

**UNITED STATES DISTRICT COURT
DISTRICT OF CONNECTICUT**

WE THE PATRIOTS USA, INC; ;
CT FREEDOM ALLIANCE, LLC; ;
CONSTANTINA LORA; MIRIAM : DKT No.:
HIDALGO; ASMA ELIDRISSI; ;

Plaintiffs, :

v. :

CONNECTICUT OFFICE OF EARLY :
CHILDHOOD DEVELOPMENT; ;
CONNECTICUT STATE :
DEPARTMENT OF EDUCATION; ;
CONNECTICUT DEPARTMENT :
OF PUBLIC HEALTH; BETHEL BOARD :
OF EDUCATION; GLASTONBURY :
BOARD OF EDUCATION; ;
STAMFORD BOARD OF EDUCATION; ;

Defendants. : APRIL 30, 2021

COMPLAINT

“The constitutional freedom of religion is the most inalienable and sacred of all human rights.” – Thomas Jefferson

1. This is an action that seeks to forestall the harm caused to countless parents and their children by an unconstitutional law recently enacted in Connecticut requiring parents to choose between educating their children or their religious beliefs. It states claims for declaratory and injunctive relief under the First, Fourth, Fifth, and Fourteenth Amendments.

PARTIES

2. The Plaintiff, We The Patriots USA, Inc., is a nonprofit public charity organized and operated exclusively for tax-exempt purposes in accordance with Section

501(c)(3) of the Internal Revenue Code. More specifically, it is dedicated to promoting constitutional rights and other freedoms through education, outreach, and public interest litigation, thereby advancing religious freedom, medical freedom, parental rights, and educational freedom for all. As a Section 501(c)(3) public charity, it has members who participate in its tax-exempt activities as volunteers and committed community stakeholders bringing and supporting litigation in federal and state courts on a variety of constitutional and other freedom-related matters directly affecting their rights and interests. A significant number of its members are Connecticut parents affected by the matters complained of herein.

3. The Plaintiff, CT Freedom Alliance, LLC, is a public interest organization dedicated to advocating for religious freedom, medical freedom, parental rights, and educational freedom among others. It has engaged in lobbying in opposition to the law at issue in this suit on behalf of its members, and it brings and supports litigation in various courts on a variety of matters. Most of its members are parents affected by the legislation complained of herein.

4. The Plaintiff, Constantina Lora, is an adult resident of the state of Connecticut. She sues on behalf of one of her minor children who is a Bethel pre-schooler. 5. The Plaintiff, Miriam Hidalgo, is an adult resident of the state of Connecticut. She sues on behalf of her two minor children who are eligible for daycare and one of whom will be eligible for preschool in the fall of 2021 in Glastonbury, Connecticut. 6. The Plaintiff, Asma Elidrissi, is an adult resident of the state of Connecticut. She sues on behalf of her two minor children who are eligible for daycare and preschool

and one of whom will be registered for kindergarten in the fall of 2021 in Stamford, Connecticut.

7. The Defendant, Connecticut Office of Early Childhood Development (OEC), is a branch of Connecticut's state government and is the primary regulatory authority for early childhood development programs including preschool and daycare.

8. The Defendant, Connecticut Department of Public Health, is a branch of Connecticut's state government and is charged with primary enforcement of public health laws in Connecticut.

9. The Defendant, Connecticut State Department of Education, is a branch of Connecticut's state government and is the primary regulatory authority for public education in Connecticut.

10. Defendant Bethel Board of Education is the governing body and local education agency for the Bethel Public Schools and all educational institutions in Bethel, Connecticut.

11. Defendant Glastonbury Board of Education is the governing body and local education agency for the Glastonbury Public Schools and all educational institutions in Glastonbury, Connecticut.

12. Defendant Stamford Board of Education is the governing body and local education agency for the Stamford Public Schools and all educational institutions in Stamford, Connecticut.

JURISDICTION

13. The Court has jurisdiction over this action under 28 U.S.C. §§ 1331, 1343, and 2201 as well as 42 U.S.C. §§ 1983 and 1988. Venue is appropriate under 28 U.S.C.

§ 1391 because all parties are domiciled in Connecticut and all of the factual events giving rise to the cause of action occurred in Connecticut.

FACTUAL ALLEGATIONS

Context

14. Article Eighth, § 1 of the Connecticut Constitution guarantees free public education to all Connecticut citizens.

15. During the waning hours of April 27, 2021, the Connecticut General Assembly passed a heavily amended bill labelled HB-6423 – “An Act Concerning Immunizations” – and immediately sent the act to Governor Ned Lamont to sign into law. Governor Lamont signed the act into law on April 28, 2021. It takes effect immediately.

16. The original HB-6423, see **Exhibit A**, was replaced entirely by House Amendment Schedule A. See **Exhibit B**. House Amendment Schedule G added a final section to the bill. See **Exhibit C**. The full Connecticut legislature voted to pass the bill as modified by Schedule A and Schedule G. They constitute the entirety of the law.

17. The act requires parents of children enrolled in preschool programs or any other prekindergarten program – public or private – to vaccinate their children on or before September 1, 2022 or not later than fourteen days after transferring to another program and to submit proof of that vaccination to their school even if vaccinating their children is contrary to their religious beliefs. **Exhibit B, p. 4, Section 1(c)**. The act does not require parents of children already enrolled in kindergarten through grade 12 to vaccinate their children if vaccinating their children is contrary to their religious beliefs.

18. The act also provides for a medical exemption to the vaccination requirement upon the provision of a medical professional's note. **Exhibit B, p. 2, Section 1(a)**

19. Finally, the latest vaccination data from the Connecticut Department of Public Health shows that kindergarten students have an average vaccination rate of 96.2% for their measles, mumps, and rubella (MMR) vaccines. See **Exhibit D – School Immunization Survey Data, pp. 2-3.**¹

A Product Derived From Aborted Fetuses With Potential For Devastating Consequences

20. A vaccine consists of a virus (or a component of a virus), a liquid buffer, contaminants from the cell line used to manufacture it, commercial stabilizer, and other additives.

21. It is physically impossible to remove all cell line contaminants from a vaccine dosage.

22. Pharmaceutical companies use cell lines descended from aborted fetuses to research, develop, test, and produce their vaccines.

23. As of February 2020, the United States Center for Disease Control and Prevention (CDC) lists ten manufactured vaccines that contain human fetal cells (designated by the acronyms MRC-5 and WI-38). **Exhibit E – Vaccine Excipient Summary.**²

¹ <https://portal.ct.gov/DPH/Immunizations/School-Survey>

² <https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf>

24. The presence of very small amounts of human fetal cells and DNA in the human blood can create a very strong autoimmune reaction in a person by which his body turns against itself and starts killing its own cells and tissues.

Plaintiff Constantina Lora

25. Constantina Lora is a Connecticut resident with one child who attends pre school in Bethel, Connecticut. Their child will be subject to HB-6423's vaccination mandate.

26. Lora and her husband are devout Greek Orthodox believers who decline vaccination on two religious grounds.

27. First, they personally believe that to use or benefit from the use of aborted fetal cells is morally wrong and would constitute participation in what they feel was an act of intentional, premeditated murder of another human being. They also personally believe that injecting themselves with cells from other animals and chemicals – which are present in all vaccines – is morally wrong.

28. Second, they personally hold a general religious belief that harming a child is morally wrong, and they believe that vaccinating their children would harm them, thus rendering it wrong.

29. This is not the Lora and her husband's first encounter with intolerance for their religious beliefs regarding vaccinations. They used to live in New York and, approximately two months ago, they moved to Connecticut permanently because New York repealed its religious exemption to the school vaccination requirements. Lora's husband now commutes three hours to work every day because New York failed to respect the family's religious beliefs, and they have refused to abandon their beliefs.

30. Lora and her husband have one child who is enrolled in pre-school with a current religious exemption. They have two older children in middle school and high school who will be allowed to keep their religious exemptions. Their youngest child will enroll in kindergarten in the fall of 2022 and will not be allowed to keep their religious exemption.

Plaintiff Miriam Hidalgo

31. Plaintiff Miriam Hidalgo and her husband have two small children who are eligible for daycare and will be eligible for preschool in the fall of 2021 in Glastonbury, Connecticut. Their children will be subject to the vaccination requirement and will not be allowed to claim a religious exemption.

32. Miriam and her husband are devout Catholics who decline vaccinations on two grounds.

33. First, they personally believe that to use or benefit from the use of aborted fetal cells is morally wrong and would constitute participation in what they feel was an act of intentional, premeditated murder of another human being.

34. Second, they also have reached an agreement to raise their children as vegans – a decision grounded in Miriam’s personal religious beliefs. Thus, they believe that injecting their children with cells from other animals is morally wrong.

35. Miriam and her husband operate three small businesses. While Miriam has dedicated herself to being a stay-at-home mother, she still needs to attend to responsibilities pertaining to those businesses. Homeschooling her children would place an overwhelming burden upon her.

Plaintiff Asma Elidrissi

36. Plaintiff Asma Elidrissi and her husband are immigrants to the United States and have two small children – one who has not fully completed registration for kindergarten and one will be eligible for preschool in the fall of 2021. Their children will be subject to the vaccination requirement and will not be allowed to claim a religious exemption.

37. Asma and her husband are devout Muslims who decline vaccinations on three religious grounds:

38. First, they personally believe that to use or benefit from the use of aborted fetal cells is morally wrong and would constitute participation in what they feel was an act of intentional, premeditated murder of another human being.

39. Second, they abstain from pork on religious grounds. Porcine gelatine – a derivative of pork – is used as a stabilizer in certain vaccines, including ones that the Defendants will require. To inject themselves with these vaccines would violate the well established Muslim prohibition on consuming pork.

40. Third, before Asma fully informed herself of vaccine ingredients, she followed a doctor's assurance that vaccines posed no harm to her children and that they did not contain products barred by her religion. Thus, her son received the measles, mumps, and rubella (MMR) vaccination. That vaccination caused him to suffer serious symptoms and ultimately a speech and learning disorder for which he now receives special services. Asma and her husband hold a sincere religious belief that harming children is morally wrong. Vaccines have harmed their children, and they object to harming their children as being morally wrong.

41. Finally, Asma and her husband are not wealthy, and Asma needs to return to work to supplement their income so they can afford to provide their children with a full upbringing in accordance with the American dream that they have come to the United States to pursue. If their children cannot attend any school or day care – public or private, Asma will be unable to return to work. They also own a small business and have put down deep roots in Connecticut. Moving to another state to freely exercise their religion is not a viable option for them.

Count One – Violation of First Amendment Right To Free Exercise Of

Religion 42. Paragraphs 1 through 41 are incorporated herein.

43. The First Amendment provides, in relevant part, “Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof.” This Free Exercise Clause “protects religious observers against unequal treatment and subjects to the strictest scrutiny laws that target the religious for special disabilities based their religious status.... Applying that basic principle, this Court has repeatedly confirmed that denying a generally available benefit solely on account of religious identity imposes a penalty on the free exercise of religion that can be justified only by a state interest of the highest order.” *Trinity Lutheran Church of Columbia, Inc. v. Comer*, 137 S.Ct 2012, 2019 (2017) (internal citation and quotation marks omitted).

44. Connecticut’s Constitution guarantees all Connecticut children a right to a free and adequate public education.

45. HB-6423 prohibits any child whose parents decline to vaccinate them on religious grounds from attending pre-school or kindergarten through grade 12 in both public and private schools, daycares, and pre-schools, except for the children who are

already enrolled in kindergarten through grade 12 and have already claimed a religious exemption.

46. HB-6423, however, does allow parents to decline to vaccinate their children if a medical professional grants their children a medical exemption from vaccination. 47. HB-6423 denies a generally available benefit – education – to children if their parents do not waive their religious identity while affording the same benefit to parents and children who assert a medical exemption.

48. Thus, HB-6423 violates the First Amendment on its face.

49. HB-6423 also prevents parents from seeking alternative education options for their children by applying the same mandate to private schools, daycares, and pre schools.

50. In other words, HB-6423 forces parents to either renounce their religious beliefs and vaccinate their children or homeschool their children – something that many parents cannot do – thus depriving them of any education opportunities.

51. Thus, HB-6423 seeks to compel an activity that goes against the Plaintiffs' religious beliefs by depriving their children of a fundamental state constitutional right. Therefore, it violates the First Amendment.

Count Two – Violation of First, Fourth, Fifth, And Fourteenth Amendment Rights To Privacy And Medical Freedom

52. Paragraphs 1 through 51 of this Complaint are incorporated herein. 53. In *Roe v. Wade*, 410 U.S. 113 (1973) and *Planned Parenthood v. Casey*, 505 U.S. 833 (1992), the United States Supreme Court established a woman's right to terminate her pregnancy under the First, Fourth, Fifth, and Fourteenth Amendments. The

principles derived from these cases establish a broad right to freedom to make personal choices – central to personal dignity and autonomy – about one’s own medical decisions. 54. HB-6423 deprives the Plaintiffs of their rights to privacy and medical freedom by conditioning the state constitutional right to a free and adequate education on adhering to the state’s mandates for medical decisions.

