



New Copy
Senate

General Assembly

File No. 322

February Session, 2022

Substitute Senate Bill No. 457

Senate, April 5, 2022

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 CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING CONNECTICUT'S IMMUNIZATION INFORMATION SYSTEM.

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

1 Section 1. Section 19a-7h of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2022*):

3 (a) As used in this section, "health care provider" means a person who
4 has direct or supervisory responsibility for the administration of a
5 vaccine or assessment of immunization status, including a physician or
6 physician assistant licensed pursuant to chapter 370, a nurse-midwife
7 licensed pursuant to chapter 377, an advanced practice registered nurse
8 or registered nurse licensed pursuant to chapter 378, a pharmacist
9 licensed pursuant to chapter 400j, or an individual authorized under the
10 general statutes or federal law to administer a vaccine.

11 [(a)] (b) The Commissioner of Public Health or [his] the
12 commissioner's designee [may, within the limitations of available

13 resources,] shall establish and maintain an immunization information
14 system for the purpose of assuring [timely childhood] vaccine
15 recipient's access to their immunization [an ongoing registry of all
16 children who have not begun the first grade of school including all
17 newborns] records. The [registry] immunization information system
18 shall include such information as is necessary to accurately identify a
19 [child] vaccine recipient and to assess such recipient's current
20 immunization status.

21 [(b)] (c) [For purposes of this section, "health care provider" means a
22 person who has direct or supervisory responsibility for the delivery of
23 immunization including licensed physicians, nurse practitioners, nurse
24 midwives, physician assistants and nurses.] Each health care provider
25 who has [provided health care] administered a vaccine to a [child listed
26 in the registry] person in the state shall report, [to] in a form and manner
27 prescribed by the commissioner, or the commissioner's designee,
28 [sufficient information to identify the child and] information, which
29 shall include, but need not be limited to, (1) the name and date of birth
30 of the vaccine recipient, (2) the name and date of each vaccine dose given
31 to [that child or] the vaccine recipient, (3) any other information deemed
32 necessary by the commissioner, and (4) when appropriate,
33 contraindications or exemptions to administration of each vaccine dose.
34 [Reports shall be made by such means determined by the commissioner
35 to result in timely reporting.] Each health care provider shall provide to
36 a vaccine recipient, a vaccine recipient's court-appointed guardian or
37 conservator, if applicable, or, in the case of a child who received a
38 vaccine, such child's parent or guardian information regarding how
39 such vaccine recipient or such child may decline enrollment in the
40 immunization information system.

41 (d) Each health care provider intending to administer vaccines to any
42 [child listed on the registry and each parent or guardian of such child
43 shall be provided] person may use the immunization information
44 system to determine current information [as contained in the registry]
45 on the immunization status of [the child] such person for the purposes
46 of determining whether [additional doses of recommended routine

47 childhood immunizations are needed] such person requires
48 immunizations, or to officially document immunization status to meet
49 state [day] child care, [or] school or higher education immunization
50 entry requirements pursuant to sections 10-204a, 10a-155, 19a-79 and
51 19a-87b and regulations adopted thereunder.

52 (e) Each [director of health of any town, city or health district and
53 each] school nurse who is required to verify the immunization status for
54 children enrolled in prekindergarten to grade twelve, inclusive, at a
55 public or private school in any town, city or school district pursuant to
56 section 10-204a shall be provided with sufficient information on the
57 children who live in [his or her] the school nurse's jurisdiction and who
58 are listed on the [registry] immunization information system to enable
59 determination of which children are overdue for scheduled
60 immunizations and to enable provision of outreach to assist in getting
61 each such child vaccinated.

62 (f) The commissioner, or the commissioner's designee, shall provide
63 the director of health of any municipality or health district with
64 sufficient information on the persons who live in such director's
65 jurisdiction and who are listed on the immunization information system
66 in order to address undervaccinated communities and improve health
67 equity.

68 (g) The commissioner may use the information in the immunization
69 information system for the purposes set forth in sections 19a-25 and 19a-
70 215 and the regulations promulgated pursuant to said sections. The
71 commissioner, or the commissioner's designee, may exchange
72 information in the immunization information system with federal
73 agencies providing health care services and other states' immunization
74 information systems for the purposes described in this section.

