COUNCIL OF THE DISTRICT OF COLUMBIA
COMMITTEE OF THE WHOLE
COMMITTEE REPORT
1350 Pennsylvania Avenue, NW, Washington, DC 20004

TO: All Councilmembers

FROM: Chairman Phil Mendelson
Committee of the Whole

DATE: September 19, 2023

SUBJECT: Report on Bill 25-278, "School Student Vaccination Amendment Act of 2023"

The Committee of the Whole, to which Bill 25-278, "School Student Vaccination Amendment Act of 2023" was referred, reports favorably thereon with technical amendments, and recommends approval by the Council.

CONTENTS

I. Background and Need 1
II. Legislative Chronology 4
III. Position of the Executive 4
IV. Comments of Advisory Neighborhood Commissions 4
V. Summary of Testimony 4
VI. Impact on Existing Law 5
VII. Fiscal Impact 5
VIII. Racial Equity Impact Assessment 5
IX. Section-by-Section Analysis 6
X. Committee Action 6
XI. Attachments 6

I. BACKGROUND AND NEED

The purpose of Bill 25-278 is to reverse the mandate that students who are eligible for a fully approved COVID-19 immunization be fully vaccinated against COVID-19. Currently, all students enrolled in DC Public Schools (DCPS) and DC Public Charter Schools (DCPCS) must receive the COVID-19 vaccine to be admitted to school.[1] Bill 25-278 removes the COVID-19 vaccination from the list of required immunizations for DCPS and DCPCS students.

Since March 2020, the COVID-19 virus has ravaged the District, the United States, and the world. The virus killed thousands of District residents, most of whom are individuals of color, forced students learn virtually, significantly setting back learning, and devastated families and businesses. With the mass availability of the vaccination against COVID-19 the District has been able to slowly return to pre-pandemic life. Given the importance of the COVID-19 vaccination on slowing the spread

[1] D.C. Law 24-86 required students who are eligible for a fully approved COVID-19 immunization, and childcare workers in the District, be fully vaccinated against COVID-19 by March 1, 2022.

of the virus and in saving lives, the Committee believes that students should be fully vaccinated against this virus. However, there is a disparity in terms of which students are vaccinated and which are not.

In DC, students must be immunized against several illnesses including diphtheria, poliomyelitis, tetanus, rubella, measles, and the mumps.[2] In response to the COVID-19 pandemic, on December 21, 2021, the Council passed the "Coronavirus Immunization of School Students and Early Childhood Workers Amendment Act of 2021," which added SARS-CoV-2 (COVID-19) immunizations with full Food and Drug Administration authorization to the list of vaccinations required of District students.[3] This would be the first time that the District committed to enforcement, meaning that students who were not vaccinated by the first day of school in School Year 2022-2023 would have 20 school days to become vaccinated. If students did not meet the requirements within the 20 school days, they would be excluded from school and reported to the Child and Family Services Agency. At that time, the District was in the midst of an unprecedented surge of COVID-19 cases and the decision to require students to be vaccinated against COVID-19 as a condition of enrollment was the best policy choice available to the Council.

On November 1, 2022, the Council passed the "Coronavirus Immunization of School Students Emergency Amendment Act of 2022" which delays the date by which students must be vaccinated against COVID-19 from the first day of School Year 2022-2023 to the first day of School Year 2023-2024.[4] DC Health, along with District education agencies like the Deputy Mayor of Education, the Office of the State Superintendent, and Local Education Agencies, testified in favor of this measure. There is unanimous agreement and confirmed scientific data that vaccines are the most effective tool we possess for preventing disease and improving public health.[5]

Vaccines are safe. It is a fact that vaccines keep communities safe by strengthening a person's natural defense against diseases and reducing the likelihood that the disease could spread to others.[6] Unfortunately, widespread misinformation has caused many of our students' families to distrust the COVID-19 vaccine or believe that infection with this virus is trivial. Black residents between the ages of 5 and 17 experience persistent gaps in COVID-19 vaccination when compared to their white peers in the same age groups.[7] By June 2022, 27% of students in District schools were noncompliant with required immunizations. By this June, that measure had dropped to 20%.[8] To ensure that the minimal number of students are kept out of school next school year due to their vaccination status, at the October 27th hearing the Committee requested that the Deputy Mayor for Education (DME) submit a plan to the Committee addressing how it will: 1) increase COVID-19 vaccination rates; and 2) convince the 24% of students who have either not submitted their routine childhood immunization certificates or received their routine childhood immunizations to do so.

In following the advice and counsel of DC Health, the Executive has suggested a new plan of four levels of enforcement. The Office of the State Superintendent (OSSE) will enforce routine immunization compliance requirement only in four grades: PreK-3, Kindergarten, 7th grade, and 11th

[2] DC Official Code § 38-501.
[3] A24-280.
[4] A24-669.
[5] https://www.cdc.gov/vaccinesafety/ensuringsafety/history/index.html.
[6] "Explaining How Vaccines Work." Centers for Disease Control and Prevention. May 24, 2023.
[7] https://coronavirus.dc.gov/data/vaccination.
[8] *Id.*

grade. The Executive believes this change will simplify and streamline enforcement of the immunization mandate while reducing the number of children at risk for exclusion from school.

The Executive has also suggested several changes be made to update the existing law to clarify and make uniform several definitions in accordance with current practices. The Committee has made both substantive and technical amendments to the Bill and recommends Council adoption of the Committee print for Bill 25-278.

II. LEGISLATIVE CHRONOLOGY

April 27, 2023	Bill 25-278, the "School Student Vaccination Amendment Act of 2023" is introduced by Councilmember Henderson and Chairman Mendelson.
May 2, 2023	Bill 25-278 is referred to the Committee of the Whole with comments from the Committee on Health.
May 5, 2023	Notice of Intent to Act on Bill 25-278 is published in the *Register*.
May 28, 2023	Notice of Public Hearing filed in the Office of Secretary.
June 2, 2023	Notice of Public Hearing on Bill 25-278 is published in the *Register*.
June 22, 2023	A Public Hearing is held on Bill 25-278 by the Committee of the Whole and the Committee on Health.
September 19, 2023	Bill 25-278 is marked up by the Committee of the Whole.

III. POSITION OF THE EXECUTIVE

Thomas Farley, MD, MPH Senior Deputy Director, DC Health, Andrea Boudreaux, Psy.D., MPH, MA, FACHE, Executive Director of Children's School Services, Children's National Hospital, Paul Kihn Deputy Mayor for Education, and Tia Brumsted, Assistant Superintendent of Health and Wellness, Office of the State Superintendent for Education testified on behalf of the Executive in support of the intent of Bill 25-278, "School Student Vaccination Amendment Act of 2023". Their testimony is summarized below.

IV. COMMENTS OF ADVISORY NEIGHBORHOOD COMMISSIONS

The committee received no comments from Advisory Neighborhood Commissions on Bill 25-278.

V. SUMMARY OF TESTIMONY

The Committee of the Whole held a joint public hearing on Bill 25-278 on June 22, 2023. The testimony summarized below is from that hearing.

Thomas Farley, MD, MPH Senior Deputy Director, DC Health testified in support of the "School Student Vaccination Amendment Act of 2023" and highlighted the importance of immunization against COVID-19 is a vital part of DC Health's ongoing strategy for combatting this infection. This virus can be dangerous in children, and the COVID-19 vaccine is extremely safe in children as well as in adults. He explained that while the existing District healthcare system has sufficient capacity to vaccinate all students, there are three obstacles for nurses to give routine vaccinations in school: 1. storage requirements, 2. Federal regulation for provider enrollment, and 3. parental consent. He also testified in favor of the new school nurses staffing model, which was later explained in depth by Andrea Boudreaux, Psy.D., MPH, MA, FACHE, Executive Director of Children's School Services, Children's National Hospital.

Andrea Boudreaux, Psy.D., MPH, MA, FACHE, Executive Director of Children's School Services, Children's National Hospital testified in support of the "School Student Vaccination Amendment Act of 2023" and explained the planned changes for staffing school health suites next school year in response to the national nursing shortage. By 2030, researchers anticipate that there will be a deficit of nearly one million nursing jobs. Due to this shortage, for over a decade the District has struggled to find an adequate number of nurses to provide in-person coverage of school health suites. Therefore, starting this fall, the District will implement a new staffing model using team-based care. In this model, four schools in geographic proximity will be staffed by a consistent team of four or more professionals, two nurses and three student health technicians. The nurses in the cluster will be responsible for the oversight of care for medically fragile students. The health technicians will support nurses in documentation, medication administration, first aide, hearing and vision screening, and serve as immunization points of contact for the schools.

Paul Kihn Deputy, Mayor for Education, testified in support of the "School Student Vaccination Amendment Act of 2023" and expressed his full support for the COVID-19 vaccine and encouraged all residents to get their shots and boosters. However, because the virus has changed significantly, largely as a result of the number of people who have immunity, the virus no longer poses the same level of threat to the well-being of our residents. He stated that he does not want the District to be alone in the country in requiring the COVID-19 vaccine for students and supports the permanent removal of the COVID-19 vaccine from the list of Routine Pediatric Immunizations that are required for school attendance. He vowed to continue to work closely alongside DC Health to encourage all students to get their COVID-19 vaccinations and boosters in keeping with national and local public health guidance. He also supports the focus on four key grades that correspond to age bands after which vaccines are routinely recommended: PreK-3, Kindergarten, 7th grade, and 11th grade. He believes this will result in a single District-wide notification and exclusion date, regardless of school or sector, to make the process easier for families.

Tia Brumsted, Assistant Superintendent of Health and Wellness, Office of the State Superintendent for Education testified in support of the "School Student Vaccination Amendment Act of 2023" and is now positioned to transition to pre-pandemic operations and regular programs that mirror national practices. OSSE recently met with DC Health and Children's leadership to learn about

the updated health suite staffing model that will be employed next school year. OSSE supports these plans, which align to the CDC's framework for addressing health in schools. Lastly, OSSE not only supports, but also will take lead in outreach to four targeted grades for routine immunization compliance.

