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H.98

The Committee on Health Care moves that the House concur with the Senate Proposal of Amendment with further proposal of amendment by striking out all after the enacting clause and inserting in lieu thereof the following:

Sec. 1. 18 V.S.A. chapter 4 is amended to read:

CHAPTER 4. CANCER REGISTRY

\* \* \*

§ 153. PARTICIPATION IN PROGRAM

(a) Any health care facility diagnosing or providing treatment to ~~cancer~~ patients with cancer shall report each case of cancer to the ~~commissioner~~ Commissioner or his or her authorized representative in a format prescribed by the ~~commissioner~~ Commissioner within ~~120~~ 180 days of admission or diagnosis. If the facility fails to report in a format prescribed by the ~~commissioner~~ Commissioner, the ~~commissioner's~~ Commissioner's authorized representative may enter the facility, obtain the information, and report it in the appropriate format. In these cases, the facility shall reimburse the ~~commissioner~~ Commissioner or the authorized representative for the cost of obtaining and reporting the information.

(b) Any health care provider diagnosing or providing treatment to ~~cancer~~ patients with cancer shall report each cancer case to the ~~commissioner~~ Commissioner or his or her authorized representative within ~~120~~ 180 days of

1 diagnosis. Those cases diagnosed or treated at a Vermont facility or previously  
2 admitted to a Vermont facility for diagnosis or treatment of that instance of  
3 cancer are exceptions and do not need to be reported by the health care  
4 provider.

5 (c) All health care facilities and health care providers who provide  
6 diagnostic or treatment services to patients with cancer shall report to the  
7 ~~commissioner~~ Commissioner any further demographic, diagnostic, or treatment  
8 information requested by the ~~commissioner~~ Commissioner concerning any  
9 person now or formerly receiving services, diagnosed as having or having had  
10 a malignant tumor. Additionally, the ~~commissioner~~ Commissioner or his or  
11 her authorized representative shall have physical access to all records ~~which~~  
12 that would identify cases of cancer or would establish characteristics of the  
13 cancer, treatment of the cancer, or medical status of any identified ~~cancer~~  
14 patient with cancer. Willful failure to grant access to such records shall be  
15 punishable by a fine of up to \$500.00 for each day access is refused. Any fines  
16 collected pursuant to this subsection shall be deposited in the ~~general fund~~  
17 General Fund.

18 \* \* \*

19 § 155. DISCLOSURE

20 (a) The ~~commissioner~~ Commissioner may enter into agreements to  
21 exchange confidential information with other cancer registries in order to

1 obtain complete reports of Vermont residents diagnosed or treated in other  
2 states and to provide information to other states regarding their residents  
3 diagnosed or treated in Vermont.

4 (b) The ~~commissioner~~ Commissioner may furnish confidential information  
5 to the National Breast and Cervical Cancer Early Detection Program, other  
6 states' cancer registries, federal cancer control agencies, or health researchers  
7 in order to collaborate in a national cancer registry or to collaborate in cancer  
8 control and prevention research studies. However, before releasing  
9 confidential information, the ~~commissioner~~ Commissioner shall first obtain  
10 from such state registries, agencies, or researchers an agreement in writing to  
11 keep the identifying information confidential and privileged. In the case of  
12 researchers, the ~~commissioner~~ Commissioner shall also first obtain evidence of  
13 the approval of their academic committee for the protection of human subjects  
14 established in accordance with ~~part 46 of Title 45 of the Code of Federal~~  
15 ~~Regulations~~ 45 C.F.R. part 46.

