



Senate

General Assembly

File No. 476

February Session, 2026

Substitute Senate Bill No. 450

Senate, April 7, 2026

The Committee on Public Health reported through SEN. ANWAR of the 3rd Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING THE STANDARD OF CARE FOR IMMUNIZATION.

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

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2 repealed and the following is substituted in lieu thereof (*Effective from*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

4 (a) The Commissioner of Public Health shall [~~determine~~] establish the
5 standard of care for immunization for [~~the children~~] residents of this
6 state. The standard of care for immunization shall (1) be based on a
7 consideration of the recommended schedules for active immunization
8 for [~~normal~~] adults, infants and children, including, but not limited to,
9 such recommended schedules published by the National Centers for
10 Disease Control and Prevention Advisory Committee on Immunization
11 Practices, the American Academy of Pediatrics, the American College of
12 Obstetrics and Gynecology and the American Academy of Family
13 Physicians, and (2) include schedules recommended by the
14 commissioner for active immunization and contraindications to

15 administration of vaccines in accordance with such schedules. The
16 commissioner shall establish, within available appropriations, an
17 immunization program [which] that shall: [(1)] (A) Provide [vaccine]
18 vaccines at no cost to health care providers in Connecticut to administer
19 to children so that cost of [vaccine] vaccines will not be a barrier to age-
20 appropriate vaccination in this state; [(2)] (B) with the assistance of
21 hospital maternity programs, provide all parents in this state with the
22 recommended immunization schedule for [normal] infants and
23 children, a booklet to record immunizations at the time of the infant's
24 discharge from the hospital nursery and a list of sites where
25 immunization may be provided; [(3)] (C) inform in a timely manner all
26 health care providers of changes in the recommended immunization
27 schedule; [(4)] (D) assist hospitals, local health providers and local
28 health departments to develop and implement record-keeping and
29 outreach programs to identify and immunize those children who have
30 fallen behind the recommended immunization schedule or who lack
31 access to regular preventative health care and have the authority to
32 gather such data as may be needed to evaluate such efforts; [(5)] (E)
33 assist in the development of a program to assess the vaccination status
34 of children who are clients of state and federal programs serving the
35 health and welfare of children and make provision for vaccination of
36 those who are behind the recommended immunization schedule; [(6)]
37 (F) access available state and federal funds, including, but not limited
38 to, any funds available through the federal Childhood Immunization
39 Reauthorization or any funds available through the Medicaid program;
40 [(7)] (G) solicit, receive and expend funds from any public or private
41 source; and [(8)] (H) develop and make available to parents and health
42 care providers public health educational materials about the benefits of
43 timely immunization.

44 Sec. 2. Subparagraph (B) of subdivision (3) of subsection (b) of section
45 19a-7f of the general statutes is repealed and the following is substituted
46 in lieu thereof (*Effective from passage*):

47 (B) [Commencing January 1, 2013, (i) any] Any health care provider
48 who administers vaccines to children (i) under the federal Vaccines For

49 Children immunization program that is operated by the Department of
50 Public Health under authority of 42 USC 1396s shall utilize, and the
51 department shall provide, any vaccine licensed by the federal Food and
52 Drug Administration, including any combination vaccine and dosage
53 form, that is (I) recommended by the National Centers for Disease
54 Control and Prevention Advisory Committee on Immunization
55 Practices, and (II) made available to the department by the National
56 Centers for Disease Control and Prevention, and (ii) [any health care
57 provider who administers vaccines to children] shall utilize, and the
58 department shall provide, subject to inclusion in such program due to
59 available appropriations, any vaccine licensed by the federal Food and
60 Drug Administration, including any combination vaccine and dosage
61 form, that is (I) [recommended by the National Centers for Disease
62 Control and Prevention Advisory Committee on Immunization
63 Practices] set forth in the schedules for active immunization included in
64 the standard of care for immunization established pursuant to
65 subsection (a) of this section, (II) made available to the department by
66 the National Centers for Disease Control and Prevention or by other
67 means of procurement, provided such procurement conforms with
68 practices designed to reduce state procurement costs and results in more
69 efficient state procurement, and (III) equivalent, as determined by the
70 commissioner, to the cost for vaccine series completion of comparable
71 available licensed vaccines.

