



Senate

General Assembly

File No. 555

January Session, 2021

Substitute Senate Bill No. 568

Senate, April 21, 2021

The Committee on Public Health reported through SEN. DAUGHERTY ABRAMS of the 13th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT ELIMINATING THE NONMEDICAL EXEMPTION TO THE IMMUNIZATION REQUIREMENT.

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 Section 10-204a of the general statutes is repealed and the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 from passage*):

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

49 board of education, be paid by the town. Before being permitted to enter
50 seventh grade, the parents or guardian of any child who is exempt on
51 religious grounds from the immunization requirements of this section,
52 pursuant to subdivision (3) of this subsection, shall present to such
53 school a statement that such immunization requirements are contrary to
54 the religious beliefs of such child or the parents or guardian of such
55 child, which statement shall be acknowledged, in accordance with the
56 provisions of sections 1-32, 1-34 and 1-35, by (A) a judge of a court of
57 record or a family support magistrate, (B) a clerk or deputy clerk of a
58 court having a seal, (C) a town clerk, (D) a notary public, (E) a justice of
59 the peace, (F) an attorney admitted to the bar of this state, or (G)
60 notwithstanding any provision of chapter 6, a school nurse.] The
61 statement described in subparagraph (B) of subdivision (1) of this
62 subsection shall be acknowledged, in accordance with the provisions of
63 sections 1-32, 1-34 and 1-35, by a judge of a court of record or a family
64 support magistrate, a clerk or deputy clerk of a court having a seal, a
65 town clerk, a notary public, a justice of the peace, an attorney admitted
66 to the bar of this state, or, notwithstanding any provision of chapter 6, a
67 school nurse.

68 (b) The immunization requirements provided for in subsection (a) of
69 this section shall not apply to any child who is enrolled in seventh grade
70 through twelfth grade on or before the effective date of this section if
71 such child presented a statement, prior to the effective date of this
72 section, from the parents or guardian of such child that such
73 immunization is contrary to the religious beliefs of such child or the
74 parents or guardian of such child, and such statement was
75 acknowledged, in accordance with the provisions of sections 1-32, 1-34
76 and 1-35, by (1) a judge of a court of record or a family support
77 magistrate, (2) a clerk or deputy clerk of a court having a seal, (3) a town
78 clerk, (4) a notary public, (5) a justice of the peace, (6) an attorney
79 admitted to the bar of this state, or (7) notwithstanding any provision of
80 chapter 6, a school nurse.

81 (c) Any child who is enrolled in sixth grade or below prior to the
82 effective date of this section who presented a statement, prior to the

83 effective date of this section, from the parents or guardian of such child
84 that the immunization is contrary to the religious beliefs of such child
85 or the parents or guardian of such child, which statement was
86 acknowledged, in accordance with the provisions of sections 1-32, 1-34
87 and 1-35, by (1) a judge of a court of record or a family support
88 magistrate, (2) a clerk or deputy clerk of a court having a seal, (3) a town
89 clerk, (4) a notary public, (5) a justice of the peace, (6) an attorney
90 admitted to the bar of this state, or (7) notwithstanding any provision of
91 chapter 6, a school nurse, but did not present a written declaration from
92 a physician, a physician assistant or an advanced practice registered
93 nurse stating that additional immunizations are in process as
94 recommended by such physician, physician assistant or advanced
95 practice registered nurse, rather than as recommended under guidelines
96 and schedules specified by the Commissioner of Public Health, shall
97 comply with the immunization requirements provided for in
98 subparagraph (A) of subdivision (1) of subsection (a) of this section on
99 or before September 1, 2022, or not later than fourteen days after
100 transferring to a program operated by a public or nonpublic school
101 under the jurisdiction of a local or regional board of education or similar
102 body governing a nonpublic school or schools, whichever is later.

103 (d) If the parents or guardian of any child are unable to pay for any
104 immunization required by subsection (a) of this section, the expense of
105 such immunization shall, on the recommendation of such child's local
106 or regional board of education, or similar body governing a nonpublic
107 school or schools, be paid by the town.

108 [(b)] (e) The definitions of adequate immunization shall reflect the
109 schedule for active immunization adopted pursuant to section 19a-7f
110 and be established by regulation adopted in accordance with the
111 provisions of chapter 54 by the Commissioner of Public Health, who
112 shall also be responsible for providing procedures under which [said]
113 such boards and [said] such similar governing bodies shall collect and
114 report immunization data on each child to the Department of Public
115 Health for (1) compilation and analysis by [said] the department, and
116 (2) release by the department of annual immunization rates for each

117 public and nonpublic school in the state, provided such immunization
118 data may not contain information that identifies a specific individual.

119 [(c)] (f) The Commissioner of Public Health may issue a temporary
120 waiver to the schedule for active immunization for any vaccine if the
121 National Centers for Disease Control and Prevention recognizes a
122 nation-wide shortage of supply for such vaccine.

