VACCINE POLICY TOOLKIT

Routine Child Vaccination

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Overview

Vaccination ranks among the most significant public health achievements of the 20th century, according to the Centers for Disease Control and Prevention. Child vaccination saves the lives of 2 to 3 million children per year. Child vaccination rates in the United States hit the CDC's target of about 95% for the 2019-2020 school year, and 20 states exceeded that rate—despite a decrease in spring 2020 because of the COVID-19 pandemic. The vaccines recommended for children guard against preventable illnesses such as measles, mumps, chickenpox, pertussis and many others.

When immunization rates are high, community immunity—or herd immunity—develops. The immunized people in a population stop the spread of viruses, which protects unvaccinated individuals. When immunization rates are low, disease outbreaks may occur, causing human and economic losses. In the last several years, communities in Minnesota, New York and Washington experienced outbreaks of measles due to low vaccination rates among certain populations.

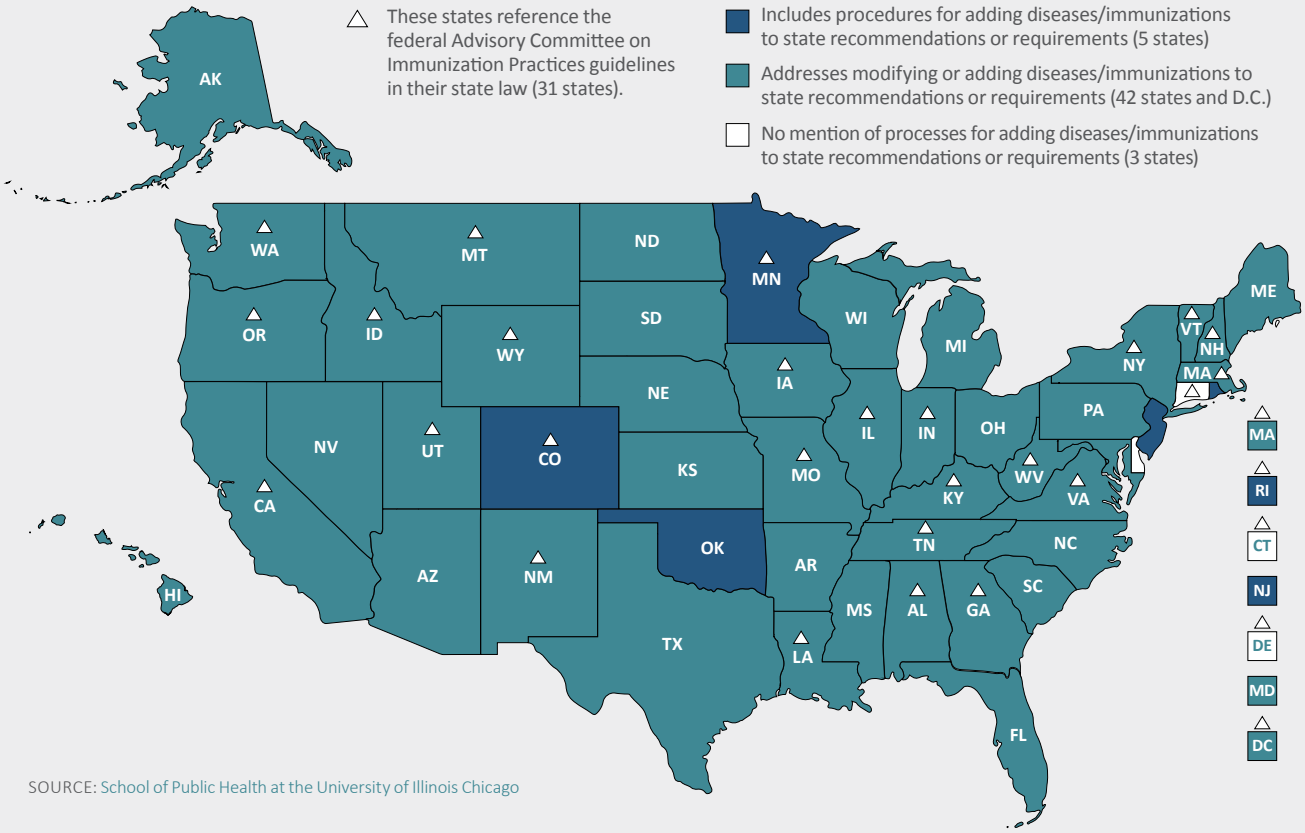
To improve vaccine safety and public confidence in vaccines, the Food and Drug Administration puts vaccines through rigorous testing prior to licensure. However, like any medication, they can cause side effects. The most common side effects are mild and typically resolved within a few days.

