The Massachusetts Medical Society (MMS) wishes to be recorded in support of House bill 2411, An Act Relative to Vaccinations and Preventing Future Disease Outbreaks.

The MMS is a professional association of over 25,000 physicians, residents, and medical students across all clinical disciplines, organizations, and practice settings. The Medical Society is committed to advocating on behalf of patients, for a better health care system, and on behalf of physicians, to help them provide the best care possible. The Medical Society has long supported policy measures that strengthen public health. Vaccines are a critical public health tool that provide a safe and effective means to protect society from infectious and potentially deadly diseases. We are witnessing firsthand the benefits of and crucial role vaccination plays in protecting society from harmful disease as rates of COVID-19 continue to decrease in the Commonwealth driven by increasingly successful vaccination efforts, notwithstanding the necessary work to be done to improve equitable access to the COVID-19 vaccine in some disproportionately impacted communities.

The COVID-19 pandemic severely disrupted people’s – especially children’s - ability to access routine preventive care, including maintaining the recommended vaccination schedule. At present, preventable diseases pose a growing threat to the Commonwealth because of missed vaccines, but also because vaccination rates began falling long before COVID, largely due to increases in non-medical vaccination exemptions. Over the past several decades – in particular in this moment – the public health of the Commonwealth has benefited greatly from the societal commitment to vaccination; however, in more recent years, vaccination rates have fallen, jeopardizing necessary herd immunity to preventable infection and disease that had been, until recently, effectively eradicated. The Medical Society opposes non-medical vaccination exemptions. It is for this reason that the Medical Society would like to voice its strong support for H.2411, An Act Relative to Vaccinations and Preventing Future Disease Outbreaks.

In the interest of public health, and specifically the health of children in Massachusetts, state law requires children to be vaccinated prior to enrolling in school. The law, however, provides for two exceptions to this requirement— one medical and one non-medical (religious). H. 2411 would strike the non-medical (religious) exemption from the vaccination requirement, which currently allows parents or guardians who object to vaccinations on grounds of sincerely held religious beliefs to send their child to school without being vaccinated.

Although Massachusetts’ vaccination rate overall is among the highest in the country, certain districts in the state are experiencing disproportionately high exemption rates, which puts the entire Commonwealth’s herd immunity at risk, as outbreaks—even localized outbreaks—can overwhelm the broader population’s collective immunity. Distressingly, the 2019 measles outbreak in New York caused
a public health emergency, despite a higher overall rate of vaccinated children entering school was than that in Massachusetts.

Over 80 percent of the vaccination exemptions in Massachusetts are based on a purported non-medical (religious) objection. For children entering school in Massachusetts, the non-medical (religious) exemptions rate has increased over seven times the rate seen just 28 years ago. As physicians, our role is to keep our patients and the public safe and healthy. Parents should feel comfortable voicing concerns or questions they have about vaccination and physicians should be prepared to listen and respond effectively and with empathy. It is imperative that we as physicians not only address vaccine misinformation with accepted science and data, but also share with well-intentioned parents the potential harmful and deadly clinical consequences that could arise if a child contracts a vaccine-preventable illness.

To that end, this bill would eliminate the non-medical exemption and restore valuable public health protections by improving community immunity. Rather than acting reactively by waiting for a public health crisis to occur, the Medical Society urges the legislature to protect the health and safety of our children and our communities by proactively enacting a measure that will have a substantial public health impact. In 2019, the US experienced the largest measles outbreak in over a quarter of a century, with more than 1,200 cases of measles having been reported across 31 states—the largest number of people sickened since 1992, according to the Centers for Disease Control and Prevention (CDC). These diseases are preventable and the vaccines to prevent them are proven, safe, and effective. We must learn from the lessons in other states — including New York and Connecticut, who have recently eliminated non-medical exemptions to vaccination requirements — to address the issue in a prudent manner and strike the non-medical exemption from Massachusetts’ laws.

