

Andy Marso
Overland Park resident
Bacterial meningitis survivor

Re: Testimony in opposition to Senate Bill 212, Monday, March 22, 2021

Chairman Hilderbrand and members of the Senate Public Health and Welfare Committee, Thank you for allowing me to testify in opposition to Senate Bill 212. I am a writer and editor who lives in Overland Park, but I'm speaking solely in my personal capacity as a concerned citizen who knows the value of vaccination.

Given its similarity to last year's House Bill 2601, it seems that SB212 is at least in part a response to KDHE's 2019 decision to add the meningitis vaccine to the list of shots required for school attendance. I'd like to give you some context about why the agency did that. Meningitis is rare and many people don't know how serious it can be. I do, unfortunately.

I contracted bacterial meningitis in 2004, during my senior year at KU. I was a healthy 22-year-old who went to bed one night thinking I was coming down with the flu. By the next morning I couldn't get out of bed. I would have died in my room if my friends hadn't carried me to a car and taken me to the doctor.

Within hours I was being airlifted to KU Hospital in critical condition, with multiple organs failing. I spent about a month in a coma while the hospital staff battled the infection and saved my life. When I regained consciousness, I couldn't move my hands and feet. The meningococcal bacteria had cut off circulation to my extremities and my fingers and toes were slowly dying while still attached to my body (see attachments).

I spent that whole summer in the hospital, enduring excruciating debridement treatments to save my arms and legs. Not everything could be saved. I had to have surgeries to amputate all of my toes and all but one of my fingers.

Then I spent more than a year in rehab, doing extensive physical and occupational therapy so I could learn to walk again, shower again, feed myself and go to the bathroom on my own.

My medical bills that year ran to about \$1.5 million. All to treat a disease that can often be prevented with a shot that costs \$150.

I was not vaccinated for bacterial meningitis because back then the vaccine was not required in Kansas or in Minnesota, where I grew up. Most parents only get their kids the required vaccines, and no one told my mom and dad they should be afraid of meningitis.

That's exactly what the health professionals at KDHE did by requiring the meningitis vaccine.

They gave parents the clear message that this contagious disease is nothing to mess with, and every adolescent who can get vaccinated should get vaccinated to protect themselves and their classmates. Kansas has historically ranked among the bottom states for meningitis vaccination rates. KDHE's experts recognized that problem and made an evidence-based move to fix it.

In doing so, they also saved the state money for years to come. Medicaid is the single largest insurer of Kansas children. Remember my medical bills? Imagine that, God forbid, there's a meningitis outbreak in a Kansas school, and three, four, or even five kids on Medicaid get seriously ill and rack up bills like mine. The financial costs could be enormous.

But ultimately this is about much more than money. It's about people's lives, limbs, vision, hearing and brain function. Meningitis can steal them all.

KDHE's experts, free from any lobbying or reelection pressures, made a good decision for the sake of public health in 2019, and the vast majority of Kansans are fine with that decision. This process is not broke, so why try to "fix" it? HB2601 was a bad bill (which is probably why it died in committee), and this one is no better. I urge you to vote no.

Sincerely,
Andy Marso

Attachments:



