

**Title 10—DEPARTMENT OF NATURAL RESOURCES**  
**Division 60—Safe Drinking Water Commission**  
**Chapter 9—Record Maintenance**

**PROPOSED AMENDMENT**

**10 CSR 60-9.010 Requirements for Maintaining Public Water System Records.** The commission is amending subsection (1)(A) and adding subsection (1)(G) and section (3).

*PURPOSE:* This amendment adopts without variance new federal wording included in the Stage 2 Disinfectants/Disinfection By-Product Rule and Long-Term 2 Enhanced Surface Water Treatment Rule as published in the July 1, 2007 Code of Federal Regulations.

(1) All suppliers of water to a public water system must retain records on their premises or at a convenient location near their premises as follows:

(A) Records of [bacteriological] microbiological analyses, turbidity analyses, and operational analyses must be retained for a minimum of five (5) years. Records of chemical analyses must be retained for a minimum of ten (10) years. Actual laboratory reports used in the previous analyses must be retained for the appropriate period given previously. In lieu of an original report or copy, laboratory data may be transferred to tabular summaries provided the following information is included: the date, address, place, and time of sampling; identification of the sample (that is, a routine distribution system sample, check sample, raw or other special purpose water sample); date of analysis; laboratory and person responsible for performing analysis; analytical method used and the results of the analysis;

(E) Original records of all sampling data and analyses, reports, surveys, letters, evaluations, schedules, state determinations, and any other information required by 10 CSR 60-5.010, 10 CSR 60-5.020, 10 CSR 60-7.020, and 10 CSR 60-15.010–10 CSR 60-15.090 must be retained for no fewer than twelve (12) years; [and]

(F) Copies of public notices issued pursuant to 10 CSR 60-8.010 and certifications issued to the department pursuant to 10 CSR 60-7.010(9) shall be kept for at least three (3) years after issuance.; and

(G) Copies of monitoring plans shall be kept for the same period of time as the records of analyses taken under the plan are required to be kept under subsection (1)(A) of this rule, except as specified elsewhere in 10 CSR 60.

**(3) Additional Record Keeping Requirements under the Long-Term 2 Enhanced Surface Water Treatment Rule.**

(A) Systems must keep results from the initial round of source water monitoring under 10 CSR 60-4.052(2)(A) and the second round of source water monitoring under 10 CSR 60-4.052(2)(B) until three (3) years after bin classification under 10 CSR 60-4.052(10).

(B) Systems must keep any notification to the department that they will not conduct source water monitoring due to meeting the criteria of 10 CSR 60-4.052(2)(D) for three (3) years.

(C) Systems must keep the results of treatment monitoring associated with microbial toolbox options under 10 CSR 60-4.052(14)-(18) for three (3) years.

*AUTHORITY:* section 640.100, RSMo Supp. [2002] 2007. Original rule filed May 4, 1979, effective Sept. 14, 1979. Amended: Filed Aug. 4, 1992, effective May 6, 1993. Amended: Filed March 17, 2003, effective Nov. 30, 2003. Amended: Filed Oct. 1, 2008.

*PUBLIC COST:* This proposed amendment is anticipated to cost state agencies and political subdivisions less than five hundred dollars (\$500) in the aggregate.

*PRIVATE COST:* This proposed amendment is anticipated to cost private entities less than five hundred dollars (\$500) in the aggregate.

*NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS:* A public hearing will be held on this rulemaking at 10 a.m. on Dec. 9, 2008, at the DNR Conference Center, 1738 East Elm Street, Jefferson City, Missouri. The hearing will be preceded by an information meeting beginning at 9:30 a.m. at the same location.

Anyone may submit comments in support of or opposition to this proposed amendment. In preparing your comments, please include the regulatory citation and the Missouri Register page number. Please explain why you agree or disagree with the proposed change, and include alternative options or language.

The commission is also accepting written comments on this rulemaking. Written comments must be postmarked or received by Dec. 31, 2008. Written comments must be mailed or faxed to: Ms. Linda McCarty, MDNR Public Drinking Water Branch, PO Box 176, Jefferson City, MO 65102-0176. The fax number is (573) 751-3110.

**Title 12—DEPARTMENT OF REVENUE**  
**Division 10—Director of Revenue**  
**Chapter 7—Special Motor Fuel Use Tax**

**PROPOSED RESCISSION**

**12 CSR 10-7.170 Sales Tax Applies When Fuel Tax Does Not.** This rule clarified the auxiliary equipment exemption in section 142.581, RSMo.

*PURPOSE:* This rule is being rescinded, because it referenced a statute that was repealed (section 142.581, RSMo) and current sales tax statute, section 144.030.2 (1), RSMo, contains the same language.

*AUTHORITY:* sections 144.020 and 144.270, RSMo 1986. Original rule filed Nov. 1, 1985, effective Feb. 13, 1986. Rescinded: Filed Sept. 19, 2008.

*PUBLIC COST:* This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

*PRIVATE COST:* This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed rescission with the Missouri Department of Revenue, Legal Services Division, Governmental Affairs Bureau, PO Box 475, Jefferson City, MO 65105-0475. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 12—DEPARTMENT OF REVENUE**  
**Division 10—Director of Revenue**  
**Chapter 7—Special Motor Fuel Use Tax**

**PROPOSED RESCISSION**

**12 CSR 10-7.250 Special Fuel Tax Refund Claims—Purchasers Claiming Refunds of Tax Paid on Fuel Used for Nonhighway Purposes.** This rule clarified information required when filing a special fuel nonhighway refund claim pursuant to section 142.584, RSMo.

*PURPOSE: This rule is being rescinded, because the rule referenced a statute that was repealed (section 142.584, RSMo) and information contained in the rule is either no longer valid or is inaccurate. Current statute clearly defines the procedures for a refund.*

*AUTHORITY: sections 142.584, RSMo Supp. 1989 and 142.621, RSMo 1986. Original rule filed March 22, 1989, effective Sept. 11, 1989. Rescinded: Filed Sept. 19, 2008.*

*PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Missouri Department of Revenue, Legal Services Division, Governmental Affairs Bureau, PO Box 475, Jefferson City, MO 65105-0475. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 12—DEPARTMENT OF REVENUE  
Division 10—Director of Revenue  
Chapter 7—Special Motor Fuel Use Tax**

**PROPOSED RESCISSION**

**12 CSR 10-7.260 LP Gas or Natural Gas Decals.** This rule clarified the type(s) of vehicles required to obtain a liquidified petroleum or natural gas decal, pursuant to section 142.366, RSMo.

*PURPOSE: This rule is being rescinded, because the rule referenced a statute (section 142.366, RSMo) that was repealed and information contained in the rule is no longer valid or current statutes clearly state the same information.*

*AUTHORITY: sections 142.366, RSMo Supp. 1989 and 142.621, RSMo 1986. Original rule filed March 22, 1989, effective Sept. 11, 1989. Rescinded: Filed Sept. 19, 2008.*

*PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Missouri Department of Revenue, Legal Services Division, Governmental Affairs Bureau, PO Box 475, Jefferson City, MO 65105-0475. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 12—DEPARTMENT OF REVENUE  
Division 10—Director of Revenue  
Chapter 43—Investment of Nonstate Funds**

**PROPOSED AMENDMENT**

**12 CSR 10-43.030 Collateral Requirements for Nonstate Funds.** The director proposes to add new paragraphs (3)(A)1.X. and (3)(A)1.Y.

