

Lessons from the Field:

PROMOTING VACCINE CONFIDENCE



CHAPTER 1

The Legislative Process and Other Public Forums



Vaccine Confidence Toolkit

Access a collection of resources for promoting vaccine confidence! This toolkit is designed to equip public health immunization programs with the tools and information needed to educate providers and consumers on vaccination and build vaccine confidence.



RESOURCE GUIDE

Outlines key lessons learned from select immunization programs and stakeholders



WEBINAR SERIES

Features strategies and resources for addressing vaccine hesitancy and promoting vaccine confidence



MEDIA MATERIALS

Download templates for conducting postcard reminder recall and posting on social media



TRAININGS

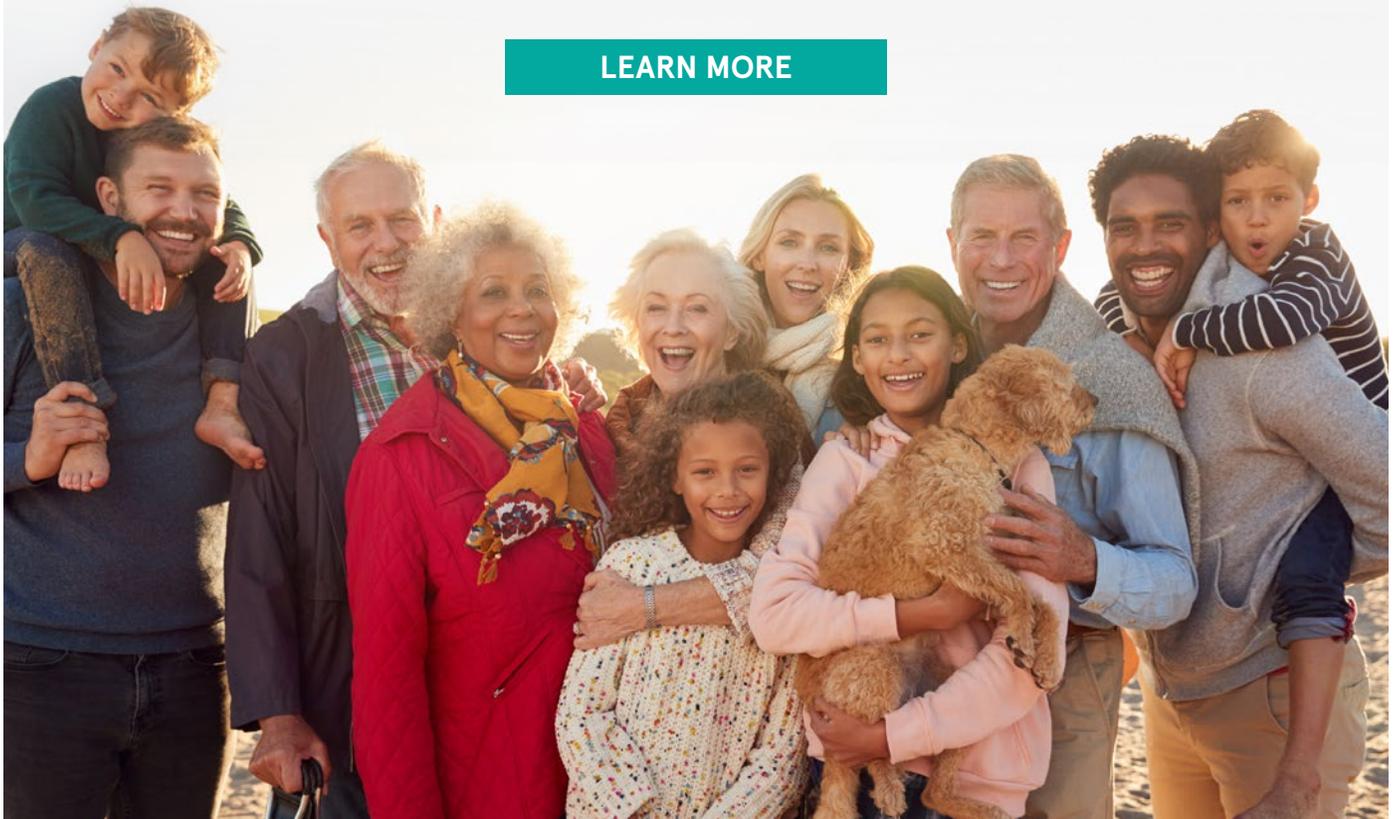
Access workshops focused on building skills to promote vaccine confidence



RESOURCE LIBRARIES

Browse this collection of resources and tools for promoting vaccine confidence

[LEARN MORE](#)





REMINDER

This guide provides key lessons learned from select immunization programs (IPs) and stakeholders with experience addressing vaccine confidence and vaccine hesitancy in their communities. The guides serves to educate IP staff, and can be used to help generate ideas and inform management strategies for promoting vaccine confidence across the nation and territories.

NOTE: There is some variability to terminology found through out available guidance and literature. Below are the terms used in the guide, their definitions, and similar terms:

Term used in the resource	Definition	Similar terms used in research and by organizations
Vaccine Opponent	Individual that opposes all vaccines—no probability of changing their mind	Vaccine Denier, Anti-Vaccine
Vaccine Hesitant	Individual that delays vaccination due to concerns about the safety and/or spacing of more vaccines—possible to change mind with intervention	Vaccine Refuser, Vaccine Skeptic
Vaccine Confident	Individual that is confident in vaccines	Pro-vaccine



Introduction

Immunization programs (IPs) are integral to providing the public with accurate and timely information about vaccines. Public attention to vaccines may be heightened during state legislative sessions when immunization-related legislation is introduced, when states undertake changes to administrative rules, or in public forums such as advisory boards. Increased public attention is driven by the public feedback processes that are built into state legislative and other public forum procedures, as well as the level of media attention generated by legislation or rule changes.