55. HB-6423 deprives the Plaintiffs of their rights to privacy and medical freedom by leaving the Plaintiffs no viable alternatives to educate their children without submitting to the Defendants’ interference with her medical decisions. The Plaintiffs do not have the capabilities to adequately homeschool their children. They cannot send their

children to private schools, daycares, or pre-schools because HB-6423 places the same mandates on private institutions as it does on public ones.

56. Thus, HB-6423 violates the First, Fourth, Fifth, and Fourteenth Amendments on its face.

Count Three – Violation of The Equal Protection Clause Of The Fourteenth Amendment

57. Paragraphs 1 through 56 of this Complaint are incorporated herein. 58. HB-6423 prohibits any child whose parents decline to vaccinate them on religious grounds from attending pre-school or kindergarten through grade 12 in both public and private schools, daycares, and pre-schools, except for the children who are already enrolled in kindergarten through grade 12 and have already claimed a religious exemption.

59. HB-6423, however, does allow parents to decline to vaccinate their children if a medical professional grants their children a medical exemption from vaccination.

60. HB-6423 denies a generally available benefit – education – to children if their parents do not waive their religious identity while affording the same benefit to parents and children who assert a medical exemption.

61. Thus, HB-6423 singles out religious beliefs for less favorable treatment under the law and creates age-based classes on who may continue to exercise their religious beliefs while still availing themselves of an education.

Count Four – Violation of The Fourteenth Amendment Right To Child Rearing

62. Paragraphs 1 through 61 of this Complaint are incorporated herein. 63. “[T]he interest of parents in the care, custody, and control of their children ... is perhaps the oldest of the fundamental liberty interests recognized by the [Supreme Court].” *Troxel v. Granville*, 530 U.S. 57 (2000).

64. HB-6423’s imposition of a vaccination requirement that prohibits the Plaintiffs from educating their children in any forum – public or private – completely interferes with their right to decide what is best for their children’s health and to raise them according to their religious beliefs.

65. Thus, HB-6423 violates the Fourteenth Amendment on its face.

Count Five – Unlawful Discrimination In Violation of The Individuals with Disabilities Education Act As To Defendants Connecticut Office Of Early Childhood Development, Connecticut State Department of Education, Connecticut Department of Health, Stamford Board of Education.

66. Paragraphs 1 through 65 of this Complaint are incorporated herein. 67. The Individuals With Disabilities Education Act (IDEA) requires states that receive federal money to provide a free appropriate public education to all children with disabilities between the ages of 3 to 5.

68. Connecticut receives federal financial assistance under the IDEA.

69. The IDEA requires qualifying states to provide children with special needs that have been deemed by the school district to qualify for special education with an education in the least restrictive environment possible.

70. While HB-6423 eliminates the religious exemption, it makes no provision for providing disabled children whose parents assert a religious objection to taking a vaccine a free appropriate public education in the least restrictive environment possible.

71. Plaintiff Asma Elidrissi's oldest child is disabled within the meaning of the IDEA.

72. Plaintiff Asma Elidrissi will choose not to comply with HB-6423's requirement that her oldest child be vaccinated because of her sincerely held religious beliefs.

73. The IDEA still requires the Defendants to provide her oldest child with a free appropriate public education in the least restrictive environment possible. 74. HB-6423 and the Defendants make no provision to do so.

75. Thus, HB-6423 violates the IDEA insofar as it denies a free appropriate public education in the least restrictive environment possible to Plaintiff Elidrissi's children.

Declaratory and Injunctive Relief

WHEREFORE, the Plaintiffs seeks declaratory injunctive relief as follows: A. A

declaratory judgment finding that HB-6423 violates the First Amendment's Free Exercise Clause and is unconstitutional.

- B. A declaratory judgment finding that HB-6423 violates the right to privacy and medical freedom under the First, Fourth, Fifth, and Fourteenth Amendments and is unconstitutional.
- C. A declaratory judgment finding that HB-6423 violates the Fourteenth Amendment's Equal Protection Clause and is unconstitutional.
- D. A declaratory judgment finding that HB-6423 violates the Fourteenth Amendment's Due Process Clause and is unconstitutional.
- E. A permanent injunction enjoining the Defendants and their agents from enforcing any provision of HB-6423.
- F. A declaratory judgment finding that the Individuals With Disabilities Education Act preempts HB-6432, and that HB-6432 violates the Individuals With Disabilities Education Act.
- G. A declaratory judgment finding that the Individuals With Disabilities Education Act requires the Defendants to provide disabled children with a free appropriate public education in the least restrictive environment possible even if their parents decline to vaccinate them because of their religious beliefs.
- H. Reasonable costs and attorney's fees.
- I. Such other relief as this Court deems fair and equitable.

THE PLAINTIFFS

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36 Exhibit A

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36 House of

Representatives

General Assembly **File No. 431** January Session, 2021 Substitute
House Bill No. 6423

House of Representatives, April 14, 2021

The Committee on Public Health reported through REP. STEINBERG of the 136th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING IMMUNIZATIONS.

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

1 Section 1. Section 10-204a of the general statutes are repealed and the 2 following is substituted in lieu thereof (*Effective from passage*):

3 (a) Each local or regional board of education, or similar body 4 governing a nonpublic school or schools, shall require each child to be 5 protected by adequate immunization against diphtheria, pertussis, 6 tetanus, poliomyelitis, measles, mumps, rubella, [hemophilus] 7 haemophilus influenzae type B and any other vaccine required by the 8 schedule for active immunization adopted pursuant to section 19a-7f 9 before being permitted to enroll in any program operated by a public or 10 nonpublic school under its jurisdiction. Before being permitted to enter 11 seventh grade, a child shall receive a second immunization against 12 measles. Any such child who (1) presents a certificate from a physician, 13 physician assistant, advanced practice registered nurse or local health 14 agency stating that initial immunizations have been given to such child 15 and additional immunizations are in process (A) under guidelines and

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16 schedules specified by the Commissioner of Public Health, or (B) in the 17 case of a child enrolled in sixth grade or below who, prior to the effective 18 date of this section, was exempt from the appropriate provisions of this 19

section upon presentation of a statement that such immunizations 20 would
be contrary to the religious beliefs of such child or the parents or 21 guardian
of such child, as such additional immunizations are 22 recommended, in a
written declaration, in a form prescribed by the 23 Commissioner of Public
Health, for such child by a physician, a 24 physician assistant or an
advanced practice registered nurse; or (2) 25 presents a certificate, in a form
prescribed by the commissioner 26 pursuant to section 7 of this act, from a
physician, physician assistant or 27 advanced practice registered nurse
stating that in the opinion of such 28 physician, physician assistant or
advanced practice registered nurse 29 such immunization is medically
contraindicated because of the physical 30 condition of such child; [or (3)
presents a statement from the parents or 31 guardian of such child that such
immunization would be contrary to the 32 religious beliefs of such child or
the parents or guardian of such child, 33 which statement shall be
acknowledged, in accordance with the 34 provisions of sections 1-32, 1-34
and 1-35, by (A) a judge of a court of 35 record or a family support
magistrate, (B) a clerk or deputy clerk of a 36 court having a seal, (C) a town
clerk, (D) a notary public, (E) a justice of 37 the peace, (F) an attorney
admitted to the bar of this state, or (G) 38 notwithstanding any provision of
chapter 6, a school nurse;] or [(4)] (3) 39 in the case of measles, mumps or
rubella, presents a certificate from a 40 physician, physician assistant or
advanced practice registered nurse or 41 from the director of health in such
child's present or previous town of 42 residence, stating that the child has
had a confirmed case of such 43 disease; or [(5)] (4) in the case of
[hemophilus] haemophilus influenzae 44 type B has passed [his] such child's
fifth birthday; or [(6)] (5) in the case 45 of pertussis, has passed [his] such
child's sixth birthday, shall be exempt 46 from the appropriate provisions of
this section. [If the parents or 47 guardians of any child are unable to pay for
such immunizations, the 48 expense of such immunizations shall, on the
recommendations of such 49 board of education, be paid by the town. Before
being permitted to enter 50 seventh grade, the parents or guardian of any
child who is exempt on

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51 religious grounds from the immunization requirements of this section, 52
pursuant to subdivision (3) of this subsection, shall present to such 53 school
a statement that such immunization requirements are contrary to 54 the
religious beliefs of such child or the parents or guardian of such 55 child,
which statement shall be acknowledged, in accordance with the 56
provisions of sections 1-32, 1-34 and 1-35, by (A) a judge of a court of 57

record or a family support magistrate, (B) a clerk or deputy clerk of a 58
court having a seal, (C) a town clerk, (D) a notary public, (E) a justice of 59
the peace, (F) an attorney admitted to the bar of this state, or (G) 60
notwithstanding any provision of chapter 6, a school nurse.] The 61
statement described in subparagraph (B) of subdivision (1) of this 62
subsection shall be acknowledged, in accordance with the provisions of 63
sections 1-32, 1-34 and 1-35, by a judge of a court of record or a family 64
support magistrate, a clerk or deputy clerk of a court having a seal, a 65
town clerk, a notary public, a justice of the peace, an attorney admitted 66 to
the bar of this state, or notwithstanding any provision of chapter 6, a 67
school nurse.

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

81 (c) Any child who is enrolled in sixth grade or below prior to the 82
effective date of this section who presented a statement, prior to the 83
effective date of this section, from the parents or guardian of such child 84
that the immunization is contrary to the religious beliefs of such child

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85 or the parents or guardian of such child, which statement was 86
acknowledged, in accordance with the provisions of sections 1-32, 1-34 87
and 1-35, by (1) a judge of a court of record or a family support 88
magistrate, (2) a clerk or deputy clerk of a court having a seal, (3) a town 89
clerk, (4) a notary public, (5) a justice of the peace, (6) an attorney 90
admitted to the bar of this state, or (7) notwithstanding any provision of 91
chapter 6, a school nurse, but did not present a written declaration from 92 a
physician, a physician assistant or an advanced practice registered 93 nurse
stating that additional immunizations are in process as 94 recommended by
such physician, physician assistant or advanced 95 practice registered nurse,

rather than as recommended under guidelines 96 and schedules specified by the Commissioner of Public Health, shall 97 comply with the immunization requirements provided for in 98 subparagraph (A) of subdivision (1) of subsection (a) of this section on 99 or before September 1, 2022, or not later than fourteen days after

100 transferring to a program operated by a public or nonpublic school 101 under the jurisdiction of a local or regional board of education or similar 102 body governing a nonpublic school or schools, whichever is later.

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

108 [(b)] (e) The definitions of adequate immunization shall reflect the 109 schedule for active immunization adopted pursuant to section 19a-7f 110 and be established by regulation adopted in accordance with the 111 provisions of chapter 54 by the Commissioner of Public Health, who 112 shall also be responsible for providing procedures under which [said] 113 such boards and [said] such similar governing bodies shall collect and 114 report immunization data on each child to the Department of Public 115 Health for (1) compilation and analysis by [said] the department, and 116 (2) release by the department of annual immunization rates for each 117 public and nonpublic school in the state, provided such immunization 118 data may not contain information that identifies a specific individual.

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

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

125 (a) All information, records of interviews, written reports, statements, 126 notes, memoranda or other data, including personal data as defined in 127 subdivision (9) of section 4-190, procured by: [the] (1) The Department 128 of Public Health, by staff committees of facilities accredited by the 129 Department of Public Health or the maternity mortality review 130

committee, established pursuant to section 19a-59i, in connection with 131 studies of morbidity and mortality conducted by the Department of 132 Public Health, such staff committees or the maternal mortality review 133 committee, or carried on by said department, such staff committees or 134 the maternal mortality review committee jointly with other persons, 135 agencies or organizations, [or procured by] (2) the directors of health of 136 towns, cities or boroughs or the Department of Public Health pursuant 137 to section 19a-215, or [procured by] (3) such other persons, agencies or 138 organizations, for the purpose of reducing the morbidity or mortality 139 from any cause or condition, shall be confidential and shall be used 140 solely for the purposes of medical or scientific research and, for 141 information obtained pursuant to section 19a-215, disease prevention 142 and control by the local director of health and the Department of Public 143 Health. Such information, records, reports, statements, notes, 144 memoranda or other data shall not be admissible as evidence in any 145 action of any kind in any court or before any other tribunal, board, 146 agency or person, nor shall it be exhibited or its contents disclosed in 147 any way, in whole or in part, by any officer or representative of the 148 Department of Public Health or of any such facility, by any person 149 participating in such a research project or by any other person, except 150 as may be necessary for the purpose of furthering the research project to 151 which it relates.

