St. Jude Children's Research Hospital | HPV Cancer Prevention Program

PATH to prevention

HPV VACCINATION:

A Look at State Policy and a Path Forward

January 2021

Executive Summary

Each year in the United States (U.S.), about 36,000 people are diagnosed with a cancer caused by human papillomavirus (HPV). HPV is very common and linked to six types of cancer affecting both men and women. According to the Centers for Disease Control and Prevention (CDC), nearly 80 million Americans are currently infected with HPV, while roughly 14 million new cases occur each year. In addition to the nearly 36,000 HPV-attributable cancers in men and women each year in the U.S., there are an additional 200,000 women treated for pre-cancers of the cervix.

In June 2018, all National Cancer Institute (NCI)-designated cancer centers, including St. Jude Children's Research Hospital, endorsed a goal, put forth by the American Cancer Society and other organizations, of eliminating HPV-associated cancers through vaccination and screening. This goal is also part of the U.S. Department of Health and Human Services' Healthy People 2030 objective to increase HPV vaccination rates to 80% among adolescents aged 13 through 15 years and part of the Cancer Moonshot Initiative efforts.

As the only NCI-designated Comprehensive Cancer Center dedicated solely to children, St. Jude has an important role and responsibility in increasing the number of children who benefit from HPV vaccination and reducing their risk of preventable cancers later in life. The goal of the St. Jude HPV Cancer Prevention program is to reduce HPV-associated cancer deaths locally and nationally by driving up HPV vaccination rates. To achieve this goal, the St. Jude HPV Cancer Prevention Program was formed.

On behalf of the HPV Cancer Prevention Program at St. Jude Children's Research Hospital, NP Strategy, a strategic communications consultancy and a wholly owned subsidiary of Nexsen Pruet, LLC, a leading law firm in the Southeast analyzed the state-level policy and regulations enacted about HPV vaccinations in adolescents in four states – Arkansas, Mississippi, Missouri, and Tennessee – over the past decade (2010-2020 legislative sessions). The analysis also focused on potential opportunities or challenges to future legislation or actions in the included states.

"Pediatric cancers can't be prevented, but we can reduce the risk of preventable cancers later in life. Our goal is to reduce cancer deaths by establishing a premier HPV prevention initiative. Together, we can help children eliminate their risk of HPV-associated cancers," says Charles Roberts, MD, PhD, director of the St. Jude Comprehensive Cancer Center.

Recommendations were developed to address these opportunities and suggest paths forward for collaborative policy and advocacy efforts on this vital topic. These recommendations are as follows:

RECOMMENDATION #1:

Introduce legislation modeled on the Missouri education statute in other target states.

RECOMMENDATION #2:

Conduct targeted legislative efforts in opposition to vaccination exemptions on non-medical grounds.

RECOMMENDATION #3:

Engage directly with state regulatory authorities to enact administrative procedures and/or rules to effectuate change to the information disseminated regarding HPV vaccination as cancer prevention.

RECOMMENDATION #4:

Coordinate legislative educational efforts.

RECOMMENDATION #5:

Promote coordinated public service messaging in target states, facilitated by requisite health authorities.

Each of these recommendations are based on the potential opportunities for progress in each of the target states, but are not exhaustive. Many of the educational efforts recommended may beget further opportunities within a target state or states. Further, the recommendations may be applicable to other states facing similar challenges with low uptake of HPV vaccination. The COVID-19 pandemic has hastened pending legislation related to vaccinations that may not be fully captured in the analysis.

As part of dissemination efforts, the results of the analysis and recommendations will be shared widely with potential collaborators - individuals and organizations - who share the commitment of the St. Jude HPV Cancer Prevention Program to ensure a favorable policy environment in which to promote HPV vaccination and support efforts to increase uptake of this cancer prevention vaccine. This report serves as a starting point to engage potential partners and identify opportunities for collaboration. As needed, an addenda will be included to enhance the content of the current report.

"Since 2006, we have had a safe, effective and durable vaccine to prevent six types of HPV-related cancers in men and women," Heather M. Brandt, PhD, director of the St. Jude HPV Cancer Prevention Program said. "However, rates of this cancer-prevention vaccination remain low, especially in areas of the Southeastern and Mid-Southern United States where HPV-related cancer rates are high. We also know there are vast differences in uptake among some populations, so there is an urgent need to address these inequities. Far too few have taken advantage of this cancer prevention tool."

FOR MORE INFORMATION AND TO COLLABORATE ON POLICY AND ADVOCACY EFFORTS, PLEASE VISIT STJUDE.ORG/HPV.

NOTE: The information presented in this analysis reflects the study team's research activities and relevant information obtained from verifiable sources. The opinions included are those of the study team alone, and they do not represent the opinions of St. Jude Children's Research Hospital or its staff. The study team was made up of Seth Palmer and Jesica Johnson Mackey from NP Strategy, Marcia Wallace from Nexsen Pruet, and NPS+ Interns Imani Walker and Valentina Rojas. Analysis and report completed in January 2021.

Table Of Contents

Project Overview

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Background

Each year in the United States (U.S.), about 36,000 people are diagnosed with a cancer caused by human papillomavirus (HPV) (Centers for Disease Control and Prevention [CDC], 2021a). HPV is very common and linked to six types of cancer affecting both men and women. According to the CDC, nearly 80 million Americans are currently infected with HPV, while roughly 14 million new cases occur each year. In addition to the nearly 36,000 HPV-attributable cancers in men and women each year in the U.S., there are an additional 200,000 women treated for pre-cancers of the cervix.

A safe and effective vaccine that provides long-lasting protection against HPV has been available and routinely recommended since 2006 in the U.S. The currently available vaccine includes protection against nine types of HPV, including seven linked to pre-cancer and cancer. The CDC sets the U.S. adult and childhood immunization schedules based on recommendations from the Advisory Committee on Immunization Practices (ACIP). Routine vaccination at age 11 or 12 years with HPV vaccination has been recommended by the ACIP since 2006 for girls and since 2011 for boys (Markowitz et al., 2014). In 2016, the ACIP issued updated recommendations for the use of a two-dose schedule for girls and boys who initiate the vaccination series at ages 9 through 14 years (Meites et al., 2016). Three doses remain recommended for persons who initiate the vaccination series at ages 15 through 26 years and immunocompromised persons (Meites et al., 2016). In 2019, routine recommendations for HPV vaccination of adolescents were unchanged. However, catch-up HPV vaccination was recommended for all persons through age 26 years (Meites et al., 2019). For adults aged 27 through 45 years, the public health benefit of HPV vaccination in this age range is minimal; shared clinical decision-making is recommended because some persons who have not been vaccinated might benefit (Meites et al., 2019).

According to the most recently available U.S. data on HPV vaccination uptake (2019), among adolescents aged 13-17 years, coverage with ≥1 dose of HPV vaccine increased from 68.1% in 2018 to 71.5% in 2019, and the percentage of adolescents who were "up to date" (i.e. had received all required doses based on age and health status) with the HPV vaccination series increased from 51.1% in 2018 to 54.2% in 2019 (HPV UTD) (Elam-Evans et al., 2020). However, it is important to note HPV vaccination (>1 dose and HPV UTD) falls well short of two other routinely

	2018		2019	
	>1 HPV	HPV UTD	>1 HPV	HPV UTD
United States Overall	**68.1 (66.8-69.3)**	**51.1 (49.8-52.5)**	**71.5 (70.1-72.8)**	**54.2 (52.7-55.8)**
Arkansas	60.8 (54.1-67.1)	42.6 (36.0-49.5)	67.9 (61.5-73.6)	50.5 (43.9-57.2)
Mississippi	51.7 (44.9-58.5)	32.6 (26.4-39.5)	49.5 (42.0-57.1)	30.5 (23.7-38.3)
Missouri	61.6 (55.0-67.8)	42.1 (35.7-48.8)	69.0 (61.9-75.4)	54.3 (46.8-61.7)
Tennessee	62.3 (55.4-68.8)	44.4 (37.4-51.6)	61.9 (54.6-68.8)	43.0 (35.9-50.4)

TABLE 1. NIS-TEEN HPV VACCINATION UPTAKE, 2018 AND 2019 (ELAM-EVANS ET AL., 2020)

recommended vaccinations for the same age group of children – tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine (Tdap) and meningococcal conjugate vaccine (MenACWY). Tdap uptake was 90.2%, and MenACWY uptake was 88.9% in 2019 among 13-17-year-old adolescents in the U.S. Adolescents living in rural areas of the U.S. had rates of HPV vaccination initiation and HPV UTD 10% lower than adolescents in urban areas. Further, HPV vaccination rates fall well below the 80% goal of Healthy People 2020 and now Healthy People 2030 (U.S. Department of Health and Human services, n.d.).

As noted, there is substantial regional variability in HPV vaccination uptake. This is concerning because the highest rates of HPV-associated disease exist in areas with the lowest uptake of HPV vaccination. For the four states included in this policy analysis, Table 1 shows a comparison of 2018 and 2019 HPV vaccination rates for 13-17-year-old adolescents. With the exception of Missouri's recent surge to the U.S. average in HPV UTD in 2019, these four states have consistently fallen below the U.S. average, with Mississippi having the lowest rates of HPV vaccination uptake in the U.S.

In spite of high HPV prevalence, the significant burden of HPV-associated disease, and the availability of a safe, effective, and durable vaccine, uptake of HPV vaccination has been low in the U.S. with great regional and population variability. This concern was captured in the February 2014 report of the President's Cancer Panel, which stated that the lack of uptake on HPV vaccination was "a serious but correctable threat to progress against cancer" (President's Cancer Panel, 2014).

But what has been the driving factor for this underuse of a safe, effective, and durable cancer prevention vaccine with such potential to address so many long-term health concerns? The study team examined this question further in the **OTHER IMPACTS ON HPV VACCINATION IN THE UNITED STATE**S section, but also found multiple reasons why vaccinations, in general, face resistance.

Numerous researchers have examined the reasons behind the slower acceptance of vaccinations, especially across different demographic groups for multiple types of vaccination, including but not limited to HPV and seasonal influenza vaccine as

two examples. For the purpose of this report, factors linked to HPV vaccination are discussed. Previous research has reported barriers, such as geographic location, income level, and region, all impact the vaccination rate, mostly in terms of access to care, yet these descriptive factors and access to care do not fully explain lower rates of uptake. Levels of awareness and knowledge about HPV vaccination have improved over time yet remain lower among some groups of people. Further, religiosity and political ideology have been shown to be predictors of acceptance (Franco et al., 2019). The importance of strong recommendations for vaccination by healthcare providers has been shown to be a primary factor that impacts individuals' healthcare choices. Overall, a lack of vaccination confidence or vaccination hesitancy amongst some people has been shown to be a significant driving factor behind decision-making or the lack thereof. Vaccination hesitancy occurs on a continuum with opposition to all vaccinations on one end and acceptance of all recommended vaccinations on-time on the other as shown in Figure 1. Most people fall somewhere on the continuum closest to the acceptance end but may fall short of receiving all recommended vaccinations on time. As a result, parents, for example, may accept routine recommendations for all other vaccines but decline or delay HPV vaccination.

In addition to these individual and interpersonal factors, social and environmental factors exert considerable influence on vaccination behavior (Franco et al., 2019). Researchers have also found that "a lack of unified approach to vaccination both across and within states" has limited vaccination rates as well (Hoss et al., 2019). Included in this understanding of a lack of unified approach is the lack of uniformity in law and policy perspectives regarding the vaccination. Policies provide the basis for health-related decisions and have transformed health and well-being in the U.S. (e.g., immunization requirements, seatbelt laws, helmet laws). Attempting to change policies can start conversations about issues in question and highlight inadequacies or the absence of policies to deal with the issues. Such awareness prompts people to begin thinking about why a policy does or does not exist in current form. The resulting discussions can change people's thinking about issues and about the direction of the society as a whole. Strong policies informed by evidence can change people's minds and attitudes and provide a path to permanent change to improve the health and well-being of a society. Policy-level change may occur on multiple levels ranging from the federal and state levels to health systems and healthcare settings locally oriented (Vanderpool et al., 2019).

The enactment of policy on the topic of HPV vaccination, in general, has not been without challenges. Legislative or regulatory action are not simple prospects, even on matters where there may be a broad consensus. One of the critical challenges facing vaccinations of all types is that the U.S. has no national, broadly-focused, Congressionally-mandated vaccination program, thereby delegating the power to establish standards and programs to each of the states. This allowance has ultimately led to disparate policies between states and ensuing disparate percentages of vaccination coverage. Programs, such as the federal Vaccines for Children (VFC) program, are managed by the federal government but rely on a significant amount of state operational and financial support (CDC, 2021b). For the states that have elected to address the topic of HPV vaccination, legislative solutions have ranged from school-based mandates for adolescents in the target age range to the allowance of pharmacists to administer the vaccination, education about HPV, and general health and safety requirements for the vaccinations. Additional discussion of these policy solutions is included in the **LEGISLATIVE SOLUTIONS** section of this analysis.

FIGURE 1:

Legislative Solutions

For HPV vaccination, the focus for legislative solutions turns away from Capitol Hill and onto all 50 states' capitals (Barraza et al., 2016; Franco et al., 2019; Hoss et al., 2019; Kim et al., 2021). While other countries, including Australia and Rwanda, have realized significant growth in HPV vaccination due to national mandates and normalization of HPV vaccination as an essential cancer prevention tool, the U.S. has no national or comprehensive vaccination program comparative (Brandt et al., 2016).

The most often cited approach for legislative solutions for HPV vaccination is through school entry requirements. School vaccination requirements serve at least two purposes (Barraza et al., 2016). First, school vaccination requirements are designed to protect children from infectious diseases while in a setting with high rates of disease transmission. Second, such requirements are designed to achieve higher vaccination rates in society for better herd immunity and lower disease rates. HPV vaccination mandates for school attendance in the U.S. have been met with resistance overall (Barraza et al., 2016; Daley et al., 2019). Most parents and other stakeholders support school entry requirements for HPV vaccine, but only when lenient opt-out provisions are included (Califano et al., 2016; Calo et al., 2016). Discussions about the potential for school entry requirements for HPV vaccination have been debated for ethical and political reasons as well (Daley et al., 2019). It should be noted that school entry requirements for Tdap exist in all 50 states and for meningococcal conjugate in 34 states as of January 2021 (Immunization Action Coalition, 2021).

