

ALASKA LEGISLATURE COMMITTEE FILES, 1989-1990 8672
6256 SENATE HEALTH, EDUCATION AND SOCIAL SERVICES

Original sponsor: Fischer

1 IN THE SENATE

BY THE HEALTH, EDUCATION
AND SOCIAL SERVICES COMMITTEE

2 HOUSE CS FOR SENATE BILL NO. 138 (HESS)
3 IN THE LEGISLATURE OF THE STATE OF ALASKA
4 SIXTEENTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act relating to the training of foster parents."

7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

8 * Section 1. AS 47.35 is amended by adding a new section to read:

9 Sec. 47.35.035. FOSTER PARENT TRAINING. (a) A person may not
10 be licensed under this chapter to maintain or conduct a foster home
11 unless the person has completed an orientation for foster parents
12 approved by the department. An orientation required under this sub-
13 section must provide information about foster care regulations, poli-
14 cies, and procedures; practical instruction about the realities of
15 caring for a child who is placed in a foster home; and other appro-
16 priate information.

17 (b) To maintain a license issued under this chapter for the
18 maintenance or conduct of a foster home, a licensee shall complete
19 annual foster parent training approved by the department. Training
20 under this subsection need not be conducted in a classroom setting,
21 but must include methods of instruction that meet the varying needs of
22 foster parents, the department and recognized foster parent asso-
23 ciations.

24 (c) The requirements for training under this section may not be
25 waived except that, in an emergency situation, the department may
26 place a child with an untrained person who has an emergency license.
27 The department shall by regulation establish the terms and conditions

1 * Sec. 2. AS 47.35.040(c) is amended to read:

2 (c) Except as provided in AS 47.35.035, the [THE] department may
3 waive compliance with a standard set out in regulations adopted under
4 AS 47.35.010 - 47.35.080 if an acceptable alternative is established
5 that meets the purpose of the provision and reasonably assures the
6 well-being of persons in care.

7 * Sec. 3. Notwithstanding the provisions of AS 47.35.035, as enacted by
8 sec. 1 of this Act, and AS 47.35.040(c), as amended by sec. 2 of this Act,
9 a licensee shall be considered to have completed annual training if the
10 licensee completes the training during either fiscal year 1990 or fiscal
11 year 1991. The Department of Health and Social Services may schedule
12 training so that approximately one-half of licensees receive training
13 during each of the fiscal years 1990 and 1991.

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143

Dave

1 IN THE SENATE

*Note -
(Leave note)
on bill*

BY THE RULES COMMITTEE BY
REQUEST OF THE GOVERNOR

2

SENATE BILL NO. 143

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

SIXTEENTH LEGISLATURE - FIRST SESSION

5

A BILL

6

For an Act entitled: "An Act establishing a deadline by which the legisla-
7 ture must appropriate money to the public school
8 foundation program; and providing for an effective
9 date."

10 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

11 * Section 1. AS 14.17.225(b) is amended to read:

12 (b) No later than the 90th day of each legislative session, the
13 legislature shall appropriate money [MONEY] to carry out the pro-
14 visions of this chapter in the succeeding fiscal year [AS 14.17.010 --
15 14.17.190 MAY BE APPROPRIATED ANNUALLY BY THE LEGISLATURE] into the
16 public school foundation account (AS 14.17.010). If amounts in the
17 account are insufficient to meet the allocations authorized under this
18 chapter [AS 14.17.010 -- 14.17.190] for a fiscal year, each district's
19 basic need shall be reduced pro rata as necessary to make the funds
20 available sufficient to meet the allocations for that fiscal year.

21 * Sec. 2. This Act takes effect July 1, 1989.

THE 90th DAY WOULD MAKE IT
APRIL 8 THIS YEAR — LATER
FOLLOWING A GOVERNATORIAL ELECTION.

HOW ABOUT AMENDING IT TO
SAY 60th DAY — WOULD BE
MAR 10 THIS YEAR —
1 WEEK LATER IN 1991 S.

January 27, 1989

221

SB 143 cont'd

was read the first time and referred to the Health, Education and Social Services Committee and the Finance Committee.

Zero fiscal note published today from Department of Education.

Governor's transmittal letter dated January 27:

Dear Mr. President:

Under the authority of art. III, sec. 18, of the Alaska Constitution, I am transmitting a bill providing for an early appropriation each legislative session to the public school foundation account. The bill would set a deadline of the 90th legislative day for the legislature to determine how much money it will appropriate into the public school foundation program for the succeeding fiscal year, and to make that appropriation.

The reason for the proposed change is simple. School districts need to know the level of funding they can expect for the following fiscal year much earlier than the end of the legislative session, when the general appropriation bill is usually enacted. All districts need to know this so they can plan their budgets appropriately, and municipal districts need to know how much money they must seek from their associated municipalities.

I know that one legislature cannot bind future legislatures in such matters, and that, if a future legislature failed to make the appropriation to the public school foundation account by the deadline specified, the other branches of government probably could not force it to do so. Nevertheless, the early appropriation made by the legislature last session worked so well, and helped the school districts so much with their planning efforts, that I wish to see that practice institutionalized.

I urge your prompt and favorable attention to this bill.

Sincerely,

/s/
Steve Cowper
Governor

SB 144

SENATE BILL NO. 144 by the Rules Committee by request of the Governor, entitled:

"An Act relating to relocation assistance for federally assisted projects and programs; and providing for an effective date."

was read the first time and referred to the State Affairs Committee and the Finance Committee.

Fiscal note published today from Department of Transportation and Public Facilities.

Governor's transmittal letter dated January 27:

Dear Mr. President:

Under the authority of art. III, sec. 18, of the Alaska Constitution, I am transmitting a bill that amends various portions of AS 34.60, which provides for relocation assistance. Due to recent changes in federal law, the bill is necessary to bring the Alaska relocation assistance program into conformance with federal law regarding federally aided or assisted public works projects.

The state's relocation assistance program has been in operation for nearly 20 years. Aid to persons displaced by public works projects was first required in 1968 under congressional authority relating to federal-aid highways. Two years later Congress passed the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, 42 U.S.C. 4601 -- 4655, expanding the requirement to all federally assisted or aided public works projects. Alaska enacted AS 34.60.010 -- 34.60.150 the next year (sec. 1, ch. 41, SLA 1971). That chapter has not been amended since it was enacted.

The provisions in the bill will apply only to a public works project or land acquisition project that receives federal money. Consequently, the fiscal impact of the bill, due to increases in relocation assistance limits, will be slight because any payments made will be reimbursed, to the extent of the federal matching money, under the particular federal aid program as a normal incident of a project.

Section 1 of the bill makes a number of amendments to AS 34.60.040, including a "housekeeping" amendment to delete an obsolete date from AS 34.60.040(a).

FISCAL NOTE

REQUEST:

Revision Date: _____
 Title: Appropriation Deadline: Public
School Foundation Program
 Sponsor: Rules
 Requestor: Senate HESS

Agency Affected: Education
 BRU: K-12 Support

Components: Foundation, Pupil Transportation,
Tuition, et. al.

EXPENDITURES/REVENUES: (Thousands of Dollars)

| OPERATING | FY 89 | FY 90 | FY 91 | FY 92 | FY 93 | FY 94 |
|------------------------|------------|------------|------------|------------|------------|------------|
| PERSONAL SERVICES | | | | | | |
| TRAVEL | | | | | | |
| CONTRACTUAL | | | | | | |
| SUPPLIES | | | | | | |
| EQUIPMENT | | | | | | |
| LAND & STRUCTURES | | | | | | |
| GRANTS, CLAIMS | | | | | | |
| MISCELLANEOUS | | | | | | |
| TOTAL OPERATING | -0- | -0- | -0- | -0- | -0- | -0- |

| | | | | | | |
|---------|--|--|--|--|--|--|
| CAPITAL | | | | | | |
|---------|--|--|--|--|--|--|

| | | | | | | |
|---------|--|--|--|--|--|--|
| REVENUE | | | | | | |
|---------|--|--|--|--|--|--|

FUNDING: (Thousands of Dollars)

| | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|
| GENERAL FUND | -0- | -0- | -0- | -0- | -0- | -0- |
| FEDERAL FUNDS | | | | | | |
| OTHER | | | | | | |
| TOTAL | | | | | | |

POSITIONS:

| | | | | | | |
|-----------|--|--|--|--|--|--|
| FULL-TIME | | | | | | |
| PART-TIME | | | | | | |
| TEMPORARY | | | | | | |

ANALYSIS : (Attach a separate page if necessary)

Prepared by: Mary Hakala Phone: 465-2800
 Division: Education Date: 1/27/89
 Approved by Commissioner: William G. Demmert Date: 1/27/89
 Agency: Education

Distribution (by preparer):
 Legislative Finance
 Legislative Sponsor
 Requestor
 Office of Management and Budget
 Impacted Agency(ies)

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147

Senator Rick Uehling

Downtown, Elmendorf, Northeast Anchorage



MEMORANDUM

Co-Chairman, Senate Finance Committee
International Trade & Tourism Committee
State Affairs Committee

To: Senator Paul Fischer
Chairman, Senate Health, Education
and Social Services

From: Senator Rick Uehling 
Co-Chairman, Senate Finance

Subject: SB 147, Operation Quickstart

Date: February 6, 1989

I would appreciate you scheduling SB 147 for a hearing before the Senate Health, Education and Social Services Committee at the earliest possible time.

SB 147 will fund Operation Quickstart. This appropriation will purchase sophisticated defibrillators to provide Anchorage firefighters with equipment the Fire Department estimates could save as many as nine lives every year.

This program is a priority of the Municipality of Anchorage and will allow fire stations without paramedic units to carry improved equipment and provide quicker defibrillation to cardiac arrest victims. Operation Quickstart requires no new personnel.

Since paramedic units only operate in five of Anchorage's eleven fire stations, there is often an engine company closer to the scene of a cardiac arrest than paramedics. Research indicates that resuscitation rates increase dramatically as rescuers reduce their response times. An average response time reduction of three minutes, as anticipated by the Fire Department, could make the difference between life and death for nine cardiac arrest victims every year.

Thank you for your consideration of this request. I have also attached backup materials for your committee files.

Municipality of Anchorage



FIRE DEPARTMENT
Administration
(1301 East 80th Avenue)

P.O. BOX 196650
ANCHORAGE, ALASKA 99519-6650
(907) 267-4900

TOM FINK,
MAYOR

JAN 10 1989

January 3, 1989

Senator Rick Uehling
P.O. Box V
Juneau, Ak. 99811

Dear Senator Uehling,

Enclosed is a description of Operation QuickStart, an important new program that our Department is beginning to implement now. To finish it, we need your support for a small capital appropriation (about \$50,000) in the FY 90 budget. Mayor Fink has included it in the Municipal capital improvements list.

Operation QuickStart is a life safety program, and one that offers more productivity gain - more bang for the buck - than anything we've come across in a long time. I hope to have a chance to speak with you personally in Juneau early in the session and demonstrate the semi-automatic defibrillator we will be using.

In the meantime, you would do us a favor by reviewing the program description. I'll be happy to answer any questions you have, now or in Juneau.

Thank you.

Sincerely,

Chris Bushue, Paramedic
Project Coordinator
267-4945 / 272-2111

Municipality of Anchorage



P.O. BOX 196650
ANCHORAGE, ALASKA 99519-6650
(907) 267-4900

TOM FINK,
MAYOR

FIRE DEPARTMENT
Administration
(1301 East 80th Avenue)

Operation QuickStart

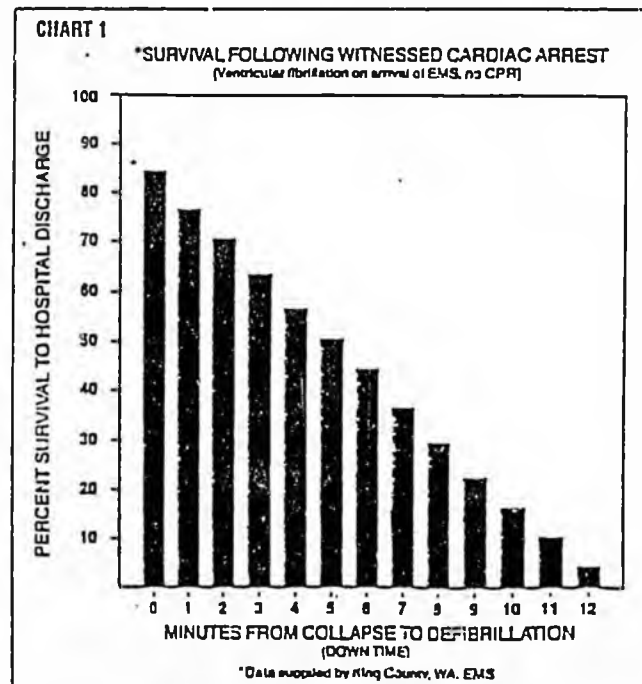
Anchorage Fire Department emergency crews respond to approximately 60 cardiac arrests each year. Of those, we find about half in a heart rhythm known as ventricular fibrillation - a chaotic twitching (fibrillation) of the heart's large pumping chambers (ventricles), which does not pump blood.

