



House of Representatives

General Assembly

File No. 4

February Session, 2020

Substitute House Bill No. 5044

House of Representatives, March 10, 2020

The Committee on Public Health reported through REP. STEINBERG of the 136th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING IMMUNIZATIONS.

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

1 Section 1. Subsections (a) and (b) of section 10-204a of the general
2 statutes are repealed and the following is substituted in lieu thereof
3 (*Effective from passage*):

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

16 and additional immunizations are in process under guidelines and
17 schedules specified by the Commissioner of Public Health; or (2)
18 presents a certificate, in a form prescribed by the commissioner
19 pursuant to section 7 of this act, from a physician, physician assistant or
20 advanced practice registered nurse stating that in the opinion of such
21 physician, physician assistant or advanced practice registered nurse
22 such immunization is medically contraindicated because of the physical
23 condition of such child; or (3) prior to the effective date of this section,
24 presents a statement from the parents or guardian of such child that
25 such immunization would be contrary to the religious beliefs of such
26 child or the parents or guardian of such child, which statement shall be
27 acknowledged, in accordance with the provisions of sections 1-32, 1-34
28 and 1-35, by (A) a judge of a court of record or a family support
29 magistrate, (B) a clerk or deputy clerk of a court having a seal, (C) a town
30 clerk, (D) a notary public, (E) a justice of the peace, (F) an attorney
31 admitted to the bar of this state, or (G) notwithstanding any provision
32 of chapter 6, a school nurse; or (4) in the case of measles, mumps or
33 rubella, presents a certificate from a physician, physician assistant or
34 advanced practice registered nurse or from the director of health in such
35 child's present or previous town of residence, stating that the child has
36 had a confirmed case of such disease; or (5) in the case of [*hemophilus*]
37 haemophilus influenzae type B has passed [his] such child's fifth
38 birthday; or (6) in the case of pertussis, has passed [his] such child's sixth
39 birthday, shall be exempt from the appropriate provisions of this
40 section. If the parents or guardians of any child are unable to pay for
41 such immunizations, the expense of such immunizations shall, on the
42 recommendations of such board of education, be paid by the town.
43 Before being permitted to enter seventh grade, the parents or guardian
44 of any child who is exempt on religious grounds from the immunization
45 requirements of this section, pursuant to subdivision (3) of this
46 subsection, shall present to such school a statement that such
47 immunization requirements are contrary to the religious beliefs of such
48 child or the parents or guardian of such child, which statement shall be
49 acknowledged, in accordance with the provisions of sections 1-32, 1-34
50 and 1-35, by (A) a judge of a court of record or a family support

51 magistrate, (B) a clerk or deputy clerk of a court having a seal, (C) a town
52 clerk, (D) a notary public, (E) a justice of the peace, (F) an attorney
53 admitted to the bar of this state, or (G) notwithstanding any provision
54 of chapter 6, a school nurse.

55 (b) The definitions of adequate immunization shall reflect the
56 schedule for active immunization adopted pursuant to section 19a-7f
57 and be established by regulation adopted in accordance with the
58 provisions of chapter 54 by the Commissioner of Public Health, who
59 shall also be responsible for providing procedures under which [said]
60 such boards and [said] such similar governing bodies shall collect and
61 report immunization data on each child to the Department of Public
62 Health for (1) compilation and analysis by [said] the department, and
63 (2) release by the department of annual immunization rates for each
64 public and nonpublic school in the state, provided such immunization
65 data may not contain information that identifies a specific individual.

66 Sec. 2. Section 19a-25 of the general statutes is repealed and the
67 following is substituted in lieu thereof (*Effective from passage*):

68 (a) All information, records of interviews, written reports, statements,
69 notes, memoranda or other data, including personal data as defined in
70 subdivision (9) of section 4-190, procured by: [the] (1) The Department
71 of Public Health, by staff committees of facilities accredited by the
72 Department of Public Health or the maternity mortality review
73 committee, established pursuant to section 19a-59i, in connection with
74 studies of morbidity and mortality conducted by the Department of
75 Public Health, such staff committees or the maternal mortality review
76 committee, or carried on by said department, such staff committees or
77 the maternal mortality review committee jointly with other persons,
78 agencies or organizations, [or procured by] (2) the directors of health of
79 towns, cities or boroughs or the Department of Public Health pursuant
80 to section 19a-215, or [procured by] (3) such other persons, agencies or
81 organizations, for the purpose of reducing the morbidity or mortality
82 from any cause or condition, shall be confidential and shall be used
83 solely for the purposes of medical or scientific research and, for

84 information obtained pursuant to section 19a-215, disease prevention
85 and control by the local director of health and the Department of Public
86 Health. Such information, records, reports, statements, notes,
87 memoranda or other data shall not be admissible as evidence in any
88 action of any kind in any court or before any other tribunal, board,
89 agency or person, nor shall it be exhibited or its contents disclosed in
90 any way, in whole or in part, by any officer or representative of the
91 Department of Public Health or of any such facility, by any person
92 participating in such a research project or by any other person, except
93 as may be necessary for the purpose of furthering the research project to
94 which it relates.

