



General Assembly

Amendment

February Session, 2026

LCO No. 4191



Offered by:

REP. MCCARTHY VAHEY, 133rd Dist.

SEN. ANWAR, 3rd Dist.

To: Subst. House Bill No. **5044**

File No. 405

Cal. No. 289

"AN ACT ESTABLISHING CONNECTICUT VACCINE STANDARDS."

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

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4 repealed and the following is substituted in lieu thereof (*Effective from*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

6 (a) The Commissioner of Public Health shall [determine] establish the
7 standard of care for immunization for [the children] residents of this
8 state. The standard of care for immunization shall (1) be based on a
9 consideration of the recommended schedules for [active] immunization
10 for [normal] adults, infants and children published by the National
11 Centers for Disease Control and Prevention Advisory Committee on
12 Immunization Practices, the American Academy of Pediatrics, the
13 American College of Obstetrics and Gynecology and the American
14 Academy of Family Physicians, and (2) include schedules

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

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

48 (B) [Commencing January 1, 2013, (i) any] Any health care provider
49 who administers vaccines to children (i) under the federal Vaccines For
50 Children immunization program that is operated by the Department of
51 Public Health under authority of 42 USC 1396s shall utilize, and the
52 department shall provide, any vaccine licensed by the federal Food and
53 Drug Administration, including any combination vaccine and dosage
54 form, that is (I) recommended by the National Centers for Disease
55 Control and Prevention Advisory Committee on Immunization
56 Practices, and (II) made available to the department by the National
57 Centers for Disease Control and Prevention, and (ii) [any health care
58 provider who administers vaccines to children] shall utilize, and the
59 department shall provide, subject to inclusion in such program due to
60 available appropriations, any vaccine licensed by the federal Food and
61 Drug Administration, including any combination vaccine and dosage
62 form, that is (I) [recommended by the National Centers for Disease
63 Control and Prevention Advisory Committee on Immunization
64 Practices] set forth in the schedules for immunization included in the
65 standard of care for immunization established pursuant to subsection
66 (a) of this section, (II) made available to the department by the National
67 Centers for Disease Control and Prevention or by other means of
68 procurement, provided such procurement conforms with practices
69 designed to reduce state procurement costs and results in more efficient
70 state procurement, and (III) equivalent, as determined by the
71 commissioner, to the cost for vaccine series completion of comparable
72 available licensed vaccines.

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

76 (a) Not later than September first, annually, the Secretary of the Office
77 of Policy and Management, in consultation with the Commissioner of
78 Public Health, shall (1) determine the amount appropriated for the
79 following purposes: (A) To purchase, store and distribute vaccines for
80 routine immunizations [included] for infants and children set forth in

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

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

108 (a) The [commissioner] Commissioner of Public Health, in
109 consultation with the Commissioner of Social Services, shall adopt
110 regulations, in accordance with chapter 54, concerning the health, safety
111 and welfare of patients in nursing home facilities, classification of
112 violations relating to such facilities, medical staff qualifications, record-
113 keeping, nursing service, dietary service, personnel qualifications and

114 general operational conditions. The regulations shall: (1) [Assure]
115 Ensure that each patient admitted to a nursing home facility is protected
116 by adequate immunization against respiratory viral diseases, including,
117 but not limited to, influenza and pneumococcal disease in accordance
118 with the [recommendations of the National Advisory Committee on
119 Immunization Practices, established by the Secretary of Health and
120 Human Services] schedules for immunization included in the standard
121 of care for immunization established pursuant to section 19a-7f, as
122 amended by this act; (2) specify that each patient be protected annually
123 against influenza and be vaccinated against pneumonia in accordance
124 with the [recommendations of the National Advisory Committee on
125 Immunization] standard of care for immunization established pursuant
126 to section 19a-7f, as amended by this act; and (3) provide appropriate
127 exemptions for patients for whom such immunizations are medically
128 contraindicated and for patients who object to such immunization on
129 religious grounds.

