MINUTES OF THE MEETING

PUBLIC HEALTH, WELFARE & SAFETY COMMITTEE

January 29, 1979

The eighth meeting of the Public Health, Welfare and Safety Committee met on January 29, 1979, in Room 410 of the State Capitol Building at 12:30 p.m.

ROLL CALL: All members were present except Senator Rasmussen and Senator Ryan, who arrived later in the meeting. Senator Palmer was excused until $1:00~\rm p.m.$

CONSIDERATION OF SENATE BILL 186: Senate Bill 186 is an act to allow licensed foster parents of minor children to administer certain types of medications.

Senator Norman, sponsor of Senate Bill 186 by request of the Department of Social and Rehabilitation Services, said that this bill makes legal something that is desired and probably already being done. It relates to foster care of minors and even adults who are not legally competent. If a child is in a foster home, why is it that the foster parents cannot give medication.

Peter Surdock, Department of Social and Rehabilitative Services, introduced Mary Blake, a consultant on foster care. Ms. Blake stated that the department supports Senate Bill 186. The bill gives the foster parent the same right to administer drugs that a normal parent would have. See Attachment "A."

Ed Mares, Montana Nurses' Association, stated that the association supports Senate Bill 186, but it does have an amendment. See Attachment "B." The amendment would allow the board of Nursing to purpose any further exemptions under this section. Trudy Malone, Board of Nursing, stated that she believes the intent of the amendment is that next year if there is another category that comes up it wouldn't have to go through the Legislature again.

Senator Norman closed the testimony by stating that questions are certainly needed on the amendment.

Chairman Olson asked the Committee members if they have any questions. Senator Lensink said that he doesn't feel that the amendment fits. He feels that it is entirely out of the scope as it is written. Senator Lensink said that the title states one thing, and if you introduce this amendment it completely changes the bill. He also feels that it is unconstitutional to do this sort of thing. It would have to be proposed in another bill. Senator Himsl asked if these types of medications are spelled out someplace else in the law or if the bill just refers to whatever normal parents do. Senator Norman said that it would certainly be his intent that foster parents can do the same thing as natural parents, but no further. Senator Himsl wanted to know why the word "certain" was used in the title.

The hearing on Senate Bill 186 was closed at 12:45 p.m.

CONSIDERATON OF SENATE BILL 175: Senate Bill 175 is an act to provide for immunization of pupils in public and private schools.

Witnesses Supporting Senate Bill 175:

Dr. Skinner, Department of Health & Environmental Sciences Dr. Jeffry Strickler, American Association of Pediatrics Brian Zins, Montana Medical Association Ed Mares, Montana Nurses' Association William Leary, Montana Hospital Association Allene Mares, Montana Association of Local Health Officers Alice Armstrong, Montana School Nurses' Interest Group Catherine Brown, School and County Nurse Gene Dillman, Superintendent of Whitehall School Dis. 4, 47, & Mrs. B. R. Edmission, Montana Federation of Women's Clubs Martha Onishuk, Montana Parent-Teachers' Association T. Carl Johnson, School Administrators of Montana Chad Smith, Montana School Boards' Association Harriett Meloy, Board of Education Phil Campbell, Montana Education Association David Lackman, Montana Health Association

Senator Van Valkenburg, at the request of the Department of Health and Environmental Sciences, sponsored Senate Bill 175. He feels that this legislation is something that is of a very positive benefit for the youth of our state. This legislation comes about because of difficulties ensued in enforcement of the existing statute 20-5-401. It is a one paragraph statement permitting local school baords to adopt immunization programs. It has several problems and inadequacies that school boards and children have run into across the state. It lacks any definitive statement of what immunizations may be required. It lacks provisions for students who do not want to be immunized. Senate Bill 175 lists the provisions of personal, religious, and medical exemptions in section 4 on page 2. Senator Van Valkenburg feels this is sufficiently broad to cover anyone who does not want to come within the limits of the plan. It provides for an enforcement provision so the board can come up with a plan to do this and so that the parents can either get their children immunized or elect the exemption provision. He stated that currently 75 percent of the children in Montana are covered, and this is extremely low. He feels that we can prevent disease outbreaks through the enactment of a law such as this.