95 (b) Notwithstanding the provisions of chapter 55, the Department of
96 Public Health may exchange personal data for the purpose of medical
97 or scientific research, with any other governmental agency or private
98 research organization; provided such state, governmental agency or
99 private research organization shall not further disclose such personal
100 data. The Commissioner of Public Health shall adopt regulations, in
101 accordance with the provisions of chapter 54, consistent with the
102 purposes of this section to establish the procedures to ensure the
103 confidentiality of such disclosures. The furnishing of such information
104 to the Department of Public Health or its authorized representative, or
105 to any other agency cooperating in such a research project, shall not
106 subject any person, hospital, [sanitarium] behavioral health facility, rest
107 home, nursing home or other person or agency furnishing such
108 information to any action for damages or other relief because of such
109 disclosure. [This section shall not be deemed to affect disclosure]

110 (c) The provisions of this section shall not affect: (1) Disclosure of
111 regular hospital and medical records made in the course of the regular
112 notation of the care and treatment of any patient, but only records or
113 notations by [such] the staff committees described in subsection (a) of
114 this section pursuant to their work, or (2) release by the Department of
115 Public Health of annual immunization rates for each public and
116 nonpublic school in the state pursuant to section 10-204a, as amended
117 by this act.

118 Sec. 3. Section 10a-155 of the general statutes is repealed and the
119 following is substituted in lieu thereof (*Effective from passage*):

120 (a) Each institution of higher education shall require each full-time or
121 matriculating student born after December 31, 1956, to provide proof of
122 adequate immunization against measles, rubella, [and on and after
123 August 1, 2010, to provide proof of adequate immunization against]
124 mumps and varicella as recommended by the national Advisory
125 Committee for Immunization Practices before permitting such student
126 to enroll in such institution. [Any such]

127 (b) Notwithstanding the provisions of subsection (a) of this section,
128 any student who (1) presents a certificate, in a form prescribed by the
129 Commissioner of Public Health pursuant to section 7 of this act, from a
130 physician, physician assistant or an advanced practice registered nurse
131 stating that in the opinion of such physician, physician assistant or
132 advanced practice registered nurse such immunization is medically
133 contraindicated, (2) prior to the effective date of this section, provides a
134 statement that such immunization would be contrary to his or her
135 religious beliefs, (3) presents a certificate from a physician, physician
136 assistant, an advanced practice registered nurse or the director of health
137 in the student's present or previous town of residence, stating that the
138 student has had a confirmed case of such disease, (4) is enrolled
139 exclusively in a program for which students do not congregate on
140 campus for classes or to participate in institutional-sponsored events,
141 such as students enrolled in distance learning programs for
142 individualized home study or programs conducted entirely through
143 electronic media in a setting without other students present, or (5)
144 graduated from a public or nonpublic high school in this state in 1999 or
145 later and was not exempt from the measles, rubella, [and on and after
146 August 1, 2010, the] mumps and varicella vaccination requirement
147 pursuant to subdivision (2) or (3) of subsection (a) of section 10-204a
148 shall be exempt from the appropriate provisions of this section.

149 [(b)] (c) Each institution of higher education shall keep uniform
150 records of the immunizations and immunization status of each student,

151 based on the certificate of immunization or other evidence acceptable
152 pursuant to subsection (a) of this section. The record shall be part of the
153 student's permanent record. By November first of each year, the chief
154 administrative officer of each institution of higher education shall cause
155 to be submitted to the Commissioner of Public Health, on a form
156 provided by the commissioner, a summary report of the immunization
157 status of all students enrolling in such institution.

158 Sec. 4. Subsection (a) of section 10a-155b of the general statutes is
159 repealed and the following is substituted in lieu thereof (*Effective from*
160 *passage*):

161 (a) For students who first enroll in the 2014-2015 school year, and first
162 enroll in each school year thereafter, each public or private college or
163 university in this state shall require that each student who resides in on-
164 campus housing be vaccinated against meningitis and submit evidence
165 of having received a meningococcal conjugate vaccine not more than
166 five years before enrollment as a condition of such residence. The
167 provisions of this subsection shall not apply to any such student who (1)
168 presents a certificate, in a form prescribed by the Commissioner of
169 Public Health pursuant to section 7 of this act, from a physician, an
170 advanced practice registered nurse or a physician assistant stating that,
171 in the opinion of such physician, advanced practice registered nurse or
172 physician assistant, such vaccination is medically contraindicated
173 because of the physical condition of such student, or (2) prior to the
174 effective date of this section, presents a statement that such vaccination
175 would be contrary to the religious beliefs of such student.