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

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

147 of such patient's death.

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

150 [On or before October 1, 2021, the] The Commissioner of Public
151 Health shall develop and make available on the Internet web site of the
152 Department of Public Health a certificate for use, in a form and manner
153 prescribed by the commissioner, by a licensed physician, licensed
154 physician assistant or licensed advanced practice registered nurse
155 stating that, in the opinion of such physician, physician assistant or
156 advanced practice registered nurse, a vaccination required by the
157 general statutes is medically contraindicated for a person because of the
158 physical condition of such person. The certificate shall include (1)
159 definitions of the terms "contraindication" and "precaution", (2) a list of
160 contraindications and precautions [recognized by the National Centers
161 for Disease Control and Prevention] included in the standard of care for
162 immunization established pursuant to section 19a-7f, as amended by
163 this act, for each of the statutorily required vaccinations, from which the
164 physician, physician assistant or advanced practice registered nurse
165 may select the relevant contraindication or precaution on behalf of such
166 person, (3) a section in which the physician, physician assistant or
167 advanced practice registered nurse may record a contraindication or
168 precaution that is not [recognized by the National Centers for Disease
169 Control and Prevention] included in the standard of care for
170 immunization established pursuant to section 19a-7f, as amended by
171 this act, but in his or her discretion, results in the vaccination being
172 medically contraindicated, including, but not limited to, any
173 autoimmune disorder, family history of any autoimmune disorder,
174 family history of any reaction to a vaccination, genetic predisposition to
175 any reaction to a vaccination as determined through genetic testing and
176 a previous documented reaction of a person that is correlated to a
177 vaccination, (4) a section in which the physician, physician assistant or
178 advanced practice registered nurse may include a written explanation
179 for the exemption from any statutorily required vaccinations, (5) a

180 section requiring the signature of the physician, physician assistant or
181 advanced practice registered nurse, (6) a requirement that the physician,
182 physician assistant or advanced practice registered nurse attach such
183 person's most current immunization record, and (7) a synopsis of the
184 grounds for any order of quarantine or isolation pursuant to section 19a-
185 131b.

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

188 (a) Each local or regional board of education, or similar body
189 governing a nonpublic school or schools, shall require each child to be
190 protected by adequate immunization against diphtheria, pertussis,
191 tetanus, poliomyelitis, measles, mumps, rubella, haemophilus
192 influenzae type B and any other vaccine required by the schedule for
193 [active] immunization adopted pursuant to section 19a-7f, as amended
194 by this act, before being permitted to enroll in any program operated by
195 a public or nonpublic school under its jurisdiction. Before being
196 permitted to enter seventh grade, a child shall receive a second
197 immunization against measles. Any such child who (1) presents a
198 certificate from a physician, physician assistant, advanced practice
199 registered nurse or local health agency stating that initial
200 immunizations have been given to such child and additional
201 immunizations are in process (A) under guidelines and schedules
202 specified by the Commissioner of Public Health, or (B) in the case of a
203 child enrolled in a preschool program or other prekindergarten
204 program who, prior to April 28, 2021, was exempt from the appropriate
205 provisions of this section upon presentation of a statement that such
206 immunizations would be contrary to the religious beliefs of such child
207 or the parents or guardian of such child, as such additional
208 immunizations are recommended, in a written declaration, in a form
209 prescribed by the Commissioner of Public Health, for such child by a
210 physician, a physician assistant or an advanced practice registered
211 nurse; or (2) presents a certificate, in a form prescribed by the
212 commissioner pursuant to section 19a-7q, as amended by this act, from