Dr. Skinner, Department of Health and Environmental Sciences, spoke in support of Seante Bill 175. See Attachment "C." He outlined some of the points in his attachment. He pointed out that it is not common practice to immunize for some, and this causes the disease outbreaks. For example, miseales has tested the department's resources in the last few years. In Attachment "C" there is a graph that shows the miseales outbreak on a monthly The graph shows the school is clearly the area of trans-This is also true for diptheria and rubella. Early mission. reporting by physicians, school nurses, etc. helps stop the outbreak and control the problem much quicker. One of the problems has been the absence of adequate records. It makes a difference if the schools have records. If there are no records, it becomes a very large problem. This is especially a problem in high school records. The state has records established on about 70 percent of all school children. It is aiming for 90 percent by the end of 1979. There are about 9 to 10 percent of parents who will not respond to requests for information on immunization. have no way of getting that information. The bill being proposed will help to provide for a record and to help get the children immunized. It doesn't make it mandatory, but it does give the parents the responsibility of making a choice. Because of the difficulties in time of making rules and then implementing them, the bill indicates that the implementing would be effective in 1979 but enforcing would not be effective until the 1980-81 school This would provide an opportunity for school comments, time to obtain the vaccine, time to work with the school to set up a system, and time to adequately inform the communities that this requirement will go into effect. There is evidence that this kind of law is workable in other states. There is about a 40 percent lower disease outbreak in states with laws than in states without laws. Dr. Skinner feels the cost of enforcing this bill will not be great.

Dr. Jeffry Strickler, American Association of Pediatrics, spoke in support of Senate Bill 175 and said that the association would like very strongly to urge a do pass of the bill. He stated that previous activities trying to stimulate an adequate level of participation in immunization programs has not worked. He feels that the exemptions will take care of any objection to the bill. See Attachment "D."

Brian Zins, Montana Medical Association, stated that at the 100th annual meeting of the association the House of Delegates, which represents over 80 percent of the physicians of this state, voted to support a bill such as this.

Ed Mares, Montana Nurses' Association, stated that this bill will take us far in the area of preventive health. On behalf of the school nurses and public health nurses, the association supports this bill. See Attachment "E." He stated that there are sufficient exemptions in the law to disallow complaints.

William Leary, Montana Hospital Association, spoke in support of Senate Bill 175 and pledged that the 60 hospitals across the state would make their facilities available, if necessary, for mass immunization.

Allene Mares, Montana Association of Local Health Officers, and representing Bob Johnson of the Lewis & Clark Cith Health Department stated that they emphatically support this bill. One of their reasons is that because if an outbreak did occur in the schools they would be called upon to assist and it is very necessary to have records. If this bill is passed, they would have the necessary records.

Alice Armstrong, Montana School Nurses' Interest Group, spoke in support of Senate Bill 175 for two reasons; one is to promote and maintain good health; and the second is to prevent diseases which can cause serious complications. See Attachment "F."

Catherine Brown, school and county nurse for Cutbank School District #15, stated that she is in support of Seante Bill 175. See Attachment "G."

Gene Dillman, Superintendent of Whitehall School Districts 4, 47 and 2, spoke in favor of Senate Bill 175. See Attachment "H."

Mrs. B. R. Edmission, Montana Federation of Women's Clubs, stated that their clubs, 3,462 women strong, cannot urge the Committee strongly enough to pass this bill.

Martha Onishuk, Montana Parent-Teachers' Association, said that they support this bill but would like it amended to add the category of mumps and would like "personal reasons" removed. She stated that the cost for this program is minimal compared to what would be required for mental and physical defects that can result from these diseases. See Attachment "I."

T. Carl Johnson, School Administrators of Montana, stated that in their convention in October they agreed to go along with the immunization bill and asks the Committee's support.

