



## ISSUE

# Increase Minnesota Childhood Vaccination Rates

## MMA Position

To protect Minnesotans from serious illness and death from vaccine-preventable disease, the MMA supports: 1) permitting only medical exemptions for Minnesota's childhood vaccination requirement (i.e., repealing the personal belief exemption), 2) strengthening programs that address vaccine hesitancy and misinformation, and 3) protecting access and coverage for evidence-based recommended vaccines.

## Background

Vaccines are one of the safest and most effective tools for preventing infectious diseases.<sup>1</sup> Routine childhood vaccines have dramatically reduced illnesses such as measles, mumps, rubella, polio, and whooping cough. The CDC estimates that, among U.S. children born between 1994 and 2013, vaccines prevented more than 21 million hospitalizations and 732,000 deaths.<sup>2</sup>

Minnesota law currently allows families to opt out of required childhood vaccinations based on personal beliefs. Research consistently shows that states allowing these non-medical exemptions have lower vaccination rates and more frequent outbreaks,<sup>3</sup> especially of diseases like measles and whooping cough. Minnesota has seen this firsthand, including the 2017 measles outbreak, when 90% of cases occurred in unvaccinated children and spread rapidly in communities with low vaccination rates.<sup>4</sup>

Additionally, uncertainty at the federal level, such as changes to ACIP recommendations or reductions in federal vaccine funding, could disrupt access to routine vaccines. Ensuring stable public and private insurance coverage for all recommended vaccinations helps prevent cost barriers and keeps vaccination rates high.

Removing non-medical exemptions, strengthening public education, and protecting vaccine coverage will help safeguard Minnesota communities from preventable diseases.

## Talking Points

- Minnesota is experiencing dangerous declines in childhood vaccination rates. Kindergarten-age vaccination rates for measles, mumps, and rubella (MMR) have fallen from around 92% pre-pandemic to 86.5%, marking one of the lowest rates in the country.<sup>5</sup>
- Nearly 6% of kindergartners had a “non-medical exemption” for the MMR vaccine in 2024-2025 school year, nearly twice the rate in 2015-2016.
- Vaccines are safe and highly effective. Decades of research and ongoing monitoring from the CDC and other health agencies show that routine childhood vaccines have strong safety records and prevent serious disease.
- Misinformation is a major driver of vaccine hesitancy. Exposure to false or misleading claims about vaccines reduces acceptance, making community education efforts critical.
- Stable insurance coverage is essential. Ensuring that all evidence-based recommended vaccines remain covered, regardless of federal changes, helps families avoid cost barriers and supports community-wide protection.

### References

1. Centers for Disease Control and Prevention (CDC). General Best Practice Guidelines for Immunization.
2. Whitney, C. G., Zhou, F., Singleton, J., & Schuchat, A. (2014). Benefits from Immunization During the Vaccines for Children Program Era — United States, 1994–2013.
3. Seither, R., et al. (2018). Vaccination Coverage with Selected Vaccines Among Children – United States, 2017–18.
4. Minnesota Department of Health (MDH). Measles Outbreak 2017: Minnesota Case Report.
5. Vaccination Coverage and Exemptions among Kindergartners. <https://www.cdc.gov/schoolvaxview/data/index.html>