



OHIO LEGISLATIVE SERVICE COMMISSION

Bill Analysis

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H.B. 559

132nd General Assembly
(As Introduced)

Reps. Gonzales and Landis, Slaby, Cera, Ingram

BILL SUMMARY

- Requires the Ohio Department of Health to develop an immunization form to be used by health care providers when documenting a child's immunization history.
 - Requires the form to be provided to a school when a child begins kindergarten, seventh grade, or twelfth grade and to a child care provider after the child's enrollment.
 - Maintains the right of a child's parent to decline an immunization for reasons of conscience, including religious convictions, but requires the parent to sign the form when declining the immunization.
 - Requires each immunization summary reported to the Department by a school district or preschool program to include, by disease, the percentage of students immunized against the disease and the percentage that are not.
 - Requires the Department to publish on its website, by school and school district, the summary information reported by each district or program.
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CONTENT AND OPERATION

The bill makes several changes to the laws governing the immunization of children enrolled in child care, preschool, or school. First, it requires the Ohio Department of Health (ODH) to develop two types of forms to be used by health care providers when documenting a child's immunization history. The first type (an "immunization form") is to be provided to a school and the second (a "medical statement of immunization") to a child care provider in order to indicate that the child

either received required immunizations or is subject to any of the exceptions to the requirements.¹

Second, the bill requires a student's parent or guardian to provide documentation of immunizations when the student begins kindergarten, seventh grade, or twelfth grade, rather than at the student's initial entry to school or the beginning of each school year as under current law.²

Finally, it requires each school district and preschool program operated by a school district or county board of developmental disabilities to report to ODH, by disease, the percentage of students immunized along with the percentage that are not.³ Each of these changes will be discussed in greater detail below.

Immunization forms and medical statements of immunization

ODH must develop and publish on its website two types of forms to be used by a physician, physician assistant (PA), advanced practice registered nurse (APRN), registered nurse (RN) employed by a local health department, or pharmacist⁴ to document a child's immunization history.⁵ Under the bill, the use of these forms is to begin in 2019.

The first type – *an immunization form* – must be provided to a student's school when the student begins kindergarten, seventh grade, or twelfth grade to indicate that the student has received specified immunizations or is subject to an exception (see "**Immunization requirements for pupils**" below).⁶

The second type – *a medical statement of immunization* – must be provided by the caretaker parent of a child enrolled with a child care provider regulated by the Ohio Department of Job and Family Services (ODJFS) not later than 30 days after enrollment

¹ R.C. 3701.1310 and 3701.1311.

² R.C. 3313.671(B).

³ R.C. 3313.67(D).

⁴ Current law authorizes a pharmacist or pharmacy intern to administer certain immunizations to children under specified circumstances. R.C. 4729.41, not in the bill.

⁵ R.C. 3701.1310 and 3701.1311.

⁶ R.C. 3701.1310(A) and 3313.671.



with the provider (see "**Immunization requirements for child care**" below).⁷ ODH must develop the medical statement of immunization in consultation with ODJFS.⁸

Form contents

Both the immunization form and medical statement of immunization must include all of the following:⁹

- A component for indicating the dates that a child received immunizations required for school entry or child care enrollment and any other immunizations the ODH Director recommends;
- A component for indicating whether a child is subject to any of the exceptions to the immunization requirements;
- A component where a child's parent or guardian may indicate that the parent or guardian has declined for reasons of conscience, including religious convictions, to have the child immunized;
- A component where a child's parent or guardian may indicate that the parent or guardian understands that, by declining immunization, the child may be denied admission to school or child care during an epidemic or outbreak.

Parental signature – when required

The bill requires a child's parent or guardian to sign the immunization form or medical statement if the parent or guardian declines for reasons of conscience to have the child immunized.¹⁰

Physician, PA, APRN, RN, or pharmacist signature and duty to inform

Under the bill, each immunization form or medical statement must be signed by the physician, PA, APRN, RN, or pharmacist responsible for administering immunizations to the child.¹¹ If a parent or guardian declines an immunization for reasons of conscience, the bill directs the physician, PA, APRN, RN, or pharmacist to

⁷ R.C. 3701.1311(A) and 5104.014.

⁸ R.C. 3701.1311(A).

⁹ R.C. 3701.1310(B) and 3701.1311(B).

¹⁰ R.C. 3701.1310(C)(2) and 3701.1311(C)(2).

¹¹ R.C. 3701.1310(C)(1) and 3701.1311(C)(1).



inform the parent or guardian of the risks and benefits of immunization and the health risks presented to the child and community by one or more diseases against which the parent or guardian declines to have the child immunized.¹² In such a case, the signature indicates that the physician, PA, APRN, RN, or pharmacist provided that information.¹³ The bill specifies, however, that the signature does not constitute a determination that a child is exempt from the immunizations required for school entry or child care enrollment.¹⁴

Immunization requirements for school

Current Ohio law generally requires a student, at the beginning of each school year or at the time of initial entry to an elementary or high school, to present written evidence to the school that the student has been immunized against, or is in the process of being immunized against, diphtheria, mumps, pertussis (whooping cough), polio, rubella, rubeola (measles), and tetanus. A student entering kindergarten generally must also present written evidence of being immunized against chicken pox and hepatitis B or of being in the process of being immunized against those diseases. In addition, a student entering seventh or twelfth grade must be immunized against meningococcal disease or be in the process of being immunized against it. A student has 14 days from the time of initial entry or the beginning of the school year to present evidence of immunizations.¹⁵

The bill does not change the diseases against which a student must be immunized. It also maintains the exceptions available under existing law to the immunization requirements. These include reasons of conscience (including religious convictions), natural immunization, and medical contraindications.¹⁶ But, it does change how and when evidence of immunization must be provided to a school.

