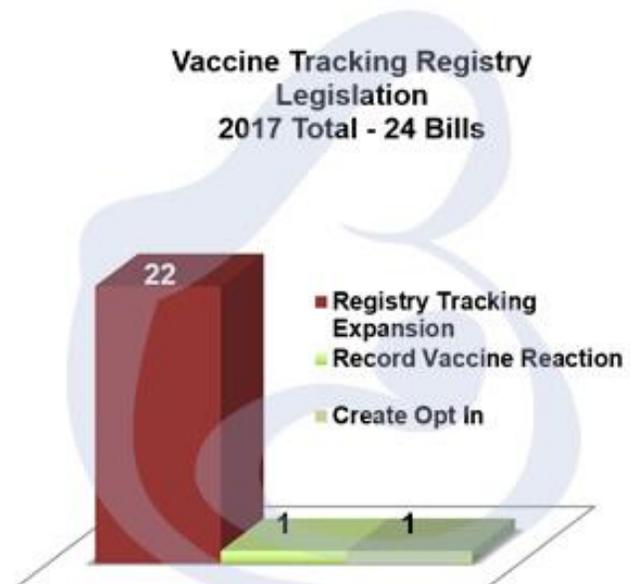
No elementary or secondary school mandates were passed by any state legislature. However, there has been an increasing trend for legislatures to allow public health officials in state health departments to add school vaccine mandates by using the administrative rule making process that by-passes the legislative process, which effectively reduces active public participation and scrutiny of these policies.

NVIC tracked four bills that proposed to protect employees from vaccine mandates as a condition of employment: one in Mississippi, one in Ohio and two in Oregon. While the bills in Mississippi and Oregon died, in Ohio a bill (HB 193), which provides protections for employees who refuse an annual flu shot, is still moving. The bill passed out of the Economic Development, Commerce and Labor Committee and, as long as it is alive, Ohio residents should continue to monitor and urge legislators to support this bill.

There were five proactive bills filed in Mississippi, New Hampshire (2), New Jersey and Rhode Island to restrict vaccine mandates. Four of the five bills restricted hepatitis B vaccine mandates. The only one of these bills to pass was in New Hampshire (HB 362), where there is now a prohibition on school vaccine mandates for diseases that are not transferred from person to person in a public setting. This bill went into effect on Aug. 15, 2017. That victory came after dedicated education efforts in the legislature by NVIC's volunteer New Hampshire state advocacy director and Advocacy Portal users in the state.

Vaccine Tracking and Reporting (28 bills)

The largest group of bills under the category of vaccine tracking and reporting were 17 bills in 12 states that proposed to expand electronic vaccine tracking systems:



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Arkansas, California, Connecticut (3), Idaho, Indiana, Kansas, Louisiana, Massachusetts, Nebraska, New York (2), Ohio, and Utah. The only two bills that passed were Arkansas SB 301 and Indiana SB 51.

The next largest category was vaccine tracking bills that were filed in Montana, Oregon, Texas (2) and Utah to remove opt-in informed consent to vaccine records tracking so the vaccination status of individuals can be tracked without their knowledge or consent by state health officials. Fortunately, none of these bills passed.

Maryland HB 1481 proposed to not only require all primary health care providers to push federally recommended vaccines for adolescents, such as hepatitis B and HPV vaccines, it would have required the documentation of parental refusal of vaccinations in the child's permanent medical record. Fortunately, this bill stalled and failed to move out of committee.

A good bill in Massachusetts (H 1179) proposed to give individuals a way to avoid automatic inclusion in the state's electronic vaccine tracking system without consent, but the bill did not pass. A bill in Vermont (H 247), which requires the state health department file vaccine adverse reaction reports to the General Assembly, is still active for the upcoming 2018 session. If you live in Vermont, you can encourage your legislators to support H 247.

Vaccines (47 bills)

Vaccine advertising, promotion and marketing should not be funded by taxpayers and, yet, there were bills filed in 10 states, including Alabama, Florida (3), Georgia, Illinois (2), Louisiana (2), Maryland, Nebraska, Oregon, Tennessee (2) and Texas (3) to require the promotion of vaccine use by schools, medical facilities and places of employment.

Schools should not be legally compelled to promote vaccinations. Yet, bills in Alabama (HB 381), Georgia (HB 198) and Tennessee (HB 388 and SB 598) all passed and require schools to provide information on influenza and flu shots to children and their parents. A bill in Nebraska (LB 267), which also passed, requires nursing facilities to offer employees and residents influenza vaccines.

There were bills filed in 11 states proposing to authorize pharmacists to administer more vaccines, including in California, Hawaii, Indiana, Kansas, Kentucky, Maryland (2), Maine (2), Montana, New York (3), South Dakota and Texas. Four of these bills passed and some of the bills broaden the ages of individuals who can be given vaccines, while others broaden the types of vaccines that can be given. Hawaii (SB 514) passed a bill allowing pharmacists to administer HPV and other vaccines to children that became effective July 3, 2017. Indiana (SB 51) added new vaccines that pharmacists can administer under standing orders, effective July 1, 2017. Kansas (HB 2030) now allows pharmacists to administer a vaccine to children as young as 12 years old and this went into effect on July 1, 2017. Finally, Montana passed HB 177, which allows pharmacists to give pneumococcal vaccines to everyone and this law went into effect on March 1, 2017.