Within the CDC, the Advisory Committee on Immunization Practices develops recommendations for the appropriate use of vaccines in different patient populations. Medical and public health experts make up the committee membership. The CDC director, under the Department of Health and Human Services, reviews and approves the recommendations, and the CDC publishes the final official recommendations. State governments rely on these recommendations, as well as their own decision-making processes, to choose their own required or recommended vaccines for children and adults.

In terms of financing vaccines, the Vaccines for Children Program makes shots available at no cost for eligible children (Medicaid eligible, uninsured, underinsured, American Indian or Alaska Native) under the age of 19. The program is a major

FIGURE 1

States with Laws Referring to the Federal Advisory Committee on Immunization Practices Guidance (as of January 2021)



SOURCE: School of Public Health at the University of Illinois Chicago

vaccine supplier for state health agencies, and certain local and territorial health agencies. States have a variety of options for financing and supplying vaccines for private and public providers that elect to enter the program.

Despite public and private efforts to make vaccines more accessible, the COVID-19 pandemic caused routine child vaccination rates to decrease sharply in 2020. During the ensuing year, providers and public health officials worked to communicate directly with families about the importance of staying up to date on vaccinations. State lawmakers can support these efforts in places such as schools, pharmacies, community clinics, hospitals and other settings by considering the full array of routine vaccine policy options and determining what best fits their state's circumstances.

Policy Options

States play a significant role in determining, implementing and enforcing child vaccination policies. All 50 states currently require certain vaccines for K-12 school entry. All state policies feature medical exemptions. In total, 44 states permit vaccine exemptions on religious grounds, and 15 states allow exemptions for personal or philosophical reasons. Adding or removing an exemption for state vaccine requirements can be a contentious process. As a result, more states focus policy changes on the process for obtaining an exemption, increasing access to vaccines and insurance coverage.

In recent years, states have changed how residents obtain immunization exemptions and changed the enforcement process for school vaccine requirements. Some states operate online education modules for parents who choose to go through the exemption process to learn about vaccines and their effectiveness. These policies can accompany other vaccine-related requirements.

In addition to exemption policy, addressing the size of the vaccinating workforce can improve access and increase vaccination rates. Pharmacists' vaccination authority makes up the vast majority of state vaccine workforce legislation. Each state regulates pharmacists' administration of vaccines differently. States can choose the age groups, types of vaccines and clinical requirements when considering policies to authorize pharmacist-administered vaccines.

States can address access to required or recommended vaccines through the state health department, federal programs, local health departments, Medicaid and private insurance companies. State legislatures may require insurance companies to cover the full cost of child vaccines without cost sharing, or work through state and local health agencies to ensure an adequate supply.

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State Examples

Vaccine Exemptions and School Entry Requirements

Between 1979 and 2015, Mississippi and West Virginia were the only states without religious or philosophical exemptions. Since 2015, four states removed a religious or philosophical vaccine exemption, including Connecticut, Maine, New York and Washington. Maine removed its religious and philosophical exemptions. New York and Connecticut removed their religious exemptions, and Washington removed its personal belief exemption.