Ventricular "fib" is a very treatable condition. It accounts for the majority of cardiac arrest saves - successful resuscitations - both in and out of the hospital. Medical research has proven that the single greatest determining factor in a "V. Fib." patient's chance of survival is the rapid administration of *defibrillation*, an electrical shock applied to the patient's chest.

Early defibrillation is so effective that save rates in-hospital, where the patient can be defibrillated immediately, can reach 80-90%. Success rates out of hospital are inevitably lower because of inherent delays as bystanders contact 911 and emergency crews respond to the scene. In Anchorage, Fire Department paramedics still manage a 49% success rate in restoring the heartbeat to patients found in V. Fib.

This is a figure the Department is proud of, but there is a way to improve it significantly. Of Anchorage's 11 fire stations, paramedic units operate out of only five. There is often an engine company closer to the scene of a cardiac arrest than paramedics are. On average, in fact, engine companies are three minutes closer to medical emergencies.

The research findings mentioned above indicate that the improvement in resuscitation rates rises steadily by 5% for each minute pared off of the arrest-to-resuscitation interval. (See graph.)



For Anchorage, it is cost prohibitive to add paramedic units to reduce cardiac arrest response times, but the national EMS and fire service communities have devised an economical alternative. Specially trained "first responders" such as our firefighters can perform this critical early step in resuscitation using an automatic defibrillator with computer circuitry that analyzes cardiac rhythm before it delivers a shock.

In Anchorage, the plan will be both efficient and effective. The one-time equipment cost totals less than \$70,000 (of which approximately \$20,000 has already been covered by FY 89 reappropriations) and the plan requires no additional personnel. The average three minute improvement in time-to-defibrillation, according to research, stands to make the difference between life and death for 9 cardiac arrest victims a year in the Municipality.

The Fire Department feels that its rapid defibrillation project, Operation QuickStart, is tailor made for the do-more-with-less times that Alaska faces in FY 90. Mayor Fink has signified his agreement by placing the project on the Municipality's capital improvements list. We are implementing the pilot phase on three engine companies in the first quarter of calendar 1989. We need your support for the modest capital outlay needed to deliver the remainder of Operation QuickStart in FY 90.

POSITION PAPER

SENATE BILL NO. 147

For an Act Entitled: "An Act making a special appropriation for payment as a grant to the Municipality of Anchorage for defibrillation equipment for operation quickstart; and providing for an effective date."

SB 147 would appropriate the sum of \$50,000 from the general fund to the Department of Administration for payment as a grant under AS 37.05.315 to the Municipality of Anchorage for defibrillation equipment for operation quickstart.

The goal of operation quickstart is to equip firefighter first responders in all fire stations with automatic or semi-automatic external defibrillators to reduce response times to defibrillation for cardiac arrest victims. Currently, the Municipality of Anchorage has 11 fire stations and five paramedic units. In many instances firefighters from the nearest fire station can reach the scene of a cardiac arrest faster than a paramedic unit. Currently, most firefighters can only do basic life support CPR until the paramedics arrive. Under operation quickstart, the firefighters will have available an automatic or semi-automatic defibrillator which can identify and countershock life-threatening cardiac arrhythmias using a built in computer program. In FY 89, funds for defibrillators for three of the fire stations were appropriated by the legislature.

According to a study published in the September 15, 1988 issue of the New England Journal of Medicine, in Seattle, Washington, firefighters arriving first on the scene who were equipped with automatic external defibrillators saved 30 percent of cardiac arrest victims, as compared to only a 19 percent save rate when the firefighters delivered only basic CPR. A save was defined as a patient who survived to hospital discharge. In both groups, paramedics arrived at the scene within a few minutes after the firefighters. Paramedics then provide more sophisticated advanced life support care enroute to the hospital.

Since heart disease is the second highest cause of death in Alaska, this operation quickstart program in Anchorage could

help save many lives. According to the 1985 Alaska Vital Statistics Report, there were 148 heart disease deaths in Anchorage.

Position

The Department of social Services supports passage of this bill for the following reasons:

- 1) Heart disease is a major cause of death in Anchorage; and
- 2) The Operation Quickstart program holds promise of saving significantly more cardiac arrest victims than the current EMS system.

Recommended: Elizabeth A. Ward
Elizabeth Ward, M.N., Director
Division of Public Health

Date: February 24, 1989

Approved: Myra M. Manson
Myra M. Manson, Commissioner
Department of Health and
Social Services

Date: March 9, 1989

FISCAL NOTE

REQUEST:

Revision Date: _____ Agency Affected: Health & Social Services
 Title: An Act making a special BRU: Health Grants
appropriation ... defibrillation equip.
 Sponsor: Uehling Components: EMS
 Requestor: (S) HESS

EXPENDITURES/REVENUES: (Thousands of Dollars)

| OPERATING | FY 89 | FY 90 | FY 91 | FY 92 | FY 93 | FY 94 |
|-------------------|-------|-------|-------|-------|-------|-------|
| PERSONAL SERVICES | | | | | | |
| TRAVEL | | | | | | |
| CONTRACTUAL | | | | | | |
| SUPPLIES | | | | | | |
| EQUIPMENT | | | | | | |
| LAND & STRUCTURES | | | | | | |
| GRANTS, CLAIMS | | | | | | |
| MISCELLANEOUS | | | | | | |
| TOTAL OPERATING | -0- | -0- | -0- | -0- | -0- | -0- |

| | | | | | | |
|---------|-----|-----|-----|-----|-----|-----|
| CAPITAL | -0- | -0- | -0- | -0- | -0- | -0- |
|---------|-----|-----|-----|-----|-----|-----|

| | | | | | | |
|---------|-----|-----|-----|-----|-----|-----|
| REVENUE | -0- | -0- | -0- | -0- | -0- | -0- |
|---------|-----|-----|-----|-----|-----|-----|

FUNDING: (Thousands of Dollars)

| | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|
| GENERAL FUND | | | | | | |
| FEDERAL FUNDS | | | | | | |
| OTHER | | | | | | |
| TOTAL | -0- | -0- | -0- | -0- | -0- | -0- |

POSITIONS:

| | | | | | | |
|-----------|--|--|--|--|--|--|
| FULL-TIME | | | | | | |
| PART-TIME | | | | | | |
| TEMPORARY | | | | | | |

ANALYSIS : (Attach a separate page if necessary)

Prepared by: Elizabeth Ward, Director Phone: 465-3090
 Division: Public Health Date: 5/6/89

Approved by Commissioner: Myra M. Munson Date: 3/6/89
 Agency: Department of Health and Social Services

Distribution (by preparer):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

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148

APR 20 1989

TELECOPY COVERSHEET

KENAI PENINSULA LEGISLATIVE INFORMATION OFFICE

312 TYEE STREET

SOLDOTNA, AK 99669

OFFICE NUMBER: (907) 262-9364

TELECOPY NUMBER: (907) 262-1881

DATE: 4-19-89 TIME: 4:16pm

TO: Jim Leo - Deliver to Senate Hess Committee

TITLE: _____ PHONE: (Please)

COMMENTS: _____

Written testimony for tele 89-04-064 SB148

FROM: Soldotna L.I.O for Sharon Kohler

TITLE: _____ PHONE: 262-9364

COMMENTS: _____

NUMBER OF PAGES FOLLOWING THIS COVERSHEET: 1

IF YOU DO NOT RECEIVE THE TOTAL NUMBER OF PAGES FOLLOWING THIS COVER LETTER, PLEASE TELEPHONE OUR OFFICE. OTHERWISE WE WILL ASSUME YOU HAVE RECEIVED THIS TRANSMITTAL SATISFACTORILY.

SENT BY: -Nelson



Alaska State Legislature

Please enter into the record my testimony to the Senate H.E.S.S.
 committee name
 committee on SB. 148 / ~~H.R.~~ immunization of minors, dated Apr. 19, 1989
 bill/subject

My name is Shannon Kohler. I'm president of Alaska-DPT, a parent group concerned with vaccine safety and awareness. For the past several years since I've been president of AK-DPT, I've been in contact with many Alaskan parents whose children have suffered adverse reactions ranging from vomiting, fever, ~~etc~~ one-time convulsive episode, etc. to permanent neurological damage resulting in epilepsy, deafness cerebral palsy, paralysis, etc. Very few of these reactions have been effectively reported resulting in inadequate statistics which then filters down as inadequate ~~statistics~~ benefit/risk ~~to~~ information being given to parents. Alaskan parents are not being allowed a choice in this matter - much less an informed choice. I'm here to urge you all to become educated as to all aspects of this issue and to support Senate Bill 148 which would ultimately restore a basic right to all Alaskans: the right to choose which drugs their children ingest or don't ingest.

Signed: Shannon Kohler

Testifier

Alaska DIT

Representing (Optional)

Box 1746 Soldotna, AK 99665

Address

262-3825

Phone No.

APR 20 1989

TELECOPY COVERSHEET

KENAI PENINSULA LEGISLATIVE INFORMATION OFFICE

312 TYEE STREET

SOLDOTNA, AK 99669

OFFICE NUMBER: (907) 262-9364

TELECOPY NUMBER: (907) 262-1881

*Senate
Hess*

DATE: 4-19-89 TIME: 4:40

TO: JUNEAU LID

TITLE: _____ PHONE: _____

COMMENTS: please deliver to Sen. HESS. Content to be treated as testimony.

FROM: SOLDOTNA LID

TITLE: _____ PHONE: _____

COMMENTS: THANKS!

NUMBER OF PAGES FOLLOWING THIS COVERSHEET: 1

IF YOU DO NOT RECEIVE THE TOTAL NUMBER OF PAGES FOLLOWING THIS COVER LETTER, PLEASE TELEPHONE OUR OFFICE. OTHERWISE WE WILL ASSUME YOU HAVE RECEIVED THIS TRANSMITTAL SATISFACTORILY.

SENT BY: Vesta



Alaska State Legislature

Please enter into the record my testimony to the HESS
 committee on SB 148 Exemption immunization, dated 4-19-89
 committee name
 bill/subject

I'm Janne Seegerman and I have 2 healthy children. I support SB 148 because I want the freedom to choose what I think is right for my children, based on philosophical objection. Just as I have the choice to feed them nutritiously, dress them properly, and provide them with a healthy atmosphere and environment, I want to choose what goes into my kids' bodies, without losing their right to go to public schools which I pay for. I'm an informed adult and believe it is my right to have my child's health protected how I see fit.

Thank You

Signed: Ms. Janne Seegerman
 Testifier

Self
 Representing (Optional)

HC #1 Box 157 E Sold
 Address

262-3189
 Phone No.

1

ALASKA STATE LEGISLATURE
HOUSE OF REPRESENTATIVES
RESEARCH AGENCY

P.O. Box 1 State Capitol
Juneau, Alaska 99811-3100
Main Street 2100
(907) 586-1001

January 13, 1987

MEMORANDUM

TO: Representative Mike Navarre

ATTN: Pat Malone

FROM: Mary Jennings
Legislative Analyst

RE: Laws Concerning Mandatory Immunization
Research Request 87-055

*File with
bill*

You requested information on laws in Alaska and other states concerning mandatory immunization, specifically, allowable exemptions from immunizations, reporting of adverse events, and penalties enforced against children who have not been immunized. You also requested us to gather: 1) statistics on adverse events; and 2) any data showing a correlation between states that allow philosophical exemptions and higher rates of disease.

Exemptions

All 50 states and the District of Columbia allow children to be exempt from immunization regulations for medical reasons. Generally, the parent must acquire an affidavit signed by a physician affirming the opinion that the immunization would be injurious to the child's health. Forty-eight states and the District of Columbia allow children to be exempt from immunization requirements for religious reasons. In many states, the parents must present an affidavit signed by the parent affirming that immunization conflicts with the practices of the religious denomination of the child. Twenty-two states allow children to be exempt from immunization requirements for philosophical reasons. Typically, the parent must present an affidavit affirming that immunization conflicts with the family's philosophical beliefs. Attachment A, prepared by the Center for Disease Control (CDC) presents the exemptions from immunization requirements in the 50 states and the District of Columbia.

According to the CDC, children who are exempt from immunization for philosophical reasons comprise less than 1 percent of all school age children. No studies have been done to draw correlations between use of

Attachment #1

this exemption and greater rates of disease. The CDC stated that due to the small numbers that invoke this exemption, it would be difficult to make meaningful comparisons.

Enforcement of Immunization Requirements

Twenty-seven states have a penalty clause for noncompliance with immunization laws for children in grades kindergarten through 12. Thirty states and the District of Columbia impose a penalty for children in day care and two states have a penalty for college students. Depending upon state law, the parents or the school official may be found to have violated the immunization requirements. Generally, noncompliance is a misdemeanor.

Forty-four states and the District of Columbia have an exclusion clause in their immunization requirements which prevent children who are not in compliance with state immunization laws from entering school (kindergarten through grade 12). Thirty-one states and the District of Columbia have exclusion clauses pertaining to children in day care and five states and the District of Columbia have an exclusion clause pertaining to college students. Attachment B, prepared by the CDC, shows which states have penalty and exclusion clauses.

In some states, children are allowed a grace period, ranging from 30 to 60 days, in which they may attend school while coming into compliance with immunization regulations. An official in California stated that the grace period in California was recently repealed because it became difficult to remove children from school for noncompliance once they had entered the system. The official added that when a disease outbreak occurs in a school, all children who are exempt from immunizations are sent home and not allowed back into school until 14 days after the last occurrence of a case.