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

125 (a) All information, records of interviews, written reports, statements,
126 notes, memoranda or other data, including personal data as defined in
127 subdivision (9) of section 4-190, procured by: [the] (1) The Department
128 of Public Health, by staff committees of facilities accredited by the
129 Department of Public Health or the maternity mortality review
130 committee, established pursuant to section 19a-59i, in connection with
131 studies of morbidity and mortality conducted by the Department of
132 Public Health, such staff committees or the maternal mortality review
133 committee, or carried on by said department, such staff committees or
134 the maternal mortality review committee jointly with other persons,
135 agencies or organizations, [or procured by] (2) the directors of health of
136 towns, cities or boroughs or the Department of Public Health pursuant
137 to section 19a-215, or [procured by] (3) such other persons, agencies or
138 organizations, for the purpose of reducing the morbidity or mortality
139 from any cause or condition, shall be confidential and shall be used
140 solely for the purposes of medical or scientific research and, for
141 information obtained pursuant to section 19a-215, disease prevention
142 and control by the local director of health and the Department of Public
143 Health. Such information, records, reports, statements, notes,
144 memoranda or other data shall not be admissible as evidence in any
145 action of any kind in any court or before any other tribunal, board,
146 agency or person, nor shall it be exhibited or its contents disclosed in
147 any way, in whole or in part, by any officer or representative of the
148 Department of Public Health or of any such facility, by any person
149 participating in such a research project or by any other person, except

150 as may be necessary for the purpose of furthering the research project to
151 which it relates.

152 (b) Notwithstanding the provisions of chapter 55, the Department of
153 Public Health may exchange personal data for the purpose of medical
154 or scientific research, with any other governmental agency or private
155 research organization; provided such state, governmental agency or
156 private research organization shall not further disclose such personal
157 data. The Commissioner of Public Health shall adopt regulations, in
158 accordance with the provisions of chapter 54, consistent with the
159 purposes of this section to establish the procedures to ensure the
160 confidentiality of such disclosures. The furnishing of such information
161 to the Department of Public Health or its authorized representative, or
162 to any other agency cooperating in such a research project, shall not
163 subject any person, hospital, [sanitarium] behavioral health facility, rest
164 home, nursing home or other person or agency furnishing such
165 information to any action for damages or other relief because of such
166 disclosure. [This section shall not be deemed to affect disclosure.]

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

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

177 (a) Each institution of higher education shall require each full-time or
178 matriculating student born after December 31, 1956, to provide proof of
179 adequate immunization against measles, rubella, [and on and after
180 August 1, 2010, to provide proof of adequate immunization against]
181 mumps and varicella as recommended by the national Advisory
182 Committee for Immunization Practices before permitting such student

183 to enroll in such institution. [Any such]

184 (b) Notwithstanding the provisions of subsection (a) of this section,
185 any student who (1) presents a certificate, in a form prescribed by the
186 Commissioner of Public Health pursuant to section 7 of this act, from a
187 physician, a physician assistant or an advanced practice registered nurse
188 stating that in the opinion of such physician, physician assistant or
189 advanced practice registered nurse such immunization is medically
190 contraindicated, (2) [provides] prior to the effective date of this section,
191 provided a statement that such immunization [would be] is contrary to
192 his or her religious beliefs, (3) presents a certificate from a physician, a
193 physician assistant, an advanced practice registered nurse or the
194 director of health in the student's present or previous town of residence,
195 stating that the student has had a confirmed case of such disease, (4) is
196 enrolled exclusively in a program for which students do not congregate
197 on campus for classes or to participate in institutional-sponsored events,
198 such as students enrolled in distance learning programs for
199 individualized home study or programs conducted entirely through
200 electronic media in a setting without other students present, or (5)
201 graduated from a public or nonpublic high school in this state in 1999 or
202 later and was not exempt from the measles, rubella and [on and after
203 August 1, 2010, the] mumps vaccination requirement pursuant to
204 subdivision (2) [or (3)] of subsection (a) of section 10-204a, as amended
205 by this act, shall be exempt from the appropriate provisions of this
206 section.

207 [(b)] (c) Each institution of higher education shall keep uniform
208 records of the immunizations and immunization status of each student,
209 based on the certificate of immunization or other evidence acceptable
210 pursuant to subsection [(a)] (b) of this section. The record shall be part
211 of the student's permanent record. By November first of each year, the
212 chief administrative officer of each institution of higher education shall
213 cause to be submitted to the Commissioner of Public Health, on a form
214 provided by the commissioner, a summary report of the immunization
215 status of all students enrolling in such institution.

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

219 (a) For students who first enroll in the 2014-2015 school year, and first
220 enroll in each school year thereafter, each public or private college or
221 university in this state shall require that each student who resides in on-
222 campus housing be vaccinated against meningitis and submit evidence
223 of having received a meningococcal conjugate vaccine not more than
224 five years before enrollment as a condition of such residence. The
225 provisions of this subsection shall not apply to any such student who (1)
226 presents a certificate, in a form prescribed by the Commissioner of
227 Public Health pursuant to section 7 of this act, from a physician, an
228 advanced practice registered nurse or a physician assistant stating that,
229 in the opinion of such physician, advanced practice registered nurse or
230 physician assistant, such vaccination is medically contraindicated
231 because of the physical condition of such student, or (2) [presents] prior
232 to the effective date of this section, presented a statement that such
233 vaccination [would be] is contrary to the religious beliefs of such
234 student.