16 \* \* \*

17 Sec. 2. 18 V.S.A. § 1001 is amended to read:

18 § 1001. REPORTS TO COMMISSIONER OF HEALTH

19 (a) When a physician, health care provider, nurse practitioner, nurse,  
20 physician assistant, or school health official has reason to believe that a person  
21 is sick or has died of a diagnosed or suspected disease, identified by the

1 Department of Health as a reportable disease and dangerous to the public  
2 health, or if a laboratory director has evidence of such sickness or disease, he  
3 or she shall transmit within 24 hours a report thereof and identify the name and  
4 address of the patient and the name of the patient's physician to the  
5 Commissioner of Health or designee. In the case of the human  
6 immunodeficiency virus (HIV), "reason to believe" shall mean personal  
7 knowledge of a positive HIV test result. The Commissioner, with the approval  
8 of the Secretary of Human Services, shall by rule establish a list of those  
9 diseases dangerous to the public health that shall be reportable. Nonmedical  
10 community-based organizations shall be exempt from this reporting  
11 requirement. All information collected pursuant to this section and in support  
12 of investigations and studies undertaken by the ~~commissioner~~ Commissioner  
13 for the purpose of determining the nature or cause of any disease outbreak shall  
14 be privileged and confidential. The ~~Health~~ Department of Health shall, by  
15 rule, require that any person required to report under this section has in place a  
16 procedure that ensures confidentiality. ~~In addition, in relation to the reporting~~  
17 ~~of HIV and the acquired immune deficiency syndrome (AIDS), the Health~~  
18 ~~Department shall, by rule:~~

19 ~~(1) develop procedures, in collaboration with individuals living with~~  
20 ~~HIV or AIDS and with representatives of the Vermont AIDS service~~

1 ~~organizations, to ensure confidentiality of all information collected pursuant to~~  
2 ~~this section; and~~

3 ~~(2) develop procedures for backing up encrypted, individually~~  
4 ~~identifying information, including procedures for storage, location, and transfer~~  
5 ~~of data.~~

6 ~~(b)(1) Public health records that relate to HIV or AIDS that contain any~~  
7 ~~personally identifying information, or any information that may indirectly~~  
8 ~~identify a person and was developed or acquired by state or local public health~~  
9 ~~agencies, shall be confidential and shall only be disclosed following notice to~~  
10 ~~the individual subject of the public health record or the individual's legal~~  
11 ~~representative and pursuant to a written authorization voluntarily executed by~~  
12 ~~the individual or the individual's legal representative. Except as provided in~~  
13 ~~subdivision (2) of this subsection, notice and authorization is required prior to~~  
14 ~~all disclosures, including disclosures to other states, the federal government,~~  
15 ~~and other programs, departments, or agencies of state government.~~

16 ~~(2) Notwithstanding the provisions of subdivision (1) of this subsection,~~  
17 ~~disclosure without notification shall be permitted to other states' infectious~~  
18 ~~disease surveillance programs for the sole purpose of comparing the details of~~  
19 ~~case reports identified as possibly duplicative, provided such Public health~~  
20 ~~records developed or acquired by State or local public health agencies that~~  
21 ~~relate to HIV or AIDS and that contain either personally identifying~~

1 information or information that may indirectly identify a person shall be  
2 confidential and only disclosed following notice to and written authorization  
3 from the individual subject of the public health record or the individual's legal  
4 representative. Notice otherwise required pursuant to this section shall not be  
5 required for disclosures to the federal government; other departments,  
6 agencies, or programs of the State; or other states' infectious disease  
7 surveillance programs if the disclosure is for the purpose of comparing the  
8 details of potentially duplicative case reports, provided the information shall be  
9 shared using the least identifying information first so that the individual's  
10 name shall be used only as a last resort.

11 ~~(c) A disclosure made pursuant to subsection (b) of this section shall~~  
12 ~~include only the information necessary for the purpose for which the disclosure~~  
13 ~~is made. The disclosure shall be made only on agreement that the information~~  
14 ~~shall remain confidential and shall not be further disclosed without additional~~  
15 ~~notice to the individual and written authorization by the individual subject as~~  
16 ~~required by subsection (b) of this section. [Repealed.]~~

17 (d) A confidential public health record, including any information obtained  
18 pursuant to this section, shall not be:

19 (1) disclosed or discoverable in any civil, criminal, administrative, or  
20 other proceeding;

1           (2) used to determine issues relating to employment or insurance for any  
2 individual;

3           (3) used for any purpose other than public health surveillance, and  
4 epidemiological follow-up.