Chad Smith, Montana School Boards' Association, stated that the school board does support the bill. At the association meeting last November a resolution was passed where we supported this concept. We are not worrying about the cost of recordkeeping. What we are concerned about is that principally the enforcement of this act is tied in to a child's education. feel that the enforcement should be tied into the parent or The Supreme Court has found that every child has a guardian. constitutional right to an education. This bill says that the governing authority shall prevent a child from attending school. Basically, we don't feel that there is much enforceability about this bill at all. The persons that will cause trouble are the ones that say they just don't feel we have a right to keep their child out of school. The suit will be against the school because it is the school offending them. On page 5 of the bill it says it will be by injunction. Mr. Smith stated that the schools are going to be in the middle of a lot of litigation. He feels that the enforcement should be directed against the parents. Also, on page 1 he has a problem with the definition of governing authority on line 16. There will be confusion as to who is running the It is the board of trustees in a public school. private schools it is probably the administrator. Also, on page 3 at the bottom on lines 22 through 24 it just says whenever there is good cause to believe that a person for whom an exemption has been filed has a disease. It doesn't say who is going to make that decision. We feel that should be defined, especially since on page 6 it says that the person will be subjected to a civil penalty of \$1,000. Mr. Smith said that he would hope that this bill could be referred to a subcommittee and have these problems raked out of the bill so that it will operate in a manner whereby the enforcement is against the parents.

Harriett Meloy, Board of Public Education, stated that the board at its December meeting adopted a resolution to support a bill for immunization. See Attachment "J."

Phil Campbell, Montana Education Association, stated that the association supports Senate Bill 175 and requests that the Committee give it a do pass.

David Lackman, Montana Health Association, stated that the association voted to support an immunization bill at their annual meeting. See Attachment "K."

Senator Van Valkenburg closed the testimony by stating that he thinks the support and the lack of opponents indicates the broad support for an immunization bill. He stated that he feels the enforcement provision that is in the bill is a necessary enforcement provision. He feels that there is a need to have some enforcement directed at both the parents and school board to have records kept throughout the state. The language indicates that that decision would be made by a local health officer. He has no objections in meeting with a subcommittee if the committee wishes, but he does urge a do pass.

Chairman Olson asked the Committee members for any questions. Senator Himsl stated that he failed to find where there is a real penalty for the school board and asked what happens if the board doesn't want to do this. Senator Van Valkenburg stated that in section 9 on page 6 it would be interpreted by any court to provide that that is the penalty that the board would incur. lawyer who helped draft the bill said that the primary thrust was to look at the person and not the board. Senator Himsl asked about a small board where the board objected as a group, say for religious reasons. The lawyer stated that that might create a problem. Senator Ryan wanted to know where the records would be kept and how we are going to administer from a state level if the records are kept at the school. Senator Van Valkenburg stated that on page 4, section 6, line 22, the governing authority is required to file with the state an immunization record. Lensink asked Mr. Smith for a brief detailing the amendments he requested. Chairman Olson asked Mr. Smith to deliver the brief to the Committee within 24 hours.

The hearing on Senate Bill 175 was closed at 1:30 p.m.

ACTION ON SENATE BILL 186: Senator Lensink said he doesn't feel that it really conforms to the title. A discussion followed about an amendment to change the title. Senator Lensink said that the Constitution very clearly states that you have to have the title correspond to the bill. Senator Rasmussen stated that he thinks the title should be amended and asked Dennis Taylor to get some language together. Chairman Olson delayed action on Senate Bill 186 until Mr. Taylor could talk to Senator Norman about amending the title.

ACTION ON SENATE BILL 151: Senator Lensink said he had talked to Senator Watt and his desire in presenting this bill is that he just feels that after a certain length of time a person has made his contribution and should get off the board.