Vaccine opposers increasingly use the opportunity for public input to broadly publicize false information. This may exacerbate vaccine hesitancy among legislators and the public, so IPs must be prepared to provide education and counter this misinformation with vaccine-supportive evidence.

The purpose of this chapter is to describe the steps for educating policymakers during state legislative and rulemaking processes:

Step 1

Understand the state legislative process and rulemaking

Step 2

Understand the IP role in educating policymakers during public forums

Step 3

Provide information to support immunization and promote vaccine confidence

Step 4

Foster supportive partnerships

This chapter highlights key considerations, experiences from the field, IP and stakeholder insight, lessons learned, and resources to help IPs minimize the impact of vocal vaccine opposition during legislative and rulemaking processes and maximize efforts to inform policymakers of the value of immunization.

Information for this chapter was collected via semi-structured interviews with three IPs and two state immunization coalitions, as well as online searches for publicly available resources and supporting materials. Guidance and feedback were provided by an advisory board consisting of AIM members and partners.

Checklist for engaging in the legislative process

- ✓ **Dealing with legislative sessions, rulemaking, and other public forums can be very time-consuming, hectic, and draining.**
 - Develop and maintain a cadre of staff that can work together to evenly distribute the load.
 - Develop and maintain a broad coalition of partners, such as medical associations, school nurses, state education agencies, local public health departments, and large medical systems. Don't be shy about asking for partner support when allowed.
 - Work with upper management to realign competing priorities.
 - Ensure that IP staff members have adequate mental health support—such as access to an Employee Assistance Program—and take time for self-care.

- ✓ **It is highly unlikely that vaccine opposers are going to change their minds.**
 - Weigh the implications of not responding directly to vaccine opposers.
 - Do not lose sight of the end goal, which is to promote vaccine confidence. Define a strategy and stick to it!

- ✓ **Consistent messaging is important.**
 - Encourage partners to utilize consistent messages.
 - Share information among partners to keep everyone in the loop.
 - Do not get sidetracked by responding in detail to every argument opposing vaccines. Address opposition simply, stay on message, and know where to refer people if you do not have an answer.

- ✓ **Be cognizant of state rules and guidance.**
 - Refer to [AIM's Immunization Policy Resource Guide](#) for information on the line between education and advocacy.
 - Check with leadership for guidelines on using personal and professional social media accounts, the chain of command for approving communication materials, and policies for IP involvement in immunization coalition activities.
 - Review policies issued by your agency and legislature for addressing direct and indirect security threats.
 - Establish a relationship with key players in state government to understand state rules and procedures, such as rules of engagement with legislators and the role of IPs during public hearings.

- ✓ **Engage your immunization stakeholders and champions, in accordance with your state's rules.**
 - Look to immunization coalitions to mobilize support across stakeholders.
 - Encourage partners to include the perspective of those most impacted by proposed legislation or rules, such as parents, health providers, and school administrators.
 - Remember that this is a political process—there may be negotiations and deal making among legislators that you cannot control.
 - Be aware of the politics within your agency, as well as decision-makers' personalities and relationships.
 - In environments where IP feedback is not requested or considered, find other allowable and appropriate channels for delivering information.
 - Remain focused on the overall goal of protecting communities and reducing vaccine-preventable disease.



STEP 1

Understand the State Legislative Process and Rulemaking

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Understand the State Legislative Process and Rulemaking

It is important for IPs to understand the legislative and rulemaking processes and the extent to which they can engage.

Generally, new legislation is introduced by legislators based on personal interest and/or at the request of constituents, lobbyists, fellow legislators, and state government agencies. A proposed bill is referred to a specific committee for initial consideration, which is typically a health committee when immunization-related legislation is being considered. If the committee decides to proceed with the bill, it may hold a public hearing and vote on advancing it to the full chamber for debate and a vote. Bills may go through multiple committees. Bills that pass one chamber must then go through a similar process in the other chamber, if relevant, and then receive final approval by both chambers. A bill officially becomes law through signature by the governor or other action.

Government agencies often need to draft new administrative rules or propose changes to existing rules in response to new laws, or to clarify existing rules. This typically requires public notice, a public comment period, and public hearing(s), as well as upward review and approval, with final approval given by the governor.

Key Considerations

- + IPs may not learn about new bills until they are officially introduced and entered into publicly available legislative tracking systems.
- + In some states, a legislator can file a bill draft request (i.e., a brief summary of a planned bill) months before the start of a new legislative session.
- + Designated policy or legislative staff/offices at state health departments, sometimes also at the IP level, monitor newly proposed bills for immunization-related content.

IMMUNIZATION PROGRAM POLICY
RESOURCE GUIDE

CHAPTER 1

Advocacy Rules and the Legislative Process

Learn the basics, including how to distinguish among education, advocacy, and lobbying; an overview of the relevant rules and regulations to ensure appropriate engagement; and fundamentals of the legislative process to guide effective action.

Chapter 1:
Advocacy Rules and
the Legislative Process

www.immunizationmanagers.org/PolicyResourceGuide

EXPERIENCE FROM THE FIELD



Preparing for Potential Legislation

Our State Department of Health meets internally and with stakeholders to identify anticipated legislative activities, brainstorm about information needed to determine the agency's position on legislation, and align with partner organizations.

- + Be aware that many bills are introduced but may never receive serious consideration, even at the committee level. Your state legislative liaison can help identify and prioritize which legislation is expected to be seriously considered.
- + IPs and immunization coalitions may also hear informally about new legislation through contacts, such as vaccine manufacturers or medical association government liaisons.

Lessons Learned

- * **Be prepared.** Notification of new legislation may come at the last minute. Maintain a collection of responses to typical vaccine-opposing arguments that can be adjusted to address specific legislation.
- * **Use your legislative liaison.** Establish a good working relationship with the relevant legislative liaison for the IP. See chapter 2 of [AIM's Immunization Program Policy Resource Guide](#) for more information on working with legislative liaisons.
- * **Be proactive.** To the extent possible, work with your statewide immunization coalition and other stakeholders in accordance with your state rules to anticipate and discuss potential bills that could be proposed in the next session.



