

Processes for Obtaining Nonmedical Exemptions to State Immunization Laws

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ABSTRACT

Objectives. This study sought to determine the specific processes required for obtaining religious and philosophical exemptions to school immunization laws.

Methods. State health department immunization program managers in the 48 states that offer nonmedical exemptions were surveyed. Categories were assigned to reflect the complexity of the procedure within a state for obtaining an exemption.

Results. Sixteen of the states delegated sole authority for processing exemptions to school officials. Nine states had written policies informing parents who seek an exemption of the risks of not immunizing. The complexity of the exemption process, in terms of paperwork or effort required, was inversely associated with the proportion of exemptions filed.

Conclusions. In many states, the process of claiming a nonmedical exemption requires less effort than fulfilling immunization requirements. (*Am J Public Health.* 2001;91:645–648)

A key strategy to ensure that children receive recommended vaccinations in the United States is the use of state legislative mandates to require proof of immunization upon school entry. State immunization laws are considered a critical element in efforts to increase vaccine coverage among the nation's children, bringing many diseases to record low levels.¹ Mandatory laws for school entry and attendance have been credited with reductions in the incidence of several vaccine-preventable diseases within states^{2,3} and nationwide^{4,5} following enforcement of these laws.

As new vaccines have become available, laws governing vaccination requirements have evolved within the states; there is no legislation at the national level pertaining to school immunization requirements. While there are national public health recommendations concerning immunizations, state laws have been maintained and expanded with support from state and local health officials. Compulsory immunization laws in the United States date back to state requirements designed to protect the public from smallpox through vaccination of the general population.⁶ The vaccinations required by school laws are not provided free of cost by the government, as in some other countries with mandatory vaccination policies. However, childhood vaccinations are supported by government programs that assist low-income families.

The means of enforcement and the authority to whom enforcement is delegated vary among states and may influence the effectiveness of state laws. Local jurisdictions may vary in the vigilance applied to enforcement of the statutes as well as the relative incentives or backing to administer the laws.^{2,5-7} The penalty of exclusion from school for noncompliance with school immunization requirements is an effective method to ensure that parents obtain the necessary immunizations for their children.^{5,8} However, the responsibility rests with school officials, often school nurses, to identify students in need of immunizations and to follow up after the state's allotted period of time to comply has expired.⁹

All states allow medical exemptions; 48 states grant exemptions for religious reasons. In addition, 15 states either have an additional provision for philosophical exemptions or offer a personal conviction clause that encompasses religious beliefs.¹⁰ Waivers designated as religious exemptions originally were available so that followers of certain recognized religions

whose tenets do not admit modern medical practices such as immunization have legal recourse to observe their beliefs.

The availability of philosophical or personal exemptions raises concern that the implied broader interpretation might result in increased numbers of exemptions relative to waivers granted specifically for religious reasons. Although a 1997 National Vaccine Advisory Committee ecologic study conducted to assess the impact of philosophical exemptions did not detect decreased immunization coverage or increased frequency of exemptions among states that allow philosophical or personal exemptions, further studies were recommended.¹¹

The dramatic resurgence of measles during 1989 through 1991 in the United States demonstrated the need to maintain high levels of vaccination coverage among all members of the population. Salmon et al. reported that individuals with religious and philosophical exemptions are at increased risk of contracting measles and that, according to models, those claiming exemptions increase the risk of disease among nonexempt individuals.¹² A report published by Gangarosa and colleagues documented the increase in pertussis cases in several countries when vaccination programs were compromised following negative reports and public uncertainty over the safety of the whole-cell pertussis vaccine.¹³

As the incidence of vaccine-preventable diseases declines, a lack of appreciation for the severity of such diseases, often in conjunction with public misconceptions of vaccine risks, is of concern to those involved in public health and to health providers.^{14,15} Some consumer advocacy groups have focused on efforts to weaken state legislation regarding immuniza-

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tion laws and to actively encourage the use of exemption clauses for circumventing the law.¹⁶ Therefore, we developed a questionnaire designed to provide a better understanding of individual state practices regarding administration of nonmedical exemptions to school immunization laws and the parental involvement required to obtain exemptions. This study examined the variations in state requirements and the impact such policies may have on the use of nonmedical exemptions.

