

June 26, 2019

Chairperson Vincent C. Gray The Committee on Health Council of the District of Columbia 1350 Pennsylvania Avenue, NW Washington, the District of Columbia 20004

Re: SUPPORT for B23-171, Testimony from American Atheists in support of a bill relating to protecting the rights of young people to receive vaccination

Dear Chairperson Gray and Members of the Committee on Health:

American Atheists, on behalf of its constituents in the District of Columbia, thanks you for considering B23-171, a life-saving bill that will protect young people in the District of Columbia from preventable diseases by allowing minors to consent to receive vaccines. Vaccination is a vital public health issue, and informed minors should be able to make decisions regarding their own health. Therefore, we strongly urge you to swiftly pass this vital bill.

American Atheists is a national civil rights organization that works to achieve religious equality for all Americans by protecting what Thomas Jefferson called the "wall of separation" between government and religion created by the First Amendment. We strive to create an environment where atheism and atheists are accepted as members of our nation's communities and where casual bigotry against our community is seen as abhorrent and unacceptable. We promote understanding of atheists through education, outreach, and community-building and work to end the stigma associated with being an atheist in America. As advocates for the health, safety, and well-being of all Americans, American Atheists objects to efforts to subordinate medical care to the religious beliefs of providers and institutions.

B23-171 updates DC law pertaining to the age of consent for receiving vaccinations that are recommended by the United States Advisory Committee on Immunization Practices ("ACIP"). Current DC law allows a minor of any age to consent to various medical procedures and care, subject to medical best practices and professional standards, such as contraceptive services, mental health care, prenatal care, and abortions, without parental consent.¹ However, an

¹ 22-B DCMR § 600.7 (stating that "a minor of any age may consent to health services which he or she requests for the prevention, diagnosis, or treatment of the following medical situations: pregnancy or its lawful termination; substance abuse, including drug and alcohol abuse; and a mental or emotional condition and sexually transmitted disease," noting that this consent does not apply to sterilization, such as tubal ligation or vasectomy).

individual must be 18 years or older to consent to receive immunization. Otherwise, a parent or guardian makes this decision on their behalf. This bill would extend already existing medical autonomy practices to immunization for mature minors, allowing them to make medical decisions in their own interest regarding vaccination based on the associated benefits and risks.

B23-171 puts in place appropriate safeguards on a minor's autonomy over immunization decisions. This legislation extends only to those vaccinations recommended by ACIP. It further limits which minors have the authority to make these decisions based on the informed consent standard. These are appropriate limitations on a minor's medical authority, and they allow only informed minors to independently make these medical decisions.

Preventing minors from making immunization decisions for their own bodies puts young people at significant risk for contracting debilitating and potentially deadly infectious diseases. Young people who do not receive immunizations are more than 35 times more likely to contract measles² and nearly 6 times more likely to contract pertussis (whooping cough),³ compared to those who are immunized. Parents who decide against vaccinations put their child, as well as many others who are too young to be vaccinated or who cannot be vaccinated due to a medical condition, at severe risk.

In allowing this amendment to give minors the right to consent to immunization, B23-171 gives young people authority over their own bodies and the right to make informed vaccine-related decisions themselves. Successful population immunity to disease depends upon a significant level of vaccination, as high as 95% for some diseases.⁴ Because some people are unable to receive vaccination for medical reasons, it is therefore inappropriate and dangerous to allow for arbitrary compliance by the rest of the population. This is the reason that every state has laws requiring immunization to attend public school. Allowing minors to consent to vaccinations would limit the number of unvaccinated individuals and preserve public health.