STAKEHOLDER INSIGHT

“In 2020, our state is looking at the board of health regulations process to see what might be accomplished through regulatory versus legislative changes. The outcome of this review will drive legislative priorities for the 2021 legislative session.”

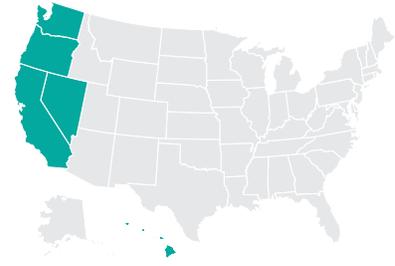
RESOURCES

Overview of state legislative processes:

- AIM Immunization Program Policy Resource Guide, [Chapter 1: Advocacy Rules and the Legislative Process](#)
- [How a Bill Becomes a Law at the State Level](#) (AAP)
- National Conference of State Legislatures — [Learning the Game](#)

EXAMPLES

Recent Legislative or Rulemaking Efforts in Five States



CALIFORNIA

Senate Bill (SB) 276, proposed by the chair of the Senate Committee on Health, would create a review process for medical exemptions by addressing loopholes created by 2015 legislation removing non-medical exemptions. The California Department of Public Health (CDPH) cannot take a position on any bill.

STATUS

Signed by the governor. Effective January 1, 2021, the law authorizes CDPH to review medical exemptions when:

- ♦ ***A school's vaccination rate falls below 95 percent,***
- ♦ ***A doctor writes more than 5 medical exemptions per year beginning on January 1, 2020, or***
- ♦ ***A school fails to provide reports of vaccination rates to CDPH.***

Additionally, all medical exemptions must be submitted annually and directly into the California Immunization Registry on a standardized form.

HAWAII

The Hawaii Department of Health proposed changes to Hawaii Administrative Rules, Title 11, Chapter 157, to update the state's immunization requirements for school attendance to align with Advisory Committee on Immunization Practices (ACIP) recommendations. The rules had not been updated since 2001.

STATUS

Signed into law by the governor. Beginning July 1, 2020, additional vaccinations will be required for students entering childcare or preschool, kindergarten, 7th grade (including HPV), and post-secondary schools, as well as any students starting school in Hawaii for the first time.

NEVADA

A Nevada legislator sponsored a bill, referred to the Assembly Education Committee, that would require schools to:

- Annually submit to the Nevada Division of Public and Behavioral Health (DPBH) a de-identified list of students with religious and medical exemptions, and
- In the event of an outbreak, report exempt students' information to local, state, and federal health agencies, as determined by the level of response needed.

It also would require religious and medical exemptions to be submitted annually on a standardized form provided by DPBH.

STATUS

Passed out of the Assembly Education Committee and referred to the Senate Education Committee. Failed to move forward due to the negative impact of amendments made by the Assembly Education Committee.

OREGON

House Bill (HB) 3063, first heard in the House Committee on Health Care, would remove non-medical exemptions with chief legislative sponsors from areas impacted by the 2019 measles outbreak. The governor supported the bill, so the Oregon Health Authority (OHA) was given the green light to support the bill; this is unusual for a bill not introduced by OHA.

STATUS

Died in the Senate after passing the House. Senate Republicans staged a walk-out during state budget negotiations. Democrats agreed to kill the bill, along with a gun control bill, to allow passage of a major tax measure to fund schools.

WASHINGTON

HB 1638 was proposed in the House, referred to the Health Care and Wellness Committee, to eliminate philosophical exemptions for MMR vaccine and in the Senate, referred to the Health and Long-Term Care Committee. An amendment was added to require staff and volunteers of licensed childcare centers be vaccinated against measles. The Washington State Department of Health officially supported the bill.

STATUS

Legislation to eliminate philosophical exemptions for MMR vaccine and to require staff and volunteers of licensed childcare centers to be vaccinated against measles was signed into law by the governor effective July 28, 2019.



STEP 2

Understand the IP Role in Educating Policymakers During Public Forums

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Understand the IP Role in Educating Policymakers During Public Forums

This section provides background information on public hearing processes, including legislative hearings, administrative rule hearings, and other public forums. For IPs to understand their role in combatting misinformation and promoting vaccine confidence during public hearings, they need to be aware of how public hearings are structured in their jurisdiction.

2.1 LEGISLATIVE HEARINGS

Legislative public hearings are run by legislators and their staff, so IPs and immunization coalitions typically do not have a role in organizing them unless specifically requested by legislators or administrators in the health department. However, most IPs can have a role in sharing information prior to legislative hearings and answering legislator questions and helping prepare the state health officer or others to testify. In rare cases, immunization program managers can testify.



EXPERIENCE FROM THE FIELD

Promoting Vaccine Confidence During Health Committee Hearings

For the 2019 exemption legislation, the medical director and health agency director provided personal stories in their testimony on behalf of the State Health Department. Other supporters who testified included physician organizations and parents of children with contraindications to vaccines. The IP was not involved in organizing supporter testimony.

Key Considerations

- + The format for legislative hearings, such as the length, order, code of conduct, and content of public testimony, varies by state.
- + State health departments may or may not be allowed to take an official position on a bill. Your agency's legislative liaison can help you understand the relevant rules, process, and culture in your state.
- + An IP's role in testifying in public hearings or coordinating or soliciting testimony of immunization supporters can vary. Your agency's legislative liaison can help you understand the relevant rules, processes, and culture in your state.
- + The number of people testifying for or against a bill is often balanced with feedback that legislators receive via emails, letters, visits, and public comments submitted before the hearings.
- + Misinformation about vaccines presented in public testimony becomes part of public record, with no official way to directly counter it.

