

SB

162



SENATOR FRED DYSON

SPONSOR STATEMENT SB 162 "An Act relating to Student Health"

Alaska children came in **dead last** in a recent study that ranks children's fitness in the fifty states. It is outrageous that this could happen in a state that must be the very best possible place in the world to grow up. One feels a little bit better when you read closely and see that the comparison was of PE mandates, PE teacher qualifications, and quality of playground equipment and not a comparison of children, but, the point remains that we need to create incentives for behavior that results in good health.

SB 162 requires school communities to set their own student health standards and report related information. Each school will be required to report the percentage of their students who are "overweight" and are "at risk of being overweight"¹, and profits from school vending machines. The bill also requires reporting of names and titles of people in the school community responsible for setting school disciplinary, safety, and health standards.

SB 162 can be defined as something that is most hated and feared by virtually every professional education organization in Alaska, an unfunded mandate. That is why the heart of the bill is based in the section of law related to *school community* health and safety standards. AS 14.33.110 – 14.33.140 describe guidelines for standards that a *school community* (including community members not employed at the school) must set. The mandate is to do things that probably are already done, but if not, clearly should be: Establish local standards for their own student's disciplinary, safety, and now health behavior. Keep in mind that this section of law has a significant "cheaters" valve. If parents and community members don't care enough to be involved in setting their own school standards, the overlying school district governance can report generically for all the schools in the district.

SB 162 is a conditional mandate. Schools do not have to report their vending machine profits nor the percentage of children who are overweight or at risk of being overweight unless the Alaska Legislature provides a report of Capitol building vending machine profits and a report of the percentage of legislators who are overweight or obese (by CDC standards).

Updated 3/17/05

¹ "overweight" and are "at risk of being overweight" as defined by the US Department of Health and Human Services, Centers for Disease Control and Prevention (CDC)

SB 162 School Health Reporting

Section 1: Adds a district school health reporting requirement to include:

- A school's student health status.
- Percentage of students who are overweight, and at risk of overweight **IF** the legislature provides the calculation of how many body members are over 25 and over 30.
- Annual vending machine profits for each school **IF** the legislature provides the Capitol vending machine profits.
- Names and titles of community members and school personnel credited with verifying school values and standards.
- If community members were not responsible for setting standards, a description of the efforts made to encourage community participation.

Section 2: Makes it the duty of EED to require the reporting of information relating to school health status with the already mandated report of information relating to school safety and discipline.

Section 3: Adds "weight" and "height" to other student screening requirements.

Section 4: Adds "weight" and "height" to the Health and Social Services Department responsibilities related to student screening requirements.

Section 5: Requires consideration of school health data as criteria for EED evaluation of Health Education Programs.

Section 6: Expands the purpose of the school student behavior and safety program to include monitoring of student health status and policy.

Section 7: Includes criteria communities are to apply when developing their school health programs.

Section 8: A new subsection that defines:

- Body Mass Index (BMI) (defined by the National Center for Chronic Disease Prevention and health promotion (CDC))
- Overweight
- Risk of Overweight

Section 9: Adds the word "Health" to a reference to the "Disciplinary and Safety program". This section of law has the intent of reducing liability for school personnel who are enforcing the school disciplinary standards that have been established by the school community.



Alaska State Legislature Senate Majority News

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Sen. Dyson Files Legislation to Increase Physical Fitness of Alaska's Children

SB --- Asks Lawmakers to "Weigh in" on the Issue

(Juneau) – Today Sen. Fred Dyson (R – Eagle River) introduced the School Nutrition and Exercise Bill (SB ---). This legislation seeks to increase the physical fitness level of Alaska's school age children by requiring schools to include health in its disciplinary and safety programs and to report the percentage of students overweight and at risk of becoming overweight according to Centers for Disease Control standards. Schools are also required to report the amount of profits from vending machines located on school property.

"Alaska's children rank dead in physical fitness in the fifty states. That means we have an entire generation of kids facing a host of obesity related diseases like diabetes and other chronic diseases. It's time to make good health and nutrition a part of educating our children," said Sen. Dyson.

But it comes with a big catch! The legislation is a *conditional* mandate. Schools only have to meet the reporting requirements if the Alaska Legislature also reports the percentage of obese or nearly obese lawmakers and the profits generated by vending machines in the state Capitol Building.

Sen. Dyson says the bill is intended to have some fun with his colleagues and to raise a serious issue at the same time. "Obviously, my legislation is intended to have a little fun with this issue. However, the poor physical condition of thousands of children is no laughing matter. My intention is to bring attention to the problem and spur school officials and community groups to take charge of their children's health and welfare."

For more information on the School Nutrition and Exercise Bill contact Wes Keller at 907.465.2199.

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2 Your Health | 2 on Your Side | Assignment Alaska | The Bottom Line | Market View | Spirit of Youth | What's Cookin'?

Study ranks Alaska last in children's fitness

Thursday, March 10, 2005 - by Jeffrey Hope

Search



Anchorage, Alaska - Of all the 50 states, Alaska ranks last for keeping its kids healthy and fit.

That's according to a Child magazine editor interviewed Wednesday morning on NBC's "The Today Show."

"Alaska does not mandate any physical education for elementary school students," said Andrea Barbalich. "It's only required for high schoolers, and the playgrounds are in bad shape in Alaska. When phys ed is offered to kids, it's taught by classroom teachers instead of phys ed specialists."

It's not a completely accurate statement -- there are plenty of good playgrounds in Alaska, and in cities like Anchorage, physical education is taught by PE specialists. But no one is disputing the seriousness of the issue.

Anchorage School District Superintendent Carol Comeau says parents and schools can all do a better job.

"I do think we have too many fast-food restaurants," she said. "And I think that there are too many families, just because of the pace of their schedules, tend to use that more than is healthy, I think. But that's lifestyle choices that families are making for various reasons."



The ASD plans to look into the issue later this month. There's also a statewide effort underway. Two lawmakers are sponsoring a bill that would create a new taskforce to try to find solutions that would not necessarily cost a lot of money.

Rep. Les Gara, D-Anchorage, says it would not create an unfunded mandate.

"I don't think that would be the wise way to go," he said. "That would be too inflexible, so we are asking the taskforce to come up with things that fit within school budgets, that fit within school infrastructure. Some schools don't have enough gym space. So mandating that kids have daily gym where a school doesn't have gym space wouldn't make sense."



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Connecticut, the state that now ranks the best for fit kids, had no plans just a few years ago to combat obesity in children. Now students in kindergarten through fifth grade exercise every day.

Anchorage is also planning its own taskforce to look into ways that families and children can be healthier. It's expected to include pediatricians and officials from City Hall and the school district.

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This Midwestern mecca has long been the only state to require PE classes daily for all students. Unfortunately, it's not quite as good as it sounds: The state has waived the mandate for about one-quarter of its school districts, and a study from Illinois State University in Normal suggests that another 40% of elementary schools skip daily PE without a waiver. Even so, a third of young kids having daily PE is much better than the national average of 8%. "Plus, the state offers some creative programs," says Beth Mahar, past president of the Illinois Association for Health, Physical Education, Recreation & Dance.

Among them: the new Namaste Charter School for kindergartners and first-graders in Chicago; it integrates an hour of PE, which includes yoga and Pilates, and a half hour of recess into each school day.

THE 10 WORST STATES

50. Alaska

The state requires PE only for high school students. When it's offered in elementary schools, about 85% of courses are taught by classroom teachers rather than the preferred certified PE specialists. In a new safety rating, playgrounds in the state's parks scored poorly.

49. Nebraska

PE is required just once per week in elementary school, nutrition isn't taught to young children, and the state doesn't require or recommend recess. Parents aren't setting a good example either: Four in five don't get five servings of produce daily.

48. Nevada

This state doesn't require PE in elementary school. Kids aren't active on their own either, with just 1 in 14 participating in YMCA programs and 1 in 29 playing youth soccer, below the U.S. average.