Research highlights state and territorial jurisdiction requirements as limited-basis comparatives for the policies of other countries. All 50 states have legislation requiring specified vaccines for students. As of January 2021, five U.S. jurisdictions have enacted HPV vaccination mandates as a requirement for school entry. The states of Hawaii, Rhode Island, and Virginia, along with the District of Columbia and Puerto Rico, have all enacted requirements that students receive the HPV vaccination before their enrollment or matriculation between middle school grades (range between sixth and seventh grade by state) (National Conference of State Legislatures, 2021a). Missing from the list of states with mandates is Texas who would have previously been included in this list due to a 2007 Executive Order requiring sixth-grade girls to receive the vaccination by then-Governor Rick Perry. But that Executive Order was overridden by the Texas Legislature the following year (National Conference of State Legislatures, 2021a).

State or Jurisdiction	Population	Implementation Date
Hawaii	Males and females, grade 7 or higher	July 2020
Rhode Island	Males and females: August 2015, grade 7 (1 dose); August 2016, grade 8 (2 doses); August 2017, grade 9 (3 doses)	August 2015, August 2016, August 2017
Virginia	Females, grade 6	October 2008
District of Columbia	Females, grade 6; amended in 2014, males and females, grades 6 to 12	January 2009, 2014
Puerto Rico	Males and females, age 11-12 years	Fall 2018

TABLE 2. STATE HPV VACCINATION MANDATES FOR SCHOOL ENTRY (AS OF 1/2021)

Key differences in HPV vaccination mandates result in variability in their effectiveness and enforcement in the five U.S. jurisdictions in which HPV vaccination mandates have been enacted. Table 2 provides an overview of each HPV vaccination mandate (National Conference of State Legislatures, 2021a). The procedures for establishing school-entry requirements in these jurisdictions underwent different processes. Virginia and the District of Columbia passed laws through the legislative process. Rhode Island, Hawaii, and Puerto Rico took another approach through each state's department of health and regulatory powers. Rhode Island used a regulatory approach through the rule-making authority of the Rhode Island Department of Health. In Hawaii, the Hawaii Department of Health amended an administrative rule to require HPV vaccination for school attendance. Puerto Rico also used the process of the department of health issuing the requirement. As shown in Table 2, another key difference was the populations to which the mandates apply. With the exception of Virginia with females only, the four other jurisdictions include mandatory vaccination for males and females.

Although exemptions vary from state to state, all school vaccination laws grant exemptions to children for medical reasons (National Conference of State Legislatures, 2021b). Currently, 45 states and the District of Columbia grant religious exemptions for people who have religious objections to vaccinations. In addition, 15 states allow personal belief or philosophical exemptions for children whose parents object to vaccinations because of personal, moral, or other beliefs. There are important exceptions to be noted. The existing statute in Louisiana and Minnesota does not explicitly recognize religion as a reason for personal belief exemption. However, non-medical exemption may include religious beliefs in these two states. In Missouri, personal belief exemption applies only to childcare facilities, not public schools. In Virginia, personal belief exemptions are allowed only for HPV vaccination. Though these school entry requirements (Table 2) may be an important step in supporting HPV vaccination, it is important to note that each of these mandates has significant differences influenced by ancillary policies in place, such as personal belief exemptions. This results in what is, in effect, an optional mandate for HPV vaccination.

The impact of school-entry requirements for HPV vaccination has been examined (Kim et al., 2021; Ko et al., 2020; Pierre-Victor et al., 2017; Vielot et al., 2020). The extent to which HPV vaccination rates can be attributed to the school mandates is unknown or limited, yet recent analyses have shown a positive association between school entry requirements and HPV vaccination rates in Virginia, Rhode Island, and the District of Columbia (Ko et al., 2020; Pierre-Victor et al., 2017; Thompson et al., 2018). In the short-term, the impact of such policies can be considered based on HPV vaccination rates. In the long-term, the impact may be observed based on reductions in HPV-associated cancers and other HPV-related diseases. Early evaluations found little evidence that school entry requirements increased HPV vaccination uptake, perhaps because requirements were undermined by lenient opt-out provisions (Moss et al., 2016; Perkins et al., 2016). With the exceptions of Hawaii (newly enacted mandate) and Puerto Rico (NIS-TEEN data unavailable), Virginia, Rhode Island, and the District of Columbia have demonstrated higher than the U.S. averages for HPV vaccination rates. In 2019, for 13-17 year old adolescents in the U.S. overall, HPV vaccination rates for >1 dose of HPV was 71.5% and for HPV UTD was 54.2% (Elam-Evans et al., 2020). In comparison, Rhode Island was 91.9% and 78.9%, respectively; Virginia was 75.2% and 55.2%; and the District of Columbia was 86.8% and 75.5% (Elam-Evans et al., 2020). While all three states were above the U.S. averages, Virginia hovered closest to the U.S. means and has the most lenient opt-out policy (Pierre-Victor et al., 2017). The potential effectiveness of state-level policies offers insight into strategies to modify the social and physical environment through policy-level change in support of HPV vaccination (Kim et al., 2021; Ko et al., 2020; Vielot et al., 2020).

School entry requirements for HPV vaccination have been less common as a result of opposition (perceived and actual) and limited data on attribution of effectiveness to school mandates. There does, however, seem to be ample opportunity to examine the policy environment more thoroughly to determine the role school entry requirements for HPV vaccination may play in facilitating uptake in certain states with low rates of uptake and high burden of disease. State legislatures, health departments, and public health professionals with school leaders and parents would need to collaborate to identify barriers and facilitators in the state and determine the possible role of pursuing such legislation through enactment of laws and state department of health authority through regulations (Kim et al., 2021).

A less direct but still crucial topic in an analysis of legislative action regarding HPV vaccination is the allowance of pharmacists to provide HPV vaccination in addition to traditional healthcare providers. As of 2020, forty-eight states, the District of Columbia, and Puerto Rico have enacted legislation allowing for vaccine administration by pharmacists (American Pharmacists Association, 2021). Each state has set different minimum ages at which a pharmacist can administer the vaccine, with the range as young as ten years old to as old as eighteen years old. To date, data on administration of HPV vaccination in pharmacy settings has been limited. There is growing support for understanding the role of pharmacists in increasing access to HPV vaccination, especially for rural and medically underserved populations. It should be noted the recent COVID-19 pandemic has resulted in temporary expansion of pharmacist administration of vaccinations, which may lead to expanded authority under non-pandemic conditions and greater acceptability of pharmacist-administered vaccinations among pharmacists and consumers.

In addition, oral health professionals, especially dentists, have been acknowledged as possible partners in promoting and administering HPV vaccination when granted the authority to vaccinate. The interest in dentists is due to the link between HPV and some types of oropharyngeal cancer and educational success of dentists in preventive oral health practices. Most recently, the results of a panel study commissioned by the American Dental Association found dentists in need of role clarity related to their roles and expectations for HPV vaccination as well as information and training on vaccination storage, monitoring, and administration requirements (Patton et al., 2020).

HPV vaccination is cancer prevention. The uptake of HPV vaccinations for adolescents remains of vital importance as the science validating the effectiveness of cancer prevention grows, but the vaccination rate continues not to keep pace with potential disease prevention benefits. Legislative activity in states across the country has sought to improve the vaccination rate, but these efforts are limited in their number and effectiveness. Increasing the rate of vaccination in adolescents will likely require more substantive, broad-based efforts throughout the country.

Target States

The study team focused its work on the law and policy considered in Arkansas, Mississippi, Missouri, and Tennessee over the past decade. These southeastern states have historically seen lower levels of HPV vaccination in comparison to states in the midwest, northeast, or west (Table 1). The study team examined each state's legislative and regulatory activities related to both HPV vaccination and overall adolescent vaccination policy from each state's 2010 legislative session through the conclusion of their 2020 session.

Overall, our study found a higher propensity for legislation focusing on adolescent vaccination (or immunization), generally, rather than HPV vaccination specifically. While there were specific bills pertaining to HPV vaccination, it was typically found that when bills were filed, they were not agreed to by their respective originating chamber or the legislature as a whole.

It was also found that all of the target states had a regulatory framework supporting vaccinations, including HPV vaccination. Regulatory policy serves as the implementing language for any passed legislation but can also serve to support federal programs that the states are directed to support (see **FEDERAL PROGRAMS SUPPORTING HPV VACCINATION** section for further discussion of this topic). These policies are not usually indicative of a topic's support given the sterile nature of their language, but they provide general guidance in states that have taken an action that another is desirous to take. The study team examined the framework in the analysis of each state in addition to the legislative activities and has included any relevant insights in their state-level analyses.

As a note, state legislatures function independently and do not follow uniform standards for bill listing. The study team has attempted to normalize the listings to provide a useful comparison between the states. A listing of legislation, regulations, and statutes included in the study team's analysis is provided in *Appendix A*. The study team has provided an examination of each of the target state's legislative chambers in *Appendix B*.

ARKANSAS

In our analysis, the state of Arkansas has held a robust discussion on vaccination protocols, generally, over the past decade but has not explicitly focused any legislative activity on the requirement of adolescent vaccinations for HPV. The state does have regulatory language which recommends HPV vaccination (Arkansas Department of Human Services, 2010). They also go a step further, requiring "foster parents to assist in ensuring children are vaccinated for recommended vaccinations, including HPV" (Hoss et al., 2019).

Anecdotally, the former director and state health officer of the Arkansas Department of Health, Dr. Nathaniel Smith, spoke at length on the value of HPV vaccination during an interview in 2018 with the Association of State and Territorial Health Officials. Dr. Smith's comments also focused on the importance of messaging related to HPV vaccinations. He stated that messaging "HPV vaccination as cancer prevention provides a more effective message for garnering public support than earlier messaging that emphasized HPV vaccination as prevention of a sexually transmitted infection" (Association of State and Territorial Health Officials , 2018). Following his service on the Department of Health and Human Services National Vaccine Advisory Committee, Dr. Smith also provided insight into the need for additional education, especially in rural areas, focusing on engaging adolescents and their parents.

In 2020, Dr. Smith left the Arkansas Department of Health and is currently the Deputy Director for Public Health Service and Implementation Science for the CDC. He was replaced by Dr. Jose Romero, a pediatric infectious disease specialist and the current Chair of the ACIP.

While neither Dr. Smith's nor Dr. Romero's involvement in the political processes surrounding healthcare in Arkansas has had an effect on the legislation presented in the state, their significance and influence in the vaccination world cannot be overstated. Their experience has certainly set the state of Arkansas apart from others and may lead to future opportunities.

MISSISSIPPI

In the complete body of vaccination literature, Mississippi is recognized as a leader in children's immunization before kindergarten, with the highest rates of measles, mumps, and rubella (MMR), diphtheria, tetanus, and pertussis (Dtap), and Hepatitis B vaccination among kindergartners in the U.S. (99.2% for all in 2018-2019) (CDC, 2021c). The state has established programs to facilitate initial childhood vaccinations and has limited non-medical exemptions.

The study team found the largest number of bills filed in all target states focused on the general topic of vaccination in Mississippi, but none pertain specifically to HPV vaccination, nor did any receive a favorable report from the Mississippi legislature.

This same leadership has not been continued for adolescent vaccinations, unfortunately. State law does require that HPV vaccination be covered by insurance, Medicaid, and other public health programs but has taken no additional legislative or regulatory actions during the past decade (Hoss et al., 2019; Inguva et al., 2020).

MISSOURI

Of the four states included in the analysis by the study team, Missouri was the only state that had introduced and passed legislation about HPV vaccination during the past decade. Through House Bill 1375 (Missouri General Statute § 167.182), enacted in August 2010, the Missouri Department of Health and Senior Services was directed to "develop an informational brochure relating to the connection between human papillomavirus and cervical cancer, and that an immunization against the human papillomavirus infection is available" (Missouri Revisor of Statutes § 167.182, 2010).

It was directed that the materials produced include, according to Missouri General Statute § 167.182 (2010):

1. The risk factors for developing cervical cancer, the symptoms of the disease, how it may be diagnosed, and its possible consequences if untreated;

2. The connection between HPV and cervical cancer, how HPV is transmitted, how transmission may be prevented, including abstinence as the best way to prevent sexually transmitted diseases, and the relative risk of contracting HPV for primary and secondary school students;

3. The latest scientific information on the immunization against HPV infection and the immunization's effectiveness against causes of cervical cancer;

4. That a Pap smear is still critical for the detection of pre-cancerous changes in the cervix to allow for treatment before cervical cancer develops; and

5. A statement that any questions or concerns regarding immunizing the child against HPV could be answered by contacting the family's healthcare provider.

The legislature directed that a brochure be made available electronically and to parents in every school district.

Data analyzed following the brochure's enactment resulted in modest increases in HPV vaccination rates in the state, including a "significant post-legislation increase" in rates among boys in the state (Vielot et al., 2020).

Since this legislation, though, no further action has been taken in the state to add requirements related to vaccination.

TENNESSEE

As seen with most of the other target states, Tennessee has yet to take any meaningful legislative action on HPV vaccination.

Though legislators have filed resolutions supporting these types of vaccinations, none of the steps carry with them binding legal authority, or do their votes indicate support for the topics broadly in either chamber. These resolutions have also been filed by different legislators over multiple sessions, limiting any ability for comparison (see SJR0250, 110th General Assembly; THJR0588, 118th General Assembly).

Additional research for the **OTHER IMPACTS ON HPV VACCINATION IN THE UNITED STATES** section did find evidence of the potential for an effort in Tennessee focused on increasing the ability of persons to be exempted from vaccinations. The study team examines this potential activity further in that section.