213 a physician, physician assistant or advanced practice registered nurse
214 stating that in the opinion of such physician, physician assistant or
215 advanced practice registered nurse such immunization is medically
216 contraindicated because of the physical condition of such child; or (3) in
217 the case of measles, mumps or rubella, presents a certificate from a
218 physician, physician assistant or advanced practice registered nurse or
219 from the director of health in such child's present or previous town of
220 residence, stating that the child has had a confirmed case of such
221 disease; or (4) in the case of haemophilus influenzae type B has passed
222 such child's fifth birthday; or (5) in the case of pertussis, has passed such
223 child's sixth birthday, shall be exempt from the appropriate provisions
224 of this section. The statement described in subparagraph (B) of
225 subdivision (1) of this subsection shall be acknowledged, in accordance
226 with the provisions of sections 1-32, 1-34 and 1-35, by a judge of a court
227 of record or a family support magistrate, a clerk or deputy clerk of a
228 court having a seal, a town clerk, a notary public, a justice of the peace,
229 an attorney admitted to the bar of this state, or notwithstanding any
230 provision of chapter 6, a school nurse.

231 (b) The immunization requirements provided for in subsection (a) of
232 this section shall not apply to any child who is enrolled in kindergarten
233 through twelfth grade on or before April 28, 2021, if such child
234 presented a statement, prior to April 28, 2021, from the parents or
235 guardian of such child that such immunization is contrary to the
236 religious beliefs of such child or the parents or guardian of such child,
237 and such statement was acknowledged, in accordance with the
238 provisions of sections 1-32, 1-34 and 1-35, by (1) a judge of a court of
239 record or a family support magistrate, (2) a clerk or deputy clerk of a
240 court having a seal, (3) a town clerk, (4) a notary public, (5) a justice of
241 the peace, (6) an attorney admitted to the bar of this state, or (7)
242 notwithstanding any provision of chapter 6, a school nurse.

243 (c) Any child who is enrolled in a preschool program or other
244 prekindergarten program prior to April 28, 2021, who presented a
245 statement, prior to April 28, 2021, from the parents or guardian of such

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

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

270 (e) The definitions of adequate immunization shall reflect the
271 [schedule] schedules for [active] immunization [adopted] included in
272 the standard of care for immunization established pursuant to section
273 19a-7f, as amended by this act, and be established by regulation adopted
274 in accordance with the provisions of chapter 54 by the Commissioner of
275 Public Health, who shall also be responsible for providing procedures
276 under which such boards and such similar governing bodies shall
277 collect and report immunization data on each child to the Department
278 of Public Health for (1) compilation and analysis by the department, and

279 (2) release by the department of annual immunization rates for each
280 public and nonpublic school in the state, provided such immunization
281 data may not contain information that identifies a specific individual.

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

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

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

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

300 (a) In the event of a state-wide or regional public health emergency,
301 the Governor shall make a good faith effort to inform the legislative
302 leaders specified in subsection (b) of this section before declaring that
303 the emergency exists and may do any of the following: (1) Order the
304 commissioner to implement all or a portion of the public health
305 emergency response plan developed pursuant to section 19a-131g; (2)
306 authorize the commissioner to isolate or quarantine persons in
307 accordance with section 19a-131b; (3) order the commissioner to
308 vaccinate persons in accordance with section 19a-131e; (4) apply for and
309 receive federal assistance; [or] (5) order the commissioner to suspend

310 certain license renewal and inspection functions during the period of the
311 emergency and during the six-month period following the date the
312 emergency is declared to be over; or (6) authorize the commissioner, or
313 the commissioner's designee, to issue a standing order to permit medical
314 interventions, including vaccination, necessary to respond to the public
315 health emergency. As used in this subsection, "standing order" means a
316 nonpatient specific regimen applicable state-wide that (A) includes, but
317 is not limited to, a prescription or order that is issued by a physician
318 licensed pursuant to chapter 370 allowing licensed health care providers
319 to dispense or administer a medical intervention to control and prevent
320 the spread of, mitigate or treat any infectious or noninfectious disease
321 or threat to the public health, and (B) does not require any individual to
322 receive or utilize such medical intervention.