235 Sec. 5. Section 19a-79 of the general statutes is repealed and the
236 following is substituted in lieu thereof (*Effective from passage*):

237 (a) The Commissioner of Early Childhood shall adopt regulations, in
238 accordance with the provisions of chapter 54, to carry out the purposes
239 of sections 19a-77 to 19a-80, inclusive, and 19a-82 to 19a-87, inclusive,
240 and to assure that child care centers and group child care homes meet
241 the health, educational and social needs of children utilizing such child
242 care centers and group child care homes. Such regulations shall (1)
243 specify that before being permitted to attend any child care center or
244 group child care home, each child shall be protected as age-appropriate
245 by adequate immunization against diphtheria, pertussis, tetanus,
246 poliomyelitis, measles, mumps, rubella, [hemophilus] haemophilus
247 influenzae type B and any other vaccine required by the schedule of
248 active immunization adopted pursuant to section 19a-7f, [including

249 appropriate exemptions for children for whom such immunization is
250 medically contraindicated and for children whose parent or guardian
251 objects to such immunization on religious grounds, and that any
252 objection by a parent or a guardian to immunization of a child on
253 religious grounds shall be accompanied by a statement from such parent
254 or guardian that such immunization would be contrary to the religious
255 beliefs of such child or the parent or guardian of such child, which
256 statement shall be acknowledged, in accordance with the provisions of
257 sections 1-32, 1-34 and 1-35, by (A) a judge of a court of record or a family
258 support magistrate, (B) a clerk or deputy clerk of a court having a seal,
259 (C) a town clerk, (D) a notary public, (E) a justice of the peace, or (F) an
260 attorney admitted to the bar of this state,] (2) specify conditions under
261 which child care center directors and teachers and group child care
262 home providers may administer tests to monitor glucose levels in a child
263 with diagnosed diabetes mellitus, and administer medicinal
264 preparations, including controlled drugs specified in the regulations by
265 the commissioner, to a child receiving child care services at such child
266 care center or group child care home pursuant to the written order of a
267 physician licensed to practice medicine or a dentist licensed to practice
268 dental medicine in this or another state, or an advanced practice
269 registered nurse licensed to prescribe in accordance with section 20-94a,
270 or a physician assistant licensed to prescribe in accordance with section
271 20-12d, and the written authorization of a parent or guardian of such
272 child, (3) specify that an operator of a child care center or group child
273 care home, licensed before January 1, 1986, or an operator who receives
274 a license after January 1, 1986, for a facility licensed prior to January 1,
275 1986, shall provide a minimum of thirty square feet per child of total
276 indoor usable space, free of furniture except that needed for the
277 children's purposes, exclusive of toilet rooms, bathrooms, coatrooms,
278 kitchens, halls, isolation room or other rooms used for purposes other
279 than the activities of the children, (4) specify that a child care center or
280 group child care home licensed after January 1, 1986, shall provide
281 thirty-five square feet per child of total indoor usable space, (5) establish
282 appropriate child care center staffing requirements for employees
283 certified in cardiopulmonary resuscitation by the American Red Cross,

284 the American Heart Association, the National Safety Council, American
285 Safety and Health Institute, Medic First Aid International, Inc. or an
286 organization using guidelines for cardiopulmonary resuscitation and
287 emergency cardiovascular care published by the American Heart
288 Association and International Liaison Committee on Resuscitation, (6)
289 specify that [on and after January 1, 2003,] a child care center or group
290 child care home (A) shall not deny services to a child on the basis of a
291 child's known or suspected allergy or because a child has a prescription
292 for an automatic prefilled cartridge injector or similar automatic
293 injectable equipment used to treat an allergic reaction, or for injectable
294 equipment used to administer glucagon, (B) shall, not later than three
295 weeks after such child's enrollment in such a center or home, have staff
296 trained in the use of such equipment on-site during all hours when such
297 a child is on-site, (C) shall require such child's parent or guardian to
298 provide the injector or injectable equipment and a copy of the
299 prescription for such medication and injector or injectable equipment
300 upon enrollment of such child, and (D) shall require a parent or
301 guardian enrolling such a child to replace such medication and
302 equipment prior to its expiration date, (7) specify that [on and after
303 January 1, 2005,] a child care center or group child care home (A) shall
304 not deny services to a child on the basis of a child's diagnosis of asthma
305 or because a child has a prescription for an inhalant medication to treat
306 asthma, and (B) shall, not later than three weeks after such child's
307 enrollment in such a center or home, have staff trained in the
308 administration of such medication on-site during all hours when such a
309 child is on-site, and (8) establish physical plant requirements for
310 licensed child care centers and licensed group child care homes that
311 exclusively serve school-age children. When establishing such
312 requirements, the Office of Early Childhood shall give consideration to
313 child care centers and group child care homes that are located in private
314 or public school buildings. With respect to this subdivision only, the
315 commissioner shall implement policies and procedures necessary to
316 implement the physical plant requirements established pursuant to this
317 subdivision while in the process of adopting such policies and
318 procedures in regulation form. Until replaced by policies and

319 procedures implemented pursuant to this subdivision, any physical
320 plant requirement specified in the office's regulations that is generally
321 applicable to child care centers and group child care homes shall
322 continue to be applicable to such centers and homes that exclusively
323 serve school-age children. The commissioner shall [print] post notice of
324 the intent to adopt regulations pursuant to this subdivision on the
325 eRegulations System not later than twenty days after the date of
326 implementation of such policies and procedures. Policies and
327 procedures implemented pursuant to this subdivision shall be valid
328 until the time final regulations are adopted.

