

BILLS TO SUPPORT
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For comments or questions please reach out to us at 225-255-2618 or healthfreedomla@gmail.com

HB706 by Rep. Danny McCormick: SCHOOLS: Requires that any communication issued to students or parents relative to immunization requirements include information on exemptions from compliance with such requirements *Referred to House Education Committee*

- Updates law to be consistent with the recent passage of Rep. Leger’s bill regarding meningitis vaccine requirement. legis.la.gov/Legis/Law.aspx?d=630952
- Will prevent widespread inaccurate quoting of the law by departments of state and school administrations.
- Makes it simple and straightforward - will prevent confusion among departments, schools, parents, and students.
- Does NOT change exemptions or loosen vaccination requirements. Exemptions have been in place for decades; they were included in the original bill with the vaccination requirements.

HB467 by Rep. Beryl Amedee: HEALTH SERVICES: Requires certain information prior to administration of an immunization *Referred to House Health & Welfare Committee*

- As the patient receiving a vaccine cannot sue for injury or death, more information and not less is imperative.
- There is a need for this bill - VAERS reports (Vaccine Adverse Event Reporting System) for vaccine injury and death are extremely underreported—less than 1% of adverse events are reported.
 - “Barriers to reporting include a lack of clinician awareness, uncertainty about when and what to report, as well as the burdens of reporting.” - CDC funded study digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf
- This bill would help physicians and patients identify any possible allergies and/or drug interactions by having a printout of the ingredients list (which already exists from the CDC).
 - There are more than 80 ingredients in the various vaccines on the current schedule. Physicians don’t know and can’t be expected to know all of them and their possible drug interactions.
- This law would help doctors identify, diagnose, treat, and properly manage any potential adverse reactions. **Improves patient care** and is a step towards more **personalized medicine**.
 - The list of possible reactions stated in the manufacturer’s inserts far exceed the few localized reactions listed on the VIS (Vaccine Information Sheet) which is the only document currently being used (if given at all).
 - Neither doctors nor patients are even aware of what constitutes an adverse reaction to the vaccine(s) administered (see quote above from CDC funded study).
- Would lessen the financial burden of the state and the injured consumer.
 - With increased surveillance of adverse reactions, the financial burden can shift from the consumer/state government to the federal government, which removed liability from the pharmaceutical industry and administering physicians with the passage of the 1986 National Childhood Vaccine Injury Act (NCVIA) and created the Vaccine Injury Compensation Program (VICP).

HB667 by Rep. Beryl Amedee: INSURANCE/HEALTH: Prohibits financial incentives or penalties to healthcare providers to administer vaccinations *Referred to House Insurance Committee*

- Pediatricians should not be penalized for practicing individualized medicine.
- Will allow pediatricians the freedom to make the best decisions for their patients and not be affected by patients who are at high risk for vaccine contraindications or cannot be vaccinated, like the immunocompromised.
- Stops industry influence and conflict of interest in the doctor-patient relationship.

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HB468 by Rep. Beryl Amedee: CORONERS: Provides relative to coroner reports on vaccine adverse events *Referred to House Judiciary Committee*

- Every vaccine information sheet states: “As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.” cdc.gov/vaccines/hcp/vis/current-vis.html
- **Louisiana averages 100 SUID cases every year**, with only the most basic vaccine information currently recorded by the coroner. partnersforfamilyhealth.org/wp-content/uploads/2019/09/CDR_Report_2015-17-Reduced-File-Size.pdf
- **There is a need for this bill - “fewer than 1% of vaccine adverse events are reported.”** - *CDC funded study* digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf
 - *“I think we cannot overemphasize the fact that **we really don't have very good safety monitoring systems** [emphasis added] in many countries. And this adds to the miscommunication and the misapprehensions because we're not able to give clear-cut answers when people ask questions about the **deaths** [emphasis added] that have occurred due to a particular vaccine.”*
- Dr. Soumya Swaminathan, Chief Scientist at the World Health Organization at the December 2019 Global Vaccine Safety Summit

HB642 by Rep. Beryl Amedee: EMPLOYMENT: Provides relative to immunization waivers for employees *Referred to House Labor & Industrial Relations Committee*

- “As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.” cdc.gov/vaccines/hcp/vis/current-vis.html
- “Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be expressed and may be withdrawn by the person concerned at any time and for any reason **without disadvantage or prejudice.**” Universal Declaration of Bioethics and Human Rights, Article 6 portal.unesco.org/en/ev.php-URL_ID=31058&URL_DO=DO_TOPIC&URL_SECTION=201.html
- American with Disabilities Act prevents discrimination against employees with Hep B. Individuals who do not have Hep B should not be discriminated against as well. hepb.org/resources-and-support/know-your-rights/schools-and-education/
- “The impression that unvaccinated healthcare workers (HCW) place their patients at great influenza peril is exaggerated . . . Although **current scientific data are inadequate to support the ethical implementation of enforced HCW influenza vaccination**, they do not refute approaches to support voluntary vaccination or other more broadly protective practices, such as staying home or masking when acutely ill.”
- *Influenza Vaccination of Healthcare Workers: Critical Analysis of the Evidence for Patient Benefit Underpinning Policies of Enforcement* journals.plos.org/plosone/article?id=10.1371/journal.pone.0163586
- **Evidence from observational studies suggests that a vaccine mandate increases vaccination rates, but evidence on clinical outcomes is lacking.** - *A Systematic Review of Mandatory influenza Vaccination In Healthcare Personnel* ajpmonline.org/article/S0749-3797%2814%2900255-4/abstract
- “**Our review findings have not identified conclusive evidence of benefit of HCW (healthcare workers) vaccination programmes on specific outcomes of laboratory-proven influenza, its complications (lower respiratory tract infection, hospitalisation or death due to lower respiratory tract illness), or all cause mortality in people over the age of 60 who live in care institutions.**”
- *Influenza vaccination for healthcare workers who care for people aged 60 or older living in long-term care institutions* cochranelibrary.com/cdsr/doi/10.1002/14651858.CD005187.pub5/abstract