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

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

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

177 (a) Each institution of higher education shall require each full-time or 178
matriculating student born after December 31, 1956, to provide proof of 179
adequate immunization against measles, rubella, [and on and after 180
August 1, 2010, to provide proof of adequate immunization against]
181 mumps and varicella as recommended by the national Advisory 182
Committee for Immunization Practices before permitting such student 183 to
enroll in such institution. [Any such]

184 (b) Notwithstanding the provisions of subsection (a) of this section,

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

vaccination requirement pursuant to 204 subdivision (2) [or (3)] of subsection (a) of section 10-204a, as amended 205 by this act, shall be exempt from the appropriate provisions of this 206 section.

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

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

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

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

237 (a) The Commissioner of Early Childhood shall adopt regulations, in 238 accordance with the provisions of chapter 54, to carry out the purposes 239 of sections 19a-77 to 19a-80, inclusive, and 19a-82 to 19a-87, inclusive, 240 and to

assure that child care centers and group child care homes meet 241 the health, educational and social needs of children utilizing such child 242 care centers and group child care homes. Such regulations shall (1) 243 specify that before being permitted to attend any child care center or 244 group child care home, each child shall be protected as age-appropriate 245 by adequate immunization against diphtheria, pertussis, tetanus, 246 poliomyelitis, measles, mumps, rubella, [hemophilus] haemophilus 247 influenzae type B and any other vaccine required by the schedule of 248 active immunization adopted pursuant to section 19a-7f, [including 249 appropriate exemptions for children for whom such immunization is 250 medically contraindicated and for children whose parent or guardian 251 objects to such immunization on religious grounds, and that any 252 objection by a parent or a guardian to immunization of a child on

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

isolation room or other rooms used for purposes other 279 than the activities
of the children, (4) specify that a child care center or 280 group child care
home licensed after January 1, 1986, shall provide 281 thirty-five square feet
per child of total indoor usable space, (5) establish 282 appropriate child care
center staffing requirements for employees 283 certified in cardiopulmonary
resuscitation by the American Red Cross, 284 the American Heart
Association, the National Safety Council, American 285 Safety and Health
Institute, Medic First Aid International, Inc. or an 286 organization using
guidelines for cardiopulmonary resuscitation and 287 emergency
cardiovascular care published by the American Heart

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

subdivision while in the process of adopting such policies and 318 procedures in regulation form. Until replaced by policies and 319 procedures implemented pursuant to this subdivision, any physical 320 plant requirement specified in the office's regulations that is generally 321 applicable to child care centers and group child care homes shall 322 continue to be applicable to such centers and homes that exclusively

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323 serve school-age children. The commissioner shall [print] post notice of 324 the intent to adopt regulations pursuant to this subdivision on the 325 eRegulations System not later than twenty days after the date of 326 implementation of such policies and procedures. Policies and 327 procedures implemented pursuant to this subdivision shall be valid 328 until the time final regulations are adopted.

329 (b) Any child who (1) presents a certificate, in a form prescribed by 330 the Commissioner of Public Health pursuant to section 7 of this act, 331 signed by a physician, a physician assistant or an advanced practice 332 registered nurse stating that, in the opinion of such physician, physician 333 assistant or advanced practice registered nurse, the immunizations 334 required pursuant to regulations adopted pursuant to subdivision (1) of 335 subsection (a) of this section are medically contraindicated, (2) in the 336 case of a child who is enrolled in seventh grade through twelfth grade, 337 presented a statement, prior to the effective date of this section, that such 338 immunizations are contrary to the religious beliefs of such child or the 339 parents or guardian of such child, or (3) in the case of a child who is 340 enrolled in sixth grade or below, (A) presented a statement, prior to the 341 effective date of this section, that such immunizations are contrary to 342 the religious beliefs of such child or the parents or guardian of such 343 child, and (B) presents a written declaration, in a form prescribed by the 344 Commissioner of Public Health, from a physician, a physician assistant 345 or an advanced practice registered nurse stating that an immunization 346 against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, 347 rubella, haemophilus influenzae type B and any other vaccine required 348 by the schedule of active immunization adopted pursuant to section 349 19a-7f has been given to such child and that any additional necessary 350 immunizations of such student against diphtheria, pertussis, tetanus, 351 poliomyelitis, measles, mumps, rubella, haemophilus influenzae type B 352 and any other vaccine required by such schedule of active immunization 353 are in process under guidelines specified by the Commissioner of Public 354

Health or as recommended for the child by the physician, physician 355 assistant or advanced practice registered nurse, shall be exempt from 356 the immunization requirements set forth in such regulations. The 357 statement described in subparagraph (A) of subdivision (3) of this

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358 subsection shall be acknowledged, in accordance with the provisions of 359 sections 1-32, 1-34 and 1-35, by a judge of a court of record or a family 360 support magistrate, a clerk or deputy clerk of a court having a seal, a 361 town clerk, a notary public, a justice of the peace, or an attorney 362 admitted to the bar of this state.

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

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

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

386 [(d)] (f) Upon the declaration by the Governor of a civil preparedness 387 emergency pursuant to section 28-9 or a public health emergency 388 pursuant to section 19a-131a, the commissioner may waive the 389 provisions

of any regulation adopted pursuant to this section if the 390 commissioner determines that such waiver would not endanger the life,

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391 safety or health of any child. The commissioner shall prescribe the 392 duration of such waiver, provided such waiver shall not extend beyond 393 the duration of the declared emergency. The commissioner shall 394 establish the criteria by which a waiver request shall be made and the 395 conditions for which a waiver will be granted or denied. The provisions 396 of section 19a-84 shall not apply to a denial of a waiver request under 397 this subsection.

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

409 [(f)] (h) Any child care center or group child care home may provide 410 child care services to a foster child for a period not to exceed forty-five 411 days without complying with any provision in regulations adopted 412 pursuant to this section relating to immunization and physical 413 examination requirements. Any child care center or group child care 414 home that provides child care services to a foster child at such center or 415 home under this subsection shall maintain a record on file of such foster 416 child for a period of two years after such foster child is no longer 417 receiving child care services at such center or home. For purposes of this 418 subsection, "foster child" means a child who is in the care and custody 419 of the Commissioner of Children and Families and placed in a foster 420 home licensed pursuant to section 17a-114, foster home approved by a 421 child-placing agency licensed pursuant to section 17a-149, facility 422 licensed pursuant to section 17a-145 or with a relative or fictive kin 423 caregiver pursuant to section 17a-114.

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

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

452 (b) No person shall act as an assistant or substitute staff member to a 453
person or entity maintaining a family child care home, as defined in 454
section 19a-77, without an approval issued by the commissioner. Any 455
person seeking to act as an assistant or substitute staff member in a 456 family
child care home shall submit an application for such approval to 457 the
office. Applications for approval shall: (1) Be made to the

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458 commissioner on forms provided by the office, (2) contain the 459
information required by regulations adopted under this section, and (3) 460
be accompanied by a fee of fifteen dollars. The approval application 461
forms shall contain a notice that false statements made in such form are 462
punishable in accordance with section 53a-157b.

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

478 (d) An application for initial licensure pursuant to this section shall 479 be
accompanied by a fee of forty dollars and such license shall be issued 480 for
a term of four years. An application for renewal of a license issued 481
pursuant to this section shall be accompanied by a fee of forty dollars 482 and
a certification from the licensee that any child enrolled in the family 483 child
care home has received age-appropriate immunizations in 484 accordance
with regulations adopted pursuant to subsection (f) of this 485 section. A
license issued pursuant to this section shall be renewed for a 486 term of four
years. In the case of an applicant submitting an application 487 for renewal of
a license that has expired, and who has ceased operations 488 of a family
child care home due to such expired license, the 489 commissioner may renew
such expired license within thirty days of the 490 date of such expiration
upon receipt of an application for renewal that 491 is accompanied by such
fee and such certification.

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

495 (f) The commissioner shall adopt regulations, in accordance with the 496 provisions of chapter 54, to assure that family child care homes, as 497 defined in section 19a-77, meet the health, educational and social needs 498 of children utilizing such homes. Such regulations shall ensure that the 499 family child care home is treated as a residence, and not an institutional 500 facility. Such regulations shall specify that each child be protected as 501 age-appropriate by adequate immunization against diphtheria, 502 pertussis, tetanus, poliomyelitis, measles, mumps, rubella, 503 [hemophilus] haemophilus influenzae type B and any other vaccine 504 required by the schedule of active immunization adopted pursuant to 505 section 19a-7f. [Such regulations shall provide appropriate exemptions 506 for children for whom such immunization is medically contraindicated 507 and for children whose parents or guardian objects to such 508 immunization on religious grounds and require that any such objection 509 be accompanied by a statement from such parents or guardian that such 510 immunization would be contrary to the religious beliefs of such child or 511 the parents or guardian of such child, which statement shall be 512 acknowledged, in accordance with the provisions of sections 1-32, 1-34 513 and 1-35, by (1) a judge of a court of record or a family support 514 magistrate, (2) a clerk or deputy clerk of a court having a seal, (3) a town 515 clerk, (4) a notary public, (5) a justice of the peace, or (6) an attorney 516 admitted to the bar of this state.] Such regulations shall also specify 517 conditions under which family child care home providers may 518 administer tests to monitor glucose levels in a child with diagnosed 519 diabetes mellitus, and administer medicinal preparations, including 520 controlled drugs specified in the regulations by the commissioner, to a 521 child receiving child care services at a family child care home pursuant 522 to a written order of a physician licensed to practice medicine in this or 523 another state, an advanced practice registered nurse licensed to 524 prescribe in accordance with section 20-94a or a physician assistant 525 licensed to prescribe in accordance with section 20-12d, and the written 526 authorization of a parent or guardian of such child. Such regulations

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527 shall specify appropriate standards for extended care and intermittent 528 short-term overnight care. The commissioner shall inform each licensee, 529

by way of a plain language summary provided not later than sixty days 530
after the regulation's effective date, of any new or changed regulations 531
adopted under this subsection with which a licensee must comply.

532 (g) Any child who (1) presents a certificate, in a form prescribed by 533
the Commissioner of Public Health pursuant to section 7 of this act, 534
signed by a physician, a physician assistant or an advanced practice 535
registered nurse stating that, in the opinion of such physician, physician 536
assistant or advanced practice registered nurse, the immunizations 537
required pursuant to regulations adopted pursuant to subsection (f) of 538
this section are medically contraindicated, (2) in the case of a child who 539 is
enrolled in seventh grade through twelfth grade, presented a 540 statement,
prior to the effective date of this section, that such 541 immunizations are
contrary to the religious beliefs of such child or the 542 parents or guardian of
such child, or (3) in the case of a child who is 543 enrolled in sixth grade or
below, (A) presented a statement, prior to the 544 effective date of this section,
that such immunizations are contrary to 545 the religious beliefs of such child
or the parents or guardian of such 546 child, and (B) presents a written
declaration, in a form prescribed by the 547 Commissioner of Public Health,
from a physician, physician assistant or 548 advanced practice registered
nurse stating that an immunization against 549 diphtheria, pertussis, tetanus,
poliomyelitis, measles, mumps, rubella, 550 haemophilus influenzae type B
and any other vaccine required by the 551 schedule of active immunization
adopted pursuant to section 19a-7f has 552 been given to such child and that
any additional necessary 553 immunizations of such student against
diphtheria, pertussis, tetanus, 554 poliomyelitis, measles, mumps, rubella,
haemophilus influenzae type B 555 and any other vaccine required by such
schedule of active immunization 556 are in process under guidelines specified
by the Commissioner of Public 557 Health or as recommended for the child
by the physician, physician 558 assistant or advanced practice registered
nurse, shall be exempt from 559 the immunization requirements set forth in
such regulations. The 560 statement described in subparagraph (A) of
subdivision (3) of this 561 subsection shall be acknowledged, in accordance
with the provisions of

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562 sections 1-32, 1-34 and 1-35, by (i) a judge of a court of record or a family
563 support magistrate, (ii) a clerk or deputy clerk of a court having a seal,
564 (iii) a town clerk, (iv) a notary public, (v) a justice of the peace, or (vi) an
565 attorney admitted to the bar of this state.

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

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

588 [(h)] (j) Any family child care home may provide child care services 589 to
homeless children and youths, as defined in 42 USC 11434a, as 590 amended
from time to time, for a period not to exceed ninety days 591 without
complying with any provision in regulations adopted pursuant 592 to this
section relating to immunization and physical examination 593 requirements.
Any family child care home that provides child care 594 services to homeless
children and youths at such home under this

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595 subsection shall maintain a record on file of all homeless children and 596
youths who have attended such home for a period of two years after 597 such
homeless children or youths are no longer receiving child care 598 services at
such home.