*PURPOSE: This amendment updates the collateral requirements to secure nonstate funds.*

(3) Any depository investing nonstate funds as an investment agent of the director of revenue must adhere to the following rules governing collateral:

(A) Before the investment agent places deposits with depository institutions, the investment agent must require that the institutions pledge collateral security. The following general procedures will be used:

1. Only securities listed as follows are acceptable to secure non-state funds:

A. Marketable Treasury securities of the United States;  
B. General obligation debt securities issued by Missouri with at least an A rating from one of the [n]Nationally Recognized Statistical Ratings Organizations (NRSROs) or are secured by a federal agency guarantee (directly or through guaranteed loans);

C. General obligation bonds of any city in this state having a population of not less than two thousand (2,000) with at least an A rating from one of the NRSROs;

D. General obligation bonds of any county in this state with at least an A rating from one of the NRSROs;

E. General obligation bonds issued by any school district situated in this state with at least an A rating from one of the NRSROs;

F. General obligation bonds issued by any special road district situated in this state with at least an A rating from one of the NRSROs;

G. General obligation state bonds of any of the fifty (50) states with at least an A rating from one of the NRSROs;

H. Debt securities of the Federal Farm Credit System;

I. Debt securities of the Federal Home Loan Banks (FHLBs), excluding zero-coupon bonds (ZEROS);

J. Debt securities of the Federal National Mortgage Association (FNMA), including mortgage-backed securities, but excluding real estate mortgage investment conduits (REMICs) and other mortgage derivatives, separate trading of registered interest and principal securities (STRIPS), Z bonds and ZEROS (All mortgage-backed securities shall be valued at ninety percent (90%) of market value. Collateralized Mortgage Obligations (CMOs) shall be Planned Amortization Class (PAC) CMOs, valued at seventy-five percent (75%) of market value, have a weighted average life not to exceed three (3) years, and pass the Federal Financial Institutions Examination Council (FFIEC) High Risk Test);

K. Debt securities of the Student Loan Marketing Association (SLMA), excluding STRIPS and ZEROS;

L. Debt securities of the Government National Mortgage Association (GNMA), including mortgage-backed securities, but excluding REMICs, and other mortgage derivatives, STRIPS, Z bonds, and ZEROS. Nonbook-entry registered securities must be in nominee name (All mortgage-backed securities shall be valued at ninety percent (90%) of market value. CMOs shall be PAC CMOs valued at seventy-five percent (75%) of market value, have a weighted average life not to exceed three (3) years, and pass the FFIEC High Risk Test);

M. Federal Home Administration insured notes (CBOs);

N. Bonds of any political subdivision established under the provisions of Section 30, Article VI of the *Constitution of Missouri* with at least an A rating from one of the NRSROs (City and County of St. Louis);

O. Tax anticipation notes issued by any county of class one in Missouri with at least an A rating from one of the NRSROs;

P. Public housing notes and bonds (projects notes and bonds) issued by public housing agencies, guaranteed as to the payment of principal and interest by the government of the United States or any

agency or instrumentality of the United States;

Q. Revenue bonds issued by the Missouri Board of Public Buildings or Department of Natural Resources with at least an A rating from one of the NRSROs or are secured by a federal agency guarantee (directly or through guaranteed loans);

R. Revenue bonds of the Missouri Housing Development Commission, Missouri Health and Education Facilities Authority, Missouri Higher Educational Loan Authority, Missouri Environmental Improvement and Energy Resource Authorities, Missouri Agricultural and Small Business Development Authority, Missouri Industrial Development Board, or state-owned education institutions so long as any of the mentioned are rated A or better by a NRSRO[,] or are secured by a federal agency guarantee (directly or through guaranteed loans);

S. Debt securities of the Federal Home Loan Mortgage Corporation (FHLMC), including mortgage-backed securities, but excluding mortgage cash flow obligations, REMICs, and other mortgage derivations, STRIPS, Z bonds, and ZEROS (All mortgage-backed securities shall be valued at ninety percent (90%) of market value. CMOs shall be PAC CMOs valued at seventy-five percent (75%) of market value, have a weighted average life not to exceed three (3) years, and pass the FFIEC High Risk Test);

T. Guaranteed loan pool certificates of the Small Business Administration (SBA). Nonbook-entry registered securities must be in nominee's name (SBA pool certificates shall be valued at seventy-five percent (75%) of market value);

U. Debt securities of the Resolution Funding Corporation (REFCORP), excluding STRIPS and ZEROS; [and]

V. Revenue bonds are accepted only under items listed in subparagraphs (3)(A)1.B., Q., and R.;

W. Debt securities of the Federal Agriculture Mortgage Corporation (FAMC), including mortgage-backed securities, but excluding mortgage cash flow obligations, REMICs, and other mortgage derivatives, STRIPS, Z bonds, and ZEROS (All mortgage-backed securities shall be valued at ninety percent (90%) of market value. CMOs shall be PAC CMOs valued at seventy-five percent (75%) of market value, have a weighted average life not to exceed three (3) years, and pass the FFIEC High Risk Test);

**X. A surety bond issued by an insurance company licensed pursuant to the laws of the state of Missouri whose claims-paying ability is rated in the highest category by at least one (1) Nationally Recognized Statistical Rating Organization. The face amount of such surety bond shall be at least equal to the portion of the deposit to be secured by the surety bond; and**

**Y. An irrevocable standby letter of credit issued by a Federal Home Loan Bank possessing the highest rating issued by at least one (1) Nationally Recognized Statistical Rating Organization.**

2. The entire value of the nonstate funds on deposit with the depository, including accrued interest, must be covered by the market value of securities pledged less applicable FDIC or other like insurance;

3. The investment agent may not disburse funds for investment until it is assured that adequate and proper collateral has been pledged. Telephone confirmation of securities pledged from a third-party custodian is acceptable pending receipt of the actual safekeeping document;

4. Securities may not be released until deposits, including accrued interest, are received from the depository institution;

5. The investment agent may allow substitution of acceptable collateral securities with equal or greater market value if the substitution occurs on a simultaneous basis. That is, the new collateral must be received before or at the same time the old collateral is released;

6. Excess collateral may be released if it is reasonable as determined by the investment agent. The investment agent will determine the market value of all collateral every two (2) weeks and compare that to the amount of deposits at each deposit institution. When the

value of collateral falls below the amount of deposits, the investment agent must immediately demand additional collateral. If the depository institution fails to post the additional collateral within two (2) days of the day requested, the investment agent will request withdrawal of all deposits at that institution; and

7. The director of revenue, upon the recommendation of the Department of Revenue Investment Group, may require an institution pledging collateral to use a different third-party custodian which will be acceptable to the director;

*AUTHORITY: section 136.120, RSMo 2000. Original rule filed May 2, 1986, effective Aug. 11, 1986. For intervening history, please consult the Code of State Regulations. Amended: Filed Sept. 19, 2008.*

*PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Department of Revenue, Legal Services Division, Governmental Affairs Bureau, PO Box 475, Jefferson City, MO 65105-0475. To be considered comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

## Title 12—DEPARTMENT OF REVENUE Division 10—Director of Revenue Chapter 103—Sales/Use Tax—Imposition of Tax

### PROPOSED RESCISSION

**12 CSR 10-103.380 Photographers, Photofinishers and Photoengravers, as Defined in Section 144.030, RSMo.** This rule imposed a tax on the retail sale of tangible personal property. Section 144.020.1(1), RSMo, imposed a tax on the retail sale of tangible personal property. Section 144.030.2(2), RSMo, exempts materials that become a component part or ingredient of new personal property, which is intended to be sold ultimately at retail. Sections 144.030.2(4) and (5), RSMo, exempt certain machinery, equipment, parts, materials, supplies, and parts that are for replacement or are for a new or expanded plant. This rule explained the taxation rules for photographers, photofinishers, and photoengravers and what elements must be met to qualify for these exemptions.