Federal Programs Supporting HPV Vaccination

In analyzing the legislative and regulatory framework supporting HPV vaccination, it is also important to address the federal programs that can increase these immunizations across the country, most notably the VFC program and the vaccination programs authorized through the Patient Protection and Affordable Care Act (commonly referred to as the ACA).

The Vaccines for Children (VFC) program was established was established by Congress in 1993 and provided families of children who may not otherwise have access to vaccines through doctors who serve them (CDC, 2021c).

The program is available for children 18 years of age and younger who meet one of the following eligibility criteria:

- Medicaid eligible
- Uninsured
- American Indian or Alaska Native (as defined by the Indian Health Care Improvement Act 25 USC 1603)
- Underinsured (defined as the child being covered by health insurance, but the insurance's restrictions limit access to vaccinations)

The VFC administers vaccines for 16 preventable diseases, as determined by the ACIP. The CDC serves as the administrator for the program and distributes the program's vaccines to providers across the country. The immunizations are provided free-of-charge, but state program administrators have been authorized to charge "administrative fees," similar to a traditional insurance co-pay. These fees can vary by provider, but some states have instituted fee caps to limit the amount which vaccine recipients may be charged.

For the study states, here is a look at the administrative fees for VFC-eligible recipients:

- **Arkansas:** No policy regarding allowable administrative fees
- **Mississippi:** "...provider is allowed to charge a $10 administration fee per vaccine if the parent is able to pay; otherwise the vaccination is provided at no cost. Providers may also elect to bill clients for a separate office visit. For any child who is Medicaid eligible, the provider must bill Medicaid for the administration fee. This fee is reimbursed in ADDITION to the reimbursement for the office visit: it does not replace it" (Mississippi State Department of Health, 2021).
- **Missouri:** As of 2013, for non-Medicaid eligible VFC patients in the state of Missouri (e.g., uninsured, Native-American, Alaskan-Native, underinsured), VFC providers may charge a VFC administration fee of up to $21.53 per vaccine. If a VFC vaccine administration fee is charged, it must be billed within 90 days of the date of the vaccine administration. If the patient or parent states they cannot pay the VFC vaccine administration fee, the fee must be waived and the VFC vaccine must be administered. VFC providers may not turn a patient or parent over to collections for failure to pay the VFC administration fee. VFC providers may bill Medicaid for the Medicaid administration fee; parents of Medicaid eligible patients are never asked to pay any VFC administration fee. (Missouri Department of Health and Senior Services, 2021)

- **Tennessee:** "The amount of the administrative fee cannot exceed $20 per dose in Tennessee, based on a regional scale determined by the federal Centers for Medicare and Medicaid Services (CMS). These regional administrative charges are maximum fees that providers may ask patients to pay. The provider may ask for less than this amount, if they feel that is fair" (Tennessee Department of Health, 2021a)

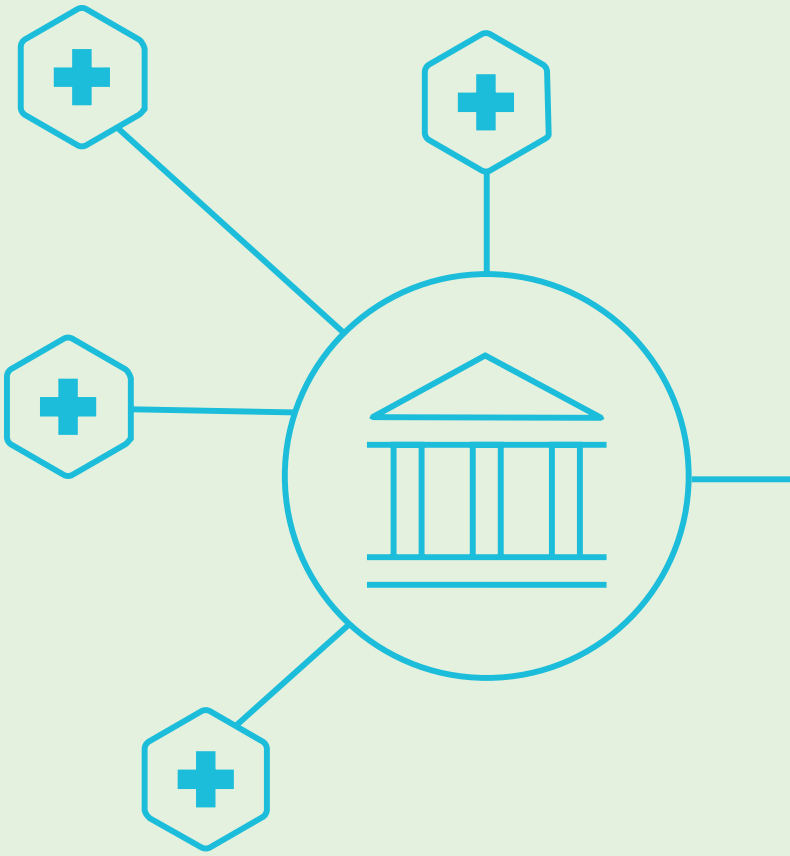
As required by federal law, each of the target states was found to have a regulatory framework to support the operation of the VFC in their respective borders. These regulatory frameworks generally translate the federal authorization into state statutory language and provide supplementary guidance to bring the program into congruence with other state health operations. They also may, as demonstrated above, provide more detailed language on areas where the federal language is vague.

In addition to the structure to support the implementation of the program, some of the target states have also established supplemental structures to support childhood vaccination. An example of one of those programs is Tennessee's CoverKids program (Tennessee Department of Health, 2021b). These programs typically support those children who do not meet the qualification criteria for the VFC but who still have a need. They are also usually supported by state appropriations, meaning that if a child utilizes the VFC, they are not able to access the state-supported program.

The existence and importance of both the VFC and state-supported programs have a direct correlation to states which have taken the opportunity to expand Medicaid, as allowed through the ACA. As of January 2021, 37 states (including the District of Columbia) have adopted and implemented Medicaid expansion, while two states have adopted it but not implemented it, and twelve have yet to adopt the expansion (Kaiser Family Foundation, 2021). The majority of the states who have not expanded Medicaid are found in the southeast and include the target study states of Tennessee and Mississippi. Arkansas has adopted and implemented expansion, while Missouri has only adopted it but has yet to implement the expansion.

Additionally, while the ACA does not specifically address adolescent vaccination, there is a direct relationship to the vaccination requirements for adults and the low rate of HPV vaccination among adolescents. This lower rate leaves a potentially high population of unvaccinated 18-26-year-olds who would remain eligible for the HPV vaccination. A recently published study showed provisions of the ACA resulted in increased HPV completion rates among both males and females aged 9 to 26 years in three states that expanded Medicaid (Hawkins et al., 2021). Further research is needed to better understand the opportunities posed by the ACA.

Each of these federal programs provides valuable support for vaccinations in general, as well as the HPV vaccination specifically. But, as articulated, the VFC and ACA face challenges as a result of implementation and differences at the state level. And therein lies the circuitous challenge of addressing the challenges facing HPV vaccination.



Other Impacts On HPV Vaccination In The United States

As a part of its analysis, the study team also examined other factors that may impact the rate of HPV vaccination. These factors included anecdotal concerns, as well as structural factors that impacted other health-related programs. Given the impact that the COVID-19 pandemic has had on the healthcare industry since March 2020, the study team examined pandemic effects in the context of the federal government waivers of certain requirements and the overall impact of the COVID-19 vaccines, which were entering the first phase of distribution at the time of this report in January 2021.

COVID-19 Vaccine

The study team would be remiss if it did not include the questions raised with the advent of COVID-19 vaccines. While these new vaccine's and vaccination program's total impact is not yet known, there have already been emergency vaccination protocols enacted by the CDC, which continue to impact the distribution of vaccinations overall. The Department of Health and Human Services August 24, 2020, Third Amendment to the Declaration Under the Public Readiness and Emergency Preparedness for Medical Countermeasures Against COVID-19 outlined additional guidance to provide for the ability of pharmacists to "expand access to childhood vaccinations."

Any federally-authorized program inherently limits the ability of states to enact legislation or policy which exceeds the federal authority in an allowable manner granted under the state powers doctrine of the Tenth Amendment to the United States Constitution. The short- and long-term implications of the expanded vaccination authority of pharmacists is unknown. From an initial look, increased access points for vaccine administration may be beneficial given noted declines in child and adolescent vaccinations during the pandemic.

The overall impact of the COVID-19 vaccines also presents numerous additional questions as it related to vaccination programs broadly. While seeking to address an issue of immediacy, the introduction of new vaccines and the potential for regulatory frameworks to support the broad-based inoculation of Americans bring about pause for other programs for which there is not unanimity. It will be important for those interested in the long-term opportunities for HPV vaccination rate growth to monitor the conversation underway regarding the COVID-19 vaccine broadly and not specific to any of the numerous protocols.

In addition, COVID-19 vaccines have resulted in a surge of vaccination-related legislative activity. Following are selected examples to illustrate the point.

- **Arkansas:** House Bill 1547 would prohibit employers from requiring or mandating an employee to receive an immunization or COVID-19 vaccine as a condition of employment. Under the Bill, employers are prohibited from doing any of the following: (i) coercing employees into consenting to a COVID-19 vaccination, (ii) creating a hostile work environment for non-consenting employees, (iii) withholding certain benefits from non-consenting employees or (iv) dismissing non-consenting employees without first offering reasonable accommodations. (Pending legislation)
- **Missouri:** House Bill 838 would prohibit any public employer from requiring any public employee to receive a COVID-19 vaccination. The Bill would also prohibit a political subdivision from adopting any ordinance, rule or regulation requiring a public employer to implement a policy mandating COVID-19 vaccinations for public employees. The Bill was read for the second time on January 15, 2021. (Pending legislation)
- **Mississippi:** Mississippi's relevant COVID-19 vaccine pending legislation died in committee.
- **Tennessee:** Senate Bill 564, creates a civil cause of action for discrimination based on a COVID-19 vaccine status. A COVID-19 vaccine status means an individual's dosage or schedule for a vaccine specifically designed for COVID-19, including whether the individual has not received, or has opted not to receive, the vaccine. The discrimination prohibited includes a direct or indirect act or practice of exclusion, distinction, restriction, segregation, limitation, refusal, denial, or other act or practice of differentiation or preference. The Bill would impose a $1,000 fine for the first act of discrimination, a $10,000 fine for the second act of discrimination, and a $750,000 fine for a third or subsequent act of discrimination. (Pending legislation)

COVID-19 vaccines have resulted in a surge of vaccination-related legislative activity.

State Vaccination Exemptions

Allowable exemptions have an adverse effect on access to and uptake of routinely recommended vaccinations. As described earlier in this report, all school vaccination laws grant exemptions to children for medical reasons (National Conference of State Legislatures, n.d.). Currently, 45 states and the District of Columbia grant religious exemptions for people who have religious objections to vaccinations. In addition, 15 states allow personal belief or philosophical exemptions for children whose parents object to vaccinations because of personal, moral, or other beliefs. A recently published study found the number of non-medical or personal belief exemptions to vaccination increased in two-third of the states allowing such exemptions, including Arkansas. As a result, states in which personal belief exemptions have accelerated are vulnerable to vaccine-preventable disease outbreaks (Olive et al., 2018). This is a concerning trend to be monitored.

Arkansas, Mississippi, Missouri, and Tennessee all allow for medical exemptions to vaccination. The state of Mississippi maintains a medical-only exemption status, while the states of Arkansas and Missouri allow for non-medical religious and personal belief exemptions as well. Also, as noted, Missouri's personal belief exemption only applies to vaccinations required for entrance into childcare facilities. Tennessee maintains non-medical religious exemptions.

Though Tennessee already possesses religious exemptions to vaccinations, legislators in the state are considering the potential for further enhancement of personal belief exemptions for vaccinations during a public health emergency, which are currently restricted from the provision. While the potential for this specific legislative effort remains unclear, it is important to note the potential for a detrimental impact on communities' health and safety by allowing such expanded exemptions for non-medical reasons during a global pandemic.

Though the evidence related to these factors' impact on legislative efforts is primarily anecdotal, the current realities facing legislative opportunities speak for themselves. Legislation can be derailed by a simple objection levied by an influential person regardless of any information to the contrary. As any group seeks to influence legislation related to HPV vaccination in the target states, or any other states for that matter, it is vital that they avail themselves of potential non-scientific objections.

Allowable exemptions have an adverse effect on access to and uptake of routinely recommended vaccinations.

Recommendations

The following recommendations are based on the study team's analysis. They do not necessarily reflect the specific circumstances in each of the target states at the time of the convening of the next legislative session. Rather these recommendations attempt to synthesize the previous legislative or regulatory actions in each of the target states and establish commonalities of action or inaction which may exist. While these are specific to the four states included in this analysis, the recommendations may be relevant to other states facing similar challenges with low uptake of HPV vaccination.

RECOMMENDATION #1

Introduce legislation modeled on the Missouri education statute in other target states.

As discussed in the **TARGET STATES** analysis, in 2010, Missouri enacted legislation requiring the creation of an informational brochure for distribution to school-aged children and parents across the state. While general in nature, as shown in the research of Vielot et al. (2020), the educational messaging enacted in Missouri in 2010 had an appreciable effect on the HPV vaccination rate, especially in boys.

Legislators can grant varying degrees of permission to state health officials to develop and distribute these educational materials using those entities' regulatory powers, presenting an additional ability to influence the materials' content. The ubiquity of such as educational approach may lead to future legislative action for school entry requirements with an informed populace working in support of the issue rather than in opposition.

Research and messaging have progressed since the initial creation of the Missouri materials. For example, recommended messaging now emphasizes HPV vaccination for the prevention of six types of cancer (not only cervical cancer). HPV vaccination is safe, it works, and it provides long-lasting protection. HPV vaccination prevents six types of cancer affecting men and women. However, the Missouri educational materials may be updated and potentially expanded.