47. Mississippi

In a government study of 32 states, Mississippi had the highest percentage of heavy high school students; about 15% carry around too many extra pounds, and another 15% are on the verge of being overweight.

46. Kansas

This state does things half right. It encourages school districts to follow PE standards but doesn't balk if they do their own thing, and it recommends allowing recess for elementary school students but doesn't ensure it happens.

45. South Dakota

It's one of two states that don't require PE at any grade level. Legislation that requested school districts review (not even ban) the sale of soft drinks and junk food in the school cafeteria didn't pass the state Senate last year.

44. Alabama

Two-thirds of 35- to 49-year-olds are overweight or obese, the parks are in bad shape, and kids aren't active in youth sports.

43. Idaho

Kids and parents are leaner than average here. The playgrounds located in parks, however, are a mess, with about half the equipment containing splinters and rust.

42. Wyoming

Nutrition is a weak spot in this state. It doesn't require that the subject be taught to elementary school students or have legislation restricting junk food in the school cafeteria.

Officials weigh in on unhealthy snacks, beverages offered at area schools

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Article published on Thursday, Mar 10th, 2005

By JEFF BENZAK

Sports Writer

Does it make sense to line the Kodiak High School Commons with seven vending machines that sell sugar-heavy snacks and beverages to teenagers?

That was a question raised Monday night at a school board work session held in the Kodiak Island Borough School District's basement conference room.

It's shaping up to be a sticky issue for parents, administrators, teachers and coaches — who all offered varying views on the subject.

There are currently six beverage vending machines located in the KHS foyer and one in the faculty room. They sell soda, Powerade, water and 10-percent fruit juice.

Combined, the seven machines generate more than \$19,000 annually for an account earmarked to cover expenses for sports teams traveling to state competitions.

The KHS wrestling team also independently owns a snack machine in the foyer, and it sells items including candy bars, granola bars, Twinkies, cereals, chocolate cupcakes, gum and potato chips.

Head coach Pat Costello said his team made a significant investment about eight years ago to purchase two machines, one of which is designed to sell ice cream and is currently not in use.

The team has grown to rely on the income it generates from the sale of snacks.

"We tried to sell granola bars, breakfast cereals, raisins, dried fruits, and they didn't sell," Costello said. "I ended up giving half of them away because they weren't selling. If we lose that vending machine, we'll lose about half our season."

Vending machines that sell soda and junk food to schoolchildren are a growing cause of concern across the United States. On Sunday, for example, California Gov. Arnold Schwarzenegger said he will introduce legislation later this year that would ban soft drinks in public schools (see story, Page 1).

In addition to Kodiak High School, four other educational facilities in the city have student-accessible vending machines: the Learning Center, the middle school, North Star Elementary and East Elementary.

(Peterson, Main and East Elementary schools all have vending machines located in faculty rooms.)

A recent proposal by the KHS Faculty Leadership Committee aims to cut back on the amount of sodas sold within the school's hallways, but others question whether removing sodas and junk food, thereby limiting students' choices, is an appropriate step.

"We talk about educating our kids, teaching good health," said Scott Williams, president of the district's school board. "We want them to make good choices. Removing choices from them is not giving them (that opportunity)."

A mother of a high school student agreed: "If you teach your kids at home the right way, they're going to learn," she said. "Choices are what our kids are going to be facing when they

The revenue generated from the machines has grown increasingly important to sports teams. The activities budget has been cut dramatically in recent years, and money once budgeted for athletics is now redirected away from the gym and into the classroom.

"I hear about our activities program wanting more activities," said board member Norm Wooten, "and if we lose all this money, where's it going to come from? That's the dilemma I'm hearing right now."

Health experts on local, state and national levels worry about the effects selling junk food and sodas in schools has on students. Childhood obesity is at an all-time high, and Costello, who in addition to coaching the wrestling team is also teaches physical education and health, said he's seen waistlines balloon in KHS's hallways.

"In my 15 years here, the obesity of kids at school has skyrocketed," he said.

But Costello attributes the problem more to a lack of exercise than poor eating habits, and he has been a proponent of increasing the amount of mandatory P.E. at all age levels.

"If we don't increase the exercise, if we don't increase the level of P.E., we're not going to solve anything," he said.

Board member Betty Odell said that despite the best intentions of parents and educators, high school students will not be able to resist the temptation of junk food and soft drinks if they're easily available within the walls of KHS.

"We reviewed the health curriculum tonight," she said, referring to a topic discussed prior the vending machine issue. "Those teachers can work real hard at educating the kids, and then they can walk right down the hall and buy a 20-ounce Diet Dr. Pepper."

"With the health issues we face as a nation, we need to start early. We need to start earlier than when you reach your 50s and you have type 2 diabetes."

Odell, a parent of two varsity athletes, also worries about the ever-expanding size of soda bottles.

graduate from high school."

Adding milk to the vending machine lineup was an idea that was raised Monday night, but Dave Jones, KIBSD's finance director, noted that milk sales in the cafeteria have decreased recently.

A member of the KHS Booster Club said she understands how important the money generated from vending machines is to the competitive health of sports teams. But she doesn't think giving students more choices is going to alter their habits.

"These are kids," she said. "They may be young adults, but they're still kids. If we just leave it up to them, I don't think anything's going to change."

Mirror writer Jeff Benzak can be reached via e-mail at jbenzak@kodiakdailymirror.com.

She noted that servings have increased in recent years, and a vendor who was present at the meeting said the 12-ounce can is becoming less of a focus within the soft-drink industry.

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FISCAL NOTE

STATE OF ALASKA
2005 LEGISLATIVE SESSION

Fiscal Note Number: SB162-EED-ESS-04-19-05
 Bill Version: SB 162
 () Publish Date: _____

Revision Date/Time (Note if correction): _____ Dept. Affected: Education & Early Development
 Title: *An Act relating to monitoring and reporting of RDU: TLS
student discipline and safety of student health Component: Student and School Achievement
 Sponsor: Sen. Dyson
 Requester: _____ Component No.: 2796

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below

OPERATING EXPENDITURES	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	*	*	*	*	*	*

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES ()						
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	*	*	*	*	*	*
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type--Do not abbreviate)						
TOTAL	*	*	*	*	*	*

Estimate of any current year (FY2005) cost: 00

Mark this box (X) if funding for this bill is included in the Governor's FY 2006 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

This bill will require the Department of Education & Early Development to develop and implement new regulations related to student health-related information that school districts will be required to collect and report (i.e., height, weight, availability of and participation level in a program in nutrition and physical education at the school, % of students overweight or at risk of being overweight, availability of nutritionally balanced foods, body mass index calculations, etc.).

The bill will also require collecting and reporting vending machine receipts at the school building level. Additional regulations will be necessary to implement this provision. The costs related to this bill are indeterminate at this time.

Prepared by: Barbara Thompson, Director Phone: 465-8727
 Divisor: Teaching & Learning Support Date/Time: 4/19/05 5:05 PM
 Approved by: Karen Rehfeld, Deputy Commissioner Date: 04/19/2005
 Agency: Education & Early Development

A Growing Problem: Childhood Overweight in Alaska



Presentation to the
Senate Health, Education and Social Services Committee
April 20, 2005
Richard Mandsager, M.D., Alaska Division of Public Health

Today's Presentation

- The scope of the problem in Alaska
- Health impacts & economic consequences
- Ideas for prevention



How Big is Our Problem in Alaska?

