

General Assembly

## **Amendment**

January Session, 2015

LCO No. 6969



Offered by:

REP. CANDELORA, 86th Dist.

To: Subst. House Bill No. 6949

File No. 627

Cal. No. 397

(As Amended)

## "AN ACT CONCERNING CHILDHOOD VACCINATIONS."

- Strike everything after the enacting clause and substitute the following in lieu thereof:
- 3 "Section 1. Subsection (a) of section 10-204a of the general statutes is
- 4 repealed and the following is substituted in lieu thereof (Effective July
- 5 1, 2015):
- 6 (a) Each local or regional board of education, or similar body
- 7 governing a nonpublic school or schools, shall require each child to be
- 8 protected by adequate immunization against diphtheria, pertussis,
- 9 tetanus, poliomyelitis, measles, mumps, rubella, hemophilus
- 10 influenzae type B and any other vaccine required by the schedule for
- 11 active immunization adopted pursuant to section 19a-7f before being
- 12 permitted to enroll in any program operated by a public or nonpublic
- 13 school under its jurisdiction. Before being permitted to enter seventh

grade, a child shall receive a second immunization against measles. Any such child who (1) presents a certificate from a physician, physician assistant, advanced practice registered nurse or local health agency stating that initial immunizations have been given to such child and additional immunizations are in process under guidelines and schedules specified by the Commissioner of Public Health; or (2) presents a certificate from a physician, physician assistant or advanced practice registered nurse stating that in the opinion of such physician, physician assistant or advanced practice registered nurse such immunization is medically contraindicated because of the physical condition of such child; or (3) presents a statement from the parents or guardian of such child that such immunization would be contrary to the religious or personal beliefs of such child or the parents or guardian of such child; or (4) in the case of measles, mumps or rubella, presents a certificate from a physician, physician assistant or advanced practice registered nurse or from the director of health in such child's present or previous town of residence, stating that the child has had a confirmed case of such disease; or (5) in the case of hemophilus influenzae type B has passed his fifth birthday; or (6) in the case of pertussis, has passed his sixth birthday, shall be exempt from the appropriate provisions of this section. If the parents or guardians of any [children] child are unable to pay for such immunizations, the expense of such immunizations shall, on the recommendations of such board of education, be paid by the town.

- Sec. 2. Subsection (a) of section 19a-79 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July* 40 1, 2015):
- (a) The Commissioner of Early Childhood shall adopt regulations, in accordance with the provisions of chapter 54, to carry out the purposes of sections 19a-77 to 19a-80, inclusive, and 19a-82 to 19a-87, inclusive, and to assure that child day care centers and group day care homes shall meet the health, educational and social needs of children utilizing such child day care centers and group day care homes. Such

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regulations shall (1) specify that before being permitted to attend any child day care center or group day care home, each child shall be protected as age-appropriate by adequate immunization against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, hemophilus influenzae type B and any other vaccine required by the schedule of active immunization adopted pursuant to section 19a-7f, including appropriate exemptions for children for whom such immunization is medically contraindicated and for children whose parents [object] or guardian objects to such immunization on religious or personal grounds, (2) specify conditions under which child day care center directors and teachers and group day care home providers may administer tests to monitor glucose levels in a child with diagnosed diabetes mellitus, and administer medicinal preparations, including controlled drugs specified in the regulations by the commissioner, to a child receiving child day care services at such child day care center or group day care home pursuant to the written order of a physician licensed to practice medicine or a dentist licensed to practice dental medicine in this or another state, or an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a, or a physician assistant licensed to prescribe in accordance with section 20-12d, and the written authorization of a parent or guardian of such child, (3) specify that an operator of a child day care center or group day care home, licensed before January 1, 1986, or an operator who receives a license after January 1, 1986, for a facility licensed prior to January 1, 1986, shall provide a minimum of thirty square feet per child of total indoor usable space, free of furniture except that needed for the children's purposes, exclusive of toilet rooms, bathrooms, coatrooms, kitchens, halls, isolation room or other rooms used for purposes other than the activities of the children, (4) specify that a child day care center or group day care home licensed after January 1, 1986, shall provide thirty-five square feet per child of total indoor usable space, (5) establish appropriate child day care center staffing requirements for employees certified in cardiopulmonary resuscitation by the American Red Cross, the American Heart Association, the National Safety Council, American Safety and Health Institute or