5           (e) Any person who:

6           (1) Willfully or maliciously discloses the content of any confidential  
7 public health record without written authorization or other than as authorized  
8 by law or in violation of subsection (b), (c), or (d) of this section shall be  
9 subject to a civil penalty of not less than \$10,000.00 and not more than  
10 \$25,000.00, costs and attorney's fees as determined by the court, compensatory  
11 and punitive damages, or equitable relief, including restraint of prohibited acts,  
12 costs, reasonable attorney's fees, and other appropriate relief.

13           (2) Negligently discloses the content of any confidential public health  
14 record without written authorization or other than as authorized by law or in  
15 violation of subsection (b), (c), or (d) of this section shall be subject to a civil  
16 penalty in an amount not to exceed \$2,500.00 plus court costs, as determined  
17 by the court, which penalty and costs shall be paid to the subject of the  
18 confidential information.

19           (3) Willfully, maliciously, or negligently discloses the results of an HIV  
20 test to a third party in a manner that identifies or provides identifying  
21 characteristics of the person to whom the test results apply without written

1 authorization or other than as authorized by law or in violation of subsection  
2 (b), (c), or (d) of this section and that results in economic, bodily, or  
3 psychological harm to the subject of the test is guilty of a misdemeanor,  
4 punishable by imprisonment for a period not to exceed one year or a fine not to  
5 exceed \$25,000.00, or both.

6 (4) Commits any act described in subdivision (1), (2), or (3) of this  
7 subsection shall be liable to the subject for all actual damages, including  
8 damages for any economic, bodily, or psychological harm that is a proximate  
9 result of the act. Each disclosure made in violation of this chapter is a separate  
10 and actionable offense. Nothing in this section shall limit or expand the right  
11 of an injured subject to recover damages under any other applicable law.

12 (f) ~~Except as provided in subdivision (a)(2) of this section, the Health~~  
13 ~~Department is prohibited from collecting, processing, or storing any~~  
14 ~~individually identifying information concerning HIV/AIDS on any networked~~  
15 ~~computer or server, or any laptop computer or other portable electronic device.~~  
16 ~~On rare occasion, not as common practice, the Department may accept~~  
17 ~~HIV/AIDS individually identifying information electronically. Once that~~  
18 ~~information is collected, the Department shall, in a timely manner, transfer the~~  
19 ~~information in compliance with this subsection. [Repealed.]~~

20 (g) Health care providers must, prior to performing an HIV test, inform the  
21 individual to be tested that a positive result will require reporting of the result

1 and the individual's name to the Department, and that there are testing sites  
2 that provide anonymous testing that are not required to report positive results.  
3 The Department shall develop and make widely available a model notification  
4 form.

5 (h) Nothing in this section shall affect the ongoing availability of  
6 anonymous testing for HIV. Anonymous HIV testing results shall not be  
7 required to be reported under this section.

8 (i) ~~No later than November 1, 2007, the Health Department shall conduct~~  
9 ~~an information and security audit in relation to the information collected~~  
10 ~~pursuant to this section, including evaluation of the systems and procedures it~~  
11 ~~developed to implement this section and an examination of the adequacy of~~  
12 ~~penalties for disclosure by state personnel. No later than January 15, 2008, the~~  
13 ~~Department shall report to the Senate Committee on Health and Welfare and~~  
14 ~~the House Committee on Human Services concerning options available, and~~  
15 ~~the costs those options would be expected to entail, for maximizing protection~~  
16 ~~of the information collected pursuant to this section. That report shall also~~  
17 ~~include the Department's recommendations on whether the General Assembly~~  
18 ~~should impose or enhance criminal penalties on health care providers for~~  
19 ~~unauthorized disclosures of medical information. The Department shall solicit~~  
20 ~~input from AIDS service organizations and the community advisory group~~  
21 ~~regarding the success of the Department's security measures and their~~

1 ~~examination of the adequacy of penalties as they apply to HIV/AIDS and~~  
2 ~~include this input in the report to the Legislature.~~ The Department shall  
3 annually evaluate the systems and confidentiality procedures developed to  
4 implement networked and non-networked electronic reporting, including  
5 system breaches and penalties for disclosure to State personnel. The  
6 Department shall provide the results of this evaluation to and solicit input from  
7 the Vermont HIV/AIDS Community Advisory Group.

