



**Ohio Association of Community Health Centers
House Health Committee
Testimony on House Bill 248
June 15, 2021**

Chairman Lipps, Ranking Member Russo and Members of the House Health Committee, thank you for the opportunity to provide written opponent testimony on House Bill 248. My name is Dana Vallangeon, MD I am dually board certified in Family Medicine and Addiction Medicine and a former health center CEO and staff physician for over 17 years. In addition, I was a medical director at a free clinic and at a substance use disorder/mental health treatment facility, along with an ongoing role as adjunct medical school and Family Medicine residency faculty. Currently I am the Chief Medical Officer for the Ohio Association of Community Health Centers (OACHC).

The Ohio Association of Community Health Centers (OACHC) supports all of Ohio's 57 Federally Qualified Health Centers and FQHC Look-Alikes (more commonly referred to as Community Health Centers, or CHCs), providing care to more than 854,000 Ohioans across 431 healthcare delivery sites spread throughout 74 of Ohio's 88 counties. Community Health Centers are non-profit health care providers that deliver affordable, quality comprehensive primary care to medically underserved populations, regardless of insurance status.

Health center patients are among the nation's most vulnerable populations – people who are isolated from traditional forms of medical care because of where they live, who they are, the language they speak, and their higher levels of complex health care needs. Ohio's Community Health Centers have been, and continue to be, at the front lines protecting and providing health care to their patients, staff, and communities and this includes vaccines and immunizations.

Community Health Centers work closely with public health agencies and private partners to improve and sustain immunization coverage and to monitor the safety of vaccines. Vaccine-preventable disease levels are at or near record lows. This is due to the ongoing improvement in the technology of vaccines but also the universal nature of the adoption of the vaccinations. One tool used to maintain low rates of vaccine preventable disease is current vaccination law. Ohio's vaccination laws include vaccination requirements for children in public and private schools and daycare settings, college/university students, and healthcare workers and patients in certain facilities. HB 248 would eradicate decades of progress in our fight against preventable communicable disease.

HB 248 is over-reaching legislation taking aim at vaccines. It has been framed as a bill to stop the COVID-19 vaccines from becoming mandatory (which today is completely voluntary), but it would actually apply to ALL immunizations, including childhood vaccines. If passed, this legislation has the potential to reverse decades of immunity from life-threatening, but vaccine-preventable diseases such as measles, mumps, hepatitis, meningitis and tuberculosis. In addition, current Ohio law allows for personal choice and for vaccine refusal due to medical, religious or philosophical beliefs and is already more lenient than other states. As a result, Ohio has lower childhood immunization rates than national

averages, resulting in poorer health status for Ohio as a whole. The exemptions are in place today, therefore this legislation is not necessary and will only hinder the health of Ohio citizens.

HB 248 also impairs the choice and rights of employers and health care institutions to provide the safest possible environment for their employees, customers and patients by prohibiting the use of masking in any circumstance and preventing inquiry into vaccination status of employees. By removing this **option** for employers there becomes no ability to ascertain risk and to mitigate risk for communicable disease. As a medical provider who has practiced in all kinds of settings across the years, I would never agree to practice and see patients in this environment. It is unconscionable to ask providers and staff or employees to take on unnecessary risk and expose themselves and their families to adverse health outcomes just by showing up for work and doing their job. Working in an environment without ability to mask when appropriate and have vaccination status known would be like asking health care workers to deal with bodily fluids without proper protection and universal precautions which is accepted as best medical practice and science. This would be reversing years of workplace safety and culture built on a foundation of advanced medical knowledge. At the end of the day, it also impedes the individual rights of health care and other workers to a safe working environment.

HB 248 will have the unintended consequence of insuring that Ohio falls further behind in its health status and outcomes compared to other states (and we are already at the bottom). It will mean less well child care and adult well care for Ohioans, especially among the most vulnerable. Whether we like it or not, we know many Ohioans only routinely see their providers for childhood and adult vaccinations that matter to school and work attendance status. As both a practicing provider and the CMO of the Ohio Association of Community Health Centers, I strongly oppose HB 248 and respectfully ask that it be overwhelmingly rejected. Thank you in advance for your thoughtful consideration of these issues.