

Ohio Chapter

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American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



Ohio Association of Health Plans



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AOHC

Association of Ohio Health Commissioners, Inc.



Columbus Medical
Association



Ohio Children's Hospital Association

Saving, protecting and enhancing children's lives

To: Members of the Ohio House of Representatives Health Committee

Date: March 23, 2026

Re: HB 561

On behalf of the above organizations, we collectively share our concerns regarding House Bill 561, which would weaken long-standing public health protections that help prevent outbreaks of vaccine-preventable diseases, and we urge you to oppose this legislation.

Public health advocates, including physicians and nurses, are deeply concerned that this legislation weakens long-standing, evidence-based protections that prevent disease in childcare and school settings. The existing policies are not punitive. They exist to safeguard classrooms, protect medically vulnerable children and minimize disruption for families and schools. HB 561 is not about choice, but rather convenience and puts not just children but communities at risk for outbreaks.

1. Limiting Exclusion During Outbreaks Removes a Critical Public Health Tool

- a. HB 561 restricts the ability of schools and childcare centers to temporarily exclude unvaccinated children during outbreaks of vaccine-preventable diseases.
- b. Temporary exclusion is a long-standing public health practice that:
 - i. Protects the broader school population
 - ii. Prevents further spread
 - iii. Keeps outbreaks small and manageable
- c. Without this authority, schools have fewer options to respond quickly and effectively. This places medically vulnerable children, including those who are immunocompromised or unable to be vaccinated, at greater risk.

2. Removing Hepatitis B from Childcare Requirements Weakens Disease Prevention

- a. Hepatitis B is a serious but preventable infection that can cause lifelong liver disease and liver cancer. Young children who become infected are far more likely than adults to develop chronic infection, making early protection critical.
- b. Childcare settings involve close contact, shared items, and potential exposure to bodily fluids – conditions that increase transmission risk. Removing the Hepatitis B vaccine requirement reverses decades of progress against a disease pediatricians know how to prevent safely and effectively.
- c. Vaccine requirements are based on medical evidence and risk assessment in group settings. They are not arbitrary.
- d. The Centers for Disease Control and Prevention (CDC) recently updated its immunization schedule to classify the Hepatitis B vaccine under shared clinical decision-making between families and their physician. However, the vaccine continues to be strongly recommended by the American Academy of Pediatrics (AAP), the American Medical Association (AMA), and more than ten of the nation's leading healthcare organizations. The

proposed change in this legislation would not align with current CDC or AAP immunization recommendations

3. **Accurate Vaccination Records Are Essential for Outbreak Response**
 - a. Schools and health departments rely on accurate immunization records to identify who is at risk and to implement targeted responses.
 - b. Many families who opt out do so not because of deeply held beliefs, but because the exemption process can be confusing or vaccine paperwork is incomplete. This results in inaccurate or incomplete records.
 - c. In an outbreak, poor data slows response time, increases uncertainty and puts more children at risk.

4. **We Support Informed Choice, Not Opt-Out by Default**
 - a. These organizations respect parental choice and support transparency. However, opting out of vaccination should be a deliberate, informed decision and based on working with your trusted medical provider to make an informed choice together.
 - b. In previous years, public health advocates supported strengthening the exemption process by:
 - i. Updating exemption forms
 - ii. Requiring a conversation with a licensed healthcare provider before granting an exemption
 - c. This approach preserves parental rights while ensuring families receive accurate, science-based information rather than misinformation.

5. **Provider Conversations Improve Public Health Outcomes**
 - a. Requiring a healthcare provider conversation:
 - i. Helps parents understand risks and benefits
 - ii. Reduces uninformed opt-outs
 - iii. Improves accuracy of school immunization records
 - b. Accurate records allow schools and health officials to quickly identify exposed children, make informed decisions during outbreaks, and minimize disruption while protecting health.

HB 561 moves Ohio in the opposite direction by weakening both outbreak response tools and data quality:

- Removes the Hepatitis B vaccine requirement for childcare
- Limits schools' ability to manage outbreaks
- Undermines accurate vaccination reporting

These changes increase preventable disease risk and make schools more vulnerable to disruption. Evidence shows that school attendance has significant impact on academic success, social development and in the long term it impacts graduation rates and job attainment. Missing school due to a vaccine preventable illness, not only disrupts student learning, but also adds stress to families when parents must miss work to stay home with their child. Ohio's children are safest when public policy is guided by open

dialogue with experts and providers, informed decision-making and strong public health infrastructure.

For these reasons, we respectfully urge you to vote **NO** on HB 561.

Thank you for your service to Ohio's children and families.