

The Truth about Medical Exemptions

Dr. Pan was correct about **one thing** during the Assembly Health Committee Hearing for SB277 when he stated there is **nothing in the bill** that would prevent an MD from using their discretion when issuing a Medical Exemption. However, based on numerous governmental laws, medical trade group mandates and HMO regulations the reality is very different.

Dr. Pan knows this - our legislators do not!

[Barbara Loe Fisher, C0-Founder & President NVIC](#) explains why 99.9% of our children will not qualify for or be granted a Medical Exemption.

Although standards of care may not be set by government agencies with regard to other medical procedures, standards of care for pediatric immunization practices are set by the [federal government](#) and endorsed by [federal vaccine advisory committees](#) and medical [trade groups like AAP](#) and have been for a long time.

1. [Healthy People 2020](#) goals were developed by the federal government. Raising national child and adults vaccination rates with all federally recommended vaccines is a primary goal and "Universally Recommended Vaccination Standing Orders" make it crystal clear that adhering to the federally recommended vaccine schedule is standard of care in the U.S.
2. The federal [Agency for Healthcare Research and Quality \(AHRQ\)](#) has pediatric clinical care standards that include childhood vaccination status based on federal vaccine recommendations. AHRQ publishes reports to "inform individual health plans, providers and purchasers" and in 2014, AHRQ partnered with RAND Corp and federal health officials to conduct and publicize a [poorly designed study](#) that whitewashed vaccine risks.
3. [Medicaid](#) includes receipt of federally recommended vaccines as a quality of care measurement.
4. The "non-profit" [National Committee for Quality Assurance \(NCQA\)](#) rates HMO's on standards of care that include receipt of federally recommended vaccines. Corporations and other employers use NCQA ratings of HMO's to select HMOs for their employees. The NCQA was founded in 1990 with money from Johnson & Johnson and is operated by Pharma, insurance companies/HMO's and medical trade.
[NCQA Performance Measurement](#)
[NCQA Working with the States](#)
5. The federal [Affordable Care Act](#) specifies that federally recommended vaccines are standard of care and HMOs must provide all patients with those vaccines without cost-sharing.
6. [HMO doctors are getting financial incentives](#) to secure a high vaccination rate among HMO participants because the use of federally recommended vaccines is considered a quality of care measure and secures a higher quality care rating for the HMO. [Financial incentives given to HMO contracted physicians](#) to influence their recommendations and medical decision making for patients is a controversial practice.

NVIC has received anecdotal reports that HMO doctors are "firing" patients who refuse to use every federally recommended vaccine on schedule. The suffering of the people at the hands of doctors bullying and punishing Americans who decline federally recommended vaccines for themselves or their children, including denial of medical care, is detailed on NVIC's [Cry for Vaccine Freedom Wall](#).

In looking at just one [health insurance policy \(Aetna\)](#), there is this language on page 49 of the handbook that suggests it is possible that refusing to adhere to "standard of care" recommendations by physicians could be cause for member termination from the Plan:

"Your coverage and the coverage of your dependents under this Plan may be terminated for cause. "For cause" is defined as:

- ***Untenable relationship:*** *After reasonable efforts, Aetna and/or the Plan's participating providers are unable to establish and maintain a satisfactory provider-patient relationship with the member, or the member repeatedly acts in a manner which is verbally or physically abusive.*
- ***Non-compliance*** *with your physician's plan of treatment. You have the right to refuse any drugs, treatment or other procedure offered to you by a participating provider, and to be informed by your physician of the medical consequences of your refusal of any drugs, treatment or procedure. Aetna and your Primary Care Physician will make every effort to arrange a professionally acceptable alternative treatment. However, if you still refuse the recommended plan or treatment, the Plan will not be responsible for the costs of further treatment for that condition and you will be so notified."*

Although there should be multiple standards of care based on different medical theories and health care approaches, this is not true when it comes to vaccination and physician implementation of government vaccine policies and laws in the U.S.

Amendments to this bill that keep a medical doctor or anyone other than the parent in the power position of making the final vaccine choice for a minor child will not protect families, especially those with vaccine vulnerable children who cannot find a doctor to agree with them and write a medical exemption for reasons that fall outside the CDC's narrow contraindication guidelines.

No citizen, including those with an academic or government title, has the moral authority and should not have the legal authority to coerce or force another citizen to take a medical risk under threat of societal sanctions (loss of the civil right to an education, medical care, employment). [NVIC Mission Statement](#)