When evidence of immunization is required

The bill requires the parent or guardian of a student who begins kindergarten, seventh grade, or twelfth grade to provide to the school the immunization form developed by ODH indicating that the student has been immunized against, or is in the process of being immunized against, the one or more diseases specified above. The form

¹² R.C. 3701.1310(D)(1) and 3701.1311(D)(1).

¹³ R.C. 3701.1310(D)(2) and 3701.1311(D)(2).

¹⁴ R.C. 3701.1310(D)(2) and 3701.1311(D)(2).

¹⁵ R.C. 3313.671(B).

¹⁶ R.C. 3313.671(C).



also may be used to indicate that the student is subject to an exception to the immunization requirements. In the case of meningococcal disease, the form must be provided when a student is the age or older than the age at which immunization against that disease is recommended. As under current law, if the form is not provided, the student cannot remain in school for more than 14 days.¹⁷

The bill also requires the form to be used to indicate a student's immunization progress, if the student was admitted to school while in the process of being immunized, but was later excluded from school for failing to comply with the immunization intervals.¹⁸

Other documentation of immunization

The bill allows a student's parent or guardian to provide to a school other documentation of immunization in lieu of the ODH-developed immunization form. It defines "other documentation of immunization" to include the following:

- Information obtained from an immunization database maintained by a public health department;
- Documentation of immunization from any public health department;
- Documentation of immunization from any immunization provider;
- School immunization records.¹⁹

Student transferring from another state

A student who has transferred from another state and does not provide to the school the ODH-developed immunization form or other documentation of immunization as required by the bill may be permitted to remain in school if the student's parent or guardian submits proof of vaccination within 14 days after the date of enrollment.²⁰

¹⁷ R.C. 3313.671(B).

¹⁸ R.C. 3313.671(B)(4).

¹⁹ R.C. 3313.671(A).

²⁰ R.C. 3313.671(G).



Immunization requirements for child care

Current law requires the caretaker parent of a child enrolled in a child day-care center, type A family day-care home, or licensed type B family day-care home or receiving child care from a certified in-home aide to provide the center, home, or in-home aide a medical statement indicating that the child has been immunized against or is in the process of being immunized against chicken pox, diphtheria, haemophilus influenzae type b, hepatitis A, hepatitis B, influenza, measles, mumps, pertussis, pneumococcal disease, poliomyelitis, rotavirus, rubella, and tetanus.²¹ Existing statutory law does not require a particular entity or individual to develop a standardized medical statement, but the Department of Job and Family Services has adopted a form for this purpose.²²

The medical statement also may be used to indicate that the child is subject to any of the exceptions to the immunization requirements. A child is not required to be immunized against a specified disease if the immunization is medically contraindicated or is not medically appropriate or if the child's parent or guardian has declined for reasons of conscience, including religious convictions.²³ In the case of influenza, a child is not required to be immunized if the seasonal vaccine is not available.²⁴

Under current law, the medical statement must first be provided not later than 30 days after enrollment with or beginning to receive care from a child care provider and every 13 months thereafter. The bill maintains existing law with respect to child care immunization requirements and exceptions and still requires a caretaker parent to provide the center, home, or in-home aide a medical statement. But, it instead requires the caretaker parent to use the *ODH-developed* medical statement of immunization.

School district immunization summaries

Existing law requires each school district to keep an immunization record for each student. Annually, each district must report to the ODH Director a summary, by school, of the immunization records of all students enrolled in the district. The summary must be submitted on forms prescribed by the Director.²⁵ The bill requires the

²¹ R.C. 5104.014(B).

²² The form is JFS 01305.

²³ R.C. 5104.014(C)(1).

²⁴ R.C. 5104.014(C)(2).

²⁵ R.C. 3313.67(D)(1).

Director to consult with the Ohio Department of Education (ODE) when prescribing the forms.

Summary contents

Under the bill, the summary also must include all of the following:

(1) By disease, the percentage of students who have been immunized against the disease;

(2) By disease, the percentage of students who have not been immunized against the disease because of medical contraindications and because of reasons of conscience, including religious convictions.²⁶

Publishing summaries

The bill requires ODH to publish on its website, annually by December 1, the school district summaries reported to ODH. The summaries must be published by school and school district and cannot include any information that could be used to identify a student.²⁷ The bill also requires ODE to post on its website a link to the summary information published by ODH.²⁸

Requirements applied to preschools

The bill extends to certain preschool programs the requirements described above that immunization records be maintained for each child and that summaries of those records be reported to ODH.²⁹ The preschool programs covered are those operated by school districts, county boards of developmental disabilities, community schools (often referred to as charter schools), and eligible nonpublic schools (private schools).³⁰

HISTORY

ACTION

DATE

Introduced

03-15-18

H0559-I-132.docx/ts

²⁶ R.C. 3313.67(D)(1).

²⁷ R.C. 3313.67(D)(2).

²⁸ R.C. 3313.67(D)(3).

²⁹ R.C. 3301.53(A)(5).

³⁰ R.C. 3301.53(A).

