



# Public Health Law

Office for State, Tribal, Local and Territorial Support  
Centers for Disease Control and Prevention

## Menu of State Hospital Influenza Vaccination Laws

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This menu is one of a series of menus assessing vaccination requirements for patients and healthcare workers in healthcare facilities. Healthcare facilities across the country are increasingly requiring healthcare workers to be vaccinated for certain vaccine-preventable diseases to reduce disease outbreaks.<sup>1</sup> In some instances, facilities are establishing these requirements under mandates set forth by state statutes or regulations. Depending on the vaccination, the legal requirements might apply to either patients, healthcare workers, or both, and can include the following types of provisions:

- **Assessment Requirements**  
Requiring a healthcare facility to assess a healthcare worker or patient's immunization status<sup>2</sup>
- **Administrative Requirements for Offering Vaccination**  
Requiring a healthcare facility to offer a vaccination to a healthcare worker or patient<sup>3</sup>
- **Administrative Requirements for Ensuring Vaccination**  
Requiring a healthcare facility to ensure that a healthcare worker or patient has been vaccinated unless vaccination is specifically exempted or declined<sup>4</sup>
- **Surgical Mask Requirements**  
Requiring a healthcare worker to wear a surgical mask during influenza (flu) season if he or she has been exempted from or declined influenza vaccination<sup>5</sup>

Healthcare-associated infections, which can include flu,<sup>6</sup> are "infections that occur during the course of healthcare delivery."<sup>7</sup> In hospitals and other healthcare settings, flu can be spread by healthcare workers passing germs from hands or clothes to other workers or to patients.<sup>8</sup>

Seventeen states establish flu vaccination requirements for hospital healthcare workers, and 15 states establish requirements for hospital patients. This menu assesses and gives examples of state laws that expressly establish flu vaccination requirements for hospital healthcare workers and patients.<sup>9</sup>

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CDC recommends that adults receive the flu vaccine annually. To learn more, visit CDC's [Vaccine Information for Adults](#) webpage for information about this and other recommended vaccines.



## Hospital Healthcare Worker Flu Vaccination Laws

Seventeen states establish flu vaccination requirements for hospital healthcare workers.<sup>10</sup> These laws establish requirements based on the hospital type and the type of vaccination requirements. In addition, some state laws allow for vaccination exemptions.

### Examples by Hospital Type

Hospitals are healthcare facilities that provide inpatient, diagnostic, and therapeutic services, for both surgical and non-surgical conditions, 24 hours a day.<sup>11</sup> Sixteen states' healthcare worker flu vaccination laws refer to hospitals generally.<sup>12</sup> However, two states have laws that are specific to general acute care hospitals.<sup>13</sup>

#### All Hospitals<sup>14</sup>

- **Maine** law requires that hospitals “adopt and implement a policy that recommends and offers annual immunization against seasonal influenza to all personnel who provide direct care to residents of the facility.”<sup>15</sup>

#### General Acute Care Hospital<sup>16</sup>

- Under **California** law, “[e]ach general acute care hospital shall require its employees to be vaccinated, or if the employee elects not to be vaccinated, to declare in writing that he or she has declined the vaccination.”<sup>17</sup>

### Examples by Requirement Type

Seven states establish flu vaccination assessment requirements for hospital healthcare workers.<sup>18</sup> Ten states require hospitals to offer flu vaccination to healthcare workers.<sup>19</sup> Eight states require hospitals to ensure that healthcare workers are vaccinated against influenza.<sup>20</sup> Three states require hospital healthcare workers to wear surgical masks during flu season if they have been exempted from or declined vaccination.<sup>21</sup>

#### Assessment

- **New York** law requires that hospitals “document the influenza vaccination status of all personnel for the current influenza season in each individual's personnel record or other appropriate record.”<sup>22</sup>
- Under **Utah** law, hospitals must report “the total number of HCWs and the number of those workers who are documented to have received an influenza vaccine for the current influenza season.”<sup>23</sup>

#### Administrative Offer

- Per **Nebraska** law, “[e]ach general acute hospital shall . . . [a]nnually offer onsite influenza - vaccinations to all hospital employees.”<sup>24</sup>

#### Administrative Ensure

- Under **Massachusetts** law, hospitals “shall ensure that all personnel are vaccinated with seasonal influenza vaccine unless an individual declines vaccination.”<sup>25</sup>

#### Surgical Mask

- **Rhode Island** law states that healthcare workers who are not immunized “be required during any declared period in which flu is widespread—as part of his or her professional licensing obligation—

to wear a surgical face mask for the duration of each direct patient contact in the performance of his or her duties at any health care facility.”<sup>26</sup>

CDC recommends that healthcare workers receive the flu vaccine annually. To learn more, visit the CDC’s [Recommended Vaccines for Healthcare Workers](#) webpage for information about this and other recommended vaccines.

