



# Ohio Legislative Service Commission

## Bill Analysis

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### **S.B. 121\***

131st General Assembly  
(As Reported by S. Health and Human Services)

**Sens.** Hite, Yuko, Schiavoni, Seitz, Williams, Burke, LaRose, Coley, Thomas, Jones, Lehner  
Patton

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## **BILL SUMMARY**

- Requires the Ohio Department of Health (ODH) to specify the recommended age for compulsory pupil immunization against meningococcal disease and to approve the method of immunization.
- Requires, with certain exceptions, that pupils who are at least the ODH-recommended age for immunization against meningococcal disease be immunized beginning with the 2016-2017 school year.

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## **CONTENT AND OPERATION**

### **Recommended age for meningococcal disease immunization**

The bill requires the Ohio Department of Health (ODH) to specify the recommended age for compulsory pupil immunization against meningococcal disease and approve a method of immunization.<sup>1</sup>

### **Meningococcal disease immunization requirement**

With certain exceptions, the bill requires pupils who are at least the ODH-recommended age and attend public or nonpublic schools subject to minimum state

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\* This analysis was prepared before the report of the Senate Health and Human Services Committee appeared in the Senate Journal. Note that the list of co-sponsors and the legislative history may be incomplete.

<sup>1</sup> R.C. 3313.671(E).

educational standards to be immunized against meningococcal disease. The immunization requirement first applies to the school year that begins in 2016.<sup>2</sup>

The bill specifies that a pupil cannot be permitted to remain in school for more than 14 days, unless the pupil presents written evidence satisfactory to the person in charge of admission that the pupil has been immunized against meningococcal disease by an ODH-approved immunization method or is in the process of being immunized against that disease.<sup>3</sup> "In the process of being immunized" means the pupil has received at least the first dose of the immunization sequence and presents written evidence to the school's principal or chief administrative officer of each subsequent dose required to obtain immunization against meningococcal disease at ODH-prescribed intervals.<sup>4</sup>

### **Exceptions**

Two of three exceptions to existing school immunization requirements apply to the bill's meningococcal disease requirement (see "**Existing immunization provisions**," below). A pupil does not have to provide proof of meningococcal immunization if:

--The pupil presents a written statement of the pupil's parent or guardian in which the parent or guardian declines to have the pupil immunized for reasons of conscience, including religious convictions; or

--The pupil's physician certifies in writing that immunization is medically contraindicated for the pupil.

### **Cost**

The bill does not indicate how the cost of immunization is to be paid.

## **Background**

### **Existing immunization provisions**

Law not modified by the bill generally requires pupils, upon enrollment in an elementary or high school, to present written evidence to the school that the pupil has been immunized against mumps, polio, diphtheria, pertussis (whooping cough), tetanus, rubeola (measles), and rubella. A pupil entering kindergarten must generally also present written evidence of having been immunized against hepatitis B and

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<sup>2</sup> R.C. 3313.671(A)(3).

<sup>3</sup> R.C. 3313.671(A)(3).

<sup>4</sup> R.C. 3313.671(A)(4).



chicken pox. A pupil has 14 days from the time of initial entry or the beginning of the school year to present the evidence of immunizations.<sup>5</sup>

Under the following circumstances, a pupil does not have to provide proof of the required immunizations:<sup>6</sup>

(1) The pupil has had natural rubeola (measles), mumps, or chicken pox and presents a signed statement from the pupil's parent, guardian, or physician to that effect;

(2) The pupil presents a written statement from the pupil's parent or guardian in which the parent or guardian declines to have the pupil immunized for reasons of conscience, including religious convictions; or

(3) The pupil's physician certifies in writing that immunization against a particular disease is medically contraindicated for the pupil.

Local boards of health, legislative authorities of municipal corporations, and boards of township trustees, on application of a school board, must provide the means of immunization against the following diseases: mumps, poliomyelitis, rubeola, rubella, diphtheria, pertussis, tetanus, and hepatitis B. The means of immunization are to be provided without delay and at public expense to pupils who have not been provided with immunizations by their parents or guardians.<sup>7</sup> Regarding immunization against chicken pox, the ODH Director must, to the extent appropriations made by the General Assembly make this possible, provide the means of immunization against chicken pox to the specified local authorities for the purpose of law governing pupil immunizations.<sup>8</sup>

ODH has authority to approve the methods of immunization against all the diseases for which pupils are required to be immunized.<sup>9</sup>

### **Disclosure requirement for college students**

Law not modified by the bill requires each college or university student seeking to reside in on-campus housing to disclose whether the student has been immunized

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<sup>5</sup> R.C. 3313.671(A).

<sup>6</sup> R.C. 3313.671(B).

<sup>7</sup> R.C. 3313.671(D).

<sup>8</sup> R.C. 3701.134.

<sup>9</sup> R.C. 3313.671(A) and R.C. 3701.13, not in the bill.

against meningococcal meningitis and hepatitis B. The law does not expressly require that a student be immunized to reside in on-campus housing, only that the information be disclosed. The student or the student's parent or guardian must complete the appropriate ODH form or an equivalent form from the school to indicate immunization.<sup>10</sup>

### **Meningococcal disease**

Meningococcal disease can refer to any illness caused by the type of bacteria *Neisseria meningitidis*, also known as meningococcus. These illnesses are often severe and include infections of the lining of the brain and spinal cord (meningitis) and bloodstream infections (bacteremia or septicemia). Meningococcus bacteria are spread through the exchange of respiratory and throat secretions like spit. Meningococcal disease can be treated with antibiotics, but quick medical attention is extremely important. According to the CDC, keeping up to date with recommended vaccines is the best defense against meningococcal disease.<sup>11</sup>

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## **HISTORY**

<b>ACTION</b>	<b>DATE</b>
Introduced	03-09-15
Reported, S. Health & Human Services	---

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<sup>10</sup> R.C. 1713.55, 3332.25, 3345.85, and 3701.133(B).

<sup>11</sup> U.S. Centers for Disease Control and Prevention, *Meningococcal Disease* (last updated April 22, 2015), available at <<http://www.cdc.gov/meningococcal/>>.