Upcoming slides will show:

- The rapid spread of an epidemic
- BMI data from Anchorage School District suggests an alarming trend
- Alaskan adults are setting a bad example
- Contributing factors: Poor dietary choices and a sedentary lifestyle for students and adults
- Possible solutions

Obesity Trends* Among U.S. Adults BRFSS, 1991

(*BMI ≥ 30 , or ~ 30 lbs overweight for 5' 4" woman)



No Data 7-9% 10-14% 15-19%

Obesity Trends* Among U.S. Adults BRFSS, 1995

(*BMI ≥ 30 , or ~ 30 lbs overweight for 5' 4" woman)



Obesity Trends* Among U.S. Adults BRFSS, 1998

(*BMI ≥ 30 , or ~ 30 lbs overweight for 5' 4" person)

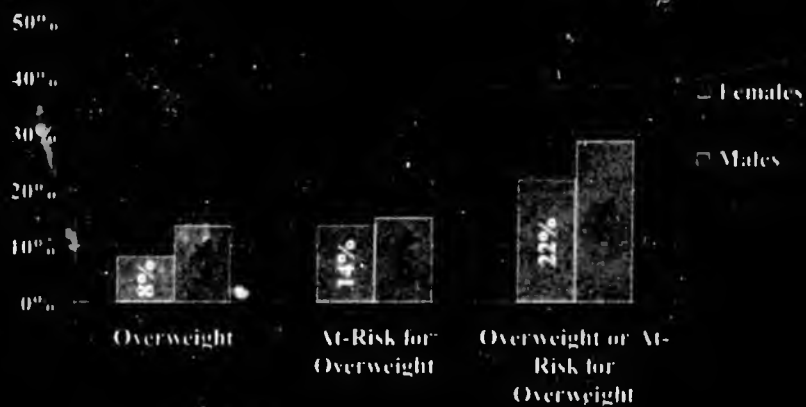


Obesity* Trends Among U.S. Adults YRBS, 2003

(* BMI ≥ 30 , or ~ 30 lbs overweight for 5'4" person)



Alaskan High School Students Who Are Overweight or At-Risk for Becoming Overweight YRBS 2003

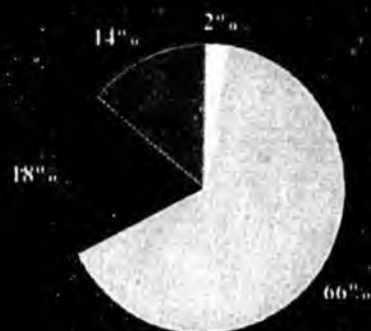


**BMI Status:
Anchorage School District Students
1998 - 2003**



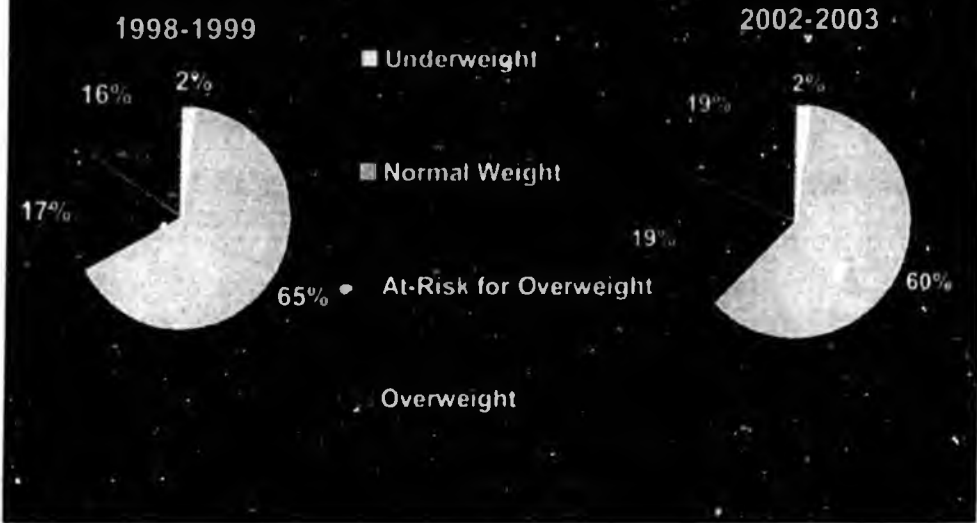
- Underweight (< 5th Percentile)
- Normal Weight (5th - 85th Percentile)
- At-Risk for Overweight (85th - 95th Percentile)
- Overweight (95th Percentile and above)

**BMI Status of Kindergarten and First Grade Students:
Anchorage School District
1998-2003**

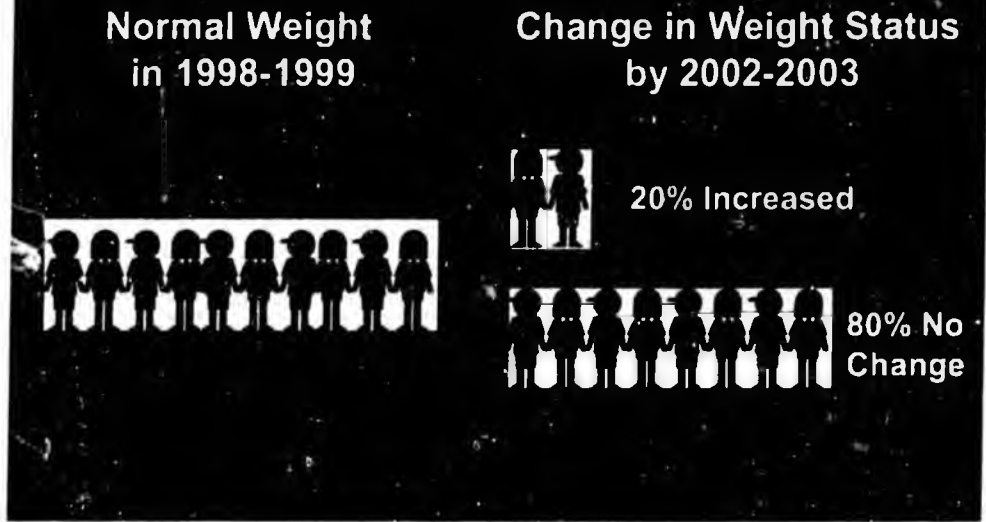


- Underweight (< 5th Percentile)
- Normal Weight (5th - 85th Percentile)
- At-Risk for Overweight (85th-95th Percentile)
- Overweight (95th Percentile and above)

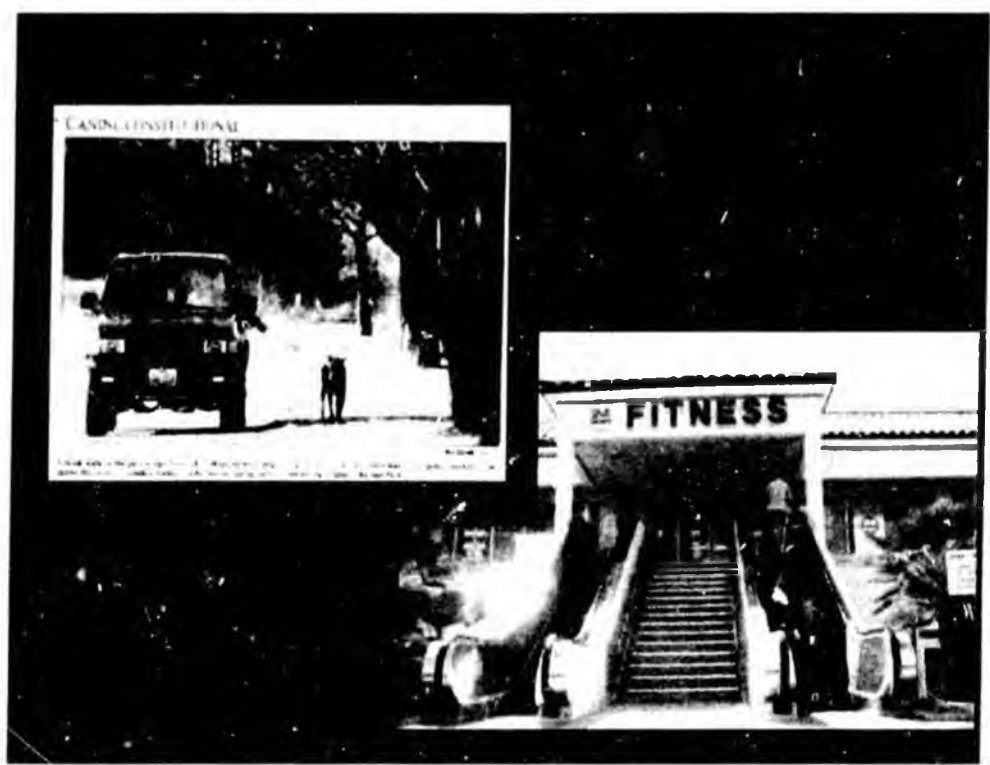
BMI Status for Anchorage School District Students 1998-1999 and 2002-2003



