



Substitute House Bill No. 5044

Public Act No. 26-3

AN ACT ESTABLISHING CONNECTICUT VACCINE STANDARDS.

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

Section 1. Subsection (a) of section 19a-7f of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) The Commissioner of Public Health shall [determine] establish the standard of care for immunization for [the children] residents of this state. The standard of care for immunization shall (1) be based on a consideration of the recommended schedules for [active] immunization for [normal] adults, infants and children published by the National Centers for Disease Control and Prevention Advisory Committee on Immunization Practices, the American Academy of Pediatrics, the American College of Obstetrics and Gynecology and the American Academy of Family Physicians, and (2) include schedules recommended by the commissioner for immunization and contraindications to administration of vaccines in accordance with such schedules. The commissioner shall establish, within available appropriations, an immunization program [which] that shall: [(1)] (A) Provide [vaccine] vaccines at no cost to health care providers in Connecticut to administer to children so that cost of [vaccine] vaccines will not be a barrier to age-appropriate vaccination in this state; [(2)] (B)

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with the assistance of hospital maternity programs, provide all parents in this state with the recommended immunization schedule for [normal] infants and children, a booklet to record immunizations at the time of the infant's discharge from the hospital nursery and a list of sites where immunization may be provided; [(3)] (C) inform in a timely manner all health care providers of changes in the recommended immunization schedule; [(4)] (D) assist hospitals, local health providers and local health departments to develop and implement record-keeping and outreach programs to identify and immunize those children who have fallen behind the recommended immunization schedule or who lack access to regular preventative health care and have the authority to gather such data as may be needed to evaluate such efforts; [(5)] (E) assist in the development of a program to assess the vaccination status of children who are clients of state and federal programs serving the health and welfare of children and make provision for vaccination of those who are behind the recommended immunization schedule; [(6)] (F) access available state and federal funds, including, but not limited to, any funds available through the federal Childhood Immunization Reauthorization or any funds available through the Medicaid program; [(7)] (G) solicit, receive and expend funds from any public or private source; and [(8)] (H) develop and make available to parents and health care providers public health educational materials about the benefits of timely immunization.

Sec. 2. Subparagraph (B) of subdivision (3) of subsection (b) of section 19a-7f of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(B) [Commencing January 1, 2013, (i) any] Any health care provider who administers vaccines to children (i) under the federal Vaccines For Children immunization program that is operated by the Department of Public Health under authority of 42 USC 1396s shall utilize, and the department shall provide, any vaccine licensed by the federal Food and

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Drug Administration, including any combination vaccine and dosage form, that is (I) recommended by the National Centers for Disease Control and Prevention Advisory Committee on Immunization Practices, and (II) made available to the department by the National Centers for Disease Control and Prevention, and (ii) [any health care provider who administers vaccines to children] shall utilize, and the department shall provide, subject to inclusion in such program due to available appropriations, any vaccine licensed by the federal Food and Drug Administration, including any combination vaccine and dosage form, that is (I) [recommended by the National Centers for Disease Control and Prevention Advisory Committee on Immunization Practices] set forth in the schedules for immunization included in the standard of care for immunization established pursuant to subsection (a) of this section, (II) made available to the department by the National Centers for Disease Control and Prevention or by other means of procurement, provided such procurement conforms with practices designed to reduce state procurement costs and results in more efficient state procurement, and (III) equivalent, as determined by the commissioner, to the cost for vaccine series completion of comparable available licensed vaccines.