176 Sec. 5. Section 19a-79 of the 2020 supplement to the general statutes
177 is repealed and the following is substituted in lieu thereof (*Effective from*
178 *passage*):

179 (a) The Commissioner of Early Childhood shall adopt regulations, in
180 accordance with the provisions of chapter 54, to carry out the purposes
181 of sections 19a-77 to 19a-80, inclusive, and 19a-82 to 19a-87, inclusive,
182 and to assure that child care centers and group child care homes meet
183 the health, educational and social needs of children utilizing such child

184 care centers and group child care homes. Such regulations shall (1)
185 specify that before being permitted to attend any child care center or
186 group child care home, each child shall be protected as age-appropriate
187 by adequate immunization against diphtheria, pertussis, tetanus,
188 poliomyelitis, measles, mumps, rubella, [hemophilus] haemophilus
189 influenzae type B and any other vaccine required by the schedule of
190 active immunization adopted pursuant to section 19a-7f, [including
191 appropriate exemptions for children for whom such immunization is
192 medically contraindicated and for children whose parent or guardian
193 objects to such immunization on religious grounds, and that any
194 objection by a parent or a guardian to immunization of a child on
195 religious grounds shall be accompanied by a statement from such parent
196 or guardian that such immunization would be contrary to the religious
197 beliefs of such child or the parent or guardian of such child, which
198 statement shall be acknowledged, in accordance with the provisions of
199 sections 1-32, 1-34 and 1-35, by (A) a judge of a court of record or a family
200 support magistrate, (B) a clerk or deputy clerk of a court having a seal,
201 (C) a town clerk, (D) a notary public, (E) a justice of the peace, or (F) an
202 attorney admitted to the bar of this state,] (2) specify conditions under
203 which child care center directors and teachers and group child care
204 home providers may administer tests to monitor glucose levels in a child
205 with diagnosed diabetes mellitus, and administer medicinal
206 preparations, including controlled drugs specified in the regulations by
207 the commissioner, to a child receiving child care services at such child
208 care center or group child care home pursuant to the written order of a
209 physician licensed to practice medicine or a dentist licensed to practice
210 dental medicine in this or another state, or an advanced practice
211 registered nurse licensed to prescribe in accordance with section 20-94a,
212 or a physician assistant licensed to prescribe in accordance with section
213 20-12d, and the written authorization of a parent or guardian of such
214 child, (3) specify that an operator of a child care center or group child
215 care home, licensed before January 1, 1986, or an operator who receives
216 a license after January 1, 1986, for a facility licensed prior to January 1,
217 1986, shall provide a minimum of thirty square feet per child of total
218 indoor usable space, free of furniture except that needed for the

219 children's purposes, exclusive of toilet rooms, bathrooms, coatrooms,
220 kitchens, halls, isolation room or other rooms used for purposes other
221 than the activities of the children, (4) specify that a child care center or
222 group child care home licensed after January 1, 1986, shall provide
223 thirty-five square feet per child of total indoor usable space, (5) establish
224 appropriate child care center staffing requirements for employees
225 certified in cardiopulmonary resuscitation by the American Red Cross,
226 the American Heart Association, the National Safety Council, American
227 Safety and Health Institute, Medic First Aid International, Inc. or an
228 organization using guidelines for cardiopulmonary resuscitation and
229 emergency cardiovascular care published by the American Heart
230 Association and International Liaison Committee on Resuscitation, (6)
231 specify that [on and after January 1, 2003,] a child care center or group
232 child care home (A) shall not deny services to a child on the basis of a
233 child's known or suspected allergy or because a child has a prescription
234 for an automatic prefilled cartridge injector or similar automatic
235 injectable equipment used to treat an allergic reaction, or for injectable
236 equipment used to administer glucagon, (B) shall, not later than three
237 weeks after such child's enrollment in such a center or home, have staff
238 trained in the use of such equipment on-site during all hours when such
239 a child is on-site, (C) shall require such child's parent or guardian to
240 provide the injector or injectable equipment and a copy of the
241 prescription for such medication and injector or injectable equipment
242 upon enrollment of such child, and (D) shall require a parent or
243 guardian enrolling such a child to replace such medication and
244 equipment prior to its expiration date, (7) specify that [on and after
245 January 1, 2005,] a child care center or group child care home (A) shall
246 not deny services to a child on the basis of a child's diagnosis of asthma
247 or because a child has a prescription for an inhalant medication to treat
248 asthma, and (B) shall, not later than three weeks after such child's
249 enrollment in such a center or home, have staff trained in the
250 administration of such medication on-site during all hours when such a
251 child is on-site, and (8) establish physical plant requirements for
252 licensed child care centers and licensed group child care homes that
253 exclusively serve school-age children. When establishing such