Change in Weight Status Among Normal Weight Students 1998-1999 and 2002-2003, Male and Female Students of All Ages



**Trend in Percentage of Adults Who Are
Overweight (BMI 25-29.9), Obese (BMI 30+)
Alaska BRFSS, 1991-2003 (3-Year Moving Averages)**



Nutrition and Physical Activity: *Alaskan Adults*

- 43% do not meet CDC recommendations for physical activity
- 23% consume at least 5 daily servings of fruits and vegetables

Nutrition and Physical Activity: *Alaskan High School Students*

- 18% participate in daily physical education
- 27% do not meet the CDC minimum recommendations for physical activity
- 28% watch 3 or more hours of television on an average school day
- 16% consume at least 5 daily servings of fruits and vegetables

Source: YRBS 2003

Changes in Kids' Food Environments



- Larger portion sizes and more food prepared/consumed outside the home

- Nationally, 43% of elementary and 98% of high schools sell low-nutrient, high-calorie *a la carte* and vending machine foods and beverages

- Exodus of grocery stores from urban centers and influx of fast food outlets – with growing income and racial/ethnic disparities in access to healthy foods

- Half of all ads shown during kids' TV shows are for food – most promote high-sugar, -fat and -calorie products.

Source: Active Living By Design, University of North Carolina, Chapel Hill

Alaska School Nutrition Environment

- 56% of schools make fruits and vegetables available for purchase daily
- 82% of schools make water, milk, or 100% fruit juice available for purchase daily
- 28% of schools prohibit soda during lunch
- 17% of schools with vending machines have policies regulating the content of the machines

Source: State of Alaska DHSS Physical Activity Inventory 2003

School Wellness Policies: Child Nutrition and WIC Reauthorization

- 2004 federal law requiring schools to develop wellness policies that:
 - Include goals for nutrition education and physical activity
 - Include nutrition guidelines for foods available at school during the school day
 - Establish a plan for measuring implementation of the wellness policy
- Parents, students, school board members, school administrators, school food authorities, and the public must be involved in policy development

WIC Reauthorization: Impact on Alaskan Schools

Affects schools and districts participating in the National School Lunch Program, including:

- 89% of Alaskan School Districts
- 87% of Alaskan Schools*

* Correspondence schools or correctional facilities not factored in

Health and Economic Impacts

Upcoming slides will show:

- Health consequences for youth and adults
- Economic costs for Alaska and U.S.
- Increasing prevalence of diabetes



Overweight and Obesity: *Health Consequences*

Youth

- Increased risk of obesity as an adult
- High blood pressure
- High cholesterol
- Orthopedic disorders
- Type 2 Diabetes
- Psychosocial disorders

Adults

- Premature mortality
- Cardiovascular disease
- Type 2 Diabetes
- Musculoskeletal disorders
- Sleep apnea
- Gallbladder disease
- Certain types of cancer (endometrial, colon, kidney, gallbladder, postmenopausal breast)

Obesity: *Economic Costs*

United States

- \$75 billion in annual direct medical expenditures
- \$18 billion financed by Medicare
- \$21 billion financed by Medicaid

Alaska

- \$195 million in annual direct medical expenditures
- \$17 million financed by Medicare
- \$29 million financed by Medicaid

Source: State Level Economic Impact of Annual Medical Expenditures Attributable to Obesity (Obesity Research, 2004)

Diabetes Prevalence is Increasing

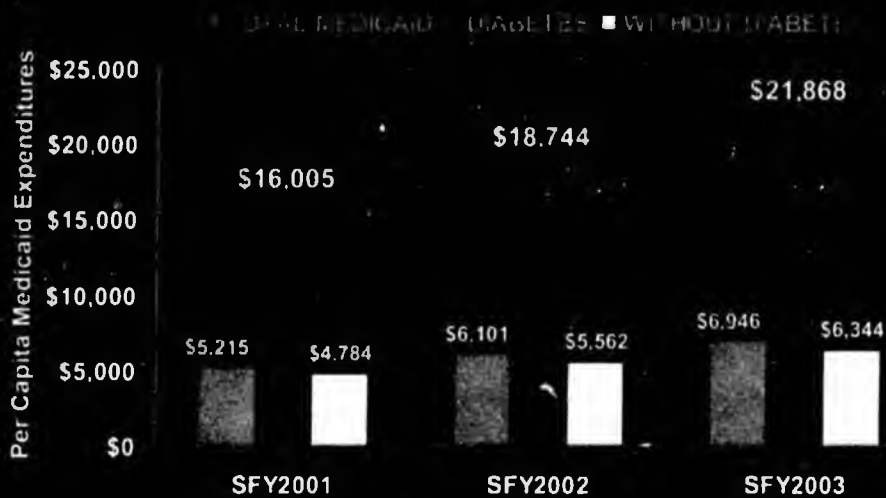
- Diabetes in Alaska has doubled in the past 10 years. Of Alaskans over 18 years of age, 5% (22,589 persons) have been told by a doctor that they have diabetes.
- Another 7,000 Alaskans have diabetes but have not had it diagnosed by a doctor
- Diabetes is one of the top five causes of death in Alaska.
- Globally, 6 people die every minute from diabetes.
- In Alaska, 1 in 8 Medicaid dollars are expended on persons with diabetes, even though they represent less than 4% of Medicaid recipients.
- It is estimated that 1 in 3 children born in the year 2000 will develop diabetes as a consequence of obesity.

**Average Annual Prevalence of Self-Reported
Heart Attack or Stroke Among Alaskan
Adults by Diabetes Status
AKBRFSS 2001-2003**



*Self-report ever been told by health care provider that I had a

**Alaska Medicaid, Per Capita Expenditures by Year,
Total Medicaid and Recipients With and Without
Diabetes, SFY2001-2003**



Source: Medicaid Claims data

Prevention Ideas

Upcoming slides will show:

- Obesity prevention and control ideas
- Diabetes prevention and control ideas
- Chronic disease prevention and management policy strategies



Obesity Prevention and Control: Potential Policy Strategies (1)

- Require physical education in all school grades
- Regulate nutritional content of food available to students in cafeterias, vending machines, and at school events
- Restrict the advertising of foods and beverages with low nutritional value, and advertising promoting sedentary entertainment, that targets children
- Implement school policies that prohibit the use of food or physical activity as a punishment or reward
- Conduct annual height and weight screenings, and make BMI-for-age results available to parents

Source: Institute of Medicine, Centers for Disease Control and Prevention, National Association for Sport and Physical Education

Obesity Prevention and Control: Potential Policy Strategies (2)

- Implement zoning requirements that support physical activity
- Provide tax incentives for worksites that promote physical activity and healthy eating
- Require disclosure of nutritional content of foods sold in restaurants, movie theaters, convenience stores, and other venues
- Subsidize the costs of nutritious foods
- Provide reimbursement for nutrition and weight management counseling
- Systematically implement established guidelines for addressing overweight and obesity in clinical settings

Source: Institute of Medicine, Centers for Disease Control and Prevention, Nestle, M. Jacobson. *Halting the Obesity Epidemic: A Public Health Policy Approach*. Public Health Reports 2000; 115: 12-24

Chronic Disease Policy Strategies

National Governor's Association (NGA) Chronic Disease
Policy Academy

- Purpose:
 - Provide Governor's health policy advisors, legislators, state health officials, and communities a forum in which they can work together to develop action plans for preventing and addressing chronic diseases
- Process:
 - Site visit by NGA staff to orient State's Policy Academy Team to process
 - 3-day workshop with team, other States' teams, NGA & CDC experts in chronic disease prevention and management
 - One year of technical assistance from NGA to facilitate putting Action Plan into effect

Chronic Disease Policy Strategies

**National Governor's Association (NGA) Alaska
Team Vision Statement**

The Last Frontier's future depends on the health of its people. We envision a state in which public and private partners work together to create an environment of healthy living, where our diverse cultures and people strive to improve the lifelong health of all Alaskans by increasing physical activity, reducing obesity rates, decreasing tobacco use and substance abuse, and institutionalizing incentives that encourage personal responsibility and government efficiency.

