



PA 21-6—sHB 6423

Public Health Committee
Appropriations Committee

AN ACT CONCERNING IMMUNIZATIONS

SUMMARY: This act 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. Prior law allowed individuals to opt out of vaccination if they presented a statement that immunization would be contrary to their religious beliefs or, for minors, those of their parent or guardian.

The act grandfathers into the exemption individuals enrolled in grades kindergarten or higher who submitted a religious exemption prior to April 28, 2021. It continues to grandfather these students if they transfer to another public or private school in the state (i.e., a primary or secondary school).

Under the act, individuals with prior religious exemptions who are enrolled in pre-kindergarten or other preschool programs generally must comply with immunization requirements by September 1, 2022, or within 14 days after transferring to a different public or private program, whichever is later.

However, the act 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 act also retains existing law's medical exemption from these immunization requirements for individuals who can document that the immunization is medically contraindicated.

Additionally, the act:

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

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Office of Early Childhood, to evaluate data these agencies collect on exemptions from immunization requirements, and all three 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 act 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 act 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 act 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.

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The committee is not responsible for confirming or denying any provider determination that a vaccine is medically contraindicated for an individual.

Under the act, 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 vaccine contraindications and precautions.

The act 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 act, 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 act 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

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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 act 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 APRN). Coverage is only for consultations on immunizations recommended for the patient by the CDC's Advisory Committee on Immunization Practices (ACIP) (see BACKGROUND).

The act 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

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

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(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.