- + Legislators, health officials, and stakeholders may be surprised at the level of resistance and tactics used by vaccine opposers in response to proposed legislation.
- + In some cases, vaccine opposers may directly harass health officials and immunization program staff. Look to policies from your agency and legislature for addressing direct and indirect security threats.



STAKEHOLDER INSIGHT

“For the 2019 exemption legislation, the first public hearing was the most intense and publicized. There were hundreds of public commenters and, even given the limits on what they could say (name, organization, and whether for or against the bill), public testimony lasted for 5 to 6 hours.”

EXAMPLES

Structure and Process of Legislative Hearings in Three States



First, the bill sponsor calls witnesses for ten minutes of oral testimony, followed by the opposition. Then the meeting is opened for public comment. Discussion is held among committee members and questions are posed to the bill sponsor/witnesses and opposition/witnesses, then a vote is held. During oral testimony, public comments are limited to name, organization represented, and position for or against the bill. Written testimony and letters of support/opposition can be submitted during a public comment period.



During legislative hearings, the bill is introduced by the bill sponsors along with any background information needed. Next, the committee can ask questions, followed by public testimony from supporters, opponents, and neutral parties—in that order. The committee does not provide its questions ahead of time to presenters of the bill. Written testimony can also be submitted, as can background information. For the 2019 exemption legislation, Immunize Nevada testified and provided support to the bill sponsor.



The main legislative hearings are held by committees. Committee hearings are typically limited to two hours, which can limit oral testimony. Written testimony and supplemental materials can be submitted. Additionally, a position on the bill can be submitted in-person via an electronic system.

Lessons Learned

- * **Do your homework.** Familiarize yourself with the format and protocols of legislative hearings and potential role of the IP.
- * **Learn from other IPs.** Leverage experiences of other IPs with recent legislative sessions to galvanize support within your state and prompt leadership to prepare for future legislation that may provoke vaccine opposition.
- * **Be safe.** Know your agency and legislature's policies for addressing security threats.
- * **Use your legislative liaison.** Contact your legislative liaison to understand the relevant rules, processes, and culture in your state.
- * **Be proactive.** Answering legislators' questions prior to legislative hearings is particularly important to establish a foundation of vaccine-supportive evidence.
- * **Be strategic.** For IPs that have a say in who is invited to testify:
 - If state protocol allows, share testimony opportunities across partners to present a variety of perspectives (e.g. clinical impact, public health impact). This will ensure efficient use of the short amount of time allotted for testimony.
 - Try to find people from committee members' respective jurisdictions to testify.

RESOURCES

Examples of legislature-provided guidelines on how to testify to a legislative committee:

- Oregon State Legislature — [How to Testify to a Legislative Committee](#)
- Washington State Legislature — [How to Testify in Committee](#)

Examples of legislature-provided rules for behavior during hearings:

- [Colorado General Assembly Guide to Public Hearings](#)
- [Washington State Legislature — House Hearing Room Rules: A Reminder](#)

2.2 ADMINISTRATIVE RULE PUBLIC HEARINGS

Public hearings are generally required for administrative rule changes. Each state has its own rules for running public hearings and related public notice; the Office of the State Attorney General (or similar) can advise IPs on the state-specific rules and procedures for public hearings. The IPs may or may not be involved in public hearings, with responsibility ranging from running the public hearing or working to provide content expertise to the department of health or other agency. Given recent IP experiences with the turnout and behavior of vaccine opposers in public hearings, it is vital to consider venue space and security measures when planning hearings.



EXPERIENCE FROM THE FIELD

Role During Administrative Rule Hearing

Our State Board of Health, separate from the health department, has rulemaking authority and is responsible for running public meetings for administrative rule changes. The IP provides content expertise and works closely with the Board of Health throughout the process.

Key Considerations

- + Expect crowds and contentious comments.
- + The IP may or may not be allowed to recruit vaccine supporters to testify during a public hearing. It is important to know the rules in your state and, where appropriate, to consider methods of ensuring that pro-vaccine voices are represented.
- + Having adequate security is important for helping participants and organizers feel safe in the presence of hostile vaccine opposers. Note that the presence of security may not discourage attendees from exhibiting disruptive behavior during public hearings.
- + If utilizing a non-government facility to hold the meeting, check the rental space's policy for code of conduct and security provisions.
- + The IP may be responsible for recording, transcribing, and posting hearing proceedings. Transcripts may need to be cleaned before being made accessible to the public to remove profanity.



EXPERIENCE FROM THE FIELD

Running an Administrative Rule Hearing

The IP held administrative rule hearings in 2019 to update school entry requirements. The IP did not have specific written protocols for running a public hearing because they are held infrequently. The program consulted its deputy attorney general to understand the process and obligations under state law. Through its deputy attorney general, the IP requested a hearings officer as well as security (two uniformed officers, one outside and one inside the meeting room). The IP recorded and transcribed the hearing and posted the audio files and transcripts online. Transcripts and written testimony were cleaned before posting, and the following warning was provided with meeting materials:

“Please be advised that profanity has been redacted from written and transcribed testimony files but was not removed from audio recordings. All testimony (written, oral, and transcribed) may contain language and content that could be deemed as offensive. Testifier’s contact information has been redacted in the effort to protect privacy.”

Lessons Learned

- * **Provide access.** Consider providing increased public access to hearings, such as airing hearings through webinars or livestreams.
- * **Trust in stakeholders.** Rely on immunization coalitions and other partners to recruit vaccine supporters who will attend public hearings. Set up this process while you aren't in the middle of legislative sessions or rulemaking.
- * **Anticipate opposition.** Draft behavior guidelines or a code of conduct that hearing attendees must follow. Use rules suggested by state legislatures as a model.
- * **Minimize direct conflict.** If there is a choice of meeting format, allow public testimony without a comment-and-response with public officials.

- * **Be clear.** Instruct hearing officers to provide clear behavior guidelines at the onset of hearings.
- * **Be prepared.** Know your agency’s policies for addressing direct and indirect threats and providing security.

