



SHAE SORTWELL

STATE REPRESENTATIVE • 2nd ASSEMBLY DISTRICT

Hearing Testimony
Assembly Committee on Colleges and Universities
January 10, 2024
Assembly Bill 610

Chairman Murphy and members of the Assembly Committee on Colleges and Universities – thank you for giving me the opportunity to speak on Assembly Bill 610, relating to waivers from immunization requirements at institutions of higher education.

Under Wisconsin statute 252.04(3), Wisconsin offers K-12 students the right to waive any immunization requirements for reasons of health, religion, or personal conviction. However, current law does not expand these protections to our college students. AB 610 extends this right to every Wisconsin college student that attends an institution of higher education that receives public funding.

In preserving their bodily autonomy, Wisconsinites, in every facet of life, have a right to decide what goes into their bodies. We saw the freedoms of Wisconsin college students compromised during the COVID-19 pandemic. We must ensure that does not happen again.

It is important to note that this legislation does not ban vaccine mandates by colleges and universities. They still have the power to make their own policy. However, their policies do not supersede or override the bodily autonomy rights of their students.

I want to thank the committee for your time and consideration. I am happy to answer any questions members of the committee may have.



AB 610 Waivers from Immunization Requirements at Institutions of Higher Education

Testimony of Senator Steve Nass
Assembly Committee on Colleges and Universities
January 10, 2024 • 225 Northwest, State Capitol

Thank you Chairman and committee members for allowing me to provide written testimony in support of AB 610. This bill provides additional protection to Wisconsin students by expanding the right to waive immunization requirements as a condition of attending a college, university, or other institution of higher education.

Under existing law, students in grades K-12 and their parents have the ability to waive an immunization requirement for reasons of health, religion, or personal conviction. This bill expands that right to Wisconsin college students.

AB 610 requires any institution of higher education that receives public funding that requires a student to receive an immunization or vaccine as a condition of attendance to waive that requirement if the student objects to the immunization for reasons of health, religion, or personal conviction. In addition, the college or university would be prohibited from requiring the student to provide an explanation or justification for their request for a waiver.

The bill further requires the college or university to inform a student or prospective student of their right to a waiver from an immunization requirement in writing at the time they inform them of the requirement.

Since March 2020, at least 16 other states, have implemented some form of ban on immunization requirements to attend an institution of higher learning or K-12 school. Three states ban the requirement of any vaccine: Alabama, Utah, and Wyoming.

Ten states ban the requirement of any Covid-19 specific vaccine: Arizona, Arkansas, Florida, Georgia, Idaho, Indiana, Iowa, Missouri, Oklahoma, and Tennessee. Montana prohibits the requirement of any vaccine currently under FDA emergency use authorization. And 2 more states ban the requirement of any Covid-19 specific vaccine under FDA emergency use authorization: South Carolina and Texas.

“In God We Trust”

Moreover, at least 44 states and Washington, D.C. have some form of exemption or waiver to vaccine requirements for reasons of health or religious objection. 15 states allow philosophical exemptions. AB 610 does not create a ban on immunization requirements at colleges and universities; it simply insures a strong waiver process exists to protect students and their families.

As more evidence emerges from experience with vaccine mandates, there are a variety of compelling arguments why they are not effective policy and violate the individual rights of our citizens.

There are potential health side effects of certain vaccines that could injure a student, particularly if it is not yet fully approved by the U.S. Food and Drug Administration (FDA). The Covid-19 vaccines, for example, only have emergency use authorization from the FDA.

While evidence indicates very low risk to younger people from contracting the Covid-19 virus, the Covid vaccine may disproportionately cause certain serious negative health side-effects for younger people, such as an increased risk of the heart condition myocarditis. From that perspective, a risk/benefit analysis of receiving the vaccine may differ depending on age group. In the event a student suffers adverse effects from a vaccine, now or in the future, a mandate creates both legal and moral liability for the mandating institution.