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

75 (a) Not later than September first, annually, the Secretary of the Office
76 of Policy and Management, in consultation with the Commissioner of
77 Public Health, shall (1) determine the amount appropriated for the
78 following purposes: (A) To purchase, store and distribute vaccines for
79 routine immunizations [included] for infants and children set forth in
80 the [schedule] schedules for active immunization [required by] included
81 in the standard of care for immunization established pursuant to section
82 19a-7f, as amended by this act; (B) to purchase, store and distribute (i)

83 vaccines to prevent hepatitis A and B in persons of all ages, as
84 recommended by the [schedule for immunizations published by the
85 National Advisory Committee for Immunization Practices] schedules
86 for active immunization included in the standard of care for
87 immunization established pursuant to section 19a-7f, as amended by
88 this act, (ii) antibiotics necessary for the treatment of tuberculosis and
89 biologics and antibiotics necessary for the detection and treatment of
90 tuberculosis infections, and (iii) antibiotics to support treatment of
91 patients in communicable disease control clinics, as defined in section
92 19a-216a; (C) to administer the immunization program for infants and
93 children described in section 19a-7f, as amended by this act; and (D) to
94 provide services needed to collect up-to-date information on childhood
95 immunizations for all children enrolled in Medicaid who reach two
96 years of age during the year preceding the current fiscal year, to
97 incorporate such information into the immunization information
98 system, established pursuant to section 19a-7h, (2) calculate the
99 difference between the amount expended in the prior fiscal year for the
100 purposes set forth in subdivision (1) of this subsection and the amount
101 of the appropriation used for the purpose of the health and welfare fee
102 established in subparagraph (A) of subdivision (2) of subsection (b) of
103 this section in that same year, and (3) inform the Insurance
104 Commissioner of such amounts.

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

107 (a) The [commissioner] Commissioner of Public Health, in
108 consultation with the Commissioner of Social Services, shall adopt
109 regulations, in accordance with chapter 54, concerning the health, safety
110 and welfare of patients in nursing home facilities, classification of
111 violations relating to such facilities, medical staff qualifications, record-
112 keeping, nursing service, dietary service, personnel qualifications and
113 general operational conditions. The regulations shall: (1) [Assure]
114 Ensure that each patient admitted to a nursing home facility is protected
115 by adequate immunization against respiratory viral diseases, including,
116 but not limited to, influenza and pneumococcal disease in accordance

117 with the [recommendations of the National Advisory Committee on
118 Immunization Practices, established by the Secretary of Health and
119 Human Services] schedules for active immunization included in the
120 standard of care for immunization established pursuant to section 19a-
121 7f, as amended by this act; (2) specify that each patient be protected
122 annually against influenza and be vaccinated against pneumonia in
123 accordance with the [recommendations of the National Advisory
124 Committee on Immunization] standard of care for immunization
125 established pursuant to section 19a-7f, as amended by this act; and (3)
126 provide appropriate exemptions for patients for whom such
127 immunizations are medically contraindicated and for patients who
128 object to such immunization on religious grounds.

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

138 [(b)] (c) Nursing home facilities or residential care homes may not
139 charge the family or estate of a deceased self-pay patient beyond the
140 date on which such patient dies. Nursing home facilities or residential
141 care homes shall reimburse the estate of a deceased self-pay patient,
142 within sixty days after the death of such patient, for any advance
143 payments made by or on behalf of the patient covering any period
144 beyond the date of death. Interest, in accordance with subsection (a) of
145 section 37-1, on such reimbursement shall begin to accrue from the date
146 of such patient's death.

