

AIM/NPHiC Webinar: Navigating State Legislative Sessions

February 1, 2024



Association of
Immunization
Managers

Agenda

- State Vaccine Legislative Trends
 - Brent Ewig, Chief Policy and Govt Relations Officer, AIM
- Navigating State Legislative Sessions to Support Vaccine Policy
 - Maggie Davis, JD, Director for State Health Policy, ASTHO
- Speaking with Legislators and Successful Messaging
 - Erica DeWald, President and Founder, Coffeehouse Communications
- IIS Legislation Trends
 - Rebecca Coyle, Executive Director, AIRA

Today's Speakers



Brent Ewig, MSPH
Chief Policy and Govt
Relations Officer, AIM



**Maggie Davis, JD, MA,
PMP**
Director for State Health
Policy, ASTHO



Erica DeWald
President & Founder,
Coffeehouse
Communications



Rebecca Coyle, MS
Executive Director,
AIRA

AIM Overview

State Vaccine Legislative Trends

Brent Ewig, MSPH

February 1, 2024



Association of
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A Look Back - Volume

National Conference of State Legislature's
State Public Health Legislation Database: tracks
vaccine related legislation introduced by states

- 2023 – 740+ bills
- 2022 – 590+ bills
- 2021 – 800+ bills



Many Message Bills

Key Fact – Only 13% of vaccine related bills tracked in 2023 became law (98)



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A Look Back - Themes

Top introduced legislation topics regarding **vaccine requirements** in 2022-2023:

- Prohibition of vaccine mandates by employer, business or government entity (mainly COVID vaccine)
- Anti-discrimination for vaccine status (mainly COVID vaccine)
- Prohibition of COVID-19 vaccine for school entry

Top vaccine topics for bills passed in 2023:

- Pharmacist/pharmacy tech authorization to administer vaccines (approx. 24)
- Prohibition of COVID-19 vaccine mandates and vaccine status anti-discrimination (approx. 11)

Changes to School Entry Requirements

- At least 6 states considered bills to shift authority for determining which routine childhood immunizations are required for school entry from the health department to the legislature - **None passed.**
- At least 5 states **passed laws** relating to school entry vaccine requirements:
 - CA requires advising parents to have their child immunized against HPV
 - TN removed vaccine requirements for homeschooled children not enrolled in interscholastic sports
 - AR and FL now prohibit requiring COVID-19 vaccines for school entry.
 - Washington, D.C. removed its COVID-19 vaccine requirement for school enrollment.



Shifts in Public Opinion

“Contrary to what some may have expected, beliefs in safety and trust for information on routine childhood vaccines have remained high and stable since the pandemic began, or even increased, despite negative views of COVID-19 vaccines. It is the public’s views on requirements for routine childhood vaccinations for school entry that have swung toward greater opposition, alongside limited support for the various COVID-19 mandates put into place during the pandemic. Stated differently, public opinion data appear to show that Americans have not grown more anti-vaccination during the COVID-19 pandemic, but rather, more anti-mandate.”

Source: "Has COVID-19 Threatened Routine Childhood Vaccination? Insights From US Public Opinion Polls", Health Affairs Forefront, June 6, 2023. DOI: 10.1377/forefront.20230605.570346

HEALTH AFFAIRS FOREFRONT

RELATED TOPICS:

VACCINES | PUBLIC OPINION | COVID-19 | PUBLIC HEALTH | PANDEMICS | CHILDREN'S HEALTH | DISEASES
| ADOLESCENTS | VACCINATION POLICIES | PHARMACEUTICALS

Has COVID-19 Threatened Routine Childhood Vaccination? Insights From US Public Opinion Polls

[Gillian K. SteelFisher](#), [Mary G. Findling](#), [Hannah L. Caporello](#), [Rebekah I. Stein](#)

JUNE 6, 2023

10.1377/forefront.20230605.570346



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Recently there has been a great deal of media attention to [anti-vaccine sentiment](#) around COVID-19 vaccines in the United States, and public health experts have become concerned that it [could spill over to routine immunizations](#) for children, including vaccinations for polio, measles, and tetanus. Experts worry that anti-vaccine sentiment could disrupt both parents' willingness to get their children vaccinated and threaten current policy, which centers around school-based vaccine requirements in all 50 states and US territories. The media notes several

Other Emerging Themes

- Exemptions
- Public Health Authority
- Immunization Information Systems (IIS)
Opt Out
- Safety

Outliers

- Ban on mRNA Vaccines
- Blood Banks Must Screen for mRNA
- ???