8 (j) ~~No later than January 1, 2008, the Department shall plan and commence~~  
9 ~~a public campaign designed to educate the general public about the value of~~  
10 ~~obtaining an HIV test.~~ The Department shall collaborate with  
11 community-based organizations to educate the public and health care providers  
12 about the benefits of HIV testing and the use of current testing technologies.

13 (k) The Commissioner shall maintain a separate database of reports  
14 received pursuant to subsection 1141(i) of this title for the purpose of tracking  
15 the number of tests performed pursuant to ~~subchapter 5 of chapter 21,~~  
16 subchapter 5 of this title and ~~such~~ other information as the Department of  
17 Health ~~determines to be~~ finds necessary and appropriate. The database shall  
18 not include any information that personally identifies a patient.

19 Sec. 3. 18 V.S.A. § 1121(c) is amended to read:

20 (c)(1) To the extent permitted under 20 U.S.C. § 1232g (family educational  
21 and privacy rights), and any regulations adopted thereunder, all schools and

1 child care facilities shall make publicly available the aggregated immunization  
2 rates of the student body for each required ~~vaccine~~ immunization using a  
3 standardized form that shall be created by the Department of Health. A school  
4 shall provide current information on the school's aggregated immunization rate  
5 for each required immunization to students, or in the case of a minor to parents  
6 and guardians, at the start of each academic year and to any student, or in the  
7 case of a minor to the parent or guardian of any student, who transfers to the  
8 school after the start of the academic year.

9 (2) Each school and child care facility shall annually, on or before  
10 January 1, submit its standardized form containing the student body's  
11 aggregated immunization rates to the Department of Health.

12 (3) Notwithstanding section 1120 of this title, ~~for the purposes as used in~~  
13 of this subsection only, the term "child care facility" shall exclude a family day  
14 care home licensed or registered under 33 V.S.A. chapter 35.

15 Sec. 4. 18 V.S.A. § 1122 is amended to read:

16 [Possible options: (1) maintain existing philosophical exemption; (2) remove  
17 philosophical exemption; (3) create "alternative health care exemption" in lieu  
18 of philosophical/religious exemptions; (4) create second medical exemption;  
19 (5) other?]

20  
21 § 1122. EXEMPTIONS

22 (a) Notwithstanding subsections 1121(a) and (b) of this title, a person may  
23 remain in school or in ~~the~~ a child care facility without a required  
24 immunization:

1 (1) If the person or, in the case of a minor, the person's parent or  
2 guardian presents a form created by the ~~department~~ Department and signed by  
3 a licensed health care practitioner authorized to prescribe vaccines or a health  
4 clinic stating that the person is in the process of being immunized. The person  
5 may continue to attend school or ~~the~~ a child care facility for up to six months  
6 while the immunization process is being accomplished;

7 (2) If a licensed health care practitioner, licensed to practice in Vermont  
8 and who is authorized to prescribe vaccines, certifies in writing that a specific  
9 immunization is or may be detrimental to the person's health or is not  
10 appropriate, provided that when a particular vaccine is no longer  
11 contraindicated, the person shall be required to receive the vaccine; or, A  
12 certifying health care practitioner shall specify the required immunization in  
13 question as well as the probable duration of the condition or circumstance that  
14 is or may be detrimental to the person's health. Any exemption certified under  
15 this subdivision shall terminate when the condition or circumstance cited no  
16 longer applies.