254 requirements, the Office of Early Childhood shall give consideration to
255 child care centers and group child care homes that are located in private
256 or public school buildings. With respect to this subdivision only, the
257 commissioner shall implement policies and procedures necessary to
258 implement the physical plant requirements established pursuant to this
259 subdivision while in the process of adopting such policies and
260 procedures in regulation form. Until replaced by policies and
261 procedures implemented pursuant to this subdivision, any physical
262 plant requirement specified in the office's regulations that is generally
263 applicable to child care centers and group child care homes shall
264 continue to be applicable to such centers and homes that exclusively
265 serve school-age children. The commissioner shall print notice of the
266 intent to adopt regulations pursuant to this subdivision on the
267 eRegulations System not later than twenty days after the date of
268 implementation of such policies and procedures. Policies and
269 procedures implemented pursuant to this subdivision shall be valid
270 until the time final regulations are adopted.

271 (b) Any child who (1) presents a certificate, in a form prescribed by
272 the Commissioner of Public Health pursuant to section 7 of this act,
273 signed by a physician, physician assistant or advanced practice
274 registered nurse stating that, in the opinion of such physician, physician
275 assistant or advanced practice registered nurse, the immunizations
276 required pursuant to regulations adopted pursuant to subdivision (1) of
277 subsection (a) of this section are medically contraindicated, or (2) prior
278 to the effective date of this section, presents a statement that such
279 immunizations would be contrary to the religious beliefs of such child
280 or the parents or guardians of such child, shall be exempt from the
281 immunization requirements set forth in such regulations. Such
282 statement shall be acknowledged, in accordance with the provisions of
283 sections 1-32, 1-34 and 1-35, by (A) a judge of a court of record or a family
284 support magistrate, (B) a clerk or deputy clerk of a court having a seal,
285 (C) a town clerk, (D) a notary public, (E) a justice of the peace, or (F) an
286 attorney admitted to the bar of this state.

287 [(b)] (c) The commissioner may adopt regulations, pursuant to

288 chapter 54, to establish civil penalties of not more than one hundred
289 dollars per day for each day of violation and other disciplinary remedies
290 that may be imposed, following a contested-case hearing, upon the
291 holder of a license issued under section 19a-80 to operate a child care
292 center or group child care home or upon the holder of a license issued
293 under section 19a-87b, as amended by this act, to operate a family child
294 care home.

295 [(c)] (d) The commissioner shall exempt Montessori schools
296 accredited by the American Montessori Society or the Association
297 Montessori Internationale from any provision in regulations adopted
298 pursuant to subsection (a) of this section which sets requirements on
299 group size or child to staff ratios or the provision of cots.

300 [(d)] (e) Upon the declaration by the Governor of a civil preparedness
301 emergency pursuant to section 28-9 or a public health emergency
302 pursuant to section 19a-131a, the commissioner may waive the
303 provisions of any regulation adopted pursuant to this section if the
304 commissioner determines that such waiver would not endanger the life,
305 safety or health of any child. The commissioner shall prescribe the
306 duration of such waiver, provided such waiver shall not extend beyond
307 the duration of the declared emergency. The commissioner shall
308 establish the criteria by which a waiver request shall be made and the
309 conditions for which a waiver will be granted or denied. The provisions
310 of section 19a-84 shall not apply to a denial of a waiver request under
311 this subsection.

312 [(e)] (f) Any child care center or group child care home may provide
313 child care services to homeless children and youths, as defined in 42
314 USC 11434a, as amended from time to time, for a period not to exceed
315 ninety days without complying with any provision in regulations
316 adopted pursuant to this section relating to immunization and physical
317 examination requirements. Any child care center or group child care
318 home that provides child care services to homeless children and youths
319 at such center or home under this subsection shall maintain a record on
320 file of all homeless children and youths who have attended such center

321 or home for a period of two years after such homeless children or youths
322 are no longer receiving child care services at such center or home.

323 ~~[(f)]~~ (g) Any child care center or group child care home may provide
324 child care services to a foster child for a period not to exceed forty-five
325 days without complying with any provision in regulations adopted
326 pursuant to this section relating to immunization and physical
327 examination requirements. Any child care center or group child care
328 home that provides child care services to a foster child at such center or
329 home under this subsection shall maintain a record on file of such foster
330 child for a period of two years after such foster child is no longer
331 receiving child care services at such center or home. For purposes of this
332 subsection, "foster child" means a child who is in the care and custody
333 of the Commissioner of Children and Families and placed in a foster
334 home licensed pursuant to section 17a-114, foster home approved by a
335 child-placing agency licensed pursuant to section 17a-149, facility
336 licensed pursuant to section 17a-145 or with a relative or fictive kin
337 caregiver pursuant to section 17a-114.