75 (h) The commissioner shall provide to a vaccine recipient, a vaccine
76 recipient's court-appointed guardian or conservator, if applicable, or, in
77 the case of a child who received a vaccine, such child's parent or
78 guardian access to any information that was provided by a health care
79 provider to the Department of Public Health through the immunization

80 information system regarding such person's vaccination status upon
81 request by such recipient, guardian, conservator, parent or guardian.

82 [(c)] (i) Except as specified in subsections [(a) and] (b) to (h), inclusive,
83 of this section, all personal information including vaccination status and
84 dates of vaccination of [individuals] persons shall be confidential
85 pursuant to section 19a-25 and shall not be further disclosed without the
86 authorization of the [child or the child's legal guardian] vaccine
87 recipient, the vaccine recipient's court-appointed guardian or
88 conservator, if applicable, or, in the case of a child who received a
89 vaccine, such child's parent or guardian.

90 (j) The commissioner shall adopt regulations, [pursuant to] in
91 accordance with the provisions of chapter 54, [to specify] to implement
92 the provisions of this section, including, but not limited to, regulations
93 specifying (1) how information on vaccinations [or exemptions from
94 vaccination] and, when appropriate, contraindications or exemptions to
95 administration of each vaccine dose, is reported in a timely manner to
96 the [registry,] immunization information system, (2) how information
97 on the [registry] immunization information system is made available to
98 [health care providers, parents or guardians, directors of health and
99 school nurses,] persons authorized to receive such information pursuant
100 to subsections (b) to (h), inclusive, of this section, and (3) how [parents
101 or guardians] a vaccine recipient, a vaccine recipient's court-appointed
102 guardian or conservator, if applicable, or, in the case of a child who
103 received a vaccine, such child's parent or guardian may decline [their
104 child's] enrollment in the [registry, and to otherwise implement the
105 provisions of this section] immunization information system.

106 (k) The commissioner shall, in consultation with the Office of Health
107 Strategy, adopt regulations, in accordance with the provisions of
108 chapter 54, to facilitate interoperability between the immunization
109 information system and the State-wide Health Information Exchange
110 established pursuant to section 17b-59d. The commissioner may
111 implement policies and procedures necessary to administer the
112 provisions of this section while in the process of adopting such policies

113 and procedures as regulations, provided the department posts such
114 policies and procedures on the eRegulations System prior to adopting
115 them. Policies and procedures implemented pursuant to this section
116 shall be valid until regulations are adopted in accordance with the
117 provisions of chapter 54.

118 Sec. 2. Subsection (b) of section 19a-7f of the general statutes is
119 repealed and the following is substituted in lieu thereof (*Effective October*
120 *1, 2022*):

121 (b) (1) Commencing October 1, 2011, one group health care provider
122 located in Bridgeport and one group health care provider located in
123 New Haven, as identified by the Commissioner of Public Health, and
124 any health care provider located in Hartford who administers vaccines
125 to children under the federal Vaccines For Children immunization
126 program that is operated by the Department of Public Health under
127 authority of 42 USC 1396s may select under said federal program, and
128 the department shall provide, any vaccine licensed by the federal Food
129 and Drug Administration, including any combination vaccine and
130 dosage form, that is (A) recommended by the National Centers for
131 Disease Control and Prevention Advisory Committee on Immunization
132 Practices, and (B) made available to the department by the National
133 Centers for Disease Control and Prevention.

134 (2) Not later than June 1, 2012, the Commissioner of Public Health
135 shall provide an evaluation of the vaccine program established in
136 subdivision (1) of this subsection to the joint standing committee of the
137 General Assembly having cognizance of matters relating to public
138 health. Such evaluation shall include, but not be limited to, an
139 assessment of the program's impact on child immunization rates, an
140 assessment of any health or safety risks posed by the program, and
141 recommendations regarding future expansion of the program.

142 (3) (A) Provided the evaluation submitted pursuant to subdivision (2)
143 of this subsection does not indicate a significant reduction in child
144 immunization rates or an increased risk to the health and safety of
145 children, commencing October 1, 2012, (i) any health care provider who

146 administers vaccines to children under the federal Vaccines For
147 Children immunization program that is operated by the Department of
148 Public Health under authority of 42 USC 1396s may select, and the
149 department shall provide, any vaccine licensed by the federal Food and
150 Drug Administration, including any combination vaccine and dosage
151 form, that is (I) recommended by the National Centers for Disease
152 Control and Prevention Advisory Committee on Immunization
153 Practices, and (II) made available to the department by the National
154 Centers for Disease Control and Prevention, and (ii) any health care
155 provider who administers vaccines to children may select, and the
156 department shall provide, subject to inclusion in such program due to
157 available appropriations, any vaccine licensed by the federal Food and
158 Drug Administration, including any combination vaccine and dosage
159 form, that is (I) recommended by the National Centers for Disease
160 Control and Prevention Advisory Committee on Immunization
161 Practices, (II) made available to the department by the National Centers
162 for Disease Control and Prevention, and (III) equivalent, as determined
163 by the commissioner, to the cost for vaccine series completion of
164 comparable available licensed vaccines.