Sec. 3. Subsection (a) of section 19a-7j of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) Not later than September first, annually, the Secretary of the Office of Policy and Management, in consultation with the Commissioner of Public Health, shall (1) determine the amount appropriated for the following purposes: (A) To purchase, store and distribute vaccines for routine immunizations [included] for infants and children set forth in the [schedule] schedules for [active] immunization [required by] included in the standard of care for immunization established pursuant to section 19a-7f, as amended by this act; (B) to purchase, store and

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distribute (i) vaccines to prevent hepatitis A and B in persons of all ages, as recommended by the [schedule for immunizations published by the National Advisory Committee for Immunization Practices] schedules for immunization included in the standard of care for immunization established pursuant to section 19a-7f, as amended by this act, (ii) antibiotics necessary for the treatment of tuberculosis and biologics and antibiotics necessary for the detection and treatment of tuberculosis infections, and (iii) antibiotics to support treatment of patients in communicable disease control clinics, as defined in section 19a-216a; (C) to administer the immunization program for infants and children described in section 19a-7f, as amended by this act; and (D) to provide services needed to collect up-to-date information on childhood immunizations for all children enrolled in Medicaid who reach two years of age during the year preceding the current fiscal year, to incorporate such information into the immunization information system, established pursuant to section 19a-7h, (2) calculate the difference between the amount expended in the prior fiscal year for the purposes set forth in subdivision (1) of this subsection and the amount of the appropriation used for the purpose of the health and welfare fee established in subparagraph (A) of subdivision (2) of subsection (b) of this section in that same year, and (3) inform the Insurance Commissioner of such amounts.

Sec. 4. Section 19a-522 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) The [commissioner] Commissioner of Public Health, in consultation with the Commissioner of Social Services, shall adopt regulations, in accordance with chapter 54, concerning the health, safety and welfare of patients in nursing home facilities, classification of violations relating to such facilities, medical staff qualifications, record-keeping, nursing service, dietary service, personnel qualifications and general operational conditions. The regulations shall: (1) [Assure]

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Ensure that each patient admitted to a nursing home facility is protected by adequate immunization against respiratory viral diseases, including, but not limited to, influenza and pneumococcal disease in accordance with the [recommendations of the National Advisory Committee on Immunization Practices, established by the Secretary of Health and Human Services] schedules for immunization included in the standard of care for immunization established pursuant to section 19a-7f, as amended by this act; (2) specify that each patient be protected annually against influenza and be vaccinated against pneumonia in accordance with the [recommendations of the National Advisory Committee on Immunization] standard of care for immunization established pursuant to section 19a-7f, as amended by this act; and (3) provide appropriate exemptions for patients for whom such immunizations are medically contraindicated and for patients who object to such immunization on religious grounds.

(b) The Commissioner of Public Health may implement policies and procedures necessary to administer the provisions of this section concerning the protection of patients by adequate immunization against respiratory viral diseases while in the process of adopting such policies and procedures as regulations, provided notice of intent to adopt regulations is published on the eRegulations System not later than twenty days after the date of implementation. Policies and procedures implemented pursuant to this section shall be valid until the time final regulations are adopted.

[(b)] (c) Nursing home facilities or residential care homes may not charge the family or estate of a deceased self-pay patient beyond the date on which such patient dies. Nursing home facilities or residential care homes shall reimburse the estate of a deceased self-pay patient, within sixty days after the death of such patient, for any advance payments made by or on behalf of the patient covering any period beyond the date of death. Interest, in accordance with subsection (a) of

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section 37-1, on such reimbursement shall begin to accrue from the date of such patient's death.

Sec. 5. Section 19a-7q of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

[On or before October 1, 2021, the] The Commissioner of Public Health shall develop and make available on the Internet web site of the Department of Public Health a certificate for use, in a form and manner prescribed by the commissioner, by a licensed physician, licensed physician assistant or licensed advanced practice registered nurse stating that, in the opinion of such physician, physician assistant or advanced practice registered nurse, a vaccination required by the general statutes is medically contraindicated for a person because of the physical condition of such person. The certificate shall include (1) definitions of the terms "contraindication" and "precaution", (2) a list of contraindications and precautions [recognized by the National Centers for Disease Control and Prevention] included in the standard of care for immunization established pursuant to section 19a-7f, as amended by this act, for each of the statutorily required vaccinations, from which the physician, physician assistant or advanced practice registered nurse may select the relevant contraindication or precaution on behalf of such person, (3) a section in which the physician, physician assistant or advanced practice registered nurse may record a contraindication or precaution that is not [recognized by the National Centers for Disease Control and Prevention] included in the standard of care for immunization established pursuant to section 19a-7f, as amended by this act, but in his or her discretion, results in the vaccination being medically contraindicated, including, but not limited to, any autoimmune disorder, family history of any autoimmune disorder, family history of any reaction to a vaccination, genetic predisposition to any reaction to a vaccination as determined through genetic testing and a previous documented reaction of a person that is correlated to a