There is also value in providing more substantive direction for the materials' distribution so that the burden is not on the school districts to provide it without any accountability. Additionally, consideration should be given to ensure that the materials target parents as well as school personnel and children, using age-appropriate messaging. These educational efforts would also have value if dovetailed with a public service campaign, as proposed in **Recommendation #5.**

This proactive activity does bring with it unaccounted for challenges based on the dynamics of each individual legislative body in the target states, as well as their respective regulatory infrastructures to support the execution of these educational materials. But having the comparative from Missouri and the ensuing research related to the brochure's effectiveness in increasing HPV vaccination rates, especially among boys, is a vital tool in efforts to launch a similar policy in other states.

RECOMMENDATION #2

Conduct targeted legislative efforts in opposition to vaccination exemptions on non-medical grounds.

Through an analysis of existing legislative hurdles to the enactment of future opportunities to improve HPV vaccination rates, the most significant has been found to be exemptions for non-medical reasons. Each of the target states possesses at least a minimum of a medical exemption.

Arkansas maintains medical, religious, and personal belief exemptions; Mississippi maintains medical only exemptions; Missouri maintains medical, religious, and personal belief exemptions; and Tennessee maintains medical and religious exemptions. Missouri's personal belief exemption only applies to vaccinations required for entrance into childcare facilities.

Especially in the target states that do not already possess religious (Mississippi) and/or personal belief exemptions (Mississippi and Tennessee), the opportunity for future legislative efforts to enact them is a strong possibility due to religious and special interests. These efforts could be further encouraged or enhanced due to the concerns about the new COVID-19 vaccine and the impact of future compulsory vaccination mandates on individual liberty.

The study team's assessment does not discount the overarching impact that access to healthcare has on individuals and the rate of vaccination in that area. Topics such as Medicaid expansion, a loss of primary care options, and the closure of rural hospitals do negatively affect the quality of life in areas across the country, and specifically in the target states. These are driven by multiple factors, not a single legislated allowance to negatively impact individuals' access to a particular treatment.

This recommendation's implementation is contingent upon additional research and analysis of any of the target states where these legislative efforts may be proposed. It is not easy to suppose what legislation may be filed in any given session. Still, it is essential to develop monitoring mechanisms and engagement strategies to move forward if the need arises.

RECOMMENDATION #3

Engage directly with state regulatory authorities to enact administrative procedures and/or rules to effectuate change to the information disseminated regarding HPV vaccination as cancer prevention.

Though legislative action will have a more prolonged and more wide-ranging effect, state health authorities' regulatory action can still have an impact on the information distributed to target populations. These regulators are granted oversight powers by the legislature that do not require further approval giving them the ability to move forward at a more expedient pace without the hurdles of legislative activity.

Examples of regulatory agencies in the target states include, but are not limited to, the Arkansas Board of Health and the Mississippi Board of Health, as well as each state's Department of Health and Human Services or the like.

Many of these state agencies tasked also have close ties to the education community due to other collaborative initiatives. These existing partnerships would provide an opportunity to devise strategies to reach the target population with important information in advance of additional action. These initial engagements can also decrease the initial barrier to creating new educational initiatives when enacted by legislation.

Regulatory activities can face challenges in the same ways that legislation can from opposing perspectives, but the process by which these objections are noted is usually different.

RECOMMENDATION #4

Coordinate legislative educational efforts.

To support future legislative efforts, the development of an education effort specifically targeted to policymakers possesses a significant amount of value. The topic of HPV vaccination is continually evolving, as the discussion throughout this report illustrates. As a result of multiple factors, including but not limited to legislative session length, education and compensation of legislators, and others, the ability of legislators to independently educate themselves on complex topics is likely limited.

For these reasons, it would be recommended that an outreach effort be mounted for legislators presenting the issues of importance for legislative action on HPV vaccination. This outreach should include targeted communications focused on legislative solutions in other states and their effectiveness in increasing the rate of vaccination. There will be value in providing general guidance as opposed to specifically-focused proposals unless there is a specific impetus or proposal presented by a member of the legislative body. Additional guidance will likely be required to craft the components of the potential outreach to targeted legislators.

RECOMMENDATION #5

Promote coordinated public service messaging in target states, facilitated by requisite health authorities.

While not immediately recognized as a legislative endeavor, public service messaging on topics does impact legislative sentiment. The impact of this messaging is especially true when there is a lack of clear understanding of a specific topic. Much in the same way that the Missouri informational brochure increased the awareness of the importance of HPV vaccination, and thereby the rate of immunization, a public service campaign can build a base of support to motivate the same action without legislative intervention. This campaign could be coordinated with the requisite state health agency, thereby directly connecting the state's regulatory process to seek regulatory action, as discussed in Recommendation #3. It can also have a positive effect on building positive sentiment amongst the broader public, who, as constituents of elected officials, can serve as indirect advocates for the enactment of policy that aligns with the messages they are consuming.

It is important to note that because of the public nature of this messaging, it can invite a more fervent opposition. By announcing the effort's intentions, any organized (or unorganized) opposition is given the ability to rebut the information being presented. These efforts can be conducted in the open, inviting confusion from the uninformed public and can negatively affect the overarching goals of the engagement.

Conclusion

In the worlds of policy and vaccinations, there are notable challenges. From questions of trust to factors like exemptions, changing political dynamics, and social and environmental factors, there are myriad factors that may impede vaccination uptake.

As demonstrated by multiple sources of evidence, the importance of HPV vaccination in adolescents for the prevention of adult-onset HPV cancers, particularly among childhood cancer survivors at increased risk for second cancers, cannot be overstated. These challenges are only further exacerbated by policies focused on allowing vaccination exemptions, a lack of financial resources available to support individuals who cannot afford vaccination, and overall confusion surrounding the messaging of vaccination and its perceived impact on relevant health education efforts. Notwithstanding these challenges, other states' legislative branches must consider curative measures to address their populations' potential impact if vaccination rates do not increase.

Stated differently by Vielot et al. (2020), "[c]ontinuing efforts to introduce and pass legislation that directly facilitates HPV vaccination can provide research opportunities to identify and promote effective HPV vaccination policies."

With responsibility for the full execution of HPV vaccination of adolescents being delegated to states for implementation, challenges will remain due to each jurisdiction's unique perspectives and policy-making structure. As shown in the preceding analysis, no two states are exactly alike in their action (or inaction) on this topic, leaving an extremely difficult task to set forth comparative or model policy. While it remains highly unlikely that there will be a broad-based federal vaccination policy akin to what has been implemented in other countries, such as Australia, by introducing similar legislation in multiple states, there will be greater opportunity for uniformity in some parts of the U.S.

The presented recommendations each serve as opportunities for this desire for uniformity, at least amongst the target states. The implementation of any or all of them will not be without challenges, even with the comparisons between the states. Further research and on-the-ground engagement with key stakeholders will be required to allow for more directed guidance that is contextually relevant and important and on specific opportunities for action.

In short, it is vitally important that collaborative efforts among clinicians, public health professionals, educators, and policymakers be encouraged to support the underlying goal of increasing HPV vaccination rates in order to decrease the incidence rate of HPV cancers.

As part of dissemination efforts, the results of the analysis and recommendations will be shared widely with potential collaborators - individuals and organizations - who share the commitment of the St. Jude HPV Cancer Prevention Program to ensure a favorable policy environment in which to promote HPV vaccination and support efforts to increase uptake of this cancer prevention vaccine. This report serves as a starting point to engage potential partners and identify opportunities for collaboration. As needed, addendum will be included to enhance the content of the current report.

"Since 2006, we have had a safe, effective and durable vaccine to prevent six types of HPV-related cancers in men and women," Heather M. Brandt, PhD, director of the St. Jude HPV Cancer Prevention Program said. "However, rates of this cancer-prevention vaccination remain low, especially in areas of the Southeastern and Mid-Southern United States where HPV-related cancer rates are high. We also know there are vast differences in uptake among some populations, so there is an urgent need to address these inequities. Far too few have taken advantage of this cancer prevention tool."

FOR MORE INFORMATION AND TO COLLABORATE ON POLICY AND ADVOCACY EFFORTS, PLEASE CONTACT:

HPV Cancer Prevention Program
St. Jude Children's Research Hospital
262 Danny Thomas Place
Memphis, TN 38105-1730

PreventHPV@stjude.org

stjude.org/hpv

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Appendix: A

TARGET STATE LEGISLATIVE AND REGULATORY RESEARCH

ARKANSAS LEGISLATION

To search for bills in the Arkansas State Legislature, go to https://www.arkleg.state.ar.us/Bills/Search.

SESSION/ YEAR	BILL NUMBER	BILL TITLE	PRIMARY SPONSORS	BILL STATUS	KEYWORD/ SEARCH TERM
2019	HB1786	To require public and private schools to report certain information regarding the number and percentage of students who have exemptions from or have not provided proof of required vaccinations.	Boyd	Passed-Act 676	Arkansas vaccination bill
2019	HB1278	To amend the definition of "practice of pharmacy" to allow vaccines and immunizations to be given to a person from seven (7) years of age to eighteen (18) years of age under a general written protocol.	Gazaway, Lundstrum	Passed-Act 652	Arkansas immunization bill
2019	HB1823	To require employees of food service establishments to be immunized or vaccinated against Hepatitis A for the public health, safety, and welfare of the state of Arkansas.	Ladyman	Adjourned	Immunization
2019	HB1263	To authorize a pharmacist to initiate therapy and administer or dispense, or both, certain types of tobacco cessation; to authorize a physician to administer or dispense, or both, certain types of tobacco cessation.	Eaves	Passed-Act 651	Influenza
2016	HB1043	To modify the immunization and vaccine requirements for students in elementary and secondary education; and to remove immunization exemptions for religious and philosophical beliefs.	Brown	Withdrawn by author	Arkansas immunization bill
2015	SB819	To amend the reimbursement for certain medical supplies or services to the department of health; and to preserve the immunization program of the department of health.	Bledsoe	Passed-Act 1052	Arkansas immunization bill
2017	SB301	To allow the department of health to share immunization registry data with federal, state, and local jurisdictions.	J. Cooper; Pilkington	Passed-Act 880	Immunization
2015	HB1550	To enhance the utilization of the immunization registry.	Magie	Passed-Act 541	Immunization
2013	HB1411	To protect the health and well- being of students in public schools by ensuring adequate and appropriate health care workers on site to attend to Students' needs.	Mayberry; Elliott	Passed-Act 414	Immunization

ARKANSAS STATUTES AND REGULATIONS

STATUTE/ADMINISTRATIVE CODE	TITLE	ANNOTATED DESCRIPTION
AR ST §20-15-1202	Statewide Immunization Registry	The registry available to the parents or guardians of a child, to providers who report on the immunization status of children in their care, and to such other persons or organizations...
AR ST §6-60-504	Exceptions--Disabilities--Religious conflicts	...of refusal to vaccinate based on the department's refusal-to- vaccinate form; and (iv)A signed statement of understanding that: (a)At the discretion of the department, the unimmunized child or individual may be removed from day care or school during an outbreak if the child or individual is not fully vaccinated; and (b)The child or individual shall not return to school until the outbreak...
Ark. Admin. Code 003.20.1-2262.1	Exemptions Due to Medical or Religious Beliefs	...or Religious Beliefs. An applicant who refuses to have a child immunized because of religious beliefs or because of a medical problem...
Ark. Admin. Code 003.20.1-3830.1	Exemptions Due to Religious Beliefs or Medical Problems	A parent or caretaker relative who refuses to have a child immunized because of religious beliefs or because of a medical problem...
Ark. Admin. Code 005.28.33 Table I	Table I. Kindergarten through Grade Twelve Immunization Requirements	...less than the number of doses required for age- appropriate immunization. An alternative two- dose hepatitis B schedule for 11-15 year-old children may be substituted for the three-dose schedule. Only a FDA-approved alternative regimen vaccine for the two- dose series may be used to meet this requirement. If you are unsure if a particular child's two-dose schedule is acceptable, please contact the Immunization Section for assistance at 501-661-2169. [FN***] 3rd dose...
Ark. Admin. Code 007.15.4 Table II	Kindergarten Through Grade Twelve Immunization Requirements	...of age or older (including persons who cannot document prior vaccination). An alternative two- dose hepatitis B schedule for 11-15 year-old children may be substituted for the three-dose schedule. Only a FDA-approved alternative regimen vaccine for the two- dose series may be used to meet this requirement. If you are unsure if a particular child's two-dose schedule is acceptable, please contact the Immunization Section for assistance at 501-661-2169. 3rd dose...
Ark. Admin. Code 007.15.10-IV	General Requirements	...not to exceed $25.00 and/or removal from the Vaccine For Children (VFC) program. D. Providers may report immunizations given to individuals age 22 years or older to the...available to an individual requesting a copy of his/her immunization record, the parents or legal guardians of the child, providers who report on the immunization status of individuals in their care and such other persons...

