

Good afternoon, Chairman Weisz and members of the Human Services Committee. My name is Molly Howell, and I am the Immunization Director at the North Dakota Department of Health (NDDoH). I am here to provide testimony in opposition to HB1320.

Before immunizations were available, diseases like diphtheria, measles, whooping cough, polio, *Haemophilus influenzae* type B and rubella caused severe illness, hospitalization and death in the United States. More than 15,000 Americans died of diphtheria in 1921, before there was a vaccine. Because of the successes of vaccines, many people have forgotten these diseases.

Most vaccine-preventable diseases are spread from person-to-person. Vaccines not only protect the individual receiving the vaccine, but they also protect others around them, including children and adults who are unable to be vaccinated for medical reasons or who have weakened immune systems. The more people who are vaccinated, then the fewer opportunities there are to spread disease.

In addition to preventing disease, hospitalization and death, vaccination reduces costs. For every \$1 spent on vaccines, the United States saves \$10.90.¹ The vaccination of children born between 1994 and 2018 has saved the U.S. nearly \$406 billion in direct medical costs and \$1.88 trillion in total societal costs. Vaccination of one birth cohort (children born in 2009) will prevent ~42,000 early deaths, 20 million cases of disease, save \$13.5 billion in direct costs and \$68.8 billion in total societal costs.² In 2017, the Minnesota Department of Health spent \$2.3 million in five months responding to an outbreak of 79 cases of measles.³

Childcare, school and university immunization requirements play an important role in increasing immunization rates and ensuring environments where children congregate are safe. North Dakota has one of the most relaxed

¹ <https://doi.org/10.1542/peds.2013-0698>

² [Vaccines Are Cost Saving | Vaccinate Your Family](#)

³ [MN Health Dept. Spent \\$2.3M During 5-Month Measles Outbreak – WCCO | CBS Minnesota \(cbslocal.com\)](#)

childcare and school immunization policies in the United States. North Dakota allows medical, religious, and moral/philosophical exemptions. Parents simply have to sign a document prior to school entry to claim a religious, moral/philosophical exemption. North Dakota is only one of 15 states that still allow moral/philosophical exemptions; many of the other states that allow philosophical exemptions require a notary signature or education from a healthcare provider prior to claiming an exemption. Five states only allow medical exemptions and don't offer religious or philosophical exemptions.⁴ States that have easily-obtained personal belief exemptions have higher rates of pertussis and measles.^{5,6} If HB1320 were to pass, North Dakota would be the only state in the United States without childcare and school immunization requirements, putting North Dakota children at even greater risk for vaccine preventable diseases due to decreased immunization rates.

Preliminary school immunization entry rates from this past school year, show that 93.22% of kindergarten students were up-to-date for measles, mumps and rubella (MMR) vaccine. This is a decline from the previous school year, where the rate was 94.75%. Likely due to the COVID-19 pandemic, fewer schools (missing 48) reported school immunization rates and struggled with enforcement. Please see the chart below for historical kindergarten immunization rates in North Dakota. To achieve community (herd) immunity to measles, which is highly contagious, experts recommend a 95% vaccination rate. According to the Centers for Disease Control and Prevention, North Dakota ranked 29th in the nation for school MMR rates for the 2018-2019 school year.⁷

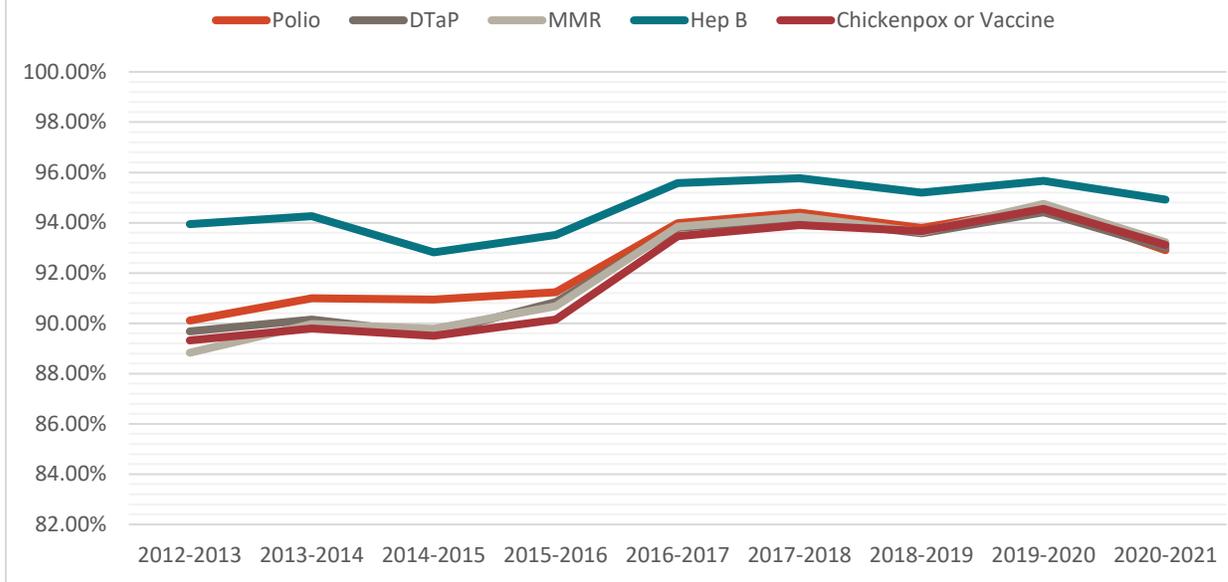
⁴ [States With Religious and Philosophical Exemptions From School Immunization Requirements \(ncsl.org\)](https://www.ncsl.org/legislative-analysis/family-childcare/legislation/2019/religious-philosophical-exemptions-from-school-immunization-requirements.aspx)