Aria Montcrieff, Public Witness testified in support of the "School Student Vaccination Amendment Act of 2023". She testified that while she personally believes our communities will be safer and healthier if every child is vaccinated against COVID-19, she believes that requiring children over 12 be vaccinated in order to attend school would greatly impact educational access for communities of color in the District.

Charles Rominiyi, Public Witness stated his appreciation in the efforts made by the Department of Health and their nursing contractor Children's National Medical Center to expand nursing coverage over the past year. He also testified in support of changes to school immunization enforcement that targets efforts on specific grade levels and sets the exclusion date well beyond the enrollment audit. This will simplify data tracking and allow local education agencies the ability to pool efforts towards preventative immunization access rather than reactive exclusion from school.

Rachel Johnston, Public Witness testified in support of the "School Student Vaccination Amendment Act of 2023". As the Senior Director of Operations and School Support, DC Charter School Alliance, she stated Charter schools have encouraged and will continue encouraging parents to vaccinate their children against COVID-19 because they understand the public health benefit. However, we are in a different place now with the pandemic. The District has ended the Public Health Emergency and is no longer undertaking a citywide effort to promote these vaccines. Keeping this vaccine requirement means more students will be subject to exclusion from school. Excluding students from school not only impacts their academic performance, but also suspends their access to incredibly important wraparound services – things like after-school programming, meals, and vital mental health services.

VI. IMPACT ON EXISTING LAW

Bill 25-278 amends the Immunization of School Students Act of 1979 by repealing the COVID-19 definition and repeals the requirement that students provide a COVID-19 certification to be admitted to school. Bill 25-278 also updates terms to be consistent with existing regulations.

VII. FISCAL IMPACT

According to the September 13, 2023 fiscal impact statement from the Chief Financial Officer funds are sufficient in the fiscal year 2023 through fiscal year 2026 budget and financial plan to implement the proposed legislation. There is no cost to repeal the COVID-19 vaccination requirement for students. Likewise, the District of Columbia Public Schools and public charter schools can distribute immunization information and notify responsible persons about missing immunizations, required immunizations, and missing certificate of health forms with existing resources.

VIII. RACIAL EQUITY IMPACT ASSESSMENT

According to the Racial Equity Impact Assessment (REIA) completed by the Council Office of Racial Equity, Bill 25-278 will likely improve educational and quality of life outcomes for Black, Indigenous, Latine, and other students of color. More specifically, by excluding students from support and learning based on their vaccination status, students are further distanced from critical child development opportunities that help them thrive.

The REIA reports that the repeal of the mandate does not affect the District's critically important efforts to get students vaccinated. As the education agencies for the District continue their efforts to inform families about where to access vaccines and the importance of immunizations, the bill's elimination of the vaccine mandate means that more children will have access to important health resources without the penalty.

IX. SECTION-BY-SECTION ANALYSIS

Section 1 — States the short title of Bill 25-278.

Section 2 — Removes the requirement for COVID-19 vaccination for students, authorizes the Mayor to establish the list of immunizations required for attending schools, child development facilities, and colleges and universities, establishes standards for excluding from students who do not have the required immunizations or an exemption from immunization from attending schools or child development facilities. This section also requires schools and child development facilities to annually distribute immunization information and to notify a responsible person for the student if a student does not have a complete certification of immunization of the missing immunizations. Lastly, this section provides information on how to obtain immunizations and to provide notifications that are accessible to individuals with disabilities and in languages other than English.

Section 3 — Fiscal Impact Statement.

Section 4 — Establishes the effective date by stating the standard 30-day Congressional review language.

X. COMMITTEE ACTION

XI. ATTACHMENTS

1. Bill 25-278 as introduced

2. Written Testimony and Letters
3. Racial Equity Impact Assessment
4. Fiscal Impact Statement for Bill 25-278
5. Legal Sufficiency Determination for Bill 25-278
6. Comparative Print for Bill 25-286
7. Committee Print for Bill 25-278

COUNCIL OF THE DISTRICT OF COLUMBIA
1350 Pennsylvania Avenue, N.W.
Washington D.C. 20004

Memorandum

To : Members of the Council

From : Nyasha Smith, Secretary to the Council

Date : Monday, May 1, 2023

Subject : Referral of Proposed Legislation

Notice is given that the attached proposed legislation was introduced in the Office of the Secretary on Thursday, April 27, 2023. Copies are available in Room 10, the Legislative Services Division.

TITLE: "School Student Vaccination Amendment Act of 2023", B25-0278

INTRODUCED BY: Councilmember Henderson and Chairman Mendelson

The Chairman is referring this legislation to Committee of the Whole with comments from the Committee on Health.

Attachment
cc: General Counsel
Budget Director
Legislative Services

Chairman Phil Mendelson

Councilmember Christina Henderson

A BILL

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

To amend the Immunization of School Students Act of 1979 to remove the requirement that eligible students in the District of Columbia receive a vaccination against COVID-19.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the "School Student Vaccination Amendment Act of 2023".

Sec. 2. The Immunization of School Students Act of 1979, effective September 28, 1979 (D.C. Law 3-20; D.C. Official Code § 38-501 *et seq*.), is amended as follows:

(a) Section 2 (D.C. Official Code § 38-501) is amended by striking paragraph 2A.

(b) Section 3a(a) (D.C. Official Code § 38-502.01(a)), is repealed.

(c) Section 4 (D.C. Official Code § 38-503) is amended by striking the phrase "; provided, that the Mayor may not issue regulations that conflict with the requirements of section 3a." and inserting a period in its place.

Sec. 3. Fiscal impact statement.

The Council adopts the fiscal impact statement of the Budget Director as the fiscal impact statement required by section 4a of the General Legislative Procedures Act of 1975, approved October 16, 2006 (120 Stat. 2038; D.C. Official Code § 1-301.47a).

Sec. 4. Effective date.

This act shall take effect following approval by the Mayor (or in the event of veto by the Mayor, action by the Council to override the veto), a 30-day period of Congressional review as provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 813: D.C. Official Code § 1-206.02(c)(1)), and publication in the District of Columbia Register.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health

Public Hearing on "School Nurses" and "Bill 25-278, School Student Vaccination Amendment Act of 2023"

Testimony of
Thomas Farley, MD, MPH
Senior Deputy Director
Community Health Administration

Before the
Committee of the Whole
Council of the District of Columbia
The Honorable Phil Mendelson, Council Chairman

Thursday, June 22, 2023
10:00 AM
The John A. Wilson Building
1350 Pennsylvania Avenue, NW
Washington, DC 20004

Good morning, Chairman Mendelson, Councilmembers, and staff of the Committee of the Whole. My name is Dr. Thomas Farley, and I am a pediatrician and the Senior Deputy Director for the District of Columbia Department of Health's (DC Health) Community Health Administration. On behalf of Mr. Keith Fletcher, Interim Director of DC Health, I am pleased to offer testimony on DC Health's efforts to promote routine pediatric and COVID-19 immunizations and how we are updating our school health services program to better support our children.

Since DC Health last came before the Committee of the Whole to discuss pediatric immunizations in October of 2022, DC Health and its partners have continued to provide access to – and raise awareness of the need for – routine pediatric immunizations. Thanks to the work of DC Health staff, grantees, and education partners, we saw significant improvements in immunization rates over the past twelve months. In June of last year, 27% of students in District schools were noncompliant with required immunizations. By this June, that measure had dropped to 20%. While we still have work to do, we are encouraged by this improvement, and we are making additional changes for the 2023-24 school year to build on this momentum.

Our immunization registry, the District of Columbia Immunization Information System (DOCIIS), is now more robust than ever because it is connected to more health care providers in the District, as well as with the immunization registries of Maryland and Virginia. Furthermore, we have enhanced our Immunization Compliance Portal, the access tool that displays the data in the registry to school-based staff. This portal will be used by school-based staff to easily determine whether a child is compliant with school vaccination requirements and if not, what vaccines are due. The portal can also generate letters for individual children or groups of children notifying their parents and guardians of the vaccines they are due.

In preparation for next school year, DC Health, in partnership with the Office of State Superintendent of Education (OSSE), has updated our criteria for immunization compliance for school attendance. This revision follows the federal Advisory Committee on Immunization Practices (ACIP) which considers a student "due" for vaccine as soon as the child reaches an age where a vaccine is recommended, instead of using a two-tiered system: "due" and "overdue." This revision will have the initial effect of increasing the total number of children counted as noncompliant since all students due for a vaccine will be noncompliant. However, OSSE is planning next year to enforce the immunization compliance requirement only in four grades: PreK-3, Kindergarten, 7th grade, and 11th grade. Together, these changes will simplify and streamline enforcement of the immunization mandate while reducing the number of children at risk for exclusion from school.

As we emerged from the COVID-19 pandemic, our vaccination strategy shifted to one of sustainable, ongoing engagement with partners and community members focused on promoting routine immunizations, ensuring that the public has access to immunization opportunities and reinforcing public trust in vaccine effectiveness. DC Health believes that the best place for children to be vaccinated is at the clinics or offices of their primary medical providers, who know the children's medical history and can answer parents' questions in the context of an established, trusting relationship. DC Health will continue to work with the approximately 50 medical facilities within the District offering routine pediatric immunizations to ensure that they remain available and accessible to all District families. To supplement that this summer and fall, DC Health will work with partners to host vaccination clinics at schools and community events, as well as offer vaccinations at our seven (7) School Based Health Centers. When children are at risk for exclusion from school, we will partner with key providers to make walk-in vaccination opportunities

available. The existing District healthcare system has sufficient capacity to vaccinate all students under risk of exclusion – and with our additional appointment and walk-in opportunities, all parents should be able to have their children vaccinated without missing school days.

We understand that some Councilmembers have asked why school nurses do not offer vaccinations in schools routinely. While this may appear to be efficient, there are three obstacles that make this approach difficult to implement with very little impact. First, storage requirements: the requirements for storage of vaccines are costly, involving specialized refrigerators that log temperatures and emit alarms if temperature limits are exceeded. In conjunction is the accompanying need for staff or contractors to be able access those refrigerators twenty-four hours a day, seven days a week, to rescue vaccines that are not held at appropriate temperatures.

