## 111TH CONGRESS 1ST SESSION H.R. 3188

To prohibit Federal funding or other assistance for mandatory human papillomavirus (HPV) vaccination programs.

### IN THE HOUSE OF REPRESENTATIVES

#### JULY 13, 2009

Mr. GINGREY of Georgia (for himself, Mrs. BLACKBURN, Mr. LATTA, Mr. MARCHANT, Mr. AKIN, Mr. BARTLETT, Mr. PITTS, Mr. BARRETT of South Carolina, Mr. PENCE, Mr. POSEY, Mr. HENSARLING, and Mr. BRADY of Texas) introduced the following bill; which was referred to the Committee on Energy and Commerce

# A BILL

- To prohibit Federal funding or other assistance for mandatory human papillomavirus (HPV) vaccination programs.
  - 1 Be it enacted by the Senate and House of Representa-
  - 2 tives of the United States of America in Congress assembled,

### **3** SECTION 1. SHORT TITLE.

- 4 This Act may be cited as the "Parental Right to De-
- 5 cide Protection Act".

### 6 SEC. 2. FINDINGS.

- 7 The Congress finds as follows:
- 8 (1) HPV, the human papillomavirus, is the 9 most common sexually transmitted infection in the

United States. HPV types 16 and 18 cause about 70 percent of cervical cancers. The Centers for Disease Control and Prevention estimates that about 6,200,000 Americans become infected with HPV each year and that over half of all sexually active men and women become infected at some time in their lives. On average, there are 9,710 new cases of cervical cancer and 3,700 deaths attributed to it in

9 the United States each year.

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10 (2) Early detection is the key to diagnosing and 11 curing cervical cancer, and therefore the Food and 12 Drug Administration (FDA) recommends that all 13 women get regular Pap tests. The Pap test looks for 14 cell changes caused by HPV, so the cervix can be 15 treated before the cells turn into cancer. The FDA 16 also states the Pap test can also find cancer in its 17 early stages so it can be treated before it becomes 18 too serious, and reaches the conclusion that it is 19 rare to die from cervical cancer if the disease is 20 caught early.

(3) On June 8, 2006, the FDA approved
Gardasil, the first vaccine developed to prevent cervical cancer, precancerous genital lesions, and genital warts due to human papillomavirus (HPV) types
6, 11, 16, and 18. Gardasil is a recombinant vac-

1 cine, it does not contain a live virus, and it is given 2 as three injections over a six-month period. The vac-3 cine is approved for use in females 9–26 years of 4 age. However, the FDA also states that since the 5 vaccine is new, more studies need to be done to de-6 termine how long women will be protected from 7 HPV. For example, the FDA does not know if a 8 booster is needed after a couple of years to ensure 9 continuity of protection.

10 (4) As detailed by the FDA, four studies were 11 conducted in 21,000 women, one in the United 12 States and three multinational, to show how well 13 Gardasil worked in women between the ages of 16 14 and 26. The study period was not long enough for 15 cervical cancer to develop; however, preventing cer-16 vical precancerous lesions is believed highly likely to 17 result in the prevention of cervical cancer.

18 (5) In January 2007 the Advisory Committee 19 on Immunization Practices (ACIP), under the Cen-20 ters for Disease Control and Prevention, issued 21 changes to the previous childhood and adolescent im-22 munization schedule. The ACIP recommends the 23 new human papillomavirus vaccine (HPV) to be ad-24 ministered in a 3-dose schedule with the second and 25 third doses administered 2 and 6 months after the

first dose. Routine vaccination with HPV is recommended for females aged 11–12 years, the vaccination series can be started in females as young as age 9 years, and a catch up vaccination is recommended for females aged 13–26 years who have not been vaccinated previously or who have not completed the full vaccine series.

8 (6) In July 2008 Judicial Watch, a Wash-9 ington-based public interest group, reported that 10 there have been close to 9,000 health complaints as 11 a result of Gardasil. These complaints have surfaced 12 because Gardasil recipients have experienced every-13 thing from massive wart outbreaks to paralysis, and 14 even death in 18 cases.

15 (7) States historically have maintained the 16 practice of applying immunization recommendations 17 to their school admittance policies so as to protect 18 schoolchildren from outbreaks of contagious disease. 19 The Association of American Physicians and Sur-20 geons states that there is no public health purpose 21 for mandating HPV vaccine for schoolchildren. HPV 22 is a sexually transmitted disease.

(8) With a number of states entertaining legislation which takes the unprecedented step in requiring young girls to obtain a vaccine for a disease that

1 is not spread by casual contact in order to attend 2 school, many organizations and associations have 3 come out against mandatory HPV vaccine programs. 4 (9) The American College of Pediatricians and 5 the Association of American Physicians and Sur-6 geons are opposed to any legislation which would re-7 quire HPV vaccination for school attendance. They 8 have stated that excluding children from school for 9 refusal to be vaccinated for a disease spread only by 10 intercourse is a serious, precedent-setting action that 11 trespasses on the right of parents to make medical 12 decisions for their children as well as on the rights 13 of the children to attend school.

(10) Federal funds should not be used to implement a mandatory vaccine program for a disease
that does not threaten the public health of schoolchildren in the course of casual, daily interaction between classmates and inserts the government into
the lives of children, parents, and physicians.

20 SEC. 3. PROHIBITION AGAINST FUNDING FOR MANDATORY
21 HUMAN PAPILLOMAVIRUS (HPV) VACCINA22 TION PROGRAMS.

No Federal funds or other assistance may be madeavailable to any State or political subdivision of a State

- 1 to establish or implement any requirement that individuals
- 2 receive vaccination for human papillomavirus (HPV).