Vaccine mandates violate personal privacy and may exacerbate intolerance and discrimination. Students may have health or other reasons for not being vaccinated and exception paperwork may require them to disclose sensitive personal information that could be used against them. Some people with less visible disabilities or medical conditions who do not require other accommodation may prefer not to divulge such medical information.

In addition, vaccine mandates are not the most effective policy. Offering alternatives or incentives to vaccination increases compliance. A high percentage of students will already likely be vaccinated or be agreeable to it. For students who are concerned with or hesitant to receive a particular vaccine, a mandate is not likely to change their mind. It may, in fact, make them even more skeptical. A far better way to voluntarily change a student's mind is to provide information, incentives, or alternatives that achieve the desired campus safety benefit.

Finally, vaccine requirements can disproportionately harm marginalized communities. People of color and other minority groups, for example, have higher rates of healthcare distrust due to historical medical mistreatment and discrimination, which can translate into vaccine hesitancy. Combining a legitimate, historical distrust of institutionalized

healthcare with the threat of blocking a student's access to higher education may only compound disadvantages the student is already facing and discourage their future opportunities for success.

These arguments all lend strong support to passing this bill. Thank you for the opportunity to provide testimony in support of AB 610. Please contact my office with any questions committee members may have on this legislation.



January 10, 2024

Assembly Committee on Colleges and Universities

Assembly Bill 610

Relating to: waivers from immunization requirements at institutions of higher education.

Good morning, I want to thank Chairman Murphy as well as committee members and co-sponsors of Assembly Bill 610 for holding this public hearing today. My name is Heather Allen, and I am here representing Wisconsin United For Freedom – Wisconsin’s largest health freedom organization.

For those of you who are not familiar with our organization, we were founded in 2019 when a bill was introduced that would have removed one of our vaccine exemptions for daycare and K-12 students here in Wisconsin. We were moms and dads, who decided to jump into politics because we realized that our children’s futures were at stake. We held our first medical freedom rally at the state capitol. We started asking a lot of questions, requesting a lot of meetings, and we were successful in defending our vaccine exemption and the bill died in committee. We were able to effectively fight against that bill, but then came another bill which would *add an additional vaccine onto the required childhood schedule for Wisconsin K-12 students*. Once that fight was over, we were presented with the Covid pandemic – the most egregious and abhorrent fight of our lifetime – fighting for our basic rights to life, liberty, and the pursuit of happiness, and fighting our own government which became thoroughly involved in every single aspect of our lives – from our children’s schooling to our right to freely worship, to our ability to provide for our families.

Since 2019, we have had numerous public hearings on various bills related to vaccines. We have spent 8 plus hours in hearing rooms filled to the brim with needed overflow rooms to capture the hundreds of people in attendance. Never once has anyone from our organization made a proclamation that no one should receive a vaccine, or that anyone should be hindered from receiving a vaccine. The choice to vaccinate or not should be just that, a freely given choice. We could share statistics on adult vaccine injury. We could share how so many vaccine injuries are not captured by the poorly designed vaccine safety reporting systems. We could share testimonies of medical doctors who agree that our vaccine program in this country is deeply lacking in sufficient safety data. We could provide statistics on how many billions of dollars the United States Federal Government has paid out to victims of vaccine injury (over 5 billion), and how they skirted by those payments when it comes to Covid vaccine injuries. We are not going to do that today, however, because at the end of the day, we believe that our government exists to protect our constitutional freedoms in this country – to life, liberty, and the pursuit of happiness.

All we want as Wisconsinites is the opportunity to provide for our families, obtain a degree in higher education, and live in peace without the undue influence of the government.

The same process that Wisconsin DHS utilized to recently attempt to add an additional requirement of a vaccine to the schedule for K-12 children, is the same process they would utilize in adding any other vaccines to the schedule. **How many is too many, and who gets to decide?** In 1983, there were 24 doses¹ on the recommended schedule from birth to age 18. Now, in 2024, there are 74 doses² of vaccinations on the schedule from birth to age 18, and that does not include vaccinations recommended during pregnancy.