Methods

A 6-page questionnaire was distributed in January 1998 to state health department immunization program managers in the 48 states that allow religious exemptions, philosophical (personal conviction) exemptions, or both. The reporting areas of New York City, Chicago, and the District of Columbia were not included. The survey identified who was given authority to administer exemptions and the steps required in the state to obtain a religious or philosophical exemption. Immunization program managers were asked whether requests for exemptions were ever denied, the location of sites for maintaining exemption records, the length of time for which these records were kept, and whether changes in the administration of exemptions had been made during the previous 5 years (1993–1998).

We also inquired about the methods used (if any) to communicate the risks and benefits of immunization to parents seeking exemptions and procedures in the states to assess immunization status among home-schooled children. Responses that required clarification were followed up by telephone. Epi Info (version 6.03)¹⁷ was used in entering and analyzing survey responses.

The levels of complexity of the exemption processes, by state, were categorized according to the formality of the procedures and the time and effort required to claim an exemption. Several criteria were used in assessing “complexity.”

Complexity level 1 was assigned to states using a form that requires only the signature of a parent or guardian. The form is available through the school, and the signature does not need to be notarized. No research by the parent is required, and no special visits need to be made.

Complexity level 2 was assigned to states requiring no notarization but requiring that the form be obtained from the local health department or that a letter or statement be provided by the parent. A visit to the health department is required, or extra effort or time on the part of the parent is needed to determine how the statement must be worded.

Complexity level 3 was assigned to states requiring that the signature on the form or letter be notarized or requiring both a form, obtained from the health department, and a letter. Some states require an additional letter from a religious official or the signature of a state official.

States were also categorized by frequency of exemptions, as determined by the percentage of new school entrants claiming exemptions. These data were obtained from state vaccination coverage surveys conducted during 1994 through 1996.¹¹ Among the states, the average percentage of children claiming exemptions was 0.58%. In regard to frequency, states were categorized as follows: low (less than 0.5% exemptions), medium (0.5%–1.0% exemptions), and high (more than 1.0% exemptions).

Results

Completed questionnaires were returned by all immunization managers from whom participation was requested (n=48). The allocation of states into exemption groups (as described in the Methods section) was as follows: low exemption group, 25 states; medium exemption group, 15 states; and high exemption group, 8 states.

Recent Changes or Modifications

Program managers from 14 states reported that a philosophical exemption option was available. Four states had discontinued philosophical exemptions during 1993 to 1998. Respondents from 2 states reported that a requirement for exemption requests to include the signature of a local health department official had been added. None of the states had added a philosophical exemption option during 1993 to 1998. The program manager from 1 state indicated that the requirements for obtaining an exemption had been simplified.

Information Provided to Parents

Respondents from 9 states (19%) reported that there was a written policy to inform parents who request an exemption of the risks of not immunizing. Three of the states provided written information at schools. The other 6 states either referred parents to health services for counseling or arranged for an interview with a public health nurse when parents were acquiring needed forms at the health department.

Twelve states (25%) had a written policy to inform parents of the availability of exemption options, beyond having the option listed on the immunization form. Nine of the states made the information available at schools.

Administrative Issues

Once obtained, exemptions did not need to be renewed in 34 states. However, in 5 states, requests for religious or philosophical exemptions had to be renewed annually at each grade level. The remaining 9 states required renewal only upon transfer to another school. Thirty-eight (79%) of the state immunization officials reported that their offices received periodic reports or summaries regarding exemptions from schools, local boards of education, or local health departments. Exemption status data were kept at state health departments as computerized records in 13 states. Respondents from 9 states reported the presence of a mechanism to assess the immunization status of home-schooled children.

Delegation of Authority

Respondents from 16 states indicated that school officials had final authority to approve an exemption. An additional 6 states assigned initial responsibility to school officials but retained a mechanism for referral to a local or state health department in the case of an exemption claim disputed at the school level. Eleven states delegated authority for approval to local health agencies or state health personnel (Table 1). One state stipulated that all ex-

TABLE 1—Designation and Extent of Authority Within States to Administer Religious or Philosophical Exemptions: United States, 1998

Agency Designated	Authority to Approve, No.	Authority to Deny, No. (Ever Denied ^a)
School	16	12 (5)
School and local (or state) health department	6	4 (3)
Local and/or state health department	11	9 (8)
No agency given authority	15	23 (0)
Total	48	48 (16)

^aNumber of states with authority to deny that reported that exemption requests were ever denied.

emption requests (letters) must be sent to state officials for approval and signature. In 15 states, no agency was specifically delegated to “approve” exemption requests; the claim for an exemption is accepted, and the exemption is automatic.

