

IMMUNIZATION STATUS FOR 6TH GRADERS

**House Bill 5291 (Substitute H-1)
Sponsor: Rep. Paul DeWeese**

**House Bill 5292 (Substitute H-1)
Sponsor: Rep. Gerald Law**

**House Bill 5293 (Substitute H-1)
Sponsor: Rep. Jason Allen**

**Committee: Health Policy
First Analysis (2-29-00)**

THE APPARENT PROBLEM:

Current law requires that a child entering a public or non-public school for the first time must submit 1) a statement signed by a physician that the child has been tested for and immunized or protected against diseases specified by the state health department; 2) a statement signed by a parent or guardian to the effect that the child has not been immunized because of religious convictions or other objection to immunization; or 3) a statement signed by a physician that certifies that the child is in the process of complying with all immunization requirements. A child cannot enroll in school without the required documentation of his or her immunization status.

Immunization is one of the most effective tools in increasing the health of an individual. For example, prior to 1978, there were approximately 8,000 cases of measles a year statewide that required dozens of hospitalizations and resulted in several deaths each year. Public health officials credit advances in vaccines and mandatory immunization for school enrollment for a decrease to only six reported cases of measles in Michigan in 1999 and 10 in 1998. It has been documented recently, however, that adolescents aged 11-21 and young adults aged 22-39 are continuing to contract and suffer effects from diseases that are preventable. It is believed that these populations are susceptible to vaccine-preventable diseases because most vaccination programs have focused on initial entry to school or when children change schools, and have not included a focus on improving the vaccination coverage of adolescents. Many vaccines require a booster around the fifth to seventh grades; unless the child is having regular medical check-ups or changes schools, the need for the additional immunizations may

go unnoticed. The child would then be susceptible to contracting a disease should he or she be exposed to it.

Reportedly, over one-half of the states have adopted laws to check the immunization status of all middle-school aged children. Over two years ago, the Michigan Advisory Committee on Immunization recommended that the Michigan Department of Community Health promote pre-adolescent health screening visits at ages 11-12 years. This policy has also been endorsed by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP). A health screening for pre-adolescents could be used to assess the need for updating a child's immunizations. It has been recommended, in light of the benefit to public health and safety afforded by immunizations, that the laws regulating childhood immunizations be amended to include mandatory assessment of the immunization status of all sixth-grade students.

THE CONTENT OF THE BILLS:

The bills would amend various acts to, among other things, require the immunization status of students entering the sixth grade to be included in immunization status reports for new students currently reported by school districts and intermediate districts. The bills are tie-barred to each other. Specifically, the bills would do the following:

House Bill 5291 would amend the State School Aid Act of 1979 (MCL 388.1767). Currently, each school district or intermediate district must report twice each

school year to its local health department the immunization status of new K-12 students and the percentage of the entering students who do not have a completed, waived, or provisional immunization record. Unless the district or intermediate district maintains immunization levels at a prescribed percentage (90 percent of entering students for the first report due on November 1 of each year and 95 percent for the second report due on the following February 1), the Department of Education is required to withhold five percent of the total funds due to the school district or intermediate district until compliance is established. If the school district or intermediate district does not comply before the end of the fiscal year, it forfeits the funds withheld. The bill would specify that beginning in the 2002-2003 school year, immunization information would also be reported for students enrolling in grade six in a district or intermediate district for the first time.

House Bill 5292 would amend the Public Health Code (MCL 333.9208). Currently, a parent, guardian, or person in loco parentis is required to present either a certificate of immunization or a statement of exemption when registering a child for the first time in a school in this state. The bill would also require, beginning in the 2002-2003 school year, one of the two immunization documents listed above to be presented to school officials when a child enters the sixth grade.

House Bill 5293 would amend the Revised School Code (MCL 380.1177). Currently, for each child enrolling in a public or nonpublic school for the first time, the code requires the submission of documents verifying the immunization status of the child, that the child has not been immunized due to religious beliefs or other objections, or that the child is in the process of complying with immunization requirements. The bill would specify that this provision would also apply to children enrolling in grade six for the first time.

The bill would also specify that, beginning in 2002-2003, the immunization status of students enrolling in grade six in a school for the first time would have to be included in the November 1 report sent by the school to the Department of Community Health. Further, the bill would clarify that a provision requiring the documentation of an eye examination for a child between the age of three and initial entrance to school pertains to a child enrolling in kindergarten for the first time.