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vaccination, (4) a section in which the physician, physician assistant or advanced practice registered nurse may include a written explanation for the exemption from any statutorily required vaccinations, (5) a section requiring the signature of the physician, physician assistant or advanced practice registered nurse, (6) a requirement that the physician, physician assistant or advanced practice registered nurse attach such person's most current immunization record, and (7) a synopsis of the grounds for any order of quarantine or isolation pursuant to section 19a-131b.

Sec. 6. Section 10-204a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) Each local or regional board of education, or similar body governing a nonpublic school or schools, shall require each child to be protected by adequate immunization against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, haemophilus influenzae type B and any other vaccine required by the schedule for [active] immunization adopted pursuant to section 19a-7f, as amended by this act, before being permitted to enroll in any program operated by a public or nonpublic school under its jurisdiction. Before being permitted to enter seventh grade, a child shall receive a second immunization against measles. Any such child who (1) presents a certificate from a physician, physician assistant, advanced practice registered nurse or local health agency stating that initial immunizations have been given to such child and additional immunizations are in process (A) under guidelines and schedules specified by the Commissioner of Public Health, or (B) in the case of a child enrolled in a preschool program or other prekindergarten program who, prior to April 28, 2021, was exempt from the appropriate provisions of this section upon presentation of a statement that such immunizations would be contrary to the religious beliefs of such child or the parents or guardian of such child, as such additional

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immunizations are recommended, in a written declaration, in a form prescribed by the Commissioner of Public Health, for such child by a physician, a physician assistant or an advanced practice registered nurse; or (2) presents a certificate, in a form prescribed by the commissioner pursuant to section 19a-7q, as amended by this act, from a physician, physician assistant or advanced practice registered nurse stating that in the opinion of such physician, physician assistant or advanced practice registered nurse such immunization is medically contraindicated because of the physical condition of such child; or (3) in the case of measles, mumps or rubella, presents a certificate from a physician, physician assistant or advanced practice registered nurse or from the director of health in such child's present or previous town of residence, stating that the child has had a confirmed case of such disease; or (4) in the case of haemophilus influenzae type B has passed such child's fifth birthday; or (5) in the case of pertussis, has passed such child's sixth birthday, shall be exempt from the appropriate provisions of this section. The statement described in subparagraph (B) of subdivision (1) of this subsection shall be acknowledged, in accordance with the provisions of sections 1-32, 1-34 and 1-35, by a judge of a court of record or a family support magistrate, a clerk or deputy clerk of a court having a seal, a town clerk, a notary public, a justice of the peace, an attorney admitted to the bar of this state, or notwithstanding any provision of chapter 6, a school nurse.

(b) The immunization requirements provided for in subsection (a) of this section shall not apply to any child who is enrolled in kindergarten through twelfth grade on or before April 28, 2021, if such child presented a statement, prior to April 28, 2021, from the parents or guardian of such child that such immunization is contrary to the religious beliefs of such child or the parents or guardian of such child, and such statement was acknowledged, in accordance with the provisions of sections 1-32, 1-34 and 1-35, by (1) a judge of a court of record or a family support magistrate, (2) a clerk or deputy clerk of a

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court having a seal, (3) a town clerk, (4) a notary public, (5) a justice of the peace, (6) an attorney admitted to the bar of this state, or (7) notwithstanding any provision of chapter 6, a school nurse.