Second are the federal requirements for provider enrollment, vaccine management and billing: organizations offering vaccinations must be enrolled as providers under the federal Vaccines For Children (VFC) program and must bill for children covered by private insurance to recoup the costs of the vaccines. One of the VFC program's requirements is that providers must keep two separate stocks of vaccines, one for privately-insured patients and one for publicly-insured and uninsured patients. This can lead to wastage of vaccine, which can be expensive.

A third obstacle is parental consent: per federal requirements, parents must provide consent to vaccinate their children at or near the time of vaccination. Obtaining those consents will be time-consuming for staff and often requires that parents come to the school with their children during the school day.

While these obstacles do not make it impossible to offer vaccinations in schools, they do mean that the number of children vaccinated through such an approach is likely to be small and not justified by the costs for the equipment, vaccines, and staff time. In discussions with other

immunization programs around the U.S., we learned that very few offer routine school-based vaccinations. Those that do tend to be school systems in very rural areas where there are almost no primary care providers offering vaccinations in the community. More commonly, any vaccinations administered in schools are delivered by School-Based Health Centers and by mobile medical providers in one-day vaccination events. These are among the approaches we are already providing in the District.

Ensuring trust in vaccinations is the second pillar of insuring families have their children vaccinated. We will continue to educate families on the efficacy and safety of routine pediatric immunizations through social media, advertising in public areas and bus stops, and at our sister agencies such as the Department of Parks and Recreation and DC Public Library.

As the Council considers the School Student Vaccination Amendment Act of 2023, I want councilmembers to know that immunization against COVID-19 is a vital part of DC Health's ongoing strategy for combatting this infection. This virus can be dangerous in children, and the COVID-19 vaccine is extremely safe in children as well as in adults. Unfortunately, widespread misinformation has caused many of our students' families to distrust the COVID-19 vaccine or believe that infection with this virus is trivial. Our data shows that more than 40% of children over the age of 12 in DC public and charter schools have not completed the two-dose primary series of COVID-19 vaccinations. We believe that parents' resistance would make it very difficult to enforce a mandate for COVID-19 vaccine at this time, especially while COVID-19 infection rates are very low. We will continue our outreach and engagement with students, families, and residents in the District on the importance of COVID-19 immunization. When new boosters become available, we will ensure that residents are aware of the importance of these boosters and the opportunities to obtain them.

Finally, I would like to update the Council on some planned changes for staffing school health suites next school year. Over the years, all healthcare providers in the District have struggled to find enough qualified nurses. A 2022 survey by the National Council of State Boards of Nursing and The National Forum of State Nursing Workforce Centers highlighted that over 200,000 experienced RNs and over 60,000 experienced LPNs left the national workforce between 2020 and 2022.[1] The same survey reported that roughly 20% of the total RN/LPN workforces plan to leave nursing over the next four years. By 2030, researchers anticipate that there will be a deficit of nearly one million nursing jobs. While, the pandemic has accelerated the pace of nurse burnout, this shortage is longstanding.

Due to this shortage, for over a decade the District has struggled to find an adequate number of nurses to provide in-person coverage of school health suites. We have used all the resources at our disposal, including telehealth and staff augmentation contracts, yet approximately one-third of our school health suites do not have full-time, in person nurses. This staffing level is not optimal for students or schools. Therefore, starting this fall, the District will implement a new staffing model using team-based care. In this model, four schools in geographic proximity will be staffed by a consistent team of four or more professionals, including at least two nurses and two student health technicians. Each school health suite will have a full-time staff person there five days a week with nurses being prioritized for those schools with medically fragile students. The new role, student health technician, is an allied health professional that supports nurses in assisting students and meeting administrative needs. They will be trained on first aid, administration of medication, case management, data management, use of the Immunization Compliance Portal, and telehealth equipment and protocols. If a student in any of the four schools has medical needs that require the

[1] https://www.journalofnursingregulation.com/article/S2155-8256(23)00047-9/fulltext

expertise of a nurse and on-site service, the supervisory nurse will travel to that school to provide that service.

I want to thank the Council for hosting DC Health and our education partners to continue to raise awareness of the importance of immunizations and the role that school health services play in keeping our children healthy and able to succeed in school. I am available to answer your questions.

Children's National

111 Michigan Ave NW
Washington, DC 20010-2916
ChildrensNational.org

Testimony of Andrea Boudreaux, PsyD, MPH, MA, FACHE
On Behalf of Children's National Hospital
Before the Committee of the Whole
Public Hearing: Provision of School Nursing Services and B25-0278

June 22, 2023

Good morning, Chairman Mendelson and members of the committee. For the record my name is Dr. Andrea Boudreaux, and I am the Executive Director of Children's School Services at Children's National Hospital (Children's National). Children's National is a school – friendly health system and we maintain our commitment to improve health outcomes for all students from every ward. Children's National has been committed to the District of Columbia community for the entirety of its existence. When the City was seeking an organization to provide school nursing services over 20 years ago, Children's National accepted the call even when the cost of providing those services exceeded the funding. Even today, Children's National continues to subsidize the school health program with over $1 million of in-kind services. However, with the more than $17 million cut in Medicaid reimbursements to Children's National adopted in the most recent FY 2024 budget, we must operate this program within the budgeted funding.

Children's National will submit written testimony on B25-0278 for the record. For the purposes of this public hearing, I will focus testimony on school nursing and the proposed care delivery restructure. While the community is most familiar with the school nurse, Children's School Services operates three other components of the School Health Services Program grant. The four components: in person health suite services, care coordination, telehealth, and training and technical assistance are critical to our ability to safely implement this new model. Care coordination sets this program apart from other jurisdictions across the nation. The telehealth services we will discuss later are also a critical component to ensuring every student has access, and through training, we maintain best practice in care delivery. As the 22-year partner to the

Department of Health providing school nursing services and care coordination for 90,000 students every day, we recognize the need to better align school nursing structure with student health needs.

While the COVID 19 pandemic greatly impacted staffing for providers and nurses across the country, the industry has experienced a nursing shortage for nearly a decade. With nurses retiring, and incentives for different methods to deliver care, The US Bureau of Labor and Statistics shared that this reality would continue through 2030. CSS serves 200 schools between DCPS and public charter schools. To meet the needs of the community, we have been heavily reliant upon agency nursing staff, which presents a fiscal challenge to maintain. Today, we partner with four agencies that bring nurses to Washington, DC from across the country. Unfortunately, the culture of travel nursing is not one that aligns with the unique needs of Children's School Services or the District of Columbia.

In 2022, we began working on a proposal to present to DC Health that would allow us to reduce our dependency on agency staff and ensure that we had a more consistent structure across the entire District; this model does just that. In this new model, schools will be grouped into clusters of four, and assigned dedicated staff that include 2 nurses and 3 health technicians. The nurses in the cluster will be responsible for the oversight of care for medically fragile students. The health technicians will support nurses in documentation, medication administration, first aide, hearing and vision screening, and serve as immunization points of contact for the schools. This team of five healthcare professionals comprise a dedicated group of individuals who will support the needs of the students. This model allows nurses to practice at the top of their license. It will decrease

movement and increase consistency - issues that have been dissatisfiers for both our staff and the communities we serve. With this transition, we will be able to address them all.

This spring, Children's School Services launched a school tour to seek community feedback from parents and school leaders about the implementation of the model. During these meetings, parents, principals, and other school leaders can ask questions about the model and impact this model would have on their children. Specifically, one parent shared her concern with the current state and her daily fears for her two daughters with Type 1 Diabetes. This mom, in tears while speaking, shared how she worries when there is not a nurse present. She questioned if the new staff would be present every day to keep her daughters safe. At the conclusion of our meeting, the mom was smiling and expressed comfort with our proposed implementation. Our goal on the tour this summer is to meet with parents and school leaders who have raised concern and let them understand how this impacts their children. Children's School Services recognizes that this is a shift from the traditional school nurse staffing model; the final slide in the presentation discusses "What Does This Mean for YOUR Child" and we are committed to ensure that parents feel safe, know that we care, and are concerned about their child.

As part of the telehealth program, we will have telemedicine devices in all schools that participate in the School Health Services Program by the start of School Year 23/24. This program has given children access to a provider (nurse practitioner or physician) while they remain at school, parents can stay at work, and prescriptions, when necessary, are sent to the pharmacy of choice. This school year, we served nearly 300 children and over 70 percent of those visits resulted in the child's ability to return to class. Telehealth services significantly

impact chronic absenteeism through the additional access point to providers. With this addition, the RN on the team will be available to support the technicians in real time. RN to technician telehealth services are not billed nor do they require consent. It is solely a method by which the nurse can support the technician in the administration of medication or to assess the situation in an emergency.

The best practice as outlined by American Academy of Pediatrics and the American College of Emergency Physicians is to ensure the continuum of care between the health system and the community. We work to ensure that we have continuity of care for children as they return to the school. The collaboration between CSS and Children's National better allows us to support this work. We coordinate return to school needs, attend IEP and 504 hearings to ensure that recommended accommodations are in place. While we do our best to support this work, challenges with reconciling data from the multiple health records across the region have been a hinderance to our progress. The current electronic health record used in the schools does not allow for data sharing between provider and nurse. Health suite staff spend a significant portion of time entering information from health records and dental forms. This is a dissatisfier for the staff. Investing in a more functional system will facilitate better care coordination for the students.