He had absolutely no objection with absolving the present members of boards and also to increasing the length of time a member can serve on a board. Senator Rasmussen made a motion that we do not pass Senate Bill 151. He feels there are some problems that we just can't legislate. Senator Himsl stated that he feels the same way -- that these are non-profit organizations where we shouldn't legislate. Senator Palmer stated that he opposes the motion because he feels that there is a need to get new blood on these boards. Senator Ryan stated that he agrees with Senator Palmer. He said that his experience has been that these people are inclined to rubber-stamp. He feels that there should be some provision for fresh blood. Chairman Olson ruled that we take action on Wednesday, January 31, when Senator Norman is present since there is going to be a division.

ANNOUNCEMENTS: Chairman Olson said that Senate Bill 185 has been removed from the Public Health Committe and moved to Natural Resources. Therefore, we will hear only House Bill 59 on Wednesday, January 31. The Committee will also have a working session on Senate Bill 136 on that day.

ADJOURNMENT: There being no further business the meeting was adjourned at 1:50 p.m.

S. A. OLSON, CHAIRMAN

ROLL CALL PUBLIC HEALTH COMMITTEE

46th LEGISLATIVE SESSION - - 1979 Date 1-29-79

NAME	PRESENT	AESENT	EXCUSE
Olson, S. A., Chairman			
Rasmussen, A. T., V. Chr.			
Himsl, Matt V.	-		
Lensink, Everett R.	~		
Norman, Bill			
Palmer, Bob			mitters.
Ryan, Patrick L.		_	
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SENATE	ECOMMITTEE			
BILL	VISITORS' REGISTER	DATE		
NAME	REPRESENTING	BILL #	(check one)	
Karra Jake	0.0.0			
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ATTACHMENT "A"

TESTIMONY BEFORE THE SENATE PUBLIC HEALTH COMMITTEE MONDAY, JANUARY 29, 1979 AT 12:30 P.M.

SENATE BILL 186--A BILL FOR AN ACT ENTITLED: "AN ACT TO ALLOW LICENSED PARENTS OF MINOR CHILDREN TO ADMINISTER CERTAIN TYPES OF MEDICATIONS; AMENDING SECTION 37-8-103, MCA.

MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE: THE PURPOSE OF SB 186 IS TO CLARIFY THE RIGHTS OF FOSTER PARENTS IN ADMINISTERING MEDICATION TO MINORS IN THEIR CARE. THERE HAS BEEN SOME QUESTION IN THE PAST AS TO WHETHER FOSTER PARENTS HAVE THE AUTHORITY TO ADMINISTER MEDICATIONS TO CHILDREN IN THEIR CARE TO THE SAME EXTENT THAT SUCH NURSING CARE COULD BE PROVIDED BY A PARENT OR GUARDIAN. THE DEPARTMENT HAS RECEIVED SEVERAL QUESTIONS FROM FOSTER PARENTS WHO ARE CONCERNED ABOUT THEIR LIABILITY IN THE EVENT OF LAWSUITS.

AN OPINION FROM THE ATTORNEY GENERAL DATED FEBRUARY 15, 1977, STATED THAT HOME MANAGERS WERE NOT INCLUDED IN THE EXEMPTIONS OF THE MONTANA NURSING PRACTICES ACT. AS A RESULT OF THAT OPINION, SRS HAS CONCLUDED THAT NO OTHER SUBSTITUTE CARE PROVIDERS SUCH AS FOSTER PARENTS WOULD BE ALLOWED TO PROVIDE NURSING CARE.

THIS PROPOSED LEGISLATION WOULD NOT USURP THE AUTHORITY OF LICENSED NURSES TO PROVIDE PROFESSIONAL NURSING CARE WHEN NEEDED. IN THE COURSE OF FOSTER CARE, HOWEVER, SITUATIONS FREQUENTLY ARISE WHERE FOSTER PARENTS SHOULD BE ABLE TO

ADMINISTER MEDICATION AND PROVIDE INFORMAL NURSING CARE TO CHILDREN IN THEIR CARE JUST AS PARENTS PROVIDE INFORMAL NURSING CARE TO THEIR CHILDREN WHEN NECESSARY. UNDER PRESENT LAW, IT IS NOT CLEAR WHETHER FOSTER PARENTS WOULD BE LIABLE FOR ADMINISTERING CERTAIN MEDICATIONS.