*PURPOSE: This rule is being rescinded, because it references a statute that was repealed and a new section enacted in lieu thereof.*

*AUTHORITY: section 144.270, RSMo 2000. Original rule filed June 29, 2000, effective Dec. 30, 2000. Emergency amendment filed Aug. 14, 2007, effective Aug. 28, 2007, expired Feb. 23, 2008. Amended: Filed Aug. 14, 2007, effective Feb. 29, 2008. Rescinded: Filed Sept. 19, 2008.*

*PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Missouri Department of Revenue, Legal Services Division,*

*Governmental Affairs Bureau, PO Box 475, Jefferson City, MO 65105-0475. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 40—Family Support Division  
Chapter 2—Income Maintenance**

**PROPOSED RULE**

**13 CSR 40-2.390 Transitional Employment Benefit**

*PURPOSE: This rule establishes the Transitional Employment Benefit. This rule also establishes the circumstances when a family is eligible for the Transitional Employment Benefit payment and the length of time a family qualifies for the Transitional Employment Benefit payment.*

(1) The Family Support Division shall make payable a fifty-dollar (\$50) Transitional Employment Benefit payment to families with earned income who are no longer eligible for Temporary Assistance benefits as defined in 13 CSR 40-2.300 through 13 CSR 40-2.370 due to an increase in income, removal of an earnings disregard or an allowable expense deduction, or a household composition change which causes ineligibility due to income guidelines for Temporary Assistance provided—

(A) The family received Temporary Assistance cash benefits for at least one (1) month;

(B) There is a work-eligible individual, as defined in 45 CFR 261.10, included in the family;

(C) Work-eligible individuals in the family continue to meet the minimum work participation hours as outlined in 42 USC 607.

1. Transitional Employment Benefit work participation hours must be met through employment only.

2. Work participation hours must be reported and verified within ten (10) days of the Temporary Assistance case closing or change in employment;

(D) The family continues to meet all other eligibility requirements contained in 13 CSR 40-2.300 through 13 CSR 40-2.370 with the exception of income; and

(E) The family was eligible for and received Temporary Assistance in October 2008 or later.

(2) The family is eligible to receive the fifty-dollar (\$50) Transitional Employment Benefit payment for up to six (6) consecutive months as long as the family meets the requirements in subsections (1)(B) and (1)(C).

(3) There is no limit on the number of times a family may receive Transitional Employment Benefit payments as long as the family loses eligibility for Temporary Assistance as outlined in section (1).

(A) The Transitional Employment Benefit is not included in the sixty (60)-month lifetime limit for Temporary Assistance as referenced in 42 USC 608.

(4) Families who receive Transitional Employment Benefits shall not assign to the Family Support Division on behalf of the state any rights to support from any other person on behalf of any member of the family.

*AUTHORITY: section 207.020, RSMo 2000 and section 208.040.5, RSMo Supp. 2007. Emergency rule filed Sept. 23, 2008, effective Oct. 3, 2008, expires March 31, 2009. Original rule filed Sept. 23, 2008.*

*PUBLIC COST: This proposed rule will cost state agencies or political subdivisions \$1,650,000 in the aggregate in state fiscal year 2009. It will cost state agencies or political subdivisions \$3,600,000 in the aggregate in state fiscal year 2010.*

*PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Department of Social Services, Family Support Division, 615 Howerton Court, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**FISCAL NOTE  
PUBLIC COST**

- I. Department Title: Department of Social Services  
Division Title: Family Support Division  
Chapter Title: Chapter 13—Department of Social Services**

<b>Rule Number and Name:</b>	<b>13 CSR 40-2.390 Transitional Employment Benefit</b>
<b>Type of Rulemaking:</b>	<b>Proposed Rule</b>

**II. SUMMARY OF FISCAL IMPACT**

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Department of Social Services, Family Support Division	SFY2009: \$1.65 million
Department of Social Services, Family Support Division	SFY2010: \$3.6 million

**III. WORKSHEET**

For SFY2009 the estimated cost will be \$1.65 million. FSD arrived at this cost in the following manner: 1,000 cases closed in October, 2008, payment received in November, 2008:  $1,000 \times \$50 = \$50,000$ ; 2,000 cases closed in November, 2008, payment received in December, 2008:  $2,000 \times \$50 = \$100,000$ ; 3,000 cases closed in December, 2008, payment received in January, 2009:  $3,000 \times \$50 = \$150,000$ ; 4,000 cases closed in January, 2009, payment received in February, 2009:  $4,000 \times \$50 = \$200,000$ ; 5,000 cases closed in February, 2009, payment received in March, 2009:  $5,000 \times \$50 = \$250,000$ ; 6,000 cases closed in each month for the months of March, 2009 through May, 2009, with payment received in the month following closure :  $6,000 \times \$50 = \$300,000 \times 3 \text{ months} = \$900,000$ .

For SFY2010, FSD estimates the cost to be \$3.6 million, cost arrived in the following manner:  $6,000 \text{ cases} \times \$50 \times 12 \text{ months} = \$3.6 \text{ million}$ .

No additional staff will be needed as a result of this proposed rule.

**IV. ASSUMPTIONS**

FSD anticipates 1,000 Temporary Assistance (TA) cases will close each month due to earnings that exceed the TA income maximum. These TA cases that close will receive \$50 per month for 6 consecutive months as a transitional employment benefit.

**Title 19—DEPARTMENT OF HEALTH  
AND SENIOR SERVICES**  
**Division 20—Division of [Environmental Health and  
Communicable Disease Prevention] Community and  
Public Health**  
**Chapter 28—Immunization**

**PROPOSED AMENDMENT**

**19 CSR 20-28.010 Immunization Requirements for School Children.** The department is amending sections (2) and (3). The department is adding section (4).

*PURPOSE: This amendment eliminates contradictory language and clarifies the “manner and frequency” of administration of immunizations.*

(2) For school attendance, children shall be immunized against *[diphtheria, tetanus, pertussis, polio, measles, rubella, mumps, hepatitis B, and varicella, according to the latest Advisory Committee on Immunization Practices (ACIP) Recommended Childhood Immunization Schedule—United States and the latest ACIP General Recommendations on Immunization. As the immunization schedule and recommendations are updated, they will be available from and distributed by the Department of Health and Senior Services.]* vaccine-preventable diseases as established by the Department of Health and Senior Services and provide required documentation of immunization status. Age-appropriate vaccine requirements will be according to the attachments listed in section (4), which are included herein.