A Look Ahead - Tips to Prepare for the 2024 Legislative Session

- Anticipate substantial interest in vaccine-related legislation, especially exemptions.
- Develop agency policy and messaging in advance on anticipated issues, if possible, and in accordance with your state process.
- Research & be ready to educate on the process(es) for changing your school or other vaccination requirements. Brief your State Health Officer, Legislative Liaison, and Governor's Office.
- Share with stakeholders.

AIM is Here to Help!

- Peer to Peer Dialogue
- Trend Analysis
- Talking Points & Draft Testimony
- Customizable Fact Sheets
- Legislative Analysis & Individual Consultation

DRAFT

Sample Testimony on COVID-19 Vaccine Mandates

Background: Legislation to block or preclude COVID-19 vaccine mandates has been introduced in at least 15 states as of January 2021, and this trend is likely to continue. AIM provides the following sample testimony to support immunization programs that may be asked to provide perspective on the issue. AIM has not developed a position statement specific to COVID-19 vaccine requirements, but does have a [position statement](#) supporting school and childcare immunization.

SAMPLE

Mr. / Madame Chair [insert specific address testimony on COVID-19 vaccine requirements]

The [Insert Public Health Agency] opposes requirements in the interest of public health. mandates work and have been critical to the Employers have an obligation to provide a safe working environment. They need to retain flexibility in the policies future course of this pandemic remains uncertain. removing a critical state power that has been affirmed by the Supreme Court over a century.

The [Insert Public Health Agency] continues providers to make COVID-19 vaccine available getting vaccinated over the risk of developing COVID-19.

The section of the United States Federal Food and Drug Administration (FDA) authorizes the use of medical products for use in an emergency. *The FDA has an obligation to ensure that the benefits and risks of the product justify the option to accept or refuse administration of the product and of their benefits and risks.*

Because of this clause, there is legal uncertainty regarding mandating a vaccine should take effect.

1 21 U.S. Code § 360bbb-3 of the Food, Drug, and Cosmetic Act. Available at <https://www.law.cornell.edu/usc/usc.html>.

 Association of Immunization Managers

Talking Points: OSHA and CMS Mandate Supreme Court Decision
January 14, 2022

On Thursday January 13th 2022, the [Supreme Court issued split decisions](#) on the Biden Administration's federal vaccine mandates. The Court struck down the Occupational Safety and Health Administration (OSHA) vaccine-or-test requirement for employers. The Court upheld the Centers for Medicare and Medicaid Services (CMS) vaccine mandate for health care workers in facilities receiving Medicare or Medicaid funds.

Talking Points on the Supreme Court Vaccine Mandate Rulings

These rulings may generate questions from the press and policymakers in your state. AIM offers the following talking points in the form of Q&A.

Do these Supreme Court rulings undermine COVID vaccines?

No. These cases are not about the efficacy or importance of COVID-19 vaccines. They are about who has the power to decide to issue vaccine requirements.

Did the Supreme Court strike down all employer vaccine mandates?

No. They found that OSHA exceeded their statutory authority in issuing the employer mandate, but also ruled that CMS has Congressional authorization to implement requirements to protect the health and safety of patients receiving services in facilities receiving Medicare or Medicaid funding. Nothing in their ruling prevents individual employers from requiring vaccination of their employees as long as they allow certain exemptions or reasonable accommodations.

Does the ruling affect existing state vaccine requirements?

No. In fact, one of the opinions explicitly says that vaccine requirements "fall squarely within a State's police power" and refers to a case ([Zucht vs. King](#)) decided in 1922. That case along with an earlier ruling in *Jacobson vs. Massachusetts* said it was settled that it is within the power of a state to provide for compulsory vaccination.

Does this ruling effect existing state vaccine requirements?

No. These rulings have no effect on the long-standing and successful vaccine requirements in every state. These requirements have kept deadly and disabling diseases out of our schools and communities for decades.

Does this ruling undermine the concept of vaccine requirements?