17 **OR**

18 (2) If a licensed health care practitioner, licensed to practice in Vermont  
19 and authorized to prescribe vaccines, annually certifies in writing one of the  
20 following:

1           (A) ~~certifies in writing that~~ That a specific immunization is or may be  
2 detrimental to the person's health or is not appropriate, provided that when a  
3 particular vaccine is no longer contraindicated, the person shall be required to  
4 receive the vaccine; or. The certifying health care practitioner under this  
5 subdivision (2)(A) shall be authorized to prescribe immunizations. He or she  
6 shall specify the required immunization in question as well as the probable  
7 duration of the condition or circumstance that is or may be detrimental to the  
8 person's health. Any exemption certified under this subdivision shall terminate  
9 when the condition or circumstance cited no longer applies.

10           (B) That the person has a bona fide health care practitioner-patient  
11 relationship with the certifying health care practitioner and receives ongoing  
12 health care that addresses the contracting and spreading of communicable  
13 diseases without receipt of all required immunizations.

14           (3) If the person or, in the case of a minor, the person's parent or  
15 guardian annually provides a signed statement to the school or child care  
16 facility on a form created by the ~~Vermont department of health~~ Department  
17 that the person, parent, or guardian:

18           (A) holds religious beliefs or philosophical convictions opposed to  
19 immunization; and

1 (B) has reviewed ~~and understands~~ evidence-based educational  
2 material provided by the ~~department of health~~ Department regarding  
3 immunizations, including:

4 (i) information about the risks of adverse reactions to  
5 immunization;

6 ~~(C)(ii)~~ understands information that failure to complete the  
7 required vaccination schedule increases risk to the person and others of  
8 contracting or carrying a vaccine-preventable infectious disease; and

9 ~~(D)(iii)~~ understands information that there are persons with special  
10 health needs attending schools and child care facilities who are unable to be  
11 vaccinated or who are at heightened risk of contracting a vaccine-preventable  
12 communicable disease and for whom such a disease could be life-threatening.

13 **OR**

14 (3) If the person or, in the case of a minor, the person's parent or  
15 guardian annually provides a signed ~~statement~~ and notarized affidavit under  
16 the pains and penalty of perjury to the a school or child care facility on a form  
17 created by the Vermont department of health affirming that the person, parent,  
18 or guardian:

19 (A) ~~holds religious beliefs or philosophical convictions opposed to~~  
20 immunization seeks an exemption in order to follow alternative health care

1 practices that support his or her moral, ethical, or religious convictions  
2 specifically related to these practices;

3 (B) has reviewed and understands evidence-based educational  
4 material provided by the ~~department of health~~ Department regarding  
5 immunizations, including information about the risks of adverse reactions to  
6 immunization;

7 (C) understands that failure to complete the required vaccination  
8 schedule increases risk to the person and others of contracting or carrying a  
9 vaccine-preventable infectious disease has completed the immunization video  
10 module provided by the Department; and

11 (D) understands that there are persons with special health needs  
12 attending schools and child care facilities who are unable to be vaccinated or  
13 who are at heightened risk of contracting a vaccine-preventable communicable  
14 disease and for whom such a disease could be life-threatening has received an  
15 in-person consultation on the subject of the required immunization with a  
16 licensed health care practitioner who is authorized to prescribe vaccines.

17 (b) The ~~health department~~ Department may provide by rule for further  
18 exemptions to immunization based upon sound medical practice.

19 (c) A form signed pursuant to subdivision (a)(3) of this section and the fact  
20 that such a form was signed shall not be:

21 (1) construed to create or deny civil liability for any person; or

1           (2) admissible as evidence in any civil proceeding.

2           (d) As used in this section:

3           (1) “Bona fide health care practitioner-patient relationship” means a  
4           treating or consulting relationship of not less than six months’ duration, in the  
5           course of which a health care practitioner has completed a full assessment of  
6           the person’s medical history and current medical condition, including a  
7           personal physical examination.