*[(A) Pertussis vaccine is not required for children seven (7) years of age and older.]*

*[(B) Hepatitis B vaccine shall be required for all children starting kindergarten or who were five (5) or six (6) years of age as of and after the beginning of the 1992–93 school year.]*

*[(C)](A) One (1) dose of [V]varicella vaccine shall be required for all children starting kindergarten or who were five (5) or six (6) years of age as of and after the beginning of the 2005–06 school year through the end of the 2009–2010 school year.*

**(B) Two (2) doses of varicella vaccine shall be required for all children starting kindergarten or who were five (5) or six (6) years of age as of and after the beginning of the 2010–2011 school year.**

(3) The parent or guardian shall furnish the superintendent or *[school administrator]* designee satisfactory evidence of immunization or exemption from immunization *[against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, hepatitis B, and varicella]*. **Satisfactory evidence shall be provided within thirty (30) days of the child’s first date of school attendance.**

(A) Satisfactory evidence of immunization means a statement, certificate, or record from a physician or other recognized health facility or personnel stating that the required immunizations have been given to the person and verifying the type of vaccine. All children shall be required to provide documentation of the month, day, and year of vaccine administration. However, if a child has had varicella (chickenpox) disease, *[the parent, the guardian,]* a licensed doctor of medicine or doctor of osteopathy may sign and place on file with the superintendent or *[school administrator]* designee a written statement documenting previous varicella (chickenpox) disease. The statement may contain wording such as: “This is to verify that (name of child) had varicella (chickenpox) disease on or about (date) and does not need varicella vaccine.”

**(4) Immunization schedule requirements for school age children shall be:**

(A) Missouri School Immunization Requirements Vaccines Received 0–6 Years of Age, included herein;

(B) Missouri School Immunization Requirements Vaccines Received 7–18 Years of Age, included herein; and

(C) Catch-up Immunization Schedule for Persons Aged 4 Months–18 Years Who Start Late or Who Are More Than 1 Month Behind, included herein.

## Missouri School Immunization Requirements Vaccines Received 0 – 6 Years of Age

Vaccine	Age	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years
Hepatitis B <sup>1</sup>		Hep B	Hep B		See footnote 1	Hep B						
Diphtheria, Tetanus, Pertussis <sup>2</sup>				DTaP	DTaP	DTaP	See footnote 2	DTaP				DTaP
Inactivated Poliovirus				IPV	IPV	IPV						IPV
Measles, Mumps, Rubella <sup>3</sup>							MMR					MMR
Varicella <sup>4</sup>							Varicella					Varicella

**1. Hepatitis B vaccine (HepB).** (Minimum age: birth)

**At birth:**

- Administer monovalent HepB to all newborns prior to hospital discharge.
- If mother is hepatitis B surface antigen (HBsAg)-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
- If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine the HBsAg status as soon as possible and if HBsAg-positive, administer HBIG (no later than age 1 week).
- If mother is HBsAg-negative, the birth dose can be delayed, in rare cases, with a provider's order and a copy of the mother's negative HbsAg laboratory report in the infant's medical record.

**After the birth dose:**

- The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1–2 months. The final dose should be administered 16 weeks after the first dose but no earlier than 24 weeks of age. Infants born to HBsAg-positive mothers should be tested for HbsAg and antibody to HBsAg after completion of at least 3 doses of a licensed HepB series, at age 9–18 months (generally at the next well-child visit).

### Range of recommended ages

**4-month dose:**

- It is permissible to administer 4 doses of HepB when combination vaccines are administered after the birth dose. If monovalent HepB is used for doses after the birth dose, a dose at age 4 months is not needed.

**2. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).** (Minimum age: 6 weeks)

- The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose.
- Administer the final dose in the series at age 4–6 years.

**3. Measles, mumps, and rubella vaccine (MMR).** (Minimum age: 12 months)

- Administer the second dose of MMR at age 4–6 years. MMR may be administered before age 4–6 years, provided 4 weeks or more have elapsed since the first dose.

**4. Varicella vaccine.** (Minimum age: 12 months)

- Administer second dose at age 4–6 years; may be administered 3 months or more after first dose.
- Don't repeat second dose if administered 28 days or more after first dose.

- For those children who fall behind or start late, see the catch-up schedule for the doses required and minimum intervals between doses.
- ACIP recommends that vaccine doses administered ≤4 days before the minimum interval or age be counted as valid, therefore the Missouri Department of Health and Senior Services will allow for the 4 day grace period.
- Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series.
- One (1) dose of varicella vaccine shall be required for all children starting kindergarten or who were five (5) or six (6) years of age as of and after the beginning of the 2005-06 school year through the end of the 2009-10 school year.
- Two (2) doses of varicella vaccine shall be required for all children starting kindergarten or who were five (5) or six (6) years of age as of and after the beginning of the 2010-11 school year.

Missouri's School Immunization Requirements are compatible with the current recommendations of the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics, and the American Academy of Family Physicians. This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2007, for children aged 0 through 6 years. Additional information is available at [www.cdc.gov/vaccines/recs/schedules](http://www.cdc.gov/vaccines/recs/schedules). Schools should consult the respective ACIP statement for detailed recommendations, including for high risk conditions: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>. For additional information please visit the Missouri Immunization Program's website at [www.dhss.mo.gov/immunizations](http://www.dhss.mo.gov/immunizations) or call toll free 800-219-3224.

## Missouri School Immunization Requirements Vaccines Received 7 – 18 Years of Age

Vaccine ▼	Age ►	7-10 Years	11-12 YEARS	13-18 YEARS
Diphtheria, Tetanus, Pertussis <sup>1</sup>		See footnote 1	Tdap	Tdap
Hepatitis B <sup>2</sup>			Hep B Series	
Inactivated Poliovirus <sup>3</sup>			IPV Series	
Measles, Mumps, Rubella <sup>4</sup>			MMR Series	
Varicella <sup>5</sup>			Varicella Series	

### Range of recommended ages

### Catch-up immunization

**1. Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).** (*Minimum age: 10 years for BOOSTRIX® and 11 years for ADACEL™*)

- Administer at age 11–12 years for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a tetanus and diphtheria toxoids (Td) booster dose.
- 13–18 year olds who missed the 11–12 year Tdap or received Td only, are encouraged to receive one dose of Tdap 5 years after the last Td/DTaP dose.

**2. Hepatitis B vaccine (HepB).**

- Administer the 3-dose series to those who were not previously vaccinated.
- A 2-dose series of Recombivax HB® is licensed for children aged 11–15 years.

**3. Inactivated poliovirus vaccine (IPV).**

- For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if the third dose was administered at age 4 years or older.
- If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.

**4. Measles, mumps, and rubella vaccine (MMR).**

- If not previously vaccinated, administer 2 doses of MMR during any visit, with 4 or more weeks between the doses.