The children in our community need social support as well. Unfortunately, for many children, the health suite is their access to a healthcare provider. There have been several instances where the school nurse was able to identify gaps in social needs. The social determinants of health are critical to overall health outcomes, and a consistent presence in the building will improve our ability to

monitor and address those needs. Healthcare is local, and we work to support the community in and outside of the school health suite. Children's School Services partners with Children's National Mobile Unit to deliver care in the community. Last year, the DoseChella events on Saturday allowed us to continue our work of building trust in the community, meet critical health needs, reduce the likelihood of communicable disease spread through a targeted immunization drive, and connect families to a medical home. We administered over 1400 vaccines through that initiative. This year, we increased our work and partnerships. In addition to the immunization work, we partnered with Howard University College of Dentistry for pediatric oral health screenings and their Faculty Practice Plan to provide cardiovascular screenings. The health suite staff and care coordination team are critical to the success of these events and the overall community and population health work we do. Unfortunately, for so many of our children, the health suite is also a safe place and where they seek emotional support. Our staff will be certified in Mental Health First Aid this summer to ensure that they are able to be present and support the students who come into the health suite every day. The increased gun violence and crime in our communities continues to raise great concern. There is limited outcry when there are shootings in our areas as we have normalized violent crime in this community and that has also impacted our youth. Last year, I shared the story of one of my former patients who did not believe he would live to see 21. That has stayed with me because that young man was hurting. Our children are hurting, and we must ensure that they feel safe, cared for, seen, and heard. This model ensures a consistent presence in the school for the children. This will make the students, parents, and staff feel safer. While Children's National is proud to partner with DC Health to staff and implement the school nursing program, we remain committed to caring for the acutely and critically ill patients in our hospital. It is critical that we receive the necessary funding to support the needs of students

and families. We are deeply appreciative of the Council's approval to restore $2 million in funding for Children's School Services but overall funding for this program continues to decrease. We were able to develop this model with the funding provided to Children's School Services in FY 23, but this year, that funding level was decreased. The ability to successfully continue in this work is dependent upon consistent funding and support by the District. We thank you for the opportunity to testify during the Public Hearing on School Nursing and look forward to ways to work collaboratively to support better outcomes for district youth.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF THE DEPUTY MAYOR FOR EDUCATION

Public Hearing on

"School Nurses"
&
B25-0278 the "School Student Vaccination Amendment Act of 2023"

Testimony of Paul Kihn, Deputy Mayor for Education

Before the
Council of the District of Columbia
Committee of the Whole
The Honorable Phil Mendelson, Chairman

June 22, 2023

Good morning, Chairman Mendelson, members of the Committee of the Whole, staff, and members of the public. My name is Paul Kihn, and I am honored to serve as the Deputy Mayor for Education (DME) for the District of Columbia. Thank you for the opportunity to testify today on school nurses and Bill 25-0278 the "School Student Vaccination Amendment Act of 2023."

On the COVID-19 Vaccine

Thanks to the strong coordination across government agencies and the private and non-profit sectors, DC is a national leader in access to the COVID-19 vaccine, which we know is critical for keeping our residents safe. We fully support the COVID-19 vaccine and encourage all residents to get their shots and boosters. That being said, the virus has changed significantly, largely as a result of the number of people who have immunity, and, thankfully, the virus no longer poses the same level of threat to the well-being of our residents. At the same time, we have seen ongoing hesitancy and misinformation about the COVID-19 vaccine. This has led to unique resistance to the COVID-19 vaccination by parents that we believe would lead to challenges in enforcement - challenges that could spill over into other immunizations, undercutting our success in increasing compliance with routine pediatric immunizations. Finally, we do not want to be alone in the country in requiring the COVID-19 vaccine for students. Given this, we support the permanent removal of the COVID-19 vaccine from the list of Routine Pediatric Immunizations that are required for school attendance. We will continue to work closely alongside DC Health to encourage all students to get their COVID-19 vaccinations and boosters in keeping with national and local public health guidance.

On Routine Pediatric Immunizations

At this time, we are dedicating our energy to enforcement of Routine Pediatric Immunizations. Stepping back, I want to take a minute to recognize how far we have come today, compared to where we were when we testified before this body one year ago. At that time, in the face of a global pandemic that shuttered our schools and seriously harmed our communities, our government was preparing to enforce Routine Pediatric Immunizations as a requirement for school attendance for the first time in years. This effort required an unprecedented level of collaboration across government agencies in the health and education clusters and the hard work of dedicated civil servants. This effort included a comprehensive vaccination access campaign by DC Health, with multiple vaccination sites in every ward, vaccination clinics and mobile sites geared towards children, youth, and families; extensive outreach by DC Health to families through calls, letters, and a media campaign; regular and robust communication, guidance, training, and technical assistance by OSSE for Local Education Agencies (LEAs;) and significant work by schools to contact students and families and bring them into compliance, with the help of additional staff and resources provided by the District. For the first time in years, as a last resort, we temporarily excluded students from school until they came into compliance with their required vaccinations.

Through these comprehensive efforts, we reduced the noncompliance rate for Routine Pediatric Immunizations substantially, with over 6,000 fewer non-compliant students. Our schools and our students are significantly safer as a result of this work. And, the bulk of the lift to move towards

compliance with required school immunizations has been completed, making the work ahead much easier for our schools and families.

We have closely studied our experiences during this past year of enforcement, and, moving forward, we will incorporate the lessons learned in our vaccine access and enforcement strategies. My colleagues from OSSE and DC Health will go into more depth on the proposals, but I will touch on a few. First, we are proposing to streamline the temporary exclusion process to focus on four key grades that correspond to age bands after which vaccines are routinely recommended: PreK-3, Kindergarten, 7th grade, and 11th grade. This will result in a single District-wide notification and exclusion date, regardless of school or sector, to make the process easier for families. We hope the Council will support this approach. In addition, we will provide targeted outreach, technical assistance, and support for schools with high non-compliance, and we will hold them accountable if improvements are not made. We will continue our school-driven communications campaign around immunizations, with a focus on the summer and back to school period, and we will maintain broad access through a range of vaccination sites, including but not limited to school-based health centers, health care providers, mobile clinics, and Safeway. And, finally, we are making important improvements to the DC Health Immunization Compliance Portal (ICP), based on feedback from our school communities. The portal will generate, with greater easier and simplicity, school-level reports and student notifications to reduce the workload for school staff.

In closing, I want to again thank the government agencies that have spearheaded the effort to get students immunized against preventable diseases, in particular DC Health, OSSE, our LEAs and our schools. And I want to thank this Council for its partnership in promoting immunizations and supportive policies and thereby protecting the health, well-being, and safety of our children, youth, and families and our front-line, school-based staff.

Thank you, and I look forward to answering your questions.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION

Public Hearing on School Nurses and Bill 25-278, the "School Student Vaccination Amendment Act of 2023"

Testimony of
Tia Marie Brumsted, LICSW, LCSW-C, NCSSW
Assistant Superintendent of Health and Wellness
Office of the State Superintendent of Education

Before the
Committee of the Whole
The Honorable Phil Mendelson, Chairman

June 22, 2022
10:00 AM
Council of the District of Columbia
John A. Wilson Building
1350 Pennsylvania Avenue, NW
Washington, D.C. 20004

Good morning, Chairman Mendelson, members of the Committee of the Whole, and staff. My name is Tia Marie Brumsted, and I am the Assistant Superintendent of Health and Wellness at the Office of the State Superintendent of Education (OSSE). Prior to joining OSSE, I served DC students and families as a school social worker and school wellness director. I am pleased to appear before you today at this public hearing on school nurses and Bill 25-278, the "School Student Vaccination Amendment Act of 2023."

The Office of the State Superintendent of Education supports the physical, mental, and social-emotional health of students and staff by promoting safe, welcoming, healthy, and joyful learning environments. OSSE recognizes that schools play a critical role in promoting the health and safety of youth in the District by helping them establish lifelong healthy behaviors, connecting them to health services, and ensuring they are protected against infectious and vaccine-preventable diseases. OSSE's Division of Health and Wellness supports schools by ensuring they have access to the training, resources, policies, and supports they need to champion student health. This work is essential because a student's health impacts their readiness to learn. I welcome this opportunity to explain OSSE's role in school nursing and enforcement of immunization requirements.

School Health Suite Staff

OSSE deeply appreciates the vital role that school health suite staff play in promoting and protecting student health within the District's schools. Health suites are staffed by a combination of registered nurses, licensed practical nurses, and allied health professionals. They provide essential health services, support, and education to students, including by completing health screenings, providing direct care to students, conducting care coordination, completing health documentation, and communicating with families and health professionals. Many District students also have chronic health conditions, such as asthma, diabetes, or allergies, and health suite staff work closely with these students and their families to manage their illnesses while in school. School health suite staff also provide skills checks for school staff conducting the administration of medication and identify, assess, and monitor students with behavioral health needs. In short, school health suite staff are integral members of the school community whose presence supports the physical, mental, and social-emotional health of District students.

OSSE works with DC Health's School Health Services Program, which manages the grant with Children's School Services ("Children's") to place nurses and health technicians in approximately 178 District public and public charter schools. OSSE meets regularly with DC Health's School Health Services Program to problem solve and share information and guidance. This collaboration promotes consistent messaging and effective communication between educators, health suite staff, and families.

Children's health suite staff play an important role in implementing the School Immunization Policy. As immunization points of contact (IPOCs) and members of the school health team, school health suite staff help coordinate immunization compliance efforts by identifying students

missing immunizations, communicating with families, collecting immunization documentation, and inputting immunization records into the District's immunization system. Health suite staff have also supported families with finding access to care and providing essential health information to families about the importance of immunizations. Through this work, school health suite staff have helped improve the District's school immunization rate.

OSSE recently met with DC Health and Children's leadership to learn about the updated health suite staffing model that will be employed next school year. OSSE supports these plans, which align to the Whole School, Whole Community, Whole Child model ("Whole Child model"), the CDC's framework for addressing health in schools. The Whole Child model is student-centered and emphasizes the role of the community in supporting the school, the connections between health and academic achievement, and the importance of evidence-based school policies and practices. Children's updated staffing model will allow for a team-based approach to support student and school health, provide students with the level of care that they need, and ensure more consistent coverage across schools.