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

149 [On or before October 1, 2021, the] The Commissioner of Public

150 Health shall develop and make available on the Internet web site of the
151 Department of Public Health a certificate for use, in a form and manner
152 prescribed by the commissioner, by a licensed physician, licensed
153 physician assistant or licensed advanced practice registered nurse
154 stating that, in the opinion of such physician, physician assistant or
155 advanced practice registered nurse, a vaccination required by the
156 general statutes is medically contraindicated for a person because of the
157 physical condition of such person. The certificate shall include (1)
158 definitions of the terms "contraindication" and "precaution", (2) a list of
159 contraindications and precautions [recognized by the National Centers
160 for Disease Control and Prevention] included in the standard of care for
161 immunization established pursuant to section 19a-7f, as amended by
162 this act, for each of the statutorily required vaccinations, from which the
163 physician, physician assistant or advanced practice registered nurse
164 may select the relevant contraindication or precaution on behalf of such
165 person, (3) a section in which the physician, physician assistant or
166 advanced practice registered nurse may record a contraindication or
167 precaution that is not [recognized by the National Centers for Disease
168 Control and Prevention] included in the standard of care for
169 immunization established pursuant to section 19a-7f, as amended by
170 this act, but in his or her discretion, results in the vaccination being
171 medically contraindicated, including, but not limited to, any
172 autoimmune disorder, family history of any autoimmune disorder,
173 family history of any reaction to a vaccination, genetic predisposition to
174 any reaction to a vaccination as determined through genetic testing and
175 a previous documented reaction of a person that is correlated to a
176 vaccination, (4) a section in which the physician, physician assistant or
177 advanced practice registered nurse may include a written explanation
178 for the exemption from any statutorily required vaccinations, (5) a
179 section requiring the signature of the physician, physician assistant or
180 advanced practice registered nurse, (6) a requirement that the physician,
181 physician assistant or advanced practice registered nurse attach such
182 person's most current immunization record, and (7) a synopsis of the
183 grounds for any order of quarantine or isolation pursuant to section 19a-
184 131b.

185 Sec. 6. Subsection (e) of section 10-204a of the general statutes is
186 repealed and the following is substituted in lieu thereof (*Effective from*
187 *passage*):

188 (e) The definitions of adequate immunization shall reflect the
189 [schedule] schedules for active immunization [adopted] included in the
190 standard of care for immunization established pursuant to section 19a-
191 7f, as amended by this act, and be established by regulation adopted in
192 accordance with the provisions of chapter 54 by the Commissioner of
193 Public Health, who shall also be responsible for providing procedures
194 under which such boards and such similar governing bodies shall
195 collect and report immunization data on each child to the Department
196 of Public Health for (1) compilation and analysis by the department, and
197 (2) release by the department of annual immunization rates for each
198 public and nonpublic school in the state, provided such immunization
199 data may not contain information that identifies a specific individual.

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

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

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

214 (a) In the event of a state-wide or regional public health emergency,
215 the Governor shall make a good faith effort to inform the legislative
216 leaders specified in subsection (b) of this section before declaring that

217 the emergency exists and may do any of the following: (1) Order the
218 commissioner to implement all or a portion of the public health
219 emergency response plan developed pursuant to section 19a-131g; (2)
220 authorize the commissioner to isolate or quarantine persons in
221 accordance with section 19a-131b; (3) order the commissioner to
222 vaccinate persons in accordance with section 19a-131e; (4) apply for and
223 receive federal assistance; [or] (5) order the commissioner to suspend
224 certain license renewal and inspection functions during the period of the
225 emergency and during the six-month period following the date the
226 emergency is declared to be over; or (6) authorize the commissioner, or
227 the commissioner's designee, to issue a standing order to permit medical
228 interventions, including vaccination, necessary to respond to the public
229 health emergency. As used in this subsection, "standing order" means a
230 nonpatient specific regimen applicable state-wide that (A) includes, but
231 is not limited to, a prescription or order that is issued by a physician
232 licensed pursuant to chapter 370 allowing licensed health care providers
233 to dispense or administer a medical intervention to control and prevent
234 the spread of, mitigate or treat any infectious or noninfectious disease
235 or threat to the public health, and (B) does not require any individual to
236 receive or utilize such medical intervention.

237 Sec. 9. (NEW) (*Effective from passage*) (a) As used in this section,
238 "eligible health care provider" means a free clinic, as defined in section
239 19a-630 of the general statutes, municipal health authority established
240 under chapter 368e of the general statutes, district department of health
241 established under chapter 368f of the general statutes and any other
242 health care provider, as determined by the Commissioner of Public
243 Health, who is licensed as a health care provider in the state and
244 provides vaccinations for persons nineteen years of age or older.