RESOURCES

- [Colorado General Assembly Guide to Public Hearings](#)
- Washington State Legislature — [House Hearing Room Rules: A Reminder](#)
- State of Hawaii, Department of Health — [sample notice of administrative rule hearing](#)
- State of Hawaii, Department of Health — [examples recordings and transcriptions](#) from HAR Title 11, Chapter 157, “Examination and Immunization” Proposed Amendments
- WHO Best practice guidance: [How to respond to vocal vaccine deniers in public](#)

2.3 OTHER PUBLIC FORUMS

Other public forums potentially involving IPs include state immunization advisory committees. Any public meeting that involves vaccine-related discussion provides an opportunity for vaccine opposers to participate.

Key Considerations

- + IPs may or may not have guidance on meeting protocols for public meetings.
- + Crowd control and overall meeting management may have to be adjusted in response to increased participation and hostile behavior.
- + The pros (e.g. transparency) and cons (e.g. security and crowd control concerns) of holding non-required public meetings should be carefully weighed.



EXPERIENCE FROM THE FIELD

Logistics of Public Hearings

The state Vaccine Advisory Committee is not bound by public meeting rules but follows them anyway. The IP is responsible for meeting logistics. Each quarterly meeting includes a ten-minute public comment period.



PROGRAM MANAGER INSIGHT

“Non-required public hearings are a difficult environment to control and are not an effective way to change people’s minds or reach those who are vaccine hesitant.”

Lessons Learned

- + **Be prepared.** Develop or adjust meeting protocols to anticipate large and vocal vaccine opposition.
- + **Anticipate aggressive behavior.** Work with state attorney general office to ensure that sufficient policies are in place to manage crowds and attendee behavior.
- + **Prevent conflict.** Do not engage in direct arguments with vaccine opposers. Remain calm. Be cognizant that meetings are often recorded by outside attendees and may be posted to their social media or websites.

RESOURCES

- OR: [Guidelines for public meetings](#) (start on page 45)

As noted in the WHO’s best practice guidance¹, remember that the objective “is not to try and convince the vocal vaccine denier/objector to change their mind or concede defeat. Instead, the goal of the discussion is to mitigate the negative impact that the denier has on the audience.”

¹ Best practice guidance: How to respond to vocal vaccine deniers in public (2016)







STEP 3

Provide Information to Support Immunization and Promote Vaccine Confidence

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Provide Information to Support Immunization and Promote Vaccine Confidence

3.1 INFORMATION FOR THE PUBLIC DURING THE LEGISLATIVE/RULEMAKING PROCESSES

Providing factual vaccine-related information is a core responsibility of IPs during the legislative/rulemaking process. This may include addressing specific questions from lawmakers and the public, taking notes during hearings, responding to Freedom of Information Act (FOIA) and media requests, and conducting bill analyses.



IP INSIGHT

“Countering misinformation will not change the minds of vaccine opponents, but the audience is really those who are on the fence about vaccines.”

Key Considerations

- + Consider each legislator’s level of expertise on relevant issues when responding to questions and preparing testimony.
- + Responses to legislator questions typically go through higher level agency review channels before being submitted to legislators.
- + Develop a working Q&A document with responses to commonly asked questions. These documents typically address arguments and misinformation from vaccine opponents.
- + Expect an influx of FOIA requests, which may require quick turnaround. Each state has its own rules for submitting and responding to open records requests.
- + Develop a plan to handle misinformation on social media platforms.
- + Media inquiries will likely occur so know the chain of command for responding.
- + Be prepared to provide fact-based information on all aspects of vaccination and vaccine-preventable diseases.

EXPERIENCE FROM THE FIELD



Potential Challenge During Committee Hearings

In our state, proposed legislation was referred to the education committee rather than the health committee. These legislators were not as familiar with health issues. As a result, they needed additional explanations and their questions were not always on topic.



IP INSIGHT

“Be aware that information that the IP provides to others in the health department or to sister agencies to support their testimony may not necessarily be utilized.”

EXAMPLES

Three IP experiences in providing information during 2019 legislative session/rulemaking

TO LEGISLATORS



The IP responded to questions from legislators and the governor, prompted by constituent comments.



IP staff provided information for the health director’s testimony, watched the public hearings, scanned submitted testimony, and responded to questions from legislators. Over time they developed a Q&A document to collate responses to common questions and comments.



The IP responded to extensive questions from legislators, partners, staff, and the governor’s office. Responses were formally reviewed up through the department of health. IP staff also monitored public hearings and took official notes.

TO THE PUBLIC



The IP reviewed and categorized all public testimony and written comments submitted during the public comment period, and developed responses.



The IP responded to questions from the public. The IP was also directed to increase its social media posts on Facebook and Twitter and to provide more content for the State Department of Health posts. Social media content was about general vaccine safety since they could not address the bill directly, and it received pushback in the form of social media comments.



The IP responded to questions from the public and numerous media inquiries, often related to the measles outbreak. Because the agency took an official position in support of the exemption removal bill, the IP was able to provide a statement supporting the removal of exemptions as a strategy for addressing outbreaks.

Lessons Learned

- * **Do your homework.** When responding to questions, familiarize yourself with the committee members and their levels of expertise on relevant issues.
- * **Be strategic with resources.** Create or adapt a Q&A document to reduce staff workload and keep messaging consistent.
- * **Be organized.** Keep resources in a central location (electronic or physical) that is accessible to all relevant staff.
- * **Use plain language.** Ensure that information is easy to understand, especially if it is intended for legislators or the public.
- * **Expect pushback.** Have a strategy for addressing social media comments.
- * **Be clear.** Know your policies and the chain of command for responding to media inquiries.