Repeal of the COVID-19 Vaccine Requirement for Students

With regard to the COVID-19 vaccine requirement, I want to begin by expressing OSSE's gratitude to our colleagues at DC Health, whose efforts during the pandemic saved lives and preserved the health of students, families, and school staff. Thanks to the close partnership between the health and education sectors, schools were able to re-open and stay open, allowing students to receive instruction, have access to nutritious meals, and receive necessary community and health services.

DC Health and OSSE moved quickly to prioritize school and child care staff with early access to the COVID-19 vaccine at mass vaccination sites, and when the vaccine became available for student-aged populations, our agencies worked together with school leaders and healthcare partners to stand up vaccine clinics in schools and communities, enabling thousands of District residents to receive the COVID-19 vaccine. Additionally, beginning in January 2022, OSSE and DC Health collaborated to distribute three million rapid antigen tests to schools. This work, coupled with OSSE and DC Health's technical assistance, guidance, and training, kept District students and staff healthy and school doors open during some of the most critical points of the pandemic.

During the 2021-22 and 2022-23 school years, OSSE and District of Columbia Public Schools (DCPS) placed Patient Care Technicians (PCTs) in all public and public charter schools in the District. The PCTs, as well as the supervising registered nurses in OSSE's Clinical Supports program, assisted schools on COVID-19 response and immunization compliance by making phone calls to families, collecting documents, supporting school-based immunization clinics, and completing other duties as needed. This temporary program provided critical health service supports to schools during the COVID-19 pandemic and the first year of implementation of the

Immunization Attendance Policy. We are now positioned to transition to pre-pandemic operations and regular programs that mirror national practices.

Turning to our plans for implementing the School Immunization Policy in school year 2023-24, OSSE and DC Health have identified a number of lessons learned from our experience during the current school year that we are using as the basis to propose regulatory and policy changes to streamline and simplify the current process. As you heard from DC Health, the definition of compliance has been simplified, and only four grade levels will be subject to the temporary exclusion provision next school year. In addition, all schools will have two Immunization Points of Contact, or IPOCs, which will ensure coverage if one of the IPOCs is out of the office as well as provide all schools with adequate administrative support to implement the policy successfully. Finally, we are instituting a single District-wide calendar that all schools will follow in order to avoid some of the confusion that occurred this year around deadlines and ensure that all schools implement the policy.

After the July 4th holiday, OSSE and DC Health will be launching an outreach campaign to families, including a media tool kit that schools can use this summer to inform families about the importance of immunizations as well as where they can go for their child's vaccines. Toward the end of the summer, we will distribute a start-of-school media tool kit that reminds families that all students are required to be in compliance and that students in grades pre-K3, kindergarten, 7, and 11, will be subject to temporary exclusion until they come into compliance.

OSSE is grateful to the many agencies, community partners, educators, and health suite staff who promote school health in the District. OSSE and DC Health continue to work together to address school health needs in the District, and we remain committed and optimistic in our post-pandemic recovery and for the 2023-24 school year.

Thank you for this opportunity to testify. I am happy to answer any questions.

Aria Montcrieff
Director of Operations/COVID Recovery Fellow
DC Preparatory Academy
June 22, 2023

My name is Aria Montcrieff, and I am grateful for the opportunity to speak with you. I am the Director of Operations and COVID-19 Recovery Fellow at DC Preparatory Academy.

DC Prep serves over 2100 students at our 6 campuses located in Wards 5, 7, and 8. In my role, I have overseen a vast majority of initiatives related to children's health throughout the 22-23 school year. I am in charge of all initiatives related to ensuring our students get their required immunizations, all COVID-19 mitigation policies and procedures, and have worked closely with our PCTs, operations teams, and nursing teams to solve many of the challenges pertaining to student and community health.

I will first begin by addressing the plan to shift to zone coverage (team-based care) for school nursing. I fully support this shift as our communities have been greatly impacted by the lack of consistent nursing and care throughout this entire school year. I have witnessed the burden this issue has placed on our nurses and operations teams, as well as the fear and insecurity it causes in our families and their children, particularly those who are medically fragile. The need to distribute nurses sporadically across the city resulted in not only a lack of care for our children, but a lack of familiarity with the medical professional serving our community. Families must see our nurses as a part of the school community, the same way they see the principal, the teachers, and the front office staff. Knowing who is caring for your child is an essential part of ensuring our families feel safe sending their children to school.

The inconsistency of the weekly schedule across our network of schools has also caused inequity in access to adequate care for our children. Our Benning campus in Ward 7 is co-located, so only one school nurse serves over 700 children every day. This year, a nurse has only been present at Benning for 24-36 hours per week. Furthermore, the inability to provide the same nurse throughout the year has eroded trust and placed the burden on parents of medically fragile children to ensure their child is receiving care each day. One of our Benning parents recently broke down in tears, stating that she didn't feel safe sending her children (who both have diabetes) to school each day because she had no idea who would be caring for her children, let alone if there would even be someone there qualified to do so. Shifting to team-based care would ensure a consistent and familiar team of medical professionals serve our children.

I will now address the Bill 25-278. While I personally believe that our communities will be safer and healthier if every child is vaccinated against COVID-19, I believe that requiring children over 12 be vaccinated in order to attend school would greatly impact educational access for communities of color in the District of Columbia.

DC Prep's student body is 98% students of color and at the beginning of school year 22-23, over 30% of our student body (more than 500 children) were not compliant with the No Shots, No School mandate. We worked hard to ensure our children got the mandatory vaccines needed to keep them safe, healthy, and in school, but the vaccine with the lowest compliance rate was far and away the COVID-19 vaccine for our children over 12. Many of our families were still reluctant to vaccinate their children against the virus, and there wasn't consistent messaging about No Shots, No School that would reassure or enforce them complying with the COVID-19 portion of the mandate.

Furthermore, we didn't have the ability to input COVID-19 vaccination information into DOSIIS, which made it impossible to assess or enforce any mandate that included the COVID-19 vaccine. While many improvements have been made to the data systems housing student medical information in the last year, there is still no consistency in how information on a child's COVID-19 vaccination status is entered into the system. While I understand the rationale for including the COVID-19 vaccine in the mandatory immunization list for school is medically sound, I don't believe it is possible for the mandate to be accurately or equitably enforced, and should therefore be removed.

Thank you for your time and I look forward to continuing our partnership with CSS and DOH to ensure our children have a safe and healthy school environment every day.

Aria Montcrieff
Director of Operations
DC Preparatory Academy

KIPP DC
PUBLIC SCHOOLS

Testimony Before the Council of the District of Columbia

Committee of the Whole

at the Public Hearing on

School Nurses and the School Student Vaccination Amendment Act of 2023

By Charles Rominiyi
Associate Director of Health and Safety, KIPP DC
June 21, 2023

KIPP DC Headquarters
2600 Virginia Avenue NW, Suite 900 Washington, DC 20037
Tel: 202.223.4505 | Fax: 202.333.3266 | www.kippdc.org

KIPP DC
PUBLIC SCHOOLS

Chairman Mendelson and Members of the Council,

My name is Charles Rominiyi and I am the Associate Director of Health and Safety at KIPP DC. Thank you for holding this hearing today. **We appreciate the administration's creative approach to increasing nursing services and to simplifying the District's immunization policies.** I am here to share suggestions that will help KIPP DC students stay healthy and continue to access their schooling.

Any successful new nursing model must address three historical challenges: recruiting enough trained staff to fill the need at each school, creating and disseminating a clearly defined list of nurse responsibilities and procedures so that there is equitable care across the District, and building a strong and collaborative working relationship between Children's School Services and school leaders.

The national nursing shortage continues to significantly impact staffing at our schools. **However, we appreciate the efforts made by the Department of Health (DOH) and their nursing contractor Children's National Medical Center to expand nursing coverage over the past year.** We currently have a nurse at each KIPP DC campus, which was not formerly the case. Additionally, we thank them for promoting transparency and understanding by publicly disseminating their nurse job responsibilities. However, the nurse responsibilities document does not yet have the level of detail necessary for school leaders to understand expectations and help Children's to hold nurses accountable. For example, it says that nurses focus on "review and data entry of school health forms," but it does not communicate the review frequency, how quickly the data should be entered, where the data is entered, and whether the paper forms are stored. But it's a good starting point and we appreciate all movement towards effective collaboration.

In transitioning to the new nursing model, we suggest that DOH and Children's prioritize the following:

1. **Staffing Equitably and Consistently**
    - The model guarantees at least 1 full-time nurse or health technician at each of the District's 253 public and public charter schools. Fulfilling that guarantee would go a long way towards meeting student health needs, but can only be accomplished if there are a sufficient number of health professionals to fill the positions. Has there been an assessment of the availability of trained and credentialed health technicians? What happens if we aren't able to fill all positions?
    - Additionally, the proposal describes that schools with high-risk needs may receive more than one health professional. In order to create transparency and equity, we request that eligibility metrics and information about the application process be made public as soon as possible.

KIPP DC Headquarters
2600 Virginia Avenue NW, Suite 900 Washington, DC 20037
Tel: 202.223.4505 | Fax: 202.333.3266 | www.kippdc.org

- Finally, we suggest that Children's prioritizes consistent and stable staffing at each school to form stronger relationships with staff, parents, and students.

2. Create and Disseminate Detailed Nurse and Health Technician Responsibilities Description

- This document should be created with input from school leaders and shared publicly before implementing the new staffing model.
- As described above, detailed documents allow school leaders to understand expectations and help Children's to hold health professionals accountable. In presenting the new model, DOH lists "Review Of Immunization Records" as a responsibility for the health technicians. We agree that support with immunization compliance is a key job function, but would like more detail in writing. Does this include contacting parents and entering data? How often should that review happen?
- For school nurses, this new model would require them to supervise health technicians. Effective collaboration across health teams and effective supervision is a key component to the model's success. What training will nurses receive on team leadership and personnel management in preparation for implementing the new model? How will this fit into their other job functions?

