



General Assembly

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**Amendment**

LCO No. 7610

**\*HB0661807610HDO\***

Offered by:

REP. GONZALEZ, 3<sup>rd</sup> Dist.  
REP. CANDELARIA, 95<sup>th</sup> Dist.  
REP. SANTIAGO, 130<sup>th</sup> Dist.  
REP. BUTLER, 72<sup>nd</sup> Dist.  
REP. SANCHEZ, 25<sup>th</sup> Dist.  
REP. MILLER P., 145<sup>th</sup> Dist.  
REP. HOLDER-WINFIELD, 94<sup>th</sup>  
Dist.

REP. MORRIS, 140<sup>th</sup> Dist.  
REP. KIRKLEY-BEY, 5<sup>th</sup> Dist.  
REP. ALDARONDO, 75<sup>th</sup> Dist.  
REP. ROBLES, 6<sup>th</sup> Dist.  
REP. ROJAS, 9<sup>th</sup> Dist.  
REP. AYALA, 128<sup>th</sup> Dist.

To: Subst. House Bill No. 6618

File No. 544

Cal. No. 343

**"AN ACT CONCERNING VARIOUS REVISIONS TO PUBLIC HEALTH RELATED STATUTES."**

1 After the last section, add the following and renumber sections and  
2 internal references accordingly:

3 "Sec. 501. Section 19a-7f of the general statutes is repealed and the  
4 following is substituted in lieu thereof (*Effective October 1, 2011*):

5 (a) The Commissioner of Public Health shall determine the standard  
6 of care for immunization for the children of this state. The standard of  
7 care for immunization shall be based on the recommended schedules  
8 for active immunization for normal infants and children published by  
9 the National Centers for Disease Control and Prevention Advisory

10 Committee [, as determined by the Commissioner of Public Health] on  
11 Immunization Practices, the American Academy of Pediatrics and the  
12 American Academy of Family Physicians. The commissioner shall  
13 establish, within available appropriations, an immunization program  
14 which shall: (1) Provide vaccine at no cost to health care providers in  
15 Connecticut to administer to children so that cost of vaccine will not be  
16 a barrier to age-appropriate vaccination in this state; (2) with the  
17 assistance of hospital maternity programs, provide all parents in this  
18 state with the recommended immunization schedule for normal  
19 infants and children, a booklet to record immunizations at the time of  
20 the infant's discharge from the hospital nursery and a list of sites  
21 where immunization may be provided; (3) inform in a timely manner  
22 all health care providers of changes in the recommended  
23 immunization schedule; (4) assist hospitals, local health providers and  
24 local health departments to develop and implement record-keeping  
25 and outreach programs to identify and immunize those children who  
26 have fallen behind the recommended immunization schedule or who  
27 lack access to regular preventative health care and have the authority  
28 to gather such data as may be needed to evaluate such efforts; (5) assist  
29 in the development of a program to assess the vaccination status of  
30 children who are clients of state and federal programs serving the  
31 health and welfare of children and make provision for vaccination of  
32 those who are behind the recommended immunization schedule; (6)  
33 access available state and federal funds including, but not limited to,  
34 any funds available through the federal Childhood Immunization  
35 Reauthorization or any funds available through the Medicaid  
36 program; (7) solicit, receive and expend funds from any public or  
37 private source; and (8) develop and make available to parents and  
38 health care providers public health educational materials about the  
39 benefits of timely immunization.

40 (b) (1) A health care provider who administers vaccines to children  
41 under the federal Vaccines For Children immunization program that is  
42 operated by the Department of Public Health under authority of 42  
43 USC 1396s may select, and the department shall provide, any vaccine

44 licensed by the federal Food and Drug Administration, including any  
45 combination vaccine and dosage form, that is (A) recommended by the  
46 National Centers for Disease Control and Prevention Advisory  
47 Committee on Immunization Practices, and (B) made available to the  
48 department by the National Centers for Disease Control and  
49 Prevention.