The Medical Society appreciates that the non-medical exemption is just one part of the broader immunization structure that exists in Massachusetts and that a comprehensive evaluation of related public policy is warranted to effectuate a thoughtful, comprehensive approach to immunization that is in the best interests of the public health of the Commonwealth. To that end, the Medical Society supports several proposals from S.1517/H.2271, An Act Promoting Community Immunity as outlined below. To be clear, insofar as provisions within S.1517/H.2271 retain the non-medical (religious) exemption, the Medical Society strongly urges the approach of H.2411 to strike this exemption altogether. However, there are other provisions in S.1517/H.2271 that merit consideration and that we believe would strengthen the overall immunization public health system in Massachusetts.

One such proposal would standardize immunization schedules and the exemption review process. While the medical exemption has existed for years in Massachusetts—and the Medical Society supports its retention—it has evolved into a system that lacks standardization, a concern that would be exacerbated if the non-medical (religious) exemption is eliminated and additional strain is put on the medical exemption process. MMS therefore supports provisions in S.1517/H.2271 that create a standardized medical exemption form and which would centralize the processing of medical exemptions. MMS still believes that the decision to sign a medical exemption should be between a patient (and their parents or guardians) and a physician; however, standardizing streamlining such exemptions through the state would benefit the medical exemption process.

Another important proposal in S.1517/H.2271 would compel important collection and monitoring of immunization data, as well as require public notification of the findings of this data. The collection of data and the standardization of immunization processes will serve the public health in myriad ways. For individuals who cannot be vaccinated due to medical conditions, mandating current and accurate information regarding vaccination rates in covered programs may be a lifesaving measure. For the Commonwealth as a whole, the data is important to track and inform efforts aimed at improving public health.
Lastly, the Medical Society urges consideration of provisions in S.1517/H.2271 that would explicitly add “preventive services” to the existing statutory list of medical services to which a minor—whose physician has determined is capable of making the decision—the right to consent. Pediatricians have spent years with extensive education and training learning how best to care for patients at every stage of the age continuum and take very seriously the responsibility to build trusting relationships, balancing respect for young people’s emerging autonomy with an understanding and consideration of the complex cognitive development of any pediatric patient. All of this is taken into consideration with every clinical decision made with patients. There has been a longstanding statutory authority in Massachusetts for certain minor patients to consent to certain medical services. There are incredibly important provisions within the general laws that allow minor patients to consent to different services, including receive mental health and substance use care, and reproductive health services. Regardless of a statutory carveout for minors to consent to care, every decision made by a minor pursuant to this authority is only made when the pediatrician is confident that the patient has the requisite capacity to make the medical decision. This is a fact-based decision that is unique to every clinical encounter. It is determined by the maturity and cognitive development of the patient, and by the medical decision being made. In practice, a physician would spend time to understand holistically the patient and their request, discuss extensively the risks, benefits, alternatives, and any potential complications, and ask questions in return to assess the patient’s level of understanding. There could be other members of the care team that would be brought in, and such a discussion could last multiple visits. In some cases, the patient may have the capacity to consent. In others they may not. Physicians take incredibly seriously this obligation to ensure that every patient consenting to care, regardless of their age, has the requisite capacity to make that decision. Adding to this list preventive services—which would include vaccines—would be a logical step in eliminating barriers for persons who want to be vaccinated—all with the protections that exist in any clinical encounter for assuring that a patient has the requisite capacity to understand the nature of a given medical decision.

Notably, these specific measures within S.1517/H.2271 are important to consider in a broader package and would best be addressed in conjunction with H.2411 which would more directly address the larger problem of vaccine hesitancy, which the World Health Organization listed as one of the top ten biggest threats to global health in 2019. These measures would complement and strengthen the public health impact of repealing the non-medical exemption.

Thank you for your thoughtful and timely consideration of this issue. The Medical Society respectfully urges a favorable report on H.2411, An Act Relative to Vaccinations and Public Health.