3. Continue to Focus on a Stronger Collaborative Environment with School Leaders

- Adding personnel and clearly delineating job responsibilities will only improve school nursing when paired with stronger collaboration. School leaders manage school environments, interact with parents, and are responsible for immunization compliance and student safety. They cannot do that job effectively if the key staff member on their site responsible for student health is not a strong partner. DOH, Children's, and schools should collaborate on creating the information being disseminated to parents. They should work together on reviewing immunization data and strategizing on increasing compliance. We want to partner with them to create a strong health infrastructure on our campuses.

KIPP DC
PUBLIC SCHOOLS

Today, the Council is also considering changes to the student immunization policy. We believe in keeping our schools safe and healthy, but also that all students deserve access to an uninterrupted education. Immunization requirements also impact equitable access since many students rely on schools for their meals, after school programming and supervision, physical fitness, safety, and health care. These students would be disproportionately hurt by the enforcement of exclusion on the basis of the COVID-19 vaccine in the fall. Considering these equity issues and the evolving approach to COVID-19 being led by respected health authorities, **KIPP DC supports the legislation removing COVID-19 as a required student immunization.**

We also support changes to school immunization enforcement that targets efforts on specific grade levels and sets the exclusion date well beyond the enrollment audit. This will simplify data tracking and allow us to pool efforts towards preventative immunization access rather than reactive exclusion from school. We do want to **continue our call to amend the immunization requirements to only include those which prevent the spread of disease at school.** The HPV vaccine should no longer be used as grounds for exclusion from important in-school time, as it is not a reasonable threat to the safety of other students.

We look forward to continued collaboration with the Council and administration on the establishment of an improved school health model and a more efficient student immunization program. Thank you for holding today's hearing and I look forward to answering your questions.

KIPP DC Headquarters
2600 Virginia Avenue NW, Suite 900 Washington, DC 20037
Tel: 202.223.4505 | Fax: 202.333.3266 | www.kippdc.org

DC CHARTER SCHOOL ALLIANCE

Testimony Before the Council of the District of Columbia
Committee of the Whole

at the Hearing on
School Nurses
and
Bill 25-278, "School Student Vaccination Amendment Act of 2023"

By Rachel Johnston
Senior Director of Operations and School Support, DC Charter School Alliance
June 22, 2023

Good morning Chairman Mendelson and members of the Committee. My name is Rachel Johnston, and I'm a Ward 5 resident and the Senior Director of Operations and School Support at the DC Charter School Alliance, the local non-profit that advocates on behalf of public charter schools to ensure that every student can choose high-quality public schools that prepare them for lifelong success.

I want to begin by thanking the Children's School Services (CSS) team and its leader, Dr. Boudreaux for being a collaborative partner with charter schools. We're also grateful to DC Health for sharing a two-pager that outlines roles and responsibilities, providing greater clarity around what schools can ask nurses to do. This will help charter schools as they plan for next school year.

I'm here today to share our appreciation for the effort we're seeing to address nursing staff shortages in our schools and the commitment to provide 40 hours of health suite coverage as a part of the new school nursing program model that Children's Hospital and DC Health have teamed up to propose. My testimony today will focus on a few key recommendations we believe can strengthen the new staffing model to better support charter schools and the nearly half of the public school students they serve.

Support for the School Student Vaccination Amendment Act of 2023

Before I dig into those recommendations, I want to share our support for the School Student Vaccination Amendment Act of 2023. Charter schools have encouraged and will continue encouraging parents to vaccinate their children against COVID-19 because they understand the public health benefit. However, we are in a different place now with the pandemic. The District has ended the Public Health Emergency and is no longer undertaking a citywide effort to promote these vaccines. Keeping this vaccine requirement means more students will be subject to exclusion from school. Excluding students from school not only impacts their academic performance, but also suspends their access to incredibly important wraparound services – things like after-school programming, meals, and vital mental health services. We must do everything we can to help students recover academically, and that means ensuring they are in the classroom every day.

Recommendations to Improve the New School Nursing Program Model

I'll focus the rest of my testimony on the new school nurse staffing model. As we've previously testified, the vast majority of charter schools lack full-time coverage from the School Nursing Program, and many have no coverage. Many schools have had to hire or contract nurses with funds from their budgets to fill the gaps. We've called for full-time nursing coverage in every charter school to ensure they can provide basic health services because the severe shortage of nurses in charter schools impacts the health and well-being of students and school communities.

That's why we appreciate the School Nursing Program's ongoing work toward creative solutions to staffing problems that aim to provide consistent coverage and continuity of care. However, we want to share a few key recommendations that we believe will strengthen the program.

First, it's critical that LEAs have a full understanding of how the staffing model will work and have the opportunity to ask questions before it goes into effect. This new staffing model proposal hasn't yet been widely circulated and discussed with charter school leaders. DC Health hosted a session in May to discuss the new model, but our understanding is that leaders who were unable to attend have not yet received the materials or a recording.

Second, it's important all students receive the care they need in any and all circumstances so training and process design is key. We understand this model is structured so that each school will not only have access to full-time nursing coverage, but will have the same staff consistently covering the same school. That's something charter schools have called for, and we're grateful for that consideration. However, to provide that full-time coverage and continuity of care, this model uses a team-based approach that will rely on nurse techs to fill in the gaps when an RN or LPN isn't on site. We hear each school's health suite will have telehealth equipment so that health techs can easily and immediately call an RN if they need help. We appreciate the creativity of this solution and believe it has potential to alleviate many of the problems charter schools may face.

However, we want to ensure that not only are these health techs properly trained, but the roles and responsibilities of both health techs and nurses are fully detailed and communicated with schools before the staffing model is implemented. That also includes detailing a series of processes and steps that health techs must take if a nurse is needed and the health tech cannot meet the need.

Third, we seek transparency with how staff are assigned to health suites. For example, how will it be decided which clusters receive additional staff or which schools in the cluster receive the nurses vs health techs? We understand 'high-risk needs' are a factor, but it would be helpful for schools to get clarity on what this means.

Finally, as schools will no longer have the support provided by OSSE's patient care technicians (PCTs) program, we want to ensure that **schools have the support they need to implement No Shots, No School** and help students get into compliance this upcoming school year. Schools are relying on their nurses to fill this gap.

Moving Forward

As always, charter schools value the health and well-being of their students first and foremost. The DC Charter School Alliance is grateful for our partnership with the city and welcomes the opportunity to continue collaborating to make sure every student has their health needs met so that they can actively and safely engage in learning.

Thank you for your time and attention, and I welcome your questions.

Government of the District of Columbia
Office of the Chief Financial Officer

Glen Lee
Chief Financial Officer

MEMORANDUM

TO:	**The Honorable Phil Mendelson** **Chairman, Council of the District of Columbia**
FROM:	**Glen Lee** **Chief Financial Officer**
DATE:	**September 13, 2023**
SUBJECT:	**Fiscal Impact Statement – Immunization of School Students Amendment Act of 2023**
REFERENCE:	**Bill 25-278, Draft Committee Print as provided to the Office of Revenue Analysis on September 6, 2023**

Conclusion

Funds are sufficient in the fiscal year 2024 through fiscal year 2027 budget and financial plan to implement the bill.

Background

The bill changes[1] and clarifies several policies and procedures pertaining to immunization of students attending schools, child development facilities, and colleges and universities located in the District. The bill makes the following changes and clarifications:

- Removes the requirement for coronavirus (COVID-19) vaccinations for students.
- Authorizes the Mayor to issue regulations or guidance for immunization attendance standards, required immunizations, and exclusion criteria for schools, child development facilities, and colleges and universities.
- Requires schools and child development facilities to annually distribute immunization information to students.
- Requires schools and child development facilities to notify the responsible person if a student does not have an immunization certification, including the missing immunizations, required immunizations, the date by which the student must be immunized, and a copy of the certificate of health form.

[1] By amending The Immunization of School Students Act of 1979, effective September 28, 1979 (D.C. Law 3-20; D.C. Official Code § 38-501 et seq.).

- Clarifies the school year by which healthcare professionals must submit all certifications of immunization to public health authorities via electronic means.
- Clarifies language on who is exempt from immunization.

Financial Plan Impact

Funds are sufficient in the fiscal year 2024 through fiscal year 2027 budget and financial plan to implement the bill. There is no cost to repeal the COVID-19 vaccination requirement for students. Likewise, the District of Columbia Public Schools and public charter schools can distribute immunization information and notify responsible persons about missing immunizations, required immunizations, and missing certificate of health forms with existing resources.

COMPARATIVE PRINT, Bill 25-278
Committee of the Whole
September 19, 2023

---

§ 38-501

* * *

~~(1) The term "admit" or the term "admission" means the official enrollment at any level by a school of a student that entitles the student to attend the school regularly, whether full-time or part-time, and to participate fully in all the activities established for a student of his or her age, educational level, or other appropriate classification.~~

(1) The term "admit" means a student's official enrollment in a school, child development facility, or college or university.

(2) The term "certification of immunization" means ~~written~~ certification by a healthcare professional authorized to administer a vaccine, his or her representative, or the public health authorities ~~that the student is immunized.~~ of the immunizations that a student has received or from which the student has a medical or religious exemption.

~~(2A) The term "COVID-19" means the disease caused by the novel coronavirus SARS-CoV-2.~~

~~(3) The term "student" means any person who seeks admission to school, or for whom admission to school is sought by a parent or guardian, and who will not have attained the age of 26 years by the start of the school term for which admission is sought.~~

(3) The term "student" means a person who is admitted to or seeks admission to a school, child development facility, or college or university, or for whom admission is sought by a

parent or guardian, and who will not attain the age of 26 years before the start of the term for which admission is sought.

~~(4) The term "immunized" or the term "immunization" means initial immunization and any boosters or reimmunization required to maintain immunization against diphtheria, poliomyelitis, tetanus, rubella, measles, and mumps in accordance with the immunization standards issued by the public health authorities pursuant to this chapter.~~

(4) The term "immunization" means the receipt of the initial vaccination and any boosters or revaccinations required to maintain immunity against a communicable disease.

(7) The term "responsible person" means, in the case of a student under 18 years of age, a parent or guardian of the student, but in the case of a student 18 years of age or older, the student ~~himself or herself.~~.