323 Sec. 9. (NEW) (*Effective from passage*) (a) As used in this section,
324 "eligible health care provider" means a free clinic, as defined in section
325 19a-630 of the general statutes, municipal health authority established
326 under chapter 368e of the general statutes, district department of health
327 established under chapter 368f of the general statutes and any other
328 health care provider, as determined by the Commissioner of Public
329 Health, who is licensed as a health care provider in the state and
330 provides vaccinations for persons nineteen years of age or older.

331 (b) There is established, within available appropriations, a vaccines
332 for adults program to be administered by the Department of Public
333 Health. The program shall provide for the department to purchase and
334 distribute vaccines to eligible health care providers. The Commissioner
335 of Public Health shall determine the vaccines to be purchased and
336 distributed under the program based on the efficacy of such vaccines in
337 preventing serious disease and death in the adult population and the
338 eligible health care providers to whom such vaccines shall be
339 distributed. In making such determination regarding the vaccines to be
340 purchased, the commissioner may consult with the advisory committee
341 established pursuant to section 19a-131n of the general statutes. An
342 eligible health care provider may administer a vaccine provided under

343 the program to a patient only if such vaccine is not a covered benefit for
344 the patient under any self-funded employee health benefits plan, health
345 benefit plan, as defined in section 38a-1080 of the general statutes,
346 Medicaid, as defined in section 19a-508c of the general statutes, the state
347 employee plan, as defined in section 3-123aaa of the general statutes, or
348 a payment plan entered into between the health care provider and the
349 patient for health care services provided by such health care provider to
350 such patient. The list of vaccines for purchase and distribution and the
351 eligibility requirements for eligible health care providers determined by
352 the commissioner pursuant to this subsection shall not be considered
353 regulations of Connecticut state agencies, as defined in section 4-166 of
354 the general statutes.

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

358 (d) The provisions of this chapter shall not apply to: (1) [To
359 procedures] Procedures followed or actions taken concerning the lower
360 Connecticut River conservation zone described in chapter 477a and the
361 upper Connecticut River conservation zone described in chapter 477c,
362 (2) [to] the administrative determinations authorized by section 32-9r
363 concerning manufacturing facilities in distressed municipalities, (3) [to]
364 the rules made pursuant to section 9-436 for use of paper ballots, [and]
365 (4) [to] guidelines established under section 22a-227 for development of
366 a municipal solid waste management plan, and (5) the list of vaccines
367 for purchase and distribution and eligibility requirements for health
368 care providers determined by the Commissioner of Public Health
369 pursuant to section 9 of this act.

370 Sec. 11. Subsection (a) of section 38a-492r of the general statutes is
371 repealed and the following is substituted in lieu thereof (*Effective January*
372 *1, 2027*):

373 (a) Each individual health insurance policy providing coverage of the
374 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469

375 delivered, issued for delivery, renewed, amended or continued in this
376 state that provides coverage for prescription drugs shall provide (1)
377 coverage for immunizations recommended by the American Academy
378 of Pediatrics, American Academy of Family Physicians [and] or the
379 American College of Obstetricians and Gynecologists, [and] (2) with
380 respect to immunizations that have in effect a recommendation from the
381 Advisory Committee on Immunization Practices of the Centers for
382 Disease Control and Prevention with respect to the individual involved,
383 coverage for such immunizations and at least a twenty-minute
384 consultation between such individual and a health care provider
385 authorized to administer such immunizations to such individual, and
386 (3) coverage for immunizations within the schedules for immunization
387 included in the standard of care for immunization established pursuant
388 to section 19a-7f, as amended by this act.