Ark. Admin. Code 016.06.12-222.850	Adolescents (Ages 11 -- 18 Years)	...depending upon entry point into schedule and individual need. 1. Immunization(s) to be performed at ages 11, 12, 13, 14...
Ark. Admin. Code 016.06.12-262.430	Vaccines for ARKids First-B Beneficiaries	Section 260.000 . Billing Procedures 016.06.12- 262.430. Vaccines for ARKids First-B Beneficiaries ARKids First-B beneficiaries are not eligible for the Vaccines for Children (VFC) Program; however, vaccines can be obtained to administer to ARKids First B beneficiaries...
Ark. Admin. Code 016.06.18-215.120	Vaccines for Children.	Screening, Diagnosis, and Treatment (Epsdt) Provider Manual Section 215.000 . Child Health Services (Epsdt) Screen Information. 016.06.18-215.120. Vaccines for Children. The Vaccines for Children (VFC) Program was established to enable free access to childhood immunizations for Medicaid-eligible children under age nineteen. The Arkansas Department...
Ark. Admin. Code 016.06.22-201.100	Arkansas Medicaid Participation Requirements for Pharmacies Administering Vaccines	...written consent of the parent or legal guardian of the minor. Consent must be obtained before the administration of the vaccine or immunization. Written protocol and consent must be retained and is subject...Medicaid Program will reimburse pharmacies the administration fee for selected vaccines that are obtained through the Vaccine for Children Program (VFC) or ARKids-B SCHIP Vaccine Program. Please refer to section 292.950 of the Physician manual for VFC vaccines billing procedures and section 262.430 for ARKids-B SCHIP...
Ark. Admin. Code 016.06.22-211.000	Scope	...written consent of the parent or legal guardian of the minor. Consent must be obtained before the administration of the vaccine or immunization. Written protocol and consent must be retained and is subject...Medicaid Program will reimburse pharmacies the administration fee for selected vaccines that are obtained through the Vaccine for Children Program (VFC) or ARKids-B SCHIP Vaccine program. Please refer to section 292.950 of the Physician manual for VFC vaccines billing procedures and section 262.430 for ARKids-B SCHIP...
Ark. Admin. Code 016.06.31-202.100	The FQHC's Role in the Vaccines for Children (VFC) Program	The FQHC's Role in the Vaccines for Children (VFC) Program. FQHCs may enroll in the Vaccines for Children (VFC) Program by contacting the Arkansas Department of...their patients to participating clinics or physicians for childhood disease immunizations. See Sections 251.510, 252.141 and 252.241 for reimbursement methodology. See the Arkansas Medicaid Child Health Services provider manual for medical criteria, coverage and billing...
Ark. Admin. Code 016.06.31-214.113	Vaccines for Children (VFC) Program Immunizations "Incident To" Core Service Encounters.	Coverage. Section 212.000 . Scope. 016.06.31- 214.113. Vaccines for Children (VFC) Program Immunizations "Incident To" Core Service Encounters. Childhood immunizations in the Vaccines for Children (VFC) Program are incident to core service encounters...
Ark. Admin. Code 016.06.31-251.510	Cost Settling for Vaccines for Children (VFC) Program Immunization Administration (for Dates of Service before January 1, 2001).	Reimbursement. 016.06.31-251.510.Cost Settling for Vaccines for Children (VFC) Program Immunization Administration (for Dates of Service before January 1, 2001). Medicaid requires FQHCs to report VFC immunization administration by procedure code and applicable modifier. Medicaid pays interim...
Ark. Admin. Code 016.06.31-252.141	Rate Settling for Vaccines for Children (VFC) Program Immunization Administration.	Rate Settling for Vaccines for Children (VFC) Program Immunization Administration. Medicaid requires FQHCs to report VFC immunization administration by procedure code and applicable modifier.
Ark. Admin. Code 016.06.31-252.241	Settling for Vaccines for Children (VFC) Program Immunization Administration.	Reimbursement. 016.06.31-252.241.Settling for Vaccines for Children (VFC) Program Immunization Administration. Medicaid requires FQHCs to report VFC immunization administration by procedure code and applicable modifier. Medicaid pays interim...

Ark. Admin. Code 016.06.31-262.423	Vaccines for Children (VFC) Program	The Vaccines for Children (VFC) Program... bill Medicaid for the administration of VFC Program immunizations in accordance with instructions in the Child Health Services (EPSDT) provider manual and the ARKids First-B...
Ark. Admin. Code 016.06.33-252.448	Vaccines for Children Program	The Vaccines for Children (VFC) Program was established to generate awareness and access for childhood immunizations. Arkansas Medicaid established new procedure codes for billing the administration of VFC immunizations for children under the age of 19. To enroll in the VFC...
Ark. Admin. Code 016.06.36-292.593	Vaccines for Children Program	The Vaccines for Children (VFC) Program was established to generate awareness and access for childhood immunizations. Arkansas Medicaid established new procedure codes for billing the administration of VFC immunizations for children under the age of 19. To enroll in the VFC...
Ark. Admin. Code 016.15.3-13	Mandatory Immunizations	Mandatory Immunizations State law requires that certain immunizations are obtained before a child enters school. Foster parents should assist in maintaining current immunizations. See Recommended Immunizations.
Ark. Admin. Code 016.20.1 App. D	Appendix D. Benefits Available Under Medicaid and ARKids First	...nutrition therapy are covered by Medicaid. Injections -- Allergy shots and immunizations for recipients under age 21 are covered through the Child Health Services (EPDST) Program, if medically necessary.
Ark. Admin. Code 016.22.4 Table II	Table II. Kindergarten Through Grade Twelve Immunization Requirements	Table II. Kindergarten Through Grade Twelve Immunization Requirements Vaccine; Diphtheria, Tetanus, Pertussis (DTP/DT/Td/DTaP/Tdap).

MISSISSIPPI LEGISLATION

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SESSION/ YEAR	BILL NUMBER	BILL TITLE	BILL SUMMARY	PRIMARY SPONSORS/ AUTHORS	BILL STATUS	KEYWORD/ SEARCH TERM
2020	HB 1060	An act to amend sections 41-23-37 and 43-20-8, Mississippi code of 1972, to authorize exemptions from the immunization requirements of schools and licensed child care facilities when a parent or legal guardian objects to immunization of the child on the grounds that the immunization conflicts with the religious beliefs of the parent or guardian; to provide that a parent or guardian must first furnish the responsible official of the school or facility an affidavit in which the parent or guardian swears or affirms that the immunization required conflicts with the religious beliefs of the parent or guardian before a child is exempted from immunization on religious grounds; and for related purposes.	To authorize exemptions from the immunization requirements of schools and licensed childcare facilities when a parent or legal guardian objects to immunization of the child on the grounds that the immunization conflicts with the religious beliefs of the parent or guardian	Eubanks	Fail	Vaccination bills
2020	SB 2562	An act to amend sections 41-23-37 and 43-20-8, Mississippi code of 1972, to authorize exemptions from the immunization requirements of schools and licensed child care facilities when a parent or legal guardian objects to immunization of the child on the grounds that the immunization conflicts with the religious beliefs of the parent or guardian; to provide that a parent or guardian must first furnish the responsible official of the school or facility an affidavit in which the parent or guardian swears or affirms that the immunization required conflicts with the religious beliefs of the parent or guardian before a child is exempted from immunization on religious grounds; and for related purposes.	To authorize exemptions from the immunization requirements of schools and licensed childcare facilities when a parent or legal guardian objects to immunization of the child on the grounds that the immunization conflicts with the religious beliefs of the parent or guardian	Branning	Fail	Vaccination bills
2020	HB 914	An act to provide that each person who is eighteen years of age or older shall have the right to determine, in their sole discretion, whether he or she will receive vaccinations or immunizations for any disease, except when the person is required to be vaccinated to attend school; to prohibit any person or entity from requiring any such person to receive a vaccination or immunization for any disease as a condition of employment or a condition of receiving any benefit or service; to prohibit any person or entity from using any means of intimidation or threat of termination of any such person's employment, or denial or reduction of any benefit or service to any such person, or disclosure of any such person's medical history or records to others, in order to cause the person to receive a vaccination or immunization for any disease; to amend section 41-23-43, Mississippi code of 1972, to allow first responders an exemption from vaccinations for philosophical reasons; and for related purposes.	An act to provide that each person who is eighteen years of age or older shall have the right to determine, in their sole discretion, whether he or she will receive vaccinations or immunizations for any disease, except when the person is required to be vaccinated to attend school. to prohibit any person or entity from requiring any such person to receive a vaccination or immunization for any disease as a condition of employment	Eubanks	Fail	Vaccination bills

2020	SB 2623	An act to amend section 41-23-37, Mississippi code of 1972, to provide that a child will be exempt from the requirement to have any specific vaccination in order to attend a school if the child's parent or guardian submits to the school a letter or affidavit that documents which required vaccinations have been given, and which vaccinations have not been given on the basis that they are contrary to his or her religious beliefs; to prescribe the content to be included in the letter or affidavit submitted to the school district or school of enrollment; and for related purposes.	To provide that a child will be exempt from the requirement to have any specific vaccination in order to attend a school if the child's parent or guardian submits to the school a letter or affidavit that documents which required vaccinations have been given, and which vaccinations have not been given on the basis that they are contrary to his or her religious beliefs	Hill	Fail	Vaccination bills
2020	HB 902	An act to amend section 43-17-5, Mississippi code of 1972, to require the department of human services to provide teenage TANF recipients with information and referral to programs that provide information about birth control, prenatal health care, abstinence education, marriage education, parenting skills, family preservation and fatherhood, and require those TANF recipients to participate in certain educational activities emphasizing abstinence described in this act; to provide that after the identity of the father of a child of any of those TANF recipients has been legally determined, the father shall be required to participate in those programs; to provide that any unspent TANF funds remaining from the prior fiscal year first shall be expended to pay for the education-related expenses of persons who are enrolled in nursing education courses as part of workforce training and pay for the child care expenses of those persons while they are taking the nursing education courses; to require the division of Medicaid to provide teenage Medicaid recipients with information and referral to programs that provide information about birth control, prenatal health care, abstinence education, marriage education, parenting skills, family preservation and fatherhood, and require those Medicaid recipients to participate in those programs; to provide that after the identity of the father of a child of any of those Medicaid recipients has been legally determined, the father shall be required to participate in those programs; to establish the criteria required for the educational activity emphasizing abstinence to teenage TANF benefits; to require the educational activity to be taught in a manner that is age and developmentally appropriate; and for related purposes.	To provide teenage Medicaid recipients (and TANF) with information and referral to programs that provide information about birth control, prenatal health care, abstinence education, marriage education, parenting skills, family preservation and fatherhood, as well as require the father of children of TANF or Medicaid recipients to participate in the aforementioned programs. Also requests unused, rollover TANF dollars be used to pay for the education and child care expenses of persons enrolled in nursing education.	Scott	Fail	Vaccination bills
2020	SB 2222	An act to amend section 41-23-37, Mississippi code of 1972, to direct the state health officer to require entities providing vaccines to give patient vaccine information statements approved by federal centers for disease control and prevention upon request; to provide for a medical exemption for a child and any of his or her siblings when the child has had a severe reaction to a vaccine; and for related purposes.	Vaccinations; disclose information statements upon request and create medical exemption	Hill	Fail	Vaccination bills
2019	SB 2074	An act to amend section 41-23-37, Mississippi code of 1972, to authorize and direct the state health officer to require entities providing vaccines to include patient vaccine information statements approved by federal centers for disease control and prevention to be supplied to the individual receiving the vaccination; and for related purposes.	To authorize and direct the state health officer to require entities providing vaccines to include patient vaccine information statements approved by federal centers for disease control and prevention to be supplied to the individual receiving the vaccination	Hill	Fail	Vaccination

2019	SB 2398	An act to amend sections 41-23-37 and 43-20-8, Mississippi code of 1972, to authorize exemptions from the immunization requirements of schools and licensed child care facilities when a parent or legal guardian objects to immunization of the child on the grounds that the immunization conflicts with the religious beliefs of the parent or guardian; to provide that the immunization may be required regardless of the exemption provided by this act in cases when such disease is in epidemic stages; to provide that a parent or guardian must first furnish the responsible official of the school or facility an affidavit in which the parent or guardian swears or affirms that the immunization required conflicts with the religious beliefs of the parent or guardian before a child is exempted from immunization on religious grounds; and for related purposes.	To authorize exemptions from the immunization requirements of schools and licensed childcare facilities when a parent or legal guardian objects to immunization of the child on the grounds that the immunization conflicts with the religious beliefs of the parent or guardian (and the parent or guardian provides an affidavit to the facility affirming this belief). Also states that immunizations may be required when a disease is in epidemic stages	Fillingane	Fail	Immunization
2019	SB 2255	An act to amend section 41-23-37, Mississippi code of 1972, to provide that a child will be exempt from the requirement to have any specific vaccination in order to attend a school if the child's parent or guardian submits to the school a letter or affidavit that documents which required vaccinations have been given, and which vaccinations have not been given on the basis that they are contrary to his or her philosophical or religious beliefs; to prescribe the content to be included in the letter or affidavit submitted to the school district or school of enrollment; and for related purposes.	To provide that a child will be exempt from the requirement to have any specific vaccination in order to attend a school if the child's parent or guardian submits to the school a letter or affidavit that documents which required vaccinations have been given, and which vaccinations have not been given on the basis that they are contrary to his or her philosophical or religious beliefs	Hill	Fail	Vaccination
2019	HB 340	An act making an appropriation to the state department of 2 health for the purpose of developing, establishing and operating 3 two STD/HIV specialty clinics for the fiscal year 2020.	Appropriation; Department of Health to establish and operate two STD/HIV specialty clinics.	Hines	Fail	STD bills
2018	HB 1504	An act to amend section 41-23-37, Mississippi code of 1972, to revise the authority for parents or guardians of school-age children to obtain letters of exemption from vaccinations or limiting the number of vaccinations for medical reasons in order 5 for the child to attend school; to provide that in order to claim an exemption from a required vaccination for medical reasons, the child's parent or guardian must present a letter from a physician- stating that the required vaccine is medically contraindicated or poses a significant risk to or would be injurious to the health and well-being of the child or any member of the child's household; to provide that exemptions from vaccinations for medical reasons will be valid the duration of the child's attendance in a school district; to provide that the opinion of the physician who signed the letter is final and the school to which the letter is presented must accept the letter; and for related purposes.	Vaccinations to attend school; authorize exemptions for medical reasons with physician's letter.	Eubanks	Fail	Vaccination bills
2018	HB1505	An act to amend sections 41-23-37 and 43-20-8, Mississippi code of 1972, to authorize exemptions from the immunization requirements of schools and licensed child care facilities when a parent or legal guardian objects to immunization of the child on the grounds that the immunization conflicts with the religious beliefs of the parent or guardian; to provide that the immunization may be required regardless of the exemption provided by this act in cases when such disease is in epidemic stages; to provide that a parent or guardian must first furnish the responsible official of the school or facility an affidavit in which the parent or guardian swears or affirms that the immunization required conflicts with the religious beliefs of the parent or guardian before a child is exempted from immunization on religious grounds; and for related purposes.	Vaccinations; allow religious belief exemption from requirement for school attendance based on.	Gipson	Fail	Vaccination bills