8           (2) “Health care practitioner” means a person licensed by law to provide  
9           professional health care services to an individual during the course of that  
10          individual’s medical care or treatment.

11          Sec. 5. 18 V.S.A. § 1123 is amended to read:

12          § 1123. IMMUNIZATION RULES AND REGULATIONS

13          The Department of ~~Health~~ shall adopt rules for administering this  
14          subchapter. Such rules shall be developed in consultation with the Agency of  
15          Education with respect to immunization requirements for Vermont schools,  
16          and in consultation with the Department for Children and Families with respect  
17          to immunization requirements for child care facilities. Such rules shall  
18          establish list which immunizations shall be required and the manner and  
19          frequency of their administration, and may provide for exemptions as  
20          authorized by this subchapter.

1 Sec. 6. 18 V.S.A. § 1124 is amended to read:

2 [Language in § 1124 must reflect policy decision made in § 1122]

3 § 1124. ACCESS TO AND REPORTING OF IMMUNIZATION RECORDS

4 (a) In addition to any data collected in accordance with the requirements of  
5 the Centers for Disease Control and Prevention, the ~~Vermont department of~~  
6 ~~health~~ Department shall annually collect from schools the immunization rates  
7 for at least those students in the first and eighth grades for each required  
8 vaccine. The data collected by the ~~department~~ Department shall include the  
9 number of medical, philosophical, and religious exemptions filed for each  
10 required vaccine and the number of students with a provisional admittance.

11 \* \* \*

12 Sec. 7. 18 V.S.A. § 1125 is added to read:

13 [Language in § 1125 must reflect policy decision made in § 1122]

14 § 1125. QUALITY IMPROVEMENT MEASURES

15 The Department may implement quality improvement initiatives in any  
16 school that has a provisional admittance rate or an exemption rate described in  
17 subdivision 1122 (a)(2)(A), (a)(2)(B), or (a)(3) of this title above the State  
18 average.

19 Sec. 8. 18 V.S.A. § 1129 is amended to read:

20 § 1129. IMMUNIZATION REGISTRY

1 (a) A health care provider shall report to the ~~department~~ Department all  
2 data regarding immunizations of adults and of children under ~~the age of~~  
3 18 years of age within seven days of the immunization, provided that required  
4 reporting of immunizations of adults shall commence within one month after  
5 the health care provider has established an electronic health records system and  
6 data interface pursuant to the e-health standards developed by the Vermont  
7 ~~information technology leaders~~ Information Technology Leaders. A health  
8 insurer shall report to the ~~department~~ Department all data regarding  
9 immunizations of adults and of children under ~~the age of~~ 18 years of age at  
10 least quarterly. All data required pursuant to this subsection shall be reported  
11 in a ~~form~~ format required by the ~~department~~ Department.

12 (b) The ~~department~~ Department may use the data to create a registry of  
13 immunizations. Registry information shall remain confidential and privileged,  
14 except as provided in subsections (c) and (d) of this section. Registry  
15 information regarding a particular adult shall be provided, upon request, to the  
16 adult, the adult's health care provider, and the adult's health insurer. ~~A minor~~  
17 ~~child's record also~~ Registry information regarding a particular minor child may  
18 be provided, upon request, to school nurses, or in the absence of a nurse on  
19 staff, administrators, and upon request and with written parental consent, to  
20 licensed day care providers, to document compliance with Vermont  
21 immunization laws. Registry information regarding a particular child shall be

1 provided, upon request, ~~to the child after the child reaches the age of majority~~  
2 ~~and~~ to the minor child's parent, or guardian, health insurer, and health care  
3 provider, or to the child after the child reaches the age of majority. ~~Registry~~  
4 ~~information shall be kept confidential and privileged and may be shared only~~  
5 ~~in summary, statistical, or other form in which particular individuals are not~~  
6 ~~identified.~~

7 (c) The Department may exchange confidential registry information with  
8 the immunization registries of other states in order to obtain comprehensive  
9 immunization records.