Wisconsin does have waivers to opt out of one or more of the required vaccinations WI DHS requires for day care or K-12 school entry, which we continue to be thankful for, however, I want to make it very clear, that we are also aware that information on obtaining vaccine exemptions, specifically for K-12 children, is not easily nor willingly provided by health care providers, nurses, or school districts. It is not provided because 1), many of the aforementioned individuals actually do not know that we have exemptions, and 2) our health care providers have a financial interest and are incentivized by pharmaceutical companies³ ⁴ and health insurance companies as well, in ensuring a high vaccination uptake of their patients. It is no different for adults who go in for their yearly physicals. They tell you what vaccine is due, and you either accept or decline. Even when you decline, there is often pushback, condescension, and unprofessional behavior just for daring to opt out of one or more of the recommended doses.

We find it interesting that the Wisconsin Association of Local Health Departments and Boards and the Wisconsin Public Health Association are listed as opposing this bill. Is it any wonder why that might be? **At every turn** in the past few years, these types of organizations advocated for *more mandates and requirements* and *fewer individual rights and freedoms*. They lost the trust of Wisconsinites when they told us we wouldn't get Covid if we were vaccinated. They told us that if we did get Covid, we couldn't spread it. They told us if we were to be vaccinated and come down with Covid, we wouldn't be hospitalized. **None of that was true.** People who received the covid vaccine still ended up getting covid and were still hospitalized.

Thousands of employees and higher education students across our state and country were met with a decision of whether to take a brand-new experimental vaccine, one of which there is/was zero liability for injury or death, in order to provide for their families or continue with their higher education, or be terminated or voluntarily resign. We suffered severe healthcare shortages during the pandemic because many health care providers opted to walk away from a career in healthcare to avoid being vaccinated with a vaccine they did not want to receive for various reasons. Teachers in many states faced a similar decision, including those teachers in New York who were later vindicated when they sued the state of New York to get their jobs back⁵. We need exemptions solidified in our Wisconsin statutes to protect our higher education students because

Covid will not be the last pandemic we face.

Parents and guardians have the ability to make the best medical decisions for their own children through current state statutes, including the ability to opt out of one or more vaccines on Wisconsin's required vaccine schedule via a personal, religious, or medical exemption. These exemptions should continue to exist for higher education students. Why do parents have the ability to make these important medical decisions, yet once a child turns 18 and leaves high school to pursue a higher education degree in Wisconsin, they lose access to these same protections? Pursuing higher education is a bridge to full adulthood. This bill is a bridge as well, one that safeguards our college students to maintain their rights to make their own medical decisions and decide whether or not to receive vaccines.

This is a commonsense bill that protects individual freedoms and bodily autonomy for our college aged students. We hope that you support this bill and vote yes if it were to make it to an executive session.

¹ Centers for Disease Control. (1983). *CDC 1983 Immunization Schedule*. Retrieved February 22, 2023, from <https://www.cdc.gov/vaccines/schedules/images/schedule1983s.jpg>

² CDC [Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2024](#) January 9, 2024

³ [KY_CAID_PU_COVID19VaccineProviderIncentiveProgram.pdf \(anthem.com\)](#)

⁴ [KY_CAID_PU_Age5COVID19Vaccine6Months.pdf \(anthem.com\)](#)

⁵ [NYC teachers win jobs back with backpay after refusing COVID-19 vaccine \(foxnews.com\)](#)

Vaccine Schedule **EXPLODING** for U.S. Children

1960

3

Smallpox
DTP
Polio

1983

24

DTP (2 months)
OPV (2 months)
DTP (4 months)
OPV (4 months)
DTP (6 months)
MMR (15 months)
DTP (18 months)
OPV (18 months)
DTP (4 years)
OPV (4 years)
Td (15 years)

1986

Following a 1986 law, the National Vaccine Injury Compensation Program¹ was created – removing the right for victims of vaccine injury /death to sue manufacturers.
Vaccine manufacturers and providers who administer vaccines are shielded from liability for vaccine injuries and deaths.

