



General Assembly

February Session, 2022

**Substitute Bill No. 457**



**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 Section 19a-7h of the general statutes is repealed and the  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) 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.] (c) Each health care  
25 provider who has [provided health care] administered a vaccine to a  
26 [child listed in the registry] person in the state shall report, [to] in a form  
27 and manner prescribed by the commissioner, or the commissioner's  
28 designee, [sufficient information to identify the child and] information,  
29 which shall include, but need not be limited to, (1) the name and date of  
30 birth of the vaccine recipient, (2) the name and date of each vaccine dose  
31 given to [that child or] the vaccine recipient, (3) any other information  
32 deemed 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	October 1, 2022	19a-7h
Sec. 2	October 1, 2022	19a-7f(b)
Sec. 3	October 1, 2022	19a-7j(a)
Sec. 4	October 1, 2022	19a-7r(a)
Sec. 5	October 1, 2022	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