## Examples by Exemption Type

States with flu vaccination requirements often explicitly permit exemptions from these requirements in certain circumstances,<sup>27</sup> such as when vaccination is medically contraindicated or violates a person’s religious or philosophical beliefs.<sup>28</sup> Ten states permit medical exemptions for vaccination requirements,<sup>29</sup> four states permit religious exemptions, and ten states permit philosophical exemptions.<sup>30</sup>

### Medical

- Per **Maine** law, “[a]n employee who does not meet the immunization/immunity requirement may be permitted to attend work [if] . . . [t]he employee presents . . . a physician’s written statement that immunization against one or more of these diseases is medically inadvisable.”<sup>31</sup>

### Religious

- **New Hampshire** requires hospitals to “provide to its consenting employees annual immunizations against influenza . . . subject to exemptions for medical contraindications and religious beliefs.”<sup>32</sup>

### Philosophical

- Under **Massachusetts** law, hospitals “shall ensure that all personnel are vaccinated with seasonal influenza vaccine unless an individual declines vaccination.”<sup>33</sup>
- **Rhode Island** law states that an “[a]nnual influenza vaccination is required for all health care workers” and requires hospitals to track the “number of health care workers who decline annual influenza vaccination for medical or personal reasons.”<sup>34</sup>

## Hospital Patient Flu Vaccination Laws

Fifteen states establish flu vaccination laws for hospital patients.<sup>35</sup> These laws establish requirements based on the hospital and patient categories and the type of vaccination requirements. In addition, state laws sometimes allow for vaccination exemptions.

### Examples by Hospital Type

The patient flu vaccination laws in 13 states refer to hospitals generally.<sup>36</sup> However, two states have laws that are specific to general acute care hospitals.<sup>37</sup> In addition, one state has flu vaccination laws that are specific to patients at a university hospital;<sup>38</sup> another state has flu vaccination laws that are specific to parents of patients in a neonatal unit of a hospital.<sup>39</sup>

### All Hospitals<sup>40</sup>

- **Ohio** law requires that “[e]ach hospital shall offer to each patient who is admitted to the hospital . . . vaccination against influenza.”<sup>41</sup>

### General Acute Care Hospital<sup>42</sup>

- Under **Nebraska** law, “[i]n order to prevent, detect, and control pneumonia and influenza outbreaks in Nebraska, each general acute hospital . . . shall annually, beginning no later than

October 1 and ending on the following April 1, offer onsite vaccinations for influenza and pneumococcal disease to all residents and to all inpatients prior to discharge.”<sup>43</sup>

### University Hospital

- **Illinois** law requires that the University of Illinois Hospital develop “[p]rocedures for offering immunization against influenza virus when available between September 1 and April 1” to patients aged 65 years or older.<sup>44</sup>

### Hospital Neonatal Unit

- Under **New York** law, “[i]t shall be the duty of each general hospital . . . with a neonatal intensive care unit to offer, annually between September first and April first, to every parent or person in parental relation who is reasonably anticipated to be a caregiver in the household of a newborn being treated in the neonatal intensive care unit vaccination against influenza virus.”<sup>45</sup>

### Examples by Patient Type

Four states establish flu vaccination laws for all hospital patients.<sup>46</sup> Other states have vaccination laws for patients particularly vulnerable to flu. Twelve states establish flu vaccination laws for patients aged 65 years or older.<sup>47</sup> Two states establish flu vaccination laws for at-risk patients as identified by the hospital.<sup>48</sup> One state establishes flu vaccination laws for parents of patients in hospital neonatal units.<sup>49</sup>

### All Patients

- **Ohio** law requires that “[e]ach hospital shall offer to each patient who is admitted to the hospital . . . vaccination against influenza, unless a physician has determined that vaccination of the patient is medically inappropriate.”<sup>50</sup>

### Patients Aged 65 Years or Older

- Under **Georgia** law, “[p]rior to discharging any inpatient who is 65 years of age or older, a hospital shall offer the inpatient vaccinations for the influenza virus and pneumococcal disease in accordance with the recommendations of [CDC].”<sup>51</sup>

### Patients at Risk

- **Illinois** requires that every hospital adopt a flu immunization policy that includes “[p]rocedures for identifying patients age 65 or older and, at the discretion of the facility, other patients at risk” and “[p]rocedures for offering immunization against influenza virus.”<sup>52</sup>

### Parents of Patients in Hospital Neonatal Unit

- Under **New York** law, “[i]t shall be the duty of each general hospital . . . with a neonatal intensive care unit to offer, annually between September first and April first, to every parent or person in parental relation who is reasonably anticipated to be a caregiver in the household of a newborn being treated in the neonatal intensive care unit vaccination against influenza virus.”<sup>53</sup>

### Examples by Requirement Type

Seven states have flu vaccination assessment requirements for certain hospital patient types.<sup>54</sup> Fourteen states require hospitals to offer flu vaccination to hospital patients.<sup>55</sup> One state requires hospitals to ensure patients are vaccinated for flu.<sup>56</sup>

## Assessment

- **Texas** law requires “that the person administering the vaccine ask the elderly patient if they are currently vaccinated against influenza.”<sup>57</sup>

## Administrative Offer

- **Florida** law states that hospitals must “implement a program to offer immunizations against the influenza virus and pneumococcal bacteria to all patients age 65 or older.”<sup>58</sup>

## Administrative Ensure

- **New Hampshire** law requires hospitals to “immunize all consenting patients for influenza.”<sup>59</sup>

## Examples by Exemption Type

Twelve states explicitly permit hospital patients to be exempted from receiving flu vaccination for medical reasons.<sup>60</sup> One state permits a religious exemption<sup>61</sup> and four permit philosophical exemptions.<sup>62</sup>

