

SESSION OF 2017

**SUPPLEMENTAL NOTE ON HOUSE BILL NO. 2205**

As Amended by House Committee on Health  
and Human Services

**Brief\***

HB 2205, as amended, would add meningitis to the list of required vaccinations specified under KAR 28-1-20(b). The vaccination would be required at no earlier than age 11 with a booster at age 16 or later.

The Kansas Department of Health and Environment (KDHE) administrative regulation referenced in the bill requires each susceptible child to receive the following vaccinations before enrolling in any Kansas school: diphtheria, hepatitis B, measles (rubeola), mumps, pertussis (whooping cough), poliomyelitis, rubella (German measles), tetanus, and varicella (chickenpox). A religious exemption and an exemption for a child whose physical condition is such that tests or inoculations would seriously endanger the life or health of the child are specified under current law (KSA 72-5209(b)).

In addition to the listed vaccinations, the bill would require the child to receive a vaccination for meningitis, but no earlier than age 11 with a booster at age 16 or later.

The bill would be in effect upon publication in the *Kansas Register*.

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\*Supplemental notes are prepared by the Legislative Research Department and do not express legislative intent. The supplemental note and fiscal note for this bill may be accessed on the Internet at <http://www.kslegislature.org>

## **Background**

The bill was introduced by the House Committee on Health and Human Services at the request of Representative Eplee. In the House Committee hearing, Representative Eplee and a representative of the Kansas Medical Society testified in favor of the bill. The proponents generally stated Kansas has one of the lowest meningococcal vaccination rates in the country, and it would be in the best interest of public health to require this vaccination for adolescents. Written-only proponent testimony was provided by representatives of Children's Mercy Hospital, Kansas Academy of Family Physicians, and the National Meningitis Association.

Written-only neutral testimony was submitted by KDHE. Written-only opponent testimony was submitted by a private citizen.

The House Committee amended the bill to specify the vaccination for meningitis would be required no earlier than age 11 with a booster at age 16 or later.

According to the fiscal note prepared by the Division of the Budget on the bill as introduced, KDHE is unable to determine a fiscal effect because there are currently vaccines for two different types of meningitis, and the bill does not specify whether one or both vaccines would be required. The fiscal note states school vaccine requirements must be published by February of each year to allow schools ample time to notify parents of new requirements and since these requirements were already released for the 2017-2018 school year, it could be costly for school districts to re-send letters notifying parents of additional requirements. There could also be programming costs to update electronic health records utilized by school districts. County health departments could see an increased demand for meningitis vaccinations, which would result in additional staff hours. Any fiscal effect associated with enactment of the bill is not reflected in *The FY 2018 Governor's Budget Report*.