The Importance of SB162

- **Draws attention to the issue in Alaska**
- **Student BMI data needed to chart problem, mark hoped-for progress**
- **Again focuses Legislature on issue of vending machines in schools**
- **Involves communities – schools, families, policymakers – in finding solutions**

Christian Science Committee on Publication for Alaska

P. O. Box 240976, Douglas, A.K 99824
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To: Senator Fred Dyson, Chair
Members of the Senate Health, Education, and Social Services Committee

From: Beverly Smith, Christian Science Committee on Publication for Alaska

Date: April 20, 2005

RE: Senate Bill No. 162

An Act relating to monitoring and reporting of student discipline and safety, of student health pertaining to height, nutrition, and physical activity...

Thank you, Senator Dyson and members of the committee, for allowing me the opportunity to offer comments on this bill.

In my capacity as Christian Science Committee on Publication for Alaska, one of my roles is to watch legislative proposals to ensure that Alaskans have the choice to pursue spiritual means for the prevention and cure of disease, including Christian Science treatment and care.

After reviewing SB 162, the Christian Science Committee on Publication for Alaska respectfully requests that Senate Bill 162 be amended as follows:

In amending AS 14.30.127 **ADD** a new subsection (c) to read:

"AS 14.30.127 (c). Notwithstanding (a) of this section, a person required to conduct a test or cause a child to receive a vision, weight, height and hearing screening examination under this section is exempt from this requirement if the parent/guardian of the child objects to the testing procedure on the grounds that the procedure conflicts with the religious tenets and practices of the parent/guardian. The parent shall sign a statement that the parent knowingly refuses the examination, and the person conducting the test or causing a child to receive an examination shall have a copy of the signed statement retained in the school records."

EXPLANATION

This amendment would clarify that parents who use prayer and spiritual means for healing for their children may choose to object to a vision, weight, height, and hearing screening examination.

Christian Science is one of the religious non-medical forms of treatment that relies on spiritual means through prayer to heal illness, injuries and other conditions. In Alaska, individuals have chosen Christian Science treatment and care for healing for about 100 years. The experience of those practicing Christian Science is that this healing method has both preventative and curative effects. The application of this religious non-medical method of healing does not involve any type of medical examination or screening.

Parents who rely on prayer or spiritual means for healing should be allowed to object to a vision, weight, height, and hearing screening examination for the benefit of their children.

House Bill 109, relating to testing of hearing on newborns, currently in the Rules Committee, contains similar language allowing parents to object, in writing, "if the procedure conflicts with the religious or other tenets and practices of the parent."

Therefore we respectfully request that this bill be amended as stated above.

FISCAL NOTE

STATE OF ALASKA
2005 LEGISLATIVE SESSION

Fiscal Note Number: _____
Bill Version: SR162-DHSS-DPH-04-15-05

() Publish Date: _____

Revision Date/Time (Note if correction): _____

Dept. Affected: Health & Social Services

Title MONITORING STUDENT HEALTH, NUTRITION, AND PHYSICAL ACTIVITY

RDU Public Health

Component Epidemiology

Sponsor DYSON

Requester SENATE (HES)

Component No. 296

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES (0)						
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1037 GF/Mental Health						
Other(Specify Type-do not abbreviate)						
Other(Specify Type-do not abbreviate)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2005) cost: _____

Mark this box (X) if funding for this bill is included in the Governor's FY 2006 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

This bill requires that schools conduct height and weight screenings and report the percentage of students who are overweight or at-risk for becoming overweight. The Department is requesting that Page 3, Lines 29-30, be amended to read that DHSS shall "(2) assist DEED in training school district employees and school volunteers to conduct and report accurate hearing, weight, height, and vision screening tests." Despite language in current law, DHSS in practice does not train and certify school district employees in any of these screening tests. Public health nurses assist schools when they can and accept follow-up referrals when initial screenings indicate a potential problem. Requiring DHSS to formally certify and train school district employees would require a sizable fiscal note. With this amendment, however, the fiscal note is zero.

Prepared by: Richard Mandsager, M.D.

Phone 465-3090

Division Public Health

Date/Time 04/15/2004

Approved by: Joel S. Gilbertson, Commissioner

Date 04/15/2005

Agency Department of Health and Social Services

Christian Science Committee on Publication for Alaska

Memo

TO: Senator Fred Dyson, Chair
Members of the Senate Health, Education and Social Services Committee

FROM: Beverly Smith, Christian Science Committee on Publication for Alaska

DATE: April 22, 2005

RE: Senate Bill No. 162

I have attached the laws from a number of states regarding pupil exemptions to examinations given in school for such things as vision and hearing. Most states grant exemptions based on religious beliefs.

I have also attached the laws from several states regarding exemption of students from immunization. Alaska is one of many states that grant such an exemption. Please see the first entry in this attachment.

A sampling of state laws regarding student exemptions from examination/screening in schools

Illinois

**ILLINOIS COMPILED STATUTES ANNOTATED
CHAPTER 410. PUBLIC HEALTH
CHILD HEALTH SERVICES
CHILD VISION AND HEARING TEST ACT**

§ 410 ILCS 205/6. [Objections by parents or guardians].

"Sec. 6. No child shall be required to submit to any test required by this Act if a parent or a guardian of the child objects on constitutional grounds, and submits a written statement of such objection to the agency administering such vision and hearing screening services."

Cite as: 410 Ill. Comp. Stat. 205/6 (2003).

Michigan

**MICHIGAN COMPILED LAWS
CHAPTER 333 HEALTH
PUBLIC HEALTH CODE
ARTICLE 9. SUPPORTIVE PERSONAL HEALTH SERVICES
PART 93. HEARING AND VISION**

§ 333.9311. Exemption on religious grounds; written statement of parent, guardian, or person in loco parentis.

"Sec. 9311. A child is exempt from this part if a parent, guardian, or person in loco parentis of the child presents a written statement to the administrator of the child's school stating that the requirement violates the personal religious beliefs of the parent, guardian, or person in loco parentis."

Cite as: Mich. Comp. Laws § 333.9311 (2003).

Georgia

**RULES AND REGULATIONS OF THE STATE OF GEORGIA
TITLE 290: DEPARTMENT OF HUMAN RESOURCES
PUBLIC HEALTH
CHAPTER 290-5-31 EYE, EAR AND DENTAL EXAMINATIONS OF CHILDREN ENTERING PUBLIC SCHOOLS**

§ 290-5-31-.07. Certificate for Child Exempt from Examinations.

"When a conflict with belief and practices exists, the Local Department of Health shall accept and place in a separate file the parent's signed affidavit and shall issue a Special Certificate of Eye or Ear or Dental Examinations to this effect."

Cite as: Ga. Comp. R. & Regs. r. 290-5-31-.07 (2004).

Connecticut

**GENERAL STATUTES OF CONNECTICUT
TITLE 10. EDUCATION AND CULTURE
CHAPTER 169. SCHOOL HEALTH AND SANITATION**

§ 10-208. Exemption from examination or treatment.

"No provision of section 10-206, or 10-214, shall be construed to require any pupil to undergo a physical or medical examination or treatment, or to be compelled to receive medical instruction, if the parent or legal guardian of such pupil, or the pupil, if such pupil is an emancipated minor or is eighteen years of age or older, in writing, notifies the teacher or principal or other person in charge of such pupil that such parent or guardian or pupil objects, on religious grounds, to such physical or medical examination or treatment or medical instruction."

Cite as: Conn. Gen. Stat. § 10-208 (2004).