Reporting of Adverse Events

In forty-seven states, reporting in the private sector of adverse events from immunization is passive (the private sector is not required to report adverse events). In all states, publicly funded immunization programs must report adverse events to the CDC. Under federal law, vaccine manufacturers and pharmacists are required to report adverse events to the U.S. Food and Drug Administration.

During 1986, Maryland, West Virginia and New Jersey implemented laws which require all health care providers to report adverse events due to immunization.¹ In Maryland, the first state to implement a universal reporting law, health care providers are required to report adverse events to the local or state health department. The health department then reports to the CDC and the vaccine manufacturer. Bob Longenecker, the CDC reporting agent for the Maryland Department of Health, felt that the universal reporting law has not been effective; he said that the law increased costs, time and effort to provide data that are not useful. Mr. Longenecker stated that the data collected by the CDC from the public sector are a sufficient indicator of the rate of adverse events and that additional data from the private sector are not useful because there is no accompanying information on the number of vaccinations administered.

Monitoring System For Adverse Events Following Immunization. For immunization programs supported with public funds, the CDC has developed the Monitoring System for Adverse Events Following Immunization (MSAEFI).² Each parent of a child who receives publicly funded vaccines is requested to report any illness that is severe enough to require a visit to a doctor, clinic or hospital, that occurs within 30 days of receiving a vaccine. Local reactions involving only soreness, redness, or swelling in the immediate vicinity of the injection site are not considered to be adverse events. When notified that an illness has occurred following immunization, the Health Department summarizes the information on a reporting form and forwards it (through the State Health Department) to the CDC. The data are coded and then entered into a computer file for analysis. The CDC notes that the quality of the data collected by the system may be affected by underreporting, inclusion of events which may not be related to the immunization, missing data, and other related conditions. Voluntary reporting by private physicians account for approximately 11 percent of MSAEFI data.

Tables 1 through 4B (attached) present adverse event data compiled by MSAEFI for 1979-82.³ As of February 15, 1983, a total of 4,503 adverse events occurring within 30 days after vaccination had been reported to MSAEFI for the period 1979-82 (Table 1). Table 2 presents the number of reported vaccine doses administered, by age group, in the public sector during the period. These data are the denominators for subsequent rate

¹The U.S. Congress passed the National Childhood Vaccine Injury Act of 1986, which established the National Vaccine program and also contained language requiring all health care providers to report adverse events. The program did not receive funding so was not implemented.

²According to the CDC, approximately half of all childhood vaccines administered are provided with public funds.

³According to the CDC, these are the most current compiled data available. The lag is due to the time that is needed to collect, verify and publish the data.

estimates. The proportions of net vaccine doses distributed by the manufacturer to both public and private providers that were actually administered in the public sector are also shown in Table 2. Table 3 shows the number and rates of reports submitted by each reporting area. Rates of reporting among the 52 reporting areas varied from 0 to 146 reports per million administered doses. Table 4A shows the number of reports of adverse events by vaccine type for 1979-82. If more than one vaccine is given simultaneously, an event is counted under each vaccine received. The largest number of reports was for events temporally related to receipt of DTP, followed by OPV and MMR (See glossary for terms).

Injury Compensation

During 1986, North Carolina passed legislation which created a program offering no fault compensation to children who are injured as a result of vaccination. Under the program, state services are made available and the child may receive up to \$300,000 in compensation. If negligence is suspected on the part of the vaccine manufacturer, the state may then sue for recovery. Similar legislation creating a program for injury compensation was also passed at the federal level, although the program has not been funded.

I hope you find this information useful. I have attached a table detailing immunization requirement in all fifty states for school children and Alaska regulations concerning immunization. I have also attached the National Childhood Vaccine Injury Act of 1986 as published in the Congressional Record. If you have any questions, please feel to contact me.

MJ

Attachments



Alaska State Legislature

SENATE

Official Business

P.O. Box V
State Capitol
Juneau, Alaska 99811

April 17, 1989

TO: Senate HESS Committee Members

FROM: Senator Jay Kerttula

SUBJECT: SENATE BILL 148, relating to immunization of minors.

Senate Bill 148 would amend Alaska Statutes 14.30.125 to allow school age children to be exempt from mandatory immunization for medical or personal reasons. Under present regulation, school age children must be immunized for diphtheria, tetanus, polio, measles, rubella and whooping cough (the later only if the child is under 7 years old). Exemptions are permitted for medical or religious reasons.

Attached is a position paper prepared by Sandy Mintz which explains the background and rationale for this legislation.

MAJOR POINTS FROM POSITION PAPER ON SB148
by Sandy Mintz

- I. The vaccines are risky, and probably much riskier than is currently known, or even acknowledged to be possible.
 - A. Reported and theorized adverse effects are vast and varied, ranging from known effects, like brain damage and death, to speculated effects, like autoimmune diseases and cancer.
 - B. Current vaccination policy is a shotgun approach to the problem of infectious disease.
 - C. Unreliable methods for collecting and analyzing data are being used to assess risk from vaccinations.
- II. There is no proof to the claim that unvaccinated people threaten the general public health.
- III. Much of the credit for the decline in dangerous infectious diseases should go to factors other than the vaccines.
- IV. Much is unknown about how vaccines work.
- V. Policy which makes vaccinations compulsory is unjust and unwise.
- VI. In a free society, it is parents, and not the government, who should decide among reasonable risks for their children.
- VII. Most of the free world honors these parental rights and allows parents to choose whether or not to vaccinate their children.
- VIII. What is accepted medical practice has changed over and over again. This history must not be ignored. Let parents make the final decision about whether or not to vaccinate.

POSITION PAPER ON SB148 by Sandy Mintz

In order to attend both public and private school in Alaska, the State of Alaska currently requires the following vaccinations of its children: DPT, polio, measles and rubella.* Exemptions or waivers from these vaccinations are only allowed on medical or religious grounds at this time. In spite of appearances, however, there is no consensus about the degree of efficacy of all vaccines for all children. The arguments which follow support the contention that reasonable people can disagree about vaccines and that loving, conscientious, informed parents might choose to refuse one or more vaccinations for their children. I am hoping to engage your support to change the law to allow an additional waiver for personal or philosophical convictions. Similar laws are currently in effect in 22 states.**

The proposed law, presently before the State Senate, is a copy of current California law. In addition, an effort will be made to include in the bill an as yet formally unidentified action or actions to be required of those seeking a philosophical exemption. The inclusion of such an action will be for the purpose of discouraging an otherwise uninformed or negligent parent from choosing the exemption as the path of least resistance. (One idea is to require an essay of undetermined length stating the parent's position on the issue, another that well-child visits, to the health practitioner of the parent's choice, be required and timed for the same intervals

* Interestingly enough, although mumps is not required, neither the schools nor pediatricians are forthcoming with information to that effect: school health forms which must be submitted to the state and which indicate student vaccination histories list measles-mumps-rubella (MMR) only and pediatricians do not inform parents that the mumps vaccine is optional.

**The following states allow the exemption: Washington, California, Idaho, Montana, Utah, Arizona, Colorado, North Dakota, Nebraska, Minnesota, Wisconsin, Missouri, Oklahoma, Michigan, Indiana, Ohio, Louisiana, Pennsylvania, Vermont, Maine, Rhode Island, and Delaware.

were the child to be immunized.)

I. THE VACCINES ARE RISKY, AND PROBABLY MUCH RISKIER THAN
IS CURRENTLY KNOWN OR EVEN ACKNOWLEDGED

A. Reported and Theorized Adverse Effects Are Vast and Varied

There have been numerous reports about adverse effects. Reported adverse reactions are varied and include moderate to severe brain damage and death(20,42,44,49,170,53,60,63,64,65,66,67,69,70,71,73,74,75,76,77,79,80,85,90,91,97,105,43,84,109,136,143b,146,149,156,163a,163b,165). These reactions appear to be the result of toxins in the vaccines themselves (65,106,109,110,152), as well as poor quality control of the product (106,135,166). Also included in the many adverse reactions reported is contracting the very disease the vaccine was supposed to offer protection against (29,30,54,57,81,68,150), sometimes in a more virulent form than occurs naturally(45).

It is easy to dismiss fears about long-term unknown effects as paranoia. But legitimate concern is being raised about long-term autoimmune diseases, abnormalities of the immune system, and even cancer resulting from the use of vaccines(166,171,97,109). The difficulties in proving long-term effects are well-known. Clinical evidence is slowly mounting, however, as was the case with smoking and lung-cancer initially. There is concern, for instance according to the The London Times, 1987(177), that AIDS may have been triggered by smallpox vaccine. To quote "The Times": "Dr. Robert Gallo(SIC), who first identified the Aids virus in the US, told "The Times": 'The link between the WHO programme and the epidemic in Africa is an important and interesting hypothesis. I cannot say that it actually happened, but I have been saying for some years that the use of live vaccines such as that used for smallpox can activate a dormant infection such as HIV. No blame can be attached to WHO, but if the hypothesis is correct it is a tragic situation and a warning that we cannot ignore.'" It has been long known that a small percentage of polio

cases were "provoked" by the pertussis vaccine(106). We can all hope that the fears about AIDS are groundless, that "provocation polio" is an aberration, and that there are not other equally worrisome ramifications of vaccination lurking around the corner. But the need to keep an open mind and maintain vigilance remains paramount.

B. Current Vaccination Policy Is A Shotgun Approach To The Problem of Infectious Diseases

Protecting children against relatively mild childhood diseases only to leave them vulnerable to these diseases as adults, when the diseases are frequently more serious(124,125), is an example of how short-sighted these policies may be. No one knows for sure how long protection is afforded(32,109,92,131). If vaccines mimicked real diseases, immunity would be life-long for most(109,121,124), and boosters would be unnecessary. Thus the price our children may have to pay as adults for the privilege of avoiding these diseases may be high.

One example of an innocuous childhood disease for which there is mass vaccination is german measles or rubella(124,122).

Those who have not had german measles prior to pregnancy are at risk for fetal abnormalities and miscarriage. But the german measles vaccine is not administered to women of child-bearing age, nor do we know that it confers lifelong immunity(32). The rubella vaccine also has a reasonably high failure rate(109). Unless there is 100% eradication of the disease, a pregnant woman who was vaccinated as a child and did not contract measles is more, not less, vulnerable than one who was allowed an opportunity to get the disease as a child(92). As Dr. Hugh Paul stated in "The Control of Diseases"(124), before formulation of the rubella vaccine, "The disease (rubella) cannot be prevented, and in view of its very mild character, and the possibility that it may have catastrophic effects if contracted

by an expectant mother, it is questionable if it should be prevented in childhood and adolescence even if this were possible. It has been suggested that female children should be deliberately exposed to infection in order to achieve a life-long immunity from the disease and possibly from malformation in the offspring in later life. This idea is not an unreasonable one....Rubella does not kill, and even complications are uncommon." Perhaps it would be more prudent to vaccinate only pubescent schoolgirls, allowing those who wish to avoid vaccination to take a blood test to ascertain whether or not they have acquired natural immunity(35,109) than to require vaccinations of all children, as is presently done.

Although it is now known that naturally acquired immunity to rubella is not always lifelong, according to Dr. Vincent Fulginiti, life-long immunity occurs far more often among the naturally immune than the vaccine-immune (90-97.5% lifelong immunity for naturally acquired vs. 20-97% for the vaccine-induced)(109).

The hard or red measles (rubeola) is an example of a disease which generally is unpleasant but not serious in healthy children (102,121,68,125,124), yet which can be deadly serious for adults. When this measles first hits a population, the adults contracting it are hit very hard, with whole populations sometimes being wiped out(122,124). It then settles into the population, thereby effecting mostly children, since the adults have already been exposed. Statistics which cite disturbing incidence rates for encephalopathy and other adverse effects of measles do not take into consideration the general health status of the individual, and socio-economic factors which have reduced disease severity, nor do they give much weight to the vast incidence of problem-free disease.

Compounding the problem is the fact that the population most

vulnerable to measles, infants, is least protected. Vaccinating too early can cause vaccine failure more often(36,101) and/or later booster shots to be ineffective(36,96). The Catch-22 is that in the past, most mothers passed on naturally acquired measles antibodies transplacentally to their offspring who were protected until 6-9 months(124,99,48a). With the advent of vaccines, a higher percentage of mothers will be seronegative (have no antibodies) and will not pass those antibodies on to their children, at precisely the time that the vaccines are not effective, and yet the infant is most vulnerable(99,48a). On the other hand, those who would ordinarily be better off receiving maternal antibodies might find themselves in the untenable position of having those very antibodies interfere with vaccine efficacy(36,100), with the end-result that neither the vaccine nor the antibodies were protective.

The MMR (measles, mumps, rubella) vaccine probably does not confer lifelong immunity(109). What will happen to our children when they become adults? The medical community cannot possibly be confident that 100% eradication will occur with routine childhood immunization and that our children are not going to get seriously ill as adults(100). At a minimum, questions like these require better answers before anyone is forced to be vaccinated. These issues are barely being addressed in the medical literature.