2020

Influenza (pregnancy)
DTaP (pregnancy)
Hep B (birth)
Hep B (2 months)
Rotavirus (2 months)
DTaP (2 months)
HIB (2 months)
PCV (2 months)
IPV (2 months)
Rotavirus (4 months)
DTaP (4 months)
HIB (4 months)
PCV (4 months)
IPV (4 months)
Hep B (6 months)
Rotavirus (6 months)
DTaP (6 months)
HIB (6 months)
PCV (6 months)
IPV (6 months)
Influenza (6 months)
Influenza (7 months)
HIB (12 months)
PCV (12 months)
MMR (12 months)
Varicella (12 months)
Hep A (12 months)
DTaP (18 months)

Influenza (18 months)
Hep A (18 months)
Influenza (30 months)
Influenza (42 months)
DTaP (4 years)
IPV (4 years)
MMR (4 years)
Varicella (4 years)
Influenza (5 years)
Influenza (6 years)
Influenza (7 years)
Influenza (8 years)
Influenza (9 years)
HPV (9 years)
Influenza (10 years)
HPV (10 years)
Influenza (11 years)
HPV (11 years)
DTaP (12 years)
Influenza (12 years)
Meningococcal (12 years)
Influenza (13 years)
Influenza (14 years)
Influenza (15 years)
Influenza (16 years)
Meningococcal (16 years)
Influenza (17 years)
Influenza (18 years)

2024

74

Tdap (pregnancy)
Influenza (pregnancy)

Hep B (birth)
Hep B (2 months)
Rotavirus (2 months)
Diphtheria (2 months)
Tetanus (2 months)
Pertussis (2 months)
Haemophilus Influenzae Type B (HIB) (2 months)
Pneumococcal (PCV) (2 months)
Polio (2 months)
RSV (2 months)
Rotavirus (4 months)
Diphtheria (4 months)
Tetanus (4 months)
Pertussis (4 months)
HIB (4 months)
PCV (4 months)
Polio (4 months)
Hep B (6 months)
Rotavirus (6 months)
Diphtheria (6 months)
Tetanus (6 months)
Pertussis (6 months)
HIB (6 months)
PCV (6 months)
Polio (6 months)
Influenza (6 months)
Influenza (7 months)
COVID 19 (6 months)
COVID 19 (7 months)
COVID 19 (8 months)
HIB (12-18 months)
PCV (12-18 months)
Measles (12 months)
Mumps (12 months)
Rubella (12 months)
RSV (12 months)
Varicella (12 months)
Hep A (12 months)
Diphtheria (12-18 months)
Tetanus (12-18 months)
Pertussis (12-18 months)
Influenza (18 months)
Hep A (18 months)

Influenza (3 yrs.)
Influenza (4 yrs.)
Diphtheria (4-6 yrs.)
Tetanus (4-6 yrs.)
Pertussis (4-6 yrs.)
Polio (4 yrs.)
Measles (4 yrs.)
Mumps (4 yrs.)
Rubella (4 yrs.)
Varicella (4 yrs.)
Influenza (5 yrs.)
Influenza (6 yrs.)
Influenza (7 yrs.)
Influenza (8 yrs.)
Influenza (9 yrs.)
Influenza (10 yrs.)
HPV (11 yrs.)
HPV (11 yrs.)
Influenza (11 yrs.)
Tetanus (7-18 yrs.)
Diphtheria (7-18 yrs.)
Pertussis (7-18 yrs.)
Influenza (12 yrs.)
Meningococcal (12yr)
Influenza (13 yrs.)
Influenza (14 yrs.)
Influenza (15 yrs.)
Influenza (16 yrs.)
Meningococcal (16 yrs.)
Influenza (17 yrs.)
Influenza (18 yrs.)