Every state in America has required vaccination for school and childcare entry for decades. Many healthcare facilities also already require their employees to be vaccinated against diseases like hepatitis B, influenza, and measles, mumps, and rubella because they understand their obligation to protect the health and safety of their patients. Additionally, the U.S. military requires at least nine vaccinations for all recruits, and more depending on the area of deployment. So, prior to COVID, vaccine requirements were quite commonplace and not controversial across America. They have been bipartisan, time tested, and successful in saving lives and stopping vaccine preventable diseases.

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AIM Legislative “Connecting the Dots”

Resources from AIM and other partners to help to effectively engage with elected officials during the legislative session

Connecting the Dots State Legislative Sessions



Explore these key tools and resources to effectively engage with elected officials during the legislative session.

Legislative Process Overview

- [2024 State Legislative Session Calendar](#)
- [Introduction to Vaccine Policy for State Legislators \(NCSL\)](#)
- [Advocacy Rules and the Legislative Process \(AIM\)](#)
- [The Public Policy Landscape and Key Partners \(AIM\)](#)
- [Webinar: 2024 Legislative Update \(AIM\) on February 1 at 2 PM ET \(please register at link above\)](#)

Resources & Portals

- [Template Fact Sheet -Existing State Vaccine Requirements \(AIM\)](#)
- [National Conference for States Legislators \(NSCL\) Vaccine Policy Series](#)
- [Vaccine Policy Toolkit \(ASTHO\)](#)
- [Vaccinate Your Family Advocacy Portal \(registration required\)](#)
- [IDPN Portal - Legislative Talking Points \(registration required\)](#)
- [Map of School and Childcare Exemptions \(Immunize.org\)](#)

Clear Communication

- [Tip Sheet: Navigating the Legislative Environment & Addressing Incorrect Vaccine Information \(AIM/NPHIC\)](#) (see also [webinar](#))
- [Promoting Vaccine Confidence During the Legislative Process \(AIM\)](#)
- [Effective Strategies for Educating Policymakers \(AIM\)](#)
- [Addressing Incorrect Vaccine Information \(AIM\)](#)
- [Project VCTR: Vaccine Communication and Tracking Response \(registration required\)](#)

Peer Sharing & Assistance

- Contact [Brent Ewig](#), Chief Policy and Government Relations Officer, for personal assistance
- [AIM Program Practices Database](#) where program managers can share resources confidentially with one another
- [Peer Sharing & Information Requests \(AIM\)](#)

*IDPN - Infectious Disease Prevention Network

Updated 1/24/2024

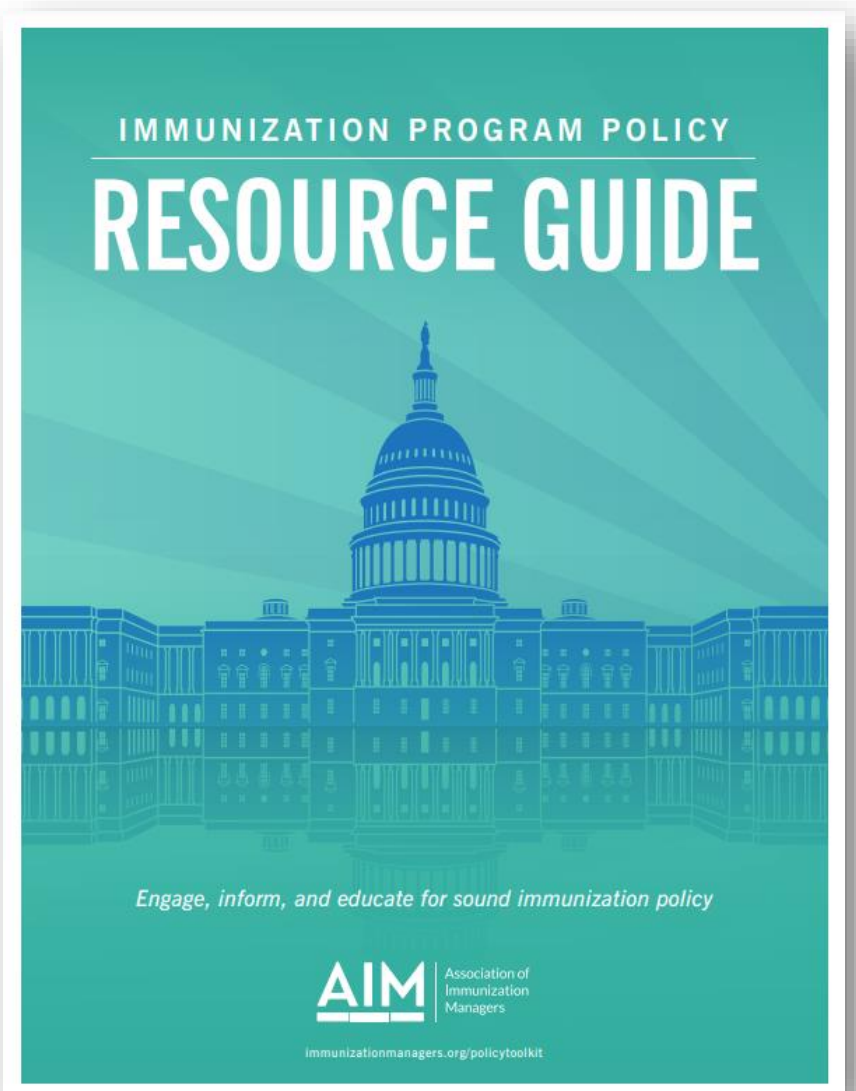
AIM Immunization Program Policy Resource Guide

