

POSITION STATEMENT:

Develop, Bolster, and Enforce Policies and Programs That Promote Vaccination Adherence

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SUMMARY STATEMENT

To reduce vaccine-preventable diseases in the United States, vaccination coverage must be improved. The Society of Behavioral Medicine urges local, state, and federal governments and other organizations to implement and strengthen vaccination-promoting policies and programs.

Lawmakers should tighten requirements for non-medical vaccination exemptions for school entry, and agencies should increase enforcement of these laws. Healthcare systems, professional societies, and insurers should prioritize evidence-based vaccination counseling. Lastly, funding to develop, test, and evaluate strategies to improve childhood and adolescent vaccination coverage should be increased.



- One commonly cited reason for vaccine refusal is fear of side effects¹⁰, despite clear evidence demonstrating the safety of the measles-mumps-rubella and other childhood vaccines¹¹⁻¹⁴.
- Vaccine hesitancy may cluster within certain communities¹⁵ and among families with higher household income and education levels¹⁶.
- Factors such as insurance and poverty status also influence vaccination coverage^{17, 18}.

THE PROBLEM

Vaccination adherence is a critically important public health issue. By mid-2019, over 1,000 measles cases were confirmed across more than half of U.S. states, fueled in part by poor vaccination adherence¹⁻⁵.

The consequences of vaccination noncompliance are dire, both medically and financially:

- Measles is highly contagious and can result in serious and potentially fatal complications such as pneumonia and encephalitis, particularly among young children, pregnant mothers, and immunocompromised people^{1, 2}.
- Significant expenses associated with measles include costly medical care, quarantine implementation, school and workplace closures, and other outbreak responses⁶⁻⁸.

Parental “vaccine hesitancy” has contributed to the resurgence of measles, which was previously declared eliminated from the U.S. in 2000⁹.

While all states have laws requiring vaccinations for school entry to limit transmission of contagious vaccine-preventable diseases, many should strengthen and more strictly enforce their laws in order to better encourage adherence to the recommended vaccine schedules and to ensure access to quality vaccination services for *all* children. Further, these legislative efforts should be bolstered with complementary vaccination-promoting programs such as public health initiatives, social media campaigns, and other evidenced-based interventions.

CURRENT POLICIES

All states currently provide exemptions to their school entry vaccination requirements for medical reasons¹⁹. In addition, 45 states and the District of Columbia allow religious exemptions, and fifteen states allow philosophical exemptions based upon personal, moral, or other beliefs²⁰. Although non-medical exemption rates have risen in recent years, they may be stabilizing^{21, 22}.

This pattern may partially reflect state efforts to tighten their exemption policies²²⁻²⁴.

- Some states have enacted legislation to eliminate some or all non-medical exemptions (e.g., California²⁰¹⁵; Maine, New York, and Washington²⁰¹⁹)^{20, 24}.
- Some states have also worked to more consistently enforce existing vaccination laws. For example, California legislators recently approved a bill allowing for greater scrutiny of providers who commonly offer medical exemptions²⁵.
- Furthermore, several states have implemented stricter administrative requirements²². For example, Washington State enacted a particularly promising approach that capitalizes on evidence that providers play a key role in vaccine acceptance among hesitant families¹¹⁰. There, to receive a non-medical exemption, providers must sign a form documenting that they have counseled the parent(s) about the benefits of vaccines and risks of vaccination non-adherence²³.

Strong policy-based approaches such as these establish vaccination acceptance as the “default” expectation. Such policies have been associated with higher vaccination coverage and lower incidence of certain vaccine-preventable diseases^{21, 23, 26}, and may concomitantly increase coverage levels for non-mandatory vaccines such as HPV and influenza^{27, 28}.

POLICY RECOMMENDATIONS

The Society of Behavioral Medicine strongly recommends a multifaceted approach to promote childhood and adolescent vaccination adherence and ensure access to quality vaccination services. As such:

- Federal, state, and municipal lawmakers should restrict non-medical exemptions and tighten administrative requirements for permitted exemptions. Public health agencies and educational systems should better enforce these vaccination requirements.
- Broad support for providers to engage families in evidence-based vaccine decision-making is needed. Healthcare systems and professional societies should offer effective communication training programs. Insurance providers should adequately cover and reimburse both vaccines and vaccine counseling. Lawmakers should prioritize policies, such as Washington State’s health care provider counseling requirement, that facilitate vaccine conversations with hesitant families.
- Government, foundation, and other funders should increase financial support to rigorously develop, test, and evaluate strategies to improve childhood and adolescent vaccination coverage.

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ENDORSEMENTS