338 Sec. 6. Section 19a-87b of the 2020 supplement to the general statutes
339 is repealed and the following is substituted in lieu thereof (*Effective from*
340 *passage*):

341 (a) No person, group of persons, association, organization,
342 corporation, institution or agency, public or private, shall maintain a
343 family child care home, as defined in section 19a-77, without a license
344 issued by the Commissioner of Early Childhood. Licensure forms shall
345 be obtained from the Office of Early Childhood. Applications for
346 licensure shall be made to the commissioner on forms provided by the
347 office and shall contain the information required by regulations adopted
348 under this section. The licensure and application forms shall contain a
349 notice that false statements made therein are punishable in accordance
350 with section 53a-157b. Applicants shall state, in writing, that they are in
351 compliance with the regulations adopted by the commissioner pursuant
352 to subsection (f) of this section. Before a family child care home license
353 is granted, the office shall make an inquiry and investigation which shall

354 include a visit and inspection of the premises for which the license is
355 requested. Any inspection conducted by the office shall include an
356 inspection for evident sources of lead poisoning. The office shall provide
357 for a chemical analysis of any paint chips found on such premises.
358 Neither the commissioner nor the commissioner's designee shall require
359 an annual inspection for homes seeking license renewal or for licensed
360 homes, except that the commissioner or the commissioner's designee
361 shall make an unannounced visit, inspection or investigation of each
362 licensed family child care home at least once every year. A licensed
363 family child care home shall not be subject to any conditions on the
364 operation of such home by local officials, other than those imposed by
365 the office pursuant to this subsection, if the home complies with all local
366 codes and ordinances applicable to single and multifamily dwellings.

367 (b) No person shall act as an assistant or substitute staff member to a
368 person or entity maintaining a family child care home, as defined in
369 section 19a-77, without an approval issued by the commissioner. Any
370 person seeking to act as an assistant or substitute staff member in a
371 family child care home shall submit an application for such approval to
372 the office. Applications for approval shall: (1) Be made to the
373 commissioner on forms provided by the office, (2) contain the
374 information required by regulations adopted under this section, and (3)
375 be accompanied by a fee of fifteen dollars. The approval application
376 forms shall contain a notice that false statements made in such form are
377 punishable in accordance with section 53a-157b.

378 (c) The commissioner, within available appropriations, shall require
379 each initial applicant or prospective employee of a family child care
380 home in a position requiring the provision of care to a child, including
381 an assistant or substitute staff member and each household member
382 who is sixteen years of age or older, to submit to comprehensive
383 background checks, including state and national criminal history
384 records checks. The criminal history records checks required pursuant
385 to this subsection shall be conducted in accordance with section 29-17a.
386 The commissioner shall also request a check of the state child abuse
387 registry established pursuant to section 17a-101k. The commissioner

388 shall notify each licensee of the provisions of this subsection. For
389 purposes of this subsection, "household member" means any person,
390 other than the person who is licensed to conduct, operate or maintain a
391 family child care home, who resides in the family child care home, such
392 as the licensee's spouse or children, tenants and any other occupant.

393 (d) An application for initial licensure pursuant to this section shall
394 be accompanied by a fee of forty dollars and such license shall be issued
395 for a term of four years. An application for renewal of a license issued
396 pursuant to this section shall be accompanied by a fee of forty dollars
397 and a certification from the licensee that any child enrolled in the family
398 child care home has received age-appropriate immunizations in
399 accordance with regulations adopted pursuant to subsection (f) of this
400 section. A license issued pursuant to this section shall be renewed for a
401 term of four years. In the case of an applicant submitting an application
402 for renewal of a license that has expired, and who has ceased operations
403 of a family child care home due to such expired license, the
404 commissioner may renew such expired license within thirty days of the
405 date of such expiration upon receipt of an application for renewal that
406 is accompanied by such fee and such certification.

407 (e) An application for initial staff approval or renewal of staff
408 approval shall be accompanied by a fee of fifteen dollars. Such
409 approvals shall be issued or renewed for a term of two years.

410 (f) The commissioner shall adopt regulations, in accordance with the
411 provisions of chapter 54, to assure that family child care homes, as
412 defined in section 19a-77, meet the health, educational and social needs
413 of children utilizing such homes. Such regulations shall ensure that the
414 family child care home is treated as a residence, and not an institutional
415 facility. Such regulations shall specify that each child be protected as
416 age-appropriate by adequate immunization against diphtheria,
417 pertussis, tetanus, poliomyelitis, measles, mumps, rubella,
418 [hemophilus] haemophilus influenzae type B and any other vaccine
419 required by the schedule of active immunization adopted pursuant to
420 section 19a-7f. [Such regulations shall provide appropriate exemptions

