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3 Title: Mature Minor Consent to Vaccinations
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5 Introduced by: Emma Frost for the Medical Student Section
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8 Alana Slavin, and Sara Teising
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10 Referred to: Reference Committee D
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12 House Action: **APPROVED AS AMENDED**
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15 Whereas, vaccines have been one of the most effective methods of infectious disease control in the
16 past century¹, preventing 732,000 premature deaths in children born in the United States between 1994 and
17 2013², and
18

19 Whereas, one of the goals of Healthy People 2020 is to increase immunization rates, targeting a
20 reduction in the incidence of 17 vaccine-preventable diseases in the United States³, and
21

22 Whereas, there have been several recent well-publicized outbreaks of vaccine-preventable illnesses
23 such as measles, mumps, and pertussis in the United States, including the 2018 Michigan measles
24 outbreak^{4,5,6}, and
25

26 Whereas, the prevalence of unvaccinated pediatric patients is rising in the United States, and many
27 children are unvaccinated due to parental distrust of vaccines^{7,8,9}, and
28

29 Whereas, despite legislative efforts to regulate opt-out waivers for vaccinations, the Michigan
30 immunization waiver rate remains higher than three percent for both kindergarten and eighth grade
31 students, with greater than 70 percent of those waivers for philosophical rather than religious or medical
32 reasons¹⁰, and
33

34 Whereas, a 2018 study found that three of the nation's 14 metropolitan "hotspots" for non-medical
35 exemption from vaccination are located in Michigan-- Troy, Warren, and Detroit-- demonstrating a high risk
36 of vaccine-preventable disease outbreaks¹¹, and
37

38 Whereas, declining vaccination rates increase the probability of outbreaks of vaccine-preventable
39 diseases¹², and states with more opportunities for vaccination exemption have more measles outbreaks¹³,
40 and
41

42 Whereas, unvaccinated adolescents report interest in receiving vaccines to prevent against common
43 childhood illnesses^{14,15,16}, and
44

45 Whereas, federal law does not require parental consent for vaccinations and many states, including
46 Michigan, do not have comprehensive statutes surrounding vaccination policy¹⁷, and
47

48 Whereas, minors in the majority of states, including Michigan, are able to consent to some mental
49 health services, sexually transmitted disease testing and treatment, birth control, and pregnancy related
50 care¹⁶, and
51

52 Whereas, adolescents in 21 states do not require parental consent for treatment of reportable
53 diseases, which include hepatitis B, measles, mumps, and pertussis¹⁷, and

54 Whereas, the inability for minors to provide consent to vaccinations has been cited as a barrier to
55 vaccination rates^{18,19}, and

56
57 Whereas, an American Academy of Pediatrics' article proposed minor consent to vaccination via the
58 mature minor doctrine, a widely accepted legal concept allowing "certain older minors who have the
59 capacity to give informed consent to do so for care that is within the mainstream of medical practice, not
60 high risk, and provided in a non-negligent manner,"¹⁷ and

61
62 Whereas, vaccinations are safe, effective, low-risk, and necessary for a multi-faceted, comprehensive
63 approach to public health and it is thus in the interest of the medical community and concerned citizens to
64 promote access to vaccination, and

65
66 Whereas, allowing mature minors an avenue to provide for their own personal health, when they
67 have no medical contraindications to the vaccinations and are given the same comprehensive vaccine
68 information as consenting adults, abides by the same ethical standards as other procedures allowed for in
69 Michigan without parental consent; therefore be it

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71 RESOLVED: That MSMS advocate for legislation that would provide for the right of minors to
72 consent to vaccination when independently sought out by the minor in the absence of parental
73 consent, within the bounds of professional guidelines; and be it further

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75 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our
76 AMA to amend the policy H-440.830, "Education and Public Awareness on Vaccine Safety and Efficacy,"
77 by addition as follows:

- 78 1. Our AMA (a) encourages the development and dissemination of evidence-based public
79 awareness campaigns aimed at increasing vaccination rates; (b) encourages the
80 development of educational materials that can be distributed to patients and their families
81 clearly articulating the benefits of immunizations and highlighting the exemplary safety
82 record of vaccines; (c) supports the development and evaluation, in collaboration with
83 health care providers, of evidence-based educational resources to assist parents in
84 educating and encouraging other parents who may be reluctant to vaccinate their children;
85 (d) encourages physicians and state and local medical associations to work with public
86 health officials to inform those who object to immunizations about the benefits of
87 vaccinations and the risks to their own health and that of the general public if they refuse to
88 accept them; (e) will promote the safety and efficacy of vaccines while rejecting claims that
89 have no foundation in science; and (f) **supports state policies allowing adolescents to**
90 **provide their own consent for vaccination and encourages state legislatures to**
91 **establish comprehensive vaccine and minor consent policies; and,** (g) will continue its
92 ongoing efforts with other immunization advocacy organizations to assist physicians and
93 other health care professionals in effectively communicating to patients, parents, policy
94 makers, and the media that vaccines do not cause autism and that decreasing immunization
95 rates have resulted in a resurgence of vaccine-preventable diseases and deaths.