**5. Varicella vaccine.**

- Administer 2 doses of varicella vaccine to persons younger than 13 years of age at least 3 months apart. Do not repeat the second dose, if administered 28 or more days following the first dose.
- Administer 2 doses of varicella vaccine to persons aged 13 years or older at least 4 weeks apart.

- For those children who fall behind or start late, see the catch-up schedule for the doses required and minimum intervals between doses.
- ACIP recommends that vaccine doses administered ≤4 days before the minimum interval or age be counted as valid, therefore the Missouri Department of Health and Senior Services will allow for the 4 day grace period.
- Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series.
- One (1) dose of varicella vaccine shall be required for all children starting kindergarten or who were five (5) or six (6) years of age as of and after the beginning of the 2005-06 school year through the end of the 2009-10 school year.
- Two (2) doses of varicella vaccine shall be required for all children starting kindergarten or who were five (5) or six (6) years of age as of and after the beginning of the 2010-11 school year.

Missouri's School Immunization Requirements are compatible with the current recommendations of the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics, and the American Academy of Family Physicians. This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2007, for children aged 7 through 18 years. Additional information is available at [www.cdc.gov/vaccines/recs/schedules](http://www.cdc.gov/vaccines/recs/schedules). Schools should consult the respective ACIP statement for detailed recommendations, including for high risk conditions: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>. For additional information please visit the Missouri Immunization Program's website at [www.dhss.mo.gov/immunizations](http://www.dhss.mo.gov/immunizations) or call toll free 800-219-3224.



## Catch-up Immunization Schedule for Persons Aged 4 Months – 18 Years Who Start Late or Who Are More Than 1 Month Behind

<b>CATCH-UP SCHEDULE FOR PERSONS AGED 4 MONTHS – 18 YEARS</b>					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B <sup>1</sup>	Birth	4 weeks	8 weeks (and 16 weeks after first dose but not less than 24 wks of age)		
Diphtheria, <sup>2</sup> Tetanus, <sup>2</sup> Pertussis	6 wks	4 weeks	4 weeks	6 months	6 months <sup>2</sup>
Inactivated Poliovirus <sup>3</sup>	6 wks	4 weeks	4 weeks	4 weeks <sup>3</sup>	
Measles, <sup>4</sup> Mumps, <sup>4</sup> Rubella	12 mos	4 weeks			
Varicella <sup>5</sup>	12 mos	4 weeks if first dose administered at age 13 years or older 3 months if first dose administered at younger than 13 years of age			
Tetanus, Diphtheria/ <sup>6</sup> Tetanus, Diphtheria, <sup>6</sup> Pertussis	7 yrs <sup>6</sup>	4 weeks	8 weeks if first dose administered at younger than 12 months of age 6 months if first dose administered at age 12 months or older	6 months if first dose administered at younger than 12 months of age	

#### 1. Hepatitis B vaccine (HepB).

- Administer the 3-dose series to those who were not previously vaccinated.
- A 2-dose series of Recombivax HB® is licensed for children aged 11–15 years.

#### 2. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).

- The fifth dose is not necessary if the fourth dose was administered at age 4 years or older.
- DTaP is not indicated for persons aged 7 years or older.

#### 3. Inactivated poliovirus vaccine (IPV).

- For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if third dose was administered at age 4 years or older.
- If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.
- IPV is not routinely recommended for persons aged 18 years and older.

#### 4. Measles, mumps, and rubella vaccine (MMR).

- The second dose of MMR is recommended routinely at age 4–6 years but may be administered earlier if desired.
- If not previously vaccinated, administer 2 doses of MMR during any visit with 4 or more weeks between the doses.

#### 5. Varicella vaccine.

- The second dose of varicella vaccine is recommended routinely at age 4–6 years but may be administered earlier if desired.
- Do not repeat the second dose in persons younger than 13 years of age if administered 28 or more days after the first dose.

#### 6. Tetanus and diphtheria toxoids vaccine (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).

- Tdap should be substituted for a single dose of Td in the primary catch-up series for children 10–18 or as a booster if age appropriate; use Td for other doses.
- A 5-year interval from the last Td dose is encouraged when Tdap is used as a booster dose. A booster (fourth) dose is needed if any of the previous doses were administered at younger than 12 months of age. Refer to ACIP recommendations for further information. See *MMWR* 2006;55(No. RR-3).

- ACIP recommends that vaccine doses administered  $\leq 4$  days before the minimum interval or age be counted as valid, therefore the Missouri Department of Health and Senior Services will allow for the 4 day grace period.
- Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series.
- One (1) dose of varicella vaccine shall be required for all children starting kindergarten or who were five (5) or six (6) years of age as of and after the beginning of the 2005-06 school year through the end of the 2009-10 school year.
- Two (2) doses of varicella vaccine shall be required for all children starting kindergarten or who were five (5) or six (6) years of age as of and after the beginning of the 2010-11 school year.

Missouri's School Immunization Requirements are compatible with the current recommendations of the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics, and the American Academy of Family Physicians. This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2007, for children aged 4 months through 18 years. Additional information is available at [www.cdc.gov/vaccines/recs/schedules](http://www.cdc.gov/vaccines/recs/schedules). Schools should consult the respective ACIP statement for detailed recommendations, including for high risk conditions: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>. For additional information please visit the Missouri Immunization Program's website at [www.dhss.mo.gov/immunizations](http://www.dhss.mo.gov/immunizations) or call toll free 800-219-3224.

*AUTHORITY: sections 167.181 and 192.020, RSMo Supp. [2003] 2007[,] and section 192.006 [and 192.020], RSMo 2000. This rule was previously filed as 13 CSR 50-110.010. Original rule filed April 24, 1974, effective May 4, 1974. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Oct. 1, 2008.*

*PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions three hundred sixty-eight thousand ten dollars (\$368,010) annually.*

*PRIVATE COST: This proposed amendment will cost private entities \$1,937,956 annually.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Glenda Miller, Director, Division of Community and Public Health, Missouri Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

**FISCAL NOTE  
PUBLIC COST**

- I. Department Title: Missouri Department of Health and Senior Services  
Division Title: Division of Community and Public Health  
Chapter Title: Immunization**

<b>Rule Number and Name:</b>	19 CSR 20-28.010 Immunization Requirements for School Children
<b>Type of Rulemaking:</b>	Proposed Amendment

**II. SUMMARY OF FISCAL IMPACT**

Affected Agency or Political Subdivision	Estimated Annual Cost of Compliance
<b>MO HealthNet</b>	<b>\$284,371</b>
<b>Local Public Health Agencies</b>	<b>\$83,639</b>

**III. WORKSHEET**

The annual estimates were calculated as follows:

*Varicella*

*MO HealthNet*  
Administration of 18,870 doses of vaccine @ \$15.07 \$284,371

*Local Public Health Agencies*  
Administration of 5,550 doses of vaccine @ \$15.07 \$ 83 ,639

*Tetanus, Diphtheria, Pertussis (Tdap)*

*MO HealthNet*  
No new administration costs \$ 0

*Local Public Health Agencies*  
No new administration costs \$ 0

**Total Annual Public Entity Cost \$368,010**

#### IV. ASSUMPTIONS

The rule establishes the Tetanus, Diphtheria and Pertusis (Tdap) vaccine and 2nd dose of Varicella vaccine as a requirement for children to attend schools. The medical standards of care, established by the Centers for Disease Control and Prevention (CDC) has been in effect since January 2006 for Tdap and October 2006 for the second dose of Varicella. Vaccines for children data is indicative of the standard being practiced by Missouri clinicians providing services to the affected populations. The data indicate the Tdap vaccine has replaced the previously required Td vaccines administered by VFC providers. The number of doses Tdap provided in 2007 exceeds the estimated number of students in the affected age cohort (79,000). The data on Varicella vaccines shipped would indicate the second dose is being provided at this time, as the number of doses shipped more than doubled in 2007. As this rule does not change the standard of care currently being practiced, it is the Department's assumption that the rule does not change actual costs currently incurred by public agencies, including the MoHealthNet program, for the administration of the vaccines.

