



General Assembly

January Session, 2015

Raised Bill No. 6949

LCO No. 4444



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

AN ACT CONCERNING CHILDHOOD VACCINATIONS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 10-204a of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective July 1, 2015*):

3 (a) Each local or regional board of education, or similar body
4 governing a nonpublic school or schools, shall require each child to be
5 protected by adequate immunization against diphtheria, pertussis,
6 tetanus, poliomyelitis, measles, mumps, rubella, hemophilus
7 influenzae type B and any other vaccine required by the schedule for
8 active immunization adopted pursuant to section 19a-7f before being
9 permitted to enroll in any program operated by a public or nonpublic
10 school under its jurisdiction. Before being permitted to enter seventh
11 grade, a child shall receive a second immunization against measles.
12 Any such child who (1) presents a certificate from a physician,
13 physician assistant, advanced practice registered nurse or local health
14 agency stating that initial immunizations have been given to such child
15 and additional immunizations are in process under guidelines and
16 schedules specified by the Commissioner of Public Health; or (2)

17 presents a certificate from a physician, physician assistant or advanced
18 practice registered nurse stating that in the opinion of such physician,
19 physician assistant or advanced practice registered nurse such
20 immunization is medically contraindicated because of the physical
21 condition of such child; or (3) presents a notarized statement from the
22 parents or guardian of such child that (A) such immunization would
23 be contrary to the religious beliefs of such child, and (B) such parents
24 or guardian have reviewed and understand evidence-based
25 instructional material provided by the Department of Public Health
26 regarding the risks to such child and to others of such child failing to
27 receive adequate immunizations, except such statement need not be
28 notarized if the commissioner waives the notarization requirement at
29 the request of such parents or guardian; or (4) in the case of measles,
30 mumps or rubella, presents a certificate from a physician, physician
31 assistant or advanced practice registered nurse or from the director of
32 health in such child's present or previous town of residence, stating
33 that the child has had a confirmed case of such disease; or (5) in the
34 case of hemophilus influenzae type B has passed his fifth birthday; or
35 (6) in the case of pertussis, has passed his sixth birthday, shall be
36 exempt from the appropriate provisions of this section. If the parents
37 or guardians of any children are unable to pay for such
38 immunizations, the expense of such immunizations shall, on the
39 recommendations of such board of education, be paid by the town.

40 (b) The definitions of adequate immunization shall reflect the
41 schedule for active immunization adopted pursuant to section 19a-7f
42 and be established by regulation adopted in accordance with the
43 provisions of chapter 54 by the Commissioner of Public Health, who
44 shall also be responsible for providing procedures under which said
45 boards and said similar governing bodies shall collect and report
46 immunization data on each child to the Department of Public Health
47 for compilation and analysis by said department.

48 (c) The Commissioner of Public Health may issue a temporary
49 waiver to the schedule for active immunization for any vaccine if the

50 National Centers for Disease Control and Prevention recognizes a
51 nation-wide shortage of supply for such vaccine.

52 Sec. 2. Subsection (a) of section 19a-79 of the general statutes is
53 repealed and the following is substituted in lieu thereof (*Effective July*
54 *1, 2015*):

55 (a) The Commissioner of Early Childhood shall adopt regulations,
56 in accordance with the provisions of chapter 54, to carry out the
57 purposes of sections 19a-77 to 19a-80, inclusive, and 19a-82 to 19a-87,
58 inclusive, and to assure that child day care centers and group day care
59 homes shall meet the health, educational and social needs of children
60 utilizing such child day care centers and group day care homes. Such
61 regulations shall (1) specify that before being permitted to attend any
62 child day care center or group day care home, each child shall be
63 protected as age-appropriate by adequate immunization against
64 diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella,
65 hemophilus influenzae type B and any other vaccine required by the
66 schedule of active immunization adopted pursuant to section 19a-7f,
67 including appropriate exemptions for children for whom such
68 immunization is medically contraindicated and for children whose
69 parents [object] or guardian objects to such immunization on religious
70 grounds, and that any objection by parents or a guardian to
71 immunization of a child on religious grounds shall be accompanied by
72 a notarized statement from such parents or guardian that (A) such
73 immunization would be contrary to the religious beliefs of such child,
74 and (B) such parents or guardian have reviewed and understand
75 evidence-based instructional material provided by the Department of
76 Public Health regarding the risks to such child and to others of such
77 child failing to receive adequate immunizations, except such statement
78 need not be notarized if the Commissioner of Public Health waives the
79 notarization requirement at the request of such parents or guardian. (2)
80 specify conditions under which child day care center directors and
81 teachers and group day care home providers may administer tests to
82 monitor glucose levels in a child with diagnosed diabetes mellitus, and

