



The Ohio House of Representatives
House Health Committee
Representative Scott Lipps, Chair

HOUSE BILL 248
OPPONENT WRITTEN TESTIMONY

Chairman Lipps, Vice Chair Holmes, Ranking Member Russo, and members of the House Health Committee, thank you for the opportunity to provide written testimony expressing our concerns over House Bill 248 (“HB 248”), which prohibits mandatory vaccinations and vaccination status disclosures in the state of Ohio.

University Hospitals (“UH”) is a Cleveland-based super-regional health system that serves more than 1.2 million patients in 16 Northeast Ohio counties with over 30,000 caregivers. The hub of our 22-hospital system is University Hospitals Cleveland Medical Center, a 1,032-bed academic medical center known for advanced care. Included on UH’s main campus are University Hospitals Rainbow Babies & Children’s Hospital, among the nation’s best children’s hospitals; and University Hospitals Seidman Cancer Center, part of the National Cancer Institute-designated Case Comprehensive Cancer Center at Case Western Reserve University (the nation’s highest designation). UH strives to strengthen the health care needs of our community by providing outstanding service, the highest quality physicians and nurses, and using innovative techniques.

The intent of HB 248 is to prevent the COVID-19 vaccine from becoming mandatory, including the disclosure of COVID-19 vaccine status of an individual, but this legislation – as currently written – applies to *all* immunizations, including childhood vaccines. If HB 248 is passed, it has the potential to reverse decades of immunity from life-threatening, but vaccine-preventable, diseases, such as measles, mumps, hepatitis A and B, invasive pneumococcal infection, human papilloma infection, chicken pox, and meningitis. As it stands, Ohio law is more lenient than many other states, allowing Ohioans to decline vaccinations for a variety of reasons, including, but not limited to, medical or religious reasons.¹ This brings to light the question, why the need for HB 248? The overt broadness of HB 248 has the potential to destroy Ohio’s public health framework that prevents outbreaks of potentially lethal diseases.

The United States has seen recent outbreaks (notably before the COVID-19 pandemic) of well controlled diseases, such as measles² and chicken pox.³ Notably, measles were declared “eliminated” in the United States in 2000, and, according to the CDC, “eliminated” means “the absence of continuous disease transmission for greater than 12 months.”⁴ At the time, enough Americans were vaccinated against measles such that officials believed it would be very difficult for it to spread in the United States. However, as immunization rates saw a decline⁵ in 2019, there was an uptick of 1,282 individual cases of measles confirmed in 31 states. This is the greatest number of cases reported in the United States since 1992.⁶ This is just a small example of our history that shows the potential unintended side effects that can come from a reduction in vaccination rates. Another example closer to home: in 2014, Ohio experienced the largest outbreak of the measles in the U.S. in 20 years when 383 cases occurred primarily among

¹ <https://www.lsc.ohio.gov/documents/reference/current/membersonlybriefs/133Ohio%20Immunization%20Laws.pdf>

² <https://www.vox.com/science-and-health/2019/2/16/18223764/measles-outbreak-2019-vaccines-anti-vax>

³ <https://www.npr.org/2018/11/20/669644191/chickenpox-outbreak-hits-n-c-private-school-with-low-vaccination-rates>

⁴ <https://www.cdc.gov/measles/about/history.html>

⁵ <https://www.latimes.com/projects/la-me-measles-us-california-outbreak-vaccine-new-york-disneyland/>

⁶ <https://www.cdc.gov/measles/cases-outbreaks.html>

under-immunized Amish communities in Ohio.⁷ A member of that community traveled to an area of the Philippines experiencing a large measles outbreak, leading to a measles outbreak in Ohio where Amish people were under-vaccinated. This required a large vaccine campaign to control the outbreak in Ohio, and this outbreak exemplifies the need to heed the lessons learned from history to avoid repeating dangerous outbreaks.

Routine childhood vaccinations dropped dramatically during the early months of the coronavirus pandemic. A Blue Cross/Blue Shield analysis in late 2020 found a 26% drop in child vaccinations since the pandemic began.⁸ The CDC data from 10 jurisdictions provides further evidence of the pandemic's impact on routine childhood and adolescent vaccination rates. Researchers in this found that shots for children and teens between March and May 2020 were substantially lower for routine vaccinations, including for DTaP (diphtheria, tetanus, and acellular pertussis), measles, and HPV, across all age groups, compared to the same three-month period in 2018 and 2019.⁹ The country, along with Ohio, is forced to play catchup with our children's vaccination rates. HB 248 could prove to be detrimental to Ohio's efforts and, as we know, with extremely contagious diseases such as measles — far more infectious than the coronavirus — even the smallest decline in vaccination coverage can compromise herd immunity, leading to outbreaks.

Ohio vaccination rates for children are already among the lowest in the U.S. This legislation serves to exacerbate this problem in Ohio by creating a new disincentive for children to receive their life-saving immunizations. Since childcare centers and schools require information about the vaccines children have received, families see their health care provider to maintain vaccinations and document their child's immunization records. This bill prohibits any entity from requiring or requesting any vaccine information. Schools and childcare would not be able to request nor could any parent submit whether children are vaccinated or not. Research has shown that children with exemptions from school immunization are at increased risk for vaccine-preventable diseases, posing a risk for disease outbreaks among both students and teachers.¹⁰ Furthermore, this bill removes the ability for Ohio's public health system to track information critical to preventing outbreaks of contagious diseases found in other parts of the world, including measles, hepatitis, rotavirus and meningitis. We can certainly appreciate the seriousness of this concern after experiencing a global pandemic.

Importantly, HB 248 would also take away the rights of a hospital in Ohio to implement important safety measures meant to protect both its caregivers and patients within the healthcare setting. This is most dangerous for immunocompromised patients (children and adults). For instance, it would be unprecedented for a healthcare system to not denote who is and is not vaccinated when it comes to the flu vaccine. Immunocompromised individuals face an increased risk of infections, including influenza, and are at higher risk of influenza-related complications, such as increased frequency of hospitalization, intensive care unit admission and death. Each year, 5% to 20% of U.S. residents acquire an influenza virus infection, and many will seek medical care in ambulatory healthcare settings.¹¹ According to the CDC, more than 200,000 persons, on average, are hospitalized each year for influenza-related complications. Although not mandatory, the CDC recommends all healthcare workers get vaccinated annually, which has been shown by several studies to reduce hospital-acquired infection and enhance patient safety.¹²

UH has serious concerns over HB 248, as it puts Ohioans, including our children, at risk by compromising Ohio's public health framework that currently prevents outbreaks of vaccine-preventable diseases. HB 248 would greatly impair our ability to protect both our patients and caregivers.

⁷ <https://www.nejm.org/doi/full/10.1056/nejmoa1602295>

⁸ <https://www.bcbs.com/press-releases/the-blue-cross-blue-shield-association-reports-steep-decline-childhood-vaccinations>

⁹ <https://www.washingtonpost.com/health/2021/06/10/childhood-vaccination-falloff-increased-risk-disease-outbreaks/>

¹⁰ <https://www.nejm.org/doi/full/10.1056/nejmsa0806477>

¹¹ <https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>

¹² https://www.cdc.gov/flu/professionals/healthcareworkers.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fflu%2Fhealthcareworkers.htm

Thank you Chairman Lipps, Vice Chair Holmes, Ranking Member Russo, and members of the House Health Committee for this opportunity to provide feedback on this important legislation.

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