##### Varicella

1. Approximately 74,000 children will enter kindergarten for the 2010-2011 school year per the Population Estimates Survey for Missouri from the Centers for Disease Control and Prevention (CDC).
  2. Out of the 74,000 entering kindergarten, it is estimated 50% (37,000) will have already received two doses of varicella.
  3. Of the 37,000 unvaccinated children, approximately 51% (18,870) will be immunized through the federal Vaccines for Children (VFC) program per the Vaccine Ordering Forecast Application from CDC.
  4. Vaccines are available through the VFC program to children who are qualified. Vaccines will be 100% federally funded. Providers may charge up to \$15.07 to administer the vaccine.
- 18,870 X \$15.07 = \$284,371
5. Of the 37,000 unvaccinated children, private insurance will pay for approximately 34% (12,580). The remaining 15% (5,550) unvaccinated children will receive their vaccines from local public health agencies. Vaccines will be 100% federally funded. Local public health agencies may charge up to \$15.07 to administer the vaccine.

$$5,550 \times \$15.07 = \$83,639$$

##### Tetanus, Diphtheria, Pertussis (Tdap)

1. Most children receive their Td/Tdap vaccination ten years after their last DT/DTaP given at 4 or 5 years of age. Approximately 160,000 children will be 14 or 15 years of age for the 2010-2011 school year per the Population Estimates Survey for Missouri from the Centers for Disease Control and Prevention (CDC).
2. Of the 160,000 unvaccinated children, approximately 51% (81,600) will be immunized through the federal Vaccines for Children (VFC) program per the Vaccine Ordering Forecast Application from CDC.
3. Vaccines are available through the VFC program to children who are qualified. Vaccines will be 100% federally funded. Providers may charge up to \$15.07 to administer the vaccine; however, since Tdap is replacing an existing Td vaccine, there will be no additional cost for vaccine administration.
4. Of the 160,000 unvaccinated children, private insurance will pay for approximately 34% (54,400). The remaining 15% (24,000) unvaccinated children will receive their vaccines from local public health agencies. Vaccines will be 100% federally funded. Local public health agencies may charge up to \$15.07 to administer the vaccine; however, since Tdap is replacing an existing Td vaccine, there will be no additional cost for vaccine administration.

**FISCAL NOTE  
PRIVATE COST**

- I. Department Title: Missouri Department of Health and Senior Services  
Division Title: Division of Community and Public Health  
Chapter Title: Immunization**

<b>Rule Number and Title:</b>	19 CSR 20-28.010 Immunization Requirements for School Children
<b>Type of Rulemaking:</b>	Proposed Amendment

**II. SUMMARY OF FISCAL IMPACT**

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate as to the cost of compliance with the rule by the affected entities:
<b>12,580 privately insured children age 4-5 entering kindergarten, 2010-2011 school year</b>	<b>Private health insurance companies</b>	<b>\$975,076</b>
<b>54,400 privately insured children age 14-15, 2010-2011 school year</b>	<b>Private health insurance companies</b>	<b>\$962,880</b>

**III. WORKSHEET**

The annual estimates were calculated as follows:

**Varicella**

*Private Insurance*  
12,580 doses of vaccine @ \$77.51 \$ 975,076

**Tetanus, Diphtheria, Pertussis (Tdap)**

*Private Insurance*  
54,400 doses of vaccine @ \$17.70 \$ 962,880

Total Annual Public Entity Cost **\$1,937,956**

#### IV. ASSUMPTIONS

The rule establishes the Tetanus, Diphtheria and Pertusis (Tdap) vaccine for children age 11 to 12, and the second dose of Varicella vaccine for kindergarten students aged 59 months, as a requirement for school attendance. The medical standards of care, established by the Centers for Disease Control and Prevention (CDC) has been in effect since January 2006 for Tdap and October 2006 for the second dose of Varicella. Vaccines for children data is indicative of the standard being practiced by Missouri clinicians providing services to the affected populations. The data indicate the Tdap vaccine has replaced the previously required Td vaccines administered by VFC providers. The number of doses Tdap provided in 2007 exceeds the estimated number of students in the affected age cohort (79,000). The data on Varicella vaccines shipped would indicate the second dose is being provided at this time, as the number of doses shipped more than doubled in 2007. As this rule does not change the standard of care currently being practiced, it is the Department's assumption that the rule does not change actual costs currently incurred by health care providers, insurers, or self-pay individuals.

##### Varicella

1. Approximately 74,000 children will enter kindergarten for the 2010-2011 school year per the Population Estimates Survey for Missouri from the Centers for Disease Control and Prevention (CDC).
2. Out of the 74,000 entering kindergarten, it is estimated 50% (37,000) will have already received two doses of varicella.
3. Of the 37,000 unvaccinated children, approximately 51% (18,870) will be immunized through the federal Vaccines for Children (VFC) program per the Vaccine Ordering Forecast Application from CDC.
4. Of the 37,000 unvaccinated children, approximately 15% (5,550) will be immunized from local public health agencies.
5. The remaining 34% (12,580) unvaccinated children will receive their vaccines from private insurance. Private sector cost of varicella vaccine is \$77.51 per dose.

$$12,580 \times \$77.51 = \$975,076$$

##### Tetanus, Diphtheria, Pertussis (Tdap)

1. Most children receive their Td/Tdap vaccination ten years after their last DT/DTaP given at 4 or 5 years of age. Approximately 160,000 children will be 14 or 15 years of age for the 2010-2011 school year per the Population Estimates Survey for Missouri from the Centers for Disease Control and Prevention (CDC).
2. Of the 160,000 unvaccinated children, approximately 51% (81,600) will be immunized through the federal Vaccines for Children (VFC) program per the Vaccine Ordering Forecast Application from CDC.
3. Of the 160,000 unvaccinated children, approximately 15% (24,000) will be immunized from local public health agencies.
4. The remaining 34% (54,400) unvaccinated children will receive their vaccines from private insurance. Since Tdap is replacing an existing Td vaccine, the additional private sector cost represents the difference between the two vaccines. Additional private sector cost of Tdap versus Td vaccine is \$17.70 per dose.

$$54,400 \times \$17.70 = \$962,880$$

**Title 19—DEPARTMENT OF HEALTH  
AND SENIOR SERVICES**

**Division 20—Division of [Environmental Health and  
Communicable Disease Prevention] Community and  
Public Health**

**Chapter 28—Immunization**

**PROPOSED RESCISSION**

**19 CSR 20-28.030 Distribution of Childhood Vaccines.** This rule established uniform methods and requirements for the distribution of childhood vaccines to local public health departments, other public clinics, and private healthcare providers.