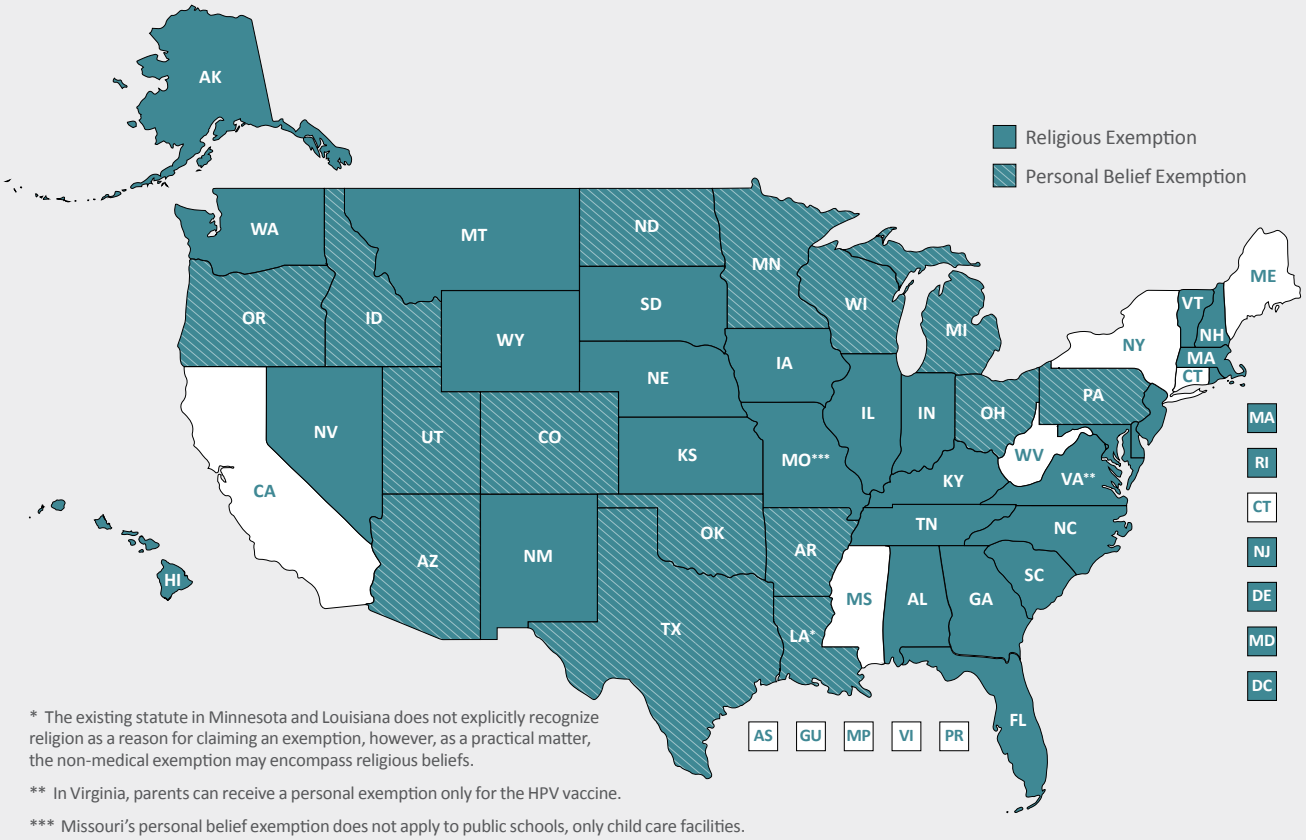
Each state develops its own process and policies for selecting required vaccines for students. In most states, the legislature and state health officer or department of health work together to make changes to vaccine requirement statutes through legislation and administrative rule (e.g. Colorado and Wyoming). The state legislature can select the type of vaccines, such as measles, mumps and pertussis, or defer to the state health department.

Some 31 states follow the age-based vaccine guidelines recommended by the CDC's Advisory Committee on Immunization Practices. For instance, Virginia enacted HB 1090, requiring the board of health to adopt vaccine requirements consistent with recommendations from ACIP.

