



Substitute House Bill No. 6423

Public Act No. 21-6

AN ACT CONCERNING IMMUNIZATIONS.

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

Section 1. Section 10-204a of the general statutes are repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) Each local or regional board of education, or similar body governing a nonpublic school or schools, shall require each child to be protected by adequate immunization against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, [hemophilus] haemophilus influenzae type B and any other vaccine required by the schedule for active immunization adopted pursuant to section 19a-7f before being permitted to enroll in any program operated by a public or nonpublic school under its jurisdiction. Before being permitted to enter seventh grade, a child shall receive a second immunization against measles. Any such child who (1) presents a certificate from a physician, physician assistant, advanced practice registered nurse or local health agency stating that initial immunizations have been given to such child and additional immunizations are in process (A) under guidelines and schedules specified by the Commissioner of Public Health, or (B) in the case of a child enrolled in a preschool program or other prekindergarten program who, prior to the effective date of this section, was exempt from the appropriate provisions of this section upon presentation of a

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statement that such immunizations would be contrary to the religious beliefs of such child or the parents or guardian of such child, as such additional immunizations are recommended, in a written declaration, in a form prescribed by the Commissioner of Public Health, for such child by a physician, a physician assistant or an advanced practice registered nurse; or (2) presents a certificate, in a form prescribed by the commissioner pursuant to section 7 of this act, from a physician, physician assistant or advanced practice registered nurse stating that in the opinion of such physician, physician assistant or advanced practice registered nurse such immunization is medically contraindicated because of the physical condition of such child; [or (3) presents a statement from the parents or guardian of such child that such immunization would be contrary to the religious beliefs of such child or the parents or guardian of such child, which statement shall be acknowledged, in accordance with the provisions of sections 1-32, 1-34 and 1-35, by (A) a judge of a court of record or a family support magistrate, (B) a clerk or deputy clerk of a court having a seal, (C) a town clerk, (D) a notary public, (E) a justice of the peace, (F) an attorney admitted to the bar of this state, or (G) notwithstanding any provision of chapter 6, a school nurse;] or [(4)] (3) in the case of measles, mumps or rubella, presents a certificate from a physician, physician assistant or advanced practice registered nurse or from the director of health in such child's present or previous town of residence, stating that the child has had a confirmed case of such disease; or [(5)] (4) in the case of [hemophilus] haemophilus influenzae type B has passed [his] such child's fifth birthday; or [(6)] (5) in the case of pertussis, has passed [his] such child's sixth birthday, shall be exempt from the appropriate provisions of this section. [If the parents or guardians of any child are unable to pay for such immunizations, the expense of such immunizations shall, on the recommendations of such board of education, be paid by the town. Before being permitted to enter seventh grade, the parents or guardian of any child who is exempt on religious grounds from the immunization requirements of this section, pursuant

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to subdivision (3) of this subsection, shall present to such school a statement that such immunization requirements are contrary to the religious beliefs of such child or the parents or guardian of such child, which statement shall be acknowledged, in accordance with the provisions of sections 1-32, 1-34 and 1-35, by (A) a judge of a court of record or a family support magistrate, (B) a clerk or deputy clerk of a court having a seal, (C) a town clerk, (D) a notary public, (E) a justice of the peace, (F) an attorney admitted to the bar of this state, or (G) notwithstanding any provision of chapter 6, a school nurse.] The statement described in subparagraph (B) of subdivision (1) of this subsection shall be acknowledged, in accordance with the provisions of sections 1-32, 1-34 and 1-35, by a judge of a court of record or a family support magistrate, a clerk or deputy clerk of a court having a seal, a town clerk, a notary public, a justice of the peace, an attorney admitted to the bar of this state, or notwithstanding any provision of chapter 6, a school nurse.

