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## **OLR Bill Analysis**

### **sHB 5044**

#### ***AN ACT CONCERNING IMMUNIZATIONS.***

#### **SUMMARY**

This bill eliminates the religious exemption from immunization requirements for individuals attending (1) public and private schools, including higher education institutions, and (2) child care centers and group and family day care homes. It grandfathered in individuals who submit a religious exemption prior to the bill's passage. Under current law, individuals may opt out of vaccination if they present a statement that immunization would be contrary to their religious beliefs or, for minors, those of their parent or guardian (see BACKGROUND). As under current law, the bill provides a medical exemption from these requirements for individuals who can document that immunization is medically contraindicated.

Additionally, the bill:

1. requires the Department of Public Health (DPH), by October 1, 2020, to develop and post on its website a medical exemption certificate for use by physicians, physician assistants (PAs), and advanced practice registered nurses (APRNs) (§ 7);
2. requires DPH to release annual immunization rates for each public and private K-12 school in the state, provided such data does not include individually-identifiable information (§§ 1 & 2);
3. establishes an 11-member DPH Advisory Committee on Medically Contraindicated Vaccinations to advise the commissioner on issues concerning medical exemptions from state or federal immunization requirements (§ 8);
4. requires the advisory committee to meet at least biannually and

annually report on its activities and findings to the Public Health Committee, starting by January 1, 2021 (§ 8); and

5. requires DPH, in collaboration with the Department of Education and the Office of Early Childhood, to evaluate data they collect on exemptions from immunization requirements, and to jointly report to the Public Health Committee on the evaluation annually, starting by January 1, 2021 (§ 9).

Lastly, the bill makes minor, technical, and conforming changes.

EFFECTIVE DATE: Upon passage

## **§ 7 — MEDICAL EXEMPTION CERTIFICATES**

The bill requires the DPH commissioner, by October 1, 2020, to develop and post on the department's website a certificate for use by physicians, PAs, and APRNs ("providers") that states the provider believes a required vaccination is medically contraindicated for an individual based on his or her physical condition.

The medical exemption certificate must include:

1. definitions of "contraindication" and "precaution";
2. a list of contraindications and precautions recognized by the federal Centers for Disease Control and Prevention (CDC) for each statutorily-required immunization from which the provider may select on behalf of an individual;
3. a section where the provider may record a contraindication or precaution not recognized by the CDC, but that in the provider's discretion results in the vaccination being medically contraindicated, including an autoimmune disorder or family history of such a disorder;
4. a section where the provider may include a written explanation for the medical exemption;
5. a section requiring the provider's signature;

6. a requirement that the provider attach the individual's most current immunization record; and
7. a synopsis of the grounds for any order of quarantine or isolation related to the exemption.

## **§ 8 — DPH ADVISORY COMMITTEE**

### ***Duties***

The bill establishes an 11-member Advisory Committee on Medically Contraindicated Vaccinations within DPH to advise the commissioner on issues concerning medical exemptions from state or federal immunization requirements.

Under the bill, the advisory committee must:

1. have access to the department's childhood immunization registry;
2. evaluate the process DPH uses to collect medical exemption data and whether the department should have oversight of such exemptions;
3. examine whether enrollment of an unvaccinated student in a school, higher education institution, or child care facility should be conditioned upon the individual meeting certain criteria;
4. calculate the ratio of school nurses to students in each public and private school in the state and any associated funding issues;
5. assess whether school immunizations should be required more frequently than prior to enrolling in public or private school and prior to entering 7<sup>th</sup> grade; and
6. determine whether (a) there are any discrepancies in the issuance of medical exemptions and (b) to recommend continuing education for providers in immunization contraindications and precautions.

The bill specifies that information the advisory committee obtains from the childhood immunization registry is confidential. By law, medical information, records, and other data obtained by DPH generally (1) are confidential and not subject to disclosure, (2) are not admissible as evidence in any court or agency proceeding, and (3) must be used solely for medical or scientific research or disease control and prevention purposes.

### ***Membership***

Under the bill, the advisory committee members include:

1. one licensed physician who is a pediatrician and one member of the public, each appointed by the House speaker;
2. one licensed physician with expertise in vaccine efficacy and one member of the public, each appointed by the Senate president pro tempore;
3. one school nurse, appointed by the House majority leader;
4. one licensed PA with experience in administering vaccines, appointed by the Senate majority leader;
5. one licensed APRN with experience in administering vaccines, appointed by the House minority leader;
6. one representative of the Connecticut Chapter of the American Academy of Pediatrics, appointed by the Senate minority leader; and
7. the education, early childhood, and public health commissioners, or their designees.

### ***Meetings and Reports***

The bill requires the advisory committee to meet at least biannually. The committee must report on its activities and findings to the Public Health Committee annually, starting by January 1, 2021.

### **BACKGROUND**

### ***Religious Exemption from Immunization Requirements***

By law, the religious exemption statement must be officially acknowledged by one of several specified individuals (e.g., notary public, town clerk, or school nurse). A parent or guardian must submit the religious exemption statement (1) before the student enrolls in public or private school and (2) before the student enrolls in seventh grade.

The same requirements for school children apply to children at child care settings, including child care centers and family and group day care homes.

Higher education students must submit the statement prior to enrollment. The form for these students does not need to be officially acknowledged.

### ***Childhood Immunization Requirements***

For school children, Connecticut law requires immunization against the following diseases (the specific immunization schedule varies by disease):

1. measles, mumps, and rubella;
2. polio;
3. diphtheria, tetanus, pertussis;
4. haemophilus influenza B (only if under age 5);
5. hepatitis A and B;
6. varicella (chicken pox);
7. influenza (only for preschool);
8. pneumonia (only if under age 5); and
9. meningitis (7<sup>th</sup> grade) (CGS § 10-204a and Conn. Agencies Regs. §§ 10-204a-1 et seq.).

The same requirements apply to children at child care settings, including child care centers and group and family day care homes (Conn. Agencies Regs., §§ 19a-79-6a & 19a-87b-10(k)).

***Higher Education Immunization Requirements***

Connecticut law generally requires full-time students attending in-state, post-secondary institutions to provide proof of adequate immunization against measles, mumps, and rubella and chicken pox (CGS § 10a-155). The law also requires each student who lives in on-campus housing to be vaccinated against meningitis (CGS § 10a-155b).

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea 14 Nay 11 (02/24/2020)