## Medical

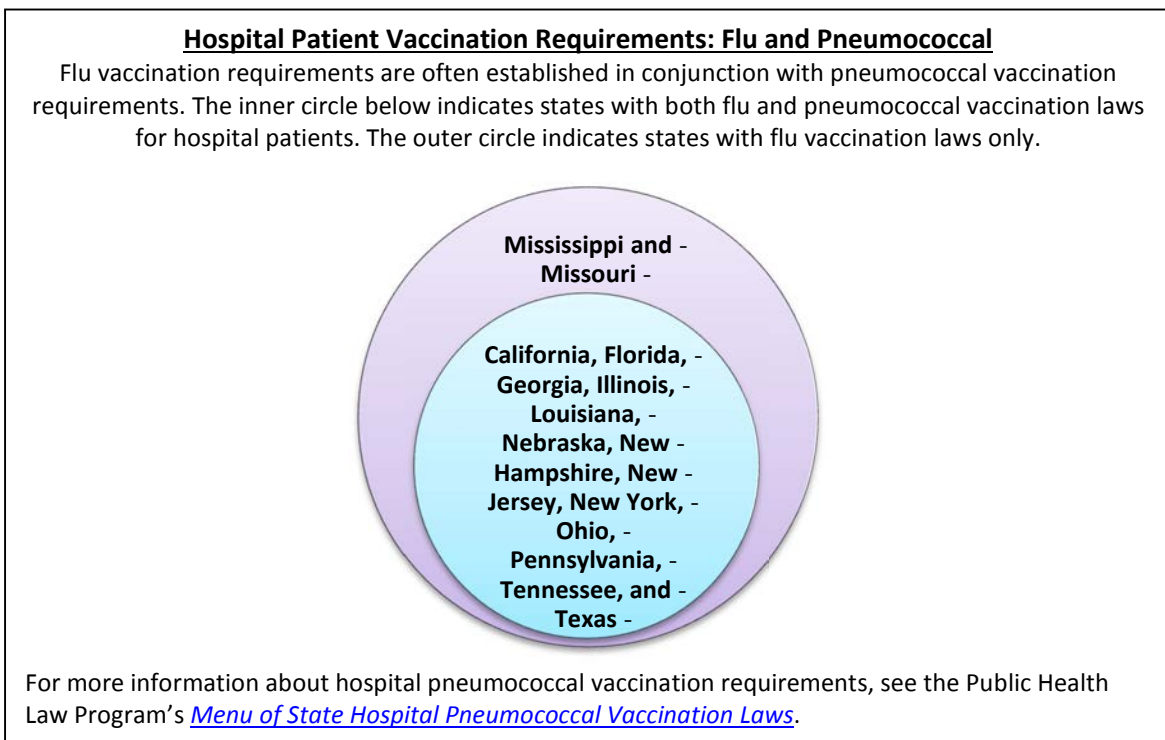
- **Louisiana** law states that hospitals must offer flu vaccination “to all inpatients sixty-five years of age and older, prior to discharge, unless contraindicated.”<sup>63</sup>

## Religious

- **New Hampshire** law states that “[i]mmunization of all consenting patients shall be subject to exemptions for medical contraindications and religious beliefs.”<sup>64</sup>

## Philosophical

- Under **California** law, “[n]o person who has been offered the vaccine as required under this chapter may receive either an influenza vaccine . . . if . . . [r]eceipt of the vaccine is against the resident's personal beliefs.”<sup>65</sup>



## **Acknowledgments and Disclaimers**

This document was developed by Aila Hoss, JD and Dawn Pepin, JD, MPH, Carter Consulting, Inc. contractors with the Public Health Law Program (PHLP) within CDC's Office for State, Tribal, Local and Territorial Support. This document was produced in collaboration with CDC's National Center for Immunization and Respiratory Diseases. The authors would like to thank Lindsay Culp, JD, MPH, Megan Lindley, MPH, and Matthew Penn, JD, MLIS, for their research and editorial assistance.

For further technical assistance with this inventory, please contact [phlawprogram@cdc.gov](mailto:phlawprogram@cdc.gov). PHLP provides technical assistance and public health law resources to advance the use of law as a public health tool. PHLP cannot provide legal advice on any issue and cannot represent any individual or entity in any matter. PHLP recommends seeking the advice of an attorney or other qualified professional with questions regarding the application of law to a specific circumstance. The findings and conclusions in this summary are those of the authors and do not necessarily represent the official views of CDC.

*This menu includes states laws collected from WestlawNext during January 14–19, 2015.*