165 (B) Commencing January 1, 2013, (i) any health care provider who
166 administers vaccines to children under the federal Vaccines For
167 Children immunization program that is operated by the Department of
168 Public Health under authority of 42 USC 1396s shall utilize, and the
169 department shall provide, any vaccine licensed by the federal Food and
170 Drug Administration, including any combination vaccine and dosage
171 form, that is (I) recommended by the National Centers for Disease
172 Control and Prevention Advisory Committee on Immunization
173 Practices, and (II) made available to the department by the National
174 Centers for Disease Control and Prevention, and (ii) any health care
175 provider who administers vaccines to children shall utilize, and the
176 department shall provide, subject to inclusion in such program due to
177 available appropriations, any vaccine licensed by the federal Food and
178 Drug Administration, including any combination vaccine and dosage
179 form, that is (I) recommended by the National Centers for Disease
180 Control and Prevention Advisory Committee on Immunization

181 Practices, (II) made available to the department by the National Centers
182 for Disease Control and Prevention, and (III) equivalent, as determined
183 by the commissioner, to the cost for vaccine series completion of
184 comparable available licensed vaccines.

185 (C) For purposes of subparagraphs (A)(ii) and (B)(ii) of this
186 subdivision, "comparable" means a vaccine (i) protects a recipient
187 against the same infection or infections, (ii) has similar safety and
188 efficacy profiles, (iii) requires the same number of doses, and (iv) is
189 recommended for similar populations by the National Centers for
190 Disease Control and Prevention.

191 (D) On and after October 1, 2022, any health care provider that
192 administers vaccines to children under the immunization program
193 described in subparagraph (B) of this subdivision shall order such
194 vaccines using the immunization information system in a form and
195 manner prescribed by the Commissioner of Public Health.

196 (4) (A) The provisions of this subsection shall not apply in the event
197 of a public health emergency, as defined in section 19a-131, or an attack,
198 major disaster, emergency or disaster emergency, as those terms are
199 defined in section 28-1.

200 (B) Nothing in this subsection shall require a health care provider to
201 procure a vaccine from the Department of Public Health when such
202 provider is directed by said department to procure such vaccine from
203 another source, including, but not limited to, during a declared national
204 or state vaccine shortage.

205 (C) Nothing in this subsection shall require a health care provider to
206 utilize or administer a vaccine provided by said department if, based
207 upon such provider's medical judgment, (i) administration of such
208 vaccine is not medically appropriate, or (ii) the administration of
209 another vaccine that said department is not authorized to supply under
210 subdivision (3) of this subsection is more medically appropriate.

211 (5) No health care provider shall seek or receive remuneration for or

212 sell any vaccine serum provided by said department under this section.
213 Nothing in this section shall prohibit a health care provider from
214 charging or billing for administering a vaccine.

215 (6) Not later than January 1, 2014, said department shall submit a
216 report to the General Assembly, in accordance with section 11-4a,
217 evaluating the effectiveness of implementing expanded vaccine choice
218 and universal health care provider participation.

219 Sec. 3. Subsection (a) of section 19a-7j of the general statutes is
220 repealed and the following is substituted in lieu thereof (*Effective October*
221 *1, 2022*):