(c) Any child who is enrolled in a preschool program or other prekindergarten program prior to April 28, 2021, who presented a statement, prior to April 28, 2021, from the parents or guardian of such child that the immunization is contrary to the religious beliefs of such child or the parents or guardian of such child, which statement was acknowledged, in accordance with the provisions of sections 1-32, 1-34 and 1-35, by (1) a judge of a court of record or a family support magistrate, (2) a clerk or deputy clerk of a court having a seal, (3) a town clerk, (4) a notary public, (5) a justice of the peace, (6) an attorney admitted to the bar of this state, or (7) notwithstanding any provision of chapter 6, a school nurse, but did not present a written declaration from a physician, a physician assistant or an advanced practice registered nurse stating that additional immunizations are in process as recommended by such physician, physician assistant or advanced practice registered nurse, rather than as recommended under guidelines and schedules specified by the Commissioner of Public Health, shall comply with the immunization requirements provided for in subparagraph (A) of subdivision (1) of subsection (a) of this section on or before September 1, 2022, or not later than fourteen days after transferring to a program operated by a public or nonpublic school under the jurisdiction of a local or regional board of education or similar body governing a nonpublic school or schools, whichever is later.

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

(e) The definitions of adequate immunization shall reflect the

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[schedule] schedules for [active] immunization [adopted] included in the standard of care for immunization established pursuant to section 19a-7f, as amended by this act, and be established by regulation adopted in accordance with the provisions of chapter 54 by the Commissioner of Public Health, who shall also be responsible for providing procedures under which such boards and such similar governing bodies shall collect and report immunization data on each child to the Department of Public Health for (1) compilation and analysis by the department, and (2) release by the department of annual immunization rates for each public and nonpublic school in the state, provided such immunization data may not contain information that identifies a specific individual.

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

Sec. 7. Subsection (a) of section 10a-155 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) Each institution of higher education shall require each full-time or matriculating student born after December 31, 1956, to provide proof of adequate immunization against measles, rubella, mumps and varicella, as [recommended by the national Advisory Committee for Immunization Practices] set forth in the schedules for immunization included in the standard of care for immunization established pursuant to section 19a-7f, as amended by this act, before permitting such student to enroll in such institution.

Sec. 8. Subsection (a) of section 19a-131a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

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(a) In the event of a state-wide or regional public health emergency, the Governor shall make a good faith effort to inform the legislative leaders specified in subsection (b) of this section before declaring that the emergency exists and may do any of the following: (1) Order the commissioner to implement all or a portion of the public health emergency response plan developed pursuant to section 19a-131g; (2) authorize the commissioner to isolate or quarantine persons in accordance with section 19a-131b; (3) order the commissioner to vaccinate persons in accordance with section 19a-131e; (4) apply for and receive federal assistance; [or] (5) order the commissioner to suspend certain license renewal and inspection functions during the period of the emergency and during the six-month period following the date the emergency is declared to be over; or (6) authorize the commissioner, or the commissioner's designee, to issue a standing order to permit medical interventions, including vaccination, necessary to respond to the public health emergency. As used in this subsection, "standing order" means a nonpatient specific regimen applicable state wide that (A) includes, but is not limited to, a prescription or order that is issued by a physician licensed pursuant to chapter 370 allowing licensed health care providers to dispense or administer a medical intervention to control and prevent the spread of, mitigate or treat any infectious or noninfectious disease or threat to the public health, and (B) does not require any individual to receive or utilize such medical intervention.

Sec. 9. (NEW) (*Effective from passage*) (a) As used in this section, "eligible health care provider" means a free clinic, as defined in section 19a-630 of the general statutes, municipal health authority established under chapter 368e of the general statutes, district department of health established under chapter 368f of the general statutes and any other health care provider, as determined by the Commissioner of Public Health, who is licensed as a health care provider in the state and provides vaccinations for persons nineteen years of age or older.

