



**PA 26-3—sHB 5044**

*Public Health Committee*

## **AN ACT ESTABLISHING CONNECTICUT VACCINE STANDARDS**

**SUMMARY:** This act makes various changes to state laws on immunizations. Principally, it:

1. requires the Department of Public Health (DPH) commissioner to establish an immunization standard of care for adults, in addition to children as under existing law, and authorizes her to (a) consider recommended vaccine schedules from an additional organization when doing so and (b) include passive immunizations, in addition to active immunizations as allowed under existing law (§§ 1-7, 11, 12, 15 & 16);
2. requires the Connecticut Vaccine Program (CVP) to provide all children's vaccines included under DPH's standard of care, instead of only those recommended by the federal Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP), and allows DPH to purchase the vaccines by means other than through the CDC under certain conditions (§ 2);
3. requires DPH, in consultation with the Department of Social Services (DSS), to adopt regulations for nursing homes on immunization requirements for respiratory viral diseases (such as flu and pneumonia), according to DPH's immunization standard of care instead of the CDC recommendations as under prior law (and allows DPH to adopt related policies and procedures while in the process of adopting regulations) (§ 4);
4. allows the governor, during a public health emergency, to authorize the DPH commissioner or her designee to issue a standing order to allow medical interventions (including vaccines) needed to respond to the emergency (§ 8);
5. establishes, within available appropriations, a DPH-administered Vaccines for Adults Program that purchases and distributes vaccines to eligible health care providers to administer to underinsured and uninsured adults ages 19 and older (§§ 9 & 10);
6. requires health insurance policies that cover prescription drugs to also cover immunizations for children, adolescents, and adults included in DPH's standards of care within the schedules the standards prescribe (§§ 11 & 12);
7. authorizes licensed pharmacists to order, prescribe, and administer vaccines listed in DPH's immunization standards of care, instead of CDC-recommended vaccines, for adult patients and patients between ages 12 and 18 (with parental consent or proof the minor is emancipated) (§ 13); and
8. expressly provides that the state's Religious Freedom Restoration Act (RFRA) does not apply to immunization requirements for (a) public and private schools, including higher education institutions, and (b) child care

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centers and group and family day care homes (§ 14).

EFFECTIVE DATE: Upon passage, except that provisions on (1) insurance coverage for vaccines take effect January 1, 2027, and (2) RFRA take effect upon passage and apply to any civil action pending on or filed after that date.

### §§ 1-7, 11, 12, 15 & 16 — EXPANDED IMMUNIZATION STANDARDS OF CARE

Existing law requires the DPH commissioner to determine an immunization standard of care for children based on the recommended vaccine schedules of ACIP, the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

The act requires the commissioner to also establish an immunization standard of care for adults and, when setting any immunization standards, allows her to also consider recommended immunization schedules from the American College of Obstetrics and Gynecology (ACOG). The standards of care must include immunization schedules for children and adults the commissioner recommends as well as any related contraindications.

The act makes related conforming changes to provisions on (1) the health and welfare fee assessed against certain insurers to pay for the CVP (§ 3); (2) medical exemption forms for state immunization requirements (§ 5); and (3) school immunization requirements, including for higher education institutions (§§ 6 & 7).

Additionally, the act authorizes the DPH commissioner to consider and include in state immunization standards of care for children, adolescents, and adults passive immunizations, instead of only active immunizations as under prior law. It makes related conforming changes to statutory provisions on (1) state immunization requirements and related regulations and (2) mandated insurance coverage for immunizations (see §§ 11 & 12 below).

Generally, active vaccinations stimulate the body's immune system to produce its own antibodies that provide long-term protection. Passive vaccinations, such as the respiratory syncytial virus (RSV) vaccine, instead directly introduce antibodies to provide short-term protection.

### § 2 — VACCINES FOR CHILDREN PROGRAM

By law, DPH administers the CVP, which gives health care providers certain vaccines at no cost to administer to children under age 19, regardless of insurance status. Under prior law, the program only used ACIP-recommended vaccines that DPH purchased through the CDC. The act instead requires the program to use all vaccines included in DPH's recommended children's vaccine schedule set under its standard of care. It allows DPH to purchase the vaccines by means other than through the CDC, so long as the purchase conforms with practices designed to increase efficiency and reduce state costs.

### § 4 — NURSING HOME IMMUNIZATION REGULATIONS

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Prior law required the DPH commissioner to adopt nursing home regulations that generally require, among other things, residents to be adequately immunized against flu and pneumonia according to ACIP recommendations. The act instead requires DPH to adopt immunization requirements for respiratory viral diseases, including flu and pneumonia, based on DPH's immunization standards and consult with the DSS commissioner when doing so.

