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

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 Section 19a-7f of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2011):

(a) The Commissioner of Public Health shall determine the standard of care for immunization for the children of this state. The standard of care for immunization shall be based on the recommended schedules for active immunization for normal infants and children published by the National Centers for Disease Control and Prevention Advisory
Committee [as determined by the Commissioner of Public Health] on Immunization Practices, the American Academy of Pediatrics and the American Academy of Family Physicians. The commissioner shall establish, within available appropriations, an immunization program which shall: (1) Provide vaccine at no cost to health care providers in Connecticut to administer to children so that cost of vaccine will not be a barrier to age-appropriate vaccination in this state; (2) with the assistance of hospital maternity programs, provide all parents in this state with the recommended immunization schedule for normal infants and children, a booklet to record immunizations at the time of the infant's discharge from the hospital nursery and a list of sites where immunization may be provided; (3) inform in a timely manner all health care providers of changes in the recommended immunization schedule; (4) assist hospitals, local health providers and local health departments to develop and implement record-keeping and outreach programs to identify and immunize those children who have fallen behind the recommended immunization schedule or who lack access to regular preventative health care and have the authority to gather such data as may be needed to evaluate such efforts; (5) assist in the development of a program to assess the vaccination status of children who are clients of state and federal programs serving the health and welfare of children and make provision for vaccination of those who are behind the recommended immunization schedule; (6) access available state and federal funds including, but not limited to, any funds available through the federal Childhood Immunization Reauthorization or any funds available through the Medicaid program; (7) solicit, receive and expend funds from any public or private source; and (8) develop and make available to parents and health care providers public health educational materials about the benefits of timely immunization.

(b) (1) A health care provider who administers vaccines to children under the federal Vaccines For Children immunization program that is operated by the Department of Public Health under authority of 42 USC 1396s may select, and the department shall provide, any vaccine
licensed by the federal Food and Drug Administration, including any combination vaccine and dosage form, that is (A) recommended by the National Centers for Disease Control and Prevention Advisory Committee on Immunization Practices, and (B) made available to the department by the National Centers for Disease Control and Prevention.

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

Sec. 502. Section 19a-7j of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2011):

(a) Not later than September 1, 2003, and annually thereafter, the Secretary of the Office of Policy and Management, in consultation with the Commissioner of Public Health, shall (1) determine the amount appropriated for the following purposes: (A) To purchase, store and distribute vaccines for routine immunizations included in the schedule for active immunization required by section 19a-7f, as amended by this act; (B) to purchase, store and distribute (i) vaccines to prevent hepatitis A and B in persons of all ages, as recommended by the schedule for immunizations published by the National Advisory Committee for Immunization Practices, (ii) antibiotics necessary for the treatment of tuberculosis and biologics and antibiotics necessary for the detection and treatment of tuberculosis infections, and (iii) antibiotics to support treatment of patients in communicable disease control clinics, as defined in section 19a-216a; and (C) to provide services needed to collect up-to-date information on childhood immunizations for all children enrolled in Medicaid who reach two years of age during the year preceding the current fiscal year, to incorporate such information into the childhood immunization registry, as defined in section 19a-7h, and (2) inform the Insurance Commissioner of such amount.
(b) Each domestic insurer or health care center doing life insurance or health insurance business in this state shall annually pay to the Insurance Commissioner, for deposit in the General Fund, a health and welfare fee assessed by the Insurance Commissioner pursuant to this section. [Not later than October 1, 2003, the Insurance Commissioner shall determine the fee to be assessed against each such domestic insurer or health care center for the fiscal year ending June 30, 2004.] Not later than October 1, 2003, and annually thereafter, the Insurance Commissioner shall determine the fee to be assessed against each such domestic insurer or health care center for the next fiscal year. Such fee shall be a percentage of the total amount appropriated, as identified in subsection (a) of this section, and shall be calculated on the basis of life insurance premiums and health insurance premiums and subscriber charges in the same manner as calculations under section 38a-48. Not later than November 1, 2003, and annually thereafter, the Insurance Commissioner shall submit a statement to each such insurer and health care center that includes the proposed fee for the insurer or health care center calculated in accordance with this section. As used in this section, "health insurance" means health insurance, as defined in subdivisions (1) to (13), inclusive, of section 38a-469.

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

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