329 (b) Any child who (1) presents a certificate, in a form prescribed by
330 the Commissioner of Public Health pursuant to section 7 of this act,
331 signed by a physician, a physician assistant or an advanced practice
332 registered nurse stating that, in the opinion of such physician, physician
333 assistant or advanced practice registered nurse, the immunizations
334 required pursuant to regulations adopted pursuant to subdivision (1) of
335 subsection (a) of this section are medically contraindicated, (2) in the
336 case of a child who is enrolled in seventh grade through twelfth grade,
337 presented a statement, prior to the effective date of this section, that such
338 immunizations are contrary to the religious beliefs of such child or the
339 parents or guardian of such child, or (3) in the case of a child who is
340 enrolled in sixth grade or below, (A) presented a statement, prior to the
341 effective date of this section, that such immunizations are contrary to
342 the religious beliefs of such child or the parents or guardian of such
343 child, and (B) presents a written declaration, in a form prescribed by the
344 Commissioner of Public Health, from a physician, a physician assistant
345 or an advanced practice registered nurse stating that an immunization
346 against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps,
347 rubella, haemophilus influenzae type B and any other vaccine required
348 by the schedule of active immunization adopted pursuant to section
349 19a-7f has been given to such child and that any additional necessary
350 immunizations of such student against diphtheria, pertussis, tetanus,
351 poliomyelitis, measles, mumps, rubella, haemophilus influenzae type B
352 and any other vaccine required by such schedule of active immunization
353 are in process under guidelines specified by the Commissioner of Public

354 Health or as recommended for the child by the physician, physician
355 assistant or advanced practice registered nurse, shall be exempt from
356 the immunization requirements set forth in such regulations. The
357 statement described in subparagraph (A) of subdivision (3) of this
358 subsection shall be acknowledged, in accordance with the provisions of
359 sections 1-32, 1-34 and 1-35, by a judge of a court of record or a family
360 support magistrate, a clerk or deputy clerk of a court having a seal, a
361 town clerk, a notary public, a justice of the peace, or an attorney
362 admitted to the bar of this state.

363 (c) Any child who is enrolled in sixth grade or below on or before the
364 effective date of this section who presented, prior to the effective date of
365 this section, the statement described in subparagraph (A) of subdivision
366 (3) of subsection (b) of this section, but did not present the written
367 declaration described in subparagraph (B) of subdivision (3) of
368 subsection (b) of this section, shall comply, on or before September 1,
369 2022, or not later than fourteen days after applying to enroll in the child
370 care center or group child care home, whichever is later, with the
371 immunization requirements set forth in the regulations adopted
372 pursuant to subdivision (1) of subsection (a) of this section.

373 ~~[(b)]~~ (d) The commissioner may adopt regulations, pursuant to
374 chapter 54, to establish civil penalties of not more than one hundred
375 dollars per day for each day of violation and other disciplinary remedies
376 that may be imposed, following a contested-case hearing, upon the
377 holder of a license issued under section 19a-80 to operate a child care
378 center or group child care home or upon the holder of a license issued
379 under section 19a-87b, as amended by this act, to operate a family child
380 care home.

381 ~~[(c)]~~ (e) The commissioner shall exempt Montessori schools
382 accredited by the American Montessori Society or the Association
383 Montessori Internationale from any provision in regulations adopted
384 pursuant to subsection (a) of this section which sets requirements on
385 group size or child to staff ratios or the provision of cots.

386 ~~[(d)]~~ (f) Upon the declaration by the Governor of a civil preparedness

387 emergency pursuant to section 28-9 or a public health emergency
388 pursuant to section 19a-131a, the commissioner may waive the
389 provisions of any regulation adopted pursuant to this section if the
390 commissioner determines that such waiver would not endanger the life,
391 safety or health of any child. The commissioner shall prescribe the
392 duration of such waiver, provided such waiver shall not extend beyond
393 the duration of the declared emergency. The commissioner shall
394 establish the criteria by which a waiver request shall be made and the
395 conditions for which a waiver will be granted or denied. The provisions
396 of section 19a-84 shall not apply to a denial of a waiver request under
397 this subsection.

398 ~~[(e)]~~ (g) Any child care center or group child care home may provide
399 child care services to homeless children and youths, as defined in 42
400 USC 11434a, as amended from time to time, for a period not to exceed
401 ninety days without complying with any provision in regulations
402 adopted pursuant to this section relating to immunization and physical
403 examination requirements. Any child care center or group child care
404 home that provides child care services to homeless children and youths
405 at such center or home under this subsection shall maintain a record on
406 file of all homeless children and youths who have attended such center
407 or home for a period of two years after such homeless children or youths
408 are no longer receiving child care services at such center or home.

409 ~~[(f)]~~ (h) Any child care center or group child care home may provide
410 child care services to a foster child for a period not to exceed forty-five
411 days without complying with any provision in regulations adopted
412 pursuant to this section relating to immunization and physical
413 examination requirements. Any child care center or group child care
414 home that provides child care services to a foster child at such center or
415 home under this subsection shall maintain a record on file of such foster
416 child for a period of two years after such foster child is no longer
417 receiving child care services at such center or home. For purposes of this
418 subsection, "foster child" means a child who is in the care and custody
419 of the Commissioner of Children and Families and placed in a foster
420 home licensed pursuant to section 17a-114, foster home approved by a

421 child-placing agency licensed pursuant to section 17a-149, facility
422 licensed pursuant to section 17a-145 or with a relative or fictive kin
423 caregiver pursuant to section 17a-114.