Three chapter guide to provide insight to immunization program managers and others in the immunization community on how effectively and ethnically engage in the policy process

Chapter 1: Advocacy Rules and the Legislative Process

Chapter 2: The Public Policy Landscape and Key Partners

Chapter 3: Effective Strategies for Educating Policymakers



AIM Contact

Brent Ewig - Chief Policy & Government Relations Officer
bewig@immunizationmanagers.org



Navigating State Legislative Sessions to Support Vaccine Policy

February 1, 2024

Overview



01

ASTHO's Support for
Immunization Programs

02

2023 Vaccine Policy
Trends

03

Tips for Navigating
Session

ASTHO's Support for Immunization Programs

Helping Health Agency Staff Navigate the Policy Process

Peer Networks

ASTHO facilitates 14 Peer Networks, bringing together health agency staff to share their expertise, learn best practices, and develop sound policy in their area of specialization.

State Health Policy facilitates two of these networks:

- State/Territorial Legislative Liaisons
- Public Health Lawyers

Capacity Building

ASTHO builds member capacity through learning opportunities available to health agency staff and developing resources synthesizing evidence-based public health policy and practice.

In addition to supporting ASTHO-wide capacity building efforts, State Health Policy leads our Health Policy Update and Legislative Prospectus Series.

Technical Assistance

ASTHO provides a range of technical assistance to members. In the policy space, ASTHO is available to support agencies navigating legislative session along with emerging policy questions.

2024 Legislative Prospectus Series

ASTHO's annual legislative prospectus series anticipates public health related state and territorial legislation in the upcoming year. Organized into ten broad policy topics, the series offers public health professionals, legislators, and other policymakers a high-level overview of evidence-based and promising public health interventions achieved through legislative action.

Anticipated Top 10 Public Health Legislative Trends:

- Public health workforce
- Supporting mental health
- Substance misuse and overdose prevention
- Preventing STIs
- Public health data sharing and privacy
- Containing spread of infectious disease
- Family and reproductive health
- Optimal health for all
- Environmental health
- Tobacco and nicotine products



Containing the Spread of Infectious Disease

Public Health Authority

At least four jurisdictions considered legislation relating to isolation and quarantine powers during the 2023 sessions. While none were enacted, Kansas HB 2390 (which would have limited public health officials to only recommending isolation/quarantine) did pass each legislative chamber.

Vaccination

At least 39 jurisdictions considered bills relating to routing childhood immunizations in 2023, with five states and Washington, D.C. adopting legislation.

California AB 659 now requires parents of students enrolled in 6th grade be advised to immunize their child against HPV.

Combatting Misinformation and Disinformation

Public health misinformation and disinformation undermine efforts to protect the community from communicable diseases. At least five jurisdictions considered bills to prevent disinformation/misinformation.

California AB 873 now requires media literacy content in math, science, and social science curriculum across every grade level.

Legislative Tracking Efforts

State Bills Relating to Vaccines in Schools and Provider Scopes of Practice

All 50 states and the District of Columbia require vaccinations for school entry. Since the emergence of the COVID-19 vaccine, a debate has emerged around compulsory vaccinations for school-age children and parental rights. In some states, COVID-19 vaccines became the newest battleground for anti-vaccine efforts more broadly, leading to the introduction of bills during the 2023 legislative session seeking to restrict the use of — or expand exemptions to — school requirements. At the same time, state legislatures continued to introduce bills expanding vaccination access by changing the scope of practice for providers like midwives, pharmacists, dentists and dental hygienists, and others to allow them to administer vaccinations.

