



General Assembly

January Session, 2011

Amendment

LCO No. 7791

HB0661807791HDO

Offered by:

REP. CANDELARIA, 95th Dist.
REP. GONZALEZ, 3rd Dist.
REP. SANTIAGO, 130th Dist.
REP. BUTLER, 72nd Dist.
REP. SANCHEZ, 25th Dist.
REP. MILLER P., 145th Dist.
REP. HOLDER-WINFIELD, 94th
Dist.

REP. MORRIS, 140th Dist.
REP. KIRKLEY-BEY, 5th Dist.
REP. ALDARONDO, 75th Dist.
REP. ROBLES, 6th Dist.
REP. ROJAS, 9th Dist.
REP. AYALA, 128th Dist.

To: Subst. House Bill No. 6618

File No. 544

Cal. No. 343

"AN ACT CONCERNING VARIOUS REVISIONS TO PUBLIC HEALTH RELATED STATUTES."

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

3 "Sec. 501. Section 19a-7f of the general statutes is repealed and the
4 following is substituted in lieu thereof (*Effective October 1, 2011*):

5 (a) The Commissioner of Public Health shall determine the standard
6 of care for immunization for the children of this state. The standard of
7 care for immunization shall be based on the recommended schedules
8 for active immunization for normal infants and children published by
9 the National Centers for Disease Control and Prevention Advisory

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

40 (b) (1) A health care provider who administers vaccines to children
41 under the federal Vaccines For Children immunization program that is
42 operated by the Department of Public Health under authority of 42
43 USC 1396s may select, and the department shall provide, any vaccine

44 licensed by the federal Food and Drug Administration, including any
45 combination vaccine and dosage form, that is (A) recommended by the
46 National Centers for Disease Control and Prevention Advisory
47 Committee on Immunization Practices, and (B) made available to the
48 department by the National Centers for Disease Control and
49 Prevention.

50 (2) The provisions of this subsection shall not apply in the event of a
51 public health emergency, as defined in section 19a-131, or an attack,
52 major disaster, emergency or disaster emergency, as those terms are
53 defined in section 28-1.

54 Sec. 502. Section 19a-7j of the general statutes is repealed and the
55 following is substituted in lieu thereof (*Effective October 1, 2011*):

56 (a) Not later than September 1, 2003, and annually thereafter, the
57 Secretary of the Office of Policy and Management, in consultation with
58 the Commissioner of Public Health, shall (1) determine the amount
59 appropriated for the following purposes: (A) To purchase, store and
60 distribute vaccines for routine immunizations included in the schedule
61 for active immunization required by section 19a-7f, as amended by this
62 act; (B) to purchase, store and distribute (i) vaccines to prevent
63 hepatitis A and B in persons of all ages, as recommended by the
64 schedule for immunizations published by the National Advisory
65 Committee for Immunization Practices, (ii) antibiotics necessary for the
66 treatment of tuberculosis and biologics and antibiotics necessary for
67 the detection and treatment of tuberculosis infections, and (iii)
68 antibiotics to support treatment of patients in communicable disease
69 control clinics, as defined in section 19a-216a; and (C) to provide
70 services needed to collect up-to-date information on childhood
71 immunizations for all children enrolled in Medicaid who reach two
72 years of age during the year preceding the current fiscal year, to
73 incorporate such information into the childhood immunization
74 registry, as defined in section 19a-7h, and (2) inform the Insurance
75 Commissioner of such amount.

76 (b) Each domestic insurer or health care center doing life insurance
77 or health insurance business in this state shall annually pay to the
78 Insurance Commissioner, for deposit in the General Fund, a health and
79 welfare fee assessed by the Insurance Commissioner pursuant to this
80 section. [Not later than October 1, 2003, the Insurance Commissioner
81 shall determine the fee to be assessed against each such domestic
82 insurer or health care center for the fiscal year ending June 30, 2004.]
83 Not later than October 1, 2003, and annually thereafter, the Insurance
84 Commissioner shall determine the fee to be assessed against each such
85 domestic insurer or health care center for the next fiscal year. Such fee
86 shall be a percentage of the total amount appropriated, as identified in
87 subsection (a) of this section, and shall be calculated on the basis of life
88 insurance premiums and health insurance premiums and subscriber
89 charges in the same manner as calculations under section 38a-48. Not
90 later than November 1, 2003, and annually thereafter, the Insurance
91 Commissioner shall submit a statement to each such insurer and health
92 care center that includes the proposed fee for the insurer or health care
93 center calculated in accordance with this section. As used in this
94 section, "health insurance" means health insurance, as defined in
95 subdivisions (1) to (13), inclusive, of section 38a-469.

96 (c) Any domestic insurer or health care center aggrieved by an
97 assessment levied under this section may appeal therefrom in the same
98 manner as provided for appeals under section 38a-52.

99 [(d) For the fiscal year ending June 30, 2004, the aggregate
100 assessment under this section shall not exceed seven million one
101 hundred thousand dollars. For the fiscal year ending June 30, 2005, the
102 aggregate assessment under this section shall not exceed seven million
103 one hundred thousand dollars.]"