424 Sec. 6. Section 19a-87b of the general statutes is repealed and the
425 following is substituted in lieu thereof (*Effective from passage*):

426 (a) No person, group of persons, association, organization,
427 corporation, institution or agency, public or private, shall maintain a
428 family child care home, as defined in section 19a-77, without a license
429 issued by the Commissioner of Early Childhood. Licensure forms shall
430 be obtained from the Office of Early Childhood. Applications for
431 licensure shall be made to the commissioner on forms provided by the
432 office and shall contain the information required by regulations adopted
433 under this section. The licensure and application forms shall contain a
434 notice that false statements made therein are punishable in accordance
435 with section 53a-157b. Applicants shall state, in writing, that they are in
436 compliance with the regulations adopted by the commissioner pursuant
437 to subsection (f) of this section. Before a family child care home license
438 is granted, the office shall make an inquiry and investigation which shall
439 include a visit and inspection of the premises for which the license is
440 requested. Any inspection conducted by the office shall include an
441 inspection for evident sources of lead poisoning. The office shall provide
442 for a chemical analysis of any paint chips found on such premises.
443 Neither the commissioner nor the commissioner's designee shall require
444 an annual inspection for homes seeking license renewal or for licensed
445 homes, except that the commissioner or the commissioner's designee
446 shall make an unannounced visit, inspection or investigation of each
447 licensed family child care home at least once every year. A licensed
448 family child care home shall not be subject to any conditions on the
449 operation of such home by local officials, other than those imposed by
450 the office pursuant to this subsection, if the home complies with all local
451 codes and ordinances applicable to single and multifamily dwellings.

452 (b) No person shall act as an assistant or substitute staff member to a
453 person or entity maintaining a family child care home, as defined in

454 section 19a-77, without an approval issued by the commissioner. Any
455 person seeking to act as an assistant or substitute staff member in a
456 family child care home shall submit an application for such approval to
457 the office. Applications for approval shall: (1) Be made to the
458 commissioner on forms provided by the office, (2) contain the
459 information required by regulations adopted under this section, and (3)
460 be accompanied by a fee of fifteen dollars. The approval application
461 forms shall contain a notice that false statements made in such form are
462 punishable in accordance with section 53a-157b.

463 (c) The commissioner, within available appropriations, shall require
464 each initial applicant or prospective employee of a family child care
465 home in a position requiring the provision of care to a child, including
466 an assistant or substitute staff member and each household member
467 who is sixteen years of age or older, to submit to comprehensive
468 background checks, including state and national criminal history
469 records checks. The criminal history records checks required pursuant
470 to this subsection shall be conducted in accordance with section 29-17a.
471 The commissioner shall also request a check of the state child abuse
472 registry established pursuant to section 17a-101k. The commissioner
473 shall notify each licensee of the provisions of this subsection. For
474 purposes of this subsection, "household member" means any person,
475 other than the person who is licensed to conduct, operate or maintain a
476 family child care home, who resides in the family child care home, such
477 as the licensee's spouse or children, tenants and any other occupant.

478 (d) An application for initial licensure pursuant to this section shall
479 be accompanied by a fee of forty dollars and such license shall be issued
480 for a term of four years. An application for renewal of a license issued
481 pursuant to this section shall be accompanied by a fee of forty dollars
482 and a certification from the licensee that any child enrolled in the family
483 child care home has received age-appropriate immunizations in
484 accordance with regulations adopted pursuant to subsection (f) of this
485 section. A license issued pursuant to this section shall be renewed for a
486 term of four years. In the case of an applicant submitting an application
487 for renewal of a license that has expired, and who has ceased operations

488 of a family child care home due to such expired license, the
489 commissioner may renew such expired license within thirty days of the
490 date of such expiration upon receipt of an application for renewal that
491 is accompanied by such fee and such certification.

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

495 (f) The commissioner shall adopt regulations, in accordance with the
496 provisions of chapter 54, to assure that family child care homes, as
497 defined in section 19a-77, meet the health, educational and social needs
498 of children utilizing such homes. Such regulations shall ensure that the
499 family child care home is treated as a residence, and not an institutional
500 facility. Such regulations shall specify that each child be protected as
501 age-appropriate by adequate immunization against diphtheria,
502 pertussis, tetanus, poliomyelitis, measles, mumps, rubella,
503 [hemophilus] haemophilus influenzae type B and any other vaccine
504 required by the schedule of active immunization adopted pursuant to
505 section 19a-7f. [Such regulations shall provide appropriate exemptions
506 for children for whom such immunization is medically contraindicated
507 and for children whose parents or guardian objects to such
508 immunization on religious grounds and require that any such objection
509 be accompanied by a statement from such parents or guardian that such
510 immunization would be contrary to the religious beliefs of such child or
511 the parents or guardian of such child, which statement shall be
512 acknowledged, in accordance with the provisions of sections 1-32, 1-34
513 and 1-35, by (1) a judge of a court of record or a family support
514 magistrate, (2) a clerk or deputy clerk of a court having a seal, (3) a town
515 clerk, (4) a notary public, (5) a justice of the peace, or (6) an attorney
516 admitted to the bar of this state.] Such regulations shall also specify
517 conditions under which family child care home providers may
518 administer tests to monitor glucose levels in a child with diagnosed
519 diabetes mellitus, and administer medicinal preparations, including
520 controlled drugs specified in the regulations by the commissioner, to a
521 child receiving child care services at a family child care home pursuant

