



**COLORADO'S PERSONAL BELIEF EXEMPTION
POLICY FOR IMMUNIZATIONS:
STAKEHOLDER ENGAGEMENT PROCESS**
With recommendations from Stakeholder Working Group

Prepared by The Keystone Center - October 2013

EXECUTIVE SUMMARY

As a condition of enrollment in a licensed child care facility and/or Colorado public school, Colorado law requires children to be immunized per the vaccine schedule required by the Colorado Board of Health (BOH) rule 6 CCR 1009-2, which closely aligns with the Center for Disease Control and Prevention's approved immunization schedule recommended by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), and the American College of Obstetricians and Gynecologists (ACOG) unless they are exempt. In order to be compliant with BOH rule 6 CCR 1009-2, the school must have on file for each student the official certificate of immunization documenting that all required immunizations were received. If the student is not up to date on required immunizations, the school is to contact the parent to inform them that they have 14 days to either receive the immunization(s) or make a written plan to receive the immunization(s) and the student is referred to as being "in process." If the student does not fulfill the plan, the student shall be suspended or expelled from school for non-compliance as noted in Section 25-4-907, C.R.S. However, the student has the option of claiming an exemption in order to be in compliance. Currently, the state allows three different types of exemptions for immunizations:

- medical
- religious
- personal belief

Colorado's **Personal Belief Exemption (PBE)** policy for immunizations allows children to be exempt from state mandated vaccinations by submitting to the student's school a Certificate of Immunization with the statement of personal exemption signed by the parent(s) or the emancipated student indicating that they have a personal belief that is opposed to immunizations. (This exemption is only required to be completed upon enrollment and does not need to be revisited by the parent or student in subsequent years.)

Currently, PBEs are the primary reason for exemption in our state, with Colorado having among the highest rates of PBE in the nation. For the 2012-2013 school year, 4.3 percent of kindergarteners were not fully vaccinated upon school entry due to exemptions. Of the 4.3 percent of children exempted, 93 percent of those claimed a personal belief exemption.¹ The remaining exemptions claimed were for medical or religious reasons. This equates to almost 3,000 kindergarteners entering schools each year who are unimmunized against one or more for vaccine preventable diseases (VPD).

The ease of obtaining PBEs may play a role in the high rates of VPD. In states like Colorado, where parental signature alone is sufficient to claim an exemption, the incidence of pertussis (whooping cough) was 41 percent higher than in states with more restrictive methods.² Furthermore, states that permit exemptions with such ease are associated with higher rates of exemptions in schools³ and, within states; schools that have higher rates of exemptions may be associated with higher disease rates.⁴

The mission of the Colorado Department of Public Health and Environment (CDPHE) is to protect and improve the health of Colorado's people and the quality of its environment. Along with its partners throughout the State, CDPHE embarked on a collaborative process to better understand the current knowledge, attitudes, and beliefs around immunizations and exemptions in Colorado.

¹ Center for Disease Control and Prevention (CDC) Vaccination Coverage Among Children in Kindergarten — United States, 2012–13 School Year. *MMWR Morb Mortal Wkly Rep.* 2013;62(30):607.

² Omer SB, P. W. Nonmedical exemptions to school immunization requirements: Secular trends and association of state policies with pertussis incidence. *JAMA* 296, 1757–1763 (2006).

³ Boone v Boozman, 217 F Supp 2d 938 (ED Ark 2002).

⁴ Salmon DA, Omer SB, Moulton LH, et al. The role of school policies and implementation procedures in school immunization requirements and nonmedical exemptions. *Am J Public Health.* 2005;95:436–440

CDPHE, along with the Colorado Children's Immunization Coalition (CCIC), an independent, nonprofit 501(c)3 organization whose mission is to strategically mobilize diverse partners and families to advance children's health through immunization, partnered with The Keystone Center (Keystone), a neutral, third party facilitator whose mission is to bring together today's leaders to create solutions to society's pressing challenges. Over six months, CDPHE, CCIC, and Keystone planned and implemented a stakeholder engagement process involving eight sector specific focus group meetings, multiple key informant interviews, and three stakeholder meetings to achieve the following outcomes:

- Outcome 1: Stakeholders will gain a better understanding of the current state of personal belief exemption attitudes and opinions in Colorado based on reviewing a background report developed from sector-specific focus groups of health care providers, parents, school administrators, school nurses and public health officials.
- Outcome 2: Stakeholders will meaningfully participate in facilitated in-depth discussions on current personal belief exemption policies and practices in Colorado.
- Outcome 3: Stakeholders will generate potential policy and/or rule changes to the personal belief exemption system.
- Outcome 4: Stakeholders will make final recommendations on Colorado's Personal Belief Exemption system to be formally submitted to CDPHE in a written report.

Throughout each step of the process, common themes continued to be voiced by each sector and group. The common themes that arose from the focus group meetings and key informant interviews, which provided groundwork for the final recommendations, included: education, informed consent, accurate and timely data, administrative processes, personal choice, and collaboration of State Agencies.

The 25 participating stakeholders, who were charged with deliberating and recommending high level proposals, reviewed the common themes from the focus groups and recommended the following with full consensus:

- Colorado Department of Education and/or Board of Education to hold school districts accountable for enforcing immunization policy.
- Colorado Department of Public Health and Environment, Colorado Department of Education and Colorado Department of Human Services to establish joint policy on immunization data collection and sharing.

Stakeholders recommended the following with majority support:

- Require education and/or counseling prior to claiming a personal belief exemption.
- Make publicly available the publication of immunization and exemption rates by schools and licensed child care facilities.

Stakeholders also recommended the following with high levels of support:

- Annual renewal of the personal belief exemption.
- Medical or provider signature for the personal belief exemption.

Throughout the six month process, voices from all sides of the issue came together in good faith, to conduct deliberative conversations on the current and future landscape of immunizations and exemptions in Colorado. This report is meant to serve the following purposes:

- State and local elected and appointed officials throughout the State of Colorado may use this information to better serve the needs of their constituents.

- State and local health agencies may use this information to help set strategic goals and implement changes in policies and practices.
- Advocacy organizations may use this information to recommend policy or rule changes at the state and local level.
- Pediatric and family providers may use this information to inform changes in their practice.
- School administrators, superintendents and school nurses may use this information to inform changes in schools.
- Private sector interests may use this information to impact consumer and marketplace issues, such as vaccine administration and provider reimbursement fees.
- Individuals may use this information to advocate for changes in school health policies and practices.



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