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Independent Regulatory Review Commission
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To Commission Members and Staff:

I welcome the opportunity to comment on proposed regulation 10-242, updating the Commonwealth's communicable disease regulations. As public health conditions evolve, so must our strategies for combating them, and these proposed regulations offer an important update and clarification of existing laws and powers.

Tragically, this Commonwealth finds itself in the midst of a deadly measles epidemic — 26 years after the disease was declared eradicated. The last time Pennsylvania saw measles deaths, nine children lost their lives. As I write this, Pennsylvania has reported 150 people hospitalized and four measles-associated deaths, and experts warn that many more unvaccinated residents are at risk of serious complications or death.

We are all beneficiaries of the Department of Health's work to protect against the spread of disease and other public health threats. As we have seen firsthand, effective mitigation saves lives, keeps our schools' doors open, and keeps our economy moving.

I deeply appreciate the grave responsibility the Department carries, and its efforts to balance community protection and individual rights and liberties.

As Chair of the Health Committee, I offer my explicit support for several key components critical to the health of Pennsylvania residents:

Removing inappropriate Protz delegation of authority

Recent departures from scientific consensus in the federal guidance related to immunizations provide a clear example for why the Commonwealth's founders decided to prohibit delegation of authority.

When Pennsylvania statute automatically incorporates future federal immunization recommendations by reference, it cedes the Commonwealth's own policymaking judgment to an

unelected federal body whose standards may shift for reasons having nothing to do with Pennsylvanians' health — precisely the kind of unaccountable, standardless delegation the nondelegation doctrine was designed to prevent

27.4a, Syndromic Surveillance System

Formalizing the syndromic surveillance system, to which hospitals already contribute voluntarily, is an important step to ensure that unusual activity can be identified early.

27.36, Vaccine Reporting

The Commonwealth should expand its existing vaccine tracking systems to include additional providers.

Right now, only vaccines given at pharmacies, or from providers in the Vaccines for Children program, must be reported to the state registry through the Pennsylvania Immunization Electronic Registry System (PIERS). While most providers voluntarily report – more than 75 percent – vaccines given at a doctor's office or hospital may not get added to the registry. Expanding the list of providers required to report vaccinations would give the state a much clearer picture of who's protected and who isn't — which matters when responding to outbreaks, like the measles outbreak happening now.

Another important addition is the creation of an opt-out provision. We could find no evidence of an existing opt-out procedure, except in Philadelphia. Because of that, some patients may not even realize their vaccination status is already being reported. I believe that clarifying that patients can choose not to have their vaccine information shared will make for a more effective regulation – both improving the Commonwealth’s data and empowering individuals to make choices for their personal information.

Finally, the registry should make it easy for people to look up their own vaccine records. During the pandemic, my office got frequent calls from constituents struggling to prove their vaccination status. A more complete, accessible registry would help residents — especially parents who need to submit vaccine records for their children’s schools.

27.60, Adding "prevention, containment or mitigation" as justification for disease control measures

The new wording in § 27.60 gives the Department real tools to fight disease.

This crucial section anticipates threats that we have seen, such as measles, and threats that have yet to take shape.

One timely example: Tech experts and industry insiders have recently sounded alarms about AI systems being able to escape their intended boundaries or controls. That's a red flag for bio-terrorism risk — the possibility that dangerous biological threats could emerge in new, unexpected ways.

If something like that happens, the Department of Health needs the authority to respond with the right tools for that specific situation — not just to detect and track a disease, but to actually act to stop it from spreading and protect people.

27.60a, Investigation of cases, outbreaks, public health emergencies and unusual occurrences of diseases, infections and conditions.

This regulation deserves review and streamlining, as well as refinement related to ages of young people who might be approached in schools.

I appreciate the reference to 35 P.S. § 10103 (which allows minors to consent to medical care under Act 10 of 1970). It's a valuable reminder that the legislature has long recognized how important controlling communicable disease is to children's health — and that public health officials need real tools to prevent uncontrolled spread and the school closures that come with it.

That said, the regulation falls short in one important way: it references this statute in the context of entering school buildings but never accounts for the obvious differences between age groups — a first grader is not the same as a high school senior. Treating a six-year-old and a sixteen-year-old the same way when it comes to consenting to medical care or being approached directly by health officials in a school setting doesn't reflect how consent, maturity, and parental involvement work in practice.

I urge the Department to revise this section to build in age-appropriate distinctions — for example, differentiating protocols for primary school students, where parental involvement should remain central, from those for older secondary students, where the minor-consent framework is more directly applicable. Without that distinction, the regulation risks applying a legal tool designed with older minors in mind to much younger children in a way the legislature likely never intended.

Similarly, it would be helpful to understand the kind of documentation health officials would be required to show when entering school buildings. Student safety is a salient issue and ensuring clear protocols and documentation requirements exist will provide peace of mind.

27.61 Isolation

The Joint State Government Commission Report on Public Health Law identified an important hole in the regulations related to when isolation and quarantine should end. These regulations appropriately update to reflect that isolation should end when the person is no longer capable of causing illness. Similarly, the regulations reflect that individuals in quarantine must also be advised of the end of their quarantine. These are important updates.

27.71a(a) Exclusion and readmission requirements

The Department articulates that illness that could lead to exclusion from school or work for unimmunized individuals – this upfront clarity provides individuals considering vaccination important information about how their immunization status could affect their ability to participate in work or school.

27.77 Immunization requirements for children in childcare group settings

The Department articulates that any parent or guardian can opt out of vaccinations on the basis of "a strong moral or ethical conviction similar to a religious belief" to reflect regulations across school settings. The Department could strengthen this proposal by ensuring parents understand the health and access issues related to forgoing vaccination. Ideally, the Department would consider a way to ensure that exemptions to vaccine requirements are provided in concert with information covering:

- The risks posed by vaccine-preventable diseases to their child and the broader community;
- Current outbreaks and public health threats affecting Pennsylvania children;

- The potential for school exclusion, quarantine, or other public health measures during disease outbreaks; and
- The benefits and risks associated with recommended childhood immunizations.

Additional Comments:

The definition for “close contact” is added, but the term is not used in the regulations.

Alpha-Gal Syndrome is not added as a reportable condition. Reporting would qualify under an “emerging disease or condition;” however, it’s not clear when a disease would cease to be “emerging” and would need separate enumeration to qualify for mandatory reporting. As Alpha-Gal is likely to continue to gain prevalence in Pennsylvania, it seems prudent to add it now.

Given the recognized possibility that new diseases will emerge, I believe the regulations should make explicit the process by which these conditions convert from “emerging condition” to a reportable condition despite no longer qualifying as new or emerging.

Very Truly Yours,

Rep. Dan Frankel