State of Minnesota

HOUSE OF REPRESENTATIVES

NINETIETH SESSION

H. F. No. 2005

03/02/2017 Authored by Pugh
The bill was read for the first time and referred to the Committee on Health and Human Services Reform

A bill for an act

relating to health; requiring health care providers administering vaccines to disclose certain information to patients; requiring reports of adverse reactions to vaccines; specifying content of an informed consent form; proposing coding for new law in Minnesota Statutes, chapter 144.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. **[144.3353] ADMINISTRATION OF VACCINES.**

Subdivision 1. **Definitions.** (a) The definitions in this subdivision apply to this section.

(b) "Health care provider" or "provider" means a Minnesota-licensed physician, physician assistant, nurse, pharmacist, dentist, or other provider authorized by law to administer vaccines.

(c) "Minnesota vaccine adverse reaction database" or "MVARD" means a Minnesota-specific database that is maintained by the Vaccine Safety Council of Minnesota and that contains reports of adverse reactions that occur after the administration of a vaccine.

(d) "Vaccine adverse event reporting system" or "VAERS" means the national vaccine event surveillance program administered by the Centers for Disease Control and Prevention and the Food and Drug Administration.

(e) "Vaccine information" means information provided by the vaccine manufacturer regarding a specific vaccine, including the package insert and the vaccine information statement created by the Centers for Disease Control and Prevention.

Subd. 2. **Required disclosures; consent.** (a) Before administering a vaccine to a patient, a health care provider must provide the following information to the patient, or to the patient's parent or guardian if the patient is a minor:

(1) that the patient, or the patient's parent or guardian if the patient is a minor, may decline some or all vaccines according to section 121A.15, subdivision 3, or 135A.14, subdivision 3;

(2) that the health care provider administering the vaccine is not liable for harm to the patient caused by the vaccine or its administration;

(3) that the vaccine manufacturer is not liable for harm to the patient or the death of the patient caused by the vaccine, even if the harm or death was caused by the manufacturer's negligence in the design of the vaccine;

(4) if a health care provider is administering more than one vaccine in a single visit, that no safety studies have been performed, before or after approval of the vaccine, on the combination of vaccines the provider plans to administer;

(5) vaccine information, for each vaccine being administered; and

(6) if a health care provider plans to administer a vaccine containing mercury, that an alternative vaccine is available that is mercury-free.

(b) After providing the disclosures required in paragraph (a) and before administering a vaccine to a patient, a health care provider must obtain written, informed consent for each vaccine from the patient or the patient's parent or guardian if the patient is a minor. Informed consent must be obtained using a form that is substantially similar to the Minnesota vaccine consent form in subdivision 5.

Subd. 3. **Required reporting of adverse reactions following vaccination.** Any health care provider who witnesses an adverse reaction to a vaccine or is made aware that a patient had or may have had an adverse reaction to a vaccine must immediately report complete information regarding that adverse reaction to VAERS and to MVARD. Within five days of reporting the adverse reaction to VAERS and MVARD, the provider must provide to the commissioner of health a copy of the reports submitted to VAERS and MVARD.

Subd. 4. **Health care provider protections.** A health care provider shall not be subject to retaliation from an employer or subject to disciplinary action from an employer, the commissioner of health, or the provider's professional licensing board for:

(1) providing a patient, or the patient's parent or guardian if the patient is a minor, with the provider's professional opinion on the documented or possible side effects of a vaccine;

(2) reporting an adverse reaction to VAERS, MVARD, or the commissioner of health; or

(3) signing a statement that a vaccine is contraindicated for a patient for medical reasons.

Subd. 5. **Required form for informed consent.** Informed consent from a patient, or a patient's parent or guardian if the patient is a minor, for each vaccine to be administered must be obtained on a form substantially similar to the form in this subdivision.

"Minnesota Vaccine Consent Form

(one must be filled out for **each** vaccine administered)

*The patient or guardian must read and initial each item and sign and date the form BEFORE any vaccines are administered. The provider must also sign and date below BEFORE any vaccines are administered.

Date: .....

Name of Patient: .....

Address: .....

Phone Number: .....

Social Security Number: .....

Parent or Guardian's Name: .....

Provider Name and License Number: .....

Facility Where Vaccine Will be Administered: .....

Address and Telephone Number of Facility: .....

Name of Vaccine to be Administered: .....

Manufacturer and Lot Number of Vaccine to be Administered: .....

.... 1. I, ... (patient or parent/guardian) have been informed by my provider that I am within my legal rights to decline any and all vaccines, and that Minnesota law simply requires that I submit a vaccination **record** to my school district. **(A vaccination record is either a notarized statement of exemption from one or more vaccines, or a list of which vaccines were administered and when.)**

.... 2. My vaccine provider has given me a copy of the manufacturer's package insert for the vaccine as well as the CDC Vaccine Information Sheet and allowed me to read them and ask any questions.

.... 3. If planning to give me or my child more than one vaccine at this visit, my provider has informed me that there have been no safety studies performed on the combination of vaccines he/she plans to administer.

.... 4. I understand that by receiving this vaccine, I may endanger the health or life of myself or my child, and others I/they come in contact with.

.... 5. I understand that if I or my child is harmed or killed by this vaccine, I cannot sue the provider listed on this form, nor can I sue the vaccine manufacturer.

.... 6. I understand that there is no guarantee that by receiving this vaccine, I (or my child) will be protected from the disease that it was designed to prevent.

Signature of Patient..... Date:.....

Signature of Parent/Guardian (if patient is a minor)..... Date:.....

Signature of Provider..... Date:....."