599 [(i)] (k) Any family child care home may provide child care services 600 to
a foster child for a period not to exceed forty-five days without 601
complying with any provision in regulations adopted pursuant to this 602
section relating to immunization and physical examination 603 requirements.

Any family child care home that provides child care 604 services to a foster child at such home under this subsection shall 605 maintain a record on file of such foster child for a period of two years 606 after such foster child is no longer receiving child care services at such 607 home. For purposes of this subsection, "foster child" means a child who 608 is in the care and custody of the Commissioner of Children and Families 609 and placed in a foster home licensed pursuant to section 17a-114, foster 610 home approved by a child-placing agency licensed pursuant to section 611 17a-149, facility licensed pursuant to section 17a-145 or with a relative 612 or fictive kin caregiver pursuant to section 17a-114.

613 Sec. 7. (NEW) (*Effective from passage*) On or before October 1, 2021, the 614 Commissioner of Public Health shall develop and make available on the 615 Internet web site of the Department of Public Health a certificate for use 616 by a physician, physician assistant or advanced practice registered 617 nurse stating that, in the opinion of such physician, physician assistant 618 or advanced practice registered nurse, a vaccination required by the 619 general statutes is medically contraindicated for a person because of the 620 physical condition of such person. The certificate shall include (1) 621 definitions of the terms "contraindication" and "precaution", (2) a list of 622 contraindications and precautions recognized by the National Centers 623 for Disease Control and Prevention for each of the statutorily required 624 vaccinations, from which the physician, physician assistant or advanced 625 practice registered nurse may select the relevant contraindication or 626 precaution on behalf of such person, (3) a section in which the physician, 627 physician assistant or advanced practice registered nurse may record a 628 contraindication or precaution that is not recognized by the National

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629 Centers for Disease Control and Prevention, but in his or her discretion, 630 results in the vaccination being medically contraindicated, including, 631 but not limited to, any autoimmune disorder, family history of any 632 autoimmune disorder, family history of any reaction to a vaccination, 633 genetic predisposition to any reaction to a vaccination as determined 634 through genetic testing and a previous documented reaction of a person 635 that is correlated to a vaccination, (4) a section in which the physician, 636 physician assistant or advanced practice registered nurse may include a 637 written explanation for the exemption from any statutorily required 638 vaccinations, (5) a section requiring the signature of the physician, 639 physician assistant or advanced practice registered nurse, (6) a 640

requirement that the physician, physician assistant or advanced practice 641 registered nurse attach such person's most current immunization 642 record, and (7) a synopsis of the grounds for any order of quarantine or 643 isolation pursuant to section 19a-131b of the general statutes.

644 Sec. 8. (NEW) (*Effective from passage*) (a) There is established an 645 Advisory Committee on Medically Contraindicated Vaccinations within 646 the Department of Public Health for the purpose of advising the 647 Commissioner of Public Health on issues concerning exemptions from 648 state or federal requirements for vaccinations that result from a 649 physician, physician assistant or advanced practice registered nurse 650 stating that a vaccination is medically contraindicated for a person due 651 to the medical condition of such person. Said advisory committee shall 652 not be responsible for confirming or denying any determination by a 653 physician, physician assistant or advanced practice registered nurse that 654 a vaccination is medically contraindicated for a specific individual. In 655 order to carry out its duties, the advisory committee shall (1) have access 656 to the childhood immunization registry established by the department 657 pursuant to section 19a-7h of the general statutes, (2) evaluate the 658 process used by the department in collecting data concerning 659 exemptions resulting from a vaccination being medically 660 contraindicated and whether the department should have any oversight 661 over such exemptions, (3) examine whether enrollment of an 662 unvaccinated child into a program operated by a public or nonpublic 663 school, institution of higher education, child care center or group child

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

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

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

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

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

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

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

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

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

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

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

704 (c) The members of the advisory committee shall elect a chairperson 705
of the advisory committee from among its members. Such chairperson 706
shall schedule the first meeting of the advisory committee, which shall 707 be
held not later than October 1, 2021. The advisory committee shall 708 meet

not less than biannually. On or before January 1, 2022, and 709 annually thereafter, the committee shall report, in accordance with the 710 provisions of section 11-4a of the general statutes, on its activities and 711 findings to the joint standing committee of the General Assembly 712 having cognizance of matters relating to public health.

713 Sec. 9. (NEW) (*Effective from passage*) The Department of Public 714 Health, in collaboration with the state Department of Education and the 715 Office of Early Childhood, shall evaluate all of the data collected by said 716 departments concerning exemptions from immunization requirements. 717 Not later than January 1, 2022, and annually thereafter, the 718 Commissioners of Public Health, Education and Early Childhood shall 719 jointly report, in accordance with the provisions of section 11-4a of the 720 general statutes, to the joint standing committees of the General 721 Assembly having cognizance of matters relating to public health and 722 education regarding the evaluation of such data.

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

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

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

743 (a) Each group health insurance policy providing coverage of the type 744
 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 745
 delivered, issued for delivery, renewed, amended or continued in this 746
 state that provides coverage for prescription drugs shall provide 747
 [coverage for] (1) coverage for immunizations recommended by the 748
 American Academy of Pediatrics, American Academy of Family 749
 Physicians and the American College of Obstetricians and 750 Gynecologists,
 and (2) with respect to immunizations that have in effect 751 a
 recommendation from the Advisory Committee on Immunization 752
 Practices of the Centers for Disease Control and Prevention with respect 753
 to the individual involved, coverage for such immunizations and at least 754
a twenty-minute consultation between such individual and a health care 755
provider authorized to administer such immunizations to such 756
individual.

This act shall take effect as follows and shall amend the following sections:

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Section 1	<i>from passage</i>	10-204a
Sec. 2	<i>from passage</i>	19a-25
Sec. 3	<i>from passage</i>	10a-155
Sec. 4	<i>from passage</i>	10a-155b(a)
Sec. 5	<i>from passage</i>	19a-79
Sec. 6	<i>from passage</i>	19a-87b
Sec. 7	<i>from passage</i>	New section
Sec. 8	<i>from passage</i>	New section
Sec. 9	<i>from passage</i>	New section
Sec. 10	<i>January 1, 2022</i>	38a-492r(a)
Sec. 11	<i>January 1, 2022</i>	38a-518r(a)

Statement of Legislative Commissioners:

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

Sections 10 and 11, "prescribe" was changed to "administer" for clarity.

PH Joint Favorable Subst.

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The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 22 \$	FY 23 \$
Board of Regents for Higher Education	GF - Revenue Loss	Less than 1.4 million	Less than 1.4 million
Public Health, Dept.	IF - Cost	Less than \$91,000	Less than \$91,000

Municipal Impact: None

Explanation

This bill eliminates the religious exemption from immunization requirements for individuals attending public and private schools, child care centers, and group and family day care homes. This is anticipated to result in a cost to the Department of Public Health (DPH) of less than \$91,000 annually to purchase vaccines for privately insured children who would not have been vaccinated in the absence of the passage of the bill.¹

The bill grandfathers in individuals enrolled in 7th grade or higher who submitted a religious exemption prior to the bill's passage. Under the bill, individuals with prior religious exemptions who are enrolled in 6th grade or below generally must comply with immunization requirements.

The maximum annual DPH cost projection assumes, based on

¹ Funding to vaccinate children that are Medicaid-eligible, uninsured, underinsured, and/or American Indian or Alaska Native is provided by the Federal Vaccines for Children program.

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national 2018 Census data, that 67% of school enterers with religious exemptions have private insurance. There were 1,536 RE in Connecticut for the 2020 school year. At least 1,075 students with religious exemptions are enrolled in grades K - 6. Assuming the same number of religious exemptions in each of FY 22 and FY 23, the maximum number of privately insured individuals that could be vaccinated due to the bill is approximately 720. Currently, the cost to fully vaccinate an insured Connecticut child 0-18 years of age with all recommended vaccines is approximately \$2,400 per child (an average of \$126 annually). The cost to DPH will vary based on several factors, including: (1) the number of privately insured individuals that would have procured a religious exemption that chooses to receive DPH-recommended vaccinations, rather than leave the state or become homeschooled, (2) the number of these individuals that are already vaccinated to some extent and for which preventable childhood diseases, (3) the utilization rate of combination vaccines, (4) the types of combination vaccines used, (5)

the timing of vaccine administration, and (6) the price of vaccines.²

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

The revenue loss to the Board of Regents for Higher Education is potential because it is possible that most, or all, of such prospective new students, will choose to receive vaccinations to enroll. The potential revenue loss may reach \$1.4 million annually, beginning in FY 22, if few such prospective students choose to comply with the vaccination requirements. However, if many comply, the potential revenue loss will be minimal.

Of the potential Board of Regents revenue loss, up to \$900,000 is

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

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

The Out Years

The annualized ongoing cost to DPH identified above would continue into the future subject to: (1) the number of privately insured individuals that would have procured a religious exemption that choose to receive DPH-recommended vaccinations, rather than leave the state or become homeschooled, (2) the number of these individuals

that are already vaccinated to some extent and for which preventable childhood diseases, (3) the utilization rate of combination vaccines, (4) the types of combination vaccines used, (5) the timing of vaccine administration, and (6) the price of vaccines. The potential revenue loss to the community colleges and the Connecticut State Universities will continue into the out years, dependent on the number of prospective students who choose not to vaccinate themselves that would have previously obtained a religious exemption, and any changes in the tuition, fees, room, and board rates.

The Out Years

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

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OLR Bill Analysis

sHB 6423

AN ACT CONCERNING IMMUNIZATIONS.

SUMMARY

This bill eliminates the religious exemption from immunization requirements for individuals attending (1) public and private schools, including higher education institutions, and (2) child care centers and group and family day care homes. Under current law, individuals may opt out of vaccination if they present a statement that immunization would be contrary to their religious beliefs or, for minors, those of their parent or guardian (see BACKGROUND).

The bill grandfathers in individuals enrolled in 7th grade or higher who submitted a religious exemption prior to the bill's passage. Under the bill, individuals with prior religious exemptions who are enrolled in

6th grade or below generally must comply with immunization requirements by September 1, 2022, or within 14 days after transferring to a different school or applying to enroll at a different child care facility, whichever is later.

However, the bill allows these children to extend the timeframe within which they must comply with the immunization requirements if they present a written declaration from the child's physician, physician assistant (PA), or advanced practice registered nurse (APRN) that an alternative immunization schedule is recommended. This declaration must be acknowledged by a judge, family support magistrate, court clerk or deputy clerk, town clerk, notary public, justice of the peace, Connecticut attorney, or school nurse.

The bill also retains current law's medical exemption from these immunization requirements for individuals who can document that the immunization is medically contraindicated.

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sHB6423 File No. 431 Additionally, the bill:

1. requires the Department of Public Health (DPH), by October 1, 2021, to develop and post on its website a medical exemption certificate for use by physicians, PAs, and APRNs (§ 7);
2. requires DPH to release annual immunization rates for each public and private K-12 school in the state, provided the data does not include individually-identifiable information (§§ 1 & 2);
3. establishes an 11-member DPH Advisory Committee on Medically Contraindicated Vaccinations to advise the commissioner on issues concerning medical exemptions from state or federal immunization requirements (§ 8);
4. requires the advisory committee to meet at least biannually and annually report on its activities and findings to the Public Health Committee, starting by January 1, 2022 (§ 8);
5. requires DPH, in collaboration with the Department of Education and the Office of Early Childhood, to evaluate data they collect on exemptions from immunization requirements, and these agencies to jointly report to the Public Health and Education committees on the evaluation annually, starting by January 1,

2022 (§ 9); and

6. requires certain health insurance policies that cover prescription drugs to cover at least a 20-minute immunization consultation between a patient and provider for vaccines recommended by the federal Centers for Disease Control and Prevention (CDC) (§§ 10 & 11).

Lastly, the bill makes minor, technical, and conforming changes.

EFFECTIVE DATE: Upon passage, except for the insurance coverage provisions, which are effective January 1, 2022.

§ 7 — MEDICAL EXEMPTION CERTIFICATES

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The bill requires the DPH commissioner, by October 1, 2021, to develop and post on the department's website, a certificate for use by physicians, PAs, and APRNs ("providers") that states that the provider believes that a required vaccination is medically contraindicated for an individual based on his or her physical condition.

The medical exemption certificate must include:

1. definitions of "contraindication" and "precaution";
2. a list of contraindications and precautions recognized by the CDC for each statutorily-required immunization from which the provider may select on behalf of an individual;
3. a section where the provider may record a contraindication or precaution not recognized by the CDC, but that in the provider's discretion, results in the vaccination being medically contraindicated, including (a) an autoimmune disorder or family history of one, (b) family history of a reaction to a vaccine, (c) genetic predisposition to a vaccine reaction determined by genetic testing, and (d) a previous documented reaction correlated to a vaccine;
4. a section where the provider may include a written explanation for the medical exemption;
5. a section requiring the provider's signature;

6. a requirement that the provider attach the individual's most current immunization record; and
7. a synopsis of the grounds for any order of quarantine or isolation related to the exemption.