*Published November 25, 2015.*

## Appendix 1

### Hospital Healthcare Worker Influenza Vaccination Laws

State	Citation	Hospital Type		Requirement Type				Exemptions			
		All Hospitals <sup>66</sup>	General Acute Care <sup>67</sup>	Assessment	Administrative Offer	Administrative Ensure	Surgical Mask	None Specified <sup>68</sup>	Medical	Religious	Philosophical <sup>69</sup>
CA	WEST'S ANN. CAL. HEALTH & SAFETY CODE § 1288.7(a) WEST'S ANN. CAL. HEALTH & SAFETY CODE § 1288.45(c)* WEST'S ANN. CAL. HEALTH & SAFETY CODE § 1250(a)*		X		X	X					X
	WEST'S ANN. CAL. HEALTH & SAFETY CODE § 1288.8(b) WEST'S ANN. CAL. HEALTH & SAFETY CODE § 1288.45(c)* WEST'S ANN. CAL. HEALTH & SAFETY CODE § 1250(a)*		X	X				X			
	CAL. CODE REGS. tit. 8, §§ 5199(a)(1), (c)(6)(D), (c)(7)(H), (h)(5)(D)(10) CAL. CODE REGS. tit. 8, App. C CAL. CODE REGS. tit. 8, App. E	X		X	X						X
CO	6 COLO. CODE REGS. 1011-1:II-10.6, 10.7, 10.8 6 COLO. CODE REGS. 1011-1:IV-2.100(9)*	X			X <sup>70</sup>	X <sup>71</sup>	X <sup>72</sup>		X		
GA	GA. CODE ANN. § 31-7-18(b) GA COMP. R. & REGS. 111-8-40-.02(f)*	X			X			X			
IL	ILL. ADMIN. CODE tit. 77, § 956.30 ILL. ADMIN. CODE tit. 77, § 956 App. A ILL. ADMIN. CODE tit. 77, § 956.10* 210 ILL. COMP. STAT. 85/3(A)*	X			X				X	X	X
ME	10-144 ME. CODE R. CH. 264, § 2(C), (D) 10-144 ME. CODE R. CH. 264, § 3 10-144 ME. CODE R. CH. 264, § 1(D)* 22 ME. REV. STAT. ANN. § 1843(4)*	X			X				X	X	X
MD	MD. CODE REGS. 10.07.01.34(F)(5) MD. CODE REGS. 10.07.01.01(B)(13)*	X			X						X <sup>73</sup>
MA	105 MASS. CODE REGS. 130.325(B),(C) 105 MASS. CODE REGS. 130.020*	X				X			X	X	X
NE	NEB. REV. ST. § 71-467 NEB. REV. ST. § 71-412*		X		X	X			X		X
NH	N.H. REV. STAT. ANN. § 151:9-b(IV) N.H. REV. STAT. ANN. § 151:2(I)(a)* N.H. REV. STAT. ANN. § 151-C:2(XX)*	X				X			X <sup>74</sup>	X	
	N.H. REV. STAT. ANN. § 151:33(II)(b) N.H. REV. STAT. ANN. § 151:2(I)(a)* N.H. REV. STAT. ANN. § 151-C:2(XX)*	X		X				X			



	N.H. CODE ADMIN. R. He-P 309.02(b) N.H. CODE ADMIN. R. He-P 309.01(h)* N.H. REV. STAT. ANN. § 151-C:2(XX)*	X		X				X			
	N.H. CODE ADMIN. R. He-P 309.08(b) N.H. CODE ADMIN. R. He-P 309.01(h)* N.H. REV. STAT. ANN. § 151-C:2(XX)*	X		X				X			
	N.H. CODE ADMIN. R. He-P 802.21(h) N.H. CODE ADMIN. R. He-P 802.03(ai)* N.H. REV. STAT. ANN. § 151-C:2(XX)*	X		X		X		X <sup>75</sup>			
NY	10 N.Y. COMP. CODES R. & REGS. 2.59(c), (d), (f) N.Y. PUB. HEALTH LAW § 2801(1) (McKinney)*	X		X			X	X <sup>76</sup>			
	10 N.Y. COMP. CODES R. & REGS. 405.3(b)(10)(v) N.Y. PUB. HEALTH LAW § 2801(1) (McKinney)*	X		X <sup>77</sup>		X	X	X <sup>78</sup>			
OH	OHIO ADMIN. CODE 3701-14-03 OHIO ADMIN. CODE 3701-14-04 OHIO ADMIN. CODE 3701-14-04, App. A OHIO ADMIN. CODE 3701-14-04, App. B OHIO ADMIN. CODE 3701-14-01(A)(8)* OHIO REV. CODE ANN. § § 3727.01(B)(2)*	X		X				X			
OK	OKLA. ADMIN. CODE § 310:667-5-4(e) OKLA. ADMIN. CODE § 310:667-1-2* OKLA. STAT. tit. 63, § 1-701(1)*	X			X				X		X
OR	OR. ADMIN. R. 333-018-0127 OR. ADMIN. R. 333-018-0100(18)* OR. REV. STAT. ANN. § 442.015(15)*	X		X					X		X
RI	31 R.I. CODE R. 1-22:3.5.4 31 R.I. CODE R. 1-22:5.0 31 R.I. CODE R. 1-22:1.0* 31 R.I. CODE R. 1-22:2.0* 31 R.I. CODE R. 1-22:1.6* 31 R.I. CODE R. 1-22:2.1(a)* 31 R.I. CODE R. 4-18:1.27*	X		X		X	X		X		X
SC	S.C. CODE ANN. REGS. 61-16 § 602(C) S.C. CODE ANN. REGS. 61-16 § 101(E)*	X			X			X			
TN	TENN. COMP. R. & REGS. 1200-08-01-.06(3)(f) TENN. COMP. R. & REGS. 1200-08-01-.01(37)*	X			X	X <sup>79</sup>			X		X
UT	UTAH ADMIN. CODE R386-705 UTAH CODE ANN. 1953 § 26-21-2*	X		X				X			

\*Provision includes definition.