*PURPOSE:* This rule is being rescinded because Department of Health and Senior Services (DHSS) no longer routinely distributes vaccine directly to public or private healthcare providers. This program has been replaced by the federal entitlement Vaccines for Children 0-18 program for Medicaid, uninsured, underinsured, Native American, Alaskan Native, and Pacific Islander children and limited federal 317 funds for adults and for children who are not eligible for the vaccines for children (VFC) program.

*AUTHORITY:* section 192.020, RSMo 1986. Original rule filed Nov. 15, 1988, effective July 1, 1989. Emergency amendment filed June 19, 1989, effective July 1, 1989, expired Oct. 26, 1989. Amended: Filed July 18, 1989, effective Sept. 28, 1989. Rescinded: Filed Oct. 1, 2008.

*PUBLIC COST:* This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

*PRIVATE COST:* This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed rescission with Glenda Miller, Division Director, Missouri Department of Health and Senior Services, Division of Community and Public Health, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 19—DEPARTMENT OF HEALTH  
AND SENIOR SERVICES**

**Division 20—Division of [Environmental Health and  
Communicable Disease Prevention] Community and  
Public Health**

**Chapter 28—Immunization**

**PROPOSED AMENDMENT**

**19 CSR 20-28.040 Day Care Immunization Rule.** The department is amending sections (1), (2), (3), and (4). The department is adding section (5).

*PURPOSE:* This amendment eliminates contradictory language and clarifies the “manner and frequency” of administration of immunizations.

(1) As mandated by section 210.003, RSMo, the administrator of each public, private, or parochial day care center, preschool, or nursery school caring for ten (10) or more children shall have a record prepared showing the immunization status of every child enrolled in or attending a facility under the administrator’s jurisdiction. The administrator shall also make an annual summary report to the Department of Health and Senior Services on form Imm.P. 32,

included herein, no later than January 15 of each year. [Immunization information is required in ten (10) categories: diphtheria, tetanus, pertussis (DTaP); polio; hepatitis B (HB); Haemophilus influenzae type b (Hib); measles, mumps, rubella (MMR); and varicella (VZV).]

(2) No child shall enroll in or attend a public, private, or parochial day care center, preschool, or nursery school caring for ten (10) or more children unless the child has been adequately immunized according to this rule. Children attending elementary school who receive before[,] or after school care, or both, shall meet the immunization requirements established in the School Immunization Rule, 19 CSR 20-28.010. [Preschool-age children shall be immunized against diphtheria, tetanus, pertussis, polio, hepatitis B, Haemophilus influenzae type b, measles, mumps, rubella, and varicella according to the latest Recommended Childhood Immunization Schedule—United States, approved by the Advisory Committee on Immunization Practices (ACIP). As the schedule is updated, it will be available from and distributed by the Department of Health.] Age-appropriate vaccine requirements will be according to the attachments listed in section (5).

(3) Section 210.003, RSMo, provides that a child who has not completed all appropriate immunizations may enroll if—

(A) Satisfactory evidence is produced that the child has begun the process of immunization. The child may continue to attend as long as the immunization process is being accomplished according to the [ACIP/] Department of Health and Senior Services’ recommended schedule. Failure to meet the next scheduled appointment constitutes noncompliance with the day care immunization law, and action shall be initiated immediately by the administrator to have the child excluded from the facility.

(B) The parent or guardian has signed and placed on file with the day care administrator a statement of exemption which may be either of the following:

1. A medical exemption, by which a child shall be exempted from the requirements of this rule upon certification by a licensed doctor of medicine or doctor of osteopathy, that either the immunization would seriously endanger the child’s health or life, or the child has documentation of laboratory evidence of immunity to the disease. The Department of Health and Senior Services’ form Imm.P. 12, included herein, shall be on file with the immunization record of each child with a medical exemption. The medical exemption need not be renewed annually; or

2. A parent or guardian exemption, by which a child shall be exempted from the requirements of this rule if one (1) parent or guardian files a written objection to immunization with the day care administrator. The Department of Health and Senior Services’ form Imm.P. 11, included herein, shall be on file with the immunization record of each child with a parental exemption. The parental exemption form must be renewed annually.

(4) The parent or guardian shall furnish the day care administrator satisfactory evidence of completion of the required immunizations, exemption from immunization, or progress toward completing all required immunizations. [against diphtheria, tetanus, pertussis, polio, hepatitis B, Haemophilus influenzae type b, measles, mumps, rubella, and varicella.] Satisfactory evidence of immunization means a statement, certificate, or record from a physician or other recognized health facility stating that the required immunizations have been given to the person and verifying type of vaccine and the dates, including the month, day, and year of each immunization. However, if a child has had varicella (chickenpox) disease, [the parent, the guardian,] a licensed doctor of medicine or doctor of osteopathy may sign and place on file with the day care administrator a written statement documenting previous varicella (chickenpox) disease. The statement may contain wording such as: “This is to verify

that (name of child) had varicella (chickenpox) disease on or about (date) and does not need varicella vaccine.”

**(5) Immunization requirements for children attending day care facilities shall be:**

**(A) Missouri Day Care Immunization Requirements Vaccines Received 0–6 Years of Age, included herein; and**

**(B) Catch-up Immunization Schedule for Persons Aged 4 Months–6 Years Who Start Late or Who Are More Than 1 Month Behind, included herein.**





MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
DISEASE CONTROL AND ENVIRONMENTAL EPIDEMIOLOGY  
2007-2008 CHILD CARE/PRESCHOOL IMMUNIZATION STATUS REPORT

DATE ENTERED  
VALIDATION  
FOR OFFICE USE ONLY

This report must be sent to the Missouri Department of Health and Senior Services, Disease Control and Environmental Epidemiology, P.O. Box 570, Jefferson City, MO 65102, by January 15, 2008. As mandated by Missouri State Law, Section 210.003 RSMo, each administrator of a public, private, parochial day care center, preschool, or nursery school caring for ten (10) or more children shall have a record prepared showing the immunization status of every child enrolled in or attending a facility under his/her jurisdiction. The childcare administrator shall make this report annually to the Department of Health and Senior Services, no later than January 15, 2008.

Immunization information is required in ten (10) diseases: diphtheria, tetanus, pertussis (DTaP/DT), polio (OPV or IPV), hepatitis B (HB), Haemophilus influenzae b (Hib), measles, mumps, rubella (MMR), and varicella (VZV).

**Section I.** NAME OF FACILITY: \_\_\_\_\_ ADDRESS (STREET, CITY, STATE, ZIP): \_\_\_\_\_ INDICATE IF NAME CHANGE:  YES  NO

ADMINISTRATOR/OWNER: \_\_\_\_\_ COUNTY: \_\_\_\_\_ FACILITY E-MAIL ADDRESS: \_\_\_\_\_ FACILITY TELEPHONE NUMBER: \_\_\_\_\_ INDICATE IF ADDRESS CHANGE:  YES  NO

**THIS REPORT MUST BE RETURNED REGARDLESS OF THE NUMBER OF CHILDREN ENROLLED. Please check appropriate box and complete report accordingly.**

If 10 or more children (birth to school entry age) are enrolled, please complete Sections I, II, III and IV.  
 If less than 10 children (birth to school entry age) are enrolled, please complete Sections I, II and IV only.