How many is too many? Who decides? The Government or You?

And then this happened!

1983
Total Doses: 24
Injections: 7
(Polio = liquid)

2024
Total Doses: 74
(Including pregnancy: 78)
Total Injections: 55
(Rotavirus doses = liquid)

It Does NOT Stop with COVID 19.

There are currently an additional **400** vaccines/medicines for infectious diseases in development.



Scan to print additional copies, share, and learn about exemptions.

www.wisconsinunitedforfreedom.org

FREEDOM: It's Worth Fighting For

The US gives 2-3x more vaccines to children than most developed countries, yet we have skyrocketing rates of childhood issues that are NOT seen in other countries. Things like asthma, childhood diabetes, food allergies, childhood leukemia, developmental delays, tics, ADHD, autism, lupus, arthritis, eczema, epilepsy, Alzheimer's, brain damage, etc.

It is NOT a coincidence.

Since 1988, the U.S. Government has paid out over \$4.6 billion dollars to vaccine victims through the National Vaccine Compensation Program.³ This money does not come from the pharmaceutical companies who make the vaccines that cause these injuries and death. The program is funded by U.S. taxpayers, through a 75-cent tax levied on all administered vaccines.⁴

The CDC currently recommends that all children receive 56 doses of vaccines between the day of birth and age six and at least 74 doses of vaccines between the day of birth and age eighteen.⁵ This more than doubles the government childhood schedule of 34 doses of 11 different vaccines in the year 2000.⁶ While adding vaccine after vaccine and dose after dose, the CDC has yet to do a single study on whether or not this ever-growing vaccine schedule is actually safe for our children. There is no end in sight to the number of vaccines that could be added to the schedule, with over 400 vaccines/medicines for infectious diseases currently in the pipeline.⁷ The personal exemption protects us from any future vaccines which could potentially be added to the schedule.

Data from the **Wisconsin Department of Health** reports that vaccines do not always work and that vaccinated individuals can still get sick and even spread illness to others. Mumps outbreaks are occurring in highly vaccinated populations. People vaccinated for pertussis can still spread the disease, even without symptoms.^{8 9 10 11}

While public health officials often use the argument that everyone should be vaccinated to protect those who cannot be, the reality is, according to the CDC, nearly all persons with chronic illness, including immunocompromised children, can receive vaccines. Few school children qualify for medical exemptions to vaccination.^{12 13} Wisconsin's own data reports on the failure of vaccines to work and immunocompromised school children are at risk for diseases from both vaccinated and unvaccinated schoolmates, and at risk for developing diseases that we do not vaccinate for.

The removal of the exemptions to vaccination in Wisconsin will not solve this problem.

¹ U.S. Code [42 USC CHAPTER 6A, SUBCHAPTER XIX, Part 2: National Vaccine Injury Compensation Program From Title 42—THE PUBLIC HEALTH AND WELFARE - CHAPTER 6A—PUBLIC HEALTH SERVICE SUBCHAPTER XIX—VACCINES](#) (<https://tinyurl.com/y3w4mhn4>)

² Pharmaceutical Research and Manufacturers of America (PhRMA). [PhRMA Report Shows More than 400 Medicines and Vaccines in Development to Tackle Infectious Diseases, Including COVID-19](#) (prnewswire.com) 2020

³ U.S. Department of Health and Human Services. [National Vaccine Injury Compensation Program](#). National Vaccine Injury Compensation Program. January 2024

⁴ U.S. Department of Health and Human Services. [About the National Vaccine Injury Compensation Program](#). National Vaccine Injury Compensation Program. January 2024

⁵ CDC [Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2023](#) January 9, 2024

⁶ CDC [Notice to Readers: Recommended Childhood Immunization Schedule -- United States, 2000](#) *MMWR* Jan. 21, 2000; 49(02):35-38,47

⁷ Pharmaceutical Research and Manufacturers of America (PhRMA) [VACCINES: HARNESSING SCIENCE TO DRIVE INNOVATION FOR PATIENTS](#) 2020.

