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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. § 1122 is amended to read:

§ 1122. EXEMPTIONS

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

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

(2) If a health care practitioner, licensed to practice in Vermont and authorized to prescribe vaccines, certifies in writing that a specific immunization is or may be detrimental to the person's health ~~or is not~~ appropriate, ~~provided that when a particular vaccine is no longer~~

1 ~~contraindicated, the person shall be required to receive the vaccine; or. A~~
2 certifying health care practitioner shall specify the required immunization in
3 question as well as the probable duration of the condition or circumstance that
4 is or may be detrimental to the person's health. Any exemption certified under
5 this subdivision shall terminate when the condition or circumstance cited no
6 longer applies.

7 (3) If the person or, in the case of a minor, the person's parent or
8 guardian annually provides a signed ~~statement~~ and notarized affidavit to the a
9 school or child care facility ~~on a form created by the Vermont department of~~
10 health affirming that the person, parent, or guardian:

11 (A) ~~holds religious beliefs or philosophical convictions opposed to~~
12 immunization seeks an exemption in order to follow alternative health care
13 practices that support his or her moral, ethical, or religious convictions
14 specifically related to these practices;

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

19 (C) ~~understands that failure to complete the required vaccination~~
20 schedule increases risk to the person and others of contracting or carrying a

1 ~~vaccine preventable infectious disease~~ has completed the immunization video
2 module provided by the Department; and

3 (D) ~~understands that there are persons with special health needs~~
4 ~~attending schools and child care facilities who are unable to be vaccinated or~~
5 ~~who are at heightened risk of contracting a vaccine preventable communicable~~
6 ~~disease and for whom such a disease could be life threatening~~ has received an
7 in-person consultation on the subject of the required immunization with a
8 health care practitioner, licensed to practice in Vermont and authorized to
9 prescribe vaccines.

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

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

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

15 (2) ~~admissible as evidence in any civil proceeding~~

16 As used in this section, “health care practitioner” means a person licensed
17 by law to provide professional health care service in this State to an individual
18 during the course of that individual’s medical care or treatment.

19 Sec. 4. 18 V.S.A. § 1124 is amended to read:

20 § 1124. ACCESS TO AND REPORTING OF IMMUNIZATION RECORDS

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

9 * * *

10 Sec. 5. 18 V.S.A. § 1125 is added to read:

11 § 1125. PROVISIONAL ADMITTANCE AND ALTERNATIVE HEALTH
12 CARE EXEMPTION QUALITY IMPROVEMENT MEASURES

13 The Department may implement quality improvement initiatives in any
14 school that has a provisional admittance rate or alternative health care
15 exemption rate above the State average.

16 and by renumbering the existing Secs. 5 and 6 to be Secs. 6 and 9, respectively

17 Second: By inserting two new sections to be Secs. 7 and 8 to read as
18 follows:

19 Sec. 7. 18 V.S.A. § 1131 is added to read:

20 § 1131. VERMONT IMMUNIZATION ADVISORY COUNCIL

1 (a) Creation. There is created a Vermont Immunization Advisory Council
2 for the purpose of providing education policy, medical, and epidemiological
3 expertise and advice to the Department with regard to the immunization safety
4 and schedules.

5 (b) Membership. The Council shall be composed of the following
6 members:

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

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

11 (3) the State epidemiologist;

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

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

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

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

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

19 (2) develop criteria for the inclusion of new immunizations on the
20 schedule, including:

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

3 (B) the effectiveness of the proposed immunization;

4 (C) any adverse reactions associated with the proposed
5 immunization; and

6 (D) the severity of the illness that the proposed immunization seeks
7 to prevent; and

8 (3) provide any other advice and expertise requested by the
9 Commissioner.

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

12 (e) Meetings.

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

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

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

18 Sec. 8. REPORT; MANDATORY IMMUNIZATION OF SCHOOL

19 PERSONNEL

20 (a) On or before January 15, 2016, the Department shall submit a report to
21 the Senate Committee on Health and Welfare and to the House Committee on

1 Health Care assessing whether it is appropriate from a legal, policy, and
2 medical perspective to require school personnel to be immunized against those
3 diseases addressed by the Department’s list of required immunizations for
4 school attendance.

5 (b) As used in this section, “school” means the same as in 18 V.S.A.
6 § 1120.

7 and that after passage the title of the bill be amended to read: “An act relating
8 to reportable disease registries and immunization exemptions”

9

10 (Committee vote: _____)

11

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Representative _____

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FOR THE COMMITTEE