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(b) There is established, within available appropriations, a vaccines for adults program to be administered by the Department of Public Health. The program shall provide for the department to purchase and distribute vaccines to eligible health care providers. The Commissioner of Public Health shall determine the vaccines to be purchased and distributed under the program based on the efficacy of such vaccines in preventing serious disease and death in the adult population and the eligible health care providers to whom such vaccines shall be distributed. In making such determination regarding the vaccines to be purchased, the commissioner may consult with the advisory committee established pursuant to section 19a-131n of the general statutes. An eligible health care provider may administer a vaccine provided under the program to a patient only if such vaccine is not a covered benefit for the patient under any self-funded employee health benefits plan, health benefit plan, as defined in section 38a-1080 of the general statutes, Medicaid, as defined in section 19a-508c of the general statutes, the state employee plan, as defined in section 3-123aaa of the general statutes, or a payment plan entered into between the health care provider and the patient for health care services provided by such health care provider to such patient. The list of vaccines for purchase and distribution and the eligibility requirements for eligible health care providers determined by the commissioner pursuant to this subsection shall not be considered regulations of Connecticut state agencies, as defined in section 4-166 of the general statutes.

Sec. 10. Subsection (d) of section 4-186 of the 2026 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(d) The provisions of this chapter shall not apply to: (1) [To procedures] Procedures followed or actions taken concerning the lower Connecticut River conservation zone described in chapter 477a and the upper Connecticut River conservation zone described in chapter 477c,

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(2) [to] the administrative determinations authorized by section 32-9r concerning manufacturing facilities in distressed municipalities, (3) [to] the rules made pursuant to section 9-436 for use of paper ballots, [and] (4) [to] guidelines established under section 22a-227 for development of a municipal solid waste management plan, and (5) the list of vaccines for purchase and distribution and eligibility requirements for health care providers determined by the Commissioner of Public Health pursuant to section 9 of this act.

Sec. 11. Subsection (a) of section 38a-492r of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2027*):

(a) Each individual health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered, issued for delivery, renewed, amended or continued in this state that provides coverage for prescription drugs shall provide (1) coverage for immunizations recommended by the American Academy of Pediatrics, American Academy of Family Physicians [and] or the American College of Obstetricians and Gynecologists, [and] (2) with respect to immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved, coverage for such immunizations and at least a twenty-minute consultation between such individual and a health care provider authorized to administer such immunizations to such individual, and (3) coverage for immunizations within the schedules for immunization included in the standard of care for immunization established pursuant to section 19a-7f, as amended by this act.

Sec. 12. Subsection (a) of section 38a-518r of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2027*):

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(a) Each group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered, issued for delivery, renewed, amended or continued in this state that provides coverage for prescription drugs shall provide (1) coverage for immunizations recommended by the American Academy of Pediatrics, American Academy of Family Physicians [and] or the American College of Obstetricians and Gynecologists, [and] (2) with respect to immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved, coverage for such immunizations and at least a twenty-minute consultation between such individual and a health care provider authorized to administer such immunizations to such individual, and (3) coverage for immunizations within the schedules for immunization included in the standard of care for immunization established pursuant to section 19a-7f, as amended by this act.

Sec. 13. Subdivision (1) of subsection (a) of section 20-633 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) (1) Any person licensed as a pharmacist under part II of this chapter may order, prescribe and administer any vaccine approved or authorized by the United States Food and Drug Administration as follows:

(A) Any such vaccine [, approved or authorized by the United States Food and Drug Administration] that is listed [on] in the National Centers for Disease Control and Prevention's age-appropriate immunization schedule or the schedules for immunization included in the standard of care for immunization established pursuant to section 19a-7f, as amended by this act, to any patient who is: (i) Eighteen years of age or older; or (ii) at least twelve years of age but younger than eighteen years of age with (I) the consent of such patient's parent, legal

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guardian or other person having legal custody of such patient, or (II) proof that such patient is an emancipated minor;

(B) Any such vaccine that is not [included on] listed in the National Centers for Disease Control and Prevention's Adult Immunization Schedule or in the schedules for immunization included in the standard of care for immunization established pursuant to section 19a-7f, as amended by this act, to any patient who is eighteen years of age or older; [provided the vaccine administration instructions for such vaccine are available on the National Centers for Disease Control and Prevention's Internet web site;] and

(C) Any such vaccine pursuant to a verbal or written prescription of a prescribing practitioner for a specific patient.