222 (a) Not later than September first, annually, the Secretary of the Office
223 of Policy and Management, in consultation with the Commissioner of
224 Public Health, shall (1) determine the amount appropriated for the
225 following purposes: (A) To purchase, store and distribute vaccines for
226 routine immunizations included in the schedule for active
227 immunization required by section 19a-7f, as amended by this act; (B) to
228 purchase, store and distribute (i) vaccines to prevent hepatitis A and B
229 in persons of all ages, as recommended by the schedule for
230 immunizations published by the National Advisory Committee for
231 Immunization Practices, (ii) antibiotics necessary for the treatment of
232 tuberculosis and biologics and antibiotics necessary for the detection
233 and treatment of tuberculosis infections, and (iii) antibiotics to support
234 treatment of patients in communicable disease control clinics, as defined
235 in section 19a-216a; (C) to administer the immunization program
236 described in section 19a-7f, as amended by this act; and (D) to provide
237 services needed to collect up-to-date information on childhood
238 immunizations for all children enrolled in Medicaid who reach two
239 years of age during the year preceding the current fiscal year, to
240 incorporate such information into the [childhood immunization
241 registry, as defined] immunization information system, established
242 pursuant to section 19a-7h, as amended by this act, (2) calculate the
243 difference between the amount expended in the prior fiscal year for the
244 purposes set forth in subdivision (1) of this subsection and the amount

245 of the appropriation used for the purpose of the health and welfare fee
246 established in subparagraph (A) of subdivision (2) of subsection (b) of
247 this section in that same year, and (3) inform the Insurance
248 Commissioner of such amounts.

249 Sec. 4. Subsection (a) of section 19a-7r of the 2022 supplement to the
250 general statutes is repealed and the following is substituted in lieu
251 thereof (*Effective October 1, 2022*):

252 (a) There is established an Advisory Committee on Medically
253 Contraindicated Vaccinations within the Department of Public Health
254 for the purpose of advising the Commissioner of Public Health on issues
255 concerning exemptions from state or federal requirements for
256 vaccinations that result from a physician, physician assistant or
257 advanced practice registered nurse stating that a vaccination is
258 medically contraindicated for a person due to the medical condition of
259 such person. Said advisory committee shall not be responsible for
260 confirming or denying any determination by a physician, physician
261 assistant or advanced practice registered nurse that a vaccination is
262 medically contraindicated for a specific individual. In order to carry out
263 its duties, the advisory committee shall (1) have access to the [childhood
264 immunization registry] immunization information system established
265 by the department pursuant to section 19a-7h, as amended by this act,
266 (2) evaluate the process used by the department in collecting data
267 concerning exemptions resulting from a vaccination being medically
268 contraindicated and whether the department should have any oversight
269 over such exemptions, (3) examine whether enrollment of an
270 unvaccinated child into a program operated by a public or nonpublic
271 school, institution of higher education, child care center or group child
272 care home should be conditioned upon the child meeting certain
273 criteria, (4) calculate the ratio of school nurses to students in each public
274 and nonpublic school in the state and the funding issues surrounding
275 such ratio, (5) assess whether immunizations should be required more
276 frequently than prior to enrollment into a program operated by a public
277 or nonpublic school and prior to entering seventh grade, and (6)
278 determine whether (A) there are any discrepancies in the issuance of

279 certificates stating that a vaccine is medically contraindicated, and (B) to
 280 recommend continuing education of physicians, physician assistants or
 281 advanced practice registered nurses in vaccine contraindications and
 282 precautions. All information obtained by the advisory committee from
 283 such registry shall be confidential pursuant to section 19a-25.

284 Sec. 5. Section 19a-7t of the 2022 supplement to the general statutes is
 285 repealed. (*Effective October 1, 2022*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2022</i>	19a-7h
Sec. 2	<i>October 1, 2022</i>	19a-7f(b)
Sec. 3	<i>October 1, 2022</i>	19a-7j(a)
Sec. 4	<i>October 1, 2022</i>	19a-7r(a)
Sec. 5	<i>October 1, 2022</i>	Repealer section

Statement of Legislative Commissioners:

In Section 1(a), "an advanced practice registered nurse, nurse midwife or registered nurse licensed pursuant to chapter 378" was changed to "a nurse-midwife licensed pursuant to chapter 377, an advanced practice registered nurse or registered nurse licensed pursuant to chapter 378" for accuracy and consistency with the general statutes; and Sections 3 and 4 were added to conform with the changes being made in Section 1.

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: None

Municipal Impact: None

Explanation

This bill replaces the Department of Public Health's (DPH) childhood immunization registry and tracking system ("CIRTS") with an immunization information system ("CT WiZ") that provides vaccine recipients of all ages, instead of only children under age 6, with access to their immunization records. The bill requires, rather than allows, DPH to maintain the system and requires the system to include information to accurately identify a vaccine recipient and assess the recipient's current immunization status.

