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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 as follows:

First: By striking out Secs. 3 and 4 in their entirety and inserting in lieu thereof the following:

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

(c)(1) To the extent permitted under 20 U.S.C. § 1232g (family educational and privacy rights), and any regulations adopted thereunder, all schools and child care facilities shall make publicly available the aggregated immunization rates of the student body for each required ~~vaccine~~ immunization using a standardized form that shall be created by the Department ~~of Health~~. A school shall provide current information on the school’s immunization rate for each required immunization to students, or in the case of a minor to parents and guardians, at the start of each academic year and to any student, or in the case of a minor to the parent or guardian of any student, who transfers to the school after the start of the academic year.

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

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

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

5 § 1122. EXEMPTIONS

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

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

15           (2) If a licensed health care practitioner, ~~licensed to practice in Vermont~~  
16 ~~and authorized to prescribe vaccines;~~

17           (A) annually certifies in writing that a specific immunization is or  
18 may be detrimental to the person’s health ~~or is not appropriate, provided that~~  
19 ~~when a particular vaccine is no longer contraindicated, the person shall be~~  
20 ~~required to receive the vaccine; or.~~ The certifying health care practitioner  
21 under this subdivision (2)(A) shall be authorized to prescribe immunizations.

1 He or she shall specify the required immunization in question as well as the  
2 probable duration of the condition or circumstance that is or may be  
3 detrimental to the person’s health. Any exemption certified under this  
4 subdivision shall terminate when the condition or circumstance cited no longer  
5 applies; or

6 (B) annually certifies in writing that the person has a bona fide health  
7 care practitioner-patient relationship with the certifying health care practitioner  
8 and receives ongoing health care that addresses the prevention of contracting  
9 and spreading communicable diseases without receipt of all required  
10 immunizations.

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

15 (A) holds religious beliefs ~~or philosophical convictions~~ opposed to  
16 immunization; and

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

20 (i) information about the risks of adverse reactions to  
21 immunization;

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

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

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

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

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

13           ~~(2) admissible as evidence in any civil proceeding.~~

14           As used in this section:

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



1 and by renumbering the existing Secs. 5 and 6 to be Secs. 7 and 10,  
2 respectively

3 Second: By inserting two new sections to be Secs. 8 and 9 to read as  
4 follows:

5 Sec. 8. 18 V.S.A. § 1131 is added to read:

6 § 1131. VERMONT IMMUNIZATION ADVISORY COUNCIL

7 (a) Creation. There is created a Vermont Immunization Advisory Council  
8 for the purpose of providing education policy, medical, and epidemiological  
9 expertise and advice to the Department with regard to immunization safety and  
10 schedules for required immunizations.

11 (b) Membership. The Council shall be composed of the following  
12 members:

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

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

17 (3) the State epidemiologist;

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

19 (5) a practicing primary care physician, appointed by the Governor;

20 (6) a practicing internist, appointed by the Governor;

1           (7) a representative of both public and independent schools, appointed  
2           by the Governor; and

3           (8) any other persons deemed necessary by the Commissioner.

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

5           (1) review and make recommendations regarding the State's existing  
6           schedule of immunizations required for attendance in schools and child care  
7           facilities;

8           (2) develop criteria for the inclusion of new required immunizations on  
9           the schedule, including:

10           (A) the type and likelihood of disease transmission that the proposed  
11           immunization seeks to prevent;

12           (B) the effectiveness of the proposed immunization;

13           (C) any adverse reactions associated with the proposed  
14           immunization; and

15           (D) the severity of the illness that the proposed immunization seeks  
16           to prevent; and

17           (3) provide any other advice and expertise requested by the  
18           Commissioner.

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

1       (e) Meetings.

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

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

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

7       Sec. 9. REPORT; MANDATORY IMMUNIZATION OF SCHOOL  
8           PERSONNEL

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

15           (b) As used in this section, “school” means the same as in 18 V.S.A.  
16 § 1120.

17       Third: By striking the newly renumbered Sec. 10 and inserting in lieu  
18 thereof as follows:

19       Sec. 10. EFFECTIVE DATES

20           (a) Except for Secs. 4 (exemptions) and 5 (access to and reporting of  
21 immunization records), this act shall take effect on July 1, 2015.



1           (b) Secs. 4 (exemptions) and 5 (access to and reporting of immunization  
2           records) shall take effect on July 1, 2016.  
3           and that after passage the title of the bill be amended to read: “An act relating  
4           to reportable disease registries and immunization exemptions”

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6           (Committee vote: \_\_\_\_\_)

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\_\_\_\_\_

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Representative \_\_\_\_\_

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FOR THE COMMITTEE