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

(c) Any child who is enrolled in a preschool program or other prekindergarten program prior to the effective date of this section who

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

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

~~[(b)]~~ (e) The definitions of adequate immunization shall reflect the schedule for active immunization adopted pursuant to section 19a-7f and be established by regulation adopted in accordance with the provisions of chapter 54 by the Commissioner of Public Health, who shall also be responsible for providing procedures under which [said]

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such boards and [said] such similar governing bodies shall collect and report immunization data on each child to the Department of Public Health for (1) compilation and analysis by [said] the department, and (2) release by the department of annual immunization rates for each public and nonpublic school in the state, provided such immunization data may not contain information that identifies a specific individual.

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

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

(a) All information, records of interviews, written reports, statements, notes, memoranda or other data, including personal data as defined in subdivision (9) of section 4-190, procured by: [the] (1) The Department of Public Health, by staff committees of facilities accredited by the Department of Public Health or the maternity mortality review committee, established pursuant to section 19a-59i, in connection with studies of morbidity and mortality conducted by the Department of Public Health, such staff committees or the maternal mortality review committee, or carried on by said department, such staff committees or the maternal mortality review committee jointly with other persons, agencies or organizations, [or procured by] (2) the directors of health of towns, cities or boroughs or the Department of Public Health pursuant to section 19a-215, or [procured by] (3) such other persons, agencies or organizations, for the purpose of reducing the morbidity or mortality from any cause or condition, shall be confidential and shall be used solely for the purposes of medical or scientific research and, for information obtained pursuant to section 19a-215, disease prevention and control by the local director of health and the Department of Public Health. Such information, records, reports, statements, notes,

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memoranda or other data shall not be admissible as evidence in any action of any kind in any court or before any other tribunal, board, agency or person, nor shall it be exhibited or its contents disclosed in any way, in whole or in part, by any officer or representative of the Department of Public Health or of any such facility, by any person participating in such a research project or by any other person, except as may be necessary for the purpose of furthering the research project to which it relates.

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

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

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

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

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

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section.

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

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

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

Sec. 5. Section 19a-79 of the general statutes is repealed and the

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following is substituted in lieu thereof (*Effective from passage*):

(a) The Commissioner of Early Childhood shall adopt regulations, in accordance with the provisions of chapter 54, to carry out the purposes of sections 19a-77 to 19a-80, inclusive, and 19a-82 to 19a-87, inclusive, and to assure that child care centers and group child care homes meet the health, educational and social needs of children utilizing such child care centers and group child care homes. Such regulations shall (1) specify that before being permitted to attend any child care center or group child care home, each child shall be protected as age-appropriate by adequate immunization against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, [hemophilus] haemophilus influenzae type B and any other vaccine required by the schedule of active immunization adopted pursuant to section 19a-7f, [including appropriate exemptions for children for whom such immunization is medically contraindicated and for children whose parent or guardian objects to such immunization on religious grounds, and that any objection by a parent or a guardian to immunization of a child on religious grounds shall be accompanied by a statement from such parent or guardian that such immunization would be contrary to the religious beliefs of such child or the parent or guardian of such child, which statement shall be acknowledged, in accordance with the provisions of sections 1-32, 1-34 and 1-35, by (A) a judge of a court of record or a family support magistrate, (B) a clerk or deputy clerk of a court having a seal, (C) a town clerk, (D) a notary public, (E) a justice of the peace, or (F) an attorney admitted to the bar of this state,] (2) specify conditions under which child care center directors and teachers and group child care home providers may administer tests to monitor glucose levels in a child with diagnosed diabetes mellitus, and administer medicinal preparations, including controlled drugs specified in the regulations by the commissioner, to a child receiving child care services at such child care center or group child care home pursuant to the written order of a physician licensed to practice medicine or a dentist licensed to practice