2018	SB 2057	An act to amend section 41-23-37, Mississippi code of 1972, to authorize and direct the state health officer to require entities providing vaccines to include patient vaccine information statements approved by federal centers for disease control and prevention to be supplied to the individual receiving the vaccination; and for related purposes.	Vaccine safety; SDH require vaccine information statements to be supplied to individual receiving the vaccination.	Hill	Fail	Vaccination bills
2018	SB 2059	An act to amend section 41-23-37, Mississippi code of 1972, to provide that a child will be exempt from the requirement to have any specific vaccination in order to attend a school if the child's parent or guardian submits to the school a letter or affidavit that documents which required vaccinations have been given, and which vaccinations have not been given on the basis that they are contrary to his or her philosophical or religious beliefs; to prescribe the content to be included in the letter or affidavit submitted to the school district or school of enrollment; and for related purposes.	Vaccination required for school attendance; authorize exemption upon objection of parent on parental or philosophical grounds.	Hill	Fail	Vaccination bills
2018	HB 86	An act making an appropriation to the state department of health for the purpose of developing, establishing and operating two STD/HIV specialty clinics for the fiscal year 2019.	Appropriation; Department of Health to establish and operate two STD/HIV specialty clinics.	Hines	Fail	STD bills
2017	HB 1547	An act making an appropriation to the state department of health for the purpose of developing, establishing and operating two STD/HIV specialty clinics for the fiscal year 2018.	Appropriation; Department of Health to establish and operate two STD/HIV specialty clinics.	Hines	Fail	Vaccination bills
2017	HB 1456	An act to amend section 41-23-37, Mississippi code of 1972, to revise the authority for parents or guardians of school-age children to obtain letters of exemption from vaccinations or limiting the number of vaccinations for medical reasons in order for the child to attend school; to provide that in order to claim an exemption from a required vaccination for medical reasons, the child's parent or guardian must present a letter from a physician stating that the required vaccine is medically contraindicated or poses a significant risk to or would be injurious to the health and well-being of the child or any member of the child's household; to provide that exemptions from vaccinations for medical reasons will be valid the duration of the child's attendance in a school district; to provide that the opinion of the physician who signed the letter is final and the school to which the letter is presented must accept the letter; and for related purposes.	Vaccinations; authorize exemptions for medical purposes.	Formby	Fail	Vaccination bills
2017	HB 1457	An act to amend section 41-23-37, Mississippi code of 1972, to provide that a child will be exempt from the requirement to have any specific vaccination in order to attend a school if the child's parent or guardian submits to the school a letter or affidavit that documents which required vaccinations have been given, and which vaccinations have not been given on the basis that they are contrary to his or her philosophical or religious beliefs; to prescribe the content to be included in the letter or affidavit submitted to the school district or school of enrollment; and for related purposes.	Vaccinations; allow exemption from requirement for school attendance based on religious or philosophical beliefs	Formby	Fail	Vaccination bills
2017	SB 2387	An act to amend section 41-23-37, Mississippi code of 1972, to authorize and direct the state health officer to require entities providing vaccines to include patient vaccine information statements approved by federal centers for disease control and prevention to be supplied to the individual receiving the vaccination; and for related purposes.	Vaccine safety; SDH require vaccine information statements to be supplied to individual receiving the vaccination.	Hill	Fail	Vaccination bills

2017	SB 2636	An act to amend section 41-23-37, Mississippi code of 1972, to provide that a child will be exempt from the requirement to have any specific vaccination in order to attend a school if the child's parent or guardian submits to the school a letter or affidavit that documents which required vaccinations have been given, and which vaccinations have not been given on the basis that they are contrary to his or her philosophical or religious beliefs; to prescribe the content to be included in the letter or affidavit submitted to the school district or school of enrollment; and for related purposes.	Vaccination required for school attendance; authorize exemption upon objection of parent on parental or philosophical grounds.	Hill	Fail	Vaccination bills
2016	HB 445	An act making an appropriation to the state department of health for the purpose of developing, establishing and operating two STD/HIV specialty clinics for the fiscal year 2017.	Appropriation; Department of Health to establish and operate two STD/HIV specialty clinics.	Hines	Fail	Vaccination bills
2016	HB 938	An act making an appropriation to the state department of health for the purpose of developing, establishing and operating two STD/HIV specialty clinics for the fiscal year 2017.	Vaccinations; authorize exemptions for medical purposes.	Formby	Fail	Vaccination bills
2016	HB 939	An act to amend section 41-23-37, Mississippi code of 1972, to provide that a child will be exempt from the requirement to have any specific vaccination in order to attend a school if the child's parent or guardian submits to the school a letter or affidavit that documents which required vaccinations have been given, and which vaccinations have not been given on the basis that they are contrary to his or her philosophical or religious beliefs; to prescribe the content to be included in the letter or affidavit submitted to the school district or school of enrollment; and for related purposes.	Vaccinations; allow exemption from requirement for school attendance based on religious or philosophical beliefs.	Formby	Fail	Vaccination bills
2016	HB 979	An act to amend section 41-23-37, Mississippi code of 1972, to authorize parents or guardians of school-age children to obtain certificates of exemption from vaccinations for medical reasons or for conscientious beliefs in order for the child to attend school; to provide that in order to claim an exemption from a required vaccination for medical reasons, the child's parent or guardian must present a statement from t-he child's physician stating that the required vaccine is medically contraindicated or poses a significant risk to the health and well-being of the child or any member of the child's household; to provide that in order to obtain an exemption from a required vaccination for conscientious beliefs, the child's parent or guardian must complete an affidavit on an exemption form provided by the state department of health; to provide that the exemption form for conscientious beliefs must contain a statement indicating that the parent or guardian understands the benefits and risks of vaccinations and the benefits and risks of not being vaccinated, and must contain a section where the parent or guardian can list the specific vaccination or vaccinations for which the exemption applies; to provide that exemptions from vaccinations for medical reasons or for conscientious beliefs will be valid for one year; and for related purposes.	School attendance; authorize exemptions from vaccinations for medical reasons or conscientious beliefs.	Henley	Fail	Vaccination bills

2016	SB 2722	An act to amend section 41-23-37, Mississippi code of 1972, to revise the authority for parents or guardians of school-age children to obtain certificates of exemption from vaccinations for medical reasons in order for the child to attend school; to provide that in order to claim an exemption from a required vaccination for medical reasons, the child's parent or guardian must present a certificate from the child's physician stating that the required vaccine is medically contraindicated or poses a significant risk to or would be injurious to the health and well-being of the child or any member of the child's household; to provide that exemptions from vaccinations for medical reasons will be valid for one year; to provide that the opinion of the physician who signed the certificate is final and the school to which the certificate is presented must accept the certificate; and for related purposes.	School attendance; authorize exemptions from vaccinations for medical reasons or conscientious beliefs.	Fillingane	Fail	Vaccination bills
2015	HB 1478	An act making an appropriation to the state department of health for the purpose of developing, establishing and operating two STD/HIV specialty clinics for the fiscal year 2016.	Appropriation; Department of Health to establish and operate two STD/HIV specialty clinics.	Hines	Fail	Vaccination bills
2015	HB 130	An act to amend section 41-23-37, Mississippi code of 1972, to revise the authority for parents or guardians of school-age children to obtain certificates of exemption from vaccinations for medical reasons in order for the child to attend school; to provide that in order to claim an exemption from a required vaccination for medical reasons, the child's parent or guardian must present a certificate from the child's physician stating that the required vaccine is medically contraindicated or poses a significant risk to or would be injurious to the health and well-being of the child or any member of the child's household; to provide that exemptions from vaccinations for medical reasons will be valid for one year; to provide that the opinion of the physician who signed the certificate is final and the school to which the certificate is presented must accept the certificate; and for related purposes.	School attendance; authorize exemptions from vaccinations for medical reasons or conscientious beliefs.	Formby	Fail	Vaccination bills
2015	SB 2800	An act to amend section 41-23-37, Mississippi code of 1972, to provide that a child will be exempt from the requirement to have any specific vaccination in order to attend a school if the child's parent or guardian submits to the school a letter or affidavit that documents which required vaccinations have been given, and which vaccinations have not been given on the basis that they are contrary to his or her beliefs; to provide that beginning with the 2015-2016 school year, a form prescribed by the state department of health shall accompany the letter or affidavit submitted by the parent or guardian, which includes both a signed attestation from a health care practitioner that the health care practitioner provided the parent or guardian with information regarding the benefits and risks of the vaccinations and the health risks to the child and to the community of those diseases specified for vaccination, and a written statement signed by the parent or guardian that indicates that the signer has received the information provided by the health care practitioner; to amend section 37-13-91, Mississippi code of 1972, to authorize school administrators, when there is good cause to believe that a child has been exposed to any disease specified for vaccination and the child is not vaccinated against that disease under the exemption authorized under this act, to temporarily exclude that child from attendance until the local health officer is satisfied that the child is no longer at risk of developing the disease; and for related purposes.	Vaccinations; allow exemption from requirement for school attendance with parental affidavit as being contrary to their beliefs.	McDaniel	Fail	Vaccination bills

2014	HB 284	An act making an appropriation to the state department of health for the purpose of developing, establishing and operating two STD/HIV specialty clinics for the fiscal year 2015.	Appropriation; Department of Health to establish and operate two STD/HIV specialty clinics.	Hines	Fail	Vaccination bills
2014	HB 1420	An act to amend section 41-23-37, Mississippi code of 1972, to provide that a child will be exempt from the requirement to have any specific vaccination in order to attend a school if the child's parent or guardian submits to the school a letter or affidavit that documents which required vaccinations have been given, and which vaccinations have not been given on the basis that they are contrary to his or her beliefs; to provide that beginning with the 2013-2014 school year, a form prescribed by the state department of health shall accompany the letter or affidavit submitted by the parent or guardian, which includes both a signed attestation from a health care practitioner that the health care practitioner provided the parent or guardian with information regarding the benefits and risks of the vaccinations and the health risks to the child and to the community of those diseases specified for vaccination, and a written statement signed by the parent or guardian that indicates that the signer has received the information provided by the health care practitioner; and for related purposes.	Vaccinations; allow exemption from requirement for school attendance with parental affidavit as being contrary to their beliefs.	Cockerham	Fail	Vaccination bills
2014	SB 2789	An act to amend section 41-23-37, Mississippi code of 1972, to provide that a child will be exempt from the requirement to have any specific vaccination in order to attend a school if the child's parent or guardian submits to the school a letter or affidavit that documents which required vaccinations have been given, and which vaccinations have not been given on the basis that they are contrary to his or her beliefs; to provide that beginning with the 2014-2015 school year, a form prescribed by the state department of health shall accompany the letter or affidavit submitted by the parent or guardian, which includes both a signed attestation from a health care practitioner that the health care practitioner provided the parent or guardian with information regarding the benefits and risks of the vaccinations and the health risks to the child and to the community of those diseases specified for vaccination, and a written statement signed by the parent or guardian that indicates that the signer has received the information provided by the health care practitioner; to amend section 37-13-91, Mississippi code of 1972, to authorize school administrators, when there is good cause to believe that a child has been exposed to any disease specified for vaccination and the child is not vaccinated against that disease under the exemption authorized under this act, to temporarily exclude that child from attendance until the local health officer is satisfied that the child is no longer at risk of developing the disease; and for related purposes.	Vaccinations; allow exemption from requirement for school attendance with parental affidavit as being contrary to their beliefs.	McDaniel	Fail	Vaccination bills
2013	SB 2003	An act making an appropriation to the state department of health for the purpose of establishing and operating two STD/HIV specialty clinics in underserved areas of the state, for the fiscal year ending June 30, 2014.	Appropriation FY2014; SDH operate two STD/HIV clinics in underserved areas of the state	Jackson	Fail	STD bills

2013	HB 953	An act to amend section 41-23-37, Mississippi code of 1972, to provide that a child will be exempt from the requirement to have any specific vaccination in order to attend a school if the child's parent or guardian submits to the school a letter or affidavit that documents which required vaccinations have been given, and which vaccinations have not been given on the basis that they are contrary to his or her beliefs; to provide that beginning with the 2013-2014 school year, a form prescribed by the state department of health shall accompany the letter or affidavit submitted by the parent or guardian, which includes both a signed attestation from a health care practitioner that the health care practitioner provided the parent or guardian with information regarding the benefits and risks of the vaccinations and the health risks to the child and to the community of those diseases specified for vaccination, and a written statement signed by the parent or guardian that indicates that the signer has received the information provided by the health care practitioner; to amend section 37-13-91, Mississippi code of 1972, to authorize school administrators, when there is good cause to believe that a child has been exposed to any disease specified for vaccination and the child is not vaccinated against that disease under the exemption authorized under this act, to temporarily exclude that child from 23 attendance until the local health officer is satisfied that the 24 child is no longer at risk of developing the disease; and for 25 related purposes.	Vaccinations; allow exemption from requirement for school attendance with parental affidavit as being contrary to their beliefs.	Cockerham	Fail	Vaccination bills
2013	SB 2738	An act to amend section 41-23-37, Mississippi code of 1972, to provide that a child will be exempt from the requirement to have any specific vaccination in order to attend a school if the child's parent or guardian submits to the school a letter or affidavit that documents which required vaccinations have been given, and which vaccinations have not been given on the basis that they are contrary to his or her beliefs; to provide that beginning with the 2013-2014 school year, a form prescribed by the state department of health shall accompany the letter or affidavit submitted by the parent or guardian, which includes both a signed attestation from a health care practitioner that the health care practitioner provided the parent or guardian with information regarding the benefits and risks of the vaccinations and the health risks to the child and to the community of those diseases specified for vaccination, and a written statement signed by the parent or guardian that indicates that the signer has received the information provided by the health care practitioner; to amend section 37-13-91, Mississippi code of 1972, to authorize school administrators, when there is good cause to believe that a child has been exposed to any disease specified for vaccination and the child is not vaccinated against that disease under the exemption authorized under this act, to temporarily exclude that child from attendance until the local health officer is satisfied that the child is no longer at risk of developing the disease; and for related purposes.	Vaccinations; allow exemption from requirement for school attendance with parental affidavit as being contrary to their beliefs	McDaniel	Fail	Vaccination bills
2013	HB 349	An act to amend section 41-23-37, Mississippi code of 1972, to provide an exemption from the immunization requirements to children attending public schools for bona fide religious beliefs f the parent, guardian or person in loco parentis of a child if those beliefs are contrary to the immunization requirements of the state; to provide that upon submission of a written statement of the bona fide religious beliefs and opposition to the immunization requirements, the child may attend the school or facility without presenting a certificate of immunization; and for related purposes.	Immunization requirements; exempt school-age children for bona fide religious beliefs.	Bain	Fail	Vaccination bills