421 for children for whom such immunization is medically contraindicated
422 and for children whose parents or guardian objects to such
423 immunization on religious grounds and require that any such objection
424 be accompanied by a statement from such parents or guardian that such
425 immunization would be contrary to the religious beliefs of such child or
426 the parents or guardian of such child, which statement shall be
427 acknowledged, in accordance with the provisions of sections 1-32, 1-34
428 and 1-35, by (1) a judge of a court of record or a family support
429 magistrate, (2) a clerk or deputy clerk of a court having a seal, (3) a town
430 clerk, (4) a notary public, (5) a justice of the peace, or (6) an attorney
431 admitted to the bar of this state.] Such regulations shall also specify
432 conditions under which family child care home providers may
433 administer tests to monitor glucose levels in a child with diagnosed
434 diabetes mellitus, and administer medicinal preparations, including
435 controlled drugs specified in the regulations by the commissioner, to a
436 child receiving child care services at a family child care home pursuant
437 to a written order of a physician licensed to practice medicine in this or
438 another state, an advanced practice registered nurse licensed to
439 prescribe in accordance with section 20-94a or a physician assistant
440 licensed to prescribe in accordance with section 20-12d, and the written
441 authorization of a parent or guardian of such child. Such regulations
442 shall specify appropriate standards for extended care and intermittent
443 short-term overnight care. The commissioner shall inform each licensee,
444 by way of a plain language summary provided not later than sixty days
445 after the regulation's effective date, of any new or changed regulations
446 adopted under this subsection with which a licensee must comply.

447 (g) Any child who (1) presents a certificate, in a form prescribed by
448 the Commissioner of Public Health pursuant to section 7 of this act,
449 signed by a physician, physician assistant or advanced practice
450 registered nurse stating that, in the opinion of such physician, physician
451 assistant or advanced practice registered nurse, the immunizations
452 required pursuant to regulations adopted pursuant to subsection (f) of
453 this section are medically contraindicated, or (2) prior to the effective
454 date of this section, presents a statement that such immunizations
455 would be contrary to the religious beliefs of such child or the parents or

456 guardians of such child, shall be exempt from the immunization
457 requirements set forth in such regulations. Such statement shall be
458 acknowledged, in accordance with the provisions of sections 1-32, 1-34
459 and 1-35, by (A) a judge of a court of record or a family support
460 magistrate, (B) a clerk or deputy clerk of a court having a seal, (C) a town
461 clerk, (D) a notary public, (E) a justice of the peace, or (F) an attorney
462 admitted to the bar of this state.

463 [(g)] (h) Upon the declaration by the Governor of a civil preparedness
464 emergency pursuant to section 28-9 or a public health emergency
465 pursuant to section 19a-131a, the commissioner may waive the
466 provisions of any regulation adopted pursuant to this section if the
467 commissioner determines that such waiver would not endanger the life,
468 safety or health of any child. The commissioner shall prescribe the
469 duration of such waiver, provided such waiver shall not extend beyond
470 the duration of the declared emergency. The commissioner shall
471 establish the criteria by which a waiver request shall be made and the
472 conditions for which a waiver will be granted or denied. The provisions
473 of section 19a-84 shall not apply to a denial of a waiver request under
474 this subsection.

475 [(h)] (i) Any family child care home may provide child care services
476 to homeless children and youths, as defined in 42 USC 11434a, as
477 amended from time to time, for a period not to exceed ninety days
478 without complying with any provision in regulations adopted pursuant
479 to this section relating to immunization and physical examination
480 requirements. Any family child care home that provides child care
481 services to homeless children and youths at such home under this
482 subsection shall maintain a record on file of all homeless children and
483 youths who have attended such home for a period of two years after
484 such homeless children or youths are no longer receiving child care
485 services at such home.

486 [(i)] (j) Any family child care home may provide child care services to
487 a foster child for a period not to exceed forty-five days without
488 complying with any provision in regulations adopted pursuant to this

489 section relating to immunization and physical examination
490 requirements. Any family child care home that provides child care
491 services to a foster child at such home under this subsection shall
492 maintain a record on file of such foster child for a period of two years
493 after such foster child is no longer receiving child care services at such
494 home. For purposes of this subsection, "foster child" means a child who
495 is in the care and custody of the Commissioner of Children and Families
496 and placed in a foster home licensed pursuant to section 17a-114, foster
497 home approved by a child-placing agency licensed pursuant to section
498 17a-149, facility licensed pursuant to section 17a-145 or with a relative
499 or fictive kin caregiver pursuant to section 17a-114.