SB 186 HAS BEEN REVIEWED BY REPRESENTATIVES OF THE MONTANA NURSES ASSOCIATION, THE MONTANA BOARD OF NURSING AND THE MONTANA FOSTER PARENTS ASSOCIATION. THESE GROUPS ARE NOT OPPOSED TO SUCH LEGISLATION.

THE INTENTION OF THIS ACT IS MERELY TO ALLOW FOSTER PARENTS THE SAME RIGHTS AS NATURAL PARENTS IN ADMINISTERING CERTAIN MEDICATION AND PROVIDING NURSING CARE AND NOT TO ALLOW THEM ADDITIONAL DUTIES OR RESPONSIBILITIES THAT WOULD NORMALLY BE CARRIED OUT BY A LICENSED NURSE OR PHYSICIAN. THEREFORE, SRS SUPPORTS THE PASSAGE OF THIS LEGISLATION TO FACILITATE FOSTER PARENTS IN THE COURSE OF THEIR NORMAL DUTIES AS SUBSTITUTE PARENTS, TO PREVENT THE NEED FOR PROFESSIONAL MEDICAL ASSISTANCE IN CASES WHERE INFORMAL MEDICAL CARE WOULD SUFFICE AND TO PROTECT FOSTER PARENTS FROM POTENTIAL LIABILITY.

ATTACHMENT "B"

Amendment to Senate Bill 186:

Page 1 Line 13:

"prohibiting, except that the Board of Nursing may adopt rules necessary to allow other exemptions under this section:"



Department of Health and Environmental Sciences

A C Knight, M.D., E.C.C.P.,
Director

January 29, 1979

SUMMARY OF TESTIMONY FOR SENATE BILL 175

The prevention of childhood diseases through immunization has become everyday practice for many parents and children, but not for some parents and children. There are too many Montana children who suffer one or more of these diseases, or who remain susceptible to that suffering, because they are not adequately protected. Immunization not only protects the individual child but as more and more children in a community become adequately protected, the risk of a major community outbreak of one of these diseases becomes progressively less, and the control of outbreaks, easier and easier.

In recent years, immunization levels in children have declined, especially levels of protection against poliomyelitis, diphtheria, and whooping cough. We have been able to slowly reverse that trend for Montana over the last five years for preschoolers, but still have not been able to reach many school children, especially the older-aged children where major outbreaks of measles and rubella continue to occur.

For example, in Montana's small population and in spite of an estimated 60-70 percent of the school children adequately immunized against measles, outbreaks continue to occur; once introduced into the school system, the outbreaks tend to be prolonged and extensive. In the past ten years, 3,760 cases of measles have been reported in Montana, and each year 60-80% of these cases have occurred in school-children. Of the four Montana deaths from measles during that same period, two (or one-half) occurred in school children. In 1977 alone, 80% of the cases occurred in the school-aged population, and, at one point, Montana had the highest case rate in the United States.

In addition, the school children with measles tend to be the source of measles for preschool-aged siblings and neighbors (roughly 15% of all cases) and in recent years, young adults (roughly 10% of all cases). Control of measles (transmission) among school children will not only prevent more cases among the school children, but will also prevent spread to other persons in the community.

Similar arguments can be made for Diphtheria, Poliomyelitis, and Rubella, although these diseases tend to be slightly to somewhat less contagious. An outbreak of Diphtheria with 5 cases and numerous carriers was investigated and controlled in Southeastern Montana in 1975. The last Montana polio case was recorded in 1971, but the risk of introduction is always present; the extensive

ATTACHMENT "D"

Flelena Medical Clinic. P.S.C.

1930 9TH AVE. HELENA, MONTANA 59601 **TELEPHONE 442-9523**

INTERNAL MEDICINE: J. B. SPAULDING, M.D. D. R. HIESTERMAN, M.D. January 26, 1979

DAN SMELKO Business Manager

OBSTETRICS AND GYNECOLOGY: J. J. DRYNAN, M.D. J. E. NICKEL, M.D. F. C. COOPER, M.D.