## Appendix 2

### Hospital Patient Influenza Vaccination Laws

State	Citation	Hospital Type				Patient Type				Requirement Type			Exemptions			
		All Hospitals <sup>80</sup>	University Hospital	General Acute Care <sup>81</sup>	Neonatal Unit	All Patients	65+ Years of Age	Patients at Risk	Parents of Neonatal	Assessment	Administrative Offer	Administrative Ensure	None Specified <sup>82</sup>	Medical	Religious	Philosophical <sup>83</sup>
CA	WEST'S ANN. CAL. HEALTH & SAFETY CODE § 1288.8(b) WEST'S ANN. CAL. HEALTH & SAFETY CODE § 1288.45(c)* WEST'S ANN. CAL. HEALTH & SAFETY CODE § 1250(a)*			X		X				X			X			
	WEST'S ANN. CAL. HEALTH & SAFETY CODE § 120392.9 WEST'S ANN. CAL. HEALTH & SAFETY CODE § 120392.6 WEST'S ANN. CAL. HEALTH & SAFETY CODE § 1250(a)*			X			X				X			X		X
FL	FLA. STAT. ANN. § 381.005(2) FLA. STAT. ANN. § 395.002(12)*	X					X				X		X <sup>84</sup>			
GA	GA. CODE ANN. § 31-7-18(a) GA COMP. R. & REGS. 111-8-40-.02(f)*	X					X				X			X		
	GA COMP. R. & REGS. 111-8-40-.20(f) GA COMP. R. & REGS. 111-8-40-.02(f)*	X					X				X			X <sup>85</sup>		
IL	110 ILL. COMP. STAT. 330/8		X				X	X			X			X		
	210 ILL. COMP. STAT. 85/6.26 210 ILL. COMP. STAT. 85/3(A)*	X					X	X			X			X		
	ILL. ADMIN. CODE tit. 77, § 250.330(a)(1) ILL. ADMIN. CODE tit. 77, § 250.100* 210 ILL. COMP. STAT. 85/3(A)*	X					X	X			X			X		
LA	LA. REV. STAT. ANN. § 40:2023(1) LA. REV. STAT. ANN. § 40:2102(A)*	X					X				X			X		
MS	MISS. CODE ANN. § 41-9-39(1) MISS. CODE ANN. § 41-9-3(a)*	X					X				X			X		
MO	MO. ANN. STAT. § 197.168 MO. ANN. STAT. § 197.020*	X					X				X			X		

<b>NE</b>	NEB. REV. ST. § 71-468 NEB. REV. ST. § 71-412*			X		X				X			X			
<b>NH</b>	N.H. REV. STAT. ANN. § 151:9- b(l) N.H. REV. STAT. ANN. § 151:2(l)(a)* N.H. REV. STAT. ANN. § 151- C:2(XX)*	X				X			X		X		X <sup>86</sup>	X		
	N.H. REV. STAT. ANN. § 151:33(l)(b) N.H. REV. STAT. ANN. § 151:2(l)(a)* N.H. REV. STAT. ANN. § 151- C:2(XX)*	X				X			X			X				
	N.H. CODE ADMIN. R. He-P 309.02(b) N.H. CODE ADMIN. R. He-P 309.01(h)* N.H. REV. STAT. ANN. § 151- C:2(XX)*	X					X			X			X			
	N.H. CODE ADMIN. R. He-P 309.08(b) N.H. CODE ADMIN. R. He-P 309.01(h)* N.H. REV. STAT. ANN. § 151- C:2(XX)*	X					X			X			X			
	N.H. CODE ADMIN. R. He-P 802.21(h) N.H. CODE ADMIN. R. He-P 802.03(ai)* N.H. REV. STAT. ANN. § 151- C:2(XX)*	X					X			X		X		X <sup>87</sup>	X	
<b>NJ</b>	N.J. ADMIN. CODE 8:43G-14.6 N.J. ADMIN. CODE 8:43G-1.2*	X					X		X	X			X		X	
<b>NY</b>	N.Y. PUB. HEALTH LAW § 2805- h(2) (McKinney) N.Y. PUB. HEALTH LAW § 2801(1) (McKinney)*	X					X	X		X <sup>88</sup>	X		X		X	
	N.Y. PUB. HEALTH LAW § 2805- h(3) (McKinney) N.Y. PUB. HEALTH LAW § 2801(1) (McKinney)*				X				X	X	X		X		X	
<b>OH</b>	OHIO REV. CODE ANN. § 3727.19(B) OHIO REV. CODE ANN. § 3727.01(B)(2)*	X					X			X			X		X	
<b>PA</b>	35 PA. CONS. STAT. ANN. § 634.3 35 PA. CONS. STAT. ANN. § 634.2* 35 PA. CONS. STAT. ANN. § 448.802a*	X					X		X	X		X				
<b>TN</b>	TENN. CODE ANN. § 68-11-266	X					X			X		X				

	TENN. CODE ANN. § 68-11-201(26)(A)*															
	TENN. COMP. R. & REGS. 1200-08-01-.06(3)(g) TENN. COMP. R. & REGS. 1200-08-01-.01(37)*	X					X				X		X			
TX	25 TEX. ADMIN. CODE § 133.45(h)(1), (2) 25 TEX. ADMIN. CODE § 133.2(19),(22)*	X					X			X	X <sup>89</sup>			X		
	TEX. HEALTH & SAFETY ANN. CODE § 161.0052(b) TEX. HEALTH & SAFETY ANN. CODE § 241.003(5),(7),(15)*	X					X			X	X <sup>90</sup>			X		

\*Provision includes definition.

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<sup>1</sup> Alexandra Stewart et al. *Mandatory Vaccination of Health-Care Personnel: Good Policy, Law, and Outcomes*, 53 - JURIMETRICS J. 341 (April 2013). -

<sup>2</sup> MC Lindley, GA Horlick, AM Shefer, FE Shaw & M Gorji. *Assessing State Immunization Requirements for Healthcare - Workers and Patients*. AM. J. OF PREVENTIVE MED., 32(6), 459–65, 460 (2007). -

<sup>3</sup> *Id.*

<sup>4</sup> *Id.*

<sup>5</sup> See, e.g., 10 N.Y. COMP. CODES R. & REGS. 2.59; 31 R.I. CODE R. 1-22:5.0.

<sup>6</sup> [Diseases and Organisms in Healthcare Settings](#), CENTERS FOR DISEASE CONTROL AND PREVENTION (last visited Oct. 9, 2015).