§ 8 — DPH ADVISORY COMMITTEE

Duties

The bill establishes an 11-member Advisory Committee on Medically

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Contraindicated Vaccinations within DPH to advise the commissioner on issues concerning medical exemptions from state or federal immunization requirements. The committee is not responsible for confirming or denying any provider determination that a vaccine is medically contraindicated for an individual.

Under the bill, the advisory committee must:

8. have access to the department's childhood immunization registry;
9. evaluate the process DPH uses to collect medical exemption data and whether the department should have oversight of those exemptions;
10. examine whether enrolling an unvaccinated student in a school, higher education institution, or child care facility should be conditioned upon the individual meeting certain criteria;
11. calculate the ratio of school nurses to students in each public and private school in the state and any associated funding issues;
12. assess whether school immunizations should be required more frequently than prior to enrolling in public or private school and prior to entering 7th grade; and
13. determine whether (a) there are any discrepancies in issuing medical exemptions and (b) to recommend continuing education for providers in immunization contraindications and

precautions.

The bill specifies that information the advisory committee obtains from the childhood immunization registry is confidential. By law, medical information, records, and other data obtained by DPH generally (1) are confidential and not subject to disclosure, (2) are not admissible as evidence in any court or agency proceeding, and (3) must be used solely for medical or scientific research or disease control and prevention purposes.

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Membership

Under the bill, the advisory committee members include:

14. one pediatrician and one member of the public, each appointed by the House speaker;
15. one physician with expertise in vaccine efficacy and one member of the public, each appointed by the Senate president pro tempore;
16. one school nurse, appointed by the House majority leader;
17. one PA with experience in administering vaccines, appointed by the Senate majority leader;
18. one APRN with experience in administering vaccines, appointed by the House minority leader;
19. one representative of the Connecticut Chapter of the American Academy of Pediatrics, appointed by the Senate minority leader; and
20. the education, early childhood, and public health commissioners, or their designees.

Meetings and Reports

The bill requires the advisory committee to elect a chairperson from among its members. The chairperson must schedule the first meeting, which must be held by October 1, 2021, and the committee must meet at least biannually thereafter. The committee must also report on its activities and findings to the Public Health Committee annually,

starting by January 1, 2022.

§§ 10 & 11 — INSURANCE COVERAGE FOR IMMUNIZATION CONSULTATIONS

The bill requires certain health insurance policies that cover prescription drugs to cover at least a 20-minute immunization consultation between a patient and a provider authorized to administer

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them (e.g., a physician or advanced practice registered nurse). Coverage is only for consultations on immunizations recommended for the patient by the CDC's Advisory Committee on Immunization Practices (ACIP) (see BACKGROUND).

The bill applies to individual and group health insurance policies delivered, issued, renewed, amended, or continued in Connecticut that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; or (4) hospital or medical services, including those provided under an HMO plan. Because of the federal Employee Retirement Income Security Act (ERISA), state insurance benefit mandates do not apply to self-insured benefit plans.

BACKGROUND

Religious Exemption from Immunization Requirements Under current law, the religious exemption statement must be officially acknowledged by one of specified individuals (e.g., notary public, town clerk, or school nurse). The parents or guardian must submit the religious exemption statement (1) before the student enrolls in public or private school and (2) before the student enrolls in seventh grade.

The same requirements for school children apply to children at child care settings, including day care centers and family and group day care homes.

Higher education students must submit the statement prior to enrollment. The form for these students does not need to be officially acknowledged.

Childhood Immunization Requirements

For school children, Connecticut law requires immunization against the following diseases (the specific immunization schedule varies by

disease):

21. measles, mumps, and rubella;

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sHB6423 File No. 431 22. polio;

23. diphtheria, tetanus, pertussis;

24. haemophilus influenza B (only if under age 5);

25. hepatitis A and B;

26. varicella (chicken pox);

27. influenza (only for preschool);

28. pneumonia (only if under age 5); and

29. meningitis (7th grade) (CGS § 10-204a and Conn. Agencies Regs. §§ 10-204a-1 et seq.).

The same requirements apply to children at child care settings, including day care centers and group and family day care homes (Conn. Agencies Regs., §§ 19a-79-6a & 19a-87b-10(k)).

Higher Education Immunization Requirements

Connecticut law generally requires full-time students attending in state post-secondary institutions to provide proof of adequate immunization against measles, mumps, and rubella and chicken pox (CGS § 10a-155).

The law also requires each student who lives in on campus housing to be vaccinated against meningitis (CGS § 10a-155b).

Insurance Coverage for Immunizations

Existing law requires health insurance policies that cover prescription drugs to also cover certain immunizations for children, adolescents, and adults. Specifically, they must cover immunizations (1) recommended by the American Academy of Pediatrics, American Academy of Family Physicians, and the American College of Obstetricians and Gynecologists and (2) that have, in effect, a recommendation from the CDC's ACIP with respect to the individual involved. These include, among others, immunizations for influenza, meningitis, tetanus, HPV, hepatitis A and B, measles, mumps, rubella,

sHB6423 File No. 431 and varicella.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 22 Nay 11 (03/31/2021)

26 **Exhibit B**



General Assembly **Amendment** January Session, 2021 LCO No.

7076



Offered by:

- | | |
|--|---|
| REP. COOK, 65 th Dist. | REP. NAPOLI, 73 rd Dist. |
| REP. SCANLON, 98 th Dist. | REP. CARPINO, 32 nd Dist. |
| REP. LINEHAN, 103 rd Dist. | REP. MCCARTY, 38 th Dist. |
| REP. RYAN, 139 th Dist. | REP. WOOD, 29 th Dist. |
| REP. DEMICCO, 21 st Dist. | REP. COMEY, 102 nd Dist. |
| REP. BORER, 115 th Dist. | REP. LEEPER, 132 nd Dist. |
| REP. HORN, 64 th Dist. | REP. PARKER, 101 st Dist. REP. |
| REP. SANCHEZ, 25 th Dist. | BERGER-GIRVALO, 111 th Dist. |
| REP. ARCONTI, 109 th Dist. | REP. JOHNSON, 49 th Dist. |
| REP. DATHAN, 142 nd Dist. | REP. DOUCETTE, 13 th Dist. |
| REP. NOLAN, 39 th Dist. | REP. REYES, 75 th Dist. |
| REP. KAVROS DEGRAW, 17 th | REP. PALM, 36 th Dist. |
| Dist. | REP. LUXENBERG, 12 th Dist. |
| REP. GOUPIL, 35 th Dist. | REP. CONCEPCION, 4 th Dist. |
| REP. DIGIOVANCARLO, 74 th Dist. | REP. ALLIE-BRENNAN, 2 nd Dist. |

To: Subst. House Bill No. **6423** File No. 431 Cal. No. 323
"AN ACT CONCERNING IMMUNIZATIONS."

1 Strike everything after the enacting clause and substitute the 2 following
in lieu thereof:

3 "Section 1. Section 10-204a of the general statutes are repealed and the 4
following is substituted in lieu thereof (*Effective from passage*):

5 (a) Each local or regional board of education, or similar body 6 governing
a nonpublic school or schools, shall require each child to be 7 protected by
adequate immunization against diphtheria, pertussis, 8 tetanus,
poliomyelitis, measles, mumps, rubella, [hemophilus] 9 haemophilus
influenzae type B and any other vaccine required by the
10 schedule for active immunization adopted pursuant to section 19a-7f 11
before being permitted to enroll in any program operated by a public or 12
nonpublic school under its jurisdiction. Before being permitted to enter 13
seventh grade, a child shall receive a second immunization against 14
measles. Any such child who (1) presents a certificate from a physician, 15
physician assistant, advanced practice registered nurse or local health 16
agency stating that initial immunizations have been given to such child 17
and additional immunizations are in process (A) under guidelines and 18
schedules specified by the Commissioner of Public Health, or (B) in the 19
case of a child enrolled in a preschool program or other prekindergarten 20
program who, prior to the effective date of this section, was exempt 21 from
the appropriate provisions of this section upon presentation of a 22
statement that such immunizations would be contrary to the religious 23
beliefs of such child or the parents or guardian of such child, as such 24
additional immunizations are recommended, in a written declaration, 25 in a
form prescribed by the Commissioner of Public Health, for such 26 child by
a physician, a physician assistant or an advanced practice 27 registered
nurse; or (2) presents a certificate, in a form prescribed by the 28
commissioner pursuant to section 7 of this act, from a physician, 29
physician assistant or advanced practice registered nurse stating that in 30
the opinion of such physician, physician assistant or advanced practice 31
registered nurse such immunization is medically contraindicated 32 because
of the physical condition of such child; [or (3) presents a 33 statement from
the parents or guardian of such child that such 34 immunization would be
contrary to the religious beliefs of such child or 35 the parents or guardian of
such child, which statement shall be 36 acknowledged, in accordance with
the provisions of sections 1-32, 1-34 37 and 1-35, by (A) a judge of a court of
record or a family support 38 magistrate, (B) a clerk or deputy clerk of a
court having a seal, (C) a town 39 clerk, (D) a notary public, (E) a justice of
the peace, (F) an attorney

40 admitted to the bar of this state, or (G) notwithstanding any provision 41
of chapter 6, a school nurse;] or [(4)] (3) in the case of measles, mumps 42 or
rubella, presents a certificate from a physician, physician assistant or 43
advanced practice registered nurse or from the director of health in such 44
child's present or previous town of residence, stating that the child has 45
had a confirmed case of such disease; or [(5)] (4) in the case of 46
[hemophilus] haemophilus influenzae type B has passed [his] such 47 child's
fifth birthday; or [(6)] (5) in the case of pertussis, has passed [his] 48 such
child's sixth birthday, shall be exempt from the appropriate 49 provisions of
this section. [If the parents or guardians of any child are 50 unable to pay for
such immunizations, the expense of such 51 immunizations shall, on the
recommendations of such board of 52 education, be paid by the town. Before
being permitted to enter seventh 53 grade, the parents or guardian of any
child who is exempt on religious 54 grounds from the immunization
requirements of this section, pursuant 55 to subdivision (3) of this
subsection, shall present to such school a 56 statement that such
immunization requirements are contrary to the 57 religious beliefs of such
child or the parents or guardian of such child, 58 which statement shall be
acknowledged, in accordance with the 59 provisions of sections 1-32, 1-34
and 1-35, by (A) a judge of a court of 60 record or a family support
magistrate, (B) a clerk or deputy clerk of a 61 court having a seal, (C) a town
clerk, (D) a notary public, (E) a justice of 62 the peace, (F) an attorney
admitted to the bar of this state, or (G) 63 notwithstanding any provision of
chapter 6, a school nurse.] The 64 statement described in subparagraph (B) of
subdivision (1) of this 65 subsection shall be acknowledged, in accordance
with the provisions of 66 sections 1-32, 1-34 and 1-35, by a judge of a court of
record or a family 67 support magistrate, a clerk or deputy clerk of a court
having a seal, a 68 town clerk, a notary public, a justice of the peace, an
attorney admitted 69 to the bar of this state, or notwithstanding any
provision of chapter 6, a 70 school nurse.

71 (b) The immunization requirements provided for in subsection (a) of 72
this section shall not apply to any child who is enrolled in kindergarten 73
through twelfth grade on or before the effective date of this section if

74 such child presented a statement, prior to the effective date of this 75
section, from the parents or guardian of such child that such 76
immunization is contrary to the religious beliefs of such child or the 77
parents or guardian of such child, and such statement was 78 acknowledged,
in accordance with the provisions of sections 1-32, 1-34 79 and 1-35, by (1) a
judge of a court of record or a family support 80 magistrate, (2) a clerk or
deputy clerk of a court having a seal, (3) a town 81 clerk, (4) a notary public,
(5) a justice of the peace, (6) an attorney 82 admitted to the bar of this state,
or (7) notwithstanding any provision of 83 chapter 6, a school nurse.