The HPV vaccine provides protection against a sexually transmitted virus that can result in reproductive, oral and anal cancers. At least five jurisdictions—Hawaii, Puerto Rico, Rhode Island, Virginia and Washington, D.C.—require HPV vaccination for school attendance. Legislatures in Virginia and Washington, D.C. passed bills to require the vaccine in 2007. The Rhode Island Department of Health added the HPV vaccine to its list of required immunizations in 2015. In 2017, Puerto Rico's department of health added the HPV vaccine requirement for students. Most recently, the Hawaii Department of Health added the vaccine to the required list through a 2019 administrative rule. The South Carolina Legislature passed a resolution calling attention to the connection between HPV and cervical and other cancers in 2020. The resolution spreads awareness of the virus and the importance of child vaccination against HPV.

FIGURE 2

Non-Medical State Exemptions from School Immunization Requirements, 2021



* The existing statute in Minnesota and Louisiana does not explicitly recognize religion as a reason for claiming an exemption, however, as a practical matter, the non-medical exemption may encompass religious beliefs.

** In Virginia, parents can receive a personal exemption only for the HPV vaccine.

*** Missouri's personal belief exemption does not apply to public schools, only child care facilities.

SOURCE: National Conference of State Legislatures

Exemption Process

At least eight states (Arizona, Arkansas, Colorado, Michigan, Oregon, Utah, Vermont and Washington) require education during the exemption process about the benefits of vaccination or the risks of opting out. For example, Utah HB 308 requires the department of health to create an online education module regarding certain preventable diseases. It also created a new vaccination exemption form and allows for the vaccination exemption form to be completed online in conjunction with the education module. Colorado enacted HB 163 in 2020, becoming the eighth state to add some form of mandatory education to obtain an exemption. Colorado's legislation requires a person seeking a religious or personal belief exemption to submit to the school a certificate of completion of an online educational module or a certificate of non-medical exemption, which can be obtained after speaking with a health care provider about the benefits of vaccines. The law also provides school exemption reporting requirements.

Workforce and Access

Vaccine workforce and access policies can improve childhood immunization rates by making vaccines affordable and ensuring there are enough qualified health professionals to meet demand. The following legislation addresses components of the health care system that facilitate timely access to recommended or required vaccines. State legislatures often reference federal agencies and national health care organizations in explaining their decisions related to the health care workforce and vaccine access.

West Virginia enacted SB 544 in 2020, allowing pharmacists to administer vaccines to children 11-17 with written parental consent and a doctor's prescription, as long as they are consistent with ACIP recommendations and the pharmacist has a physician's prescription. Montana's 2020 legislation (HB 231) authorized the administration of vaccines by pharmacists to children. The bill states a pharmacist can administer the influenza vaccine to children 12 or older and other vaccines recommended by ACIP to children 7 or older. The legislation also requires the pharmacist to successfully complete a vaccine training course approved by the Accreditation Council for Pharmacy Education. Wisconsin enacted AB 137 in 2019, authorizing pharmacists to administer any ACIP-recommended vaccine. The bill also allows pharmacists to administer vaccines to children under 6, provided they have a prescription from a physician or other prescriber.

State legislatures can also address vaccine access for children through different parts of the health system. Oregon enacted legislation in 2019 (SB 29) requiring local public health authorities to ensure immunizations required for school attendance be available through local health care providers, the local public health authority or its contractors. Maryland's 2020 legislation (HB 959), addresses children's access to vaccines through private insurance. The bill prohibited carriers from excluding or limiting certain benefits, including CDC-recommended vaccines for children and adults, or denying coverage because a health condition was present before or on a certain date.

Resources

- States With Religious and Philosophical Exemptions From School Immunization Requirements, NCSL
- State Vaccination Requirements, CDC
- ACIP Recommendations and Guidelines, CDC
- Pharmacist Immunization Authority, National Alliance of State Pharmacy Associations
- COVID-19: Information and Resources, National Alliance of State Pharmacy Associations

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