Under the bill, vaccine recipients' participation in CT WiZ is voluntary, and health care providers must provide a vaccine recipient, or the recipient's legal guardian, information on how to opt out of enrolling in the system. There is no fiscal impact for DPH to maintain an immunization registry and tracking system that has an enrollment "opt out" option.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis**SB 457*****AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S
RECOMMENDATIONS REGARDING CONNECTICUT'S
IMMUNIZATION INFORMATION SYSTEM.*****SUMMARY**

This bill replaces the Department of Public Health's (DPH) childhood immunization registry and tracking system ("CIRTS") with an immunization information system ("CT WiZ") that provides vaccine recipients of all ages, instead of only children under age 6, with access to their immunization records.

The bill requires, rather than allows, DPH to maintain the system and requires the system to include information to accurately identify a vaccine recipient and assess the recipient's current immunization status.

Under the bill, vaccine recipients' participation in CT WiZ is voluntary, and health care providers must provide a vaccine recipient, or the recipient's legal guardian, conservator, or parent or guardian (if a minor) (hereafter "recipient's representative"), information on how to opt out of enrolling in the system.

As under current law, all personal information in CT WiZ is confidential and cannot be disclosed without the consent of the vaccine recipient or the recipient's representative.

Under the bill, healthcare providers:

1. must order vaccines through CT WiZ when administering vaccines to children under the Connecticut Vaccine Program (see BACKGROUND);
2. must report to DPH certain information regarding the vaccine

administration when they administer vaccines to residents; and

3. may use CT WiZ to access a person's current immunization status to (a) determine whether the person requires immunizations or (b) officially document the person's immunization status to meet childcare, school, or higher education immunization entry requirements.

The bill also imposes various requirements on CT WiZ and authorizes DPH to take specified actions, as follows:

1. DPH must, upon request, provide a vaccine recipient, or the recipient's representative, access to any information a health care provider gives to CT WiZ on the recipient's vaccine status;
2. DPH must, in consultation with the Office of Health Strategy (OHS), facilitate interoperability between CT WiZ and the Statewide Health Information Exchange;
3. DPH must provide local and district health directors with sufficient information on residents who live in their jurisdiction and are listed in CT WiZ in order to address under-vaccinated communities and improve health equity;
4. the DPH commissioner may use information in CT WiZ for medical or scientific research, disease control and prevention, and maintaining the state's list of reportable diseases, emergency illnesses and health conditions, and lab findings (see BACKGROUND); and
5. DPH may exchange information in CT WiZ with federal agencies providing health care services and other states' immunization information systems.

The bill also makes various related technical and conforming changes, including repealing a provision requiring DPH to provide COVID-19 vaccine recipients information on their vaccination status.

EFFECTIVE DATE: October 1, 2022

HEALTH CARE PROVIDER DEFINITION

Under the bill, a health care provider is someone who:

1. is a physician, physician assistant, nurse midwife, advanced practice registered nurse, registered nurse, pharmacist, or an individual authorized by state or federal law to administer a vaccine and
2. has direct or supervisory responsibility for administering a vaccine or assessing a person’s immunization status.

REPORTING REQUIREMENTS

The bill requires each health care provider who administers a vaccine to a resident to report, in a manner the DPH commissioner prescribes, the following information:

1. the vaccine recipient’s name and date of birth;
2. the name and date of each vaccine dose administered to the recipient;
3. any other information the commissioner deems necessary; and
4. when appropriate, contraindications or exemptions to administering each vaccine dose.

INTEROPERABILITY WITH THE STATEWIDE HEALTH INFORMATION EXCHANGE

The bill requires the DPH commissioner, in consultation with the Office of Health Strategy, to facilitate interoperability between the immunization information system and the Statewide Health Information Exchange. It allows the commissioner to implement necessary policies and procedures while in the process of adopting regulations, provided she posts the policies and procedures on the eRegulations System before adopting them. The policies and procedures she implements are valid until the regulations are adopted.

BACKGROUND***Connecticut Vaccine Program***

The Connecticut Vaccine Program is a state and federally funded program that provides certain childhood vaccinations at no cost to health care providers. The state-funded component is funded by an assessment on certain health insurers and third-party administrators.

DPH List of Reportable Diseases

By law, DPH must annually issue a list of (1) reportable diseases, emergency illnesses, and health conditions and (2) reportable laboratory findings. Health care providers and clinical laboratories must report findings of the diseases, illnesses, and conditions identified on this list within 12 hours and 48 hours, respectively.

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 22 Nay 9 (03/23/2022)