Respondents from 16 (33%) states reported that exemption requests were denied in some cases. We did not inquire as to the basis for the denial; however, many respondents added that exemptions were denied if the forms or letters were incomplete or if a required statement from the parent was not worded in such a way as to meet the terms of the statute. Four respondents commented that decisions were made at the school level and that discretionary practices depended on school policy.

In 23 states, no authority was given by the state to deny an exemption. Of these states, 10 offered philosophical exemptions, and the remaining 13 allowed only religious exemptions. Therefore, if the forms, statements, or letters were completed according to state requirements, no additional judgment of eligibility based on religious tenets was made.

Filing Requirements

The documentation required and ease of securing an exemption varied among states. A preprinted form was used in 32 states, but 20 states required a letter. (Both a letter and a form were required in 4 states.) The signature requirements among states ranged from a non-

notarized parent/guardian signature to requirements for up to 2 notarized signatures. When forms were used, they were generally available from the school (n=23) as part of the immunization record. In 9 states, a parent needed to visit the local health department to obtain the form.

On the basis of the criteria described in the Methods section, 15 states were assigned to complexity level 1, 14 states met complexity level 2 criteria, and 19 states were grouped in complexity level 3 (Figure 1). These states varied in their distribution ($P=.0167$, χ^2 test) within the 3 exemption categories (low, medium, high). Of the 8 states in the high exemption group, 5 (63%) had simple procedures (complexity level 1), and the remaining 3 had additional requirements (complexity level 2). None of the 19 states assigned to complexity level 3 had high exemption rates. No other variables, including whether claims were ever denied or the specific authority delegated to administer exemptions, were determined to have an association with frequency of exemptions.

Comments Regarding Interpretation

Respondents from 7 states that offered only religious exemptions indicated that the exemption criteria were defined very broadly or that strong personal beliefs against immunization were accepted as constituting a religious exemption. Some of these comments included a reference to advice from legal counsel

for the state. In contrast, respondents from 2 states described strict criteria for religious exemptions or reported that “bona fide” religious reasons were required. One state immunization manager commented that one of the state’s health districts kept a list of approved religions, but the state itself did not.

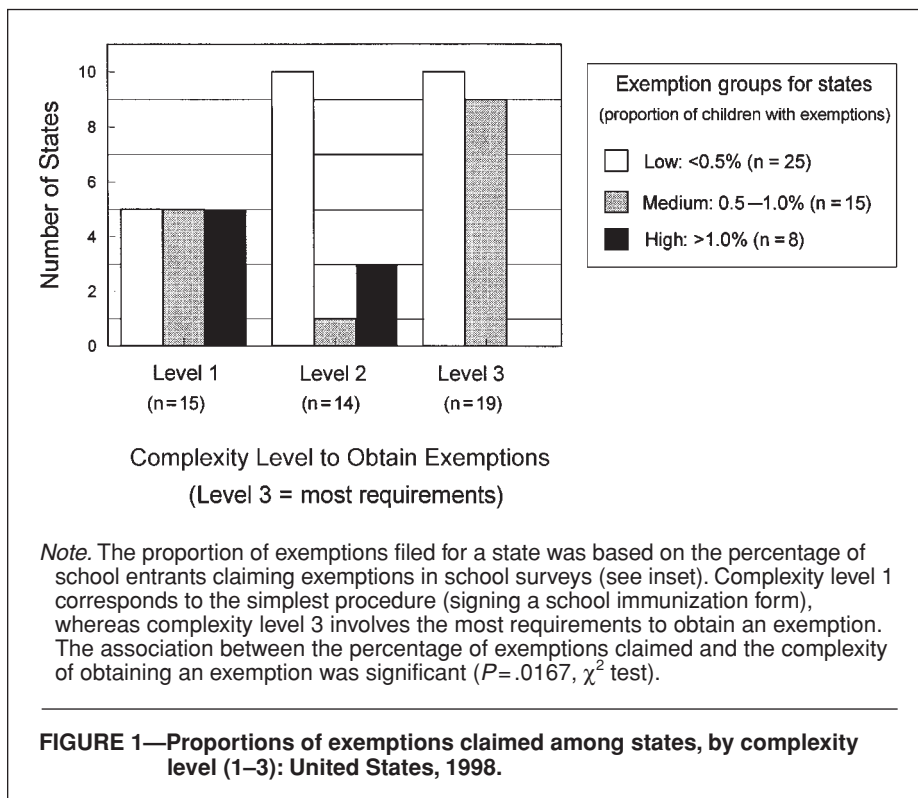
Discussion

We have shown that there are differences among states in the administration of non-medical exemptions to school-based immunization laws. These differences result in varying levels of complexity or amounts of effort required for parents who seek exemptions. An inverse relationship was observed between the complexity of requirements and the proportion of children claiming exemptions.