50 (2) A health care provider who administers vaccines to children  
51 under the immunization program established pursuant to subsection  
52 (a) of this section may select, and the Department of Public Health  
53 shall provide, any vaccine licensed by the federal Food and Drug  
54 Administration, including any combination vaccine and dosage form,  
55 that is (A) recommended by the National Centers for Disease Control  
56 and Prevention Advisory Committee on Immunization Practices, (B)  
57 made available to the department by the National Centers for Disease  
58 Control and Prevention, and (C) identified by the department as a  
59 vaccine funded by the department from the amount appropriated  
60 pursuant to section 19a-7j, as amended by this act, or an equivalent  
61 vaccine. The department shall provide an equivalent vaccine selected  
62 by a health care provider pursuant to subparagraph (C) of this  
63 subdivision only if the cost of providing the equivalent vaccine does  
64 not exceed the cost of providing the vaccine funded by the department.  
65 For purposes of this subsection, "equivalent vaccine" means two or  
66 more vaccines that (i) protect a vaccine recipient against the same  
67 infection or infections, (ii) have similar safety and efficacy profiles, (iii)  
68 are recommended for comparable populations by the National Centers  
69 for Disease Control and Prevention, and (iv) require the same number  
70 of doses.

71 (3) The provisions of this subsection shall not apply in the event of a  
72 public health emergency, as defined in section 19a-131, or an attack,  
73 major disaster, emergency or disaster emergency, as those terms are  
74 defined in section 28-1.

75 Sec. 2. Section 19a-7j of the general statutes is repealed and the  
76 following is substituted in lieu thereof (*Effective October 1, 2011*):

77 (a) Not later than September 1, 2003, and annually thereafter, the  
78 Secretary of the Office of Policy and Management, in consultation with  
79 the Commissioner of Public Health, shall (1) determine the amount  
80 appropriated for the following purposes: (A) To purchase, store and  
81 distribute vaccines for routine immunizations included in the schedule  
82 for active immunization required by section 19a-7f, as amended by this  
83 act, including any vaccines selected by health care providers pursuant  
84 to subdivision (2) of subsection (b) of section 19a-7f, as amended by  
85 this act; (B) to purchase, store and distribute (i) vaccines to prevent  
86 hepatitis A and B in persons of all ages, as recommended by the  
87 schedule for immunizations published by the National Advisory  
88 Committee for Immunization Practices, (ii) antibiotics necessary for the  
89 treatment of tuberculosis and biologics and antibiotics necessary for  
90 the detection and treatment of tuberculosis infections, and (iii)  
91 antibiotics to support treatment of patients in communicable disease  
92 control clinics, as defined in section 19a-216a; and (C) to provide  
93 services needed to collect up-to-date information on childhood  
94 immunizations for all children enrolled in Medicaid who reach two  
95 years of age during the year preceding the current fiscal year, to  
96 incorporate such information into the childhood immunization  
97 registry, as defined in section 19a-7h, and (2) inform the Insurance  
98 Commissioner of such amount.

99 (b) Each domestic insurer or health care center doing life insurance  
100 or health insurance business in this state shall annually pay to the  
101 Insurance Commissioner, for deposit in the General Fund, a health and  
102 welfare fee assessed by the Insurance Commissioner pursuant to this  
103 section. [Not later than October 1, 2003, the Insurance Commissioner  
104 shall determine the fee to be assessed against each such domestic  
105 insurer or health care center for the fiscal year ending June 30, 2004.]  
106 Not later than October 1, 2003, and annually thereafter, the Insurance  
107 Commissioner shall determine the fee to be assessed against each such  
108 domestic insurer or health care center for the next fiscal year. Such fee  
109 shall be a percentage of the total amount appropriated, as identified in  
110 subsection (a) of this section, and shall be calculated on the basis of life

111 insurance premiums and health insurance premiums and subscriber  
112 charges in the same manner as calculations under section 38a-48. Not  
113 later than November 1, 2003, and annually thereafter, the Insurance  
114 Commissioner shall submit a statement to each such insurer and health  
115 care center that includes the proposed fee for the insurer or health care  
116 center calculated in accordance with this section. As used in this  
117 section, "health insurance" means health insurance, as defined in  
118 subdivisions (1) to (13), inclusive, of section 38a-469.

119 (c) Any domestic insurer or health care center aggrieved by an  
120 assessment levied under this section may appeal therefrom in the same  
121 manner as provided for appeals under section 38a-52.

122 [(d) For the fiscal year ending June 30, 2004, the aggregate  
123 assessment under this section shall not exceed seven million one  
124 hundred thousand dollars. For the fiscal year ending June 30, 2005, the  
125 aggregate assessment under this section shall not exceed seven million  
126 one hundred thousand dollars.]"