(8) The term "school" means:

~~(B) Any private or parochial school that offers instruction at any level or grade from kindergarten through 12th;~~

(B) A private, parochial, or independent school that offers instruction at any level or grade from pre-K through 12

~~(C) Any private or parochial nursery school or preschool, or any private or parochial day-care facility required to be licensed by the District of Columbia; and~~

~~(D) Any college or university created or incorporated by special act of Congress or the Council of the District of Columbia or required to be licensed by the District of Columbia.~~

(9) The term "child development facility" means a licensed center, home, expanded home, or other structure that provides care and other services, supervision and guidance for children, infants, and toddlers on a regular basis, regardless of its designated name. "Child development facility" does not include a school engaged in legally required educational and related functions or a pre-K education program licensed pursuant to the Pre-k Enhancement and Expansion Amendment Act of 2008, effective July 18, 2008 (D.C. Law 17-202; D.C. Official Code §§ 38-271.01 *et seq*.).

(10) The term "college or university" means any post-secondary educational institution authorized, created, or incorporated by special act of the Congress of the United States or the Council of the District of Columbia or required to be licensed by the District of Columbia pursuant to the Education Licensure Commission Act of 1976, effective April 6, 1977 (D.C. Official Code § 38-1302 *et seq*.).

(11) The term "exclusion standards" means standards for barring students who do not comply with the immunization requirements of this act and the rules issued pursuant to this act from attending schools and child development facilities.

(12) The term "LEA" means local education agency, which is the District of Columbia Public Schools system or any individual public charter school or group of public charter schools operating under a single charter.

(13) The term "list of immunizations" means the list of immunizations, established by the Mayor pursuant to section 4, required to be included on a certification of immunization.

---

§ 38-502

*** * ***

Sec. 3. Certification of immunization required.

(a)(1) Except as provided in this act or rules issued pursuant to section 4, no student shall attend a school or child development facility in the District without a certification of immunization reflecting that the student has received each immunization on the list of immunizations or is exempt from immunization in accordance with section 7.

(2) At least annually, a responsible person shall furnish a certification of immunization for each student attending a school or child development facility to the LEA; private, parochial, or independent school; or child development facility to which the student is admitted in accordance with the rules established pursuant to section 4.

(b) A responsible person shall furnish a certification of immunization for each student admitted to a college or university in accordance with the policy established by the college or university pursuant to section 4.

(c) Beginning with School Year 2023-2024, healthcare professionals shall electronically submit all certifications of immunization to the public health authorities.".

---

§ 38-502.01

*** * ***

~~(a)(1) Beginning March 1, 2022, and every school year thereafter, a responsible person for a student shall be required to submit to the school to which the student is admitted or is seeking admission:~~

~~(A) A certification of COVID-19 immunization for the student; or~~

~~(B) The documentation required pursuant to § 38-506 demonstrating that the student is exempt from COVID-19 immunization.~~

~~(2) No student shall be admitted by a school unless the school has certification of COVID-19 immunization for that student or the student is exempted pursuant to § 38-506; provided, that this paragraph shall not be enforced until the start of School Year 2022-2023.~~

~~(3) Sections 38-504 and 38-505 shall apply to a student for whom a school does not have a certification of COVID-19 immunization; provided, that § 38-505 shall not be enforced with respect to certification of COVID-19 immunization until the start of School Year 2022-2023.~~

~~(b) Notwithstanding subsection (a) of this section, if a student has not attained an age for which a COVID-19 vaccine is available, a responsible person for the student shall have 70 days from the date the COVID-19 vaccine becomes available to the student, either by action of the U.S. Food and Drug Administration or the occurrence of the student's birthday, to submit certification of COVID-19 immunization.~~

~~(c) Electronic submission of a student's certification of COVID-19 immunization by a healthcare professional authorized to administer a vaccine or a public health authority in accordance with § 38-502(b) shall satisfy the requirement, in subsections (a) and (b) of this section, that a responsible person for the student submit the certification.~~

~~(d) For the purposes of this section the term:~~

~~(1) "Certification of COVID-19 immunization" means written certification by a healthcare professional authorized to administer a vaccine, his or her representative, or the public health authorities that the student has received COVID-19 immunization, which may include a copy of the student's Centers for Disease Control and Prevention COVID-19 Vaccination Record Card reflecting COVID-19 immunization.~~

~~(2) "COVID-19 immunization" means initial immunization and any boosters or reimmunization required to maintain immunization against COVID-19, in accordance with the immunization standards issued by the public health authorities pursuant to this chapter.~~

~~(3) "COVID-19 vaccine" means a vaccine against COVID-19 for which the U.S. Food and Drug Administration has granted full approval as opposed to emergency use authorization.~~

~~(4) "School" means:~~

~~(A) A District of Columbia Public Schools school;~~

~~(B) A public charter school; or~~

~~(C) An independent, private, or parochial school serving any grades pre-K through 12.~~

~~(5) "Student" means an individual who is 3 years of age or older who seeks admission to a school or for whom admission is sought by a responsible person.~~

---

§ 38-503

* * *

~~The Mayor shall, by regulations, specify the immunization standards to be used for compliance with this chapter, and may also, by regulation, revise the list of requested immunizations.~~

Sec. 4. Immunizations standards; list of immunizations; exclusion standards.

(a) The Mayor, pursuant to Title 1 of the District of Columbia Administrative Procedure Act, approved October 21, 1968 (82 Stat. 1204; D.C. Official Code § 2-501 *et seq.*), shall issue rules to implement the provisions of this act, including rules:

(1) Specifying the list of immunizations required to be included on a certification of immunization for a student admitted to a:

(A) School;

(B) Child development facility, and

(C) College or university;

(2) The standards for achieving immunization for each immunization specified on the list of immunizations; and

(3) Exclusion standards for schools and child development facilities.

"(b) Each college or university shall adopt and publish a written policy for the submission of certifications of immunization and the exclusion of students who fail to obtain the required immunizations.

§ 38-504

* * *

~~(a) With respect to any student for whom a school does not have certification of immunization, the school shall notify a responsible person:~~

~~(1) That it has no certification of immunization for the student;~~

~~(2) That it may not admit the student without certification (unless the student is exempted on medical or religious grounds pursuant to § 38-506);~~

~~(3) That the student may be immunized and receive certification by a healthcare professional authorized to administer a vaccine or the public health authorities; and~~

~~(4) How to contact the public health authorities to learn where and when they perform these services.~~

~~(b) Neither the District of Columbia nor any school or school official shall be liable in damages to any person for failure to comply with this section.~~

Sec. 5. Notifications.

(a) LEAs; private, parochial, and independent schools; and child development facilities shall, at least annually, distribute immunization information to a responsible person for each admitted student that includes:

(1) The list of immunizations;

(2) A statement that students must be immunized in accordance with this act; and

(3) The exclusion standards issued pursuant to section 4.

(b) With respect to any student for whom a school or child development facility does not receive a complete certification of immunization required pursuant to section 3, the LEA; private, parochial, or independent school; or child development facility shall notify a responsible person in accordance with the exclusion standards issued pursuant to section 4, and provide the following information:

(1) The list of the missing immunizations;

(2) That the student must be immunized in accordance with the list of required immunizations, unless exempt from immunization pursuant to section 7;

(3) That the student may be immunized and receive certification of immunization from a healthcare professional authorized to administer a vaccine or from the public health authorities;

(4) How to contact the public health authorities to learn where and when they perform immunization services;

(5) The date by which the LEA, school, or child development facility must receive certification of immunization or exemption; and

(6) A copy of the certificate of health form described in section 3 of the Student Health Care Act of 1985, effective December 3, 1985 (D.C. Official Code § 38-602).

(c) Neither the District, an LEA, school, child development facility, nor employee of any of the foregoing may be liable for damages to any person for failure to comply with this section.

(d) When sending notifications, LEAs; private, parochial, and independent schools; and child development facilities shall make a reasonable attempt to ensure contact is made with the responsible person. When considered appropriate and necessary by the LEA, school, or child development facility, the LEA, school, or child development facility shall

ensure that notifications are translated into languages other than English and provided in alternate formats to facilitate communication with individuals with disabilities consistent with federal and District law.

---

§ 38-505

* * *

~~A school shall permit a student to attend for not more than 20 school days while the school does not have certification of immunization for that student. If immunization requires a series of treatments that cannot be completed within the 20 school days, the student shall be permitted to attend school while the treatments are continuing if, within the 20 school days, the school receives written notification from whomever is administering it that the immunization is in progress.~~

Sec. 6. School attendance without immunization.

(a) With respect to any student who has been admitted to a school and for whom the school does not receive a certification of immunization reflecting immunization or an exemption from immunization for each immunization on the list of immunizations, the school shall:

(1) Notify a responsible person in accordance with section 5(b); and

(2) Unless otherwise provided in the exclusion standards issued pursuant to section 4, not permit the student to attend school for more than 20 school days after the date of notification unless the school receives a completed certification of immunization within the 20 school days.

(b) Unless otherwise provided in the exclusion standards issued pursuant to section 4 and notwithstanding subsection (a)(2) of this section, if immunization requires a series of treatments that cannot be completed within 20 school days after notification, the student shall be permitted to attend school while the treatments are continuing if, within the 20 school days, the school receives written notification from the provider administering the treatment that the immunization is in progress.

---

§ 38-506

*** * ***

~~No certification of immunization shall be required for the admission to a school of a student:~~

~~(1) For whom the responsible person objects in good faith and in writing, to the chief official of the school, that immunization would violate his or her religious beliefs; or~~

~~(2) For whom the school has written certification by a private physician, his or her representative, or the public health authorities that immunization is medically inadvisable.~~

Sec. 7. Exemption from immunization.

An immunization from the list of immunizations shall not be required for attendance at a school or child development facility by a student:

(1) For whom the responsible person objects in good faith and in writing to the public health authorities that the immunization would violate the responsible person's religious beliefs; or

(2) The public health authorities have a written certification from the student's physician or nurse-practitioner, or from the physician or nurse-practitioner's

representative, that the immunization or treatment necessary to receive the immunization is medically inadvisable for the student.