Sec. 14. Section 52-571b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage and applicable to any civil action pending on or filed after said date*):

(a) The state or any political subdivision of the state shall not burden a person's exercise of religion under section 3 of article first of the Constitution of the state even if the burden results from a rule of general applicability, except as provided in subsection (b) of this section.

(b) The state or any political subdivision of the state may burden a person's exercise of religion only if it demonstrates that application of the burden to the person (1) is in furtherance of a compelling governmental interest, and (2) is the least restrictive means of furthering that compelling governmental interest.

(c) A person whose exercise of religion has been burdened in violation of the provisions of this section may assert that violation as a claim or defense in a judicial proceeding and obtain appropriate relief against the state or any political subdivision of the state.

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(d) Nothing in this section shall be construed to authorize the state or any political subdivision of the state to burden any religious belief.

(e) Nothing in this section shall be construed to affect, interpret or in any way address that portion of article seventh of the Constitution of the state that prohibits any law giving a preference to any religious society or denomination in the state. The granting of government funding, benefits or exemptions, to the extent permissible under the Constitution of the state, shall not constitute a violation of this section. As used in this subsection, the term "granting" does not include the denial of government funding, benefits or exemptions.

(f) The provisions of this section shall not apply to the requirements set forth in sections 10-204a, as amended by this act, 10a-155, as amended by this act, and 10a-155b, subdivision (1) of subsection (a) and subsections (b) and (c) of section 19a-79, as amended by this act, and subdivision (2) of subsection (f) and subsections (g) and (h) of section 19a-87b, as amended by this act.

[[f)] (g) For the purposes of this section, "state or any political subdivision of the state" includes any agency, board, commission, department, officer or employee of the state or any political subdivision of the state, and "demonstrates" means meets the burdens of going forward with the evidence and of persuasion.

Sec. 15. Subsections (a) and (b) of section 19a-79 of the 2026 supplement to the general statutes are repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) The Commissioner of Early Childhood shall adopt regulations, in accordance with the provisions of chapter 54, to carry out the purposes of sections 19a-77 to 19a-80, inclusive, and 19a-82 to 19a-87, inclusive, and to assure that child care centers and group child care homes meet the health, educational and social needs of children utilizing such child

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care centers and group child care homes. Such regulations shall (1) specify that before being permitted to attend any child care center or group child care home, each child shall be protected as age-appropriate by adequate immunization against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, haemophilus influenzae type B and any other vaccine required by the schedule of [active] immunization adopted pursuant to section 19a-7f, as amended by this act, (2) specify conditions under which child care center directors and teachers and group child care home providers may administer tests to monitor glucose levels in a child with diagnosed diabetes mellitus, and administer medicinal preparations, including controlled drugs specified in the regulations by the commissioner, to a child receiving child care services at such child care center or group child care home pursuant to the written order of a physician licensed to practice medicine or a dentist licensed to practice dental medicine in this or another state, or an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a, or a physician assistant licensed to prescribe in accordance with section 20-12d, and the written authorization of a parent or guardian of such child, (3) specify that an operator of a child care center or group child care home, licensed before January 1, 1986, or an operator who receives a license after January 1, 1986, for a facility licensed prior to January 1, 1986, shall provide a minimum of thirty square feet per child of total indoor usable space, free of furniture except that needed for the children's purposes, exclusive of toilet rooms, bathrooms, coatrooms, kitchens, halls, isolation room or other rooms used for purposes other than the activities of the children, (4) specify that a child care center or group child care home licensed after January 1, 1986, shall provide thirty-five square feet per child of total indoor usable space, (5) establish appropriate child care center staffing requirements for employees certified in cardiopulmonary resuscitation by the American Red Cross, the American Heart Association, the National Safety Council, American Safety and Health Institute, Medic First Aid International, Inc. or an organization using guidelines for