Under the act, the DPH commissioner may adopt policies and procedures needed to implement these immunization requirements while in the process of adopting regulations. She must publish notice of her intent to adopt regulations on the eRegulations system within 20 days after implementing the policies and procedures, which are valid until final regulations are adopted.

### § 8 — PUBLIC HEALTH EMERGENCIES

The act allows the governor, during a statewide or regional public health emergency, to authorize the DPH commissioner or her designee to issue a standing order to allow medical interventions (including vaccines) needed to respond to the emergency.

Under the act, a standing order is a nonpatient-specific statewide order that (1) includes a prescription or order issued by a physician that allows licensed health care providers to dispense or administer medical interventions to treat, or control and prevent the spread of, a disease or public health threat and (2) does not require a person to receive or use these interventions.

### §§ 9 & 10 — VACCINES FOR ADULTS PROGRAM

The act establishes, within available appropriations, a DPH-administered Vaccines for Adults Program. Under the program, DPH must purchase and distribute vaccines to free clinics, municipal and district health departments, and other licensed health care providers determined by the commissioner who vaccinate adults ages 19 and older ("eligible health care providers").

Under the act, the commissioner must determine the (1) vaccines the program purchases and distributes based on their efficacy in preventing serious disease and death in adults and (2) eligible health care providers the program distributes the vaccines to. When determining which vaccines to purchase, the commissioner may consult with DPH's Federal Recommendations Advisory Committee (see BACKGROUND).

The act allows an eligible health care provider to administer a vaccine from the program to a patient only if the vaccine is not already covered by (1) the patient's private health insurance plan (if any), (2) Medicaid, or (3) a payment plan the patient entered into with the provider for health care services.

Under the act, the program's vaccines and provider eligibility requirements the commissioner determines are not considered state regulations and are exempt from the Uniform Administrative Procedure Act's regulatory process.

### §§ 11 & 12 — INSURANCE COVERAGE FOR IMMUNIZATIONS

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The act requires health insurance policies that cover prescription drugs to also cover immunizations for children, adolescents, and adults included in DPH standards of care based on the schedules the standards set. Existing law already requires these insurance policies to cover immunizations (1) recommended by the AAP, AAFP, or ACOG and (2) that have, in effect, a recommendation from ACIP for the person involved. These include, for example, immunizations for influenza, meningitis, tetanus, HPV, hepatitis A and B, measles, mumps, rubella, and varicella. For ACIP-recommended immunizations, existing law requires insurance policies to also cover a 20-minute immunization consultation between a patient and a provider authorized to administer them.

The act 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.

### § 13 — PHARMACISTS

The act authorizes licensed pharmacists to order, prescribe, and administer federal Food and Drug Administration (FDA)-approved or -authorized vaccines listed in DPH's immunization standards of care, instead of only CDC-recommended vaccines, to adult patients and patients between ages 12 and 18 (with parental consent or proof the minor is emancipated).

Existing law also allows pharmacists to order, prescribe, and administer to adult patients other vaccines that are (1) not on the immunization schedules or (2) prescribed (verbally or written) by a practitioner for a specific patient. The act specifies that these vaccines must be FDA-approved or authorized. Prior law limited authorization for vaccines that are not on the immunization schedules to those for which there are administration instructions on the CDC's website. The act removes this limitation.

### § 14 — RELIGIOUS FREEDOM RESTORATION ACT

The Connecticut Constitution grants people the right to follow their religion and a state law commonly referred to as RFRA prohibits the state or any of its political subdivisions from placing any burden on this right, unless they can demonstrate that their actions are to further a compelling governmental interest and are the least restrictive way of doing so.

The act expressly provides that RFRA does not apply to school immunization requirements for (1) public and private schools, including higher education institutions, and (2) child care centers and group and family day care homes. (A 2021 law eliminated the religious exemption from immunization requirements for people attending these facilities, and grandfathered people enrolled in grades kindergarten or higher who had already submitted the exemption.)

BACKGROUND

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### *DPH Federal Recommendations Advisory Committee*

As authorized by law, the DPH commissioner has created a committee of experts to advise her on matters relating to CDC and FDA recommendations, using evidence-based data from peer-reviewed sources. The committee must serve in a nonbinding advisory capacity, giving guidance only at the commissioner's discretion (CGS § 19a-131n).

### *Related Case*

In 2022, parents from a few Connecticut municipalities filed a lawsuit against the governor and the education and public health commissioners claiming that the legislature's 2021 repeal of the religious exemption from school immunization requirements violated state and federal religious freedom protections. In July 2024, the state Supreme Court dismissed the parents' claims under the Connecticut and U.S. constitutions but allowed their claims made under state statute (RFRA) to proceed (*Spillane v. Lamont*, 350 Conn. 119 (2024)). The case is currently pending in Connecticut Superior Court.