⁵ [Nonmedical Exemptions to School Immunization Requirements: Secular Trends and Association of State Policies With Pertussis Incidence | Infectious Diseases | JAMA | JAMA Network](https://pubmed.ncbi.nlm.nih.gov/32311111/)

⁶ [Individual and community risks of measles and pertussis associated with personal exemptions to immunization - PubMed \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/32311111/)

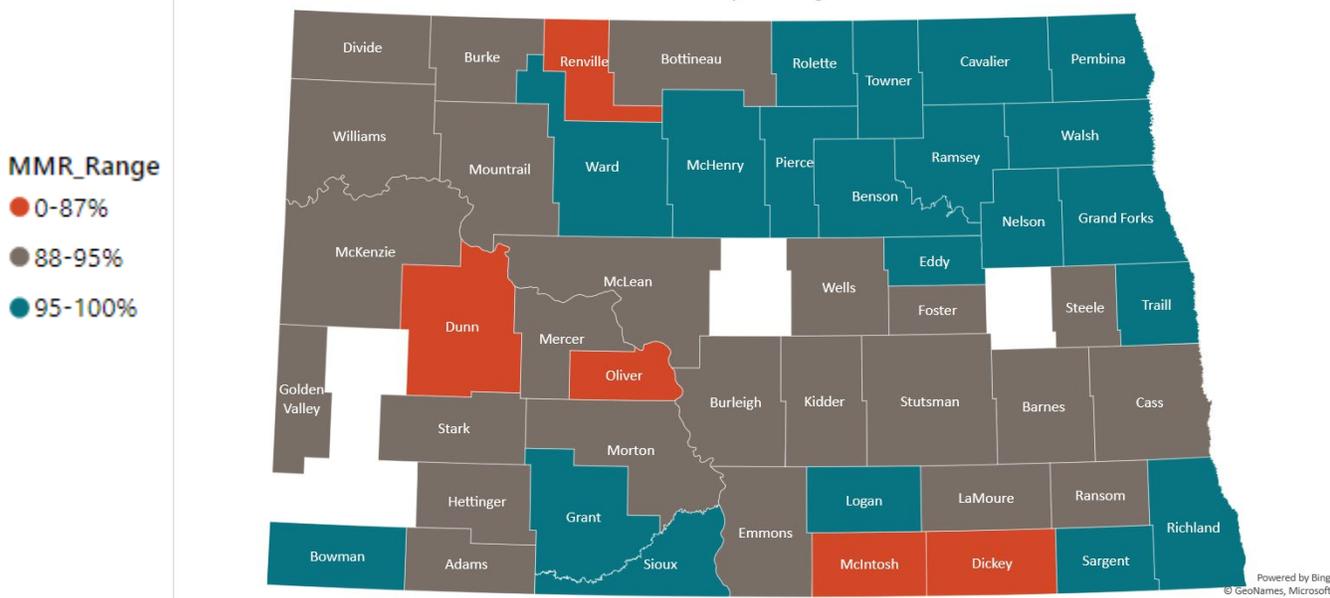
⁷ [SchoolVaxView School Vaccination Coverage | CDC](https://www.cdc.gov/schoolvaxview/)