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dental medicine in this or another state, or an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a, or a physician assistant licensed to prescribe in accordance with section 20-12d, and the written authorization of a parent or guardian of such child, (3) specify that an operator of a child care center or group child care home, licensed before January 1, 1986, or an operator who receives a license after January 1, 1986, for a facility licensed prior to January 1, 1986, shall provide a minimum of thirty square feet per child of total indoor usable space, free of furniture except that needed for the children's purposes, exclusive of toilet rooms, bathrooms, coatrooms, kitchens, halls, isolation room or other rooms used for purposes other than the activities of the children, (4) specify that a child care center or group child care home licensed after January 1, 1986, shall provide thirty-five square feet per child of total indoor usable space, (5) establish appropriate child care center staffing requirements for employees certified in cardiopulmonary resuscitation by the American Red Cross, the American Heart Association, the National Safety Council, American Safety and Health Institute, Medic First Aid International, Inc. or an organization using guidelines for cardiopulmonary resuscitation and emergency cardiovascular care published by the American Heart Association and International Liaison Committee on Resuscitation, (6) specify that [on and after January 1, 2003,] a child care center or group child care home (A) shall not deny services to a child on the basis of a child's known or suspected allergy or because a child has a prescription for an automatic prefilled cartridge injector or similar automatic injectable equipment used to treat an allergic reaction, or for injectable equipment used to administer glucagon, (B) shall, not later than three weeks after such child's enrollment in such a center or home, have staff trained in the use of such equipment on-site during all hours when such a child is on-site, (C) shall require such child's parent or guardian to provide the injector or injectable equipment and a copy of the prescription for such medication and injector or injectable equipment upon enrollment of such child, and (D) shall require a parent or

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guardian enrolling such a child to replace such medication and equipment prior to its expiration date, (7) specify that [on and after January 1, 2005,] a child care center or group child care home (A) shall not deny services to a child on the basis of a child's diagnosis of asthma or because a child has a prescription for an inhalant medication to treat asthma, and (B) shall, not later than three weeks after such child's enrollment in such a center or home, have staff trained in the administration of such medication on-site during all hours when such a child is on-site, and (8) establish physical plant requirements for licensed child care centers and licensed group child care homes that exclusively serve school-age children. When establishing such requirements, the Office of Early Childhood shall give consideration to child care centers and group child care homes that are located in private or public school buildings. With respect to this subdivision only, the commissioner shall implement policies and procedures necessary to implement the physical plant requirements established pursuant to this subdivision while in the process of adopting such policies and procedures in regulation form. Until replaced by policies and procedures implemented pursuant to this subdivision, any physical plant requirement specified in the office's regulations that is generally applicable to child care centers and group child care homes shall continue to be applicable to such centers and homes that exclusively serve school-age children. The commissioner shall [print] post notice of the intent to adopt regulations pursuant to this subdivision on the eRegulations System not later than twenty days after the date of implementation of such policies and procedures. Policies and procedures implemented pursuant to this subdivision shall be valid until the time final regulations are adopted.

(b) Any child who (1) presents a certificate, in a form prescribed by the Commissioner of Public Health pursuant to section 7 of this act, signed by a physician, a physician assistant or an advanced practice registered nurse stating that, in the opinion of such physician, physician

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assistant or advanced practice registered nurse, the immunizations required pursuant to regulations adopted pursuant to subdivision (1) of subsection (a) of this section are medically contraindicated, (2) in the case of a child who is enrolled in kindergarten through twelfth grade, presented a statement, prior to the effective date of this section, that such immunizations are contrary to the religious beliefs of such child or the parents or guardian of such child, or (3) in the case of a child who is enrolled in a preschool program or other prekindergarten program or below, (A) presented a statement, prior to the effective date of this section, that such immunizations are contrary to the religious beliefs of such child or the parents or guardian of such child, and (B) presents a written declaration, in a form prescribed by the Commissioner of Public Health, from a physician, a physician assistant or an advanced practice registered nurse stating that an immunization against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, haemophilus influenzae type B and any other vaccine required by the schedule of active immunization adopted pursuant to section 19a-7f has been given to such child and that any additional necessary immunizations of such student against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, haemophilus influenzae type B and any other vaccine required by such schedule of active immunization are in process under guidelines specified by the Commissioner of Public Health or as recommended for the child by the physician, physician assistant or advanced practice registered nurse, shall be exempt from the immunization requirements set forth in such regulations. The statement described in subparagraph (A) of subdivision (3) of this subsection shall be acknowledged, in accordance with the provisions of sections 1-32, 1-34 and 1-35, by a judge of a court of record or a family support magistrate, a clerk or deputy clerk of a court having a seal, a town clerk, a notary public, a justice of the peace, or an attorney admitted to the bar of this state.