389 Sec. 12. Subsection (a) of section 38a-518r of the general statutes is
390 repealed and the following is substituted in lieu thereof (*Effective January*
391 *1, 2027*):

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

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

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

415 (A) Any such vaccine [, approved or authorized by the United States
416 Food and Drug Administration] that is listed [on] in the National
417 Centers for Disease Control and Prevention's age-appropriate
418 immunization schedule or the schedules for immunization included in
419 the standard of care for immunization established pursuant to section
420 19a-7f, as amended by this act, to any patient who is: (i) Eighteen years
421 of age or older; or (ii) at least twelve years of age but younger than
422 eighteen years of age with (I) the consent of such patient's parent, legal
423 guardian or other person having legal custody of such patient, or (II)
424 proof that such patient is an emancipated minor;

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

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

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

438 (a) The state or any political subdivision of the state shall not burden

439 a person's exercise of religion under section 3 of article first of the
440 Constitution of the state even if the burden results from a rule of general
441 applicability, except as provided in subsection (b) of this section.

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

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

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

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

461 (f) The provisions of this section shall not apply to the requirements
462 set forth in sections 10-204a, as amended by this act, 10a-155, as
463 amended by this act, 10a-155b, 19a-79, as amended by this act, and 19a-
464 87b, as amended by this act.

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

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

473 (a) The Commissioner of Early Childhood shall adopt regulations, in
474 accordance with the provisions of chapter 54, to carry out the purposes
475 of sections 19a-77 to 19a-80, inclusive, and 19a-82 to 19a-87, inclusive,
476 and to assure that child care centers and group child care homes meet
477 the health, educational and social needs of children utilizing such child
478 care centers and group child care homes. Such regulations shall (1)
479 specify that before being permitted to attend any child care center or
480 group child care home, each child shall be protected as age-appropriate
481 by adequate immunization against diphtheria, pertussis, tetanus,
482 poliomyelitis, measles, mumps, rubella, haemophilus influenzae type B
483 and any other vaccine required by the schedule of [active] immunization
484 adopted pursuant to section 19a-7f, as amended by this act, (2) specify
485 conditions under which child care center directors and teachers and
486 group child care home providers may administer tests to monitor
487 glucose levels in a child with diagnosed diabetes mellitus, and
488 administer medicinal preparations, including controlled drugs specified
489 in the regulations by the commissioner, to a child receiving child care
490 services at such child care center or group child care home pursuant to
491 the written order of a physician licensed to practice medicine or a dentist
492 licensed to practice dental medicine in this or another state, or an
493 advanced practice registered nurse licensed to prescribe in accordance
494 with section 20-94a, or a physician assistant licensed to prescribe in
495 accordance with section 20-12d, and the written authorization of a
496 parent or guardian of such child, (3) specify that an operator of a child
497 care center or group child care home, licensed before January 1, 1986, or
498 an operator who receives a license after January 1, 1986, for a facility
499 licensed prior to January 1, 1986, shall provide a minimum of thirty
500 square feet per child of total indoor usable space, free of furniture except
501 that needed for the children's purposes, exclusive of toilet rooms,
502 bathrooms, coatrooms, kitchens, halls, isolation room or other rooms
503 used for purposes other than the activities of the children, (4) specify

