

# VOTE NO ON HB 3063

*"Using the ACIP guidelines as the standard basically means no medical exemptions will be possible."* – Bend-based Pediatrician

*"This guts the patient-doctor relationship. You only get an exemption if the vaccine nearly killed you, family history or sibling reactions be damned."* – Portland-based N.D.

The currently drafted medical exemption language for HB 3063 is dangerous for Oregon's children.

15      "(3) Each board shall review the documents described in subsection  
16      (2) of this section that are signed by licensed health care practitioners  
17      regulated by the board to determine whether exemptions described in  
18      ORS 433.267 (1)(b) are granted in compliance with a reasonable inter-  
19      pretation of recommendations by the Advisory Committee on Immu-  
20      nization Practices, or its successor organization, as adopted by the  
21      board by rule.

A recent Amendment 53 to HB 3063 is highly problematic for the safety of Oregon's children, and also serves to gut the patient-provider relationship. Rather than allowing qualified physicians to make vaccine medical exemption decisions for their patients, Amendment 53 invokes a set of guidelines established MORE THAN 15 YEARS AGO\* by the CDC's Advisory Committee on Immunization Practices. Medical exemptions that do not adhere to this stringent, and dated, set of guidelines will not be allowed under the proposed language. (As one simple example, a sibling having an extreme reaction to a vaccine is NOT considered a valid reason for a medical exemption by the ACIP Guidelines.)

## Consider:

1. Experienced physicians who know their patients best will be held to an outdated set of contraindications that are almost exclusively backward-looking: "Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component" is one of the few criteria allowed by the ACIP guidelines.
2. A litany of more recent published research explores much more sophisticated ways to screen children at risk from adverse events, below are just a few of the titles of recent published studies on the topic of vaccine adverse event prevention.

*"Adversomics: The Emerging Field of Vaccine Adverse Event Immunogenetics", Pediatric Infectious Disease Journal, May 2009*

*"Predicting post-vaccination autoimmunity: Who might be at risk?", Pharmacological Research, September 2014*

*"Vaccination and autoimmune diseases: is prevention of adverse health effects on the horizon? EPMA Journal, August 2017*

Why is the DISCRETION to do what is best for their patients being removed from doctors? Why aren't doctors being given the latitude to follow both NEWLY PUBLISHED science and their own clinical experience?

- 53 AMENDMENT  
DOES NOT  
ADEQUATELY  
EXPAND  
MEDICAL  
EXEMPTIONS.

DESTROYS  
PATIENT-  
PROVIDER  
RELATIONSHIP

OREGON'S  
MOST  
VULNERABLE  
CHILDREN  
NOT  
PROTECTED.

MEDICAL  
EXEMPTION  
DENIED

\*ACIP guidelines for vaccine contraindications were established more than 15 years ago in a study published in *Pediatrics* titled, "Standard for Child and Adolescent Immunization Practices" in April 2003