522 to a written order of a physician licensed to practice medicine in this or
523 another state, an advanced practice registered nurse licensed to
524 prescribe in accordance with section 20-94a or a physician assistant
525 licensed to prescribe in accordance with section 20-12d, and the written
526 authorization of a parent or guardian of such child. Such regulations
527 shall specify appropriate standards for extended care and intermittent
528 short-term overnight care. The commissioner shall inform each licensee,
529 by way of a plain language summary provided not later than sixty days
530 after the regulation's effective date, of any new or changed regulations
531 adopted under this subsection with which a licensee must comply.

532 (g) Any child who (1) presents a certificate, in a form prescribed by
533 the Commissioner of Public Health pursuant to section 7 of this act,
534 signed by a physician, a physician assistant or an advanced practice
535 registered nurse stating that, in the opinion of such physician, physician
536 assistant or advanced practice registered nurse, the immunizations
537 required pursuant to regulations adopted pursuant to subsection (f) of
538 this section are medically contraindicated, (2) in the case of a child who
539 is enrolled in seventh grade through twelfth grade, presented a
540 statement, prior to the effective date of this section, that such
541 immunizations are contrary to the religious beliefs of such child or the
542 parents or guardian of such child, or (3) in the case of a child who is
543 enrolled in sixth grade or below, (A) presented a statement, prior to the
544 effective date of this section, that such immunizations are contrary to
545 the religious beliefs of such child or the parents or guardian of such
546 child, and (B) presents a written declaration, in a form prescribed by the
547 Commissioner of Public Health, from a physician, physician assistant or
548 advanced practice registered nurse stating that an immunization against
549 diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella,
550 haemophilus influenzae type B and any other vaccine required by the
551 schedule of active immunization adopted pursuant to section 19a-7f has
552 been given to such child and that any additional necessary
553 immunizations of such student against diphtheria, pertussis, tetanus,
554 poliomyelitis, measles, mumps, rubella, haemophilus influenzae type B
555 and any other vaccine required by such schedule of active immunization
556 are in process under guidelines specified by the Commissioner of Public

557 Health or as recommended for the child by the physician, physician
558 assistant or advanced practice registered nurse, shall be exempt from
559 the immunization requirements set forth in such regulations. The
560 statement described in subparagraph (A) of subdivision (3) of this
561 subsection shall be acknowledged, in accordance with the provisions of
562 sections 1-32, 1-34 and 1-35, by (i) a judge of a court of record or a family
563 support magistrate, (ii) a clerk or deputy clerk of a court having a seal,
564 (iii) a town clerk, (iv) a notary public, (v) a justice of the peace, or (vi) an
565 attorney admitted to the bar of this state.

566 (h) Any child who is enrolled in sixth grade or below on or before the
567 effective date of this section who presented, prior to the effective date of
568 this section, the statement described in subparagraph (A) of subdivision
569 (3) of subsection (g) of this section, but did not present the written
570 declaration described in subparagraph (B) of subdivision (3) of
571 subsection (g) of this section shall comply, on or before September 1,
572 2022, or not later than fourteen days after applying to enroll in the family
573 child care home, whichever is later, with the immunization
574 requirements set forth in the regulations adopted pursuant to subsection
575 (f) of this section.

576 [(g)] (i) Upon the declaration by the Governor of a civil preparedness
577 emergency pursuant to section 28-9 or a public health emergency
578 pursuant to section 19a-131a, the commissioner may waive the
579 provisions of any regulation adopted pursuant to this section if the
580 commissioner determines that such waiver would not endanger the life,
581 safety or health of any child. The commissioner shall prescribe the
582 duration of such waiver, provided such waiver shall not extend beyond
583 the duration of the declared emergency. The commissioner shall
584 establish the criteria by which a waiver request shall be made and the
585 conditions for which a waiver will be granted or denied. The provisions
586 of section 19a-84 shall not apply to a denial of a waiver request under
587 this subsection.

588 [(h)] (j) Any family child care home may provide child care services
589 to homeless children and youths, as defined in 42 USC 11434a, as

590 amended from time to time, for a period not to exceed ninety days
591 without complying with any provision in regulations adopted pursuant
592 to this section relating to immunization and physical examination
593 requirements. Any family child care home that provides child care
594 services to homeless children and youths at such home under this
595 subsection shall maintain a record on file of all homeless children and
596 youths who have attended such home for a period of two years after
597 such homeless children or youths are no longer receiving child care
598 services at such home.

599 [(i)] (k) Any family child care home may provide child care services
600 to a foster child for a period not to exceed forty-five days without
601 complying with any provision in regulations adopted pursuant to this
602 section relating to immunization and physical examination
603 requirements. Any family child care home that provides child care
604 services to a foster child at such home under this subsection shall
605 maintain a record on file of such foster child for a period of two years
606 after such foster child is no longer receiving child care services at such
607 home. For purposes of this subsection, "foster child" means a child who
608 is in the care and custody of the Commissioner of Children and Families
609 and placed in a foster home licensed pursuant to section 17a-114, foster
610 home approved by a child-placing agency licensed pursuant to section
611 17a-149, facility licensed pursuant to section 17a-145 or with a relative
612 or fictive kin caregiver pursuant to section 17a-114.