PEDIATRICS:

B. C. RICHARDS, M.D. J. H. STRICKLER, M.D.

MEMO TO:

Senate Committee on Public Health

SURGERY:

W. J. HOOPES, M.D. K. J. WRIGHT, M.D.

RE:

SB-175

FROM:

Jeffrey H. Strickler, M.D., representing the Montana Chapter of the American Academy of Pediatrics

The Montana Chapter of the American Academy of Pediatrics would like to inform you of their enthusiastic support of the Montana School Immunization Law and strongly urge passage in its present form.

The diseases covered: diphtheria, polio, whooping cough, measles and tetanus have been responsible in the past for a significant mortality among the children of Montana. Rubella, as is well known, has been responsible for multiple birth defects. With the exception of tetanus, which is ubiquitous in our environment, these are all highly contageous diseases and, most significantly, amenable to safe, inexpensive and highly effective immunizations.

Even with enthusiastic education programs through public health, private physicians and the schools, we have achieved only a 60% immunization record This level is not sufficient to prevent epidemics as is well documented by the measles outbreak last year.

Since the schools are the major place where children congregate and the focus of most epidemics of childhood illness, it is most appropriate that the schools be the focus of the immunization law.

In conclusion, the American Academy of Pediatrics representing the pediatricians of Montana, strongly urges mandatory immunizations prior to entering school with a clause providing medical, religious or personal exemptions.

JEFFREY H. STRICKLER, M. D.

JHS:jzl



Montana Nurses' Association

1716 NINTH AVENUE

(406) 442-6710

P.O. BOX 5718 * HELENA, MONTANA 59601

SB 175: Mandatory Immunization for School-aged Children

Testimony by: Edward Mares, Executive Director, MNA

On behalf of the 1300 members of the Montana Nurses' Association and especially school nurses and public health nurses across Montana, I offer my full endorsement for Senate Bill 175.

Immunization of school-aged children is an important preventive health measure which will guarantee the control of various communicable diseases in Montana. This legislative proposal will greatly assist the national goals of the "Immunization Initiative" and insures that our children have been vaccinated against these serious diseases.

The state Department of Health has cooperated with local health departments in insuring that rural immunization clinics are publicized and successful. SB 175 will not involve additional costs typically associated with implementing a mandated program because the immunization serums are available through the State Health Department.

The Montana Nurses' Association believes that \$B 175 includes more than sufficient exemptions whereby parents may opt to not have their children immunized. The important and most valuable aspect of this legislation is that immunization records for school children will finally be available statewide. When there is an outbreak of a disease, public health officials, school nurses, etc. through the record-keeping will at least know, which children have not been immunized.

SB 175 is greatly needed for Montana. Registered nurses will assist in implementing this legislation and MNA urges a do-pass recommendation.

January 29, 1979

Alice L. Armstrong, Vice Chairman Manhana School Nurse Interest Group

I support Senate Bill #175 for the following reasons:

- 1. To Promote and Maintain good health in children.
- 2. To Prevent disease which can cause serious complications in some children.

The Montana School Nurse Interest Group supports this bill since it pertains to the health and well being of children. As a members of that group I am in full support of Seante Bill #175.

I am Catherine Brown, School & County Nurse, Cut Bank School District #15. I am representing Mr. William Cooper, Superintendent of Schools who is unable to be here. I have worked for the County and School District #15 for twenty three years.

The school district adopted the immunization requirement that children entering school should be immunized against DPT, Polio, Rubeola and Rubella. We have never attempted to enforce this law beyond constant reminders and a few "gentle" threats. Our problem is that after we get them in for a beginning immunization we have to constantly remind the parents to return, or they never go back. It is all due to general apathy on the part of parents and it is not a great priority for them.