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Medic First Aid International, Inc., (6) specify that on and after January 1, 2003, a child day care center or group day care home (A) shall not deny services to a child on the basis of a child's known or suspected allergy or because a child has a prescription for an automatic prefilled cartridge injector or similar automatic injectable equipment used to treat an allergic reaction, or for injectable equipment used to administer glucagon, (B) shall, not later than three weeks after such child's enrollment in such a center or home, have staff trained in the use of such equipment on-site during all hours when such a child is on-site, (C) shall require such child's parent or guardian to provide the injector or injectable equipment and a copy of the prescription for such medication and injector or injectable equipment upon enrollment of such child, and (D) shall require a parent or guardian enrolling such a child to replace such medication and equipment prior to its expiration date, (7) specify that on and after January 1, 2005, a child day care center or group day care home (A) shall not deny services to a child on the basis of a child's diagnosis of asthma or because a child has a prescription for an inhalant medication to treat asthma, and (B) shall, not later than three weeks after such child's enrollment in such a center or home, have staff trained in the administration of such medication on-site during all hours when such a child is on-site, and (8) establish physical plant requirements for licensed child day care centers and licensed group day care homes that exclusively serve school-age children. When establishing such requirements, the Office of Early Childhood shall give consideration to child day care centers and group day care homes that are located in private or public school buildings. With respect to this subdivision only, the commissioner shall implement policies and procedures necessary to implement the physical plant requirements established pursuant to this subdivision while in the process of adopting such policies and procedures in regulation form. Until replaced by policies and procedures implemented pursuant to this subdivision, any physical plant requirement specified in the office's regulations that is generally applicable to child day care centers and group day care homes shall continue to be applicable to such centers and group day care homes

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that exclusively serve school-age children. The commissioner shall

- 118 print notice of the intent to adopt regulations pursuant to this
- subdivision in the Connecticut Law Journal not later than twenty days
- 120 after the date of implementation of such policies and procedures.
- 121 Policies and procedures implemented pursuant to this subdivision
- shall be valid until the time final regulations are adopted.
- Sec. 3. Subsection (f) of section 19a-87b of the general statutes is
- repealed and the following is substituted in lieu thereof (Effective July
- 125 1, 2015):
- 126 (f) The commissioner shall adopt regulations, in accordance with the 127 provisions of chapter 54, to assure that family day care homes, as 128 defined in section 19a-77, shall meet the health, educational and social 129 needs of children utilizing such homes. Such regulations shall ensure 130 that the family day care home is treated as a residence, and not an 131 institutional facility. Such regulations shall specify that each child be 132 protected as age-appropriate by adequate immunization against 133 diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, 134 hemophilus influenzae type B and any other vaccine required by the 135 schedule of active immunization adopted pursuant to section 19a-7f. 136 Such regulations shall provide appropriate exemptions for children for 137 whom such immunization is medically contraindicated and for 138 children whose parents [object] or guardian objects to such 139 immunization on religious or personal grounds. Such regulations shall 140 also specify conditions under which family day care home providers 141 may administer tests to monitor glucose levels in a child with 142 diagnosed diabetes mellitus, and administer medicinal preparations, 143 including controlled drugs specified in the regulations by the 144 commissioner, to a child receiving day care services at a family day 145 care home pursuant to a written order of a physician licensed to 146 practice medicine in this or another state, an advanced practice 147 registered nurse licensed to prescribe in accordance with section 20-94a 148 or a physician assistant licensed to prescribe in accordance with section 20-12d, and the written authorization of a parent or guardian of such 149

child. Such regulations shall specify appropriate standards for extended care and intermittent short-term overnight care. The commissioner shall inform each licensee, by way of a plain language summary provided not later than sixty days after the regulation's effective date, of any new or changed regulations adopted under this subsection with which a licensee must comply."

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2015	10-204a(a)
Sec. 2	July 1, 2015	19a-79(a)
Sec. 3	July 1, 2015	19a-87b(f)