This longitudinal dataset captures legislation addressing school entry vaccination requirements, non-medical exemptions to school vaccination requirements, the reallocation of authority to determine vaccination requirements for schools, and expansions to provider scope of practice to administer vaccines between January 1, 2023, and May 22, 2023, in all 50 US states and the District of Columbia.

This dataset was created in collaboration with the Association of State and Territorial Health Officials as a part of the Act for Public Health initiative. Act for Public Health provides direct support to public health departments and others through legal technical assistance, research, and resources to track litigation and legislation that impacts their ability to protect the communities they serve. Act for Public Health is a partnership that includes ChangeLab Solutions, the Public Health Law Center at Mitchell Hamline School of Law, the Network for Public Health Law, Public Health Law Watch, and the Center for Public Health Law Research at Temple University's Beasley School of Law.

CREATED BY: Center for Public Health Law Research Staff
MAINTAINED BY: Center for Public Health Law Research Staff
VALID FROM: January 1, 2023
UPDATED THROUGH: May 22, 2023

Data Codebook Protocol

See all related maps



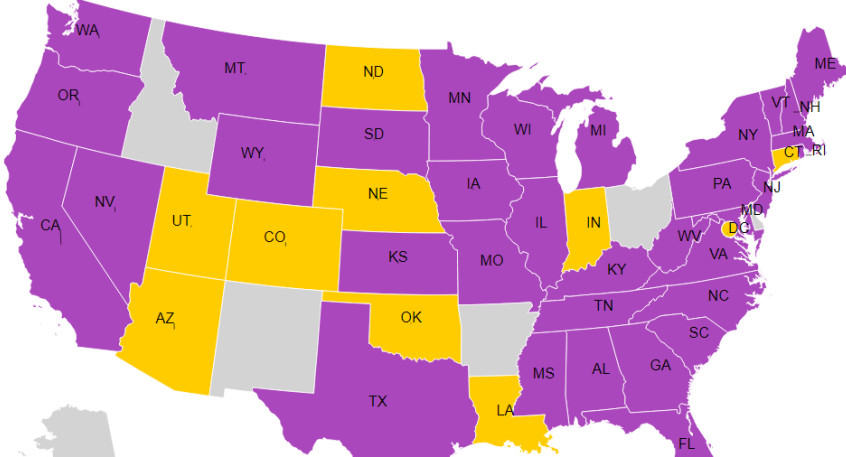
Map Profiles

5/22/23 (196 jurisdictions)

Filter Explore Reset

Criteria:
1. Has this state introduced a bill since January 1, 2023, addressing vaccination within the scope of this dataset? Yes

1. Has this state introduced a bill since January 1, 2023, addressing



Tips for Navigating Legislative Session

Build a Team of Teams

Policy Team

The policy team is often comprised of key leaders in your agency, like your Health Official, Senior Deputy, Legislative Liaison and Attorney. This team can help identify when legislative proposals are likely to advance.

Immunization Team

As subject matter experts, AIM members can help inform the policy team on how policy proposals may impact operations, population vaccination rates, and more.

Community Leaders

Engaged community members can help shape vaccine policy. As public health leaders you can equip community advocates with information about your jurisdiction so they can engage with policymakers.

Communicate & Collaborate

- Sessions move quickly, staying in communication among teams and with policymakers is crucial.
- Policymakers come from a wide range of backgrounds, be sure to explain *why* a policy/program is beneficial to public health.
- Collaborating with policymakers and among teams can result in stronger policy outcomes.

Contacting ASTHO

Maggie Davis, JD, MA | mdavis@astho.org

Technical Assistance Requests | ask@astho.org

Thank
you





Speaking with Legislators

Erica DeWald, President & Founder



A Little Research Goes a Long Way

Who are you speaking with?

What topics are they interested in?

Who should you bring with you?



Ask Yourself...

What does (or did) the legislator do for a living?