500 Sec. 7. (*Effective from passage*) On or before October 1, 2020, the
501 Commissioner of Public Health shall develop and make available on the
502 Internet web site of the Department of Public Health a certificate for use
503 by a physician, physician assistant or advanced practice registered
504 nurse stating that, in the opinion of such physician, physician assistant
505 or advanced practice registered nurse, a vaccination required by the
506 general statutes is medically contraindicated for a person because of the
507 physical condition of such person. The certificate shall include (1)
508 definitions of the terms "contraindication" and "precaution", (2) a list of
509 contraindications and precautions recognized by the National Centers
510 for Disease Control and Prevention for each of the statutorily required
511 vaccinations, from which the physician, physician assistant or advanced
512 practice registered nurse may select the relevant contraindication or
513 precaution on behalf of such person, (3) a section in which the physician,
514 physician assistant or advanced practice registered nurse may record a
515 contraindication or precaution that is not recognized by the National
516 Centers for Disease Control and Prevention, but in his or her discretion,
517 results in the vaccination being medically contraindicated, including,
518 but not limited to, any autoimmune disorder or family history of any
519 autoimmune disorder, (4) a section in which the physician, physician
520 assistant or advanced practice registered nurse may include a written
521 explanation for the exemption from any statutorily required
522 vaccinations, (5) a section requiring the signature of the physician,
523 physician assistant or advanced practice registered nurse, (6) a

524 requirement that the physician, physician assistant or advanced practice
525 registered nurse attach such person's most current immunization
526 record, and (7) a synopsis of the grounds for any order of quarantine or
527 isolation pursuant to section 19a-131b of the general statutes.

528 Sec. 8. (NEW) (*Effective from passage*) (a) There is established an
529 Advisory Committee on Medically Contraindicated Vaccinations within
530 the Department of Public Health for the purpose of advising the
531 Commissioner of Public Health on issues concerning exemptions from
532 state or federal requirements for vaccinations that result from a
533 physician, physician assistant or advanced practice registered nurse
534 stating that a vaccination is medically contraindicated for a person due
535 to the medical condition of such person. For the purpose of performing
536 its function, the advisory committee shall (1) have access to the
537 childhood immunization registry established by the department
538 pursuant to section 19a-7h of the general statutes, (2) evaluate the
539 process used by the Department of Public Health in collecting data
540 concerning exemptions resulting from a vaccination being medically
541 contraindicated and whether the department should have any oversight
542 over such exemptions, (3) examine whether enrollment of an
543 unvaccinated child into a program operated by a public or nonpublic
544 school, institution of higher education, child care center or group child
545 care home should be conditioned upon the child meeting certain
546 criteria, (4) calculate the ratio of school nurses to students in each public
547 and nonpublic school in the state and the funding issues surrounding
548 such ratio, (5) assess whether immunizations should be required more
549 frequently than prior to enrollment into a program operated by a public
550 or nonpublic school and prior to entering seventh grade, and (6)
551 determine whether (A) there are any discrepancies in the issuance of
552 certificates stating that a vaccine is medically contraindicated, and (B) to
553 recommend continuing education of physicians, physician assistants or
554 advanced practice registered nurses in vaccine contraindications and
555 precautions. All information obtained by the advisory committee from
556 such registry shall be confidential pursuant to section 19a-25 of the
557 general statutes, as amended by this act.

558 (b) The advisory committee shall consist of the following members:

559 (1) Two appointed by the speaker of the House of Representatives,
560 one of whom shall be a physician licensed pursuant to chapter 370 of the
561 general statutes who is a pediatrician, and one of whom shall be a
562 member of the public;

563 (2) Two appointed by the president pro tempore of the Senate, one of
564 whom shall be a physician licensed pursuant to chapter 370 of the
565 general statutes who has expertise in the efficacy of vaccines, and one of
566 whom shall be a member of the public;

567 (3) One appointed by the majority leader of the House of
568 Representatives, who shall be a school nurse;

569 (4) One appointed by the majority leader of the Senate, who shall be
570 a physician assistant licensed pursuant to chapter 370 of the general
571 statutes who has experience in the administration of vaccines;

572 (5) One appointed by the minority leader of the House of
573 Representatives, who shall be an advanced practice registered nurse
574 licensed pursuant to chapter 378 of the general statutes who has
575 experience in the administration of vaccines;

576 (6) One appointed by the minority leader of the Senate, who shall be
577 a representative of the Connecticut Chapter of the American Academy
578 of Pediatrics;

579 (7) The Commissioner of Public Health, or the commissioner's
580 designee;

581 (8) The Commissioner of Education, or the commissioner's designee;
582 and

583 (9) The Commissioner of Early Childhood, or the commissioner's
584 designee.

585 (c) The advisory committee shall meet not less than biannually. On or
586 before January 1, 2021, and annually thereafter, the committee shall

587 report, in accordance with the provisions of section 11-4a of the general
 588 statutes, on its activities and findings to the joint standing committee of
 589 the General Assembly having cognizance of matters relating to public
 590 health.