⁸ [Vaccine-Preventable Diseases Surveillance Summary Wisconsin, 2018](#) Wisconsin Dept. of Health - P-02321 (April 2019)

⁹ Fields VS, Safi H, Waters C et al. [Mumps in a highly vaccinated Marshallese community in Arkansas, USA: an outbreak report](#). *Lancet Infect Dis*. 2019 Feb;19(2):185-192

¹⁰ Peltola H, Kulkarni PS, Kapre SV et al. [Mumps outbreaks in Canada and the United States: time for new thinking on mumps vaccines](#). *Clin Infect Dis*. 2007 Aug 15;45(4):459-66

¹¹ CDC [Pertussis \(Whooping Cough\) – Pertussis Frequently Asked Questions](#) – Apr. 1, 2019

¹² Centers for Disease Control and Prevention. [Recommendations of the Advisory Committee on Immunization Practices \(ACIP\): Use of Vaccines and Immune Globulins in Persons with Altered Immunocompetence](#).

Morbidity and Mortality Weekly Report Apr. 9, 1993.)

¹³ CDC [Contraindications and Precautions - General Best Practice Guidelines for Immunization: Best Practices Guidance of the Advisory Committee on Immunization Practices \(ACIP\)](#) Aug. 20, 2019
CDC.gov



January 9, 2024

Assembly Committee on Colleges and Universities

Assembly Bill 610: Waivers from Immunization Requirements at Institutions of Higher Education

Chairman Murphy and Members of the Committee:

Thank you for the opportunity to testify on AB-610. While technical colleges do not have blanket immunization requirements for students, the colleges do require immunizations that is the industry or accreditation standard. In order to complete clinical practicums in healthcare professions, or in veterinary settings, students must be vaccinated against infections for which they have a high probability of exposure.

Veterinary workers, or students preparing to serve as veterinary technicians, are commonly vaccinated against hepatitis B, influenza, rabies, and TDAP (tetanus, diphtheria, and pertussis/whooping cough), according to program accreditation requirements.

Healthcare workers have long been vaccinated against a variety of infections to which they are frequently exposed in hospital and clinical settings. These infections and required vaccines may include: hepatitis B, influenza, varicella (chicken pox), TDAP (tetanus, diphtheria, pertussis/whooping cough), meningitis, and COVID-19, as well as MMR (measles, mumps, and rubella). Employees and students may also be screened annually for tuberculosis.

AB-610 would require technical colleges to waive these immunization requirements if a student objects for reasons of health, religion, or personal conviction. It is important to note that, for example, registered nursing programs require a clinical practicum in order to complete the credential. Technical colleges often have more prospective students than they can accommodate with the limited seats in these high cost, high demand programs. Virtually all healthcare employers that provide clinical experiences to our students require vaccinations. Additionally, clinical slots are in high demand and logistically difficult to arrange and maintain, given the many thousands of healthcare students the 16 colleges educate each year.

From a practical standpoint, technical colleges cannot guarantee that students who opt out of vaccinations will be able to find clinical slots with the minority of employers that do not require vaccination. It is much more likely that these students will encounter difficulties and delays in completing their credentials, while denying limited seats to other qualified students, and disrupting a vital workforce pipeline that is already inadequate to meet Wisconsin's healthcare demands.

Respectfully submitted,

Layla Merrifield

Executive Director

Wisconsin Technical College District Boards Association



DATE: January 10, 2024

TO: Members of the Assembly Committee on Colleges and Universities

FROM: Universities of Wisconsin Office of Government Relations

RE: Testimony on Assembly Bill 610

Thank you, Chair Murphy and committee members, for allowing the Universities of Wisconsin (UWs) an opportunity to submit written testimony on Assembly Bill 610 (AB 610).