245 (b) There is established, within available appropriations, a vaccines
246 for adults program to be administered by the Department of Public
247 Health. The program shall provide for the department to purchase and
248 distribute vaccines to eligible health care providers. The Commissioner
249 of Public Health shall determine the vaccines to be purchased and
250 distributed under the program based on the efficacy of such vaccines in

251 preventing serious disease and death in the adult population and the
252 eligible health care providers to whom such vaccines shall be
253 distributed. In making such determination regarding the vaccines to be
254 purchased, the commissioner may consult with the advisory committee
255 established pursuant to section 19a-131n of the general statutes. An
256 eligible health care provider may administer a vaccine provided under
257 the program to a patient only if such vaccine is not a covered benefit for
258 the patient under any self-funded employee health benefits plan, health
259 benefit plan, as defined in section 38a-1080 of the general statutes,
260 Medicaid, as defined in section 19a-508c of the general statutes, the State
261 employee plan, as defined in section 3-123aaa of the general statutes, or
262 a payment plan entered into between the health care provider and the
263 patient for health care services provided by such health care provider to
264 such patient. The list of vaccines for purchase and distribution and the
265 eligibility requirements for eligible health care providers determined by
266 the commissioner pursuant to this subsection shall not be considered
267 regulations of Connecticut state agencies, as defined in section 4-166 of
268 the general statutes.

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

272 (d) The provisions of this chapter shall not apply to: (1) [To
273 procedures] Procedures followed or actions taken concerning the lower
274 Connecticut River conservation zone described in chapter 477a and the
275 upper Connecticut River conservation zone described in chapter 477c,
276 (2) [to] the administrative determinations authorized by section 32-9r
277 concerning manufacturing facilities in distressed municipalities, (3) [to]
278 the rules made pursuant to section 9-436 for use of paper ballots, [and]
279 (4) [to] guidelines established under section 22a-227 for development of
280 a municipal solid waste management plan, and (5) the list of vaccines
281 for purchase and distribution and eligibility requirements for health
282 care providers determined by the Commissioner of Public Health
283 pursuant to section 9 of this act.

284 Sec. 11. Subsection (a) of section 38a-492r of the general statutes is
285 repealed and the following is substituted in lieu thereof (*Effective January*
286 *1, 2027*):

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

303 Sec. 12. Subsection (a) of section 38a-518r of the general statutes is
304 repealed and the following is substituted in lieu thereof (*Effective January*
305 *1, 2027*):

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

317 consultation between such individual and a health care provider
318 authorized to administer such immunizations to such individual, and
319 (3) coverage for immunizations within the schedules for active
320 immunization included in the standard of care for immunization
321 established pursuant to section 19a-7f, as amended by this act.

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

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

329 (A) Any such vaccine [, approved or authorized by the United States
330 Food and Drug Administration] that is listed [on] in the National
331 Centers for Disease Control and Prevention's age-appropriate
332 immunization schedule or the schedules for immunization included in
333 the standard of care for immunization established pursuant to section
334 19a-7f, as amended by this act, to any patient who is: (i) Eighteen years
335 of age or older; or (ii) at least twelve years of age but younger than
336 eighteen years of age with (I) the consent of such patient's parent, legal
337 guardian or other person having legal custody of such patient, or (II)
338 proof that such patient is an emancipated minor;

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

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

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

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

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

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

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

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

375 (f) The provisions of this section shall not apply to the requirements
376 set forth in sections 10-204a, as amended by this act, 10a-155, as
377 amended by this act, 10a-155b, 19a-79 and 19a-87b.

378 [(f)] (g) For the purposes of this section, "state or any political
379 subdivision of the state" includes any agency, board, commission,

380 department, officer or employee of the state or any political subdivision
 381 of the state, and "demonstrates" means meets the burdens of going
 382 forward with the evidence and of persuasion.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	19a-7f(a)
Sec. 2	<i>from passage</i>	19a-7f(b)(3)(B)
Sec. 3	<i>from passage</i>	19a-7j(a)
Sec. 4	<i>from passage</i>	19a-522
Sec. 5	<i>from passage</i>	19a-7q
Sec. 6	<i>from passage</i>	10-204a(e)
Sec. 7	<i>from passage</i>	10a-155(a)
Sec. 8	<i>from passage</i>	19a-131a(a)
Sec. 9	<i>from passage</i>	New section
Sec. 10	<i>from passage</i>	4-186(d)
Sec. 11	<i>January 1, 2027</i>	38a-492r(a)
Sec. 12	<i>January 1, 2027</i>	38a-518r(a)
Sec. 13	<i>from passage</i>	20-633(a)(1)
Sec. 14	<i>from passage and applicable to any civil action pending on or filed after said date</i>	52-571b

Statement of Legislative Commissioners:

In Section 5(3), "recognized by the National Centers for Disease Control and Prevention" was bracketed and "included in the standard of care for immunization established pursuant to section 19a-7f, as amended by this act" was inserted after the closing bracket, for consistency.