613 Sec. 7. (NEW) (*Effective from passage*) On or before October 1, 2021, the
614 Commissioner of Public Health shall develop and make available on the
615 Internet web site of the Department of Public Health a certificate for use
616 by a physician, physician assistant or advanced practice registered
617 nurse stating that, in the opinion of such physician, physician assistant
618 or advanced practice registered nurse, a vaccination required by the
619 general statutes is medically contraindicated for a person because of the
620 physical condition of such person. The certificate shall include (1)
621 definitions of the terms "contraindication" and "precaution"; (2) a list of
622 contraindications and precautions recognized by the National Centers
623 for Disease Control and Prevention for each of the statutorily required

624 vaccinations, from which the physician, physician assistant or advanced
625 practice registered nurse may select the relevant contraindication or
626 precaution on behalf of such person; (3) a section in which the physician,
627 physician assistant or advanced practice registered nurse may record a
628 contraindication or precaution that is not recognized by the National
629 Centers for Disease Control and Prevention, but in his or her discretion,
630 results in the vaccination being medically contraindicated, including,
631 but not limited to, any autoimmune disorder, family history of any
632 autoimmune disorder, family history of any reaction to a vaccination,
633 genetic predisposition to any reaction to a vaccination as determined
634 through genetic testing and a previous documented reaction of a person
635 that is correlated to a vaccination; (4) a section in which the physician,
636 physician assistant or advanced practice registered nurse may include a
637 written explanation for the exemption from any statutorily required
638 vaccinations; (5) a section requiring the signature of the physician,
639 physician assistant or advanced practice registered nurse; (6) a
640 requirement that the physician, physician assistant or advanced practice
641 registered nurse attach such person's most current immunization
642 record; and (7) a synopsis of the grounds for any order of quarantine or
643 isolation pursuant to section 19a-131b of the general statutes.

644 Sec. 8. (NEW) (*Effective from passage*) (a) There is established an
645 Advisory Committee on Medically Contraindicated Vaccinations within
646 the Department of Public Health for the purpose of advising the
647 Commissioner of Public Health on issues concerning exemptions from
648 state or federal requirements for vaccinations that result from a
649 physician, physician assistant or advanced practice registered nurse
650 stating that a vaccination is medically contraindicated for a person due
651 to the medical condition of such person. Said advisory committee shall
652 not be responsible for confirming or denying any determination by a
653 physician, physician assistant or advanced practice registered nurse that
654 a vaccination is medically contraindicated for a specific individual. In
655 order to carry out its duties, the advisory committee shall (1) have access
656 to the childhood immunization registry established by the department
657 pursuant to section 19a-7h of the general statutes; (2) evaluate the
658 process used by the department in collecting data concerning

659 exemptions resulting from a vaccination being medically
660 contraindicated and whether the department should have any oversight
661 over such exemptions; (3) examine whether enrollment of an
662 unvaccinated child into a program operated by a public or nonpublic
663 school, institution of higher education, child care center or group child
664 care home should be conditioned upon the child meeting certain
665 criteria; (4) calculate the ratio of school nurses to students in each public
666 and nonpublic school in the state and the funding issues surrounding
667 such ratio; (5) assess whether immunizations should be required more
668 frequently than prior to enrollment into a program operated by a public
669 or nonpublic school and prior to entering seventh grade; and (6)
670 determine whether (A) there are any discrepancies in the issuance of
671 certificates stating that a vaccine is medically contraindicated, and (B) to
672 recommend continuing education of physicians, physician assistants or
673 advanced practice registered nurses in vaccine contraindications and
674 precautions. All information obtained by the advisory committee from
675 such registry shall be confidential pursuant to section 19a-25 of the
676 general statutes, as amended by this act.

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

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

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

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

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

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

695 (6) One appointed by the minority leader of the Senate, who shall be
696 a representative of the Connecticut Chapter of the American Academy
697 of Pediatrics;

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

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

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

704 (c) The members of the advisory committee shall elect a chairperson
705 of the advisory committee from among its members. Such chairperson
706 shall schedule the first meeting of the advisory committee, which shall
707 be held not later than October 1, 2021. The advisory committee shall
708 meet not less than biannually. On or before January 1, 2022, and
709 annually thereafter, the committee shall report, in accordance with the
710 provisions of section 11-4a of the general statutes, on its activities and
711 findings to the joint standing committee of the General Assembly
712 having cognizance of matters relating to public health.

713 Sec. 9. (NEW) (*Effective from passage*) The Department of Public
714 Health, in collaboration with the state Department of Education and the
715 Office of Early Childhood, shall evaluate all of the data collected by said
716 departments concerning exemptions from immunization requirements.
717 Not later than January 1, 2022, and annually thereafter, the
718 Commissioners of Public Health, Education and Early Childhood shall
719 jointly report, in accordance with the provisions of section 11-4a of the
720 general statutes, to the joint standing committees of the General
721 Assembly having cognizance of matters relating to public health and

722 education regarding the evaluation of such data.