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cardiopulmonary resuscitation and emergency cardiovascular care published by the American Heart Association and International Liaison Committee on Resuscitation, (6) specify that a child care center or group child care home (A) shall not deny services to a child on the basis of a child's known or suspected allergy or because a child has a prescription for an automatic prefilled cartridge injector or similar automatic injectable equipment, nasal spray or any other medical equipment approved by the United States Food and Drug Administration that is used to treat an allergic reaction, or for injectable equipment, nasal spray or any other medical equipment approved by the United States Food and Drug Administration that is used to administer glucagon, (B) shall, not later than three weeks after such child's enrollment in such a center or home, have staff trained in the use of such equipment on-site during all hours when such a child is on-site, (C) shall require such child's parent or guardian to provide the equipment and a copy of the prescription for such medication upon enrollment of such child, and (D) shall require a parent or guardian enrolling such a child to replace such medication and equipment prior to its expiration date, (7) specify that a child care center or group child care home (A) shall not deny services to a child on the basis of a child's diagnosis of asthma or because a child has a prescription for an inhalant medication to treat asthma, and (B) shall, not later than three weeks after such child's enrollment in such a center or home, have staff trained in the administration of such medication on-site during all hours when such a child is on-site, (8) establish physical plant requirements for licensed child care centers and licensed group child care homes that exclusively serve school-age children, (9) specify that a child care center or group child care home shall immediately notify the parent or guardian of a child enrolled in such center or home if such child exhibits or develops an illness or is injured while in the care of such center or home, (10) specify that a child care center or group child care home shall create a written record of any such illness or injury, which shall, (A) include, but not be limited to, (i) a description of such illness or injury, (ii) the date, time of occurrence

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and location of such illness or injury, (iii) any responsive action taken by an employee of such center or home, and (iv) whether such child was transported to a hospital emergency room, doctor's office or other medical facility as a result of such illness or injury, (B) be provided to the parent or guardian of such child not later than the next business day, and (C) be maintained by such center or home for a period of not less than two years and be made immediately available upon the request of the Office of Early Childhood, and (11) specify that a child care center or group child care home shall maintain any video recordings created at such center or home for a period of not less than thirty days, and make such recordings immediately available upon the request of the Office of Early Childhood. When establishing such requirements, the Office of Early Childhood shall give consideration to child care centers and group child care homes that are located in private or public school buildings. With respect to subdivision (8) of this subsection, the commissioner shall implement policies and procedures necessary to implement the physical plant requirements established pursuant to this subdivision while in the process of adopting such policies and procedures in regulation form. Until replaced by policies and procedures implemented pursuant to this subdivision, any physical plant requirement specified in the office's regulations that is generally applicable to child care centers and group child care homes shall continue to be applicable to such centers and homes that exclusively serve school-age children. The commissioner shall post notice of the intent to adopt regulations pursuant to this subdivision on the eRegulations System not later than twenty days after the date of implementation of such policies and procedures. Policies and procedures implemented pursuant to this subdivision shall be valid until the time final regulations are adopted. For purposes of this subsection, "illness" means fever, vomiting, diarrhea, rash, headache, persistent coughing, persistent crying or any other condition deemed an illness by the Commissioner of Early Childhood.

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(b) Any child who (1) presents a certificate, in a form prescribed by the Commissioner of Public Health pursuant to section 19a-7q, as amended by this act, signed by a physician, a physician assistant or an advanced practice registered nurse stating that, in the opinion of such physician, physician assistant or advanced practice registered nurse, the immunizations required pursuant to regulations adopted pursuant to subdivision (1) of subsection (a) of this section are medically contraindicated, (2) in the case of a child who is enrolled in kindergarten through twelfth grade, presented a statement, prior to April 28, 2021, that such immunizations are contrary to the religious beliefs of such child or the parents or guardian of such child, or (3) in the case of a child who is enrolled in a preschool program or other prekindergarten program or below, (A) presented a statement, prior to April 28, 2021, that such immunizations are contrary to the religious beliefs of such child or the parents or guardian of such child, and (B) presents a written declaration, in a form prescribed by the Commissioner of Public Health, from a physician, a physician assistant or an advanced practice registered nurse stating that an immunization against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, haemophilus influenzae type B and any other vaccine required by the schedule of [active] immunization adopted pursuant to section 19a-7f, as amended by this act, has been given to such child and that any additional necessary immunizations of such student against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, haemophilus influenzae type B and any other vaccine required by such schedule of [active] immunization are in process under guidelines specified by the Commissioner of Public Health or as recommended for the child by the physician, physician assistant or advanced practice registered nurse, shall be exempt from the immunization requirements set forth in such regulations. The statement described in subparagraph (A) of subdivision (3) of this subsection shall be acknowledged, in accordance with the provisions of sections 1-32, 1-34 and 1-35, by a judge of a court of record or a family support magistrate, a clerk or deputy clerk of a