C. Unreliable Methods For Collecting and Analyzing Data Are Being Used To Assess Vaccine Risk

At the current time only minimal information is available about short-term, known, acute reactions, while no hard data on long-term health and behavioral effects exists. To most accurately assess all risk, controlled, human experiments would have to be conducted. Of course, such experiments would not be considered ethical. The next best approach would be to conduct 20-30+ year studies of

matched groups (vaccinated vs. unvaccinated) in which all problems, including even minor behavioral and learning problems, would be recorded and compared. These have not been done, nor are they in progress.

Current reporting methods, unlike the aforementioned are fraught with bias and inaccuracies. First, they depend upon accurate reporting. Second, they depend upon the doctor or parent connecting a symptom with the vaccine. Third, they usually compare vaccinated groups to each other rather than a vaccinated group to an unvaccinated group. In the "Report of the Task Force...(177)" for instance, a study is cited in which immunization status is supposedly considered. But upon closer examination, it becomes clear that immunization status was not used; instead timing of immunization was the factor. What if a large percentage of vaccine-associated events occur after it is presumed they do not? The result will dramatically effect conclusions.

In fact, no one knows the relevance of time. Dr. Fulginiti, a well-known vaccine-use proponent, who has edited the book "Immunization in Clinical Practice", says: "A second confusing factor is the time relationship between vaccine administration and adverse event. How long an interval is possible in a vaccine-induced central nervous system infection or other untoward effect? Strom recorded data on some patients who first fell ill with neurologic symptoms 1 week after receipt of vaccine. Is that disease relatable to the vaccine? Most experts accept an interval of 24 hours between vaccine and onset of encephalopathy; a few suggest 2-3 days as an acceptable delay in onset. But there is no proof for any interval."(109) Most studies don't even make a pretense of controlling for immunization, instead opting to use time or some other equally questionable variable.

It is not possible to predict the potential intelligence, future

health, etc., of a given child. Claims, for instance, that a child has suffered no residual effects from a vaccine and is normal based on observation are totally unfounded. The only way to determine potential, be it intelligence or whatever, is to study groups. When attempting to determine vaccine effects, those groups must be unvaccinated vs. vaccinated, with the distribution of effects compared.

The utter inadequacy of the reporting system for even the most obvious and serious effects is accepted (42,74,80,106), even by vaccine proponents(105,43,109). In the U.S. there was no requirement to report adverse effects until recently, but even making it mandatory cannot change the basic problem with a reporting system of any kind. Furthermore, much of the analysis of adverse effect rates uses the number of doses administered(32,43,68,77,105,106,109,115,121,124,139,140,146,152,160), rather than the number of children affected. Who cares how many doses it takes to damage a child? What should be sought is data on how many CHILDREN are harmed by a given vaccine, no matter how many doses have been received. Using doses skews results in favor of lower adverse effect rates for all multi-dose vaccines, and in the case of pertussis, dramatically so, since 4- 5 doses are usually required. These dose-related conclusions are made all the more insidious when they are then compared to disease-related problems among children. Even worse, in some known cases, reporting, as well as follow-up, appears to have even been discouraged(170). To quote P. Isacson (Progr. Med. Virol. 13,263, 1971, cited in a 1972 "Science" article (166), "There has been a tendency on the part of certain higher government circles to play down any open discussion of problems associated with vaccines...Perhaps this has been overdone. Scientists how find themselves in the position of balancing the benefits of a vaccine against the risks, yet are in no position to judge what the long-term risks are." Thus current analytical and data collection methods should be seriously questioned.

Where more effort is made to follow adverse effects, the riskiness of one or more of the vaccines appears to increase, although the totality of adverse effects is still unknown (70,74,78,80,85,90).

II. THERE IS NO PROOF TO THE CLAIM THAT UNVACCINATED PEOPLE THREATEN THE GENERAL PUBLIC HEALTH

A major argument in favor of compulsory vaccination is that the unvaccinated threaten the general public health. However, if the vaccines work, they protect anyone choosing to be vaccinated. Some people additionally claim, nevertheless, that since there are vaccine failures, the unvaccinated threaten those who try but fail to get protection. Even here, however, there are mitigating effects: first, in at least one of the more serious diseases, whooping cough, a vaccinated person who contracts the disease will usually get a less serious form of the disease. (105, 62,32,43,46,51,68,78,106,121,134,135); second, vaccine failure rates can be so high (32,43,46,87,100,105,109,116,131,134,135,152) that one could question the extent of any additional risk created by the unvaccinated. Even proponents of achievement of so-called "herd immunity" admit that nowhere near 100% compliance is necessary to result in protection to the entire population, although at least 80% is usually advocated(51,22,47).

There is virtually no threat posed by states allowing philosophical exemptions. Five states provided their rate of philosophical exemptions: California, Vermont, Ohio, Arizona, and Wisconsin. Less than 1% took the exemption. Other states provided overall compliance rates: Missouri, Minnesota, Pennsylvania, and Delaware were all 98% or better, meaning philosophical exemptions have to be less than 2%. Two other states, Indiana and Oklahoma, were 97% or better, while none of the reporting states were less than 91%(172,173,179). We know that vaccine failure rates have been equal to

or greater by far than the philosophical exemption rates which are occurring. There is no reason to assume the unvaccinated are totally responsible for disease outbreaks unless vaccine proponents are unreasonably arguing that vaccine failures do not contribute to them in any way. Surely no one is arguing that, while a "vaccine failure" can catch a disease and spread a disease, it cannot be the first one to get the disease in an area.

Besides, a disease doesn't START anywhere. When public health officials cite the unvaccinated as the source of an outbreak, they are being arbitrary. Where did the alleged source catch the disease? Everyone gets these diseases from someone. Outbreaks are not isolated events with some sort of spontaneous (measles/pertussis/whatever) eruption at their source; they are part of chains of events. Where one looks for the source will determine what one finds. Where one stops will determine who is held responsible.

There are a number of diseases which can be mild enough that they would go unrecognized, particularly among the vaccinated. Pertussis is a well-accepted example, as discussed earlier. Measles has been noted to be milder among the vaccinated as well(46). A very credible scenario would be to have, for instance in the case of pertussis, a number of sub-clinical cases among the vaccinated causing a full-blown recognized case in an unvaccinated person. The blame could then easily be placed on the unvaccinated with no concern about where THEY got the disease.

Let's examine the role of vaccine failure more closely. It is commonly assumed that vaccine failure rates are low - after all, there are few outbreaks of the diseases in question, and what outbreaks have occurred are often attributed to the unvaccinated few. When actual outbreaks have occurred, however, as high as 80% of those contracting the disease have been reported to have been vaccinated(174) . Upon close inspection, the success rate of the vaccines themselves must

be questioned. Estimates of failure vary widely (109,46,87,100,152,134,26,32,43,105), but it would appear that to some extent, success rates are statistical illusions - as long as no outbreaks occur, the vaccines appear to be working. By the same token, however, being unvaccinated appears to be working as well. Given these high failure rates among the vaccinated during disease outbreaks, it is hardly reasonable to conclude that the unvaccinated add any appreciable risk, especially in the small numbers seen in the "philosophical exemption states".

Another concern raised by vaccine proponents is fear that formerly vaccinated adults, whose immunity has waned, will then be threatened by disease outbreaks. Those same adults, can, however, choose to be revaccinated in most cases. One exception to that case is pertussis, which is not a safe vaccine for adults(105,108,175). Pertussis is also not usually serious for adults, however. (106) In fact, the practical effect of waning vaccines is to make formerly vaccinated adults contributors to disease outbreaks(108,68,135). Had they acquired natural immunity, this would be unlikely.

But what about pertussis and infants? Isn't it true that pertussis is mostly a problem for them? Shouldn't everyone be vaccinated to protect them? It is true that most fatalities occur among infants under 1 year of age(178,106). The vaccines are not recommended for use before 2 months of age, with protection sometimes not being conferred before the third administration at 6 months. But a number of factors make this a more complicated issue than would appear on the surface.

First, improvements in medical management, especially the use of antibiotics, have enhanced our arsenal against this disease. Antibiotics can, as stated in the "Task Force Report"(178) and elsewhere, prevent further contagion, prevent serious disease, particularly if timed right, and combat secondary infections like pneumonia, which are the

major cause of death in infants contracting whooping cough.

Second, even if everyone under 6 were vaccinated, infants would still be at risk. It is widely acknowledged(108,175,105) that booster shots given to anyone 6-7 years of age or older are not recommended because of the risks involved. Because of the known seriousness pertussis can pose to infants under 1 year of age, vaccinations are then given, but only to children up to 6-7 years old. It is also widely accepted that pertussis vaccine significantly loses its effectiveness over time(135,109, 108,131). With widespread waning immunity from pertussis vaccine a fact of life, however, large reservoirs of susceptibles exist in the older groups capable of infecting infants(108). Yet we do not vaccinate these older groups because of the risks associated with doing so. I have shown that the medical community has no hard, reliable data to back up claims of low risk from the vaccine to younger children. The most that can legitimately be said is that although some short-term risks have been established, both short-term and long-term risks are virtually unknown. It should not be acceptable to force young children to face risks which are unacceptable for older children and adults. The practical effect of not revaccinating either group is to put infants at risk. But because of unsubstantiated claims that the risks are low for children 6 and under, children 6 and under are being asked to shoulder the burden of protecting infants even though they cannot do it alone. I am not suggesting that older children and adults now be compromised. I submit, on the other hand, that the addition of small numbers of unvaccinated young children to the already significant pool of vaccine failures and larger pool of immunity-waned older children and adults adds marginal increased risk.

III. MUCH OF THE CREDIT FOR THE DECLINE IN DANGEROUS CONTAGIOUS DISEASES SHOULD GO TO FACTORS OTHER THAN THE VACCINES

The benefits of vaccination are over-rated since much of the decline in morbidity and mortality of the diseases targeted by the vaccines occurred before the vaccines were introduced(26,27,30,34,91a,91b,105,124,126,90,106,108). Pro-vaccine reports will often begin around 1950 or later(34,68,98,178), after declines were already in effect, thereby giving unsubstantiated weight to the role of vaccines. As implied by the declining death rate, severity of the illnesses also has diminished for the unvaccinated(89,90,124).

Socioeconomic factors, including improved health care and living conditions, have contributed dramatically to both disease incidence and severity decreases(26,55,58,90,121,126,85,51,98,108,113b,119,121,124,135). Even our previous inability to treat whooping cough has been aided in particular by antibiotic therapy aimed at secondary infections like pneumonia (105,118,78,91a,121,134,135) which is a primary factor in pertussis mortality if left untreated (107,106,152,124), and improvements in hospital care for the seriously ill (105,106,25).

Perhaps even more important, it would appear that a well-organized effort to control the spread of whooping cough could be effective since certain antibiotics like erythromycin given to an identified whooping cough victim will prevent the spread of disease to others, (107,108,120,121,117,134) and erythromycin given to an exposed person before the paroxysmal stage can actually prevent the disease in the treated individual(120,117,118). The "Task Force"(178) reports that erythromycin even given during the paroxysmal stage has been shown to reduce symptoms, contrary to popular belief. Hence widespread, uncontrolled spread of whooping cough could be a thing of the past without the risks associated with the vaccine and moral dilemmas posed by making it compulsory.

Two prominent examples of diseases which have decreased dramatically without the aid of vaccines are scarlet fever and TB.

Scarlet fever is no longer the scourge it once was. (103,122,126) There is no vaccine for it, but if there were, the vaccine probably would be given credit for a decline it had nothing to do with. In most places, where the general health of the population is good, TB is no longer a problem either(122,123,124,126,59,129). What would have happened had there been a TB vaccine? Sometimes the conditions the world used to face are forgotten - no toilets, unclean water, lack of refrigeration, crowding, lack of heat, poor nutrition, etc. Where those conditions and/or others still exist, for instance in parts of rural Alaska vis a vis TB, disease morbidity and mortality increase. But those conditions in Alaska, for instance, have existed for a long time, and yet do not pose a threat to the general population, because the general population does not face those conditions.

IV. MUCH IS UNKNOWN ABOUT THE MECHANISMS UNDERLYING VACCINE PROTECTION

How vaccines work is not truly understood(109). When a human being contracts most of the diseases for which there are vaccines, lifelong immunity occurs. With the vaccines, boosters are needed and adults may go unprotected.

How well vaccines work is also not clear since, as discussed in section II, varying percentages of the vaccinated can contract the disease, and varying percentages of the ill have been vaccinated (3,46,85,86,87,98,101,169,95,108,147). Nowhere near 100% of the vaccinated are protected. For example, Dr. Stephen A. Hoffman, an expert on infectious diseases at Harvard University, and a proponent of vaccines writes(130), "In the majority of recent (measles) cases, the administered vaccine apparently never took hold in the first place.

This suggests that our ability to wipe out measles may, after all, be limited by a built-in failure rate of the vaccine itself." In the first 26 weeks of 1985, according to the Centers for Disease Control(174), 80% of those between the ages of 16 months and 28 years who contracted measles were vaccinated; in 1986(147), 57% from 16 months on up had been vaccinated.

V. POLICY WHICH MAKES VACCINATIONS COMPULSORY IS UNJUST AND UNWISE

Since anyone who wishes to be vaccinated has the right to do so, and built-in vaccine failures insure that the diseases remain in the population, no one can unequivocally argue that the unvaccinated appreciably affect the vaccinated. I would like to include some of the testimony made to Congress in 1962 by Clinton R. Miller of the National Health Federation because he so eloquently framed this issue in the context of history.