MISSISSIPPI STATUTES AND REGULATIONS

STATUTE/ ADMINISTRATIVE CODE	TITLE	ANNOTATED DESCRIPTION
MS ST §41-23-37	Vaccinations required	...law to the operator, unless they shall first have been vaccinated against those diseases specified by the state health officer. A certificate of exemption from vaccination for medical reasons may be offered on behalf of a child by a duly licensed physician and may be accepted by...
MS ST §41-88-3	Health department duties; administration of child immunization program	Mississippi Child Immunization Act of 1994 §41-88-3.Health department duties; administration of child immunization program (1)The State Department of Health is responsible for assuring that all children in the state are appropriately immunized against vaccine-preventable diseases. In order to improve the state's immunization...
7 Miss. Admin. Code T. 7, Pt. 8	Contemporary Health (K-8)	...grade, transferring into 7th grade will need proof of an adolescent whooping cough (pertussis) booster, Tdap immunization, before entry into school in the fall. Tdap vaccine given on or after the 7th birthday meets the new...
18 Miss. Admin. Code Pt. 13, Ch. 2 p. 200	TANF Terminology	All TANF children under the age of 18 must have current immunizations according to the schedule recommended by the Department of Health.
18 Miss. Admin. Code Pt. 17, R. 3.2	Eligibility Guidelines by Priority Group	Payment for these children during the grace period shall not be considered an error or an improper payment. The timeframe for immunizations is established by the MSDH for the enforcement of health, safety, and welfare.
23 Miss. Admin. Code Pt. 224, R. 1.3	Vaccines for Children (VFC) Program	The Division of Medicaid defines the Vaccines for Children (VFC) Program as a federally funded program that provides vaccines at no cost to Mississippi Medicaid providers registered as VFC...

MISSOURI LEGISLATION

To search for bills in the Missouri State Legislature:

for the Senate, go to https://www.senate.mo.gov/BTSSearch/Default.aspx,

and for the House of Representatives, go to https://house.mo.gov/default.aspx.

SESSION/ YEAR	BILL NUMBER	BILL TITLE	BILL SUMMARY	PRIMARY SPONSORS	BILL STATUS	KEYWORD/ SEARCH TERM
2020	HB1581	To repeal section 431.061, RSMo, and to enact in lieu thereof one new section relating to parental consent for vaccinations.	Modifies provisions relating to parental consent for vaccinations. Allows minors to consent to vaccination.	Ingle	Referred	Vaccination
2020	HB 2380	To repeal sections 167.181, 174.335, 210.003, 210.110, 210.115, 334.099, and 334.100, RSMo, and to enact in lieu thereof nine new sections relating to immunizations.	Enacts a conscientious belief exemption, amends current vaccine law to apply only to public schools.	Suzie	Referred	Vaccines
2020	HB 2328	To amend chapter 167, RSMo, by adding thereto one new section relating to informed consent for vaccinations, with penalty provisions.	Adding thereto one new section relating to informed consent for vaccinations, with penalty provisions.	Dottie	Referred	Vaccines
2020	HB 1565	To repeal section 170.015, RSMo, and to enact in lieu thereof one new section relating to instruction on human sexuality and sexually transmitted diseases.	Modifies provisions governing school district course materials or instruction on human sexuality or sexually transmitted diseases. Pupils shall be provided with the latest medical information regarding exposure to HIV, AIDS, HPV, hepatitis, etc.	Chuck	Action Postponed	Sexually transmitted diseases
2020	HB 1697	To repeal sections 191.677, 575.155, and 575.157, RSMo, and to enact in lieu thereof three new sections relating to actions by persons knowingly infected with communicable diseases, with penalty provisions.	Modifies provisions regarding unlawful actions by persons knowingly infected with communicable diseases.	Holly	Do Pass	Sexually transmitted diseases
2019	HB 1164	To amend chapter 167, RSMo, by adding thereto one new section relating to informed consent for vaccinations.	Adds provisions relating to informed consent for vaccinations. A health care provider who administers vaccines shall provide (1) The benefits and risks of each vaccine; (2) The vaccine manufacturer's product insert; (3) The Centers for Disease Control and Prevention's vaccine excipient and media summary; and (4) How to report a vaccine-adverse event.	Dottie	Public Hearing Completed	Vaccination
2019	HB 167	To repeal sections 191.677, 575.155, and 575.157, RSMo, and to enact in lieu thereof three new sections relating to actions by persons knowingly infected with communicable diseases, with penalty provisions.	Modifies provisions regarding unlawful actions by persons knowingly infected with communicable diseases (such as sexually transmitted diseases).	Rehder	Do Pass	Sexually transmitted diseases
2019	HB 166	To repeal sections 191.677, 567.020, 575.155, and 575.157, RSMo, and to enact in lieu thereof two new sections relating to actions by persons knowingly infected with communicable diseases, with penalty provisions.	Changes the laws regarding unlawful actions by persons knowingly infected with communicable diseases (such as sexually transmitted diseases).	McCreery	Do Pass	Sexually transmitted diseases
2019	HB1075	To repeal section 431.061, RSMo, and to enact in lieu thereof one new section relating to parental consent for vaccinations.	Modifies provisions relating to parental consent for vaccinations.	Ingle	Referred	Vaccination

2018	HB2428	To repeal section 338.010, RSMo, and to enact in lieu thereof one new section relating to the administration of vaccines.	Modifies provisions relating to the administration of vaccines.	Stephens	Referred	Vaccines
2018	HB2139	To repeal section 210.003, RSMo, and to enact in lieu thereof one new section relating to immunization requirements for foster children	Allows additional time for children who are homeless or in Children's Division custody to comply with immunization requirements.	Morris	Dropped	Vaccines
2018	HB1560	To repeal sections 167.181, 174.335, and 210.003, RSMo, and to enact in lieu thereof four new sections relating to immunizations for children.	Prohibits discrimination against children who are not immunized.	Morris	Public Hearing Completed	Immunization
2017	HB 1106	To repeal section 338.010, RSMo, and to enact in lieu thereof one new section relating to pharmacist protocols for vaccines	Requires a single statewide protocol authorizing pharmacists to prescribe and administer vaccines as recommended by the Centers for Disease Control and Prevention.	Stephens	Referred	Vaccines
2017	HB 332	To amend chapter 141, RSMo, by adding thereto two new sections relating to public health.	Changes the laws regarding vaccines and disorder monitoring. No foreign human DNA contaminants shall be administered to patients in public health clinics.	Morris	Referred	Vaccines
2017	HB 331	To repeal section 191.235, RSMo, and to enact in lieu thereof one new section relating to vaccines.	Changes the laws regarding vaccines, no vaccine containing mercury or other metal for preservation or other purpose shall be administrated to a child or adult in a public health clinic in Missouri.	Morris	Referred	Vaccines
2016	HB 2491	To repeal section 170.015, RSMo, and to enact in lieu thereof one new section relating to instruction in human sexuality and sexually transmitted infections.	Changes the laws regarding school course materials and instruction relating to human sexuality and sexually transmitted infections.	Clem	Referred	Sexually transmitted diseases
2016	HB 2584	To amend chapter 210, RSMo, by adding thereto one new section relating to replacement vaccines.	Establishes a voluntary replacement alternative program for children's vaccines which do not contain human DNA content.	Morris	Referred	Vaccines
2015	HB 846	To repeal section 167.181, RSMo, and to enact in lieu thereof one new section relating to the immunization of pupils.	Requires parental notification if a non-immunized child is in attendance at a child's school.	LaFaver	Referred	Immunization
2015	HB 670	To repeal section 170.015, RSMo, and to enact in lieu thereof one new section relating to instruction in human sexuality and sexually transmitted diseases.	Changes the laws regarding school course materials and instruction relating to human sexuality and sexually transmitted diseases.	Smith	Referred	Sexually transmitted diseases
2015	HB 976	To repeal section 210.003, RSMo, and to enact in lieu thereof one new section relating to immunizations of children.	Specifies that any public, private, or parochial day care center, preschool, or nursery school must notify a parent, upon request, of whether there are any children attending who are not immunized.	Franklin	Do Pass	Immunization
2014	HB1683	To repeal section 338.010, RSMo, and to enact in lieu thereof one new section relating to pharmacist-provided vaccinations.	Establishes guidelines for the regulation of occupations and professions not regulated by the Division of Professional Registration and allows pharmacists to administer any vaccine on the Centers for Disease Control and Prevention's adolescent or adult immunization schedule to persons seven years of age or older if authorized by a physician.	Koenig	Referred	Immunization

2014	HB 1904	To repeal section 170.015, RSMo, and to enact in lieu thereof one new section relating to instruction in human sexuality and sexually transmitted diseases.	Changes the laws regarding school course materials and instruction relating to human sexuality and sexually transmitted diseases. Provide information about the vaccine for human papilloma virus, which may prevent cervical cancer, genital warts, infertility, and other reproductive health problems.	Smith	Do Pass	Sexually transmitted diseases
2014	SB 817	Establishes the Missouri Immunization Registry	Establishes the Missouri Immunization Registry – Amendments.	Sifton	Referred	Immunization
2014	HB 1445	To amend chapter 192, RSMo, by adding thereto one new section relating to the Missouri immunization registry.	Requires all immunization providers to submit all vaccination records of adults and children in this state to the Missouri Immunization Registry and allows access by all authorized users to the records.	Gatschenberger	Public Hearing Completed	Immunization
2013	HB 317	To amend chapter 191, RSMo, by adding thereto one new section relating to Molly's law.	Establishes Molly's Law that requires a health care practitioner to provide the list of ingredients in a vaccination to the parent or guardian of specified children prior to the administration of the vaccination.	Phillips	Referred	Vaccination
2013	HB 1008	To repeal section 170.015, RSMo, and to enact in lieu thereof one new section relating to instruction in human sexuality and sexually transmitted diseases.	Changes the laws regarding school course materials and instruction relating to human sexuality and sexually transmitted diseases. Provide information about the vaccine for human papilloma virus, which may prevent cervical cancer, genital warts, infertility, and other reproductive health problems.	Clem	Referred	Sexually transmitted diseases
2013	HB792	To amend chapter 192, RSMo, by adding thereto one new section relating to mandatory influenza vaccinations, with penalty provisions	Requires every employee and volunteer of a health care facility inspected by the Department of Health and Senior Services to receive an influenza vaccination each year.	Schupp	Referred	Vaccination
2010	HB 1375	To amend chapters 167 and 191, RSMo, by adding thereto two new sections relating to treatment of certain sexually transmitted diseases.	Requires the development of a brochure regarding human papillomavirus and allows a physician to use expedited partner therapy by dispensing medications to certain persons who are not patients.	Cooper	Engrossed (167.182); 120-33 (H); 26-7 (S)	HPV regulation

MISSOURI STATUTES AND REGULATIONS

STATUTE/ ADMINISTRATIVE CODE	TITLE	ANNOTATED DESCRIPTION
MO ST 167.181	Immunization of pupils against certain diseases compulsory--exceptions--records--to be at public expense, when--fluoride treatments administered, when--rulemaking authority, procedure	...and secondary education, shall promulgate rules and regulations governing the immunization against poliomyelitis, rubella, rubeola, mumps, tetanus, pertussis, diphtheria, and hepatitis B, to be required of children attending public, private, parochial or parish schools. Such rules and regulations may modify the immunizations that are required of children in this subsection. The immunizations required and the manner and frequency of their administration shall...
MO ST 167.182	HPV informational brochure, contents	...and (5)A statement that any questions or concerns regarding immunizing the child against human papillomavirus could be answered by contacting the family's...
MO ST 167.183	Immunization records, disclosure, to whom--disclosure for unauthorized purpose, liability	...assure compliance with state statutes or to achieve age-appropriate immunization status for children: (1)Employees of public agencies, departments and political subdivisions; (2)Health records staff of school districts and child care facilities; (3)Persons other than public employees who are...
MO ST 192.072	Bureau of immunization to develop educational materials--contents, distribution	The bureau of immunization of the department of health and senior services shall develop educational materials which strongly recommend that infants and young children receive complete immunization vaccines in accordance with current standard medical practice, including, but not limited to, the following vaccine or series of vaccines: (1) Haemophilus influenza type b conjugate vaccine before the age...
MO ST 192.630	Advisory committee on childhood immunization--members--public meetings, costs--appointment--duties	...regional, state or federal systems; (2)Determine how demographic and immunization data on all children under the age of five years shall be obtained and...
MO ST 208.636	Requirements of parents or guardians	...payments, including medical support; and (4)Demonstrate upon request their child's participation in wellness programs including immunizations and a periodic physical examination. This subdivision shall not apply to any child whose parent or legal guardian objects in writing to such wellness programs including immunizations and an annual physical examination because of religious beliefs or...
MO ST 210.003	Immunizations of children required, when, exceptions--duties of administrator, report--notification of parents, when	Immunizations of children required, when, exceptions--duties of administrator, report--notification of parents, when 1.No child shall be permitted to enroll in or attend any public...
MO ST 376.1215	Immunizations, mandated coverage, exceptions, rulemaking	...entities of any type or description shall provide coverage for immunizations of a child from birth to five years of age as provided by...