84 (c) Any child who is enrolled in a preschool program or other 85
prekindergarten program prior to the effective date of this section who 86
presented a statement, prior to the effective date of this section, from the 87
parents or guardian of such child that the immunization is contrary to 88 the
religious beliefs of such child or the parents or guardian of such 89 child,
which statement was acknowledged, in accordance with the 90 provisions of
sections 1-32, 1-34 and 1-35, by (1) a judge of a court of 91 record or a family
support magistrate, (2) a clerk or deputy clerk of a 92 court having a seal, (3)
a town clerk, (4) a notary public, (5) a justice of 93 the peace, (6) an attorney
admitted to the bar of this state, or (7) 94 notwithstanding any provision of
chapter 6, a school nurse, but did not 95 present a written declaration from a
physician, a physician assistant or 96 an advanced practice registered nurse
stating that additional 97 immunizations are in process as recommended by
such physician, 98 physician assistant or advanced practice registered nurse,
rather than as 99 recommended under guidelines and schedules specified by
the

100 Commissioner of Public Health, shall comply with the immunization 101
requirements provided for in subparagraph (A) of subdivision (1) of 102
subsection (a) of this section on or before September 1, 2022, or not later 103
than fourteen days after transferring to a program operated by a public 104 or
nonpublic school under the jurisdiction of a local or regional board of 105
education or similar body governing a nonpublic school or schools, 106
whichever is later.

107 (d) If the parents or guardian of any child are unable to pay for any

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108 immunization required by subsection (a) of this section, the expense of
109 such immunization shall, on the recommendation of such child's local 110
or regional board of education, or similar body governing a nonpublic 111
school or schools, be paid by the town.

112 [(b)] (e) The definitions of adequate immunization shall reflect the 113
schedule for active immunization adopted pursuant to section 19a-7f 114 and
be established by regulation adopted in accordance with the 115 provisions of
chapter 54 by the Commissioner of Public Health, who 116 shall also be
responsible for providing procedures under which [said] 117 such boards and
[said] such similar governing bodies shall collect and 118 report
immunization data on each child to the Department of Public 119 Health for
(1) compilation and analysis by [said] the department, and 120 (2) release by
the department of annual immunization rates for each 121 public and
nonpublic school in the state, provided such immunization 122 data may not
contain information that identifies a specific individual.

123 [(c)] (f) The Commissioner of Public Health may issue a temporary 124
waiver to the schedule for active immunization for any vaccine if the 125
National Centers for Disease Control and Prevention recognizes a 126
nation-wide shortage of supply for such vaccine.

127 Sec. 2. Section 19a-25 of the general statutes is repealed and the 128
following is substituted in lieu thereof (*Effective from passage*):

129 (a) All information, records of interviews, written reports, statements, 130
notes, memoranda or other data, including personal data as defined in 131
subdivision (9) of section 4-190, procured by: [the] (1) The Department 132 of
Public Health, by staff committees of facilities accredited by the 133
Department of Public Health or the maternity mortality review 134
committee, established pursuant to section 19a-59i, in connection with 135
studies of morbidity and mortality conducted by the Department of 136
Public Health, such staff committees or the maternal mortality review 137
committee, or carried on by said department, such staff committees or 138 the
maternal mortality review committee jointly with other persons, 139 agencies
or organizations, [or procured by] (2) the directors of health of

140 towns, cities or boroughs or the Department of Public Health pursuant
141 to section 19a-215, or [procured by] (3) such other persons, agencies or
142 organizations, for the purpose of reducing the morbidity or mortality 143
from any cause or condition, shall be confidential and shall be used 144 solely
for the purposes of medical or scientific research and, for 145 information
obtained pursuant to section 19a-215, disease prevention 146 and control by
the local director of health and the Department of Public 147 Health. Such
information, records, reports, statements, notes, 148 memoranda or other data
shall not be admissible as evidence in any 149 action of any kind in any court
or before any other tribunal, board, 150 agency or person, nor shall it be
exhibited or its contents disclosed in 151 any way, in whole or in part, by any
officer or representative of the 152 Department of Public Health or of any
such facility, by any person 153 participating in such a research project or by
any other person, except 154 as may be necessary for the purpose of
furthering the research project to 155 which it relates.

156 (b) Notwithstanding the provisions of chapter 55, the Department of 157
Public Health may exchange personal data for the purpose of medical 158 or
scientific research, with any other governmental agency or private 159
research organization; provided such state, governmental agency or 160
private research organization shall not further disclose such personal 161
data. The Commissioner of Public Health shall adopt regulations, in 162
accordance with the provisions of chapter 54, consistent with the 163
purposes of this section to establish the procedures to ensure the 164
confidentiality of such disclosures. The furnishing of such information 165 to
the Department of Public Health or its authorized representative, or 166 to
any other agency cooperating in such a research project, shall not 167 subject
any person, hospital, [sanitarium] behavioral health facility, rest 168 home,
nursing home or other person or agency furnishing such 169 information to
any action for damages or other relief because of such 170 disclosure. [This
section shall not be deemed to affect disclosure]

171 (c) The provisions of this section shall not affect: (1) Disclosure of 172
regular hospital and medical records made in the course of the regular 173
notation of the care and treatment of any patient, but only records or

174 notations by [such] the staff committees described in subsection (a) of 175
this section pursuant to their work, or (2) release by the Department of 176
Public Health of annual immunization rates for each public and 177
nonpublic school in the state pursuant to section 10-204a, as amended 178 by
this act.

179 Sec. 3. Section 10a-155 of the general statutes is repealed and the 180
following is substituted in lieu thereof (*Effective from passage*):

181 (a) Each institution of higher education shall require each full-time or 182
matriculating student born after December 31, 1956, to provide proof of 183
adequate immunization against measles, rubella, [and on and after 184
August 1, 2010, to provide proof of adequate immunization against]
185 mumps and varicella as recommended by the national Advisory 186
Committee for Immunization Practices before permitting such student 187 to
enroll in such institution. [Any such]

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

207 August 1, 2010, the] mumps vaccination requirement pursuant to 208
subdivision (2) [or (3)] of subsection (a) of section 10-204a, as amended 209 by
this act, shall be exempt from the appropriate provisions of this 210 section.

211 [(b)] (c) Each institution of higher education shall keep uniform 212
records of the immunizations and immunization status of each student, 213
based on the certificate of immunization or other evidence acceptable 214
pursuant to subsection [(a)] (b) of this section. The record shall be part 215 of
the student's permanent record. By November first of each year, the 216 chief
administrative officer of each institution of higher education shall 217 cause
to be submitted to the Commissioner of Public Health, on a form 218
provided by the commissioner, a summary report of the immunization 219
status of all students enrolling in such institution.

220 Sec. 4. Subsection (a) of section 10a-155b of the general statutes is 221
repealed and the following is substituted in lieu thereof (*Effective from* 222
passage):

223 (a) For students who first enroll in the 2014-2015 school year, and first 224
enroll in each school year thereafter, each public or private college or 225
university in this state shall require that each student who resides in on 226
campus housing be vaccinated against meningitis and submit evidence 227 of
having received a meningococcal conjugate vaccine not more than 228 five
years before enrollment as a condition of such residence. The 229 provisions
of this subsection shall not apply to any such student who (1) 230 presents a
certificate, in a form prescribed by the Commissioner of 231 Public Health
pursuant to section 7 of this act, from a physician, an 232 advanced practice
registered nurse or a physician assistant stating that, 233 in the opinion of
such physician, advanced practice registered nurse or 234 physician assistant,
such vaccination is medically contraindicated 235 because of the physical
condition of such student, or (2) [presents] prior 236 to the effective date of
this section, presented a statement that such 237 vaccination [would be] is
contrary to the religious beliefs of such 238 student.

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239 Sec. 5. Section 19a-79 of the general statutes is repealed and the 240

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

241 (a) The Commissioner of Early Childhood shall adopt regulations, in 242
accordance with the provisions of chapter 54, to carry out the purposes 243 of
sections 19a-77 to 19a-80, inclusive, and 19a-82 to 19a-87, inclusive, 244 and to
assure that child care centers and group child care homes meet 245 the health,
educational and social needs of children utilizing such child 246 care centers
and group child care homes. Such regulations shall (1) 247 specify that before
being permitted to attend any child care center or 248 group child care home,
each child shall be protected as age-appropriate 249 by adequate
immunization against diphtheria, pertussis, tetanus, 250 poliomyelitis,
measles, mumps, rubella, [hemophilus] haemophilus 251 influenzae type B
and any other vaccine required by the schedule of 252 active immunization
adopted pursuant to section 19a-7f, [including 253 appropriate exemptions
for children for whom such immunization is 254 medically contraindicated
and for children whose parent or guardian 255 objects to such immunization
on religious grounds, and that any 256 objection by a parent or a guardian to
immunization of a child on 257 religious grounds shall be accompanied by a
statement from such parent 258 or guardian that such immunization would
be contrary to the religious 259 beliefs of such child or the parent or guardian
of such child, which 260 statement shall be acknowledged, in accordance with
the provisions of 261 sections 1-32, 1-34 and 1-35, by (A) a judge of a court of
record or a family 262 support magistrate, (B) a clerk or deputy clerk of a
court having a seal, 263 (C) a town clerk, (D) a notary public, (E) a justice of
the peace, or (F) an 264 attorney admitted to the bar of this state,] (2) specify
conditions under 265 which child care center directors and teachers and
group child care 266 home providers may administer tests to monitor glucose
levels in a child 267 with diagnosed diabetes mellitus, and administer
medicinal 268 preparations, including controlled drugs specified in the
regulations by 269 the commissioner, to a child receiving child care services at
such child 270 care center or group child care home pursuant to the written
order of a 271 physician licensed to practice medicine or a dentist licensed to
practice 272 dental medicine in this or another state, or an advanced practice

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273 registered nurse licensed to prescribe in accordance with section 20-94a,
274 or a physician assistant licensed to prescribe in accordance with section
275 20-12d, and the written authorization of a parent or guardian of such 276
child, (3) specify that an operator of a child care center or group child 277 care

home, licensed before January 1, 1986, or an operator who receives 278 a license after January 1, 1986, for a facility licensed prior to January 1, 279 1986, shall provide a minimum of thirty square feet per child of total 280 indoor usable space, free of furniture except that needed for the 281 children's purposes, exclusive of toilet rooms, bathrooms, coatrooms, 282 kitchens, halls, isolation room or other rooms used for purposes other 283 than the activities of the children, (4) specify that a child care center or 284 group child care home licensed after January 1, 1986, shall provide 285 thirty-five square feet per child of total indoor usable space, (5) establish 286 appropriate child care center staffing requirements for employees 287 certified in cardiopulmonary resuscitation by the American Red Cross, 288 the American Heart Association, the National Safety Council, American 289 Safety and Health Institute, Medic First Aid International, Inc. or an 290 organization using guidelines for cardiopulmonary resuscitation and 291 emergency cardiovascular care published by the American Heart 292 Association and International Liaison Committee on Resuscitation, (6) 293 specify that [on and after January 1, 2003,] a child care center or group 294 child care home (A) shall not deny services to a child on the basis of a 295 child's known or suspected allergy or because a child has a prescription 296 for an automatic prefilled cartridge injector or similar automatic 297 injectable equipment used to treat an allergic reaction, or for injectable 298 equipment used to administer glucagon, (B) shall, not later than three 299 weeks after such child's enrollment in such a center or home, have staff 300 trained in the use of such equipment on-site during all hours when such 301 a child is on-site, (C) shall require such child's parent or guardian to 302 provide the injector or injectable equipment and a copy of the 303 prescription for such medication and injector or injectable equipment 304 upon enrollment of such child, and (D) shall require a parent or 305 guardian enrolling such a child to replace such medication and 306 equipment prior to its expiration date, (7) specify that [on and after 307 January 1, 2005,] a child care center or group child care home (A) shall

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308 not deny services to a child on the basis of a child's diagnosis of asthma 309 or because a child has a prescription for an inhalant medication to treat 310 asthma, and (B) shall, not later than three weeks after such child's 311 enrollment in such a center or home, have staff trained in the 312 administration of such medication on-site during all hours when such a 313 child is on-site, and (8) establish physical plant requirements for 314 licensed

child care centers and licensed group child care homes that 315 exclusively serve school-age children. When establishing such 316 requirements, the Office of Early Childhood shall give consideration to 317 child care centers and group child care homes that are located in private 318 or public school buildings. With respect to this subdivision only, the 319 commissioner shall implement policies and procedures necessary to 320 implement the physical plant requirements established pursuant to this 321 subdivision while in the process of adopting such policies and 322 procedures in regulation form. Until replaced by policies and 323 procedures implemented pursuant to this subdivision, any physical 324 plant requirement specified in the office's regulations that is generally 325 applicable to child care centers and group child care homes shall 326 continue to be applicable to such centers and homes that exclusively 327 serve school-age children. The commissioner shall [print] post notice of 328 the intent to adopt regulations pursuant to this subdivision on the 329 eRegulations System not later than twenty days after the date of 330 implementation of such policies and procedures. Policies and 331 procedures implemented pursuant to this subdivision shall be valid 332 until the time final regulations are adopted.