RESOURCES

Sample testimony of IP

- California Legislative Information — [SB-276 Bill Analysis](#)
- Hawaii Tribune-Herald — [DOH looks to update immunization requirements for students](#)
- State of Hawaii, Department of Health — HAR 11-157 [Responses to Concerns Submitted in Testimony](#)
- School and immunization resources in support of testimony on exemption legislation:
 - ASTHO — [Comparison of FERPA and HIPAA Privacy Rule for Accessing Student Health Data Fact Sheet](#)
 - ASTHO — [Public Health Access to Student Health Data: Authorities and Limitations in Sharing Information Between Schools and Public Health Agencies Issue Brief](#)
 - NACCHO — [Statement of Policy: Access to School-Based Data](#)



Immunization Program Policy Toolkit

RESOURCE LIBRARY



Find immunization bills, sample testimony, and analysis in the **LEGISLATION** section of the Immunization Program Policy Library.

www.immunizationmanagers.org/IPP_Legislation



Addressing Medical Freedom Arguments

One argument getting traction among vaccine opponents and some legislators relates to medical freedom, or having personal jurisdiction over medical decisions. A few suggestions to counter these arguments include:

#1 The Right to a Healthy Environment for All Children

- School is a shared environment: personal freedom has never been unlimited and must be balanced against the risk of getting other people’s children (or at-risk adults that are school employees) sick, or to make schools less safe for others. There are already many regulations that apply to school children, so it’s hardly an unregulated environment.
- There is value in herd immunity: all children have the right to go to school and daycare in an environment that has the highest vaccination rates possible, resulting in a low risk of disease exposure.

#2 The Value of Promoting a Healthy Community

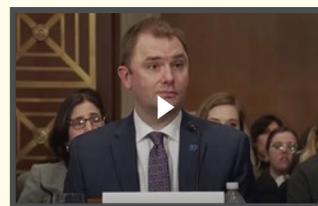
- Protection goes beyond schoolchildren: ensuring a high level of vaccination is important to immunocompromised individuals, pregnant women, infants too young to be fully immunized, under-immunized individuals, vaccinated individuals who did not develop immunity, and elderly individuals. They are all at risk and depend on community immunity.

TIPS YOU CAN USE

Testimony from parents of immunocompromised children and organizations supporting the immune-compromised can be influential and help counter opposing testimony. Watch the 2019 U.S. Senate committee hearing on the benefits of vaccines amid the measles outbreak on YouTube, which includes testimony from John Boyle, Executive Director of the Immunodeficiency Foundation.

“My life, along with the lives of hundreds of thousands of us who are immunocompromised depend on community immunity. We depend on vaccines.”

John Boyle, Executive Director, Immunodeficiency Foundation



IPs must address the programmatic impact of new legislation or rule changes. For example, developing and distributing education materials for those impacted by enacted changes. The goal is to inform the public about the timing and implementation of new laws or rules, and to ease any fears or doubts about potential impact.

Key Considerations

- + IPs may not have official strategies for managing programmatic impact from new legislation or rule changes.
- + IP staff resources may be strained while supporting implementation, which can make attending to regular responsibilities challenging. It may be helpful to have explicit discussions and—where appropriate—offer recommendations on the level of new resources necessary to adequately implement new policies.
- + IPs will experience an increase in questions from the public and will need to strategize how to maintain consistent messages on new policies.
- + Many state legislatures will produce an analysis of proposed legislation, often called a Fiscal Note, that outlines the costs and other considerations necessary for implementation. This can help guide planning discussions.
- + IPs may be restrained from preparing for a change, other than sketching out “what-if” plans, until the legislation or rulemaking has officially passed.
- + It’s important to get information out quickly to address implementation questions, as well as to keep messages consistent and adapt them as needed.



EXPERIENCE FROM THE FIELD

Importance of Timing

The IP created a dummy website as a template for draft implementation materials. The test URL was obtained by a constituent, who then complained to their legislator. This contributed to a negative perception of the government, and damage control was time-consuming.



PM INSIGHT

“In some cases it may be best not to have plans because the perception of those opposed to the changes was that the result had been predetermined.”

Lessons Learned

- * **Google is powerful.** Do not post anything in a public environment prior to receiving final approval.
- * **Use stakeholders.** Use immunization coalitions to support communication needs when implementing legislation/rulemaking.
- * **Be prepared.** Anticipate increased questions and strategize to maintain a consistent message, such as creating or adapting a Q&A document.



STAKEHOLDER INSIGHT

“Though exemption legislation did not pass, the coalition experienced an increased volume in calls at back-to-school time on how to file an exemption. The coalition developed a quick training on its exemption procedures for its staff to ensure accurate and consistent responses, and also provided the information to its local public health districts.”

RESOURCES

- State of Hawaii, Department of Health — [Hawai'i Department of Health announces new school immunization requirements to begin July 1, 2020](#)
- The Maui News — [New immunizations required for public school next year](#)
- KHON2 — [State Health Official Explains New School Immunization Requirements](#)
- Washington State Department of Health — [MMR Vaccine Exemption Law Change FAQs](#)
- California Department of Public Health — [Vaccinations and Medical Exemptions Questions and Answers](#)

Build Your Own Q&A Document

Creating a Q&A document can help reduce staff workload and keep messaging consistent. Here are steps to consider when designing your own:

✓ **Step 1: Identify which issues to address.**

- Use bill analyses conducted by legislative staffers to identify key issues both for and against the bill, and develop a list of bill supporters and opponents.
- Use misinformation about vaccines presented in public testimony to prioritize issues to address in the Q&A.
- Reference questions and comments to current and prior immunization-related legislation and rules.

✓ **Step 2: Identify information to include.**

- Provide evidence-based research in simple terms to support statements or counter misinformation.
- Understand the basis for vaccine opposers' arguments to help craft language to combat misinformation.
- Refer to other IP Q&A documents and other existing information and resources from vaccine-supportive national organizations.

