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(Original Signature of Member)

109TH CONGRESS
2^D SESSION

H. R. _____

To direct the Secretary of Health and Human Services to conduct or support a comprehensive study comparing total health outcomes, including risk of autism, in vaccinated populations in the United States with such outcomes in unvaccinated populations in the United States, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Mrs. MALONEY introduced the following bill; which was referred to the Committee on _____

A BILL

To direct the Secretary of Health and Human Services to conduct or support a comprehensive study comparing total health outcomes, including risk of autism, in vaccinated populations in the United States with such outcomes in unvaccinated populations in the United States, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Comprehensive Com-
3 parative Study of Vaccinated and Unvaccinated Popu-
4 lations Act of 2006”.

5 **SEC. 2. FINDINGS.**

6 The Congress finds as follows:

7 (1) Securing the health of the Nation’s children
8 is our most important concern as parents and stew-
9 ards of the Nation’s future.

10 (2) The Nation’s vaccine program has greatly
11 reduced human suffering from infectious disease by
12 preventing and reducing the outbreak of vaccine-pre-
13 ventable diseases.

14 (3) Total health outcomes are the best measure
15 of the success of any public health effort, including
16 security from both chronic and infectious disease.

17 (4) Childhood immunizations are an important
18 tool in the pursuit of childhood health.

19 (5) The number of immunizations administered
20 to infants, pregnant women, children, teenagers, and
21 adults has grown dramatically over recent years.

22 (6) The incidence of chronic, unexplained dis-
23 eases such as autism, learning disabilities, and other
24 neurological disorders appears to have increased dra-
25 matically in recent years.

1 (7) Individual vaccines are tested for safety, but
2 little safety testing has been conducted for inter-
3 action effects of multiple vaccines.

4 (8) The strategy of aggressive, early childhood
5 immunization against a large number of infectious
6 diseases has never been tested in its entirety against
7 alternative strategies, either for safety or for total
8 health outcomes.

9 (9) Childhood immunizations are the only
10 health interventions that are required by States of
11 all citizens in order to participate in civic society.

12 (10) Public confidence in the management of
13 public health can only be maintained if these State
14 government-mandated, mass vaccination programs—

15 (A) are tested rigorously and in their en-
16 tirety against all reasonable safety concerns;
17 and

18 (B) are verified in their entirety to produce
19 superior health outcomes.

20 (11) There are numerous United States popu-
21 lations in which a practice of no vaccination is fol-
22 lowed and which therefore provide a natural com-
23 parison group for comparing total health outcomes.

24 (12) No comparative study of such health out-
25 comes has ever been conducted.

1 (13) Given rising concern over the high rates of
2 childhood neurodevelopmental disorders such as au-
3 tism, the need for such studies is becoming urgent.

4 **SEC. 3. STUDY ON HEALTH OUTCOMES IN VACCINATED**
5 **AND UNVACCINATED AMERICAN POPU-**
6 **LATIONS.**

7 (a) IN GENERAL.—The Secretary of Health and
8 Human Services (in this Act referred to as the “Sec-
9 retary”) , acting through the Director of the National In-
10 stitutes of Health, shall conduct or support a comprehen-
11 sive study—

12 (1) to compare total health outcomes, including
13 risk of autism, in vaccinated populations in the
14 United States with such outcomes in unvaccinated
15 populations in the United States; and

16 (2) to determine whether vaccines or vaccine
17 components play a role in the development of autism
18 spectrum or other neurological conditions.

19 (b) QUALIFICATIONS.—With respect to each investi-
20 gator carrying out the study under this section, the Sec-
21 retary shall ensure that the investigator—

22 (1) is objective;

23 (2) is qualified to carry out such study, as evi-
24 denced by training experiences and demonstrated
25 skill;

1 (3) is not currently employed by any Federal,
2 State, or local public health agency; and

3 (4) is not currently a member of a board, com-
4 mittee, or other entity responsible for formulating
5 immunization policy on behalf of any Federal, State,
6 or local public health agency or any component
7 thereof;

8 (5) has no history of a strong position on the
9 thimerosal controversy; and

10 (6) is not currently an employee of, or other-
11 wise directly or indirectly receiving funds from, a
12 pharmaceutical company.

13 (c) TARGET POPULATIONS.—The Secretary shall
14 seek to include in the study under this section populations
15 in the United States that have traditionally remained
16 unvaccinated for religious or other reasons, such as Old
17 Order Amish, members of clinical practices (such as the
18 Homefirst practice in Chicago) who choose alternative
19 medical practices, and practitioners of anthroposophic life-
20 styles.

21 (d) TIMING.—Not later than 120 days after the date
22 of the enactment of this Act, the Secretary shall issue a
23 request for proposals to conduct the study required by this
24 section. Not later than 120 days after receipt of any such
25 proposal, the Secretary shall approve or disapprove the

- 1 proposal. If the Secretary disapproves the proposal, the
- 2 Secretary shall provide the applicant involved with a writ-
- 3 ten explanation of the reasons for the disapproval.