591 Sec. 9. (NEW) (*Effective from passage*) The Department of Public
 592 Health, in collaboration with the State Department of Education and the
 593 Office of Early Childhood, shall evaluate all of the data collected by said
 594 departments concerning exemptions from immunization requirements.
 595 Not later than January 1, 2021, and annually thereafter, the
 596 Commissioners of Public Health, Education and Early Childhood shall
 597 jointly report, in accordance with the provisions of section 11-4a of the
 598 general statutes, to the joint standing committee of the General
 599 Assembly having cognizance of matters relating to public health
 600 regarding the evaluation of such data.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	10-204a(a) and (b)
Sec. 2	<i>from passage</i>	19a-25
Sec. 3	<i>from passage</i>	10a-155
Sec. 4	<i>from passage</i>	10a-155b(a)
Sec. 5	<i>from passage</i>	19a-79
Sec. 6	<i>from passage</i>	19a-87b
Sec. 7	<i>from passage</i>	New section
Sec. 8	<i>from passage</i>	New section
Sec. 9	<i>from passage</i>	New section

Statement of Legislative Commissioners:

In Section 1(a)(2), "in a form prescribed by the commissioner pursuant to section 7 of this act," was added for consistency.

PH Joint Favorable Subst.

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 21 \$	FY 22 \$
Public Health, Dept.	IF - Cost	less than 125,000	less than 125,000
Board of Regents for Higher Education	Tuition Fund - Potential Revenue Loss	less than 900,000	less than 900,000

Note: IF=Insurance Fund

Municipal Impact: None

Explanation

Upon its passage, the bill eliminates religious exemptions (RE) from immunization requirements for individuals attending public and private schools, child care centers, and group and family day care homes. This is anticipated to result in a cost to the Department of Public Health (DPH) of less than \$125,000 annually to purchase vaccines for privately insured children who would not have been vaccinated in the absence of the passage of the bill.^{1,2} It is also anticipated to result in a potential revenue loss of tuition and fees from possible reduced community college enrollment, should prospective students who would have utilized a RE previously continue to choose not to vaccinate themselves and, therefore, are unable to enroll.

¹Funding to vaccinate children that are Medicaid-eligible, uninsured, underinsured, and/or American Indian or Alaska Native is provided by the Federal Vaccines for Children program.

²Should the appropriation for this account be increased in the FY 21 Revised Budget, a corresponding amount of Insurance Fund revenue would be obtained through the adjusted Health and Welfare Fee assessment (CGS Sec. 19a-7j).

The maximum annual DPH cost projection assumes, based on national 2018 Census data, that 67% of school enterers with RE have private insurance. There were 1,469 RE in Connecticut for the 2019 school year. Assuming the same number of RE in each of FY 21 and FY 22, the maximum number of privately insured individuals that could be vaccinated due to the bill is approximately 989. Currently, the cost to fully vaccinate an insured Connecticut child 0-18 years of age with all recommended vaccines is approximately \$2,400 per child (an average of \$126 annually). The cost to DPH will vary based on several factors, including: (1) the number of privately insured individuals that would have procured a RE that choose to receive DPH-recommended vaccinations, rather than leave the state or become homeschooled, (2) the number of these individuals that are already vaccinated to some extent and for which preventable childhood diseases, (3) the utilization rate of combination vaccines, (4) the types of combination vaccines used, (5) the timing of vaccine administration,³ and (6) the price of vaccines.⁴

The revenue loss to the Board of Regents for Higher Education-Community Colleges' Tuition Fund is potential because it is possible that most, or all, of such prospective new students, will choose to receive vaccinations to enroll. The potential revenue loss may reach \$900,000 annually if few such prospective students choose to comply with the vaccination requirements. This estimate is based on the number of new students enrolled in a community college who have a religious exemption from vaccination requirements (Spring 2020 data), and the FY 21 tuition and fees rate of \$1,869 for 10 credits in a semester (the average credit load of a new community college student).

The establishment of an Advisory Committee on Medically Contraindicated Vaccinations is not anticipated to result in a fiscal impact. Further, there is no fiscal impact anticipated to local and

³A child may need an extra dose of a vaccine depending on the age at which the first dose was administered.

⁴DPH purchases vaccines through a Centers for Disease Control and Prevention contract that is negotiated between the vaccine manufacturers and the Federal Government each year. Contracts run April 1st through March 31st.

regional boards of education, or the State Department of Education, as the bill does not change administrative procedures.

The Out Years

The annualized ongoing cost to DPH identified above would continue into the future subject to: (1) the number of privately insured individuals that would have procured a religious exemption that choose to receive DPH-recommended vaccinations, rather than leave the state or become homeschooled, (2) the number of these individuals that are already vaccinated to some extent and for which preventable childhood diseases, (3) the utilization rate of combination vaccines, (4) the types of combination vaccines used, (5) the timing of vaccine administration, and (6) the price of vaccines. The potential revenue loss to the community colleges will continue into the out years, dependent on the number of prospective community college students that choose not to vaccinate themselves that would have previously obtained a religious exemption, and any changes in the tuition and fees rates.

*Sources: Department of Public Health, Connecticut Vaccine Program
United States Census Bureau, Health Insurance Coverage in the United States:
2018*

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 7th 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 (7th 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)