333 (b) Any child who (1) presents a certificate, in a form prescribed by 334 the Commissioner of Public Health pursuant to section 7 of this act, 335 signed by a physician, a physician assistant or an advanced practice 336 registered nurse stating that, in the opinion of such physician, physician 337 assistant or advanced practice registered nurse, the immunizations 338 required pursuant to regulations adopted pursuant to subdivision (1) of 339 subsection (a) of this section are medically contraindicated, (2) in the 340 case of a child who is enrolled in kindergarten through twelfth grade, 341 presented a statement, prior to the effective date of this section, that such

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342 immunizations are contrary to the religious beliefs of such child or the 343 parents or guardian of such child, or (3) in the case of a child who is 344 enrolled in a preschool program or other prekindergarten program or 345 below, (A) presented a statement, prior to the effective date of this 346 section, that such immunizations are contrary to the religious beliefs of 347 such child or the parents or guardian of such child, and (B) presents a 348 written declaration, in a form prescribed by the Commissioner of Public 349 Health, from a physician, a physician assistant or an advanced practice 350 registered nurse stating that an immunization against diphtheria, 351 pertussis, tetanus,

poliomyelitis, measles, mumps, rubella, haemophilus 352 influenzae type B and any other vaccine required by the schedule of 353 active immunization adopted pursuant to section 19a-7f has been given 354 to such child and that any additional necessary immunizations of such 355 student against diphtheria, pertussis, tetanus, poliomyelitis, measles, 356 mumps, rubella, haemophilus influenzae type B and any other vaccine 357 required by such schedule of active immunization are in process under 358 guidelines specified by the Commissioner of Public Health or as 359 recommended for the child by the physician, physician assistant or 360 advanced practice registered nurse, shall be exempt from the 361 immunization requirements set forth in such regulations. The statement 362 described in subparagraph (A) of subdivision (3) of this subsection shall 363 be acknowledged, in accordance with the provisions of sections 1-32, 1- 364 34 and 1-35, by a judge of a court of record or a family support 365 magistrate, a clerk or deputy clerk of a court having a seal, a town clerk, 366 a notary public, a justice of the peace, or an attorney admitted to the bar 367 of this state.

368 (c) Any child who is enrolled in a preschool program or other 369 prekindergarten program or below on or before the effective date of this 370 section who presented, prior to the effective date of this section, the 371 statement described in subparagraph (A) of subdivision (3) of 372 subsection (b) of this section, but did not present the written declaration 373 described in subparagraph (B) of subdivision (3) of subsection (b) of this 374 section, shall comply, on or before September 1, 2022, or not later than 375 fourteen days after applying to enroll in the child care center or group

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376 child care home, whichever is later, with the immunization 377 requirements set forth in the regulations adopted pursuant to 378 subdivision (1) of subsection (a) of this section.

379 [(b)] (d) The commissioner may adopt regulations, pursuant to 380 chapter 54, to establish civil penalties of not more than one hundred 381 dollars per day for each day of violation and other disciplinary remedies 382 that may be imposed, following a contested-case hearing, upon the 383 holder of a license issued under section 19a-80 to operate a child care 384 center or group child care home or upon the holder of a license issued 385 under section 19a-87b, as amended by this act, to operate a family child 386 care home.

387 [(c)] (e) The commissioner shall exempt Montessori schools 388 accredited
by the American Montessori Society or the Association 389 Montessori
Internationale from any provision in regulations adopted 390 pursuant to
subsection (a) of this section which sets requirements on 391 group size or
child to staff ratios or the provision of cots.

392 [(d)] (f) Upon the declaration by the Governor of a civil preparedness 393
emergency pursuant to section 28-9 or a public health emergency 394
pursuant to section 19a-131a, the commissioner may waive the 395 provisions
of any regulation adopted pursuant to this section if the 396 commissioner
determines that such waiver would not endanger the life, 397 safety or health
of any child. The commissioner shall prescribe the 398 duration of such
waiver, provided such waiver shall not extend beyond 399 the duration of the
declared emergency. The commissioner shall 400 establish the criteria by
which a waiver request shall be made and the 401 conditions for which a
waiver will be granted or denied. The provisions 402 of section 19a-84 shall
not apply to a denial of a waiver request under 403 this subsection.

404 [(e)] (g) Any child care center or group child care home may provide 405
child care services to homeless children and youths, as defined in 42 406 USC
11434a, as amended from time to time, for a period not to exceed 407 ninety
days without complying with any provision in regulations

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408 adopted pursuant to this section relating to immunization and physical
409 examination requirements. Any child care center or group child care 410
home that provides child care services to homeless children and youths 411 at
such center or home under this subsection shall maintain a record on 412 file
of all homeless children and youths who have attended such center 413 or
home for a period of two years after such homeless children or youths 414 are
no longer receiving child care services at such center or home.

415 [(f)] (h) Any child care center or group child care home may provide 416
child care services to a foster child for a period not to exceed forty-five 417
days without complying with any provision in regulations adopted 418
pursuant to this section relating to immunization and physical 419
examination requirements. Any child care center or group child care 420
home that provides child care services to a foster child at such center or 421
home under this subsection shall maintain a record on file of such foster 422

child for a period of two years after such foster child is no longer 423
receiving child care services at such center or home. For purposes of this 424
subsection, "foster child" means a child who is in the care and custody 425 of
the Commissioner of Children and Families and placed in a foster 426 home
licensed pursuant to section 17a-114, foster home approved by a 427
child-placing agency licensed pursuant to section 17a-149, facility 428 licensed
pursuant to section 17a-145 or with a relative or fictive kin 429 caregiver
pursuant to section 17a-114.

430 Sec. 6. Section 19a-87b of the general statutes is repealed and the 431
following is substituted in lieu thereof (*Effective from passage*):

432 (a) No person, group of persons, association, organization, 433
corporation, institution or agency, public or private, shall maintain a 434
family child care home, as defined in section 19a-77, without a license 435
issued by the Commissioner of Early Childhood. Licensure forms shall 436 be
obtained from the Office of Early Childhood. Applications for 437 licensure
shall be made to the commissioner on forms provided by the 438 office and
shall contain the information required by regulations adopted 439 under this
section. The licensure and application forms shall contain a 440 notice that
false statements made therein are punishable in accordance

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441 with section 53a-157b. Applicants shall state, in writing, that they are in
442 compliance with the regulations adopted by the commissioner pursuant
443 to subsection (f) of this section. Before a family child care home license
444 is granted, the office shall make an inquiry and investigation which shall
445 include a visit and inspection of the premises for which the license is 446
requested. Any inspection conducted by the office shall include an 447
inspection for evident sources of lead poisoning. The office shall provide 448
for a chemical analysis of any paint chips found on such premises. 449
Neither the commissioner nor the commissioner's designee shall require 450
an annual inspection for homes seeking license renewal or for licensed 451
homes, except that the commissioner or the commissioner's designee 452 shall
make an unannounced visit, inspection or investigation of each 453 licensed
family child care home at least once every year. A licensed 454 family child
care home shall not be subject to any conditions on the 455 operation of such
home by local officials, other than those imposed by 456 the office pursuant to
this subsection, if the home complies with all local 457 codes and ordinances
applicable to single and multifamily dwellings.

458 (b) No person shall act as an assistant or substitute staff member to a 459 person or entity maintaining a family child care home, as defined in 460 section 19a-77, without an approval issued by the commissioner. Any 461 person seeking to act as an assistant or substitute staff member in a 462 family child care home shall submit an application for such approval to 463 the office. Applications for approval shall: (1) Be made to the 464 commissioner on forms provided by the office, (2) contain the 465 information required by regulations adopted under this section, and (3) 466 be accompanied by a fee of fifteen dollars. The approval application 467 forms shall contain a notice that false statements made in such form are 468 punishable in accordance with section 53a-157b.

469 (c) The commissioner, within available appropriations, shall require 470 each initial applicant or prospective employee of a family child care 471 home in a position requiring the provision of care to a child, including 472 an assistant or substitute staff member and each household member 473 who is sixteen years of age or older, to submit to comprehensive 474 background checks, including state and national criminal history

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475 records checks. The criminal history records checks required pursuant 476 to this subsection shall be conducted in accordance with section 29-17a. 477 The commissioner shall also request a check of the state child abuse 478 registry established pursuant to section 17a-101k. The commissioner 479 shall notify each licensee of the provisions of this subsection. For 480 purposes of this subsection, "household member" means any person, 481 other than the person who is licensed to conduct, operate or maintain a 482 family child care home, who resides in the family child care home, such 483 as the licensee's spouse or children, tenants and any other occupant.

484 (d) An application for initial licensure pursuant to this section shall 485 be accompanied by a fee of forty dollars and such license shall be issued 486 for a term of four years. An application for renewal of a license issued 487 pursuant to this section shall be accompanied by a fee of forty dollars 488 and a certification from the licensee that any child enrolled in the family 489 child care home has received age-appropriate immunizations in 490 accordance with regulations adopted pursuant to subsection (f) of this 491 section. A license issued pursuant to this section shall be renewed for a 492 term of four years. In the case of an applicant submitting an application 493 for renewal of

a license that has expired, and who has ceased operations 494 of a family child care home due to such expired license, the 495 commissioner may renew such expired license within thirty days of the 496 date of such expiration upon receipt of an application for renewal that 497 is accompanied by such fee and such certification.

498 (e) An application for initial staff approval or renewal of staff 499 approval shall be accompanied by a fee of fifteen dollars. Such 500 approvals shall be issued or renewed for a term of two years.

501 (f) The commissioner shall adopt regulations, in accordance with the 502 provisions of chapter 54, to assure that family child care homes, as 503 defined in section 19a-77, meet the health, educational and social needs 504 of children utilizing such homes. Such regulations shall ensure that the 505 family child care home is treated as a residence, and not an institutional 506 facility. Such regulations shall specify that each child be protected as 507 age-appropriate by adequate immunization against diphtheria,

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508 pertussis, tetanus, poliomyelitis, measles, mumps, rubella, 509 [hemophilus] haemophilus influenzae type B and any other vaccine 510 required by the schedule of active immunization adopted pursuant to 511 section 19a-7f. [Such regulations shall provide appropriate exemptions 512 for children for whom such immunization is medically contraindicated 513 and for children whose parents or guardian objects to such 514 immunization on religious grounds and require that any such objection 515 be accompanied by a statement from such parents or guardian that such 516 immunization would be contrary to the religious beliefs of such child or 517 the parents or guardian of such child, which statement shall be 518 acknowledged, in accordance with the provisions of sections 1-32, 1-34 519 and 1-35, by (1) a judge of a court of record or a family support 520 magistrate, (2) a clerk or deputy clerk of a court having a seal, (3) a town 521 clerk, (4) a notary public, (5) a justice of the peace, or (6) an attorney 522 admitted to the bar of this state.] Such regulations shall also specify 523 conditions under which family child care home providers may 524 administer tests to monitor glucose levels in a child with diagnosed 525 diabetes mellitus, and administer medicinal preparations, including 526 controlled drugs specified in the regulations by the commissioner, to a 527 child receiving child care services at a family child care home pursuant 528 to a written order of a physician licensed to practice medicine in this or 529 another state, an advanced practice registered nurse

licensed to 530 prescribe in accordance with section 20-94a or a physician
assistant 531 licensed to prescribe in accordance with section 20-12d, and the
written 532 authorization of a parent or guardian of such child. Such
regulations 533 shall specify appropriate standards for extended care and
intermittent 534 short-term overnight care. The commissioner shall inform
each licensee, 535 by way of a plain language summary provided not later
than sixty days 536 after the regulation's effective date, of any new or
changed regulations 537 adopted under this subsection with which a licensee
must comply.

538 (g) Any child who (1) presents a certificate, in a form prescribed by 539
the Commissioner of Public Health pursuant to section 7 of this act, 540
signed by a physician, a physician assistant or an advanced practice 541
registered nurse stating that, in the opinion of such physician, physician

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542 assistant or advanced practice registered nurse, the immunizations 543
required pursuant to regulations adopted pursuant to subsection (f) of 544
this section are medically contraindicated, (2) in the case of a child who 545 is
enrolled in kindergarten through twelfth grade, presented a 546 statement,
prior to the effective date of this section, that such 547 immunizations are
contrary to the religious beliefs of such child or the 548 parents or guardian of
such child, or (3) in the case of a child who is 549 enrolled in a preschool
program or other prekindergarten program or 550 below, (A) presented a
statement, prior to the effective date of this 551 section, that such
immunizations are contrary to the religious beliefs of 552 such child or the
parents or guardian of such child, and (B) presents a 553 written declaration,
in a form prescribed by the Commissioner of Public 554 Health, from a
physician, physician assistant or advanced practice 555 registered nurse
stating that an immunization against diphtheria, 556 pertussis, tetanus,
poliomyelitis, measles, mumps, rubella, haemophilus 557 influenzae type B
and any other vaccine required by the schedule of 558 active immunization
adopted pursuant to section 19a-7f has been given 559 to such child and that
any additional necessary immunizations of such 560 student against
diphtheria, pertussis, tetanus, poliomyelitis, measles, 561 mumps, rubella,
haemophilus influenzae type B and any other vaccine 562 required by such
schedule of active immunization are in process under 563 guidelines specified
by the Commissioner of Public Health or as 564 recommended for the child
by the physician, physician assistant or 565 advanced practice registered

nurse, shall be exempt from the 566 immunization requirements set forth in such regulations. The statement 567 described in subparagraph (A) of subdivision (3) of this subsection shall 568 be acknowledged, in accordance with the provisions of sections 1-32, 1- 569 34 and 1-35, by (i) a judge of a court of record or a family support 570 magistrate, (ii) a clerk or deputy clerk of a court having a seal, (iii) a 571 town clerk, (iv) a notary public, (v) a justice of the peace, or (vi) an 572 attorney admitted to the bar of this state.

