

HB 248: To Prohibit Required Vaccination Status
Opponent Testimony: Benjamin Robison
Ohio House Health Committee
June 18, 2021

Thank you for the opportunity to provide opponent testimony on House Bill 248. The limitations it would place on businesses, universities, nursing homes, hospitals and child day-care centers would have cascading impacts on both health in our communities and the economy. Below are some key points that I hope you will consider as evaluate this bill.

1. HB 248 would limit any employer, including child day-care centers and nursing homes, from inquiring about the vaccination status of their employees. (Lines 112 & 113) This would directly limit their ability to safely provide services.
 - a. Pertussis outbreaks can spread quickly in a childcare setting.
 - i. Pertussis (whooping cough) can cause serious illness in infants. The CDC estimates that about half of babies less than 1 year old who get pertussis need treatment in the hospital.
 - ii. Infants cannot begin their vaccinations against pertussis (whooping cough) until 2 months of age, and they are not fully protected until they get their 5th dose between 4 and 6 years of age. Infants are protected by others around them being vaccinated.
 - iii. Pertussis can be spread even without symptoms, so having vaccinated child day-care staff is critical. HB 248 would restrict asking about vaccination status.
 - b. Residents in nursing homes are vulnerable to a number of diseases, not just COVID. HB 248 would limit the employer's ability to know which of its staff are vaccinated against any vaccine-preventable disease, complicating their ability to safely care for their residents.
2. HB 248 would limit any entity from incentivizing any vaccine by requiring that all people, regardless of vaccination status, be given the same "disposition, service, financial aid, or benefit." (Lines 151 and 152) This would result in reduced health benefits, decreased productivity, and increased costs.
 - a. A [2015 study](#) found a national direct-cost burden of \$7.1B due to vaccine-preventable illnesses among unvaccinated adults. Based on population size, that would equate to \$265M of costs in Ohio alone.
 - b. As just one example, workers with influenza miss an average of 3.2 – 3.4 days of work. Those who continue to work with influenza report being less than 50% effective and also risk spreading disease within the workforce.
 - c. [In reviewing adult vaccination programs](#), businesses saved an average of \$13.66 per person vaccinated against influenza.
3. Privacy protections included in HB 248(Lines 118, 130 – 134, and 208-209) are not needed, as they are already provided in current law.
 - a. Guidelines from the Equal Employment Opportunities Commission (EEOC), the Americans with Disabilities Act (ADA), and the Health Insurance Portability and Accountability Act (HIPAA) already provide substantial

requirements that protect a person's vaccination status from unwanted disclosure. Were HB 248 to be rejected, a person would not be at risk of their private health information being disclosed publicly.

4. HB 248 intrudes on the rights of individuals by limiting the questions we can ask in seeking services as private citizens.
 - a. Lines 108 and 112-113 state, "No person [shall]... request an individual to disclose the individual's vaccine status.
 - b. If implemented, this would limit the ability of parents to inquire as to the vaccination status of their babysitters, for example, if being vaccinated was important to them.
5. HB 248 would remove vaccination requirements for college dormitories, which would present a direct risk to the health and safety of college students.
 - a. Currently, students must be vaccinated against meningitis before living in a dormitory. Universities have policies to accommodate students who have protected medical or religious reasons that would prevent them from receiving this vaccine.
 - b. Removing this requirement would create a risk to the lives of the students living the dormitories. I know this directly, because I supported a mass vaccination effort at Colorado State University in 2010 following the death of four of their students from meningitis.

Please do not equate my opposition to HB 248 as support for a vaccine passport system, like those currently being discussed for COVID. I am opposed to vaccine passport systems and have stated so publicly on numerous occasions. To my knowledge, I am not aware of any Ohio governmental entity currently lobbying for such a system. Rejecting HB 248 does not, by default, establish a vaccine passport system, so I am comfortable advocating against both.

Being vaccinated against any disease—whether COVID, measles, polio, or influenza—is a personal choice that an individual should consider in consultation with their healthcare provider and others of importance in their lives. HB 248 is not needed for people to decline vaccines, as they can already do that.

While it is critical that we retain the opportunity for people to decline being vaccinated, there is also substantial reason to promote vaccines. It was estimated that, in the United States, investment in childhood immunization prevented as much as 322 million cases of infectious diseases, 21 million hospitalizations, and 731,700 deaths between 1924 and 2013. The benefits from preventing these impacts has been critical to our success as a nation. Limiting the ability to even ask about or to incentivize being vaccinated goes too far and will limit Ohio's opportunity to reap the health and economic benefits of being vaccinated. Thank you for your consideration of my concerns.