North Dakota Kindergarten Immunization Rates

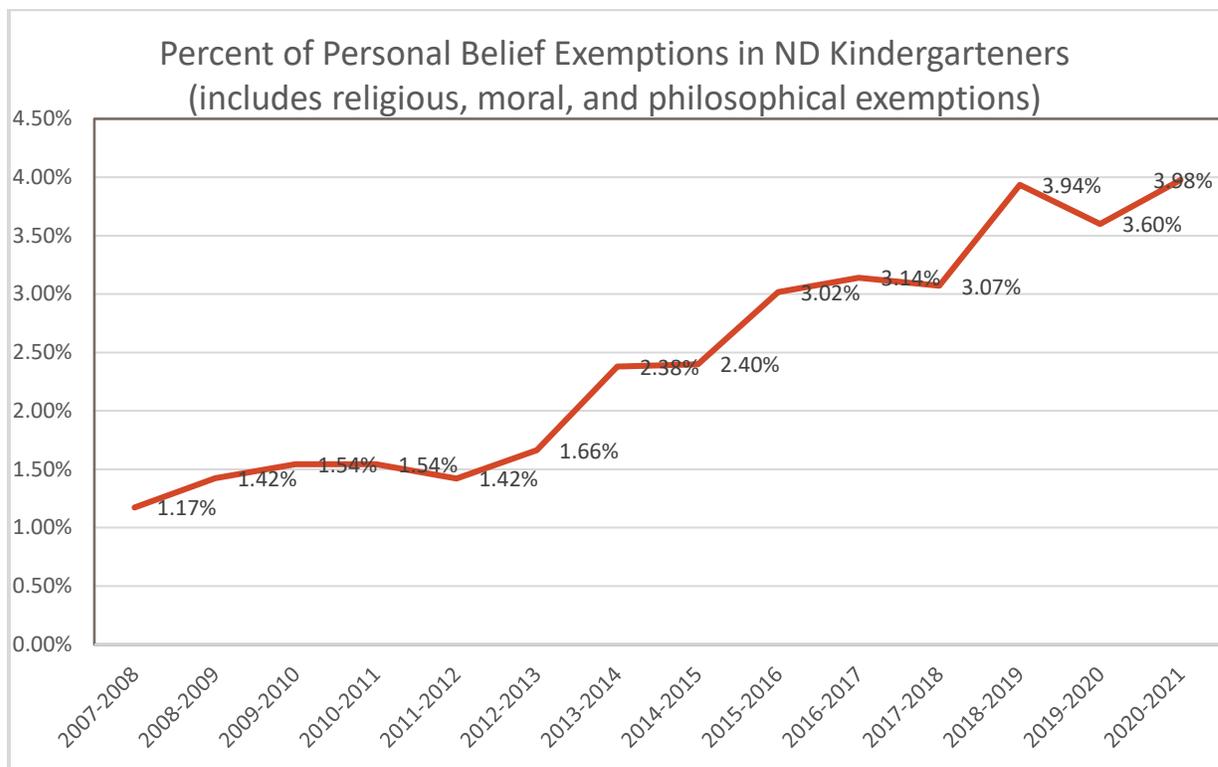


Immunization coverage rates cannot be looked at just at a statewide level, but also must be monitored at the county and school levels. County MMR coverage rates range from 75% to 100%. School-level MMR rates range from 0% to 100%. This makes risks of outbreaks greater in pockets of un- or underimmunized children. Without immunization requirements, it is likely that immunization rates would decline, creating a greater risk for outbreaks.

2020-2021 Preliminary Kindergarten MMR Rates



North Dakota kindergarten exemption rates have increased most years. This past school year, personal belief (philosophical, religious) exemption rates were 3.91% (395 children). Up from 3.60% the previous year. Since the 2007-2008 school year, a 240 percent increase in exemptions has been reported in North Dakota. Please see the graph below for historical exemption rates. Because exemptions are so easy to claim in North Dakota, many schools and local public health are reporting that some of these exemptions are not truly exemptions, but just parents signing the form, so their child won't be excluded from school. Why eliminate NDCC 23-01-17.1, which already allows parents decline immunization for their children?



Eliminating NDCC 23-01-17.1 would also eliminate powers of the state health officer to respond to vaccine preventable outbreaks in childcares and schools, including excluding children who are not immunized when an outbreak is ongoing.

Section 3, number 2 prohibits employers from mandating vaccines. This would mean that healthcare facilities and long-term care facilities would no longer be

able to require influenza vaccination of employees, putting staff, patients and residents at risk.

It also appears that section 3, number 3 of this bill would prohibit state and local authorities from implementing immunization requirements in emergency situations by limiting authority in NDCC 23-01-05, NDCC 23-07-06, and NDCC 37-17.1. This would mean if an ebola outbreak were to occur in North Dakota, the NDDoH or local authorities could not implement potential immunization measures necessary to prevent the spread of disease.

Due to the COVID-19 pandemic, routine immunization coverage rates in North Dakota have already declined, with 8% less doses administered last year compared to 2019. Rates of vaccination have declined worldwide, increasing the risk for vaccine preventable disease outbreaks. A yes vote on this bill would cause immunization rates to decline further. For the reasons I have outlined today, the NDDoH asks you to oppose HB1320. This concludes my testimony. I am happy to answer any questions you may have.