573 (h) Any child who is enrolled in a preschool program or other 574 prekindergarten program or below on or before the effective date of this 575 section who presented, prior to the effective date of this section, the

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576 statement described in subparagraph (A) of subdivision (3) of 577 subsection (g) of this section, but did not present the written declaration 578 described in subparagraph (B) of subdivision (3) of subsection (g) of this 579 section shall comply, on or before September 1, 2022, or not later than 580 fourteen days after applying to enroll in the family child care home, 581 whichever is later, with the immunization requirements set forth in the 582 regulations adopted pursuant to subsection (f) of this section.

583 [(g)] (i) Upon the declaration by the Governor of a civil preparedness 584 emergency pursuant to section 28-9 or a public health emergency 585 pursuant to section 19a-131a, the commissioner may waive the 586 provisions of any regulation adopted pursuant to this section if the 587 commissioner determines that such waiver would not endanger the life, 588 safety or health of any child. The commissioner shall prescribe the 589 duration of such waiver, provided such waiver shall not extend beyond 590 the duration of the declared emergency. The commissioner shall 591 establish the criteria by which a waiver request shall be made and the 592 conditions for which a waiver will be granted or denied. The provisions 593 of section 19a-84 shall not apply to a denial of a waiver request under 594 this subsection.

595 [(h)] (j) Any family child care home may provide child care services 596 to homeless children and youths, as defined in 42 USC 11434a, as 597 amended from time to time, for a period not to exceed ninety days 598 without complying with any provision in regulations adopted pursuant 599 to this section relating to immunization and physical examination 600 requirements. Any family child care home that provides child care 601 services to homeless children and youths at such home under this 602 subsection shall maintain a

record on file of all homeless children and 603 youths who have attended such home for a period of two years after 604 such homeless children or youths are no longer receiving child care 605 services at such home.

606 [(i)] (k) Any family child care home may provide child care services 607 to a foster child for a period not to exceed forty-five days without 608 complying with any provision in regulations adopted pursuant to this

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609 section relating to immunization and physical examination 610 requirements. Any family child care home that provides child care 611 services to a foster child at such home under this subsection shall 612 maintain a record on file of such foster child for a period of two years 613 after such foster child is no longer receiving child care services at such 614 home. For purposes of this subsection, "foster child" means a child who 615 is in the care and custody of the Commissioner of Children and Families 616 and placed in a foster home licensed pursuant to section 17a-114, foster 617 home approved by a child-placing agency licensed pursuant to section 618 17a-149, facility licensed pursuant to section 17a-145 or with a relative 619 or fictive kin caregiver pursuant to section 17a-114.

620 Sec. 7. (NEW) (*Effective from passage*) On or before October 1, 2021, the 621 Commissioner of Public Health shall develop and make available on the 622 Internet web site of the Department of Public Health a certificate for use 623 by a physician, physician assistant or advanced practice registered 624 nurse stating that, in the opinion of such physician, physician assistant 625 or advanced practice registered nurse, a vaccination required by the 626 general statutes is medically contraindicated for a person because of the 627 physical condition of such person. The certificate shall include (1) 628 definitions of the terms "contraindication" and "precaution", (2) a list of 629 contraindications and precautions recognized by the National Centers 630 for Disease Control and Prevention for each of the statutorily required 631 vaccinations, from which the physician, physician assistant or advanced 632 practice registered nurse may select the relevant contraindication or 633 precaution on behalf of such person, (3) a section in which the physician, 634 physician assistant or advanced practice registered nurse may record a 635 contraindication or precaution that is not recognized by the National 636 Centers for Disease Control and Prevention, but in his or her discretion, 637 results in the vaccination being medically contraindicated, including, 638 but not limited to, any autoimmune disorder, family history of any 639

autoimmune disorder, family history of any reaction to a vaccination, 640
genetic predisposition to any reaction to a vaccination as determined 641
through genetic testing and a previous documented reaction of a person 642
that is correlated to a vaccination, (4) a section in which the physician,

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643 physician assistant or advanced practice registered nurse may include a
644 written explanation for the exemption from any statutorily required 645
vaccinations, (5) a section requiring the signature of the physician, 646
physician assistant or advanced practice registered nurse, (6) a 647
requirement that the physician, physician assistant or advanced practice 648
registered nurse attach such person's most current immunization 649 record,
and (7) a synopsis of the grounds for any order of quarantine or 650 isolation
pursuant to section 19a-131b of the general statutes.

651 Sec. 8. (NEW) (*Effective from passage*) (a) There is established an 652
Advisory Committee on Medically Contraindicated Vaccinations within 653
the Department of Public Health for the purpose of advising the 654
Commissioner of Public Health on issues concerning exemptions from 655
state or federal requirements for vaccinations that result from a 656 physician,
physician assistant or advanced practice registered nurse 657 stating that a
vaccination is medically contraindicated for a person due 658 to the medical
condition of such person. Said advisory committee shall 659 not be
responsible for confirming or denying any determination by a 660 physician,
physician assistant or advanced practice registered nurse that 661 a
vaccination is medically contraindicated for a specific individual. In 662 order
to carry out its duties, the advisory committee shall (1) have access 663 to the
childhood immunization registry established by the department 664 pursuant
to section 19a-7h of the general statutes, (2) evaluate the 665 process used by
the department in collecting data concerning 666 exemptions resulting from a
vaccination being medically 667 contraindicated and whether the department
should have any oversight 668 over such exemptions, (3) examine whether
enrollment of an 669 unvaccinated child into a program operated by a public
or nonpublic 670 school, institution of higher education, child care center or
group child 671 care home should be conditioned upon the child meeting
certain 672 criteria, (4) calculate the ratio of school nurses to students in each
public 673 and nonpublic school in the state and the funding issues
surrounding 674 such ratio, (5) assess whether immunizations should be
required more 675 frequently than prior to enrollment into a program

operated by a public 676 or nonpublic school and prior to entering seventh grade, and (6)

677 determine whether (A) there are any discrepancies in the issuance of 678 certificates stating that a vaccine is medically contraindicated, and (B) to 679 recommend continuing education of physicians, physician assistants or 680 advanced practice registered nurses in vaccine contraindications and 681 precautions. All information obtained by the advisory committee from 682 such registry shall be confidential pursuant to section 19a-25 of the 683 general statutes, as amended by this act.

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

685 (1) Two appointed by the speaker of the House of Representatives, 686 one of whom shall be a physician licensed pursuant to chapter 370 of the 687 general statutes who is a pediatrician, and one of whom shall be a 688 member of the public;

689 (2) Two appointed by the president pro tempore of the Senate, one of 690 whom shall be a physician licensed pursuant to chapter 370 of the 691 general statutes who has expertise in the efficacy of vaccines, and one of 692 whom shall be a member of the public;

693 (3) One appointed by the majority leader of the House of 694 Representatives, who shall be a school nurse;

695 (4) One appointed by the majority leader of the Senate, who shall be 696 a physician assistant licensed pursuant to chapter 370 of the general 697 statutes who has experience in the administration of vaccines;

698 (5) One appointed by the minority leader of the House of 699 Representatives, who shall be an advanced practice registered nurse 700 licensed pursuant to chapter 378 of the general statutes who has 701 experience in the administration of vaccines;

702 (6) One appointed by the minority leader of the Senate, who shall be 703 a representative of the Connecticut Chapter of the American Academy 704 of Pediatrics;

705 (7) The Commissioner of Public Health, or the commissioner's 706

707 (8) The Commissioner of Education, or the commissioner's designee; 708
and

709 (9) The Commissioner of Early Childhood, or the commissioner's 710
designee.

711 (c) The members of the advisory committee shall elect a chairperson 712
of the advisory committee from among its members. Such chairperson 713
shall schedule the first meeting of the advisory committee, which shall 714 be
held not later than October 1, 2021. The advisory committee shall 715 meet
not less than biannually. On or before January 1, 2022, and 716 annually
thereafter, the committee shall report, in accordance with the 717 provisions
of section 11-4a of the general statutes, on its activities and 718 findings to the
joint standing committee of the General Assembly 719 having cognizance of
matters relating to public health.

720 Sec. 9. (NEW) (*Effective from passage*) The Department of Public 721
Health, in collaboration with the state Department of Education and the 722
Office of Early Childhood, shall evaluate all of the data collected by said 723
departments concerning exemptions from immunization requirements. 724
Not later than January 1, 2022, and annually thereafter, the 725
Commissioners of Public Health, Education and Early Childhood shall 726
jointly report, in accordance with the provisions of section 11-4a of the 727
general statutes, to the joint standing committees of the General 728
Assembly having cognizance of matters relating to public health and 729
education regarding the evaluation of such data.

730 Sec. 10. Subsection (a) of section 38a-492r of the general statutes is 731
repealed and the following is substituted in lieu thereof (*Effective January* 732
1, 2022):

733 (a) Each individual health insurance policy providing coverage of the 734
type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 735
delivered, issued for delivery, renewed, amended or continued in this 736
state that provides coverage for prescription drugs shall provide 737
[coverage for] (1) coverage for immunizations recommended by the 738
American Academy of Pediatrics, American Academy of Family

739 Physicians and the American College of Obstetricians and 740
 Gynecologists, and (2) with respect to immunizations that have in effect 741
 a recommendation from the Advisory Committee on Immunization 742
 Practices of the Centers for Disease Control and Prevention with respect 743
 to the individual involved, coverage for such immunizations and at least 744
a twenty-minute consultation between such individual and a health care 745
provider authorized to administer such immunizations to such 746
individual.

747 Sec. 11. Subsection (a) of section 38a-518r of the general statutes is 748
 repealed and the following is substituted in lieu thereof (*Effective January* 749
1, 2022):

750 (a) Each group health insurance policy providing coverage of the type 751
 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 752
 delivered, issued for delivery, renewed, amended or continued in this 753
 state that provides coverage for prescription drugs shall provide 754
 [coverage for] (1) coverage for immunizations recommended by the 755
 American Academy of Pediatrics, American Academy of Family 756
 Physicians and the American College of Obstetricians and 757 Gynecologists,
 and (2) with respect to immunizations that have in effect 758 a
 recommendation from the Advisory Committee on Immunization 759
 Practices of the Centers for Disease Control and Prevention with respect 760
 to the individual involved, coverage for such immunizations and at least 761
a twenty-minute consultation between such individual and a health care 762
provider authorized to administer such immunizations to such 763
individual."

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	10-204a
Sec. 2	<i>from passage</i>	19a-25
Sec. 3	<i>from passage</i>	10a-155
Sec. 4	<i>from passage</i>	10a-155b(a)
Sec. 5	<i>from passage</i>	19a-79
Sec. 6	<i>from passage</i>	19a-87b

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Sec. 7	<i>from passage</i>	New section
Sec. 8	<i>from passage</i>	New section
Sec. 9	<i>from passage</i>	New section
Sec. 10	<i>January 1, 2022</i>	38a-492r(a)
Sec. 11	<i>January 1, 2022</i>	38a-518r(a)

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2 Exhibit C

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General Assembly **Amendment** *January Session, 2021* LCO No.

7009



Offered by:
REP. DAUPHINAIS, 44th Dist.

To: Subst. House Bill No. **6423** File No. 431 Cal. No. 323
"AN ACT CONCERNING IMMUNIZATIONS."

1 After the last section, add the following and renumber sections and 2
internal references accordingly:

3 "Sec. 501. (NEW) (*Effective from passage*) Any person who is exempt 4 from
the immunization requirements set forth in section 10-204a of the 5 general
statutes, as amended by this act, on religious grounds shall 6 continue to be
exempt from such requirements on religious grounds if 7 such student
transfers from one public or private school in the state to 8 another public or
private school in the state under the jurisdiction of 9 either the same or a
different local or regional board of education, or 10 similar body governing a
nonpublic school or schools."

This act shall take effect as follows and shall amend the following sections:		
Sec. 501	<i>from passage</i>	New section

7 **Exhibit D**