Florida

TITLE XXIX PUBLIC HEALTH
CHAPTER 381 PUBLIC HEALTH: GENERAL PROVISIONS

§ 381.0056 School health services program.

"(7) The district school board shall: . . . (d) At the beginning of each school year, inform parents or guardians in writing that their children who are students in the district schools will receive specified health services as provided for in the district health services plan. A student will be exempt from any of these services if his or her parent or guardian requests such exemption in writing. . . . However, the laws and rules relating to contagious or communicable diseases and sanitary matters shall not be violated."

Cite as: Fla. Stat. § 381.0056(7)(d) (2003).

Maine

MAINE REVISED STATUTES
TITLE 20-A. EDUCATION
PART 3. ELEMENTARY AND SECONDARY EDUCATION
CHAPTER 223. HEALTH, NUTRITION AND SAFETY
SUBCHAPTER IV. HEALTH SCREENING

§ 6451. Health screening.

"3. EXEMPT STUDENTS. A student whose parent objects in writing to screening on religious grounds shall not be screened unless a sight or hearing defect is reasonably apparent."

Cite as: Me. Rev. Stat. tit. 20-A, § 6451(3) (2003).

New Jersey

NEW JERSEY ANNOTATED STATUTES
TITLE 18A. EDUCATION
SUBTITLE 6. SCHOOL CONDUCT
CHAPTER 40. HEALTH PROMOTION AND DISEASE PREVENTION

§ 18A:40-4 Health records; examinations for physical defects, hearing.

" . . . A pupil who presents a statement signed by his parent or guardian that such required examinations interfere with the free exercise of his religious beliefs shall be examined only to the extent necessary to determine whether he is ill or infected with a communicable disease or to determine his fitness to participate in any health, safety and physical education course required by law. . . ."

Cite as: N.J. Stat. § 18A:40-4 (2004).

New York

NEW YORK CONSOLIDATED LAWS SERVICES
EDUCATION LAW
TITLE 1. GENERAL PROVISIONS
ARTICLE 19. MEDICAL AND HEALTH SERVICE

§ 905. Record of examinations; eye, ear and scoliosis tests

"1. . . . Required scoliosis testing shall not apply to children whose parent, parents, or guardian are bona fide members of a recognized religious organization whose teachings are contrary to the practices herein required . . . 4. . . . No eye test shall be required of any pupil whose parent or guardian objects thereto on the grounds that such test conflicts with such parent's or guardian's sincerely held religious beliefs."

Cite as: N.Y. Educ. Law § 905(1), (4) (2003).

Ohio

PAGE'S OHIO REVISED CODE ANNOTATED
TITLE 33. EDUCATION – LIBRARIES
CHAPTER 13. BOARDS OF EDUCATION
PHYSICIANS AND DENTISTS

§ 3313.71. Examinations and diagnoses by school physician.

" . . . Boards shall waive the required test where a pupil presents a written statement . . . from the pupil's parent or guardian objecting to such test because of religious convictions. . . ."

Cite as: Ohio Rev. Code Ann. § 3313.71 (2003).

Virginia

**CODE OF VIRGINIA
TITLE 22.1. EDUCATION
CHAPTER 14. PUPILS**

ARTICLE 2. HEALTH PROVISIONS

§ 22.1-273. Sight and hearing of pupil to be tested.

" . . . Within the time periods and at the grades provided in regulations promulgated by the Board of Education, the principal of each such school shall cause the sight and hearing of the relevant pupils in the school to be tested, unless . . . the parents or guardians of such students object on religious grounds and the students show no obvious evidence of any defect or disease of the eyes or ears. . . ."

Cite as: Va. Code Ann. § 22.1-273 (2003).

Indiana

**BURNS INDIANA STATUTES ANNOTATED
TITLE 20. EDUCATION
ARTICLE 8.1. PUPILS
CHAPTER 7. HEALTH MEASURES**

§ 20-8.1-7-2. Objections to health treatment.

"(a) Except as otherwise provided, a school child may not be required to undergo any testing, examination, immunization or treatment required under this chapter when the child's parent objects on religious grounds. A religious objection does not exempt a child from any testing, examination, immunization, or treatment required under this chapter unless the objection is: (1) made in writing; (2) signed by the child's parent; and (3) delivered to the child's teacher or to the individual who might order a test, an exam, an immunization, or a treatment absent the objection."Cite as: Ind. Code Ann. § 20-8.1-7-2(a) (2002).

Rhode Island

**GENERAL LAWS OF RHODE ISLAND
TITLE 16. EDUCATION
CHAPTER 21. HEALTH AND SAFETY OF PUPILS**

§ 16-21-14. Hearing, speech, and vision screenings – Records – Statewide hearing screening program

" (g) Tests shall not be required of any student whose parent or guardian objects on the ground that the tests conflict with their religious beliefs."

Cite as: R.I. Gen. Laws § 16-21-14(g) (2003).

Massachusetts

**MASSACHUSETTS GENERAL LAWS ANNOTATED
PART I. ADMINISTRATION OF THE GOVERNMENT
TITLE XII. EDUCATION
CHAPTER 71. PUBLIC SCHOOLS
SCHOOL COMMITTEES**

§ 57. Physical examination of pupils; vision screening; certification.

" . . . Any child shall be exempt on religious grounds from these examinations upon written request of parent or guardian on condition that the laws and regulations relating to communicable diseases shall not be violated. . . ."

Cite as: Mass. Gen. Laws Ann. ch. 71, § 57 (2004).

Colorado

**COLORADO REVISED STATUTES
TITLE 22. EDUCATION
GENERAL AND ADMINISTRATIVE
ARTICLE 1. GENERAL PROVISIONS**

§ 22-1-116. School children—sight and hearing tests

" . . . The provisions of this section shall not apply to any child whose parent or guardian objects on religious or personal grounds."

Cite as: Colo. Rev. Stat. § 22-1-116 (2003).

Kansas

**KANSAS STATUTES ANNOTATED
CHAPTER 72. SCHOOLS
ARTICLE 52. HEALTH PROGRAMS
HEALTH ASSESSMENTS**

§ 72-5214 Health assessments; definitions; requirements; alternatives; duties of school boards.

"(c) As an alternative to the health assessment required under subsection (b), 1 a pupil shall present: (1) A written statement signed by one parent or guardian that the child is an adherent of a religious denomination whose religious teachings are opposed to such assessments;"

Cite as: Kan. Stat. Ann. § 72-5214(c)(1) (2003).

1 Subsection (b) reads: ". . . every pupil up to the age of nine years who has not previously enrolled in any school in this state, prior to admission to and attendance in school, shall present to the appropriate school board the results of a health assessment . . . which assessment shall have been conducted within 12 months of school entry by a nurse who has completed the department of health and environment training and certification, by a physician or by a person acting under the direction of a physician. . . ."

Louisiana

**LOUISIANA REVISED STATUTES
TITLE 17. EDUCATION
CHAPTER 1. GENERAL SCHOOL LAW
PART VI-A. SCREENING AND INTERVENTION FOR SCHOOL SUCCESS**

§ 392.1 Screening and intervention; purpose; applicability; city and parish school system, duties.

"B. (1) Every child in public school in grades kindergarten through third shall be screened, at least once, for the existence of impediments to a successful school experience. No child shall be screened if his parent or tutor objects to such screening. . . ."

Cite as: La. Rev. Stat. Ann. 17:392.1(B)(1) (2003).

Mississippi

**MISSISSIPPI CODE 1972 ANNOTATED
TITLE 41. PUBLIC HEALTH
CHAPTER 79. HEALTH PROBLEMS OF SCHOOL CHILDREN
SCHOOL NURSE INTERVENTION PROGRAM**

§ 41-79-5. School nurse intervention program.

"(9) . . . No child shall be required to undergo hearing and vision or scoliosis screening or any other physical examination or tests whose parent objects thereto on the grounds such screening, physical examination or tests are contrary to his sincerely held religious beliefs. . . ."