"The only time (NHF) would feel justified in violating an American's exercise of choice in matters of health would be when such exercise of freedom violated the equal right of another. Clearly at the present time no one is denied vaccination for themselves or their children if they desire it. Therefore, citizens who exercise their freedom of choice by choosing not to be vaccinated are not denying an equal right to another by the exercise of this freedom.

This principle of freedom is a superior and more fundamental consideration than that of vaccination. There are those people who so stoutly believe in the principle of vaccination that their enthusiasm leads them to an intolerance of anyone who just as stoutly does not believe in it.....

Those who believe in freedom of choice in matters of politics, religion, and health, emphasize that minority views of one generation become majority views of another. History has a wonderful lesson to teach us here if we will learn it. History will record a man of one age as a wise man, even though subsequent research might prove his theories to be in error, if he refrained from force of any kind in sharing of his beliefs with his disciples and contemporaries. But it will record the same man with the same theories as a fool or a tyrant, who uses, or allows to be used, force of any kind- not the least of which is governmental force - to gain acceptance for his beliefs.

Humility about the extent of one's knowledge, or of the collective knowledge of any age is always the mark of greatness, progress, and understanding....

Dr. Benjamin Rush, a signer of the Declaration of Independence, and Congressman is quoted as saying 'The Constitution of the Republic should make provision for medical freedom as well as for religious freedom.... All such laws'(which restrict health choices)'are un-American and despotic. They are fragments of monarchy

and have no place in a Republic'.

....We maintain that this right was implied, if not written.... But the fact is that it was not written, and we are left to argue that it was certainly implied. At the time Benjamin Rush made this plea, it was argued that this 'right' was assumed by the guaranteed freedom of religion and didn't need to be codified. ...Incidentally, Dr. Rush was a strong believer in vaccination theories of Jenner, but emphasized the greater need for freedom in all health matters."(104)

VI. MOST OF THE FREE WORLD HONORS THESE PARENTAL RIGHTS

22 U.S. states currently allow for personal or philosophical exemptions. Indeed, but for the communist countries, most of the world does not deny this basic right. The following countries have compulsory vaccination laws: the Eastern block nations (Albania, Bulgaria, Hungary, East Germany, Czechoslovakia, Poland, Romania, U.S.S.R., and Yugoslavia) as well as the Bahamas, Bolivia, Brazil, Costa Rica, Ecuador, Granada, Mexico, Peru(93), and 28 states in the United States. Obviously, allowing for this exemption is not a radical notion. I would like Alaska to join the 22 states and non-communist world which currently allows for a choice.

VII. IN A FREE SOCIETY IT IS PARENTS, AND NOT THE GOVERNMENT, WHO SHOULD DECIDE AMONG REASONABLE RISKS FOR THEIR CHILDREN

The state should not have the right to force a child to have a potentially harmful vaccine, no matter how statistically remote the possibility. Reasonable people can argue which is riskier for an individual child, the vaccines, or the diseases they are designed to prevent. In places where the standard of living is high and adverse effects conscientiously reported, arguments have been made to support the contention that the risks from the vaccines approach that of the disease(80,90). But even if the vaccines in general are safer, for a particular child they may not be. No one, not even public health proponents of compulsory vaccination, is arguing that individual children are not harmed by vaccines, only that the general public good is served by vaccination. The argument regarding general public good has

been addressed and I think shown to be weak. There is incontrovertible evidence that individual children are harmed by vaccines. It is the parent, not the state, who should be allowed to choose risk for an individual child.

VIII. HISTORY MUST NOT BE IGNORED

If government is going to force people to put known toxins into their bodies, they have a tremendous responsibility to be absolutely right. Of course that is not possible. History is replete with examples of medical procedures which were touted at one time, with nary a dissenting voice, which were later totally discredited. Examples are routine tonsillectomies, appendectomies, hysterectomies, X-rays and Cesarean-sections. X-ray pelvimetry during pregnancy, DES, coronary bypass surgery, the original Salk vaccine, the killed-cell virus measles vaccine and swine-flu shots are additional examples of now defunct or largely discredited medical approaches. Actual dangers of procedures have often been utterly denied, radiation being a most glaring example, only much later to be admitted, leaving many damaged health-care consumers. Where is our sense of humility and history? While there is nothing wrong with a medical professional informing a person about all sides of an issue, giving his or her opinion based on personal evaluation of current knowledge, and getting consent to proceed according to a certain plan, there is something terribly wrong about forcing individuals to comply.

If physicians and government saw themselves as providers of information and respectfully deferred the decision-making to willing patients, I submit that fewer malpractice suits would be brought. One cannot insist upon taking responsibility for a decision and reasonably deny responsibility for the outcome.

Obviously, the point of all this is not that anything has been proved here or elsewhere on the scientific level, but that

reasonable people can disagree on this issue. In a free society, reasonable disagreement on matters of conscience and health should be honored.

(There are approximately 115 references in all.)

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Position Paper

SB 148

Bill No. 1981-1982 "Mandatory Immunization of Minors."

SB 148 would amend AS 14.30.125 by allowing a child who is not immunized to attend Alaska schools if the child's parent or guardian files a letter with the school administrator that immunization is contrary to the beliefs of the parent or guardian or if a physician's affidavit is filed which states that immunization is contraindicated because of the child's medical circumstances. The bill further allows a school's chief administrative officer to exclude an unimmunized child if the administrator has reason to believe the child has been exposed to a disease for which immunization is required. Exclusion remains in effect until the parent or guardian submits a physician's affidavit stating the child is no longer at risk of developing the disease.

Under current regulation (4 AAC 06.055), immunizations are required against diphtheria, tetanus, polio, measles, rubella, and if the child is under seven years of age, pertussis (whooping cough). Exemptions to the immunization requirement are available only with a physician's affidavit of medical contraindications to immunization or a parent's or guardian's affidavit affirming that immunization conflicts with the tenets and practices of a religious denomination of which the family is a member. By vigorous enforcement of school immunization requirements, no adequately immunized Alaskan school children have contracted measles, rubella, polio, diphtheria, tetanus or pertussis since 1977.

However, these disease still occur in Alaska although at a relatively low level among individuals who are not adequately immunized and among young children who are too young to have completed recommended immunization schedules. Since 1980, there have been one case of diphtheria, 10 cases of measles, 101 cases of mumps, 56 cases of whooping cough, and 18 cases of German measles. Thus, the potential is present in Alaska for spread of these diseases.

There is controversy about mandatory immunization. Unfortunately, vaccines are not perfect. Vaccines are not 100 percent effective, and therefore some people who are immunized may not be protected. Also, vaccines are not perfectly safe and some people who receive them may be damaged by them.

The major debate about immunizations centers on the pertussis

fraction of the diphtheria-pertussis-tetanus (DPT) vaccine which is known to cause side effects which range from minor to severe. About 10 percent of vaccinated children develop minor redness, swelling, and pain at the site of injection. Convulsions or collapse with complete recovery occur at a rate of about one episode per 1,750 vaccine doses given. Encephalitis (inflammation of the brain) occurs at a rate of one case per 110,000 doses given and encephalitis with residual effects at a rate of one case per 310,000 doses administered. Sudden infant death syndrome is not related to pertussis vaccine use.

Given the relatively low number of cases of whooping cough which occur, the adverse effects associated with the vaccine seem to pose an unacceptable risk. However, the potential for harm from the vaccine needs to be balanced against the dangers of the disease itself. The death rate from pertussis for previously unvaccinated patients who develop the disease is one in 1,000; among affected children less than one year of age, the death rate is one percent. Permanent brain damage from whooping cough afflicts one child in 10,000 cases. Consensus among health authorities is that benefit from immunization outweighs the risk. This view has been expressed by the American Medical Association, the U.S. Public Health Service, the American Academy of Pediatrics, and the American Public Health Association.

It should also be stressed that a decision not to immunize has effects that extend beyond the individual who does not receive the vaccine. Pertussis is a highly contagious disease with an attack rate in the pre-vaccine era among exposed siblings in the 70 to 80 percent range. Thus, once the disease occurs, there is ample opportunity to spread, particularly among other unimmunized or inadequately immunized persons (particularly young children not old enough to have completed all their "baby shots") and there will also be an increased risk to the 10 to 20 percent of completely immunized children who are not protected because the vaccine is not 100 percent effective.

The provision in SB 148 allowing the school's chief administrative officer to exclude temporarily unimmunized children who have been exposed to the disease does not offer protection because the disease is highly communicable before clinical diagnosis is made and because of history of exposure is unlikely to be reliably available to school authorities.

Position

The Department of Health and Social Services is opposed to enactment of SB 148 since it would result in a significant

SR 148

3

increase in the incidence of communicable and, in some instances, life threatening diseases among children.

Recommended: Elizabeth Ward
Elizabeth Ward, Director
Division of Public Health

Date: 2/3/89

Approved: Myra M. Munson
Myra M. Munson, Commissioner
Department of Health and
Social Services

Date: 2/13/89

FISCAL NOTE

REQUEST:

Revision Date: _____
 Title: An Act relating to immunization of minors
 Sponsor: Kerttula
 Requestor: Senate HESS

Agency Affected: Dept. of Health & Soc. Svcs.
 BRU: State Health Services
 Components: Epidemiology

EXPENDITURES/REVENUES: (Thousands of Dollars)

| OPERATING | FY 89 | FY 90 | FY 91 | FY 92 | FY 93 | FY 94 |
|------------------------|------------|------------|------------|------------|------------|------------|
| PERSONAL SERVICES | | | | | | |
| TRAVEL | | | | | | |
| CONTRACTUAL | | | | | | |
| SUPPLIES | | | | | | |
| EQUIPMENT | | | | | | |
| LAND & STRUCTURES | | | | | | |
| GRANTS, CLAIMS | | | | | | |
| MISCELLANEOUS | | | | | | |
| TOTAL OPERATING | -0- | -0- | -0- | -0- | -0- | -0- |

| | | | | | | |
|----------------|------------|------------|------------|------------|------------|------------|
| CAPITAL | -0- | -0- | -0- | -0- | -0- | -0- |
|----------------|------------|------------|------------|------------|------------|------------|

| | | | | | | |
|----------------|------------|------------|------------|------------|------------|------------|
| REVENUE | -0- | -0- | -0- | -0- | -0- | -0- |
|----------------|------------|------------|------------|------------|------------|------------|

FUNDING: (Thousands of Dollars)

| | | | | | | |
|---------------|------------|------------|------------|------------|------------|------------|
| GENERAL FUND | | | | | | |
| FEDERAL FUNDS | | | | | | |
| OTHER | | | | | | |
| TOTAL | -0- | -0- | -0- | -0- | -0- | -0- |

POSITIONS:

| | | | | | | |
|-----------|--|--|--|--|--|--|
| FULL-TIME | | | | | | |
| PART-TIME | | | | | | |
| TEMPORARY | | | | | | |

ANALYSIS : (Attach a separate page if necessary)

Prepared by: Elizabeth Ward, Director *E. Ward* Phone: 465-3090
 Division: Public Health Date: 2/3/89

Approved by Commissioner: Myra M. Munson *Myra M. Munson* Date: 2/13/89
 Agency: Department of Health and Social Services

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- Impacted Agency(ies)

IMMUNIZATION COMPLIANCE RATES OF SCHOOL AGE CHILDREN (K-1ST GRADE) AND INCIDENCE OF VACCINE PREVENTABLE DISEASES (1986)

ALL STATES INCLUDED IN SURVEY HAVE PHILOSOPHICAL OBJECTION TO STATE MANDATED IMMUNIZATIONS IN STATUTES

| | compliance rate: | reported cases of: | | | | | | |
|--|------------------|--------------------------|---------|-------|--------------------------|---------|------------|-------|
| | | measles | rubella | mumps | pertussis | tetanus | diphtheria | polio |
| Michigan 1971 (approx.) - mandatory law implemented 1971 (approx.) - philosophical objection allowed | 91% | 185 | 24 | 467 | 36 | 1 | INA | INA |
| Utah 1975 - mandatory law implemented 1982 (approx.) - philosophical exemption allowed | 93% | 13 [38.5%] {61.5%} | 15 | 16 | 44 [65.9%] {34.1%} | 0 | 0 | 0 |
| Washington | 95.7% | 176 [65%] {35%} | 15 | 30 | 163 [56%] {44%} | 0 | 0 | 0 |
| Missouri | 98.3% | 32 | 1 | 23* | 32* | 2(2)* | 0 | 0 |
| California 1961-mandatory law implemented 1961-philosophical exemption allowed | 93.4% | 497 [50%] {50%} | 242 | 336 | 310 [40%] {60%} | 3 | 0 | 1 |
| Pennsylvania | 99.2% | 28 | 1 | 63 | 52 | 1 | 0 | 0 |
| Oklahoma 1976-mandatory law implemented 1976-philosophical exemption allowed | 97.6% | 39 | 0 | INA | 134 | 1 | 0 | 0 |
| Nebraska 1973-mandatory law implemented 1973-philosophical exemption allowed | 96.5% | 1 | 0 | 2 | 10 | INA | INA | INA |
| Indiana 1976-mandatory law implemented 1976-philosophical exemption allowed | 97% | 39 | 0 | 339 | 39 | 2 | 0 | 0 |
| Delaware 1982-mandatory law implemented 1982-philosophical exemption allowed | 98% | 35 | INA | INA | INA | INA | INA | INA |

