



**February 18, 2019**

**To: Sen. Laurie Monnes Anderson, Chair  
Sen. Dennis Linthicum  
Members of the Senate Committee on Health Care**

**From: Children's Health Alliance**

**Statement for the Record: SB 649 Vaccination Information Requirements**

The Children's Health Alliance (CHA) would like to offer this statement for the record on SB 649, which creates new information requirements. CHA is an association of over 120 primary care pediatricians and nurse practitioners across five counties in the Portland/Vancouver and Salem Metropolitan areas. Pediatrician members of the Children's Health Alliance currently care for approximately 140,000 children in the state. The Alliance was established in 1998 to promote a culture of improvement among member practices with the mission to improve care for all children.

The Children's Health Alliance opposes SB 649, which raises the age for consent for vaccinations from age 15 to age 18 and increases the administrative burden on providers and clinics requiring information that is duplicative with existing federal requirements.

CHA opposes raising the age for consent for vaccination from 15 to 18. The vast majority of vaccination decisions are made with the input of both the parent and adolescent, and rare isolated instances should not lead to a reworking of the law that would be a drastic change from established medical consent laws. Oregon law currently allows children aged 15 years and older to consent to their own medical care. Consent for life-saving vaccinations should be no different than current Oregon law, which allows for consent to reproductive health and other important medical decisions. Although many adults help minor children make health care decisions, there can be times when a minor child does not need or want this involvement. Children whose parents have chosen to not immunize may seek vaccinations to protect themselves from the diseases vaccines seek to prevent, especially when an outbreak puts them at increased risk of a disease.

The additional vaccine information required by SB 649 is duplicative with existing federal requirements. At each visit when vaccines are scheduled, families are provided printed Vaccine Information Sheets developed by the Center for Disease Control for review and/or to take home. All questions about vaccines are answered prior to the vaccine being given. This is a national standard of care.

For parents with concerns, and/or misconceptions about vaccines, pediatricians are happy to engage in respectful discussion. In our member practices, the majority of parents elect to



protect their children by giving all the routinely recommended vaccines. A much smaller minority of parents do not. Pediatricians are happy to discuss the components of vaccines, including adjuvants which boost the vaccine's effectiveness and even the minuscule amounts of inactive ingredients. Upon request, they will also provide the manufacturer's "package inserts" to any who want to read them. This information is also available online.

All medications have these "prescribing information" documents. The ones for vaccines are far less scary, and considerably more detailed and well researched than ones for many other commonly used medications. Statistically speaking vaccines are the safest and most effective medical interventions known. They are much less likely to cause complications or side effects than either the diseases they prevent, the older vaccines that we no longer use, and any other medical treatment we currently have available.

There is a lot of ground to cover in a well-child exam. In addition to the physical exam which can identify new medical problems, we must cover growth, development, provide counsel for common (and uncommon) issues, and offer guidance on what to expect next with a growing child. Parents generally bring their own questions and concerns. We ask that parents complete developmental and other screening tools in order not to miss emerging problems.

The time in a well-child exam is and should be patient- and parent- focused. There is not a need for a new state mandate on the communication that occurs between parents and their children's healthcare provider during these important visits. Our focus must be on addressing the needs of the child, not fulfilling administrative tasks, or "addressing an issue" that is not a concern to the majority of families. Families already leave well-child exams with considerable relevant information on what to expect and think about for the child's continued health and development.

More paper being printed for (or shown to) families at well child visits might be requested by a few parents, but the overwhelming majority of Oregon's parents are "pro-vaccine." This bill will create additional burdens for everyone. In addition, this bill will likely detract from meeting the real needs of families who aim to support the optimal growth and development of their children.

We urge the members of the Senate Committee on Health Care to respect the current Oregon consent laws and to not increase the administrative burden on providers, especially when providers are already providing information to allow for parents and patients to make informed decisions about vaccines.

Thank you for the opportunity to provide this statement for the record.