Due to the refusal of parents to vaccinate their children, immunization rates are generally falling and leaving the public susceptible to disease. Minors in the District of Columbia are particularly susceptible to preventable diseases because of the touristic nature of the city. In 2017, DC received 22.8 million visitors, so the potential of coming into contact with an unvaccinated individual is elevated compared to other areas of the country.⁵ Especially given

 ² Salmon DA, Haber M, Gangarosa EJ, Phillips L, Smith NJ, Chen RT. (1999). *Health consequences of religious and philosophical exemptions from immunization laws: individual and societal risk of measles*. JAMA. 1999;282:47-53.
³ Feikin DR, Lezotte DC, Hamman RF, Salmon DA, Chen RT, and Hoffman RE. (2007). *Individual and Community Risks of Measles and Pertussis Associated With Personal Exemptions to Immunization*. JAMA 2007;284:3145-3150.
⁴ Salathe, Marcel. (Feb. 3, 2015). *Why a few unvaccinated children are an even bigger threat than you think*. Washington Post. Available at https://www.washingtonpost.com/posteverything/wp/2015/02/03/why-a-few-unvaccinated-children-are-an-even-bigger-threat-than-you-think/?utm term=.69e466010275.

 ⁵ Destination DC, Washington, DC Visitation and Impact (2017). Available at <u>https://washington-org.s3.amazonaws.com/s3fs-public/2017 visitor fact sheet.pdf</u>.

this heightened risk, DC minors should not be put at risk because their parents are unwilling to vaccinate.

History illustrates that outbreaks often occur in communities that are unsupportive of vaccination. For example, measles is a vaccine-preventable disease that has plagued multiple religious communities known to be either hesitant to vaccinate or completely against vaccination.⁶ However, lawmakers have a responsibility to protect all youth. No young person should be subject to harm or illness based on the misguided beliefs of their caretakers or their classmates.

Minors already have the right to make decisions on other medical procedures and care, thus it is only fitting that they also have the right to choose to protect themselves against preventable diseases. Twenty-five states and DC give minors authority to consent to contraceptive services. Twenty-seven states and DC authorize a pregnant minor to obtain care and services without parental consent or notification. All 50 states and DC allow minors to consent to testing and treatment for STDs. Forty-four states and DC authorize a minor with substance-abuse to consent to confidential counseling and medical care. And twenty states and DC give minors the authority to consent to outpatient mental health services.⁷

Further, the Supreme Court of the United States has consistently held that preventing a minor's access to medical services such as abortion or contraceptives violates their right to privacy.⁸ The same hold true for vaccination, which are too frequently denied to young people based on the religious beliefs of their parents or guardians. The Supreme Court has clarified that "[t]he right to practice religion freely does not include liberty to expose the community or child communicable disease, or the latter to ill health or death.... Parents may be free to become martyrs themselves. But it does not follow they are free, in identical circumstances, to make martyrs of their children before they reached the age of full and legal discretion when they can make that choice for themselves."⁹ The gradual expansion of minors' authority over their own health care follows the jurisprudence of the Supreme Court and the nationwide trend toward minor medical autonomy.

⁶ See, e.g., Genes, N. (June 20, 2006). *Measles in Boston: Collision of Church and State, Science and Journalism*. Medgadget. Available at <u>http://medgadget.com/2006/06/measles_in_bost.html</u>; WebMD. (August 1, 2006). *Vaccination Fear Causes Measles Spate*. CBS News. Available at <u>http://www.cbsnews.com/2100-500368_162-1857987.html</u>.

⁷ Heather D. Boonstra & Elizabeth Nash (2000). *Minors and the Right to Consent to Health Care*. Guttmacher Institute.

 ⁸ See, e.g., Carey v. Population Services, Intern., 431 U.S. 678 (2010); H.L. v. Matheson, 450 U.S. 398 (1981); Hodgson v. Minnesota, 497 U.S. 417 (1990); Ohio v. Akron Center for Reproductive Health, 497 U.S. 502 (1990).
⁹ Prince v. Massachusetts, 321 U.S. 158 (1944).

Thank you for considering this life-saving legislation. We strongly urge you to pass B23-171 to protect young people in the District of Columbia. No young person should suffer due to preventable disease. If you should have any questions regarding American Atheists' support for this legislation, please contact me at 908.276.7300 x309 or by email at <u>agill@atheists.org</u>.

Sincerely,

Alison Gill, Esq. Vice President, Legal and Policy American Atheists

cc: All Members of the DC Council Committee on Health