723 Sec. 10. Subsection (a) of section 38a-492r of the general statutes is
724 repealed and the following is substituted in lieu thereof (*Effective January*
725 *1, 2022*):

726 (a) Each individual health insurance policy providing coverage of the
727 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469
728 delivered, issued for delivery, renewed, amended or continued in this
729 state that provides coverage for prescription drugs shall provide
730 [coverage for] (1) coverage for immunizations recommended by the
731 American Academy of Pediatrics, American Academy of Family
732 Physicians and the American College of Obstetricians and
733 Gynecologists, and (2) with respect to immunizations that have in effect
734 a recommendation from the Advisory Committee on Immunization
735 Practices of the Centers for Disease Control and Prevention with respect
736 to the individual involved, coverage for such immunizations and at least
737 a twenty-minute consultation between such individual and a health care
738 provider authorized to administer such immunizations to such
739 individual.

740 Sec. 11. Subsection (a) of section 38a-518r of the general statutes is
741 repealed and the following is substituted in lieu thereof (*Effective January*
742 *1, 2022*):

743 (a) Each group health insurance policy providing coverage of the type
744 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469
745 delivered, issued for delivery, renewed, amended or continued in this
746 state that provides coverage for prescription drugs shall provide
747 [coverage for] (1) coverage for immunizations recommended by the
748 American Academy of Pediatrics, American Academy of Family
749 Physicians and the American College of Obstetricians and
750 Gynecologists, and (2) with respect to immunizations that have in effect
751 a recommendation from the Advisory Committee on Immunization
752 Practices of the Centers for Disease Control and Prevention with respect
753 to the individual involved, coverage for such immunizations and at least
754 a twenty-minute consultation between such individual and a health care

755 provider authorized to administer such immunizations to such
 756 individual.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	10-204a
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
Sec. 10	<i>January 1, 2022</i>	38a-492r(a)
Sec. 11	<i>January 1, 2022</i>	38a-518r(a)

Statement of Legislative Commissioners:

In Sections 1(b), 1(c), 1(d), 5(b) and 6(g), references to "guardians" were changed to "guardian" for consistency, in Section 3(b), "subdivision (2) or (3)" was changed to "subdivision (2) [or (3)]" for accuracy and in Sections 10 and 11, "prescribe" was changed to "administer" for clarity.

PH *Joint Favorable Subst. -LCO*

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 22 \$	FY 23 \$
Board of Regents for Higher Education	Various - Potential Revenue Loss	Less than 1.4 million	Less than 1.4 million
Public Health, Dept.	IF - Cost	Less than 479,000	Less than 107,000

Note: Various=Various; IF=Insurance Fund

Municipal Impact: None

Explanation

This bill eliminates the religious exemption 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 \$479,000 in FY 22 and less than \$107,000 in FY 23 to purchase vaccines for privately insured children who would not have been vaccinated in the absence of the passage of the bill.¹

The bill grandfathers in individuals enrolled in 7th 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 6th grade or below generally must comply with immunization requirements.

¹ Funding 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.

The maximum DPH cost projection assumes, based on national 2018 Census data, that 67% of school enterers with religious exemptions have private insurance. There were 8,328 religious exemptions in Connecticut for the 2019 - 2020 school year. Of those students with religious exemptions, 5,667 were enrolled in grades K - 6 (of which 3,797 are estimated to be privately insured and 1,870 estimated to be Medicaid enrolled). 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). Therefore, the FY 22 cost to DPH is estimated to be less than \$479,000 ($3,797 \times \$126 = \$478,422$). For FY 23 only two school cohorts would need to be vaccinated (those entering Kindergarten from Pre-K and those entering 7th grade from grade 6 as immunization requirements are for entry into kindergarten and 7th grade). There were 1,266 students with religious exemptions enrolled in Pre-K and grade 6 in the 2019-20 school year, of which 848 are estimated to be privately insured and 418 are estimated to be Medicaid enrolled. Thus, the FY 23 cost to DPH is estimated to be less than \$107,000 ($848 \times \$126 = \$106,848$).

The cost to DPH will vary based on several factors, including: (1) the number of privately insured individuals that would have procured a religious exemption that chooses 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.²

The bill is also anticipated to result in a potential revenue loss to the Board of Regents due to possible reduced enrollment, should prospective students who previously would have utilized a religious exemption continue to choose not to vaccinate themselves and,

² DPH purchases vaccines through the Centers for Disease Control and Prevention contract that is negotiated between the vaccine manufacturers and the federal government each year.

therefore, are unable to enroll.

The revenue loss to the Board of Regents for Higher Education 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 \$1.4 million annually, beginning in FY 22, if few such prospective students choose to comply with the vaccination requirements. However, if many comply, the potential revenue loss will be minimal.

Of the potential Board of Regents revenue loss, up to \$900,000 is associated with the possible total impact to the 12 community colleges, while up to \$435,000 is associated with potential total impact to the four Connecticut State Universities. The Connecticut State Universities may experience reduced tuition and fees revenue (up to approximately \$260,000) as well as auxiliary revenue for room and board (up to an estimated \$175,000). These estimates are based on: (1) recent data on the number of new students enrolled who have a religious exemption from vaccination requirements, (2) FY 22 tuition and fees rates, and (3) the anticipated FY 22 percent of first-year Connecticut State Universities students who plan to live on-campus and therefore will pay the FY 22 average room and board rate of \$13,548.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

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 grandfathered in individuals enrolled in 7th 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 6th 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 7th 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 (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 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)