

*****Bold indicates a hill-to-die-on issue for Stand for Health Freedom*****

1. Eliminate proposed regional level as middle management and allow the state department to provide direct support to local health departments. Locals do not support regionalization and SHF knows from our own research that the federal government has a vested interest in regionalizing health departments to remove local control.
 - a. Page 5, line 17, delete “district or regional services to” and add the word “to” after “support”
 - b. Page 5, lines 19-29, restore stricken language and delete bold language (going back to the language in existing code)
 - c. Page 5, line 31-32, delete “district or regional”
 - d. Page 25, line 5, delete “or regional”

2. Eliminate the requirement for uniformity of public health guidance at the local level.
 - e. Page 6, line 13, delete “to assist with the”
 - f. Delete Page 6, line 14
 - g. **Delete page 29, line 16 (or otherwise clarify that this does not apply to advisory guidance, such as mask and vaccination mandates)**

3. **Protect Hoosier privacy by requiring health data to be de-identified and aggregate data. The state department can know how many people in each county participated in a specific program, but they do not need to know which people participated. De-identifying data is NOT enough, according to AG Rokita. He says their research shows that 97% of de-identified data can be easily re-identified. By aggregating data in batches, it provides true privacy protection for Hoosiers.**
 - h. **Page 8, line 42, between “report” and “activities” insert “using de-identified, aggregate data, the”**
 - i. **Page 8, line 25, between “report” and “information” insert “de-identified, aggregate”**

4. Protect local control by further clarifying that counties who opt-in to the additional funding maintain full authority over adoption of local public health guidance, including mask mandates, vaccination mandates, etc. This is an opportunity to demonstrate that local control is a priority.
 - a. Delete page 9, lines 16-19 and replace with “(i) A county, whether or not they accept additional funding to provide core public health services, retains authority for all health guidance and program decisions within its jurisdiction.”



5. **Stand for Health Freedom opposes the reach from the state health department into our schools. All public health outreach efforts should be directed to parents, not children. Parents are in the best position to spot and respond to agenda-driven efforts. This is an opportunity to demonstrate that the General Assembly respects the role of parents and is not attempting to inappropriately access our children during a time when parents are not present.**
 - a. **Delete page 7, lines 38-39 (renumber accordingly)**
 - b. **Delete page 24, line 6 (renumber accordingly)**
 - c. **Delete page 24, lines 8-14**

*****If the above changes are not made, please delete (at minimum) the catch-all “and core public health services” from page 24, line 14 because it’s too vague.**
6. **Demonstrate fiscally conservative values by reducing the taxpayer funded appropriation to a more reasonable amount. A 22x increase in funding is not reasonable given the current state of the economy, the number of Hoosiers in financial crisis, and the fact that health departments still have leftover American Rescue Plan funding (and other COVID-era grant money) available to provide public health services.**
 - a. **Page 24, line 19, Reduce per capita amount**
7. **To protect true local control, redirect some of the oversight from the State Department of Health to the State Budget Committee.**
 - a. **Page 29, line 24, delete “department” and replace with “budget committee”**
 - b. **Delete page 26, lines 26-29, and insert “as determined by the “budget committee”**
8. **To avoid coercing Hoosiers who are seeking public health services into participating in research (which is unethical and inconsistent with the Indiana Constitution, US Constitution, and Nuremberg code):**
 - a. **Page 29, line 40, delete “research institution”**
9. **Clearly define (either in new language or by pointing back to another section of code) which medications are included in this chapter as “emergency stock medications”.**
 - a. **Page 30, Section 54 needs to include specific medications in the list of “emergency stock medications” rather than leaving it open-ended. Acceptable emergency stock medications are: Epinephrine, Insulin, Narcan, Albuterol.**



1. Delete page 3, lines 27-31

IDOH does not need any further partnership with schools beyond their current scope and SHF opposes further infusion of state health bureaucracy in schools during a time when parents are away from their children. Dr. Box and the GPHC have already made their intentions clear to intercept children at schools to develop trust, rather than building trust with parents.

2. Delete page 5, lines 6-42 and page 6, lines 1-2

SHF does not support any regionalization of public health in Indiana. IDOH is already capable of providing direct support to counties without the need to regionalize. County officials have consistently told us that “regionalization” is a curse word that always restricts local control and creates more bureaucracy.