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97
98 WAYS AND MEANS COMMITTEE FISCAL NOTE: \$25,000 or more as this resolution directs MSMS to engage in
99 governmental advocacy.

Relevant MSMS Policy:

Childhood Immunization Waivers

MSMS opposes immunization waivers for childhood immunizations based on non-medical exemptions. (Res05-15)
– Reaffirmed (Res07-16)

Opposition to Vaccination Exemption Efforts

MSMS opposes legislation or regulations that prevent local public health officials from excluding unvaccinated children from schools in the event of a disease outbreak.

MSMS supports the requirement in Michigan that parents or guardians who request a nonmedical immunization waiver for their child must first complete mandatory health education from a county health department regarding the benefits of vaccination and the risks of disease before obtaining such waiver. (Res22-16)

Support for Public Health Vaccine Initiatives

MSMS supports the broad authority of the Michigan Department of Health and Human Services to protect all Michigan citizens from vaccine-preventable disease using evidence-based policies for public health. (Res66-18)

MSMS Position on Informed Consent

MSMS strongly endorses the principle of informed consent for medical treatment. Patients have a right to participate in decisions regarding their health care to the extent that they wish; and they have a right to the information necessary for meaningful participation.

However, a right to the information necessary to participate to the extent that the patient desires does not imply that patients should be forced to accept information deemed relevant by an outside party. Respect for patient's rights entails respecting a patient's desires to receive or not receive particular items of information.

In order to respect patients' rights in a compassionate manner, information disclosure should be tailored to the particular needs and desires of the particular patient. MSMS opposes regulatory interference in the physician-patient relationship, either to prohibit the physician from discussing certain information, or requiring that certain information be disclosed in all cases regardless of patient circumstances.

MSMS also believes that current law requires informed consent for all medical treatment and offers adequate recourse if consent is not obtained. Therefore, the Society sees no need for specific legislation mandating informed consent for particular procedures or diseases. (Board-Sept91)

Relevant AMA Policy:

Achieving National Adolescent Immunization Goals H-440.901

Our AMA: (1) endorses the National Adolescent Vaccine Coverage Goals; and (2) endorses the collaboration of physicians, public health officials and legislators in each state to carry out strategies that ensure the National Adolescent Vaccine Coverage Goals are met.

Childhood Immunizations H-60.969

1. Our AMA will lobby Congress to provide both the resources and the programs necessary, using the recommendations of the National Vaccine Advisory Committee and in accordance with the provision set forth in the National Vaccine Injury Compensation Act, to ensure that children nationwide are immunized on schedule, thus representing progress in preventive medicine.
2. Our AMA endorses the recommendations on adolescent immunizations developed by the Advisory Committee for Immunization Practices and approved by both the American Academy of Family Physicians and the American Academy of Pediatrics.
3. Our AMA will develop model state legislation to require that students entering middle or junior high school be adequately immunized according to current national standards.
4. Our AMA encourages state medical societies to advocate legislation or regulations in their state that are consistent with the AMA model state legislation.
5. Our AMA will continue to work with managed care groups and state and specialty medical societies to support a dedicated preventive health care visit at 11-12 years of age.
6. Our AMA will work with the American Academy of Family Physicians and the American Academy of Pediatrics to strongly encourage the Centers for Medicare & Medicaid Services to deactivate coding edits that cause a decrease in immunization rates for children, and to make these edit deactivations retroactive to January 1, 2013.

Confidential Health Services for Adolescents H-60.965

Our AMA:

- (1) reaffirms that confidential care for adolescents is critical to improving their health;
- (2) encourages physicians to allow emancipated and mature minors to give informed consent for medical, psychiatric, and surgical care without parental consent and notification, in conformity with state and federal law;
- (3) encourages physicians to involve parents in the medical care of the adolescent patient, when it would be in the best interest of the adolescent. When, in the opinion of the physician, parental involvement would not be beneficial, parental consent or notification should not be a barrier to care;
- (4) urges physicians to discuss their policies about confidentiality with parents and the adolescent patient, as well as conditions under which confidentiality would be abrogated. This discussion should include possible arrangements for the adolescent to have independent access to health care (including financial arrangements);
- (5) encourages physicians to offer adolescents an opportunity for examination and counseling apart from parents. The same confidentiality will be preserved between the adolescent patient and physician as between the parent (or responsible adult) and the physician;
- (6) encourages state and county medical societies to become aware of the nature and effect of laws and regulations regarding confidential health services for adolescents in their respective jurisdictions. State medical societies should provide this information to physicians to clarify services that may be legally provided on a confidential basis;
- (7) urges undergraduate and graduate medical education programs and continuing education programs to inform physicians about issues surrounding minors' consent and confidential care, including relevant law and implementation into practice;
- (8) encourages health care payers to develop a method of listing of services which preserves confidentiality for adolescents; and
- (9) encourages medical societies to evaluate laws on consent and confidential care for adolescents and to help eliminate laws which restrict the availability of confidential care.