(c) Any child who is enrolled in a preschool program or other

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prekindergarten program or below on or before the effective date of this section who presented, prior to the effective date of this section, the statement described in subparagraph (A) of subdivision (3) of subsection (b) of this section, but did not present the written declaration described in subparagraph (B) of subdivision (3) of subsection (b) of this section, shall comply, on or before September 1, 2022, or not later than fourteen days after applying to enroll in the child care center or group child care home, whichever is later, with the immunization requirements set forth in the regulations adopted pursuant to subdivision (1) of subsection (a) of this section.

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

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

[(d)] (f) Upon the declaration by the Governor of a civil preparedness emergency pursuant to section 28-9 or a public health emergency pursuant to section 19a-131a, the commissioner may waive the provisions of any regulation adopted pursuant to this section if the commissioner determines that such waiver would not endanger the life, safety or health of any child. The commissioner shall prescribe the duration of such waiver, provided such waiver shall not extend beyond the duration of the declared emergency. The commissioner shall

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establish the criteria by which a waiver request shall be made and the conditions for which a waiver will be granted or denied. The provisions of section 19a-84 shall not apply to a denial of a waiver request under this subsection.

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

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

Sec. 6. Section 19a-87b of the general statutes is repealed and the

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following is substituted in lieu thereof (*Effective from passage*):

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

(b) No person shall act as an assistant or substitute staff member to a person or entity maintaining a family child care home, as defined in section 19a-77, without an approval issued by the commissioner. Any person seeking to act as an assistant or substitute staff member in a

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family child care home shall submit an application for such approval to the office. Applications for approval shall: (1) Be made to the commissioner on forms provided by the office, (2) contain the information required by regulations adopted under this section, and (3) be accompanied by a fee of fifteen dollars. The approval application forms shall contain a notice that false statements made in such form are punishable in accordance with section 53a-157b.

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

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

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

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

(f) The commissioner shall adopt regulations, in accordance with the provisions of chapter 54, to assure that family child care homes, as defined in section 19a-77, meet the health, educational and social needs of children utilizing such homes. Such regulations shall ensure that the family child care home is treated as a residence, and not an institutional facility. Such regulations shall specify that each child be protected as age-appropriate by adequate immunization against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, [hemophilus] haemophilus influenzae type B and any other vaccine required by the schedule of active immunization adopted pursuant to section 19a-7f. [Such regulations shall provide appropriate exemptions for children for whom such immunization is medically contraindicated and for children whose parents or guardian objects to such immunization on religious grounds and require that any such objection be accompanied by a statement from such parents or guardian that such immunization would be contrary to the religious beliefs of such child or the parents or guardian of such child, which statement shall be acknowledged, in accordance with the provisions of sections 1-32, 1-34 and 1-35, by (1) a judge of a court of record or a family support magistrate, (2) a clerk or deputy clerk of a court having a seal, (3) a town clerk, (4) a notary public, (5) a justice of the peace, or (6) an attorney admitted to the bar of this state.] Such regulations shall also specify conditions under which family child care home providers may

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administer tests to monitor glucose levels in a child with diagnosed diabetes mellitus, and administer medicinal preparations, including controlled drugs specified in the regulations by the commissioner, to a child receiving child care services at a family child care home pursuant to a written order of a physician licensed to practice medicine in this or another state, an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a or a physician assistant licensed to prescribe in accordance with section 20-12d, and the written authorization of a parent or guardian of such child. Such regulations shall specify appropriate standards for extended care and intermittent short-term overnight care. The commissioner shall inform each licensee, by way of a plain language summary provided not later than sixty days after the regulation's effective date, of any new or changed regulations adopted under this subsection with which a licensee must comply.