504 that a child care center or group child care home licensed after January
505 1, 1986, shall provide thirty-five square feet per child of total indoor
506 usable space, (5) establish appropriate child care center staffing
507 requirements for employees certified in cardiopulmonary resuscitation
508 by the American Red Cross, the American Heart Association, the
509 National Safety Council, American Safety and Health Institute, Medic
510 First Aid International, Inc. or an organization using guidelines for
511 cardiopulmonary resuscitation and emergency cardiovascular care
512 published by the American Heart Association and International Liaison
513 Committee on Resuscitation, (6) specify that a child care center or group
514 child care home (A) shall not deny services to a child on the basis of a
515 child's known or suspected allergy or because a child has a prescription
516 for an automatic prefilled cartridge injector or similar automatic
517 injectable equipment, nasal spray or any other medical equipment
518 approved by the United States Food and Drug Administration that is
519 used to treat an allergic reaction, or for injectable equipment, nasal spray
520 or any other medical equipment approved by the United States Food
521 and Drug Administration that is used to administer glucagon, (B) shall,
522 not later than three weeks after such child's enrollment in such a center
523 or home, have staff trained in the use of such equipment on-site during
524 all hours when such a child is on-site, (C) shall require such child's
525 parent or guardian to provide the equipment and a copy of the
526 prescription for such medication upon enrollment of such child, and (D)
527 shall require a parent or guardian enrolling such a child to replace such
528 medication and equipment prior to its expiration date, (7) specify that a
529 child care center or group child care home (A) shall not deny services to
530 a child on the basis of a child's diagnosis of asthma or because a child
531 has a prescription for an inhalant medication to treat asthma, and (B)
532 shall, not later than three weeks after such child's enrollment in such a
533 center or home, have staff trained in the administration of such
534 medication on-site during all hours when such a child is on-site, (8)
535 establish physical plant requirements for licensed child care centers and
536 licensed group child care homes that exclusively serve school-age
537 children, (9) specify that a child care center or group child care home
538 shall immediately notify the parent or guardian of a child enrolled in

539 such center or home if such child exhibits or develops an illness or is
540 injured while in the care of such center or home, (10) specify that a child
541 care center or group child care home shall create a written record of any
542 such illness or injury, which shall, (A) include, but not be limited to, (i)
543 a description of such illness or injury, (ii) the date, time of occurrence
544 and location of such illness or injury, (iii) any responsive action taken
545 by an employee of such center or home, and (iv) whether such child was
546 transported to a hospital emergency room, doctor's office or other
547 medical facility as a result of such illness or injury, (B) be provided to
548 the parent or guardian of such child not later than the next business day,
549 and (C) be maintained by such center or home for a period of not less
550 than two years and be made immediately available upon the request of
551 the Office of Early Childhood, and (11) specify that a child care center
552 or group child care home shall maintain any video recordings created at
553 such center or home for a period of not less than thirty days, and make
554 such recordings immediately available upon the request of the Office of
555 Early Childhood. When establishing such requirements, the Office of
556 Early Childhood shall give consideration to child care centers and group
557 child care homes that are located in private or public school buildings.
558 With respect to subdivision (8) of this subsection, the commissioner
559 shall implement policies and procedures necessary to implement the
560 physical plant requirements established pursuant to this subdivision
561 while in the process of adopting such policies and procedures in
562 regulation form. Until replaced by policies and procedures
563 implemented pursuant to this subdivision, any physical plant
564 requirement specified in the office's regulations that is generally
565 applicable to child care centers and group child care homes shall
566 continue to be applicable to such centers and homes that exclusively
567 serve school-age children. The commissioner shall post notice of the
568 intent to adopt regulations pursuant to this subdivision on the
569 eRegulations System not later than twenty days after the date of
570 implementation of such policies and procedures. Policies and
571 procedures implemented pursuant to this subdivision shall be valid
572 until the time final regulations are adopted. For purposes of this
573 subsection, "illness" means fever, vomiting, diarrhea, rash, headache,

574 persistent coughing, persistent crying or any other condition deemed an
575 illness by the Commissioner of Early Childhood.