10 (d) The Department may provide confidential registry information to health  
11 care provider networks serving Vermont patients and, with the approval of the  
12 Commissioner, to researchers who present evidence of approval from an  
13 institutional review board in accordance with 45 C.F.R. § 164.512.

14 (e) Prior to releasing confidential information pursuant to subsections (c)  
15 and (d) of this section, the Commissioner shall obtain from state registries,  
16 health care provider networks, and researchers a written agreement to keep any  
17 identifying information confidential and privileged.

18 (f) The Department may share registry information for public health  
19 purposes in summary, statistical, or other form in which particular individuals  
20 are not identified, except as provided in subsections (c) and (d) of this section.

1        (g) As used in this section, “administrator” means an individual licensed  
2        under 16 V.S.A. chapter 5, the majority of whose employed time in a public  
3        school, school district, or supervisory union is assigned to developing and  
4        managing school curriculum, evaluating and disciplining personnel, or  
5        supervising and managing a school system or school program.  
6        “Administrator” also means an individual employed by an approved or  
7        recognized independent school, the majority of whose assigned time is devoted  
8        to those duties.

9        Sec. 9. 18 V.S.A. § 1131 is added to read:

10        [Other proposals re: approving new immunizations include (1) requiring 2  
11        public hearings; (2) utilizing rulemaking processes (see § 1123)]

12        § 1131. VERMONT IMMUNIZATION ADVISORY COUNCIL

13        (a) Creation. There is created a Vermont Immunization Advisory Council  
14        for the purpose of providing education policy, medical, and epidemiological  
15        expertise and advice to the Department with regard to the safety of  
16        immunizations and immunization schedules.

17        (b) Membership. The Council shall be composed of the following  
18        members:

19                (1) a representative of the Vermont Board of Medical Practice,  
20        appointed by the Governor;

1           (2) the Secretaries of Human Services and of Education or their  
2 designees;

3           (3) the State epidemiologist;

4           (4) a practicing pediatrician, appointed by the Governor;

5           (5) a representative of both public and independent schools, appointed  
6 by the Governor; and

7           (6) any other persons deemed necessary by the Commissioner.

8           (c) Powers and duties. The Council shall:

9           (1) review and make recommendations regarding the State's  
10 immunization schedule for attendance in schools and child care facilities; and

11           (2) provide any other advice and expertise requested by the  
12 Commissioner.

13           (d) Assistance. The Council shall have the administrative, technical, and  
14 legal assistance of the Department.

15           (e) Meetings.

16           (1) The Council shall convene at the call of the Commissioner, but no  
17 less than once each year.

18           (2) The Council shall select a chair from among its members at the first  
19 meeting.

20           (3) A majority of the membership shall constitute a quorum.

1 **Sec. 10. REPORT; MANDATORY IMMUNIZATION OF SCHOOL**

2 **PERSONNEL**

3 (a) On or before January 15, 2016, the Department shall submit a report to  
4 the Senate Committee on Health and Welfare and the House Committee on  
5 Health Care assessing whether it is appropriate from a legal, policy, and  
6 medical perspective to require school personnel to be immunized against those  
7 diseases addressed by the Department’s list of required immunizations for  
8 school attendance.

9 (b) As used in this section, “school” means the same as in 18 V.S.A.  
10 § 1120.

11 **Sec.11. EFFECTIVE DATES**

12 (a) Except for Secs. 4 (exemptions), 6 (access to and reporting of  
13 immunization records), 7 (quality improvement measures), and 9 (Vermont  
14 Immunization Council), this act shall take effect on July 1, 2015.

15 (b) Secs. 4 (exemptions), 6 (access to and reporting of immunization  
16 records), 7 (quality improvement measures), and 9 (Vermont Immunization  
17 Council) shall take effect on July 1, 2016.

18

1 (Committee vote: \_\_\_\_\_)

2

\_\_\_\_\_

3

Representative \_\_\_\_\_

4

FOR THE COMMITTEE