3. Delete page 6, lines 15-16

IDOH does not need further access to county health data, and any data that is shared with IDOH currently needs to be better protected so that only **de-identified, aggregate data** is shared. Individual, identifiable health data is not needed for public health purposes of predicting trends and measuring program effectiveness. Counties can still retain access to the individual data without the requirement to share those details with IDOH.

4. Page 6, lines 22-33: Restore stricken language and delete bolded language

Same rationale as above regarding data privacy.

5. Page 7, line 19 between “report” and “activities” insert “using de-identified, aggregate data, the”

Same rationale as above regarding data privacy.

6. Delete page 7, lines 35-38 and replace with:

“(g) A county, whether or not they accept additional funding to provide core public health services, retains authority for all health guidance and program decisions within its jurisdiction.”

The existing language that was amended in the Senate is still too murky on local control as it relates to public health guidance and which programs each local unit chooses to provide to address core public health services.

7. Delete Page 21, line 32 (renumber accordingly)

SHF rises in opposition to the recommendation that each local health department employ a school liaison. The important word missing from the text of SB4, but not missing from the federal grants that this language is modeled after, is the word “immunization.” School immunization liaisons pry into the vaccination records of each student, looking for deviations from the recommended childhood vaccine schedule, which includes over 79 doses of vaccines (not including COVID shots which have just recently been added to the childhood schedule). Once the school immunization liaison has determined that a child has not received every dose of



every vaccine, they contact the school nurse and issue a list of vaccines the child is “behind” on and instruct the school nurse to contact parents to pressure them bring their child “up to date” on missing vaccines, without regard for religious or medical exemptions, and without clarifying which vaccines are required for school and which are only recommended. (South Bend Schools, for instance, this year took a stance for excluding kids that were not in compliance.) **Please email SHF for more literature on the agenda and effectiveness of using schools to coerce parents into consenting to non-required vaccines. Ex: Harvard’s Center for Health Law and Policy Innovation’s recent pamphlet on using school mandates and School Based Health Centers (SBHCs) to overcome parental objections and increase rates of HPV vaccination.** <https://chplpi.org/wp-content/uploads/2022/07/CHPLI-HPV-Vax-design-v9-web.pdf>

8. Page 21, line 38 - Reduce per capita amount

Currently, all Indiana counties split \$6.9 million annually in public health dollars. An increase to \$26 per capita would increase the annual appropriation to roughly \$150 million in public health dollars. This represents a **22x increase in funding**, which is neither necessary nor merited, at this time. Specifically, IDOH and county health departments still have leftover ARP funds and other COVID grant money, and this additional funding does not represent a current need. Taxpayers are already feeling the pinch of historic inflation and do not want their tax dollars going to an agency that does not need the money, and that has lost the public’s trust over the last few years. If there is an actual fiscal need for specific increased funding in a few years, a new bill at that time could address those needs.

9. Delete Page 23, lines 38-42 and Page 24, lines 1-11

This adds additional burden and oversight for local units beyond what currently exists. Counties who decide not to opt in to additional funding should not have any further burden or oversight.

10. Delete Page 26, lines 20-42 and Page 27, lines 1-2

This section requires counties, whether or not they opt in to receive additional funding, to meet IDOH’s standards, based on IDOH’s opinion of what standards should be met. This gives IDOH way too much oversight. And on page 26, line 31 says that if the state department determines there are reasonable grounds to believe that a local board of health is not complying with “rules adopted by the state department,” the local unit could lose all public health funding. This could include IDOH advisory guidance such as mask mandates, vaccine mandates, etc.

11. If the above changes to pages 26 and 27 are not deleted, at minimum delete Page 26, line 31

12. Page 30, Section 49 needs to include specific medications in the list of “emergency stock medications” rather than leaving it open-ended. **Acceptable emergency stock medications are: Epinephrine, Insulin, Narcan.**



SB252 AMENDMENT REQUEST

1. Eliminate covid-19 and replace it with mRNA (Messenger ribonucleic acid). Wherever it is mentioned, throughout the whole bill.
2. Prohibit the health department from mandating anyone to participate in Florida's existing state vaccine tracking system, **prohibit the health department from sharing a person's records out of state, to an interstate registry, or federal tracking system written consent**, require the department to purge records or identifying information for those who refuse to be in the tracking system and add the option for the Health Department to also accept OPT-OUT forms. **The language needed for this amendment is on page 2-3.**
3. Strike out newly adopted amendment 422702 and its companion, 823424.
 - a. Taking note that this part of the amendment must be struck out, no matter what:

Section 3. Section 381.00321, Florida Statutes, is created

242 to read:

243 **381.00321 International health organization policies.—A**
244 **governmental entity as defined in s. 381.00316 or an educational**
245 **institution as defined in s. 381.00319 may not adopt, implement,**
246 **or enforce an international health organization's public health**
247 **policies or guidelines unless authorized to do so under state**
248 **law, rule, or executive order issued by the Governor under s.**
249 **252.36.**

Language to be adopted for section 2

Green=new language | Red=strike language

77 Section 1. Paragraph (e) of subsection (1) of section
78 381.003, Florida Statutes, is amended to read:

79 381.003 Communicable disease and AIDS prevention and
80 control.—

81 (1) The department shall conduct a communicable disease
82 prevention and control program as part of fulfilling its public
83 health mission. A communicable disease is any disease caused by
84 transmission of a specific infectious agent, or its toxic
85 products, from an infected person, an infected animal, or the
86 environment to a susceptible host, either directly or
87 indirectly. The communicable disease program must include, but
88 need not be limited to:

89 (e) Programs for the prevention and control of vaccine
90 preventable diseases, including programs to immunize school
91 children as required by s. 1003.22(3)-(11) and the development
92 of an automated, electronic, and centralized database and
93 registry of immunizations. The department may not require
94 enrollment in the immunization registry or otherwise require
95 persons to submit to any form of immunization tracking. The
96 department shall ensure that all children in this state are
97 immunized against vaccine-preventable diseases. The immunization
98 registry must allow the department to enhance current
99 immunization activities for the purpose of improving the
100 immunization of all children in this state.

101 1. Except as provided in subparagraph 2., the department
102 shall include all children born in this state in the
103 immunization registry by using the birth records from the Office
104 of Vital Statistics. The department shall add other children to
105 the registry as immunization services are provided.

106 2. The parent or guardian of a child may refuse to have the
107 child included in the immunization registry by signing a form
108 obtained from the department, or from the health care
109 practitioner or entity that provides the immunization, which
110 indicates that the parent or guardian does not wish to have the
111 child included in the immunization registry. Each consent to
112 treatment form provided by a health care practitioner or by an
113 entity that administers vaccinations or causes vaccinations to
114 be administered to children from birth through 17 years of age

Language to be adopted for section 2 – page 2

Green=new language | Red=strike language

115 must contain a notice stating that the parent or guardian of a
116 child may refuse to have his or her child included in the
117 immunization registry. The parent or guardian may either submit
118 the opt-out form directly to the department or ~~must~~ provide it
119 ~~such opt-out form~~ to the health care practitioner or entity upon
120 administration of the vaccination. Such health care practitioner
121 or entity shall submit the form to the department. If a parent
122 or guardian has refused to have his or her child included in the
123 immunization registry, ~~A parent or guardian may submit the opt~~
~~124 out form directly to the department.~~ any records or identifying
125 information pertaining to the child must ~~shall~~ be removed from
126 the registry, ~~if the parent or guardian has refused to have his~~
~~127 or her child included in the immunization registry.~~

128 3. A college or university student, from 18 years of age to
129 23 years of age, who obtains a vaccination from a college or
130 university student health center or clinic in this ~~the~~ state may
131 refuse to be included in the immunization registry by signing a
132 form obtained from the department, health center, or clinic
133 which indicates that the student does not wish to be included in
134 the immunization registry. The student may either submit the
135 form directly to the department or ~~must~~ provide it ~~such opt-out~~
~~136 form~~ to the health center or clinic upon administration of the
137 immunization ~~vaccination~~. Such health center or clinic shall
138 submit the form to the department. If the student has refused to
139 be included in the immunization registry, ~~A student may submit~~
~~140 the opt-out form directly to the department.~~ any records or
141 identifying information pertaining to the student must ~~shall~~ be
142 removed from the registry ~~if the student has refused to be~~
~~143 included in the immunization registry.~~

144 4. The immunization registry shall allow for immunization
145 records to be electronically available to entities that are
146 required by law to have such records, including, but not limited
147 to, schools and licensed child care facilities. However, the
148 department may not include a person's immunization records in
149 any interstate or federal immunization tracking system or
150 otherwise allow an entity not required by law to have such
151 records without first obtaining written informed consent from
152 the person or the person's parent or guardian, if the person is
153 a minor, to release the immunization records for such purpose.