Last Spring we had a big drive to bring all children up to top levels of immunization. In the letter to parents, we offered financial help, also for any parents who had Religious Medical or other reasons to contact the Superintendent and let us know about their particular difficulty.

We had one request for finanacial help and two medical exemptions and one parent with Religious reasons. The medical exemptions were only asked for Rubella. We brought our level of immunization up at least 20% and also completed many immunizations that had been neglected. We used the local law with threat of suspension. We still have a few in our elementary grades that are not immunized completely. We have not had a drive in the high school except for measles.

It's a disgrace that the children are not immunized as infants as all these preventable diseases have the potential of denying children the chance to even attend school.

Records have been a real problem all over the state. Some uniform type of recording and someone responsible in each district to see that it is done must be implemented. The transfer of this record must also be assured.

It is good to have a local law but we were never sure whether we wanted to test it - we used it as a "stick". A State law would give us help to enforce our local requirements.

HEARING ON IMMUNIZATION BILL CAPITOL BUILDING

Room 410

1:00 P.M.

Gene Dillman, Superintendent

Whitehall School Districts 4. 47 & 2

The Whitehall School Board adopted a policy, in November of 1977, that directed each child (K-12) to meet these minimal immunization requirements:

Four DPT's and three polio (at least one of each given after age 3);

One rubella;

One rubeola.

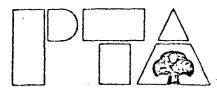
Requirements were to be met by September 6, 1978, or students would not be permitted to attend school until accomplished.

In preparation for carrying out the above policy, the school nurse, with several helpers, went through all health records prior to May of 1978 to determine those students in need of immunizations.

Two free clinics were held prior to the end of the school year in June of 1978 for the purpose of updating immunizations.

Parents cooperated, generally, with a few exceptions, and a week after the opening of school in September there were about thirty students out of a total enrollment of 750 who were not completely immunized, most of which were new students. By January 10, 1979, all student immunizations were complete.

The greatest problem encountered was getting parents to make immunizations records available to school personnel for checking. The only other problem, which involved only a few parents, was resistance to the Board policy.



MONTANA CONGRESS OF PARENTS AND TEACHERS

5855 Pinewood La. Missoula, Mt. 59801 January 28, 1979

Senate Health Committee Capitol Building Helena, Mt. 59601

Dear Senators:

The Montana Congress of Parents and Teachers supports S.B. 175 requiring mandatory immunization of all school children in Montana.

Because all children are required to attend school, they must be protected from communicable diseases they may be exposed to at school. The only way this can be done is to require immunization before entering school, as is required in 44 states.

We support the requirement in this bill for immunizations for diptheria, pertussis, tetanus, polio, rubella and rubeola. We support the exemptions on religious and medical grounds at parental request.

We ask that mumps be included as a disease to be immunized against. Permanent deafness that neither hearing aids nor surgery can help can result from mumps. Because this tragedy can be prevented by immunization, we request it be included in this bill.

The 1978 MPTA Convention adopted a resolution allowing only religious and medical reasons for exemptions. We would request you to consider removing "personal" from this bill, closing a loop-hole which could reduce the number of children immunized and, therefore, the effectiveness of the program.

Prevention of diseases that can cause physical or mental damage to children-and all of these diseases do--can be defended on the monetary grounds of reducing the number of children who will have to be educated in special education classes that are much more expensive than regular classes.

But, more importantly, one child spared the heartache of mental or physical damage caused by a disease which could have been prevented by immunization is reason enough to pass this bill.