<sup>7</sup> Tara Ramanathan and Matthew Penn, *The Emergence of Law to Address Healthcare-Associated Infections*, AMERICAN HEALTH LAWYERS ASSOCIATION CONNECTIONS, 28 (Aug. 2012).

<sup>8</sup> [Prevention Strategies for Seasonal Influenza in Healthcare Settings](#), CENTERS FOR DISEASE CONTROL AND PREVENTION (last visited Oct. 13, 2015).

<sup>9</sup> CDC's Public Health Law Program conducted a search for state statutes and regulations that establish express influenza vaccination requirements for hospitals healthcare workers and patients using WestlawNext, a legal research database. Searches were conducted in all states and the District of Columbia between January 14–19, 2015. This assessment did not capture state requirements that incorporate CDC vaccination recommendations by reference. Laws regarding childhood vaccinations, school vaccinations, immunization registries, post-exposure vaccinations, and individual healthcare provider requirements to vaccinate patients were not within the scope of this assessment.

<sup>10</sup> California, Colorado, Georgia, Illinois, Maine, Maryland, Massachusetts, Nebraska, New Hampshire, New York, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Tennessee, and Utah. See appendix 1 for citations. Note, Colorado law states that “[i]f a licensed healthcare entity demonstrates that it has vaccinated a targeted percentage of its employees in a given year, using its own methodology, it shall be exempt from the [administrative and surgical mask] requirements.” 6 COLO. CODE REGS. 1011-1:II-10.6.

<sup>11</sup> For definitions of “hospital” in state law, see, e.g., WEST’S ANN. CAL. HEALTH & SAFETY CODE § 1250; FLA. STAT. ANN. § 395.002(12); GA. COMP. R. & REGS. 111-8-40-.02(f); LA. REV. STAT. ANN. § 40:2102(A).

<sup>12</sup> California, Colorado, Georgia, Illinois, Maine, Maryland, Massachusetts, New Hampshire, New York, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Tennessee, and Utah. See appendix 1 for citations. The legal provisions in the “all hospitals” category include laws which reference hospitals generally. Therefore, in some states the “all hospitals” provisions may also be applicable to specialty and general acute care hospitals, but have been coded only as “all hospitals.” See, e.g., UTAH ADMIN. CODE R386-705, which establishes healthcare worker vaccination assessment requirements, and UTAH CODE ANN. 1953 § 26-21-2, which includes definitions of both general acute care and specialty hospitals. Citations defining “hospital” in state law are provided in the appendices for reference. Note, Colorado law states that “[i]f a licensed healthcare entity demonstrates that it has vaccinated a targeted percentage of its employees in a given year, using its own methodology, it shall be exempt from the [administrative and surgical mask] requirements.” 6 COLO. CODE REGS. 1011-1:II-10.6.

<sup>13</sup> California and Nebraska. See appendix 1 for citations. The provisions in this category specifically reference “general acute care hospitals” thus these provisions may not apply to other types of specialty hospitals. States that define hospitals as providing acute care or treating acute illness did not meet the threshold of a “general acute care hospital.” See, e.g., 22 ME. REV. STAT. ANN. § 1843(4); S.C. CODE ANN. REGS. 61-16 § 101(E); TENN. COMP. R. & REGS. 1200-08-01-.01(37). Where available, citations defining “general acute hospital” in state law are provided for reference in the appendices.

<sup>14</sup> See endnote 12 for description of “all hospitals” category.

<sup>15</sup> 10-144 ME. CODE R. CH. 264, § 2(C).

<sup>16</sup> See endnote 13 for description of “general acute care hospitals” category.

<sup>17</sup> WEST’S ANN. CAL. HEALTH & SAFETY CODE § 1288.7(a).

<sup>18</sup> California, New Hampshire, New York, Ohio, Oregon, Rhode Island, and Utah. See appendix 1 for citations.

<sup>19</sup> California, Colorado, Georgia, Illinois, Maine, Maryland, Nebraska, Oklahoma, South Carolina, and Tennessee. See appendix 1 for citations. Note, Colorado law states that “[i]f a licensed healthcare entity demonstrates that it has vaccinated a targeted percentage of its employees in a given year, using its own methodology, it shall be exempt from the [administrative and surgical mask] requirements.” 6 COLO. CODE REGS. 1011-1:II-10.6.

<sup>20</sup> California, Colorado, Massachusetts, Nebraska, New Hampshire, New York, Rhode Island, and Tennessee. See appendix 1 for citations. Note, Colorado law states that “[i]f a licensed healthcare entity demonstrates that it has



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vaccinated a targeted percentage of its employees in a given year, using its own methodology, it shall be exempt from the [administrative and surgical mask] requirements.” 6 COLO. CODE REGS. 1011-1:II-10.6. -

<sup>21</sup> Colorado, New York, and Rhode Island. See appendix 1 for citations. Note, Colorado law states that “[i]f a licensed - healthcare entity demonstrates that it has vaccinated a targeted percentage of its employees in a given year, using its - own methodology, it shall be exempt from the [administrative and surgical mask] requirements.” 6 COLO. CODE REGS. - 1011-1:II-10.6. -

<sup>22</sup> N.Y. COMP. CODES R. & REGS. tit. 10, § 2.59(c). -

<sup>23</sup> UTAH ADMIN. CODE r. R386-705. -

<sup>24</sup> NEB. REV. ST. § 71-467(1). -

<sup>25</sup> 105 MASS. CODE REGS. 130-325(B). -

<sup>26</sup> 31 R.I. ADMIN. CODE 1-22:5.0. -

<sup>27</sup> *See, e.g.*, N.H. REV. STAT. ANN. § 151:9-b(IV); 105 MASS. CODE REGS. 130-325(B). Please note that even where not - explicitly exempted by law it is likely that patients with a medically contraindicated condition are not required to a - vaccination. -