COMPLIANCE RATES CONT'D.

| | compliance rate: | reported cases of: | | | | | | |
|--|---------------------------|----------------------|---------|--------------------------|-----------|---------|------------|-------|
| | | measles | rubella | mumps | pertussis | tetanus | diphtheria | polio |
| Ohio | 95% | 10 [80%] {20%} | 0 | 150 | 170 | 0 | 0 | 2 |
| 1959-mandatory law implemented 1970 (approx.)-philosophical exemption allowed | | | | | | | | |
| Arizona | 95.1% | 252 | 2 | 209 | 78 | 1 | 0 | 0 |
| 1976-mandatory law implemented 1981-philosophical exemption allowed | | | | | | | | |
| Minnesota | 99% | 50 [89%] {21%} | 1 | 86 [88.8%] {11.2%} | 50 | 0 | 0 | 0 |
| 1967-mandatory law implemented 1978-philosophical exemption allowed | | | | | | | | |
| Colorado | 96.3% | 11 | 1 | 17 | 84(2) | 0 | 0 | 0 |
| 1974-mandatory law implemented 1979-philosophical exemption allowed | | | | | | | | |
| Maine | INFORMATION NOT AVAILABLE | | | | | | | |
| 1977-mandatory law implemented 1977-philosophical exemption allowed | | | | | | | | |
| Wisconsin | 96.5% | 287 | 1 | 325 | 111 | 0 | 0 | 0 |
| 1975-mandatory law implemented 1980-philosophical exemption allowed | | | | | | | | |
| Vermont | 98% | 0 | 1 | 6 | 5 | 0 | 0 | 0 |
| 1979-mandatory law implemented 1979-philosophical exemption allowed | | | | | | | | |

INA: information not available

*: immunization not mandatory in state

(n): fatalities

[n]: percent of ill fully immunized

{n}: percent of ill unimmunized

Data received from State Health Departments of states listed

22 states contacted - 17 states responded to date - January 20, 1988

All states implement exclusion of unimmunized children from school during vaccine preventable disease occurrences.

13 of 17 states have mandatory disease reporting laws; 7 of those have penalties for non-reporting of contagious diseases

Data compiled by the Alaska Chapter of Dissatisfied Parents Together

Report of
the Committee
on Infectious
Diseases

1988

American Academy of Pediatrics

Table 2
Recommended Schedule for Active Immunization of
Normal Infants and Children*

| Recommended Age | Immunization(s)† | Comments |
|--------------------|-------------------------------|---|
| 2 mo. | DTP, OPV | Can be initiated as early as age 2 wk in areas of high endemicity or during epidemics |
| 4 mo. | DTP, OPV | 2-mo. interval desired for OPV to avoid interference from previous dose |
| 6 mo. | DTP | A third dose of OPV is not indicated in the U.S. but is desirable in geographic areas where polio is endemic |
| 15 mo. | Measles, mumps, rubella (MMR) | MMR preferred to individual vaccines; tuberculin testing may be done at the same visit (see Tuberculosis, page 431) |
| 18 mo. | DTP,‡§ OPV, PRP-D | See footnotes |
| 4-6 yr 14-16 yr | DTP,¶ OPV Td | At or before school entry Repeat every 10 yr throughout life |

*For all products used, consult manufacturer's package insert for instructions for storage, handling, dosage, and administration. Biologics prepared by different manufacturers may vary, and package inserts of the same manufacturer may change from time to time. Therefore, the physician should be aware of the contents of the current package insert.

†DTP = diphtheria and tetanus toxoids with pertussis vaccine; OPV = oral poliovirus vaccine containing attenuated poliovirus types 1, 2, and 3; MMR = live measles, mumps, and rubella viruses in a combined vaccine (see text for discussion of single vaccines versus combination); PRP-D = *Haemophilus b* diphtheria toxoid conjugate vaccine; Td = adult tetanus toxoid (full dose) and diphtheria toxoid (reduced dose) for adult use.

‡Should be given 6 to 12 months after the third dose.

§May be given simultaneously with MMR at age 15 months.

||May be given simultaneously with MMR at 15 months of age or at any time between 12 and 24 months of age.

¶Up to the seventh birthday.

16 Active Immunization

Table 3
Recommended Immunization Schedules for Children
Not Immunized in First Year of Life

| Recommended Time | Immunization(s) | Comments |
|---|--------------------------|--|
| <i>Less than 7 years old</i> | | |
| First visit | DTP, OPV, MMR | MMR if child ≥ 15 mo. old; tuberculin testing may be done at same visit (see Tuberculosis, page 431) |
| Interval after first visit: 1 mo. | PRP-D | For children aged 18-60 mo.; can be given concurrently with DTP (at separate sites) and other vaccines* |
| 2 mo. 4 mo. | DTP, OPV DTP | A third dose of OPV is not indicated in the U.S. but is desirable in geographic areas where polio is endemic |
| 10-16 mo. | DTP, OPV | OPV is not given if third dose was given earlier |
| 4-6 yr. (at or before school entry) | DTP, OPV | DTP is not necessary if the fourth dose was given after the fourth birthday; OPV is not necessary if recommended OPV dose at 10-16 mo. following first visit was given after the fourth birthday |
| 10 yr later | Td | Repeat every 10 yr throughout life |
| <i>7 Years Old and Older</i> | | |
| First visit | Td, OPV, MMR | |
| Interval after first visit: 2 mo. 8-14 mo. 10 yr later | Td, OPV Td, OPV Td | Repeat every 10 yr throughout life |

*The initial three doses of DTP can be given at 1- to 2-month intervals; so, for the child in whom immunization is initiated at age 24 months or older, one visit could be eliminated by giving DTP, OPV, and MMR at the first visit; DTP and PRP-D at the second visit (1 month later); and DTP and OPV at the third visit (2 months after the first visit). Subsequent DTP and OPV 10 to 16 months after the first visit are still indicated. PRP-D, MMR, DTP, and OPV can be given simultaneously at separate sites if return of vaccine recipient for future immunizations is doubtful.

S B

156

DAVID T. WALKER
ATTORNEY AT LAW
MENDENHALL BUILDING
328 FOURTH STREET, SUITE B
JUNEAU, ALASKA 99801
(907) 586-3537

MAR 14 1989

March 14, 1989

HAND DELIVERED

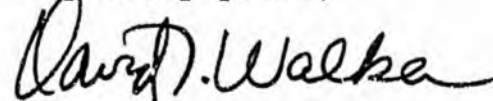
Senator Paul Fischer, Chairman
Senate Health, Education &
Social Services
Capitol Building, Room 508
Juneau, Alaska 99801

Dear Senator Fischer:

I am the registered Lobbyist for the Alaska Nurses' Association. I would appreciate it if you or a member of your staff would contact me if you have any question or suggestion concerning legislation treating nurses, nursing, or the regulation of the practice of nursing.

The Association is the largest nursing organization in Alaska. The Association has always appreciated the Legislature's interest in providing quality health care and appreciates the opportunity to work with the Legislature to improve health care, and contain health care costs.

Very truly yours,



David T. Walker

DTW:ndp

cc: Constance Trollan

MAR 31 1989



Heritage Place

232 Rockwell Avenue
Soldotna, Alaska 99669
907-262-2545

March 24, 1989

Mr. Randall Burns, Director
Div. of Occupational Licensing
P.O. Box D
Juneau, Ak. 99811

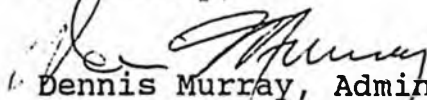
Dear Mr. Burns:

I wanted to follow up the discussion at the recent HAA meeting concerning the present language in Senate Bill 156 concerning regulation of nurse's aides by the board of nursing. One concern expressed in that discussion was Sec. 08.68.218. The proposed language would require that a nurse's aide be certified before being allowed to work as a nurse's aide. It was pointed out that the requirements of the federal law are less restrictive, i.e., they provide that the nurse's aide have 16 hours of training before being allowed to provide patient care and to have completed the training and certification within four months of employment.

You indicated that you had no problem with changing the language to correspond with the federal requirement. I would encourage you to do that as soon as possible.

Thank you.

Sincerely,


Dennis Murray, Administrator

✓ cc. Senator Paul Fischer, Chair-Senate HESS

SENATE COMMITTEE REPORT

FIRST COMMITTEE OF REFERRAL

Date of 5-DAY NOTICE 3/2/89
IN ACCORDANCE WITH UNIFORM RULE 23

2/3/89

FURTHER

LSC
FIN

**FISCAL NOTE(S) MUST BE ATTACHED
IN ACCORDANCE WITH AS 24.08.035

DATE TURNED INTO OFFICE 3/9/89

Mr. President:

HESS

Committee considered SB 156

relating to the regulation of nurse aides by the Board of Nursing; efd.

and recommended:

- replace with CS _____ same title
- attached amendment(s) and new title
- _____ letter of intent adopted

do pass

do not pass

no recommendation

individual recommendations

further referral to _____

FISCAL NOTE(S) attached

~~zero~~ ^{Previous Attached.}

fiscal impact

appropriation no FN attached

Gov. FN introduced w/ bill

MEMBERS SIGNING DO PASS

[Signature]

OTHER RECOMMENDATIONS

Cee Adams - No Rec
Jim Kelly No Rec
J. Dana No Rec

[Signature]
Chairman signature and recommendation

Committee backup attached

Alaska State Legislature

SENATOR PAUL FISCHER, Chairman
SENATOR JIM DUNCAN, Vice Chairman
SENATOR AL ADAMS
SENATOR LLOYD JONES
SENATOR TIM KELLY



P.O. BOX V
ROOM 508
STATE CAPITOL
(907) 465-3762

Senate Committee on Health, Education and Social Services

AGENDA

1. SB 156 Regulation of Nurses Aides
 2. SCR 2 Establishes a Family Support Task Force
 3. SB 12 G.O. Bonds School Construction
 4. SB 100 State Aid For School Construction
 5. SB 29 Medicaid Payments for Psychologists (Testimony only)
 6. Alaska Mental Health Board
- 4:30

Senator Jones called and said he will be late- will arrive around 4 p.m.

Mon

SB 100 -

Mon

Wed + Fri - Resol.

STATE OF ALASKA

BILL VERSION:cs SB 156 (Finance) (a)

1989 LEGISLATIVE SESSION

PUBLISH DATE: 4/6/89

FISCAL NOTE

REQUEST: _____

REVISION DATE: _____
TITLE: Regulation of nurse aides
by Board of Nursing
SPONSOR: Rules/Governor
REQUESTOR: _____

AGENCY: Commerce & Econ Development
BRU: Occupational Licensing
COMPONENTS: Administration

EXPENDITURES/REVENUES: (THOUSANDS OF DOLLARS)

| | FY 89 | FY 90 | FY 91 | FY 92 | FY 93 | FY 94 |
|----------------|-------|-------|-------|-------|-------|-------|
| OPERATING | | | | | | |
| PERS. SERVICES | | | | | | |
| TRAVEL | | | | | | |
| CONTRACTUAL | | | | | | |
| SUPPLIES | | | | | | |
| EQUIPMENT | | | | | | |
| LAND/BUILD. | | | | | | |
| GRANTS/CLAIMS | | | | | | |
| MISCELLANEOUS | | 96.1 | 96.1 | 96.1 | 96.1 | 96.1 |
| TOTAL | | 96.1 | 96.1 | 96.1 | 96.1 | 96.1 |
| CAPITAL | | | | | | |
| REVENUE | | | | | | |

FUNDING: (THOUSANDS OF DOLLARS)

| | | | | | | |
|-----------------|--|------|------|------|------|------|
| GENERAL FUNDS | | | | | | |
| FEDERAL FUNDS | | | | | | |
| OTHER I-A Recte | | 96.1 | 96.1 | 96.1 | 96.1 | 96.1 |
| TOTAL | | 96.1 | 96.1 | 96.1 | 96.1 | 96.1 |

POSITIONS:

| | | | | | | |
|-----------|--|--|--|--|--|--|
| FULL-TIME | | | | | | |
| PART-TIME | | | | | | |
| TEMPORARY | | | | | | |

ANALYSIS:

SEE ATTACHED

PREPARED BY:


SENATOR RICK UEHLING, CO-CHAIRMAN
SENATE FINANCE COMMITTEE

DATE: April 5, 1989

PHONE No.: 465-4821

Page 1 of 2

CS FOR SENATE BILL NO. 156 (Finance)

"An Act relating to the regulation of nurse aides by the Board of Nursing; and providing for an effective date."

ANALYSIS

Under the Nursing Reform Act of 1987 (PL 103-200), the federal government requires each state to create a nurse aide training and certification program and to begin implementation of the program at the start of 1989. As a result, funding of \$96.1 is being provided to the Division of Occupational Licensing by interagency receipts from the Division of Medical Assistance in the Department of Health and Social Services. The federal government is funding a portion of the \$96.1 for FY 89 and FY 90 after which the costs to run the program will be built into the occupational licensing operation budget. Therefore, new funds are not required at this time.