Cite as: Miss. Code Ann. § 41-79-5(9) (2003).

Vermont

**VERMONT STATUTES ANNOTATED
TITLE SIXTEEN. EDUCATION
PART 2. PUBLIC SCHOOLS
CHAPTER 31. HEALTH
SUBCHAPTER 2. TESTING SIGHT AND HEARING**

§ 1422. Tests.

"(e) No child shall be obliged to submit to any test referred to in this section whose parent or guardian objects to the same in writing. Said written notice shall be delivered to the child's teacher or to any person who orders or conducts such test or tests."

Cite as: Vt. Stat. Ann. tit. 16, § 1422(e) (2003).

California

DEERING'S CALIFORNIA CODES ANNOTATED
EDUCATION CODE
TITLE 2. ELEMENTARY AND SECONDARY EDUCATION
DIVISION 4. INSTRUCTION AND SERVICES
PART 27. PUPILS
CHAPTER 9. PUPIL AND PERSONNEL HEALTH
ARTICLE 4.5. PUPIL HEALTH ASSESSMENT

§ 49460. Standardized health assessment of children in public schools.

"(c) No child shall be required to participate in a standardized health assessment program if the parent or guardian of that child objects to that participation because the program conflicts with the religious beliefs of the parent or guardian. The objection shall be made in a written form and shall be included in a letter submitted to the coordinating center, acknowledging parental notice of the health assessment."

Cite as: Cal. Educ. Code § 49460(c) (2004).

DEERING'S CALIFORNIA CODES ANNOTATED
EDUCATION CODE
TITLE 2. ELEMENTARY AND SECONDARY EDUCATION
DIVISION 4. INSTRUCTION AND SERVICES
PART 27. PUPILS
CHAPTER 9. PUPIL AND PERSONNEL HEALTH
ARTICLE 4. PHYSICAL EXAMINATIONS

§ 49455. Vision appraisal

"Upon first enrollment in a California school district of a child at a California elementary school, and at least every third year thereafter until the child has completed the eighth grade, the child's vision shall be appraised by the school nurse or other authorized person under Section 49452. . . . The provisions of this section shall not apply to any child whose parents or guardian file with the principal of the school in which the child is enrolling, a statement in writing that they adhere to the faith or teachings of any well-recognized religious sect, denomination, or organization and in accordance with its creed, tenets, or principles depend for healing upon prayer in the practice of their religion."

Cite as: Cal. Educ. Code § 49455 (2004).

DEERING'S CALIFORNIA CODES ANNOTATED

A sampling of state laws regarding the exemption of children from immunization on the basis of religious beliefs.

Alaska

**ALASKA ADMINISTRATIVE CODE
TITLE 4. EDUCATION AND EARLY DEVELOPMENT
CHAPTER 6. GOVERNMENT OF SCHOOLS
ARTICLE 1. GENERAL ADMINISTRATION**

4 AAC 06.055. Immunizations required.

" . . . (b) This section does not apply if the child . . . (3) has an affidavit signed by his parent or guardian affirming that immunization conflicts with the tenets and practices of the church or religious denomination of which the applicant is a member."

Cite as: **Alaska Admin. Code tit. 4, § 06.055(b)(3) (2004).**

This regulation is promulgated under Alaska Stat. § 14.07.020 which requires immunization of children prior to first entry in public or nonpublic schools from pre-elementary education through the 12th grade.

New Mexico

**NEW MEXICO STATUTES ANNOTATED
CHAPTER 24. HEALTH AND SAFETY
ARTICLE 5. IMMUNIZATION**

§ 24-5-3. Exemption from immunization.

"A. Any minor child through his parent or guardian may file with the health authority charged with the duty of enforcing the immunization laws . . . (2) affidavits or written affirmation from an officer of a recognized religious denomination that such child's parents or guardians are bona fide members of a denomination whose religious teaching requires reliance upon prayer or spiritual means alone for healing; (3) affidavits or written affirmation from his parent or legal guardian that his religious beliefs, held either individually or jointly with others, do not permit the administration of vaccine or other immunizing agent

B. Upon filing and approval of such certificate, affidavits or affirmation, the child is exempt from the legal requirement of immunization for a period not to exceed nine months on the basis of any one certificate, affidavits or affirmation."

Cite as: **N.M. Stat. Ann. § 24-5-3(A)(2), (A)(3), (B) (2002).**

Illinois

**ILLINOIS COMPILED STATUTES ANNOTATED
CHAPTER 105. SCHOOLS
COMMON SCHOOLS
SCHOOL CODE
ARTICLE 27. COURSES OF STUDY – SPECIAL INSTRUCTION**

§ 105 ILCS 5/27-8.1. Health examinations and immunizations.

"Sec. 27-8.1. . . . (8) Parents or legal guardians who object to health examinations or any part thereof, or to immunizations, on religious grounds shall not be required to submit their children or wards to the examinations or immunizations to which they so object if such parents or legal guardians present to the appropriate local school authority a signed statement of objection, detailing the grounds for the objection. If the physical condition of the child is such that any one or more of the immunizing agents should not be administered, the examining physician, advanced practice nurse, or physician assistant responsible for the performance of the health examination shall endorse that fact upon the health examination form. Exempting a child from the health examination does not exempt the child from participation in the program of physical education training provided in Sections 27-5 through 27-7 of this Code [105 ILCS 5/27-5 through 105 ILCS 5/27-7]."

Cite as: **105 Ill. Comp. Stat. 5/27-8.1(8) (2003).**

Michigan

**MICHIGAN COMPILED LAWS
CHAPTER 380 SCHOOL CODE OF 1976
REVISED SCHOOL CODE
ARTICLE 2.**

PART 15. SCHOOL DISTRICTS; POWERS AND DUTIES GENERALLY

§ 380.1177. Immunization statements; vision test; immunization status and vision report; rules.

Sec. 1177. (1) A child enrolling in a public or nonpublic school for the first time or, beginning in the 2002-2003 school year, enrolling in grade 6 for the first time shall submit 1 of the following: . . . (b) A statement signed by a parent or guardian to the effect that the child has not been immunized because of religious convictions or other objection to immunization. . . .

Cite as: Mich. Comp. Laws § 380.1177(1)(b) (2003).

Arizona

**ARIZONA REVISED STATUTES
TITLE 15. EDUCATION
CHAPTER 8. SCHOOL ATTENDANCE
ARTICLE 6. SCHOOL IMMUNIZATION**

§ 15-873. Exemptions, nor attendance during outbreak.

A. Documentary proof is not required for a pupil to be admitted to school if one of the following occurs: 1. The parent or guardian of the pupil submits a signed statement to the school administrator stating that the parent or guardian has received information about immunizations provided by the department of health services, understands the risks and benefits of immunizations and the potential risks of nonimmunization and that due to personal beliefs, the parent or guardian does not consent to the immunization of the pupil. . . .

Cite as: Ariz. Rev. Stat. § 15-873(A)(1) (2004).

Connecticut

**GENERAL STATUTES OF CONNECTICUT
TITLE 10. EDUCATION AND CULTURE
CHAPTER 169. SCHOOL HEALTH AND SANITATION**

§ 10-204a. Required immunizations.

(a) Each local or regional board of education, or similar body governing a nonpublic school or schools, shall require each child to be protected by adequate immunization . . . Any such child who . . . (3) presents a statement from the parents or guardian of such child that such immunization would be contrary to the religious beliefs of such child . . . shall be exempt from the appropriate provisions of this section. . . .

cite as: Conn. Gen. Stat. § 10-204a(a)(3) (2003).

Georgia

**OFFICIAL CODE OF GEORGIA ANNOTATED
TITLE 20. EDUCATION
CHAPTER 2. ELEMENTARY AND SECONDARY EDUCATION
ARTICLE 16. STUDENTS
PART 3. HEALTH**

§ 20-2-771. Immunization of students.