576 (b) Any child who (1) presents a certificate, in a form prescribed by
577 the Commissioner of Public Health pursuant to section 19a-7q, as
578 amended by this act, signed by a physician, a physician assistant or an
579 advanced practice registered nurse stating that, in the opinion of such
580 physician, physician assistant or advanced practice registered nurse, the
581 immunizations required pursuant to regulations adopted pursuant to
582 subdivision (1) of subsection (a) of this section are medically
583 contraindicated, (2) in the case of a child who is enrolled in kindergarten
584 through twelfth grade, presented a statement, prior to April 28, 2021,
585 that such immunizations are contrary to the religious beliefs of such
586 child or the parents or guardian of such child, or (3) in the case of a child
587 who is enrolled in a preschool program or other prekindergarten
588 program or below, (A) presented a statement, prior to April 28, 2021,
589 that such immunizations are contrary to the religious beliefs of such
590 child or the parents or guardian of such child, and (B) presents a written
591 declaration, in a form prescribed by the Commissioner of Public Health,
592 from a physician, a physician assistant or an advanced practice
593 registered nurse stating that an immunization against diphtheria,
594 pertussis, tetanus, poliomyelitis, measles, mumps, rubella, haemophilus
595 influenzae type B and any other vaccine required by the schedule of
596 [active] immunization adopted pursuant to section 19a-7f, as amended
597 by this act, has been given to such child and that any additional
598 necessary immunizations of such student against diphtheria, pertussis,
599 tetanus, poliomyelitis, measles, mumps, rubella, haemophilus
600 influenzae type B and any other vaccine required by such schedule of
601 [active] immunization are in process under guidelines specified by the
602 Commissioner of Public Health or as recommended for the child by the
603 physician, physician assistant or advanced practice registered nurse,
604 shall be exempt from the immunization requirements set forth in such
605 regulations. The statement described in subparagraph (A) of
606 subdivision (3) of this subsection shall be acknowledged, in accordance
607 with the provisions of sections 1-32, 1-34 and 1-35, by a judge of a court

608 of record or a family support magistrate, a clerk or deputy clerk of a
609 court having a seal, a town clerk, a notary public, a justice of the peace,
610 or an attorney admitted to the bar of this state.

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

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

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

659 (g) Any child who (1) presents a certificate, in a form prescribed by
660 the Commissioner of Public Health pursuant to section 19a-7q, as
661 amended by this act, signed by a physician, a physician assistant or an
662 advanced practice registered nurse stating that, in the opinion of such
663 physician, physician assistant or advanced practice registered nurse, the
664 immunizations required pursuant to regulations adopted pursuant to
665 subsection (f) of this section are medically contraindicated, (2) in the case
666 of a child who is enrolled in kindergarten through twelfth grade,
667 presented a statement, prior to April 28, 2021, that such immunizations
668 are contrary to the religious beliefs of such child or the parents or
669 guardian of such child, or (3) in the case of a child who is enrolled in a
670 preschool program or other prekindergarten program or below, (A)
671 presented a statement, prior to April 28, 2021, that such immunizations
672 are contrary to the religious beliefs of such child or the parents or
673 guardian of such child, and (B) presents a written declaration, in a form
674 prescribed by the Commissioner of Public Health, from a physician,

675 physician assistant or advanced practice registered nurse stating that an
 676 immunization against diphtheria, pertussis, tetanus, poliomyelitis,
 677 measles, mumps, rubella, haemophilus influenzae type B and any other
 678 vaccine required by the schedule of [active] immunization adopted
 679 pursuant to section 19a-7f, as amended by this act, has been given to
 680 such child and that any additional necessary immunizations of such
 681 student against diphtheria, pertussis, tetanus, poliomyelitis, measles,
 682 mumps, rubella, haemophilus influenzae type B and any other vaccine
 683 required by such schedule of [active] immunization are in process under
 684 guidelines specified by the Commissioner of Public Health or as
 685 recommended for the child by the physician, physician assistant or
 686 advanced practice registered nurse, shall be exempt from the
 687 immunization requirements set forth in such regulations. The statement
 688 described in subparagraph (A) of subdivision (3) of this subsection shall
 689 be acknowledged, in accordance with the provisions of sections 1-32, 1-
 690 34 and 1-35, by (i) a judge of a court of record or a family support
 691 magistrate, (ii) a clerk or deputy clerk of a court having a seal, (iii) a
 692 town clerk, (iv) a notary public, (v) a justice of the peace, or (vi) an
 693 attorney admitted to the bar of this state."

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
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
Sec. 15	<i>from passage</i>	19a-79(a) and (b)
Sec. 16	<i>from passage</i>	19a-87b(f) and (g)