04/05/89

FISCAL NOTE

REQUEST:

Revision Date: _____
 Title: An Act relating to the reg-
 ulation of nurse aides
 Sponsor: Rules Committee
 Requestor: Governor

Agency Affected: Health & Social Services
 BRU: Medical Assistance
Administration
 Components: Certification &
Licensing

EXPENDITURES/REVENUES: (Thousands of Dollars)

| OPERATING | FY 89 | FY 90 | FY 91 | FY 92 | FY 93 | FY 94 |
|------------------------|-------|-------|-------|-------|-------|-------|
| PERSONAL SERVICES | -0- | -0- | | | | |
| TRAVEL | -0- | -0- | | | | |
| CONTRACTUAL | -0- | 128.2 | | | | |
| SUPPLIES | -0- | -0- | | | | |
| EQUIPMENT | -0- | -0- | | | | |
| LAND & STRUCTURES | | | | | | |
| GRANTS, CLAIMS | | | | | | |
| MISCELLANEOUS | | | | | | |
| TOTAL OPERATING | -0- | 128.2 | -0- | -0- | -0- | -0- |
| CAPITAL | -0- | -0- | -0- | -0- | -0- | -0- |
| REVENUE | | | | | | |

FUNDING: (Thousands of Dollars)

| | | | | | | |
|---------------|-----|-------|-----|-----|-----|-----|
| GENERAL FUND | -0- | 64.1 | -0- | -0- | -0- | -0- |
| FEDERAL FUNDS | -0- | 64.1 | | | | |
| OTHER | | | | | | |
| TOTAL | -0- | 128.2 | -0- | -0- | -0- | -0- |

POSITIONS:

| | | | | | | |
|-----------|--|--|--|--|--|--|
| FULL-TIME | | | | | | |
| PART-TIME | | | | | | |
| TEMPORARY | | | | | | |

ANALYSIS : (Attach a separate page if necessary) An increment has been included within the Governor's FY90 budget request to pay for expenditures associated with the nurse aid registry in FY90. Of this request, one-half or 64.1 are general funds and an equal amount are federal funds.

Prepared by: Kim Busch, Director
 Division: Medical Assistance

Phone: 465-3355
 Date: _____

Approved by Commissioner: *Blanche Beum, Acting*
Nyra H. Munson, Commissioner
 Agency: Department of Health and Social Services

Date: July 1, 1989

Distribution (by preparer):
 Legislative Finance
 Legislative Sponsor
 Requestor
 Office of Management and Budget
 Impacted Agency(ies)

SFC: 4/6/89

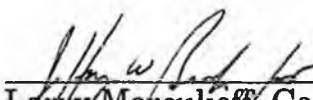
SB 156: An Act relating to the regulation of nurse aides by the Board of Nursing; and providing for an effective date.

SB 156 places responsibility for creation of Alaska's nurse aide training and certification program under the Alaska Board of Nursing. Under the Nursing Reform Act of 1987 (PL 103-200), the federal government has mandated each state to establish a program to certify nurse aides who work in long-term care facilities in order to continue eligibility for medicare and medicaid funding for those facilities.

The Division of Medical Assistance, Department of Health and Social Services, and the Division of Occupational Licensing, Department of Commerce and Economic Development have agreed that responsibility for the training and certification of nurse aides required by PL 103-200 fits most appropriately under the auspices of the Alaska Board of Nursing; therefore, this bill is drafted to state the board's authority in this area.

Federal funding is available to the state to defray a portion of the start-up costs of this program which, by law, had to be in place at the start of 1989. As of January 1, 1989, the state must begin to implement a registry for nurse aides, with the certification program to be in place and fully operational by January 1, 1990.

In summary, this bill is necessary to place the nurse aide training and registration responsibilities under the Board of Nursing; satisfy the federal mandate for a certification program for nurse aides in long-term health care facilities; and ensure continued eligibility for medicare and medicaid funding. The department supports passage of SB 156.



Larry Mercurieff, Commissioner
Department of Commerce and
Economic Development

Date: 2/15/89

mm0757t
021589a

STATE OF ALASKA

DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

OFFICE OF THE COMMISSIONER

STEVE COWPER, GOVERNOR

P. O. BOX D
JUNEAU, ALASKA 99811-0800
PHONE: (907) 465-2500

February 13, 1989

FEB 15 1989

Honorable Paul Fischer, Chairman
Senate Health, Education and
Social Services Committee
Alaska State Legislature
P.O. Box V
Juneau, AK 99811

Dear Senator Fischer:

Re: SB 156

Under the Nursing Reform Act of 1987, the federal government requires each state to create a nurse aide training and certification program and to begin implementation of the program at the beginning of 1989. Accordingly, the Governor has introduced legislation which gives the Board of Nursing statutory authority to adopt regulations regarding the training and registration of nurse aides. Without a nurse aide certification program, long-term-care facilities in the state will not meet new federal qualification standards and therefore will not be eligible for Medicare and Medicaid funding.

Attached is the department's position paper on this necessary piece of legislation. The fiscal note accompanied the bill at introduction.

I would appreciate very much your scheduling this bill for a hearing as soon as possible. You will find widespread support for the legislation.

Thank you.

Sincerely,


Harry Mercurieff
Commissioner

LM/sa0581p
21389a

Enclosure

FISCAL NOTE

REQUEST:

Revision Date: _____ Agency Affected: Commerce & Economic Dev.
 Title: An Act relating to the regulation of BRU: Occupational Licensing
nurse aides by the Board of Nursing.
 Sponsor: Rules Committee Components: _____
 Requester: Governor

EXPENDITURES / REVENUES : (Thousands of Dollars)

| OPERATING | FY 89 | FY 90 | FY 91 | FY 92 | FY 93 | FY 94 |
|-------------------|-------|-------|-------|-------|-------|-------|
| PERSONAL SERVICES | | | | | | |
| TRAVEL | | | | | | |
| CONTRACTUAL | | | | | | |
| SUPPLIES | | | | | | |
| EQUIPMENT | | | | | | |
| LAND & STRUCTURES | | | | | | |
| GRANTS, CLAIMS | | | | | | |
| MISCELLANEOUS | | | | | | |
| TOTAL OPERATING | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | |
|---------|---|---|---|---|---|---|
| CAPITAL | 0 | 0 | 0 | 0 | 0 | 0 |
|---------|---|---|---|---|---|---|

| | | | | | | |
|---------|---|---|---|---|---|---|
| REVENUE | 0 | 0 | 0 | 0 | 0 | 0 |
|---------|---|---|---|---|---|---|

FUNDING: (Thousands of dollars)

| | | | | | | |
|---------------|---|---|---|---|---|---|
| GENERAL FUND | | | | | | |
| FEDERAL FUNDS | | | | | | |
| OTHER | | | | | | |
| TOTAL | 0 | 0 | 0 | 0 | 0 | 0 |

POSITIONS:

| | | | | | | |
|-----------|---|---|---|---|---|---|
| FULL-TIME | 0 | 0 | 0 | 0 | 0 | 0 |
| PART-TIME | | | | | | |
| TEMPORARY | | | | | | |

ANALYSIS: (Attach a separate page if necessary.)

Under the Nursing Reform Act of 1987 (PL 103-200), the federal government requires each state to create a nurse aide training and certification program and to begin implementation of the program at the start of 1989. As a result, funding of \$96.1 is being provided to the Division of Occupational Licensing from the Division of Medical Assistance through a transfer of interagency receipts.

Prepared by: Jennifer Strickler, Administrative Officer Phone: 465-2144
 Division: Occupational Licensing Date: March 6, 1989

Approved by Commissioner: Larry Mencilteff, Commissioner Phone: 465-2500
 Agency: Department of Commerce & Economic Development Date: 3/7/89

Distribution (by preparer):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

CONTINUATION OF FISCAL NOTE ANALYSIS

SB 156

The Medical Assistance BRU will thereafter continue to fund this program through an RSA to the Occupational Licensing BRU.

The federal government will match state expenditures for this program of at least a 50% rate.

For FY 89, the interagency transfer expenditure breakdown is as follows:

| | |
|-------------------|------------|
| Personal Services | \$ 41.0 |
| Travel | 10.0 |
| Contractual | 38.1 |
| Supplies | 1.0 |
| Equipment | <u>6.0</u> |
| TOTAL | \$ 96.1 |

For FY 90 and thereafter, the breakdown is as follows:

| | |
|-------------------|------------|
| Personal Services | \$ 58.4 |
| Travel | 12.8 |
| Contractual | 55.5 |
| Supplies | <u>1.5</u> |
| TOTAL | \$128.2 |

S B

163

SENATE COMMITTEE REPORT

FIRST COMMITTEE OF REFERRAL

Date of 5-DAY NOTICE 3/16/89
IN ACCORDANCE WITH UNIFORM RULE 23

**FISCAL NOTE(S) MUST BE ATTACHED
IN ACCORDANCE WITH AS 24.08.035

FURTHER

SA
FIN

DATE TURNED INTO OFFICE 3/23/89

2/7/89

Mr. President:

HESS

Committee considered SB 163

relating to credit for part-time service in the public employees' retirement system and the teachers' retirement system; efd

and recommended:

- replace with CS _____ same title
- attached amendment(s) and new title
- _____ letter of intent adopted

do pass

do not pass

no recommendation

individual recommendations

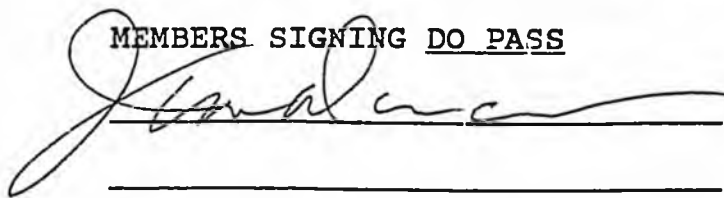
further referral to _____

FISCAL NOTE(S) attached zero
 appropriation no FN attached

fiscal impact
 Gov. FN introduced w/ bill

MEMBERS SIGNING DO PASS

OTHER RECOMMENDATIONS



Tim Kelly - No Rec

Paul Fish (No Rec)
Chairman signature and recommendation

Committee backup attached



NEA-ALASKA

AFFILIATED WITH THE NATIONAL EDUCATION ASSOCIATION

ANCHORAGE REGIONAL OFFICE

1411 W. 33RD AVENUE
ANCHORAGE, ALASKA 99503
(907) 274-0536

JUNEAU OFFICE

105 MUNICIPAL WAY, SUITE 302
JUNEAU, ALASKA 99801
(907) 586-3090

FAIRBANKS REGIONAL OFFICE

2118 CUSHMAN STREET
FAIRBANKS, ALASKA 99701
(907) 456-4435

March 21, 1989

To: Senator Paul Fisher, Chair
Members, Senate HESS Committee

Re: Senate Bill No. 163; "An Act relating to credit
for part-time service in the public employees'
retirement system and the teachers' retirement
system; and providing for an effective date."

NEA-Alaska supports and encourages your favorable
consideration of SB 163.

This legislation addresses an equity issue on behalf of
persons whose part-time employment places them in two
different retirement systems. As full time equivalent
employees they should not be penalized relative to their
ability to receive credited membership service in the
retirement systems which pertain to their employment.

The provisions for phasing into this method of credited
service for the period prior to January 16, 1988, are fair
and equitable and do not place a financial burden on the
employer.

Thank you for your consideration of our position.

Respectfully submitted,

Bob Manners
Executive Secretary

Judy Salo
President

cc: Senator Jim Duncan

STEVE COWPER, GOVERNOR

DEPARTMENT OF EDUCATION

DIVISION OF STATE MUSEUMS

ALASKA STATE MUSEUM
395 WHITTIER STREET
JUNEAU, ALASKA 99801-1718
PHONE (907) 465-2901

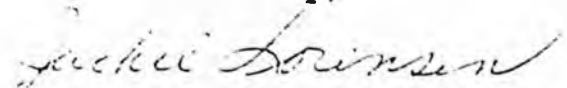
9/21/88

Mr. David Stout
State of Alaska
Division of Retirement and Benefits
Mail Stop 0203

Dear Mr. Stout:

I have worked at the Alaska State Museum as the education coordinator under PERS for the past eight years. Because the first several years were part-time, I have accrued a total of 2.7 years of credit. I also have 5 years credit in TRS from former teaching positions, both in Alaska and in New York State. I have recently accepted a half-time teaching position with the Juneau School District, and am considering the option of working a .5 or .4 position at the Museum the other days of the week. I have been informed, however, that I may not be able to contribute to both PERS and TRS at the same time, even though DOE has ruled that there is no conflict of interest in working both positions. I feel that since I would essentially be working two half-time positions, I should be able to contribute to their respective retirements systems. I cannot accept that anyone would be denied half of his rightfully earned retirement credits simply because he has disparate job skills. As an alternative, would I be able to choose one of the retirement systems and have both positions be credited in the same system? I would appreciate prompt clarification on this matter since the retirement question will affect my decision to negotiate for part-time duties at the Museum.