The existence of simple procedures for obtaining exemptions should have little bearing on most parents’ decisions to immunize. However, our results suggest that adherence to policies that require some effort on the part of the parent may ensure that parental resolve to choose the exemption option is deeply held and that such resolve is not a matter of convenience and does not stem from an impression that vaccination is no longer necessary. While the services of a notary public may be provided free of charge or rendered for a nominal fee, the act of securing a notarized signature adds a degree of effort and formality to the process.

When opposition to immunization arising from religious or personal beliefs is not the underlying motivation, the decision not to vaccinate at the individual level is influenced by perceived risk of disease as well as other factors.^{12,18–20} Lack of knowledge about disease risk or susceptibility, along with the increased attention given to mild or rare reactions from vaccination, can reduce the immediate incentive for parents to have their child fully immunized. The impression given by health providers and officials of the consequences of not vaccinating can be particularly influential to parents when the perceived risk of disease is low. Similarly, the details or steps involved in obtaining an exemption on religious or philosophical grounds may serve as an indication to parents of the seriousness of a decision to bypass recommended immunizations.

The use of nonmedical exemptions has prompted some states to modify existing procedures. Six states enacted changes during 1993 to 1998 either to limit the type of exemption or to increase the effort needed to obtain an exemption. The rationale for these changes may reflect concern that the exemption process was either too permissive or not adequate in limiting approval to only those for whom the law was intended.



The decision of some states to offer a philosophical as well as a religious exemption may be less important when individual state practices in regard to interpretation of religious exemptions are considered. Seven respondents reported that the concept of religious beliefs pertaining to immunization has been expanded to include parents' secular beliefs. Therefore, the distinction between a religious exemption, interpreted in this manner, and the philosophical or personal conviction waiver may be negligible in actual practice.

Only a few states designed the exemption process to include an opportunity for a direct educational intervention by public health professionals. Although many schools have vaccine information pamphlets for distribution, only 6 states had policies that referred parents who request exemptions to counseling with school or local health personnel. When required forms are available exclusively at the health department, an opportunity exists to ensure that parents are accurately informed of the risks and benefits of immunizations by public health personnel.

Responsibility for assessing immunization status by collection of immunization records or forms from parents rests with school officials. Before this study, it was not known to what degree states involve public health personnel in exemption application processing. If an exemption was requested, 16 states delegated processing authority entirely to school officials, while another 6 states assigned initial responsibility to schools to process religious or philosophical exemptions. Therefore, school nurses in particular have an important role in maintaining exemption records and providing immunization information.¹⁹

Although there are no data indicating that home-schooled children are underimmunized or that their parents subscribe to a particular philosophy regarding immunization, our survey results indicated that only 9 states had a mechanism to assess the vaccination status of these children. Because many home-schooled children participate in public school activities, attention should be given to the immunization status of these children to reduce the likelihood of transmission of vaccine-preventable diseases.

Limitations of this study stem primarily from the difficulty in determining the exemption groups for states. The methods used to keep records varied among states; there is no federal tracking of exemptions. Also, the exemption data for some states include medical exemptions. Salmon et al. determined that the average percentage of medical exemptions is .16%, which should not have substantially af-

ected the placement of states into our exemption groups.¹² However, the observed association between frequency of exemptions and complexity of requirements in the exemption process may be due to adoption of simple procedures to limit administrative burden in response to existing high numbers of exemption requests.

Whereas earlier generations of parents experienced the seriousness of vaccine-preventable diseases, young parents today may not view these diseases with the same concern and therefore may be inclined to question the need to vaccinate. The existence of mandatory vaccination policies, even with exemptions available, compels parents either to fulfill immunization requirements or to take the necessary steps to file an exemption.²¹ The results of this study suggest that in many states, the actions required to obtain an exemption are simpler and less time consuming than the effort needed to meet the immunization requirements. The process of obtaining an exemption must properly reflect the importance that society has accorded immunization through its laws. □

Contributors

J.S. Rota, D.A. Salmon, and E.J. Gangarosa planned the study. J.S. Rota analyzed the data and wrote the paper. All authors contributed to the design and content of the survey instrument, interpretation of the results, and writing of the manuscript.

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