Oppose HB 76

Before the House Health and Government Operations Committee

of the

Maryland General Assembly

Hearing on HB 76

February 1, 2024

Written Testimony in Opposition to House Bill 76

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House Bill 76 does not make the existing section of the Maryland Code, "Article-Health Occupations, Section 12-508 better; rather, it makes a bad section of the Code worse. The only part of the bill that should be retained is the beginning that **repeals** Section 12-508.

The bill worsens the current law by allowing pharmacists not only to administer vaccinations to children but to also "order" vaccines for them. It eliminates the current requirement that they have "a prescription from an authorized prescriber" in order to administer vaccines. The bill eliminates the term "authorized presciber" and in doing so effectively **substitutes** the US Centers for Disease Control (CDC) and the US Food and Drug Administration as types of overriding "authorized prescibers", but without using the term.

By not requiring vaccines to be prescribed by a licensed medical doctor, the current law and bill effectively eliminate requirements that doctors are subject to, most importantly: inform patients of the risks (as well as the benefits) of health-care interventions; parental consent; and knowledge of a child's medical history.

The bill carries forward the glaring omissions in the existing statue. It lacks requirements for: (1) explicit parental consent for vaccination; (2) adequate informed consent about the necessity, risks and benefits of vaccines; (3) pharmacists being aware of, and filing a report on adverse effects from administered vaccines to the CDC's "Vaccine Adverse Event Reporting System"; (4) an "Authorized prescriber" be a licensed medical doctor; and (5) adequate training for pharmacists in the event of serious adverse reactions to vaccines and adequate time and facilities to treat serious reactions.

In addition to these defects, the HB76 and the current statue assume that the CDC's recommended vaccinations are necessary, safe and effective.

If there were assurance that CDC's recommended vaccines were, in fact, necessary, safe and effective, most other concerns – except for violation of parental rights and lack of informed consent – would be of less practical importance. But there **are** risks from vaccinations, and it is imperative that parents are fully informed about the risks in consultation with a licensed medical doctor who is familiar with a child's health history.

Evidence of the risks of serious vaccine injury was demonstrated more than forty years ago when insurance companies refused to issue policies to pharmaceutical companies for injuries from the vaccines they produced. In 1986 Congress addressed the companies insurance problem by passing a law that exempted the companies from liability for vaccine injuries.

The law also set up a federal program to compensate persons injured by vaccines and required the US Department of Health and Human Services to monitor vaccine safety and report back to the Congress. The CDC, although inadequately so, collects data on vaccine injuries through its "Vaccine Adverse Event Reporting System". These actions explicitly acknowledge that potential harmful effects from vaccinations are real and can be serious. HB76 itself acknowledges the potential for serious harm by requiring pharmacists to have training in the "recognition and treatment of emergency reactions to vaccines"

But acknowledging potential harm and requiring monitoring and reporting of vaccine injuries are not sufficient: the actual work of monitoring and reporting has to be reliably done. But the CDC has failed to do so. The vaccine safety has to be investigated and not merely accepted by invoking the name of a federal agency, least of all the CDC in this case.

That HB76 places a distant federal agency in the role of an "authorized presciber" is enough to reject the bill out-of-hand. Moreover, the agency, the CDC, has shown a troubling and perplexing willingness to investigate and monitor the safety of the very childhood vaccines it recommends.

The CDC's failures include its participation in a June 2000 meeting among top public health officials to discuss the potential link between a mercury-based preservative used in childhood vaccines and childhood neurological disorders. An effort was made to conceal the serious harms done by thimersoal. (See: https://childrenshealthdefense.org/community-forum/the-simpsonwood-meeting-23-years-later/).

In 2013 a committee of the Institute of Medicine (now the National Academy of Medicine) recommended an investigation of the health effects of the childhood vaccination schedule. It recommended that the CDC use its private database to study the health effects of its vaccination

schedule. More than a decade has passed, and the CDC has still not responded with a meaningful study.

The CDC has been unwilling to improve its “Vaccine Adverse Effect Reporting System”, which fails to capture a large number of serious vaccine injuries. A study it commissioned itself, but failed to follow up on, showed its current system resulted in substantial under-reporting of vaccine injuries. The CDC’s system has be estimated to capture on only 1 to 10 percent of actual vaccine injuries.

In addition to the CDC’s monitoring and reporting failures, publicly available data about vaccines is – if not alarming—should at least raise serious concern. To start, none of the childhood vaccines on the CDC schedule have been tested against a true placebo. The important question, “Why not,” needs a credible answer.

The question needs to be answered especially in light of two important facts. First, the number of vaccinations – specifically, the doses, the number of times a needle pierces a child’s skin – has increased by almost 70, approximatey fourteen times. In 1962, five doses were recommended, in 1986 twenty-five doses, and this past year, 2023, **seventy-three doses** were recommended by the CDC.

The other fact is the significant increase in childhood vaccinations coincides with the significant increases in “autism spectrum disorder” and declines in childhood health generally. In 2000 the estimated number of autism cases increased fifteen fold from one in every 2,500 children in prior years to one in 166 children. Today, the rate is estimated to be 1 in 36 children. The coincidence of the sharp rise in the number of childhood vaccinations with the sharp increase in the rate of autism does not, by itself, prove that vaccines are a major factor, but it surely raises a ‘red flag”. It is a relationship that needs to be thoroughly investigated. The CDC has information to do so in its private “Vaccine Safety Data link” dataset but isn’t. Why not?

The HB76 is offered as an emergency measure to go into effect immediately. It is not clear why it needs to be. Why is the HB76 “necessary for the immediate preservation of the public health or safety”?

The real emergency is the need to spend time and resources to thoroughly investigate the necessity, safety and effectiveness of vaccines on the CDC’s childhood schedule and provide sound and meaningful guidance to Maryland parents about the necessity, benefits and risks of vaccines. This is necessary because the CDC has failed to do so.