✓ **Step 3: Go through all necessary upward review channels to ensure approval.**

✓ **Step 4: Determine a distribution strategy, if relevant.**



Immunization Program Policy Toolkit

RESOURCE LIBRARY



Find examples of Q&A documents in the members only - **GENERAL TOOLS** section of the Immunization Program Policy Library.

www.immunizationmanagers.org/Policytoolkit



Effective Education Strategies

Get tips on creating an education plan, creating messages, and building relationships with key policymakers.



www.immunizationmanagers.org/PolicyResourceGuide

3.3 PROACTIVE LEGISLATOR EDUCATION ON IMMUNIZATION/PUBLIC HEALTH ISSUES

Educating legislators early and often on immunization issues can help limit vaccine hesitancy that may arise with newly proposed legislation.

Key Considerations

- + IP staff may be restricted from contacting legislators, so check with your legislative liaison about rules of engagement.
- + The department's legislative liaison may be able to deliver key messages for you.
- + Immunization coalitions and other partners often have more freedom to work directly with legislators.



EXPERIENCE FROM THE FIELD

Coalition Interaction with Legislators

The immunization coalition staff conduct brief visits to the staff of new legislators to introduce themselves and share contact information, which is a good way to initiate connections. Because of how contentious the immunization-related bill was during the last state legislative session, coalition staff or their partners may also follow-up with legislators to thank those that supported the bill and to remind them of the best-available resources and people to contact with questions or concerns.

Lessons Learned

- + **Use your resources.** Work closely with the legislative liaisons—they can effectively deliver key messages for you.
- + **Use stakeholders.** Strategize with local coalitions and other partners who can advocate to proactively educate legislators on the value of immunizations.
- + **Tailor the message.** Develop report cards or other comparative immunization information, down to the legislative district level if possible, so that legislators feel more connected to the information.

RESOURCES

- Vaccinate your Family — [State of the ImmUnion Report](#)
- Immunize Nevada — [2019 National Infant Immunization Week letter for legislative staff](#)
- Sample report cards:
 - [Washington Immunization Scorecard 2017](#)
 - [Immunize Colorado — Legislative District Fact Sheets](#)
 - [Oklahoma Alliance for Healthy Families — Downloadable Resources](#)
 - Michigan Department of Health & Human Services — [County Immunization Report Card](#)



Immunization Program Policy Toolkit

RESOURCE LIBRARY



Search the Immunization Program Policy Library to find resources for **SUPPORTING INVESTMENT** in immunization

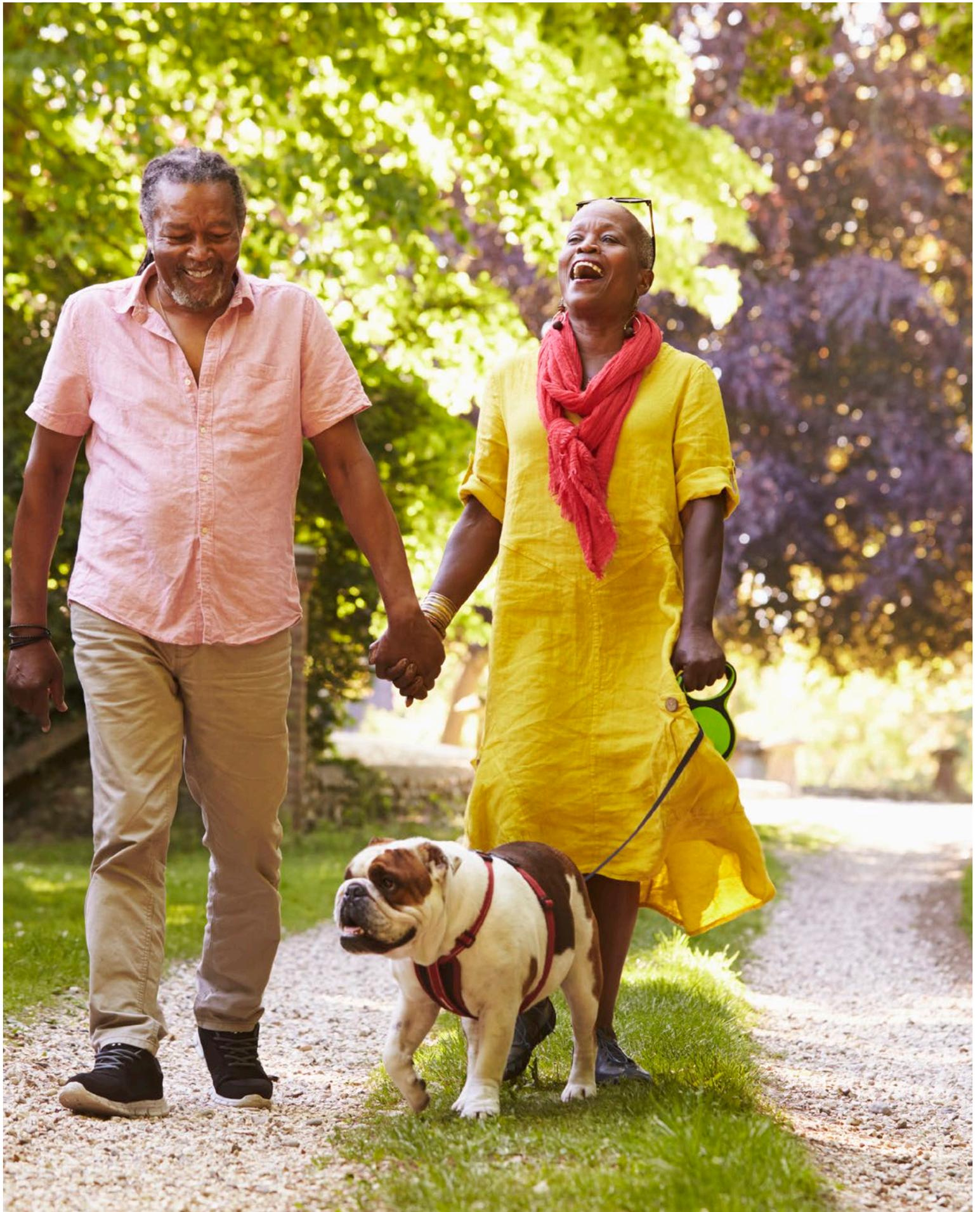
www.immunizationmanagers.org/IPP_Supporting-Investment-in-Immunizations



Tips for Providing Information to Legislators

- + Legislators are interested in information relevant to their jurisdiction and how they compare to other districts.
- + Link information—including testimony—with current issues, news, and potential impacts on cost.
- + Always be respectful in communications with legislators and their staff.
- + Keep print communications to one page in length—legislators will ask questions if they need more information.
- + If you can visit legislative staff offices in-person, be brief and succinct.