(g) Any child who (1) presents a certificate, in a form prescribed by the Commissioner of Public Health pursuant to section 7 of this act, signed by a physician, a physician assistant or an advanced practice registered nurse stating that, in the opinion of such physician, physician assistant or advanced practice registered nurse, the immunizations required pursuant to regulations adopted pursuant to subsection (f) of this section are medically contraindicated, (2) in the case of a child who is enrolled in kindergarten through twelfth grade, presented a statement, prior to the effective date of this section, that such immunizations are contrary to the religious beliefs of such child or the parents or guardian of such child, or (3) in the case of a child who is enrolled in a preschool program or other prekindergarten program or below, (A) presented a statement, prior to the effective date of this section, that such immunizations are contrary to the religious beliefs of such child or the parents or guardian of such child, and (B) presents a written declaration, in a form prescribed by the Commissioner of Public Health, from a physician, physician assistant or advanced practice registered nurse stating that an immunization against diphtheria,

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pertussis, tetanus, poliomyelitis, measles, mumps, rubella, haemophilus influenzae type B and any other vaccine required by the schedule of active immunization adopted pursuant to section 19a-7f has been given to such child and that any additional necessary immunizations of such student against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, haemophilus influenzae type B and any other vaccine required by such schedule of active immunization are in process under guidelines specified by the Commissioner of Public Health or as recommended for the child by the physician, physician assistant or advanced practice registered nurse, shall be exempt from the immunization requirements set forth in such regulations. The statement described in subparagraph (A) of subdivision (3) of this subsection shall be acknowledged, in accordance with the provisions of sections 1-32, 1-34 and 1-35, by (i) a judge of a court of record or a family support magistrate, (ii) a clerk or deputy clerk of a court having a seal, (iii) a town clerk, (iv) a notary public, (v) a justice of the peace, or (vi) an attorney admitted to the bar of this state.

(h) Any child who is enrolled in a preschool program or other prekindergarten program or below on or before the effective date of this section who presented, prior to the effective date of this section, the statement described in subparagraph (A) of subdivision (3) of subsection (g) of this section, but did not present the written declaration described in subparagraph (B) of subdivision (3) of subsection (g) of this section shall comply, on or before September 1, 2022, or not later than fourteen days after applying to enroll in the family child care home, whichever is later, with the immunization requirements set forth in the regulations adopted pursuant to subsection (f) of this section.

[(g)] (i) Upon the declaration by the Governor of a civil preparedness emergency pursuant to section 28-9 or a public health emergency pursuant to section 19a-131a, the commissioner may waive the provisions of any regulation adopted pursuant to this section if the

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commissioner determines that such waiver would not endanger the life, safety or health of any child. The commissioner shall prescribe the duration of such waiver, provided such waiver shall not extend beyond the duration of the declared emergency. The commissioner shall establish the criteria by which a waiver request shall be made and the conditions for which a waiver will be granted or denied. The provisions of section 19a-84 shall not apply to a denial of a waiver request under this subsection.

[(h)] (j) Any family child care home may provide child care services to homeless children and youths, as defined in 42 USC 11434a, as amended from time to time, for a period not to exceed ninety days without complying with any provision in regulations adopted pursuant to this section relating to immunization and physical examination requirements. Any family child care home that provides child care services to homeless children and youths at such home under this subsection shall maintain a record on file of all homeless children and youths who have attended such home for a period of two years after such homeless children or youths are no longer receiving child care services at such home.

[(i)] (k) Any family child care home may provide child care services to a foster child for a period not to exceed forty-five days without complying with any provision in regulations adopted pursuant to this section relating to immunization and physical examination requirements. Any family child care home that provides child care services to a foster child at such home under this subsection shall maintain a record on file of such foster child for a period of two years after such foster child is no longer receiving child care services at such home. For purposes of this subsection, "foster child" means a child who is in the care and custody of the Commissioner of Children and Families and placed in a foster home licensed pursuant to section 17a-114, foster home approved by a child-placing agency licensed pursuant to section

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17a-149, facility licensed pursuant to section 17a-145 or with a relative or fictive kin caregiver pursuant to section 17a-114.

