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## **OLR Bill Analysis**

### **sSB 568**

#### ***AN ACT ELIMINATING THE NONMEDICAL EXEMPTION TO THE IMMUNIZATION REQUIREMENT.***

#### **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. 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).

The bill grandfathers in individuals enrolled in 7<sup>th</sup> grade or higher who submitted a religious exemption prior to the bill's passage. Under the bill, individuals with prior religious exemptions who are enrolled in 6<sup>th</sup> grade or below generally must comply with immunization requirements by September 1, 2022, or within 14 days after transferring to a different school or applying to enroll at a different child care facility, whichever is later.

However, the bill allows these children to extend the timeframe within which they must comply with the immunization requirements if they present a written declaration from the child's physician, physician assistant (PA), or advanced practice registered nurse (APRN) that an alternative immunization schedule is recommended.

The bill also retains current law's medical exemption from these immunization requirements for individuals who can document that the immunization is medically contraindicated.

Additionally, the bill:

1. requires the Department of Public Health (DPH), by October 1,

- 2021, to develop and post on its website a medical exemption certificate for use by physicians, PAs, and APRNs (§ 7);
2. requires DPH to release annual immunization rates for each public and private K-12 school in the state, provided the 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, 2022 (§ 8);
  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 these agencies to jointly report to the Public Health and Education committees on the evaluation annually, starting by January 1, 2022 (§ 9); and
  6. requires certain health insurance policies that cover prescription drugs to cover at least a 20-minute immunization consultation between a patient and provider for vaccines recommended by the federal Centers for Disease Control and Prevention (CDC) (§§ 10 & 11).

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

EFFECTIVE DATE: Upon passage, except for the insurance coverage provisions, which are effective January 1, 2022.

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

The bill requires the DPH commissioner, by October 1, 2021, to develop and post on the department's website, a certificate for use by

physicians, PAs, and APRNs (“providers”) that states that the provider believes that 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 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 (a) an autoimmune disorder or family history of one, (b) family history of a reaction to a vaccine, (c) genetic predisposition to a vaccine reaction determined by genetic testing, and (d) a previous documented reaction correlated to a vaccine;
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. The committee is not responsible for confirming or denying any provider determination that a vaccine is

medically contraindicated for an individual.

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 those exemptions;
3. examine whether enrolling 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 issuing 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 pediatrician and one member of the public, each appointed by the House speaker;
2. one 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 PA with experience in administering vaccines, appointed by the Senate majority leader;
5. one 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 elect a chairperson from among its members. The chairperson must schedule the first meeting, which must be held by October 1, 2021, and the committee must meet at least biannually thereafter. The committee must also report on its activities and findings to the Public Health Committee annually, starting by January 1, 2022.

### **§§ 10 & 11 — INSURANCE COVERAGE FOR IMMUNIZATION CONSULTATIONS**

The bill requires certain health insurance policies that cover prescription drugs to cover at least a 20-minute immunization consultation between a patient and a provider authorized to administer them (e.g., a physician or advanced practice registered nurse). Coverage is only for consultations on immunizations recommended for the patient by the CDC's Advisory Committee on Immunization Practices (ACIP) (see BACKGROUND).

The bill applies to individual and group health insurance policies delivered, issued, renewed, amended, or continued in Connecticut that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; or (4) hospital or medical services, including those provided under an HMO plan. Because of the federal Employee Retirement Income Security Act (ERISA), state insurance benefit mandates do not apply to self-insured benefit plans.

## **BACKGROUND**

### ***Related Bill***

sHB 6423 (File 431), favorably reported by the Public Health Committee, contains identical provisions to the bill.

### ***Religious Exemption From Immunization Requirements***

Under current law, the religious exemption statement must be officially acknowledged by one of specified individuals (e.g., notary public, town clerk, or school nurse). The parents 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 day 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 day 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).

### ***Insurance Coverage for Immunizations***

Existing law requires health insurance policies that cover prescription drugs to also cover certain immunizations for children, adolescents, and adults. Specifically, they must cover immunizations (1) recommended by the American Academy of Pediatrics, American Academy of Family Physicians, and the American College of Obstetricians and Gynecologists and (2) that have, in effect, a recommendation from the CDC's ACIP with respect to the individual involved. These include, among others, immunizations for influenza, meningitis, tetanus, HPV, hepatitis A and B, measles, mumps, rubella, and varicella.

## **COMMITTEE ACTION**

Public Health Committee

Joint Favorable

Yea 22 Nay 11 (03/31/2021)