¹ "Vaccination greatly reduces disease, disability, death and inequity worldwide." World Health Organization, 2008.

<https://www.who.int/bulletin/volumes/86/2/07-040089/en/>. Accessed February 6, 2019.

² "Benefits from Immunization During the Vaccines for Children Program Era" United States, 1994-2013." Centers for Disease Control and Prevention, 2014. <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6316a4.htm>. Accessed February 6, 2019.

³ "Immunization and Infectious Diseases." Office of Disease Prevention and Health Promotion. <https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases>. Accessed February 6, 2019.

⁴ "Michigan measles cases reach 15; health officials urge protection through vaccination." Michigan Department of Health and Human Services, 2018. <https://www.michigan.gov/mdhhs/0,5885,7-339-482832--,00.html>. Accessed February 6, 2019.

⁵ Measles Cases and Outbreaks. Centers for Disease Control and Prevention. <https://www.cdc.gov/measles/cases-outbreaks.html>. Published February 18, 2019. Accessed February 25, 2019.

⁶ Mumps Cases and Outbreaks . Centers for Disease Control and Prevention. <https://www.cdc.gov/mumps/outbreaks.html>. Accessed February 25, 2019.

⁷ Morbidity and Mortality Weekly Report (MMWR). Centers for Disease Control and Prevention.

<https://www.cdc.gov/mmwr/volumes/67/wr/mm6740a4.htm>. Published October 11, 2018. Accessed February 25, 2019.

⁸ Freed, G. L., Clark, S. J., Butchart, A. T., Singer, D. C., & Davis, M. M. (2010). Parental vaccine safety concerns in 2009. *Pediatrics*, 125(4), 654-659.

⁹ Brown, K. F., Kroll, J. S., Hudson, M. J., Ramsay, M., Green, J., Long, S. J., ... & Sevdalis, N. (2010). Factors underlying parental decisions about combination childhood vaccinations including MMR: a systematic review. *Vaccine*, 28(26), 4235-4248.

¹⁰ "Immunization Status of School Children in Michigan." Michigan Department of Health and Human Services, 2017.

https://www.michigan.gov/documents/mdch/School_Summary_2014_483316_7.pdf. Accessed February 6, 2019.

¹¹ Ford CA, Skiles MP, English A, et al. "Minor consent and delivery of adolescent vaccines." *J Adolesc Health*. 2013;54(2):183-9. doi: 10.1016/j.jadohealth.2013.07.028

¹² "What Would Happen If We Stopped Vaccinations?" Centers for Disease Control and Prevention, 2017. <https://www.cdc.gov/vaccines/vac-gen/whatifstop.htm>. Accessed February 6, 2019.

¹³ Whittington MD, Kempe A, Dempsey A, Herlihy R, Campbell JD. Impact of Nonmedical Vaccine Exemption Policies on the Health and Economic Burden of Measles. *Academic Pediatrics*. 2017;17(5):571-576.

¹⁴ Gander, Kashmira. "Measles Outbreak: Children of Anti-Vaxxers Are Asking How to Get Vaccinated Without Their Parents Knowing." *Newsweek*, February 1, 2019. <https://www.newsweek.com/measles-outbreak-children-anti-vaxxers-asking-how-get-vaccinated-without-1314428>. Accessed February 6, 2019.

¹⁵ Woodruff BA, Unti L, Coyle K, Boyer-Chuanroong L. Parents' attitudes toward school-based hepatitis B vaccination of their children. *Pediatrics*. 1996;98:410-413

¹⁶ English A, Kenney K. State Minor Consent Laws: A Summary, Third Edition. Center for Adolescent Health and the Law. <https://www.cahl.org/state-minor-consent-laws-a-summary-third-edition/>. Published 2003. Accessed February 28, 2019.

¹⁷ English A, Shaw FE, Mccauley MM, Fishbein DB. Legal Basis of Consent for Health Care and Vaccination for Adolescents. *Pediatrics*. 2008;121(Supplement 1). doi:10.1542/peds.2007-1115j.

¹⁸ Ford CA, Skiles MP, English A, et al. "Minor consent and delivery of adolescent vaccines." *J Adolesc Health*. 2013;54(2):183-9. doi: 10.1016/j.jadohealth.2013.07.028

¹⁹ Ford CA, English A, Davenport AF et al. "Increasing adolescent vaccination: barriers and strategies in the context of policy, legal, and financial issues." *J Adolesc Health*. 2009;44:568-74. doi: 10.1016/j.jadohealth.2008.11.015