California passed a bill (AB 443) that allows optometrists to give vaccines, effective Oct. 7, 2017.

There were nine bills in six states proposing to expand vaccine and public health programs, including in Florida (3), Georgia, Oklahoma, Oregon, Texas and Washington (2), and two of these bills passed. While two bills in Florida to promote vaccination of pregnant women died, there is a new bill (HB 41) that has already been pre-filed for the 2018 legislative session. This bill makes influenza and tetanus

vaccines (most tetanus containing shots also contain diphtheria and pertussis vaccines) part of pregnancy wellness programs. NVIC will continue to oppose this bill and encourage Florida residents to contact their legislators and share with them the results of a new study signaling an association between influenza vaccine and miscarriage. ³⁵

There were also three bills, all filed in Missouri, which proposed to limit certain ingredients in vaccines, but none of them passed.

Government Agencies Abusing The Rule Making Process To Get Around Legislators

As citizens in many states have become more effective informed consent advocates and are successfully blocking coercive vaccine legislation, officials in government agencies are increasingly attempting to use and stretch the administrative rule making process, which avoids legislation, to try to get away with putting restrictions on or adding more requirements to the vaccine exemption process. Citizens have little recourse when administrative rules are adopted by government agencies that increase restrictions or add extra requirements not set forth in law because, unlike elected legislators, voters cannot hold unelected government employees accountable at the polls.

In the 2015-2017 time frame, NVIC issued action alerts to oppose proposed administrative rules in Illinois, Pennsylvania and Vermont that affect vaccine exemptions and, in New Hampshire, we urged opposition to a vaccine tracking system proposed rule. A local health department in Allegheny County, Pennsylvania tried to mandate HPV vaccines for school children, which is yet another example of government overreach that was fortunately stopped. These administrative rules issued by government officials all had one thing in common: they went beyond the authority given to government employees in the state laws they were supposed to responsibly implement.

For example, the Illinois Dept. of Public Health adopted administrative rules that went into effect on Feb. 27, 2017 related to the passage of SB 1410 by the legislature in 2015. SB 1410 required the signature of a medical professional that verified the parent was given vaccine education, as well as required new religious vaccine exemption forms to be filled out by parents of children entering Kindergarten, sixth and ninth grades. The final rule that was adopted by the health department went beyond the scope of what was authorized in the bill, requiring all children in daycare, nursery schools, Pre-K, special education, and entering other grades to file new religious exemption forms. The health department rule also failed to implement a section of the bill clarifying that state designated medical workers giving vaccines may write a medical exemption for a child without restrictions.

In 2017, NVIC issued an alert in Kentucky opposing a proposed rule by The Cabinet for Health and Family Services to restrict vaccine exemptions by requiring the use of a state issued form that would require additional parent education and a notary signature.

An increasing number of public health officials working in state health departments are growing bolder by taking action outside the scope of the laws for which they write rules. It is very important to hold public health officials accountable with legislators who control their funding, and call them out for going beyond their authority when it comes to promoting and enforcing vaccination.

Parents should be very cautious about signing government forms that contain statements about diseases and vaccines that they do not agree with, especially if coercion is involved, which is called

“compelled speech” and is unconstitutional. Make sure that the forms you sign are legally required and do not include additional information requests or attestations that are not required in state or federal law.

Informed consent advocates in every state, who want to expand or protect vaccine exemptions, should actively monitor proposed rule making notices published in their state by health agencies and respond with written or oral public comment, as allowed, as well as contact legislators and express concerns. Taking action will help stop government officials from abusing rule making authority for the purpose of coercing individuals into using all federally recommended and state mandated vaccines rather than respecting informed consent rights. Links are posted to state proposed rulemaking on each state vaccine law page at NVIC.org to assist the public in providing oversight on and holding government agencies accountable for legally administering the rule making process.

Action Needed

NVIC expects many more vaccine-related bills to be filed in the states in 2018, so please become a registered user of [the NVIC Advocacy Portal](#) and check in often to learn about ways to educate legislators when vaccine bills moving in your state, and encourage all of your friends and family to do the same. Clearly your efforts are making a much more significant difference than the media and those pushing “no exceptions” forced vaccination policies and laws are willing to admit, and your participation is vital to protecting informed consent and vaccine choices in America.

Also, if you see inaccurate information in the media, take the time to respond by making a comment online. You can also email the journalist or media outlet and provide accurate, well referenced vaccine information, which you can find on the “[Ask 8 Vaccine Information Kiosk](#)” on NVIC.org. NVIC’s updated 2017 illustrated and fully referenced [Guide to Reforming Vaccine Policy and Law](#) is a good vaccine education tool for legislators and friends and family, too.

NOTE: Every bill discussed in this report is linked on the [NVIC Advocacy Portal](#).

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