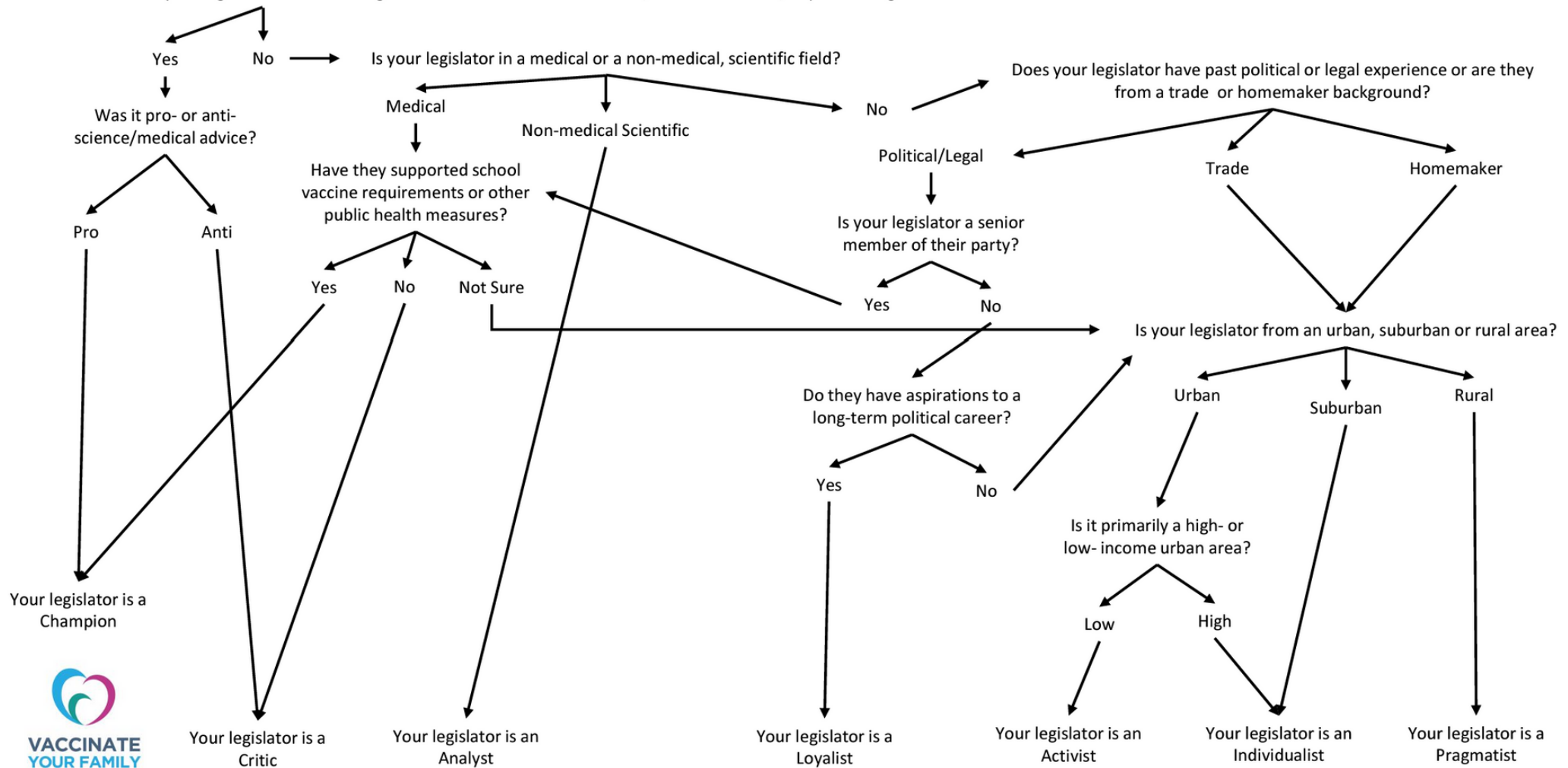
Who are their constituents?

What issues are most important to that district?



