



Championing public policy so that every young child is healthy and ready to learn by age 5.

**House Health Committee
House Bill 561
Opponent Testimony
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Chair Schmidt, Vice Chair Deeter, Ranking Member Somani, and members of the House Health Committee, thank you for receiving our opponent testimony for House Bill 561 on behalf of Groundwork Ohio, the state's leading early childhood policy, research and advocacy organization.

Brains are built on a foundation of early experiences. In the first three years of life, more than one million neural connections are formed every second and 80% of brain development takes place before a child ever reaches a kindergarten classroom.¹ Strengthening the early years is one of the most effective and fiscally responsible strategies available to improve lifelong health outcomes and reduce long-term costs. Access to well-child visits, early developmental screenings, and preventive medicine (including vaccines) work in concert, supporting a strong start in life for Ohio's children. All children are born with the ability to reach their highest potential, and the blueprint for a healthy life starts early - setting the stage for a lifetime of learning, behavior, and health.

Childhood immunizations against preventable, infectious diseases are a cornerstone of our public health infrastructure, and widely supported among Ohio voters. A recent statewide poll from Ohio American Academy of Pediatrics (AAP) and Bowling Green State University's Democracy & Public Policy Research Network found:²

- **Ohioans believe vaccines are effective:** 88% said a major reason they support routine childhood vaccination requirements is because they think routine childhood vaccines are effective in protecting most children.
- **Ohioans believe vaccines are safe:** 86% of those polled think routine vaccines are very safe or safe for most children.
- **There are risks to public health without vaccine requirements:** 85% said a major reason they support routine childhood vaccine requirements is because they think diseases like measles will come back if routine childhood vaccines are no longer required.

Regulations requiring proof of immunization status as a condition to attend child care and early learning programs serve as an important strategy to protect children and providers in these settings by creating environments with high rates of protection against disease through immunization standards. For infants and young children who cannot safely receive certain vaccines, either due to age or medical reasons, immunization rates among peers in the

¹ Center on the Developing Child. (n.d.). Brain Architecture. Harvard University.

² American Academy of Pediatrics - Ohio Chapter. (2026). Ohio AAP Public Opinion Poll Reveals Overwhelming Support for Childhood Immunizations.



classroom setting provides needed protection for more vulnerable children. These protections exist alongside the exemptions Ohio parents may claim for religious or conscientious reasons, which remain fully preserved under state law.

Vaccination Limitations for Infants and Young Children

Ohio's infants and toddlers spend significant time in group care settings, interacting closely with peers and caregivers. These environments rely on high immunization rates to function safely and consistently, yet HB561 risks undermining those protections for the children most vulnerable to serious illness. Protecting medically vulnerable children is a shared, non-partisan responsibility.

For parents, illness in child care is a routine part of early childhood. The American Academy of Pediatrics estimates that infants in child care experience 10 to 12 upper respiratory infections each year.³ Many families are familiar with the consistent cycle of runny noses, fevers, sleepless nights, and disrupted work schedules during those early years. While these common illnesses are expected as children build their immune systems, they can also temporarily weaken a child's defenses. In settings with lower immunization rates, this increased vulnerability raises the risk that everyday exposures could escalate to more serious, vaccine-preventable diseases for children who are not yet fully protected.

Recent actions from the CDC make clear that several important immunizations cannot be administered until infants reach certain ages. This includes the inactivated poliovirus vaccine (IPV) that cannot be given until 2 months of age, and the measles, mumps, rubella (MMR) and varicella (VAR) vaccines that cannot be given until 12 months.⁴ This creates a concerning gap for Ohio families, the majority of whom work in settings without access to paid family leave. As many parents return to work shortly after childbirth,⁵ parents have no choice but to place their infants in child care before they are fully protected against vaccine-preventable diseases. In these settings, infants who are not yet eligible for vaccination may be exposed to older, unvaccinated children, increasing the risk of disease transmission. This bill amplifies risks, putting infants at higher exposure in the very environments families rely on for safe, nurturing care.

Immunizations also play an important role in connecting families to the broader pediatric care system. Routine vaccinations are often tied to well-child visits, where children receive developmental screenings, preventive care, and early identification of potential delays or health concerns. Emerging evidence suggests that when vaccination requirements are weakened, families may be less likely to attend these routine visits. This can lead to missed

³ American Academy of Pediatrics. (2023). [Upper Respiratory Infection \(Common Cold\) | Managing Infectious Diseases in Child Care and Schools](#)

⁴ Centers for Disease Control. (2026). [Childhood Immunization Schedule by Recommendation Group](#).

⁵ Groundwork Ohio. (2024). [The Case for Paid Family Leave in Ohio](#).

opportunities for early intervention during a critical window of development, undermining the strong start that all children need to reach their full potential.

