Testimony before the Health and Human Services Committee

LD 1616, An Act To Establish the Vaccine Consumer Protection Program

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Senator Gratwick, Representative Hymanson, and members of the Health and Human Services Committee, my name is Kalie Hess, and I am the Policy Program Manager for the Maine Primary Care Association (MPCA). In addition to representing the state's Federally Qualified Health Centers (FQHCs), MPCA is the administrative home for the Maine Immunization Coalition, a coalition of diverse organizations from across the state that support implementing evidence-based immunization policy. I am here to oppose LD 1616 on behalf of both organizations.

LD 1616 duplicates federal efforts, is burdensome for providers across the state, and is misleading to the public in a way that would be detrimental for public health efforts.

Vaccine creation and delivery in the United States is subject to a robust safety process. Vaccines undergo extensive testing before being offered to the public, and are regularly monitored after being administered to patients using several mechanisms.[1] Creating a duplicative safety monitoring program in Maine is unnecessary.

Additionally, the requirements for providers to adhere to controversial patient counseling and reporting guidelines are not rooted in the evidence for vaccine safety nor consistent with federal law. If enacted, LD 1616 would enable a patient to insist that a provider report the patient's or patient's guardian's perception of an adverse reaction to the Vaccine Adverse Event Reporting System (VAERS), and the provider would have to do so or risk being penalized by the proposed Vaccine Injury Board. However, federal authorities ask providers to report their best professional judgments regarding vaccine-related events and make this clear in their instructions for VAERS.[2] Patients and their guardians are free to file their own VAERS reports, but forcing a provider to file one when in their professional judgment no adverse event occurred would distort scientific evidence, impinge on health care professionals' integrity, and potentially be construed as a violation of federal law.[3] This is just one example of how this law would put providers in an untenable situation while trying to navigate clinical best practices, federal reporting standards, and the unnecessary requirements mandated by LD 1616.

Regarding the proposed Vaccine Injury Board, it is noteworthy that the proposed Board would consist solely of those believing they have been injured and those who provide care, offering no voice for the far larger number of people whose lives have been adversely affected by

[1] https://www.cdc.gov/vaccines/parents/infographics/journey-of-child-vaccine-h.pdf
[2] https://vaers.hhs.gov/reportevent.html
[3] Knowingly filing a false VAERS report is a violation of Federal law (18 U.S. Code § 1001) and is punishable by fine and imprisonment.

outbreaks of preventable infectious disease, nor for the public health experts who seek to protect the community as a whole from such outbreaks.

Mainers deserve evidence-based information about vaccines from their providers and public health professionals. Providers already counsel patients about proper vaccination schedules, make patients aware of possible contraindications for immunization, require informed consent for minors, and report adverse reactions to VAERS per their best clinical judgment. LD 1616 would give disproportionate power and influence to those fearing or alleging injury, place excessive reporting requirements on providers, and create a state-supported platform for sharing unscientific vaccine information that hurts public health efforts.

Thank you for your consideration of my testimony and please don't hesitate to contact me directly if you have any questions. I can be reached at khess@mepca.org or 207-621-0677.