83 administer medicinal preparations, including controlled drugs
84 specified in the regulations by the commissioner, to a child receiving
85 child day care services at such child day care center or group day care
86 home pursuant to the written order of a physician licensed to practice
87 medicine or a dentist licensed to practice dental medicine in this or
88 another state, or an advanced practice registered nurse licensed to
89 prescribe in accordance with section 20-94a, or a physician assistant
90 licensed to prescribe in accordance with section 20-12d, and the written
91 authorization of a parent or guardian of such child, (3) specify that an
92 operator of a child day care center or group day care home, licensed
93 before January 1, 1986, or an operator who receives a license after
94 January 1, 1986, for a facility licensed prior to January 1, 1986, shall
95 provide a minimum of thirty square feet per child of total indoor
96 usable space, free of furniture except that needed for the children's
97 purposes, exclusive of toilet rooms, bathrooms, coatrooms, kitchens,
98 halls, isolation room or other rooms used for purposes other than the
99 activities of the children, (4) specify that a child day care center or
100 group day care home licensed after January 1, 1986, shall provide
101 thirty-five square feet per child of total indoor usable space, (5)
102 establish appropriate child day care center staffing requirements for
103 employees certified in cardiopulmonary resuscitation by the American
104 Red Cross, the American Heart Association, the National Safety
105 Council, American Safety and Health Institute or Medic First Aid
106 International, Inc., (6) specify that on and after January 1, 2003, a child
107 day care center or group day care home (A) shall not deny services to a
108 child on the basis of a child's known or suspected allergy or because a
109 child has a prescription for an automatic prefilled cartridge injector or
110 similar automatic injectable equipment used to treat an allergic
111 reaction, or for injectable equipment used to administer glucagon, (B)
112 shall, not later than three weeks after such child's enrollment in such a
113 center or home, have staff trained in the use of such equipment on-site
114 during all hours when such a child is on-site, (C) shall require such
115 child's parent or guardian to provide the injector or injectable
116 equipment and a copy of the prescription for such medication and

117 injector or injectable equipment upon enrollment of such child, and (D)
118 shall require a parent or guardian enrolling such a child to replace
119 such medication and equipment prior to its expiration date, (7) specify
120 that on and after January 1, 2005, a child day care center or group day
121 care home (A) shall not deny services to a child on the basis of a child's
122 diagnosis of asthma or because a child has a prescription for an
123 inhalant medication to treat asthma, and (B) shall, not later than three
124 weeks after such child's enrollment in such a center or home, have staff
125 trained in the administration of such medication on-site during all
126 hours when such a child is on-site, and (8) establish physical plant
127 requirements for licensed child day care centers and licensed group
128 day care homes that exclusively serve school-age children. When
129 establishing such requirements, the Office of Early Childhood shall
130 give consideration to child day care centers and group day care homes
131 that are located in private or public school buildings. With respect to
132 this subdivision only, the commissioner shall implement policies and
133 procedures necessary to implement the physical plant requirements
134 established pursuant to this subdivision while in the process of
135 adopting such policies and procedures in regulation form. Until
136 replaced by policies and procedures implemented pursuant to this
137 subdivision, any physical plant requirement specified in the office's
138 regulations that is generally applicable to child day care centers and
139 group day care homes shall continue to be applicable to such centers
140 and group day care homes that exclusively serve school-age children.
141 The commissioner shall print notice of the intent to adopt regulations
142 pursuant to this subdivision in the Connecticut Law Journal not later
143 than twenty days after the date of implementation of such policies and
144 procedures. Policies and procedures implemented pursuant to this
145 subdivision shall be valid until the time final regulations are adopted.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2015</i>	10-204a
Sec. 2	<i>July 1, 2015</i>	19a-79(a)

Statement of Purpose:

To require that statements from the parents or guardian of a child seeking a religious exemption from a required immunization be notarized and include language attesting that such parents or guardian have reviewed and understand information regarding the risks of both immunization and failure to immunize.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]