PH *Joint Favorable Subst.*

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 27 \$	FY 28 \$
Public Health, Dept.	GF - Potential Savings	See Below	See Below
Public Health, Dept.	GF - Potential Cost	See Below	See Below

Note: GF=General Fund

Municipal Impact:

Municipalities	Effect	FY 27 \$	FY 28 \$
Various Municipalities	Potential Savings	Potential	Potential

Explanation

The bill makes various changes to state laws on immunizations resulting in: (1) a potential cost to the Department of Public Health (DPH) beginning in FY 27; and (2) potential savings to DPH and various municipalities also beginning in FY 27, as described below.

Section 2 allows DPH to purchase vaccines for the Connecticut Vaccine Program (CVP) by means other than through the Centers for Disease Control and Prevention (CDC) under certain conditions, resulting in potential savings beginning in FY 27 subject to available opportunities where alternative procurement options reduce state costs and increase efficiency.

Sections 9 and 10 establish a state-funded Vaccines for Adults Program to provide certain vaccines at no cost to underinsured or uninsured adults, resulting in a potential cost to DPH beginning in FY 27. The exact cost will depend on funding provided and the number of

vaccines purchased as determined by the Commissioner. DPH currently operates a similar, more limited program using federal Section 317 funds from the CDC.

This also results in a potential savings to municipalities beginning in FY 27 to the extent: (1) DPH distributes vaccines to municipal health authorities; and (2) in the absence of the bill, municipalities would have covered this cost. Any savings to municipalities is dependent on which vaccine costs are covered by DPH.

The Out Years

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

OLR Bill Analysis**sSB 450*****AN ACT CONCERNING THE STANDARD OF CARE FOR IMMUNIZATION.*****SUMMARY**

This bill 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 current law, and authorizes her to consider recommended vaccine schedules from additional organizations when doing so (§§ 1, 3, & 5-7);
2. requires the Connecticut Vaccine Program (CVP) to give all children's vaccines included under DPH's standard of care, instead of only those recommended by the 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 current 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 school immunization requirements for (a) public and private schools, including higher education institutions, and (b) child care 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 or filed after that date.

§ § 1, 3 & 5-7 — EXPANDED IMMUNIZATION STANDARDS OF CARE

Current law requires the DPH commissioner to establish 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 bill requires the commissioner to also establish an immunization

standard of care for adults and, when setting any immunization standards, allows her to consider recommended immunization schedules from additional organizations, such as 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 bill 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 school immunization requirements, including for higher education institutions (§§ 6 & 7).

§ 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 current law, the program only gives ACIP-recommended vaccines that DPH purchases through the CDC. The bill instead requires the program to give 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

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

Under the bill, 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 bill 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 bill, a standing order is a non-patient-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 bill 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 bill, 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 bill allows an eligible health care provider to administer a vaccine provided under the program to a patient only if the vaccine is not already covered by (1) the patient’s public or private health insurance plan (if any) or (2) a payment plan the patient entered into with the provider for health care services.

Under the bill, 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

The bill 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 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.

§ 13 — PHARMACISTS

The bill authorizes licensed pharmacists to order, prescribe, and administer 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).

Current law also allows pharmacists to order, prescribe, and administer to adult patients other vaccines that are (1) not on the

immunization schedules, but for which there are administration instructions on CDC’s website, or (2) prescribed (verbally or written) by a practitioner for a specific patient. The bill specifies that these vaccines must be FDA-approved or authorized, and for vaccines that are not on the schedules, it eliminates the condition that there must be instructions on the website.

§ 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 bill 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

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 Bill

sHB 5044, favorably reported by the Public Health Committee, has identical provisions to this bill.

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 for 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.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 21 Nay 11 (03/18/2026)