<sup>28</sup> Philosophical exemptions include exemptions based on philosophical or personal beliefs or allowing the right to - decline an immunization. -

<sup>29</sup> Colorado, Illinois, Maine, Massachusetts, Nebraska, New Hampshire, Oklahoma, Oregon, Rhode Island, and - Tennessee. See appendix 1 for citations. Note, Colorado law states that “[i]f a licensed healthcare entity demonstrates - that it has vaccinated a targeted percentage of its employees in a given year, using its own methodology, it shall be - exempt from the [administrative and surgical mask] requirements.” 6 COLO. CODE REGS. 1011-1:II-10.6. -

<sup>30</sup> California, Illinois, Maine, Maryland, Massachusetts, Nebraska, Oklahoma, Oregon, Rhode Island, and Tennessee. -

<sup>31</sup> 10-144 ME. CODE R. Ch. 264, § 3. -

<sup>32</sup> N.H. REV. STAT. ANN. § 151:9-b(IV). -

<sup>33</sup> 105 MASS. CODE REGS. 130-325(B). -

<sup>34</sup> 31 R.I. ADMIN. CODE 1-22:3.5.4. -

<sup>35</sup> California, Florida, Georgia, Illinois, Louisiana, Mississippi, Missouri, Nebraska, New Hampshire, New Jersey, New - York, Ohio, Pennsylvania, Tennessee, and Texas. See appendix 2 for citations. -

<sup>36</sup> Florida, Georgia, Illinois, Louisiana, Mississippi, Missouri, New Hampshire, New Jersey, New York, Ohio, - Pennsylvania, Tennessee, and Texas. See appendix 2 for citations. *See* endnote 12 for description of “all hospitals” - category. -

<sup>37</sup> California and Nebraska. See appendix 2 for citations. *See* endnote 13 for description of “general acute care - hospitals” category. -

<sup>38</sup> Illinois. See appendix 2 for citation. -

<sup>39</sup> New York. See appendix 2 for citation. -

<sup>40</sup> *See* endnote 12 for description of “all hospitals” category. -

<sup>41</sup> OHIO REV. CODE ANN. § 3727.19(B). -

<sup>42</sup> *See* endnote 13 for description of “general acute care hospitals” category. -

<sup>43</sup> NEB. REV. STAT. § 71-468. -

<sup>44</sup> 110 ILL. COMP. STAT. 330/8. -

<sup>45</sup> N.Y. PUB. HEALTH LAW § 2805-h(3) (McKinney). -

<sup>46</sup> California, Nebraska, New Hampshire, and Ohio. See appendix 2 for citations. -

<sup>47</sup> California, Florida, Georgia, Illinois, Louisiana, Mississippi, Missouri, New Jersey, New York, Tennessee, and Texas. - See appendix 2 for citations. -

<sup>48</sup> Illinois and New York. See appendix 2 for citations. -

<sup>49</sup> New York. See appendix 2 for citation. -

<sup>50</sup> OHIO REV. CODE ANN § 3727.19(B). -

<sup>51</sup> GA. CODE ANN. § 31-7-18(a). *See also*, GA. COMP. R. & REGS. 111-8-40-.20. -

<sup>52</sup> 210 ILL. COMP. STAT. 85/6.26(a). -

<sup>53</sup> N.Y. PUB. HEALTH LAW § 2805-h(3) (McKinney). -

<sup>54</sup> California, New Hampshire, New Jersey, New York, Pennsylvania, Tennessee, and Texas. See appendix 2 for - citations. -

<sup>55</sup> California, Florida, Georgia, Illinois, Louisiana, Mississippi, Missouri, Nebraska, New Jersey, New York, Ohio, - Pennsylvania, Tennessee, and Texas. See appendix 2 for citations. -

<sup>56</sup> New Hampshire. See appendix 2 for citations. -

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<sup>57</sup> 25 TEX. ADMIN. CODE § 133.45(h). -

<sup>58</sup> FLA. STAT. ANN. § 381.005(2). -

<sup>59</sup> N.H. CODE ADMIN. R. He-P 802.21(h). -

<sup>60</sup> California, Georgia, Illinois, Louisiana, Mississippi, Missouri, Nebraska, New Hampshire, New Jersey, New York, Ohio, - and Texas. See appendix 2 for citations. Please note that even where not explicitly exempted by law it is likely that - patients with a medically contraindicated condition are not required to a vaccination. -

<sup>61</sup> New Hampshire. See appendix 2 for citations. -

<sup>62</sup> California, New Jersey, New York, and Ohio. See appendix 2 for citations. -

<sup>63</sup> LA. REV. STAT. ANN. § 40:2023. -

<sup>64</sup> N.H. REV. STAT. ANN. § 151:9-b(II). -

<sup>65</sup> WEST'S ANN. CAL. HEALTH & SAFETY CODE § 120392.6. -

<sup>66</sup> See endnote 12 for description of "all hospitals" category. -

<sup>67</sup> See endnote 13 for description of "general acute care hospitals" category. -

<sup>68</sup> Please note that even where not explicitly exempted by law it is likely that patients with a medically contraindicated - condition are not required to a vaccination. -

<sup>69</sup> Philosophical exemptions include exemptions based on philosophical or personal beliefs or allowing the right to - decline an immunization. -