13 Mo. Code of State Regulations 50-110.010	Immunization Requirements for School Children	...of Social Services Division 50 . Division of Health Chapter 110 . Immunization 13 CSR 50-110.010. Immunization Requirements for School Children (Moved to 19 CSR 20-28.010 13 Mo. Code...
19 Mo. Code of State Regulations 20-28.010	Immunization Requirements for School Children	This rule establishes minimum immunization requirements for all students in accordance with recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Interstate Compact on Educational Opportunity for Military Children.
22 Mo. Code of State Regulations 10-3.057	Medical Plan Benefit Provisions and Covered Charges	...U.S. Preventive Services Task Force (categories A and B). B. Vaccinations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. C. Preventive care and screenings for infants, children, and adolescents supported by the Health Resources and Services Administration. D. Preventive...

TENNESSEE LEGISLATION

To search for bills in the Tennessee General Assembly, go to https://wapp.capitol.tn.gov/apps/billsearch/BillSearchAdvanced.aspx

SESSION/ YEAR	BILL NUMBER	BILL TITLE	BILL SUMMARY	PRIMARY SPONSORS	BILL STATUS	KEYWORD/ SEARCH TERM
2020	SB 2380	AN ACT to amend Tennessee Code Annotated, Title 4 and Title 71, relative to the poverty task force.	Requires the department to make available on its public website access to the most recently published Vaccine Excipient Summary from the federal centers for disease control; requires that if the department maintains a section of its public website relevant to immunization requirements, then the access to the summary must appear in that section and with the same font type, size, and style as other immunization requirement information. - Amends TCA Title 63 and Title 68.	Niceley, Henley	Introduced	vaccination
2020	HB 2532	AN ACT to amend Tennessee Code Annotated, Title 63 and Title 68, relative to vaccines.	Requires the department to make available on its public website access to the most recently published Vaccine Excipient Summary from the federal centers for disease control; requires that if the department maintains a section of its public website relevant to immunization requirements, then the access to the summary must appear in that section and with the same font type, size, and style as other immunization requirement information. - Amends TCA Title 63 and Title 68.	Carr	Introduced	vaccination
2020	HB 0885	AN ACT to amend Tennessee Code Annotated, Title 47, Chapter 18, relative to prescription drugs.	Allows the governor to issue an executive order declaring a market shortage or emergency due to a shortage of vital prescription drugs; allows the governor to rely on an executive order issued by the president of the United States declaring a market shortage or market emergency; prohibits the sale of vital drugs at unreasonably high prices during a market shortage or emergency; creates criminal penalties for violating this prohibition; allows the attorney general to enjoin violations and enforce penalties. - Amends TCA Title 47, Chapter 18.	Dixie, Chism	Withdrawn	vaccination
2020	SJR0250	A RESOLUTION to express support for adult immunizations.	A RESOLUTION to express support for adult immunizations.	Crowe	Adjourned	HPV
2019	TSR0182	A RESOLUTION to honor and commend Dr. Kathryn Edwards upon her receipt of the 2020 John Howland Award.	A RESOLUTION to honor and commend Dr. Kathryn Edwards upon her receipt of the 2020 John Howland Award.	Yarbro	Adjourned	vaccines
2017	THR0098	A RESOLUTION to commend public awareness efforts relative to the importance of vaccinations for children and adults against meningococcal disease.	A RESOLUTION to commend public awareness efforts relative to the importance of vaccinations for children and adults against meningococcal disease.	Sexton	No update provided	vaccination

2017	SB 598	AN ACT to amend Tennessee Code Annotated, Title 49, Chapter 50 and Title 49, Chapter 6, relative to immunization of school children.	AN ACT to amend Tennessee Code Annotated, Title 49, Chapter 50 and Title 49, Chapter 6, relative to immunization of school children.	Haile	No update provided	immunization
2013	THJR0588	A RESOLUTION to encourage the coverage of wellness and preventive services under health insurance.	A RESOLUTION to encourage the coverage of wellness and preventive services under health insurance.	Hardaway	Introduced	human papilloma virus

TENNESSEE STATUTES AND REGULATIONS

STATUTE/ ADMINISTRATIVE CODE	TITLE	ANNOTATED DESCRIPTION
TN ST §37-10-401	Responsibility of parent or guardian; free vaccines; immunization registry	Responsibility of parent or guardian; free vaccines; immunization registry (a)It is the responsibility of each parent or legal guardian to ensure that such person's child or children receive the vaccines as are recommended by guidelines of the Center for Disease...
TN ST §37-10-402	Conflicts with religious beliefs	...immediate threat thereof, this section does not apply to any child whose parent or guardian files with proper authorities a signed, written statement that such immunization and other preventative measures conflict with the religious tenets and...
Tenn. Comp. R. & Regs. 1240-01-47-.17	Immunizations And Health Checks For Minor Children	IMMUNIZATIONS AND HEALTH CHECKS FOR MINOR CHILDREN. (1)To be eligible for Families First a caretaker must meet the immunization schedule for all minor children in the AG, as defined by the Department of Health and must have all minor children in the AG screened according to the schedules in...

Appendix: B

TARGET STATE LEGISLATURES

Composition, Background, and Demographics

ARKANSAS GENERAL ASSEMBLY

How Many Members?

- **Arkansas Senate: 35 Senators**
- **Arkansas House of Representatives: 100 Representatives**

Overview

The Arkansas General Assembly convenes on the second Monday of every other year. A session lasts for 60 days unless the legislature votes to extend it. Legislators are allowed to pre-file bills prior to the convening of the session, usually beginning in November of the year preceding the session.

Arkansas legislators are term-limited, only allowed to serve a total of 16 years in the General Assembly during their lifetime, as of 2014.

Demographic Make-up (2015 to 2020)

As of 2020, the members of the Arkansas General Assembly are predominately white men. Based on the analysis, women currently make up 24% of the chamber's membership (up from 20% in 2015) while men make up 76% (down from 80% in 2015). Based on reported racial group, White members currently represent 89% of the chambers' membership (up slightly from 88% in 2015), while Black or African American membership has held steady at 11% for the past five years. Demographic information regarding the age of General Assembly members was incomplete (stated as "no data") limiting the analysis, but there was information showing that a preponderance of the members of the General Assembly hold at least a bachelor's degree (currently 78%).

Historic Partisan Breakdown

Arkansas State Senate Party Control: 1992-2018

Year	'92	'94	'96	'98	'00	'02	'04	'06	'08	'10	'12	'14	'16	'18
Democrats	30	28	28	29	27	27	27	27	27	20	14	11	9	9
Republicans	5	7	6	6	8	8	8	8	8	15	21	24	26	26

Arkansas State Senate Party Control: 1992-2018

Year	'92	'94	'96	'98	'00	'02	'04	'06	'08	'10	'12	'14	'16	'18
Democrats	30	28	28	29	27	27	27	27	27	20	14	11	9	9
Republicans	5	7	6	6	8	8	8	8	8	15	21	24	26	26

SOURCES:

Wolf, A. (2020, December 1). State Legislator Demographics. Retrieved January 28, 2021, from https://www.ncsl.org/research/about-state-legislatures/state-legislator-demographics.aspx

Arkansas State Senate. (n.d.). Retrieved January 28, 2021, from https://ballotpedia.org/Arkansas_State_Senate

Arkansas House of Representatives. (n.d.). Retrieved January 28, 2021, from https://ballotpedia.org/Arkansas_House_of_Representatives

MISSISSIPPI GENERAL ASSEMBLY

How Many Members?

- **Mississippi Senate: 52 Senators**
- **Mississippi House of Representatives: 122 Representatives**

Overview

Mississippi General Assembly members are elected to four-year terms and have no term limits. Sessions are set by the Mississippi Constitution to run for 90 calendar days, except in the year following a gubernatorial election when the session can run for up to 125 calendar days. Mississippi governors are also elected to four year terms but are elected in off-year elections (i.e. not during presidential election years). The current Governor's term began in 2020, meaning that the next election will take place in 2023.

Demographic Make-up (2015 to 2020)

Similar to other southern states, the Mississippi General Assembly is primarily made up of White men. Based on the analysis, women have held steady at 17% of the chamber's membership while men also have held steady at 83%. For racial group, the data are incomplete for 2020, showing 14% with "no data," but the data did show White members currently represent 57% of the chambers' membership. Mississippi provided more data regarding the age of legislators than other states studied, with the data showing more than 76% of the members representing either the Generation X or Baby Boomer classification (38% each) and that the representation of the Silent Generation decreased significantly between 2015 and 2020 (from 15% in 2015 to 3% in 2020). As in other states, the majority of Mississippi legislators hold at least a bachelor's degree (48%) but with 47% reporting "no data".

Historic Partisan Breakdown

Mississippi State Senate Party Control: 1991-2015

Party	91	95	99	03	07	11	15
Democrats	39	34	34	27	28	21	20
Republicans	13	18	18	24	24	31	32
Other	0	0	0	1	0	0	0

Mississippi House of Representatives Party Control: 1991-2015

Party	91	95	99	03	07	11	15
Democrats	93	86	86	75	75	58	49
Republicans	27	33	33	47	47	64	73
Other	2	3	3	0	0	0	0

SOURCES:

Brenda Erickson, A. (2020, August 6). Legislative Session Length. Retrieved January 28, 2021, from https://www.ncsl.org/research/about-state-legislatures/legislative-session-length.aspx

Wolf, A. (2020, December 1). State Legislator Demographics. Retrieved January 28, 2021, from https://www.ncsl.org/research/about-state-legislatures/state-legislator-demographics.aspx

Mississippi State Senate. (n.d.). Retrieved January 28, 2021, from https://ballotpedia.org/Mississippi_State_Senate

Mississippi House of Representatives. (n.d.). Retrieved January 28, 2021, from https://ballotpedia.org/Mississippi_House_of_Representatives

MISSOURI GENERAL ASSEMBLY

How Many Members?

- **Missouri Senate: 34 Senators**
- **Missouri House of Representatives: 163 Representatives**

Overview

Missouri Senators are elected to four-year terms while Representatives are elected to two-year terms. Both chambers have term limits, capping their total years of service at eight years (two terms in the Senate or four terms in the House of Representatives).

They convene their sessions in January of the year following a state general election and are required to adjourn by May 30 of that year. Legislators may be recalled for special sessions by the Governor or by a vote of both chambers.

Demographic Make-up (2015 to 2020)

The make-up of the Missouri General Assembly continues a pattern of other states studied, with a preponderance members being White men. The gender breakdown has remained flat over the five-year analysis at 75% male and 25% women. The racial group breakdown has also not seen an appreciable increase over the same period with roughly 88% of members being White and 11% Black or African American (up slightly from 9% in 2015). The five-year period between 2015 and 2020 did see the addition of Asian and Pacific Islander representation, now with 1% of the membership. Demographic information about the age of legislators and the specifics of their education were incomplete for 2020, with a majority reporting "no data."

Historic Partisan Breakdown

Missouri State Senate Party Control: 1992-2018

Year	'92	'94	'96	'98	'00	'02	'04	'06	'08	'10	'12	'14	'16	'18
Democrats	20	19	19	18	17*	14	11	13	11	8	10	9	9	10
Republicans	13	15	15	16	17	20	23	21	23	26	24	25	25	24
Other	1	0	0	0	0	0	0	0	0	0	0	0	0	0

*Since no party had majority control, leadership of the chamber was split between the two parties.

Missouri House of Representatives Party Control: 1992-2018

Year	'92	'94	'96	'98	'00	'02	'04	'06	'08	'10	'12	'14	'16	'18
Democrats	100	87	88	86	87	73	66	71	74	57	53	46	46	47
Republicans	62	76	75	76	76	90	97	92	89	106	110	117	117	116
Other	1	0	0	1	0	0	0	0	0	0	0	0	0	0

SOURCES:

Brenda Erickson, A. (2020, August 6). Legislative Session Length. Retrieved January 28, 2021, from https://www.ncsl.org/research/about-state-legislatures/legislative-session-length.aspx

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Missouri House of Representatives. (n.d.). Retrieved January 28, 2021, from https://ballotpedia.org/Missouri_House_of_Representatives

TENNESSEE GENERAL ASSEMBLY

How Many Members?

- **Tennessee Senate: 33 Senators**
- **Tennessee House of Representatives: 99 Representatives**

Overview

Tennessee Senators are elected to four-year terms while Representatives are elected to two-year terms. Neither chamber has term limits.

Sessions are set indirectly (meaning by rule or tradition) at 90 legislative days. There is no stated stipulation on how those days are to be allotted over a calendar year or legislative terms.

Demographic Make-up (2015 to 2020)

Tennessee legislators mirror that of the other target states, with little diversity in the demographic makeup of the General Assembly. Legislators are predominately men (84%) and primarily White (79%). Both of these data points have seen some variability over the five-year analysis but without any significant changes. Members also a generally representative of the Generation X or Baby Boomer generations in terms of age (59%), while also being college-educated (61%). Most of the decreases in the majority categories for Tennessee legislators is attributed to a lack of data in the provided dataset.

Historic Partisan Breakdown

Tennessee State Senate Party Control: 1992-2018

Year	'92	'94	'96	'98	'00	'02	'04	'06	'08	'10	'12	'14	'16	'18
Democrats	19	18	18	18	18	18	16	16	14	13	7	6	5	5
Republicans	14	15	15	15	15	15	17	17	19	20	26	27	28	28

Tennessee House of Representatives Party Control: 1992-2018

Year	'92	'94	'96	'98	'00	'02	'04	'06	'08	'10	'12	'14	'16	'18
Democrats	63	59	61	59	57	54	53	53	49	34	27	26	25	26
Republicans	36	40	38	40	42	45	46	46	50	64	71	73	74	73

SOURCES:

Brenda Erickson, A. (2020, August 6). Legislative Session Length. Retrieved January 28, 2021, from https://www.ncsl.org/research/about-state-legislatures/legislative-session-length.aspx

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