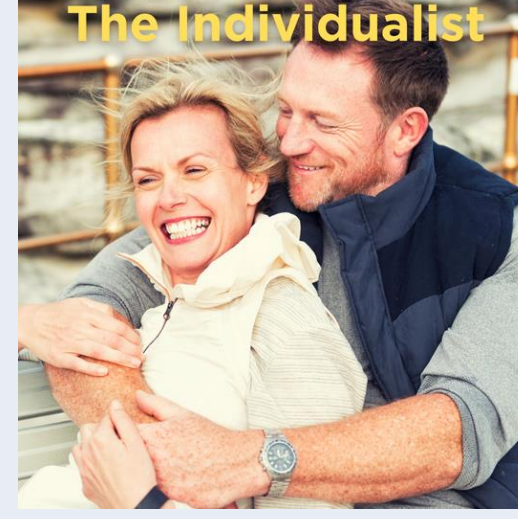
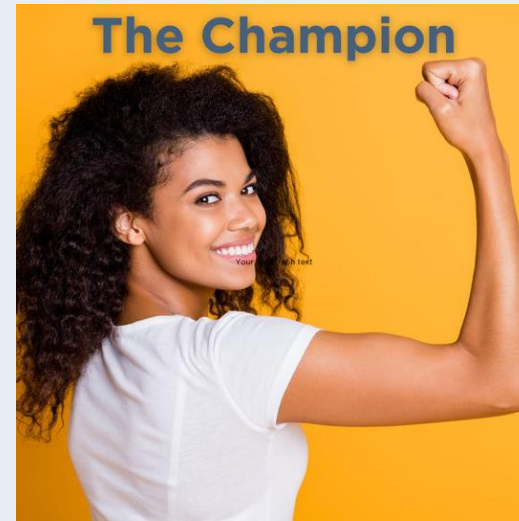
Vaccine Legislator Archotyping: Find Your Archetype

START HERE: Has your legislator introduced legislation about or discussed vaccine, medical freedom, or parental rights issues?





**VACCINATE
YOUR FAMILY**



Stay in Touch!

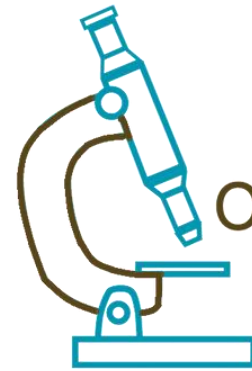
Share news articles so you become a source of good information

Have a newsletter? Sign them up!

Tag them in social media posts to ensure they see your name regularly

Setup a regular meeting - at least one in their Capitol offices and one in their home offices





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IIS Legislation Trends

Rebecca Coyle, MSEd
Executive Director, AIRA



No consent required/all in

- Mandatory inclusion – no right to opt out: information is sent to the IIS with no ability to opt out.

Opt-Out

- Mandatory inclusion with the right to opt out: information is sent to the IIS, but the individual can opt out of the system.
- Implicit consent with the ability to opt-out: participation is inferred from a person's words, actions, or conduct, but the individual can opt out.

Opt-in

- Explicit consent – the individual must consent (written or verbal) to be included




Trends

- Bills requiring **explicit consent** increasing
 - “Informed Consent”
- Bills limiting “vaccine passports”
- Health Information Exchanges/Networks may also be included

Considerations

- Costs to modify systems
- Existing data
- The burden to collect and maintain consent often falls on providers



Talking Points and Considerations to Support Opt-Out IIS Consent Policy

Introduction
Some jurisdictions are facing proposed legislation that seeks to require individuals to explicitly consent, commonly referred to as opt-in, to inclusion in the immunization information system (IIS). We have compiled the following talking points and checklist of local considerations to support your argument for maintaining or transitioning to an opt-out system. Please [contact AIRA](#) if your state/jurisdiction has a bill impacting IIS and if there are additional items we may be able to help with.

Audience
The intended audience for this document is IIS managers, immunization program managers, and public health decision makers.

DEFINITIONS

- No consent required/all-in**
 - Mandatory inclusion – no right to opt out: information is sent to the IIS with no ability to opt out.
- Opt-out**
 - Mandatory inclusion with right to opt out: information is sent to the IIS, but the individual can opt out of the system.
 - Implicit consent with the ability to opt out: participation is inferred from a person's words, actions, or conduct, but the individual can opt out.
- Opt-in**
 - Explicit consent – the individual must consent (written or verbal) to be included.

Potential Talking Points
The following talking points may be useful in crafting responses to proposed legislation. These are not designed to be all-encompassing but, rather, are an attempt to highlight the costs to change a system, an individual's right to opt out of a system, and the security of the system in which the data are housed.

- Abundant research on opt-in versus opt-out policies clearly favors opt-out policies since they are fiscally responsible and benefit constituents/citizens and health care providers, while protecting citizen choice, privacy, and public health.

1



Thank you!



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