<sup>70</sup> Colorado law states that "[i]f a licensed healthcare entity demonstrates that it has vaccinated a targeted percentage - of its employees in a given year, using its own methodology, it shall be exempt from the [administrative and surgical - mask] requirements." 6 COLO. CODE REGS. 1011-1:II-10.6. -

<sup>71</sup> Colorado law states that "[i]f a licensed healthcare entity demonstrates that it has vaccinated a targeted percentage - of its employees in a given year, using its own methodology, it shall be exempt from the [administrative and surgical - mask] requirements." 6 COLO. CODE REGS. 1011-1:II-10.6. -

<sup>72</sup> Colorado law states that "[i]f a licensed healthcare entity demonstrates that it has vaccinated a targeted percentage - of its employees in a given year, using its own methodology, it shall be exempt from the [administrative and surgical - mask] requirements." 6 COLO. CODE REGS. 1011-1:II-10.6. -

<sup>73</sup> MD. CODE REGS. 10.07.01.34(F)(5) states that "[r]easons for refusal of the influenza vaccine by an employee shall be - documented by the infection control or employee health program." PHLP considered this as establishing a right to - decline. -

<sup>74</sup> N.H. REV. STAT. ANN. § 151:9-b(IV) states that "each hospital, residential care facility, adult day care facility, and - assisted living facility licensed under this chapter shall provide to its consenting employees annual immunizations - against influenza." PHLP did not consider the phrase "all consenting" as a right to decline. These provisions should be - read with N.H. CODE ADMIN. R. He-P 802.21(h). -

<sup>75</sup> N.H. CODE ADMIN. R. He-P 802.21(h) states that "[t]he licensee shall immunize all consenting patients for influenza - and pneumococcal disease and all consenting personnel for influenza." PHLP did not consider the phrase "all - consenting" as a right to decline. These provisions should be read with N.H. REV. STAT. ANN. § 151:9-b(IV). -

<sup>76</sup> Given that New York law requires unvaccinated healthcare workers to wear a surgical mask, this indicates there is - likely some sort of exemption or declination allowance although it is not explicitly listed in the provisions reviewed. -

<sup>77</sup> 10 N.Y. COMP. CODES R. & REGS. 405.3(b)(10)(v) state that "[t]he hospital shall require the following of all - personnel . . . documentation of vaccination against influenza." PHLP considered the phrase "documentation of - vaccination" as an assessment requirement. -

<sup>78</sup> Given that New York law requires unvaccinated healthcare workers to wear a surgical mask, this indicates there is - likely some sort of exemption or declination allowance although it is not explicitly listed in the provisions reviewed. -

<sup>79</sup> TENN. COMP. R. & REGS. 1200-08-01-.06(3)(f) requires that hospitals "offer of influenza vaccination to all staff and - independent practitioners or accept documented evidence of vaccination from another vaccine source or facility." - PHLP considered this an administrative ensure requirement. -

<sup>80</sup> See endnote 12 for description of "all hospitals" category. -

<sup>81</sup> See endnote 13 for description of "general acute care hospitals" category. -

<sup>82</sup> Please note that even where not explicitly exempted by law it is likely that patients with a medically contraindicated - condition are not required to a vaccination. -

<sup>83</sup> Philosophical exemptions include exemptions based on philosophical or personal beliefs or allowing the right to - decline an immunization. -

<sup>84</sup> FLA. STAT. ANN. § 381.005(2) requires that "each hospital . . . shall implement a program to offer immunizations - against the influenza virus and pneumococcal bacteria to all patients age 65 or older . . . subject to the clinical -

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judgment of the responsible practitioner.” PHLP did not consider the phrase “subject to the clinical judgment of the responsible practitioner” to be a medical exemption.

<sup>85</sup> GA COMP. R. & REGS. 111-8-40-.20 does not specifically outline a medical exemption, however, it does include a requirement for assessment of contraindications. For the purposes of the assessment, this was included as a medical exemption.

<sup>86</sup> N.H. REV. STAT. ANN. § 151:9-b(l) requires that “[a]ll hospitals . . . shall document evidence of immunization against influenza, for all consenting patients.” PHLP did not consider the phrase “all consenting” as a right to decline. These provisions should be read with N.H. CODE ADMIN. R. He-P 802.21(h).

<sup>87</sup> N.H. CODE ADMIN. R. He-P 802.21(h) states that “[t]he licensee shall immunize all consenting patients for influenza and pneumococcal disease and all consenting personnel for influenza.” PHLP did not consider the phrase “all consenting” as a right to decline. These provisions should be read with N.H. Rev. Stat. § 151:9-b(l).

<sup>88</sup> N.Y. PUB. HEALTH LAW § 2805-h(2) (McKinney) states that “it shall be the duty of the administrative officer or other person in charge of each general hospital to offer each admitted person age sixty-five or older vaccination against influenza virus. Such officer or person need not offer the vaccination to persons who have already received such vaccine or for whom it is otherwise inappropriate.” PHLP considered the phrase “need not offer the vaccination to persons who have already received” as an assessment requirement.

<sup>89</sup> 25 TEX. ADMIN. CODE § 133.45(h)(2) requires that hospitals develop an influenza vaccination policy for elderly patients in which the “influenza vaccine shall be made available.” PHLP considers the phrase “made available” to be an administrative offer requirement.

<sup>90</sup> TEX. HEALTH & SAFETY ANN. CODE § 161.0052(b) requires that hospitals “inform each elderly person admitted to the hospital for a period of 24 hours or more that the pneumococcal and influenza vaccines are available.” PHLP considers the term “available” in this instance to be an administrative offer requirement.