Sincerely,



Jackie Lorenson
Museum Education Program Coordinator
Alaska State Museum

cc Olive Ratcliff

Correspondence

DEPARTMENT OF ADMINISTRATION

DIVISION OF RETIREMENT & BENEFITS

PLEASE REPLY TO:

P.O. BOX CR
JUNEAU, ALASKA 99811-0203
PHONE: (907)465-4460

701 EAST TUDOR ROAD, SUITE 240
ANCHORAGE, ALASKA 99503-7445
PHONE: (907) 563-5885

Public Employees Retirement System
Teachers Retirement System
Judicial Retirement System
Elected Public Officers Retirement System
National Guard Retirement System
Territorial Retirement System
Retirees Voluntary Dental-Vision-Audio Plan
Supplemental Benefits System
Group Health/Life Insurance Benefits
Deferred Compensation Plan
Public Employers Social Security Contributions

STEVE COWPER, GOVERNOR

October 13, 1988

Ms. Jackie Lorensen
10718 Horizon Drive
Juneau, AK 99801

PERS/TRS: 075-38-4975

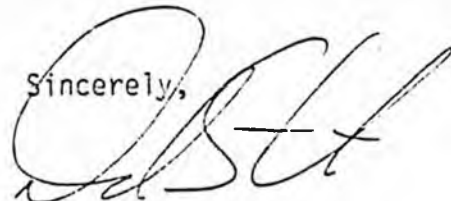
Dear Ms. Lorensen:

I am responding to your letter of September 21, 1988. I must confirm that the retirement statutes prohibit concurrent accrual of credited service.

Alaska Statute 39.35.680(21), defines persons eligible to participate in the Public Employees' Retirement System (PERS) and specifically excludes persons covered by the Teachers' Retirement System (TRS). Further, the TRS statute excludes from TRS part-time participation any teacher who is not working at least 50 percent of a full-time position. The PERS statute excludes from PERS participation any employee who is not regularly working at least 15 hours a week in a permanent position.

I hope this information helps in your decision. Please contact me if you have any questions.

Sincerely,



David Stout
Retirement Supervisor

DS/DLW/mm
6/637/0929-07

Alaska State Legislature



SENATOR JIM DUNCAN

P. O. BOX V JUNEAU, ALASKA 99811-3100
(907) 465-4766

COMMITTEES:
FINANCE
VICE CHAIR -
HEALTH EDUCATION
& SOCIAL SERVICES
BUDGET & AUDIT
BANKING &
ECONOMIC
DEVELOPMENT

MEMORANDUM

TO: Senator Paul Fischer, Chairman
Senate Health, Education and Social Services Committee

FROM: Senator Jim Duncan

SUBJECT: Hearing for SB 163

DATE: February 15, 1989

Please find attached background information concerning Senate Bill 163, "An Act relating to credit for part-time service in the public employees' retirement system and the teachers' retirement system; and providing for an effective date."

I am requesting your favorable consideration for scheduling a hearing on SB 53 before the Senate Health, Education and Social Services committee at your earliest convenience. Please contact Dale Staley of my staff if you need any additional information.

Thank you for your consideration.

FEB 13 1989

FISCAL NOTE

REQUEST:

Revision Date: _____ Agency Affected: Administration
Title: Part-Time Service in Both the
Public Employees' Retirement System
and Teachers' Retirement System BRU: Retirement and Benefits
Sponsor: Duncan Components: Retirement and Benefits
Requestor: _____

EXPENDITURES/REVENUES: (Thousands of Dollars)

| OPERATING | FY 89 | FY 90 | FY 91 | FY 92 | FY 93 | FY 94 |
|-------------------|-------|-------|-------|-------|-------|-------|
| PERSONAL SERVICES | 0 | 0 | 0 | 0 | 0 | 0 |
| TRAVEL | 0 | 0 | 0 | 0 | 0 | 0 |
| CONTRACTUAL | 0 | 0 | 0 | 0 | 0 | 0 |
| SUPPLIES | 0 | 0 | 0 | 0 | 0 | 0 |
| EQUIPMENT | 0 | 0 | 0 | 0 | 0 | 0 |
| LAND & STRUCTURES | 0 | 0 | 0 | 0 | 0 | 0 |
| GRANTS, CLAIMS | 0 | 0 | 0 | 0 | 0 | 0 |
| MISCELLANEOUS | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL OPERATING | 0 | 0 | 0 | 0 | 0 | 0 |
| CAPITAL | 0 | 0 | 0 | 0 | 0 | 0 |
| REVENUE | 0 | 0 | 0 | 0 | 0 | 0 |

FUNDING: (Thousands of Dollars)

| | | | | | | |
|---------------|---|---|---|---|---|---|
| GENERAL FUND | 0 | 0 | 0 | 0 | 0 | 0 |
| FEDERAL FUNDS | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 0 | 0 | 0 | 0 | 0 | 0 |

POSITIONS:

| | | | | | | |
|-----------|---|---|---|---|---|---|
| FULL-TIME | 0 | 0 | 0 | 0 | 0 | 0 |
| PART-TIME | 0 | 0 | 0 | 0 | 0 | 0 |
| TEMPORARY | 0 | 0 | 0 | 0 | 0 | 0 |

ANALYSIS: (Attach a separate page if necessary) This will not result in additional operations cost for the Division of Retirement and Benefits.

THIS BILL WILL NOT RESULT IN INCREASED FY 90 PERSONAL SERVICES COSTS TO STATE AGENCIES, SCHOOL DISTRICTS OR OTHER PARTICIPATING POLITICAL SUBDIVISIONS.

Prepared By: Sally Smith, Director *Sally Smith* Phone: 465-4470
Division: Retirement and Benefits Date: Feb 9 1989

Approved by Commissioner: John M. Andrews *JM* Date: 2/10/89
Agency: Department of Administration

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Senate Bill 163
Analysis of Fiscal Implications to the Retirement Funds
Prepared by Division of Retirement & Benefits
Department of Administration
February 7, 1989

Analysis: This bill will allow members to receive service credit in both the Teachers' (TRS) and Public Employees' Retirement System (PERS) concurrently, if they work at least 1/2 day in each. Under no circumstances can a member earning concurrent service under this bill earn more than one year of combined service during a school year.

There would not be an adverse impact on the actuarial soundness of either the PERS or the TRS funds. The increase in the unfunded liability and the decrease in the funding ratio in each would be negligible.

COUNTING HALF-TIME PERS AND HALF-TIME TRS SERVICE

" An Act relating to credit for part-time service in the public employees' retirement system and the teachers' retirement system; and providing for an effective date."

Section 1.

Amends the teachers' retirement system under Title 14 by adding a new section.

When someone is employed at least half-time in a job that contributes to the teachers' retirement system and during the same period is employed at least half-time in a job that contributes to the public employees' retirement system then that person shall receive credited service for half-time employment in both retirement systems. The amount of credited service received when adding half-time TRS and half-time PERS service during a school year can not total more than one year.

Section 2.

Same as section 1 but amending the public employees' retirement system Title 39 to include the same provisions being added to Title 14.

Section 3.

Amends the public employees' retirement system by changing the meaning of "member" or "employee" to include the exception created in section 2. That is, someone employed at least half-time in a job contributing to the teachers' retirement system may be considered a member of the public employees' retirement system if and during the same period that person is employed at least half-time in a job contributing to the PERS.

Section 4.

For persons employed from January 16, 1988 to the effective date of this act credited service may be applied to both the teachers' and the public employees' retirement systems as authorized by sections 1 and 2. This half-time service must be verified before July 1, 1990.

When it has been determined an employee is eligible for half-time service credit; the retirement fund the employee was prohibited from participating in will show an indebtedness for the employee for the period claimed. This indebtedness will be for the full actuarial cost to provide the benefits for the period claimed. Interest will accrue on the indebtedness beginning July 1, 1990.

Any indebtedness to the account at the time of retirement will require an adjustment to the retirement benefit.

Section 5.

The effective date is immediate.

given twenty years of part-time service to retire under the teacher's retirement system with a twenty year retirement. Their benefit was based on their actual accumulated service.

Senator Fischer asked if the person was working part-time for the school district and part-time for another government agency and they would qualify for early retirement and only one agrees, what would happen? Mr. Stalnaker said if a member became vested under both systems by this legislation, then their participation under the RIP would be totally dependent upon the employer that designated them to participate. If both employers designated the person then they would be able to participate under both systems. If one employer designated them, they could retire under one system but couldn't retire under the other system until they were eligible to retire. He said the benefit that is accumulated under each system would be totally independent of the other.

Senator Fischer asked if a person could retire early from TRS and still work for PERS. Mr. Stalnaker said currently, under the PERS system, a new employee can't retire until they reach the age of sixty and can early retire at fifty-five. Currently, under the teacher's system, normal retirement is age fifty-five and early retirement is fifty.

Senator Duncan referred to the RIP program and said if a person retires from PERS and they go to work for TRS or visa versa, the person would have to pay a penalty.

Senator Jones asked how many people would this legislation affect. Mr. Stalnaker said presently there isn't a way to compare who is working or who could potentially work under both systems because they are two different systems and that data isn't maintained. He said it would probably be less than ten. Senator Duncan said just because these people happen to work for two different employers, they shouldn't be penalized.

Number 614

Jackie Lorensen, Education Specialist, Alaska State Museum, said last year she had taken a half-time position at Gastineau School to teach. She stated she is half-time under PERS and half-time under the Teacher Retirement Program. She said in November, 1988, she found out that she couldn't contribute to both retirement systems. Senator Jones asked her which plan she chose. Ms. Lorensen said she chose the Teacher Retirement Program.

Senator Kelly referred to the medical benefits and asked when a person retires, do they have to choose one or the other or do they receive medical benefits under both

systems. Mr. Stalnaker said at the present time a person can't participate under both systems. A person in this situation would make an election as to which system they want and when that person retires they would get the medical benefits under the system. This legislation enables them to accumulate service under each system. There is a conditional benefit that says if a member has worked under the PERS and is vested under the program and goes to work under TRS for two years, they get a conditional benefit which includes everything provided under TRS.

TAPE 1, SIDE 2
Number 025

Senator Duncan said there is a difference in medical benefits between a working employee. Retirees are at 80 percent. In PERS workers are at 90 percent. Senator Duncan asked if there are people who are presently getting 100 percent coverage. Mr. Stalnaker said there are. Senator Duncan asked if it has any impact on the retirees premium costs. Mr. Stalnaker said it has the net effect of actually reducing the cost of health. There will be people who will retire under other systems. There is a situation that exists for married people that both retire under one system. They are both eligible for full health benefits, but because under the retirement system, the benefit also includes a benefit for the spouse. The system isn't being charged for two full health plans because they coordinate between themselves.

Senator Fischer said this may be an unfair advantage to people who are single as they wouldn't be getting 100 percent. Mr. Stalnaker said a person who works through one system their entire career would get the health benefit from provided by the system which is currently 80 percent.

Senator Duncan noted this legislation doesn't create a problem as the problem already exists. There was continued discussion regarding this matter.

Senator Duncan made a motion to move SB 163 out of the Senate HESS Committee. Senator Fischer asked if there were any objections to moving the bill out of committee, hearing none, the bill moved with individual recommendations.

Number 312

Senator Fischer adjourned the meeting at 5:15 p.m.

S B

166

POSITION PAPER

SB 166

INTRODUCTION

The process by which Medicaid and GRM reimbursement rates are established for health facilities includes a procedure called year end conformance. This procedure compares the Medicaid Rate Commission (MRC) approved rate with actual rate billed by the facility during the billing period. If a defined level of variance between the approved and actual charges exists, an adjustment is made to the facility's base for its future prospective rate.

In August, 1988, the MRC repealed regulations that allowed waiver of the year end conformance adjustment. After realizing that in at least two cases the regulations had an unanticipated, negative effect, the MRC adopted a regulation which allows the commission to waive all or part of the year end conformance adjustment under certain circumstances. This regulation will become effective March 25, 1989.

This bill makes waiver authority retroactive to January, 1989. Due to federal Health Care Financing Agency requirements, federal participation in the state's Medicaid Program would be jeopardized if we change any provision of rate setting for a period prior to January 1.

ANALYSIS

Section 1 of the bill defines the procedure, provides for a full or partial waiver of the adjustment in cases of manifest injustice, and clarifies the treatment of some technical questions associated with implementation.

Section 2 of the bill requires reanalyzing rates in effect on or after January 1, 1989, in accordance with Sec. 1 of the bill, requires the immediate payment of an amount due the facility as the result of reanalyzing rates if waiver is granted, and prohibits recoument by the state if reanalyzing rates in accordance with Sec. 1 results in an amount due the state.

Section 3 of the bill provides for an immediate effective date. To receive federal financial participation (FFP) for the period January 1, 1989 - March 31, 1989, the state Medicaid plan amendment must be submitted prior to March 31, 1989. Therefore, SB 166 would have to be enacted into law with sufficient time for the department to prepare and submit the state plan amendment. An effective date before March 31, 1989, is essential for the state to continue to meet the federal requirements of the Medicaid Program and grant this retroactive relief.

DISCUSSION

Health facilities will benefit from a possible waiver of the year end conformance procedure under situations of manifest injustice. Situations which have been brought to the attention of the MRC to date include at least two in which facilities can demonstrate that a prudent management decision such as a reasonable rate increase has triggered the application of the procedure, and where a series of patients requiring an extraordinary level of care has triggered the application of the procedure. Other facilities may also seek relief from the year end conformance requirement, but it is not known whether they will meet the conditions for waiver.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES' POSITION

The department neither opposes nor supports Senate Bill 166.

Recommended: Kim Busch
Kim Busch, Director
Division of Medical Assistance

Date: March 6, 1989

Approved: Myra M. Munson
Myra M. Munson, Commissioner
Department of Health and
Social Services

Date: March 6, 1989