---

§ 38-507

* * *

In order to implement the requirements of this chapter efficiently, the public health authorities may develop a plan under which immunization may be made available to students according to groups defined alphabetically, geographically, or by age or grade or otherwise, and ~~upon application of the public health authorities or the Superintendent of Schools~~**upon the recommendation of the public health authorities or the State Superintendent of Education**, the Mayor may suspend for no longer than one year the application of this chapter to those groups of students to whom immunization under such a plan will not be made available soon enough to avoid barring them from ~~admission to school~~**admission to school or a child development facility**.

Committee Print
Committee of the Whole
September 19, 2023

A BILL

25-278

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

_____

To amend the Immunization of School Students Act of 1979 to update the requirements for providing certifications of immunization for students attending schools, child development facilities, and colleges and universities in the District, to remove the requirement for coronavirus (COVID-19) vaccination for students, to authorize the Mayor to establish, by rulemaking, the list of immunizations required for attending schools, child development facilities, and colleges and universities and to establish standards for excluding from students who do not have the required immunizations or an exemption from immunization from attending schools or child development facilities, to require schools and child development facilities to annually distribute immunization information, to require schools and child development facilities to notify a responsible person for the student if a student does not have a complete certification of immunization of the missing immunizations and provide information on how to obtain immunizations and to provide notifications that are accessible to individuals with disabilities and in languages other than English.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the "Immunization of School Students Amendment Act of 2023".

Sec. 2. The Immunization of School Students Act of 1979, effective September 28, 1979 (D.C. Law 3-20; D.C. Official Code § 38-501 *et seq*.), is amended as follows:

(a) Section 2 (D.C. Official Code § 38-501) is amended as follows:

(1) Paragraph (1) is amended to read as follows:

"(1) The term "admit" means a student's official enrollment in a school, child development facility, or college or university.".

(2) Paragraph (2) is amended as follows:

(A) Strike the word "written".

(B) Strike the phrase "that the student is immunized" and insert the phrase "of the immunizations that a student has received or from which the student has a medical or religious exemption" in its place.

(3) Paragraph (2A) is repealed.

(4) Paragraph (3) is amended to read as follows:

"(3) The term "student" means a person who is admitted to or seeks admission to a school, child development facility, or college or university, or for whom admission is sought by a parent or guardian, and who will not attain the age of 26 years before the start of the term for which admission is sought.".

(5) Paragraph (4) is amended to read as follows:

"(4) The term "immunization" means the receipt of the initial vaccination and any boosters or revaccinations required to maintain immunity against a communicable disease.".

(6) Paragraph (7) is amended by striking the phrase "himself or herself." and inserting a period in its place.

(7) Paragraph (8) is amended as follows:

(A) Subparagraph (B) is amended to read as follows:

"(B) A private, parochial, or independent school that offers instruction at any level or grade from pre-K through 12;".

(B) Subparagraph (C) is repealed.

(C) Subparagraph (D) is repealed.

(8) New paragraphs (9), (10), (11), (12), and (13) are added to read as follows:

"(9) The term "child development facility" means a licensed center, home, expanded home, or other structure that provides care and other services, supervision and guidance for children, infants, and toddlers on a regular basis, regardless of its designated name. "Child development facility" does not include a school engaged in legally required educational and related functions or a pre-K education program licensed pursuant to the Pre-k Enhancement and Expansion Amendment Act of 2008, effective July 18, 2008 (D.C. Law 17-202; D.C. Official Code §§ 38-271.01 *et seq*.).

"(10) The term "college or university" means any post-secondary educational institution authorized, created, or incorporated by special act of the Congress of the United States or the Council of the District of Columbia or required to be licensed by the District of Columbia pursuant to the Education Licensure Commission Act of 1976, effective April 6, 1977 (D.C. Official Code § 38-1302 *et seq*.).

"(11) The term "exclusion standards" means standards for barring students who do not comply with the immunization requirements of this act and the rules issued pursuant to this act from attending schools and child development facilities.

"(12) The term "LEA" means local education agency, which is the District of Columbia Public Schools system or any individual public charter school or group of public charter schools operating under a single charter.

"(13) The term "list of immunizations" means the list of immunizations, established by the Mayor pursuant to section 4, required to be included on a certification of immunization.

(b) Section 3 (D.C. Official Code § 38-502) is amended to read as follows:

"Sec. 3. Certification of immunization required.

"(a)(1) Except as provided in this act or rules issued pursuant to section 4, no student shall attend a school or child development facility in the District without a certification of immunization reflecting that the student has received each immunization on the list of immunizations or is exempt from immunization in accordance with section 7.

"(2) At least annually, a responsible person shall furnish a certification of immunization for each student attending a school or child development facility to the LEA; private, parochial, or independent school; or child development facility to which the student is admitted in accordance with the rules established pursuant to section 4.

"(b) A responsible person shall furnish a certification of immunization for each student admitted to a college or university in accordance with the policy established by the college or university pursuant to section 4.

"(c) Beginning with School Year 2023-2024, healthcare professionals shall electronically submit all certifications of immunization to the public health authorities.".

(c) Section 3a (D.C. Official Code § 38-502.01) is repealed.

(d) Section 4 (D.C. Official Code § 38-503) is amended to read as follows:

"Sec. 4. Immunizations standards; list of immunizations; exclusion standards.

"(a) The Mayor, pursuant to Title 1 of the District of Columbia Administrative Procedure Act, approved October 21, 1968 (82 Stat. 1204; D.C. Official Code § 2-501 *et seq.*), shall issue rules to implement the provisions of this act, including rules:

(1) Specifying the list of immunizations required to be included on a certification of immunization for a student admitted to a:

(A) School;

(B) Child development facility, and

(C) College or university;

(2) The standards for achieving immunization for each immunization specified on the list of immunizations; and

(3) Exclusion standards for schools and child development facilities.

"(b) Each college or university shall adopt and publish a written policy for the submission of certifications of immunization and the exclusion of students who fail to obtain the required immunizations.

(g) Section 5 (D.C. Official Code § 38-504) is amended to read as follows:

"Sec. 5. Notifications.

"(a) LEAs; private, parochial, and independent schools; and child development facilities shall, at least annually, distribute immunization information to a responsible person for each admitted student that includes:

"(1) The list of immunizations;

"(2) A statement that students must be immunized in accordance with this act; and

"(3) The exclusion standards issued pursuant to section 4.

"(b) With respect to any student for whom a school or child development facility does not receive a complete certification of immunization required pursuant to section 3, the LEA; private, parochial, or independent school; or child development facility shall notify a responsible person in accordance with the exclusion standards issued pursuant to section 4, and provide the following information:

"(1) The list of the missing immunizations;

"(2) That the student must be immunized in accordance with the list of required immunizations, unless exempt from immunization pursuant to section 7;

"(3) That the student may be immunized and receive certification of immunization from a healthcare professional authorized to administer a vaccine or from the public health authorities;

"(4) How to contact the public health authorities to learn where and when they perform immunization services;

"(5) The date by which the LEA, school, or child development facility must receive certification of immunization or exemption; and

"(6) A copy of the certificate of health form described in section 3 of the Student Health Care Act of 1985, effective December 3, 1985 (D.C. Official Code § 38-602).

"(c) Neither the District, an LEA, school, child development facility, nor employee of any of the foregoing may be liable for damages to any person for failure to comply with this section.

"(d) When sending notifications, LEAs; private, parochial, and independent schools; and child development facilities shall make a reasonable attempt to ensure contact is made with the responsible person. When considered appropriate and necessary by the LEA, school, or child development facility, the LEA, school, or child development facility shall ensure that notifications are translated into languages other than English and provided in alternate formats to facilitate communication with individuals with disabilities consistent with federal and District law.".

(h) Section 6 (D.C. Official Code § 38-505) is amended to read as follows:

"Sec. 6. School attendance without immunization.

"(a) With respect to any student who has been admitted to a school and for whom the school does not receive a certification of immunization reflecting immunization or an exemption from immunization for each immunization on the list of immunizations, the school shall:

"(1) Notify a responsible person in accordance with section 5(b); and

"(2) Unless otherwise provided in the exclusion standards issued pursuant to section 4, not permit the student to attend school for more than 20 school days after the date of notification unless the school receives a completed certification of immunization within the 20 school days.

"(b) Unless otherwise provided in the exclusion standards issued pursuant to section 4 and notwithstanding subsection (a)(2) of this section, if immunization requires a series of treatments that cannot be completed within 20 school days after notification, the student shall be permitted to attend school while the treatments are continuing if, within the 20 school days, the school receives written notification from the provider administering the treatment that the immunization is in progress.".

(i) Section 7 (D.C. Official Code § 38-506) is amended to read as follows:

"Sec. 7. Exemption from immunization.

"An immunization from the list of immunizations shall not be required for attendance at a school or child development facility by a student:

"(1) For whom the responsible person objects in good faith and in writing to the public health authorities that the immunization would violate the responsible person's religious beliefs; or

"(2) The public health authorities have a written certification from the student's physician or nurse-practitioner, or from the physician or nurse-practitioner's representative, that the

immunization or treatment necessary to receive the immunization is medically inadvisable for the student.”.

(j) Section 8 (D.C. Official Code § 38-507) is amended as follows:

(1) Strike the phrase “upon application of the public health authorities or the Superintendent of Schools” and insert the phrase “upon the recommendation of the public health authorities or the State Superintendent of Education” in its place.

(2) Strike the phrase “admission to school” and insert the phrase “admission to school or a child development facility” in its place.

Sec. 3. Fiscal impact statement.

The Council adopts the fiscal impact statement in the committee report as the fiscal impact statement required by section 4a of the General Legislative Procedures Act of 1975, approved October 16, 2006 (120 Stat. 2038; D.C. Official Code § 1-301.47a).

Sec. 4. Effective date.

This act shall take effect following approval by the Mayor (or in the event of veto by the Mayor, action by the Council to override the veto), a 30-day period of congressional review as provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of Columbia Register.