Sincerely,

Martha L. Onishuk
MPTA Legislative Co-ordinator

State of Montana

30 South Lort Chance Guich Hulen : Ironian : 59601 (405) 449-2735

Board of Public Education

RICHARD L. (RICK) REERE MARILYH F. MILLER ASSISTANTS TO THE BOARD

January 29, 1979

TESTIMONY

given by

Harriett Meloy, Chairperson Board of Public Education

HB 175 - PUPIL IMMUNIZATION

Marjone W. King Winnett riarriet C. Meloy, Vice Chairwoman Hilana

BOARD MEMBERS

EX OFFICIO MEMBERS:

Litwrence K. Pettit. Commissioner of Higher Education APPOINTED MEMBERS: carl J. Barlow, Chairman Browning

Chomas L. Judge, Governor Chargia Rice, Superintendent of Fightis Instruction and Executive Officer of Vocational Education

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George A. Johnson Jeital Falls

At its meeting of December 12, 1978, the Board of Public Education unanimously adopted a resolution favoring state legislation requiring the immunization of school children.

The resolution is attached and reads as follows (see attached resolution):

House Bill 175 addresses the Board's concern about this crucial matter and the Board of Public Education urges your support of the bill.

Board of Public Education

COARD MEMBERS

COFFICIO MEMBERS:

onias L. Judge, Governor

origia Rice, Superintendent of Shio Instruction and Executive ficer of Vocational Education

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PPOINTED MEMBERS:

ad J. Barlow, Chairman

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arjorie W. King

rriet C. Maloy, Vice Chairwoman

d O'Leary

December 12, 1978

RICHARD L. (RICK) REE MARILYN F. MILLER ASSISTANTS TO THE B

RESOLUTION

WHEREAS, an estimated 80,000 children in Montana under age 15 are inadequately protected against one or more of the seven childhood diseases preventable by immunization; and

WHEREAS, Montana had the highest case rate in the nation for measles in 1977; and

WHEREAS, the case rate of mealses has been approximately twice as high in those states without statewide immunization requirements for school entry as in the states with such requirements; and

WHEREAS, Montana is one of only six states and territories which does not have statewise immunization laws or regulations for all school children; and

WHEREAS, the current law allowing local school districts to require immunizations has been frequently not adopted and, where adopted, generally unenforced and ineffective; and

WHEREAS, cases and even outbreaks of immunizable child-hood diseases continue to occur unnecessarily in Montana;

THEREFORE, BE IT RESOLVED that the Board of Public Education does hereby support and urge the passage of legislation (at the next legislative session) which will create a statewide immunization requirement for all school children in Montana; and

BE IT FURTHER RESOLVED that such a law allow for enforcement by exclusion, and allow for exemption for medical, religious, and personal reasons when recorded in writing.

HARRIETT C. MELOY VICE CHAIRWOMAN Senate Bill No. 175 Immunization Hearing Senate Health Room 410 1:00 P.M. Jan. 29, 1979

I am David Lackman , Diplomate in Immunology of the American Board of Microbiology ; and lobbyist for the Montana Health Association . I am testifying in support of Senate Bill 175. When the Board of Health was created on March 15, 1901. one of three pressing problems was smallpox. Vaccination was responsible for relegating this disease to history in Montana. When prisoners of war from the North African Campaign arrived in my camp (Camp Hood), they brought virulent diphtheria with It spread to children in the civilian village and there were fatalities. Since then we have been continually faced with the threat of diphtheria and it has appeared in Montana in recent years. Childhood vaccination is important in elim-Untoward reactions may occurr when this vaccine is administered inating this disease. Among my worst recollections is that of poliomyelitis epidemics in the thirties. Such epidemics have disappeared because of the developement of an effective vaccine. Nonetheless, results of tests to determine the level of immunity to polio in Montana revealed that only 30 percent of the population was immune to all three types. Therefore, the threat of a return of epidemics exists unless we can vaccinate as vigorously as when the product first came out.

Measles and German measles are other disease against which an effective vaccine has been developed recently. Yet we still have epidemics of these diseases. Measles sometimes causes serious complications resulting in death or permanent disability. Accumulating evidence suggests that virulent virus is one of those viruses which can trigger the onset of multiple sclerosis. German measles, contracted during pregnancy, causes a variety of birth defects.

My experience, and that of others in immunology, has shown that coercion and subsidization is necessary for success in some preventive medicine programs. This is unfortunate - but it is a fact of life. We urge a DC PASS recommendation for this bill.

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