*(a) As used in this Code section, the term: . . . (2) 'Facility' means any public or private day-care center or nursery intended for the care, supervision, or instruction of children. . . . (4) 'School' means any public or private educational program or institution instructing children at any level or levels, kindergarten through twelfth grade, or children of ages five through 19 if grade divisions are not used. (b) No child shall be admitted to or attend any school or facility in this state unless the child shall first have submitted a certificate of immunization to the responsible official of the school or facility. . . . (e) This Code section shall not apply to a child whose parent or legal guardian objects to immunization of the child on the grounds that the immunization conflicts with the religious beliefs of the parent or guardian; however, the immunization may be required in cases when such disease is in epidemic stages. For a child to be exempt from immunization on religious grounds, the parent or guardian must first furnish the responsible official of the school or facility an affidavit in which the parent or guardian swears or affirms that the immunization required conflicts with the

religious beliefs of the parent or guardian. (f) During an epidemic or a threatened epidemic of any disease preventable by an immunization required by the Department of Human Resources, children who have not been immunized may be excluded from the school or facility until (1) they are immunized against the disease, unless they present valid evidence of prior disease, or (2) the epidemic or threat no longer constitutes a significant public health danger.

Cite as: Ga. Code Ann. § 20-2-771(a)(2)(4), (b), (e), (f) (2004).

Idaho

IDAHO CODE

GENERAL LAWS

TITLE 39. HEALTH AND SAFETY

CHAPTER 48. IMMUNIZATION

§ 39-4802. Exemptions

"(2) Any minor child whose parent or guardian has submitted a signed statement to school officials stating their objections on religious or other grounds shall be exempt from the provisions of this chapter."

Cite as: Idaho Code § 39-4802(2) (2004).

Maine

MAINE REVISED STATUTES

TITLE 20-A. EDUCATION

PART 3. ELEMENTARY AND SECONDARY EDUCATION

CHAPTER 223. HEALTH, NUTRITION AND SAFETY

SUBCHAPTER II. IMMUNIZATION

§ 6355. Enrollment in school.

"A superintendent may not permit any child to be enrolled in or to attend school without a certificate of immunization . . . except as follows. . . . 3. PHILOSOPHICAL OR RELIGIOUS EXEMPTION. The parent states in writing a sincere religious belief that is contrary to the immunization requirement of this subchapter or an opposition to the immunization for philosophical reasons."

Cite as: Me. Rev. Stat. tit. 20-A, § 6355(3) (2003).

Nebraska

REVISED STATUTES OF NEBRASKA ANNOTATED

CHAPTER 79. SCHOOLS

ARTICLE 2. PROVISIONS RELATING TO STUDENTS

(C) ADMISSION REQUIREMENTS

§ 79-221. Immunization; when not required.

"Immunization shall not be required for a student's enrollment in any school in this state if he or she submits to the admitting official either of the following: . . . (2) An affidavit signed by the student or, if he or she is a minor, by a legally authorized representative of the student, stating that the immunization conflicts with the tenets and practice of a recognized religious denomination of which the student is an adherent or member or that immunization conflicts with the personal and sincerely followed religious beliefs of the student."

Cite as: Neb. Rev. Stat. Ann. § 79-221(2) (2003).

Nevada

NEVADA REVISED STATUTES

TITLE 34. EDUCATION

CHAPTER 392. PUPILS

HEALTH AND SAFETY; PARENTAL INVOLVEMENT; SCHOOL UNIFORMS

§ 392.437. Immunization of pupils: Exemption if prohibited by religious belief.

"A public school shall not refuse to enroll a child as a pupil because the child has not been immunized pursuant to NRS 392.435, if the parents or guardian of the child has submitted to the board of trustees of the school district or the governing body of a charter school in which the child has been accepted for enrollment a written statement indicating that their religious belief prohibits immunization of such child or ward."

Cite as: Nev. Rev. Stat. § 392.437 (2003).

New Jersey

**NEW JERSEY ANNOTATED STATUTES
TITLE 26. HEALTH AND VITAL STATISTICS
CHAPTER 1A. STATE DEPARTMENT OF HEALTH – REORGANIZED**

§ 26:1A-9.1. Exemption for pupils from mandatory immunization; interference with religious rights; suspension.

"Provisions in the State Sanitary Code in implementation of this act shall provide for exemption for pupils from mandatory immunization if the parent or guardian of the pupil objects thereto in a written statement signed by the parent or guardian upon the ground that the proposed immunization interferes with the free exercise of the pupil's religious rights. This exemption may be suspended by the State Commissioner of Health during the existence of an emergency as determined by the State Commissioner of Health."
Cite as: N.J. Stat. § 26:1A-9.1 (2004).

New York

**NEW YORK CODES, RULES AND REGULATIONS
TITLE 10. DEPARTMENT OF HEALTH
CHAPTER II. ADMINISTRATIVE RULES AND REGULATIONS
SUBCHAPTER G. AIDS TESTING, COMMUNICABLE DISEASES AND POISONING
PART 66. IMMUNIZATIONS**

SUBPART 66-1. IMMUNIZATION AGAINST POLIOMYELITIS, DIPHTHERIA, MEASLES, MUMPS AND RUBELLA

§ 66-1.3. Requirements for school admission.

"A principal or person in charge of a school shall not permit a child to be admitted to such school unless a person in parental relation to the child has furnished the school with one of the following: . . . (d) a written and signed statement from the parent, parents or guardian of such child, stating that the parent, parents or guardian objects to their child's immunization due to sincere and genuine religious beliefs which prohibit the immunization of their child in which case the principal or person in charge of the school may require supporting documents."

Cite as: N.Y. Comp. Codes R. & Regs. tit. 10, § 66-1.3(d) (2004).

Ohio

**PAGE'S OHIO REVISED CODE ANNOTATED
TITLE 33. EDUCATION – LIBRARIES
CHAPTER 13. BOARDS OF EDUCATION
SCHOOL YEAR**

§ 3313.671. Required immunizations; exceptions.

"(A) . . . (4) A pupil who presents a written statement of the pupil's parent or guardian in which the parent or guardian declines to have the pupil immunized for reasons of conscience, including religious convictions, is not required to be immunized. . . ."

Cite as: Ohio Rev. Code Ann. § 3313.671(A)(4) (2005).

Oklahoma

**OKLAHOMA STATUTES
TITLE 70. SCHOOLS
DIVISION III. OTHER SCHOOL LAWS
CHAPTER 15. HEALTH AND SAFETY
IMMUNIZATION**

§ 1210.192. Exemptions.

"Any minor child, through the parent, guardian, or legal custodian of the child, may submit to the health authority charged with the enforcement of the immunization laws of this state: . . . 2. A written statement by the parent, guardian or legal custodian of the child objecting to immunization of the child; whereupon the child shall be exempt from the immunization laws of this state."

Cite as: Okla. Stat. tit. 70, § 1210.192(2) (2002).

Virginia

**CODE OF VIRGINIA
TITLE 22.1. EDUCATION
CHAPTER 14. PUPILS
ARTICLE 2. HEALTH PROVISIONS**

§ 22.1-271.2. Immunization requirements.

"C. No certificate of immunization shall be required for the admission to school of any student if (i) the student or his parent or guardian submits an affidavit to the admitting official stating that the administration of immunizing agents conflicts with the student's religious tenets or practices;"

Cite as: Va. Code Ann. § 22.1-271.2(C)(i) (2003).

Indiana

**BURNS INDIANA STATUTES ANNOTATED
TITLE 20. EDUCATION
ARTICLE 8.1. PUPILS
CHAPTER 7. HEALTH MEASURES**

§ 20-8.1-7-2. Objections to health treatment.

"(a) Except as otherwise provided, a school child may not be required to undergo any testing, examination, immunization or treatment required under this chapter when the child's parent objects on religious grounds. A religious objection does not exempt a child from any testing, examination, immunization, or treatment required under this chapter unless the objection is: (1) made in writing; (2) signed by the child's parent; and (3) delivered to the child's teacher or to the individual who might order a test, an exam, an immunization, or a treatment absent the objection."

Cite as: Ind. Code Ann. § 20-8.1-7-2(a) (2002).