BACKGROUND INFORMATION:

Currently, children entering kindergarten are required to be inoculated against polio; measles, mumps, and Rubella (MMR); hepatitis B; and diphtheria, tetanus, and pertussis (DTaP or DTP). Beginning in the 2002-2003 school year, the Varicella virus vaccine (chickenpox) will be required under departmental rules.

FISCAL IMPLICATIONS:

According to the House Fiscal Agency, each of the bills is anticipated to result in an indeterminate increase in costs at both the state and local governmental levels. However, since the structure to maintain and transmit this information is already in place, the cost to school districts and the Department of Community Health to administer this information collection and data record keeping should be relatively modest. (2-28-00)

ARGUMENTS:

For:

There exists overwhelming documentation that demonstrates the health benefits to individuals and communities from vaccinations. Polio and smallpox have been virtually wiped out worldwide, and the number of cases of measles, mumps, diphtheria, and so on have been greatly reduced. In fact, childhood vaccination programs have so significantly reduced the adverse impact of these diseases, that it is easy to become complacent about the need for completed series of shots or for booster shots to maintain immunity. However, as the number of people susceptible to contracting a disease grows, the more likely it is that a few sick people could be the beginning of an outbreak. Further, far from being innocent childhood diseases, all of the diseases currently required to be inoculated against carry many serious complications, including death. Where some of the diseases pose a greater risk to the very young and very old, others, such as chicken pox, can strike young adults with a vengeance, leaving its victims scarred and causing impotence in men.

Further, these diseases can be infectious days before symptoms appear; therefore, a person may not know he or she has been exposed to an infected person until after developing symptoms (in which case, he or she has also exposed many others to possible sickness). In

the case of measles, it is estimated that 95 percent of susceptible people will contract the disease if exposed to it. They in turn will expose others before even knowing they are sick. For these reasons, current law requires schools to take actions in the event of an outbreak of a vaccine-preventable disease, including identifying all the susceptible children and keeping them out of school until they are no longer susceptible (e.g., the outbreak has subsided or they have built up immunity after receiving the appropriate inoculation). According to Department of Community Health staff, this could mean that an unimmunized or under-immunized child could be removed from school for up to six to nine weeks, perhaps even longer, until the outbreak is controlled.

Current laws are sufficient to ensure that children receive the initial immunizations. Unfortunately, unless a child moves to a new school or has regular health check-ups, the parents of an older child may not realize that their son or daughter is in need of booster shots or additional doses to maintain immunity. The bills would rectify this situation by mandating an immunization assessment of every child when he or she enters the sixth grade, similar to what is already in place for kindergarten students and K-12 students who change schools. The bills would, however, leave in place the religious exemption and the parental objection exemption to immunizations.

For:

The bills would provide schools with a several-year lead to prepare for the added assessment of sixth-grade immunization status. Further, under current law, if schools do not maintain a 95 percent immunization rate, the state can withhold five percent of their annual funding. However, unlike the bills as introduced, the committee-passed versions of the bills do not include the sixth-grade assessment in the percentage of children who must be properly immunized in order to receive full funding, and so they are much more much acceptable to school officials.

Response:

As written, the committee version of House Bill 5291 could still be read to include the sixth-grade assessment in the percentage of children who must be immunized in order for the school district to receive full funding. If the intent of the committee-adopted substitutes was to remove the sixth-grade assessment from the penalty provision, the language should be amended to clear up any ambiguity.

Further, the bills would result in additional expense to schools to implement a sixth-grade immunization assessment. If the bills are enacted, schools will need additional revenue to fund the added record keeping expenses.

POSITIONS:

The Michigan Association of School Nurses supports the bills. (2-24-00)

The Council for Maternal and Child Health supports the bills. (2-24-00)

The Michigan State Medical Society supports the bills. (2-17-00)

The Michigan Federation of Teachers supports the bills. (2-25-00)

The Michigan Education Association (MEA) supports the bills. (2-25-00)

The Michigan Association for Local Public Health supports the bills. (2-25-00)

Michigan Opposing Mandatory Vaccines (M.O.M.) indicated in written testimony that the organization is neutral on the bills. (2-14-00)

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■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.