Importantly, **Ohio parents already have access to clear, accurate information about vaccination requirements and exemptions.** The Ohio Department of Health provides forms for child care, Head Start, and preschool enrollment that outline which vaccines are required, as well as the exemption options available under state law. These forms give families the information they need to make informed decisions for their children, ensuring that parents are aware of both the benefits of vaccination and the options available to them. House Bill 561 does not provide new protections for families; rather, it introduces additional risks to children and providers in child care settings without addressing any gap in the information parents already have access to:⁶

Immunizations for Child Care, Head Start and Pre-School Attendance:

<p>Please follow the following link to the ACIP Easy-to-read Immunization Schedule for Infants and Children^{1,2} http://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf</p>		
<p>Ohio Revised Code 5104.014, Division B: Each child's³ caretaker parent shall provide to the center, home, or in-home aide a medical statement, as described in division (D) of this section, indicating that the child has been immunized against or is in the process⁴ of being immunized against all of the following diseases:</p>		
<ol style="list-style-type: none"> 1. Chicken pox; 2. Diphtheria; 3. Haemophilus influenzae type b; 4. Hepatitis A; 5. Hepatitis B; 	<ol style="list-style-type: none"> 6. Influenza; 7. Measles; 8. Mumps; 9. Pertussis; 10. Pneumococcal disease; 	<ol style="list-style-type: none"> 11. Poliomyelitis; 12. Rotavirus; 13. Rubella; 14. Tetanus.
<p>Ohio Revised Code 5104.014, Division C: A child is not required to be immunized against a disease specified in Division (B) of this section if any of the following is the case:</p> <ol style="list-style-type: none"> 1. Immunization against the disease is medically contraindicated for the child; 2. The child's parent or guardian has declined to have the child immunized against the disease for reasons of conscience, including religious convictions; 3. Immunization against the disease is not medically appropriate for the child's age. <p><i>In the case of influenza, a child is not required to be immunized against the disease if the seasonal vaccine is not available.</i></p>		

Fig. 1: Immunizations for Child Care, Head Start, and Pre-School Attendance. Form given in accordance to Ohio Revised Code with information for parents. Available on the Ohio Department of Health website.

⁶ Ohio Department of Health. (n.d.). [Immunizations for Child Care, Head Start, and Preschool.](#)



Impact to Child Care Providers and Early Learning Settings

Ohio's child care programs operate in group settings characterized by shared space, materials, and close physical interaction - conditions that make the prevention of infectious disease particularly important. High immunization rates are a key tool that providers rely on to reduce the likelihood of outbreaks. By increasing exemptions and emphasizing their use, this bill raises the likelihood of illness spreading within programs, leading to more frequent disruptions, including classroom closures and interruptions in care.

Child care providers are trusted partners in keeping children safe, creating dependable care and learning environments for working families. However, this bill undermines providers' ability to do so while imposing additional burdens on their businesses. Child care providers are licensed and held accountable for maintaining safe environments for children. At the same time, they would be expected to manage the consequences of increased risk of illnesses within their programs, creating an untenable situation in which providers are responsible for outcomes they cannot fully influence.

This challenge is compounded by the realities of Ohio's child care workforce. As of 2024, approximately 25 percent - nearly 1 in 4 - of child care workers are over the age of 50,⁷ placing a significant portion of the workforce at higher risk of serious illness. Increasing exposure to vaccine-preventable diseases in these settings therefore places both children and providers at heightened risk, further straining a system that families across Ohio depend on.

The new administrative requirements included in this legislation will place further strain on an already fragile sector. Requiring providers to include specific exemption language in communications with families regarding immunizations. For many providers, particularly small and home-based programs, this added complexity and compliance risk coupled with increased administrative requirements consume time, detracting from time spent caring for children.

Vulnerable Families and the Broader Economy

The impacts of this legislation extend beyond individuals to Ohio's broader economy. Access to trusted child care is essential, enabling children to learn and parents to work. The potential for increased serious illnesses among children and staff risks more frequent absences, classroom closures, and disruptions in care. These disruptions are not isolated but carry real economic consequences. In Ohio, child care disruptions already result in an estimated \$5.48

⁷ Bipartisan Policy Center. (2024). [10 Things to Know About Ohio's Child Care Workforce](#).



billion in annual loss to our state economy due to reduced earnings, productivity, and revenue.⁸

These impacts are not felt equally across all families. In a state where 1 in 5 children under age 5 lives in poverty,⁹ many families have limited resources and lack the flexibility to absorb disruptions in care or find options for alternative care. As a result, increased instability in child care settings may disproportionately impact those who are already facing the greatest barriers, widening existing disparities in access to safe, stable early learning environments and challenging parents' ability to fully participate in the workforce.

Conclusion

The Ohio Revised Code is clear in its outline of the varied vaccination exemption options available to families based on their personal choices. Vaccination exemptions are furthermore clearly stated on the form given to parents regarding what vaccines a child needs for child care, Head Start, and pre-school attendance.

This proposal is misaligned with the broader needs for Ohio's young children and families. Our state continues to grapple with affordable and accessible child care options, support for the early learning workforce, and access to paid family leave that would allow more new parents to stay home with their infants. The effects of House Bill 561 would be felt in child care classrooms, in the daily experiences of infants and young children, in the stability of the workforce, and in the ability of families to work and thrive. By increasing risk, adding burden, and undermining stability in early childhood settings, this bill moves Ohio in the wrong direction. For these reasons, Groundwork Ohio respectfully urges the committee to oppose House Bill 561.

⁸ Groundwork Ohio. (2025). [The Women's Case for Child Care](#).

⁹ Groundwork Ohio. (2025). [Early Childhood Data Dashboard](#).