Sec. 7. (NEW) (*Effective from passage*) On or before October 1, 2021, the Commissioner of Public Health shall develop and make available on the Internet web site of the Department of Public Health a certificate for use by a physician, physician assistant or advanced practice registered nurse stating that, in the opinion of such physician, physician assistant or advanced practice registered nurse, a vaccination required by the general statutes is medically contraindicated for a person because of the physical condition of such person. The certificate shall include (1) definitions of the terms "contraindication" and "precaution", (2) a list of contraindications and precautions recognized by the National Centers for Disease Control and Prevention for each of the statutorily required vaccinations, from which the physician, physician assistant or advanced practice registered nurse may select the relevant contraindication or precaution on behalf of such person, (3) a section in which the physician, physician assistant or advanced practice registered nurse may record a contraindication or precaution that is not recognized by the National Centers for Disease Control and Prevention, but in his or her discretion, results in the vaccination being medically contraindicated, including, but not limited to, any autoimmune disorder, family history of any autoimmune disorder, family history of any reaction to a vaccination, genetic predisposition to any reaction to a vaccination as determined through genetic testing and a previous documented reaction of a person that is correlated to a vaccination, (4) a section in which the physician, physician assistant or advanced practice registered nurse may include a written explanation for the exemption from any statutorily required vaccinations, (5) a section requiring the signature of the physician, physician assistant or advanced practice registered nurse, (6) a requirement that the physician, physician assistant or advanced practice registered nurse attach such person's most current immunization record, and (7) a synopsis of the grounds for any order of quarantine or

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isolation pursuant to section 19a-131b of the general statutes.

Sec. 8. (NEW) (*Effective from passage*) (a) There is established an Advisory Committee on Medically Contraindicated Vaccinations within the Department of Public Health for the purpose of advising the Commissioner of Public Health on issues concerning exemptions from state or federal requirements for vaccinations that result from a physician, physician assistant or advanced practice registered nurse stating that a vaccination is medically contraindicated for a person due to the medical condition of such person. Said advisory committee shall not be responsible for confirming or denying any determination by a physician, physician assistant or advanced practice registered nurse that a vaccination is medically contraindicated for a specific individual. In order to carry out its duties, the advisory committee shall (1) have access to the childhood immunization registry established by the department pursuant to section 19a-7h of the general statutes, (2) evaluate the process used by the department in collecting data concerning exemptions resulting from a vaccination being medically contraindicated and whether the department should have any oversight over such exemptions, (3) examine whether enrollment of an unvaccinated child into a program operated by a public or nonpublic school, institution of higher education, child care center or group child care home should be conditioned upon the child meeting certain criteria, (4) calculate the ratio of school nurses to students in each public and nonpublic school in the state and the funding issues surrounding such ratio, (5) assess whether immunizations should be required more frequently than prior to enrollment into a program operated by a public or nonpublic school and prior to entering seventh grade, and (6) determine whether (A) there are any discrepancies in the issuance of certificates stating that a vaccine is medically contraindicated, and (B) to recommend continuing education of physicians, physician assistants or advanced practice registered nurses in vaccine contraindications and precautions. All information obtained by the advisory committee from

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such registry shall be confidential pursuant to section 19a-25 of the general statutes, as amended by this act.

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Each individual health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered, issued for delivery, renewed, amended or continued in this state that provides coverage for prescription drugs shall provide [coverage for] (1) coverage for immunizations recommended by the American Academy of Pediatrics, American Academy of Family

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Physicians and the American College of Obstetricians and Gynecologists, and (2) with respect to immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved, coverage for such immunizations and at least a twenty-minute consultation between such individual and a health care provider authorized to administer such immunizations to such individual.

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

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

Sec. 12. (NEW) (*Effective from passage*) Any person who is exempt from the immunization requirements set forth in section 10-204a of the general statutes, as amended by this act, on religious grounds shall continue to be exempt from such requirements on religious grounds if such student transfers from one public or private school in the state to another public or private school in the state under the jurisdiction of

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either the same or a different local or regional board of education, or similar body governing a nonpublic school or schools.

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