STEP 4

Foster Supportive Partnerships

STEP 4

Foster Supportive Partnerships

IP partners are often involved in activities that promote a pro-vaccine position on immunization-related legislation or rule changes. IPs may directly engage with partners, such as coordinating testimony in support of proposed legislation. However, some IPs may be restricted from direct involvement because they need to be neutral. Partnerships discussed in this section include immunization coalitions, parent advocates, and others.

Immunization Coalitions

Statewide immunization coalitions play an important role in the legislative/rulemaking process. They provide an existing network of known immunization supporters, and are able to play the role of an advocate. IP funding support and level of involvement in state coalition activities varies by state. Local immunization coalitions also exist in some states.

Parent Advocates

The involvement of parent advocates, such as parents of immunocompromised children, is very valuable for countering testimony by parents who oppose vaccines.

Other Partners

Other valuable partners can include medical professional associations (e.g., state chapter of the American Academy of Pediatrics), school-related organizations (e.g., State Education Association, the Board of Education), local public health departments, Planned Parenthood, and other local grassroots groups. (See also Chapter 2 of the AIM Immunization Program Policy Resource Guide.)



EXAMPLES

IP Support and Involvement with Immunization Coalitions in Five States



IP staff attend board meetings as guests to provide information; they do not serve on the board.



The coalition is board-driven. IP staff can sit on the board, but cannot hold leadership positions.



The coalition is a sub-grantee of the IP and receives funding from the IP. The coalition raises separate funds to support lobbying/advocacy. IP staff are not on the board.



The IP provides funding to the coalition and is a partner agency, with representation on the steering committee. The coalition is fairly new and is run by a nonprofit health system.



The coalition is housed at a nonprofit agency. IP staff are active members and help guide the direction of coalition activities.

EXAMPLES

Samples of Immunization Coalition Activities During the 2019 Legislative Session/Rulemaking in Three States



The coalition informally reviewed the bill language, was part of strategy discussions on getting the bill passed, aided the bill sponsor's staff per their request, testified at public hearings, and responded to media requests.



The coalition rallied supporters to contact the governor's office to counter opposing viewpoints, spoke at public hearings, sent email blasts to members to rally support, and generated talking points and provided sample testimony.



The coalition worked with the freshman legislator who introduced the bill to help clarify goals and assistance needed. Staff spoke at public hearings, provided comments to amend the original bill language, watched the public testimony and provided the bill sponsor with responses to misinformation, and published a blog post supporting the proposed legislation.

Key Considerations

- + For immunization coalitions:
 - IPs may or may not have a coalition or be able to help fund their activities.
 - IPs may or may not have state rules or regulations regarding IP staff involvement in coalition work.
 - IPs may want to consider the public perception of coalition involvement during legislative proceedings, even if involvement is within the boundaries of state rules.
- + For parent advocates:
 - Local parents who support vaccines, such as those with immunocompromised children, can be hard to find.
 - Parent advocates may need help understanding that compromise is typically necessary to get legislation passed.
 - IPs generally cannot work directly with parent advocate groups, other than providing educational or factual information.
- + Some partners who support legislation or proposed rules may be reluctant to go on the record due to fear of retaliation.



STAKEHOLDER INSIGHT

“In our state, a parent who was going to testify in support of the 2019 exemption legislation backed out at the last minute when they saw people they knew on the opposition side.”

Immunization Program Policy Toolkit

RESOURCE LIBRARY



Find resources for sharing stories on the value of immunizations in the stories on immunization value section of the Immunization Program Policy Library

www.immunizationmanagers.org/IPP_Stories-on-Immunization-Value





EXPERIENCE FROM THE FIELD

Being Strategic About Support

In our state, testimony from legal professionals significantly helped legislative committees such as the Judiciary Committee. For the health and education committees, testimony from parents of immunocompromised children provided a counterbalance to the voices testifying that their children were injured by vaccines.

Lessons Learned

- + Be strategic. Encourage the coalition to consider who will be impacted by proposed legislation or rules when deciding who should be targeted.
- + Anticipate resistance. Consider keeping feedback from vaccine supporters anonymous to help address concerns about personal retaliation from vaccine opposers.
- + Do your homework. Be clear on regulations regarding your support and involvement with immunization coalitions.
- + Think twice. Reevaluate any direct public involvement with coalitions during the legislative process.
- + Follow the rules. Remember that written communications with partners can be obtained through FOIA requests.

RESOURCES

- Hawaii Immunization Coalition — [Sample Testimony](#)
- Immunize Nevada — [Sample Testimony](#)
- Immunize Nevada — [The ABCs of AB123](#)
- Websites featuring examples of parent advocacy groups, such as Vaccinate California or Voices for Vaccines <https://vaccinatecalifornia.org/> or <https://www.voicesforvaccines.org/>
- Families Fighting Flu – [Family Stories](#)
- Website of National Network of IZ Coalitions <https://www.immunizationcoalitions.org/>

*This toolkit was made possible through support from GSK.
Go to www.immunizationmanagers.org/vaccineconfidencetoolkit to
learn more about the AIM Vaccine Confidence Resource Guide.*



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