Our campuses do not have vaccination requirements for students, with limited exceptions, who are enrolled at our universities and/or for students who live in our residence halls. Even during COVID-19, we did not require COVID-19 vaccinations for our students. UWs universities are statutorily required to ask students living in UWs residence halls if they have been vaccinated against meningitis or hepatitis B, and are required to share information about these diseases to students. However, no vaccination requirements for these diseases are in place for students living in residence halls.

Aside from UW-Madison, the only time student vaccinations may be required as part of a student's undergrad experience is for clinical placements. Many clinical sites require vaccines and have their own set of rules for waivers. UWs nursing programs may require a vaccination record from a student that can be shared with a potential clinical placement site. In these cases, failure to have certain immunizations may prevent a student from completing their degree. It is important to emphasize though that these requirements come from the clinical site, not from the university. Students are made aware of these potential vaccination requirements for future clinical placement. UW-Madison does require vaccinations for certain health care programs, including the school of nursing, but allows for student waivers on a case-by-case basis.

UWs encourages students to receive recommended vaccinations and strives to make it as easy as possible for students to obtain them if they so choose. We recognize that protecting students against viral infection, especially those living in close quarters in the residence halls, is a way to improve the student experience for everyone. However, we also recognize that there are medical, religious, and personal reasons why a student may not want to receive a vaccine. The Universities of Wisconsin respects the health privacy of our students and has no current or future intent to impose any vaccine mandates for the student body.

Again, thank you for allowing the Universities of Wisconsin to submit testimony on AB 610.

ALVERNO COLLEGE
BELLIN COLLEGE
BELOIT COLLEGE
CARROLL UNIVERSITY
CARTHAGE COLLEGE
CONCORDIA UNIVERSITY
EDGEWOOD COLLEGE
HERZING UNIVERSITY
LAKELAND UNIVERSITY
LAWRENCE UNIVERSITY
MARIAN UNIVERSITY



MARQUETTE UNIVERSITY
MEDICAL COLLEGE OF WISCONSIN
MILWAUKEE INSTITUTE OF ART & DESIGN
MILWAUKEE SCHOOL OF ENGINEERING
MOUNT MARY UNIVERSITY
NASHOTAH HOUSE
NORTHLAND COLLEGE
RIPON COLLEGE
ST. NORBERT COLLEGE
VITERBO UNIVERSITY
WISCONSIN LUTHERAN COLLEGE

WISCONSIN'S PRIVATE, NONPROFIT COLLEGES AND UNIVERSITIES
WORKING TOGETHER FOR EDUCATIONAL OPPORTUNITY

Testimony of Rebecca Larson
Executive Vice President for External Relations
Wisconsin Association of Independent Colleges and Universities
To
Assembly Committee on Colleges and Universities
Assembly Bill 610

Chair Murphy and Members of the Committee,

Thank you for the opportunity to submit comments for information on Assembly Bill 610, waivers from immunization requirements at institutions of higher education. WAICU is the official organization of Wisconsin's 22 private, nonprofit colleges and universities throughout Wisconsin.

WAICU members are strong contributors to Wisconsin's workforce and graduate 24 percent of all the bachelor's degrees in the state and 34 percent of all the advanced degrees, many in critical occupations including nursing and healthcare fields. Specifically, WAICU members produce 56 percent of the baccalaureate nursing graduates, 74 percent of the advance practice nurses at the graduate level and 60 percent of the medical degrees.

Some clinical placement sites for nursing programs and other healthcare professionals require immunizations. This requirement comes not from the institution but from the clinical placement sites themselves such as a hospital, healthcare clinic, nursing home or other healthcare setting caring for vulnerable patients with a variety of health conditions.

Given the shortage of nurses and other healthcare professions and the shortage of clinical placement sites in Wisconsin and nationally, our programs need to take full advantage of all available clinical placement sites acknowledging that some may require various immunizations. WAICU members already utilize simulation technology and are working on additional innovative alternatives to supplement clinical placements such as virtual simulation labs for training purposes.

Thank you for the opportunity to share these comments on Assembly Bill 610.