

## Clarification of Eligibility for Conditional Enrollment Extension

Before arriving in Utah, refugees undergo medical screenings for communicable diseases of public health significance and often receive vaccinations. The first doses of the following vaccinations are often administered to refugees 3-6 months prior to their arrival in Utah, as appropriate: HepB; Hib; PCV; DTP; OPV; IPV; Td; MenACWY; and MMR. Second vaccine doses are typically given 1-2 months after. During an overseas medical examination, refugees are also screened for the following diseases, as appropriate: Leprosy, Syphilis, Tuberculosis, Gonorrhea, Cholera, Diphtheria, Measles, Plague, Smallpox, Yellow Fever, viral hemorrhagic fevers (such as Ebola, Lassa, and Marburg), severe acute respiratory syndromes (COVID-19, Middle East Respiratory Syndrome, SARS), and influenza caused by novel or re-emergent influenza (pandemic flu), Polio, and other public health emergencies of international concern.

To receive a medical exemption from a vaccination, a refugee must receive permission from a civil surgeon, medical officer, or panel physician. Religious exemptions are regulated by the U.S. Attorney General. Any person with a communicable disease of public health significance that does not receive adequate care cannot be admitted to the U.S. as a refugee. Additionally, all refugees receive a COVID-19 test within three days prior to departure to the United States.

Refugees receive any remaining doses of their vaccinations once they arrive in Utah during their domestic health screening, which usually occurs between 30-90 days after arrival. The number one goal of the Utah Refugee Health Program is ensuring "that at least 90% of newly arriving refugees complete a health screening within 30 days of arrival." Occasionally, there will be delays in receiving those follow-up doses. Utah only has two facilities that provide refugee health screenings: the Health Clinic of Utah and St. Mark's Family Medicine. These facilities may have wait times for appointments or delays in obtaining vaccination doses. A caseworker may need additional time to address transportation, language access, or scheduling challenges. Delays in obtaining follow-up doses should not prevent a healthy, screened refugee child from enrolling in school and attending class.

This bill standardizes the length of the conditional enrollment period--which allows students to attend school while finalizing their vaccinations--to 30 days, to match the refugee health screening timeline. Currently, mobile military students are allowed 30 days, while all other students are allowed 21 days. This is confusing to school nurses. This bill also requires schools to communicate about vaccination requirements and enrollment statuses to families in their preferred language, enabling families to comply with vaccination requirements.

Finally, this bill clarifies that refugees are eligible for an extension of the conditional enrollment period, if an administrator or principal and a school nurse, health official, health official designee, social services provider, or community representative agree that an extension will lead to compliance. Existing Code (Section 53G-9-308) allows a school principal or administrator to "grant an additional extension of the conditional enrollment period in cases of extenuating circumstances." H.B. 230 clarifies that refugee students are eligible for an extension, should a school principal or administrator determine that an extension is appropriate and will lead to compliance. This would ensure refugee students can remain in school, if delays in refugee health screening appointments occur. Additionally, under Utah Administrative Rule R396-100-7, only students who have already received one shot in each required vaccination series would be eligible.

### Sources

- Centers for Disease Control and Prevention, "Overseas Guidance," 4 June 2021.
- Centers for Disease Control and Prevention, "Communicable Diseases of Public Health Significance," 27 September 2021.
- Immigration and Nationality Act, Section 212.
- Cultural Orientation Resource Exchange, "COVID-19 Refugee Health Resource Infographic," 8 June 2021.
- Centers for Disease Control and Prevention, "Guidance for the U.S. Domestic Medical Examination for Newly Arriving Refugees," 3 February 2021.
- Utah Department of Health, "Refugee Health Screening Provider Resource Guide: Refugee Health Program," September 2018.

***“The Legislature shall make laws for the establishment and maintenance of a system of public schools, which shall be open to all the children of the State and be free from sectarian control.”***

***Article III of the Utah Constitution***

The bill entitled, “Refugee and Immigrant Student Policies Amendments,” fulfills the Legislature’s Constitutional mandate to make Utah’s public schools “open to all the children of the state,” including Utah’s refugee students. Enrollment in school is often a refugee family’s first meaningful interaction with a Utah institution. By addressing three challenges faced by refugee students during the enrollment process—namely, recognition of their actual ages; accuracy in the interpretation of their prior educational experiences; and clarity in their eligibility for extensions of the conditional enrollment period—this bill ensures the enrollment process is as welcoming as our great State.

## Age Recognition

Occasionally, the ages of refugee students are inaccurately documented on their paperwork. A few examples of why this may occur include:

- Linguistic or calendar translation errors may occur;
- Documentation may be lost in flight; or
- Birthdates have less cultural significance.

Schools should recognize the actual ages of refugee students to aid staff in grade placement, provision of socio-emotional support, administration of appropriate health screenings, and determination of graduation timelines.

Utah Code (Section 53G-6-603) already establishes a remedial procedure for students who do not have any documentation of their age. This bill extends that procedure for those who have age documentation, but that documentation inaccurately reflects a student’s age. Amended Code would allow families to provide an affidavit explaining the inaccuracy and supporting documentation to correct the student’s age. If a family does not have supporting documentation, the school may create a team to discuss the student’s age and appropriate placement. The bill also clarifies the use of age documentation for establishing guardianship and updates a school’s responsibility for reporting concerns of child trafficking to the police.

## International Transcript Repository

Utah’s schools do not have a way to compare notes on how they are enrolling refugee students, even if several schools across the state are receiving refugees from the same region. This bill creates a space for collaboration between schools, decreases administrative burdens for registrars over time, and ensures refugee students are set up for success. For example, two Afghan students who attended the same primary school in Kabul may be enrolled in different schools—one in Ogden School District and one in Provo School District. A repository allows districts to build off of each other’s experiences, decreasing administrative burdens and increasing a student’s likelihood of educational success by improving their grade and credit placement. The repository will be integrated into USIMS.