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court having a seal, a town clerk, a notary public, a justice of the peace, or an attorney admitted to the bar of this state.

Sec. 16. Subsections (f) and (g) of section 19a-87b of the 2026 supplement to the general statutes are repealed and the following is substituted in lieu thereof (*Effective from passage*):

(f) The commissioner shall adopt regulations, in accordance with the provisions of chapter 54, to ensure that family child care homes, as described in section 19a-77, meet the health, educational and social needs of children utilizing such homes. Such regulations shall (1) ensure that the family child care home is treated as a residence, and not an institutional facility, (2) specify that each child be protected as age-appropriate by adequate immunization against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, haemophilus influenzae type B and any other vaccine required by the schedule of [active] immunization adopted pursuant to section 19a-7f, as amended by this act, (3) specify conditions under which family child care home providers may administer tests to monitor glucose levels in a child with diagnosed diabetes mellitus, and administer medicinal preparations, including controlled drugs specified in the regulations by the commissioner, to a child receiving child care services at a family child care home pursuant to a written order of a physician licensed to practice medicine in this or another state, an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a or a physician assistant licensed to prescribe in accordance with section 20-12d, and the written authorization of a parent or guardian of such child, (4) specify appropriate standards for extended care and intermittent short-term overnight care, (5) specify that a family child care home shall immediately notify the parent or guardian of a child enrolled in such home if such child exhibits or develops an illness or is injured while in the care of such home, (6) specify that a family child care home shall create a written record of any such illness or injury, which shall, (A)

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include, but not be limited to, (i) a description of such illness or injury, (ii) the date, time of occurrence and location of such illness or injury, (iii) any responsive action taken by an employee of such home, and (iv) whether such child was transported to a hospital emergency room, doctor's office or other medical facility as a result of such illness or injury, (B) be provided to the parent or guardian of such child not later than the next business day, and (C) be maintained by such home for a period of not less than two years and be made immediately available upon the request of the Office of Early Childhood, and (7) specify that a family child care home shall maintain any video recordings created at such home for a period of not less than thirty days, and make such recordings immediately available upon the request of the Office of Early Childhood. The commissioner shall inform each licensee, by way of a plain language summary provided not later than sixty days after the regulation's effective date, of any new or changed regulations adopted under this subsection with which a licensee must comply. For purposes of this subsection, "illness" means fever, vomiting, diarrhea, rash, headache, persistent coughing, persistent crying or any other condition deemed an illness by the Commissioner of Early Childhood.

(g) Any child who (1) presents a certificate, in a form prescribed by the Commissioner of Public Health pursuant to section 19a-7q, as amended by this act, signed by a physician, a physician assistant or an advanced practice registered nurse stating that, in the opinion of such physician, physician assistant or advanced practice registered nurse, the immunizations required pursuant to regulations adopted pursuant to subsection (f) of this section are medically contraindicated, (2) in the case of a child who is enrolled in kindergarten through twelfth grade, presented a statement, prior to April 28, 2021, that such immunizations are contrary to the religious beliefs of such child or the parents or guardian of such child, or (3) in the case of a child who is enrolled in a preschool program or other prekindergarten program or below, (A) presented a statement, prior to April 28, 2021, that such immunizations

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

Governor's Action:
Approved April 27, 2026