**Section II.** SHOULD HAVE IMMUNIZATION HISTORY OF

AGE GROUP	DTaP/DT				Polio (OPV/IPV)				Hib				MMR				Hepatitis B (HB)				Varicella (VZV)							
	1	2	3	4+	1	2	3+	4+	1	2	3+	4+	1+	2	3+	4+	1	2	3+	4+	1+	2	3+	4+				
0 thru 2 months																												
3 thru 4 months																												
5 thru 6 months																												
7 thru 18 months																												
19 months to kindergarten entry																												
<b>TOTAL</b>																												

**Section III.** PRE-SCHOOL AGE GROUPS ENROLLED

PRE-SCHOOL AGE GROUPS ENROLLED	DTaP/DT				Polio (OPV/IPV)				Hib				MMR				Hepatitis B (HB)				Varicella (VZV)							
	1	2	3	4+	1	2	3+	4+	1	2	3+	4+	1+	2	3+	4+	1	2	3+	4+	1+	2	3+	4+				
0 thru 2 months																												
3 thru 4 months																												
5 thru 6 months																												
7 thru 18 months																												
19 months to kindergarten entry																												
<b>TOTAL</b>																												

**Section IV.** PREPARED BY (PLEASE PRINT): \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SECTION OF VACCINE-PREVENTABLE AND  
TUBERCULOSIS DISEASE ELIMINATION  
**MEDICAL IMMUNIZATION EXEMPTION**

**FOR DOCTORS OF MEDICINE OR  
DOCTORS OF OSTEOPATHY ONLY**

REQUIRED UNDER THE STATE IMMUNIZATION LAWS (Section 167.181 and Section 210.003, RSMo) FOR SCHOOL, PRESCHOOL, DAY CARE AND NURSERY SCHOOL ATTENDANCE

NAME OF PATIENT (PRINT OR TYPE)

**THIS IS TO  
CERTIFY THAT**

SHOULD BE EXEMPTED FROM RECEIVING THE FOLLOWING CHECKED IMMUNIZATION(S) BECAUSE:

- The child has documented laboratory evidence of immunity to the disease. (Attach the lab slip to this form.)
- In my medical judgment, the immunization(s) checked would endanger the child's health or life.
  - Tetanus
  - Pertussis
  - Td
  - Polio
  - Hib
  - MMR
  - Measles
  - Mumps
  - Rubella
  - Hepatitis B
  - Other

1. Unimmunized children have a greater risk of getting these vaccine-preventable diseases which can lead to serious complications.
2. Unimmunized children are subject to exclusion from child care facilities and school when outbreaks of vaccine-preventable diseases occur.

PHYSICIAN NAME (PRINT OR TYPE)

PHYSICIAN REGISTRATION NO.

SIGNATURE OF PHYSICIAN

DATE

MO 580-0807 (1-02)

Imm.P.12



SECTION FOR COMMUNICABLE DISEASE PREVENTION  
**PARENT/GUARDIAN IMMUNIZATION EXEMPTION**

REQUIRED UNDER THE STATE IMMUNIZATION LAWS (Section 210.003, RSMo) FOR PRESCHOOL, DAY CARE AND NURSERY SCHOOL ATTENDANCE		
<b>THIS IS TO CERTIFY THAT I, THE PARENT/GUARDIAN OF</b>		
NAME OF CHILD (PRINT OR TYPE)		
DO OBJECT TO MY CHILD RECEIVING THE FOLLOWING CHECKED IMMUNIZATION(S):		
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Pertussis
<input type="checkbox"/> MMR	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Varicella	<input type="checkbox"/> Polio	<input type="checkbox"/> Hib
	<input type="checkbox"/> Rubella	<input type="checkbox"/> Hepatitis B
1. Unimmunized children have a greater risk of getting these vaccine-preventable diseases which can lead to serious complications.		
2. Unimmunized children are subject to exclusion from child care facilities and school when outbreaks of vaccine-preventable diseases occur.		
PARENT/GUARDIAN NAME (PRINT OR TYPE)	PARENT/GUARDIAN SIGNATURE	DATE

MO 580-0959 (6-03)

Imm.P.11

## Missouri Day Care Immunization Requirements Vaccines Received 0 – 6 Years of Age

Vaccine	Age	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years
Hepatitis B <sup>1</sup>		Hep B	Hep B		See footnote 1		Hep B					
Diphtheria, Tetanus, Pertussis <sup>2</sup>				DTaP	DTaP	DTaP	See footnote 2	DTaP				DTaP
Inactivated Poliovirus				IPV	IPV		IPV					IPV
Measles, Mumps, Rubella <sup>3</sup>							MMR					MMR
Varicella <sup>4</sup>							Varicella					Varicella
Pneumococcal <sup>5</sup>				PCV	PCV	PCV	PCV					
Haemophilus influenzae type b <sup>6</sup>				Hib	Hib	Hib <sup>6</sup>	Hib					

### Range of recommended ages

**1. Hepatitis B vaccine (HepB).** (Minimum age: birth)  
At birth:

- Administer monovalent HepB to all newborns prior to hospital discharge.
- If mother is hepatitis B surface antigen (HBsAg)-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
- If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine the HBsAg status as soon as possible and if HBsAg-positive, administer HBIG (no later than age 1 week).
- If mother is HBsAg-negative, the birth dose can be delayed, in rare cases, with a provider's order and a copy of the mother's negative HbsAg laboratory report in the infant's medical record.

**After the birth dose:**

- The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1–2 months. The final dose should be administered 16 weeks after the first dose but no earlier than age 24 weeks of age. Infants born to HBsAg-positive mothers should be tested for HbsAg and antibody to HBsAg after completion of at least 3 doses of a licensed HepB series, at age 9–18 months (generally at the next well-child visit).

**4-month dose:**

- It is permissible to administer 4 doses of HepB when combination vaccines are administered after the birth dose. If monovalent HepB is used for doses after the birth dose, a dose at age 4 months is not needed.

**2. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).** (Minimum age: 6 weeks)

- The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose.
- Administer the final dose in the series at age 4–6 years.

**3. Measles, mumps, and rubella vaccine (MMR).** (Minimum age: 12 months)

- Administer the second dose of MMR at age 4–6 years. MMR may be administered before age 4–6 years, provided 4 weeks or more have elapsed since the first dose.

**4. Varicella vaccine.** (Minimum age: 12 months)

- Administer second dose at age 4–6 years; may be administered 3 months or more after first dose.
- Don't repeat second dose if administered 28 days or more after first dose.

**5. Pneumococcal vaccine.** (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV])

- Administer one dose of PCV to all healthy children aged 24–59 months having any incomplete schedule.

**6. Haemophilus influenzae type b conjugate vaccine (Hib).** (Minimum age: 6 weeks)

- If PRP-OMP (PedvaxHIB® or ComVax® [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required.
- TriHIBit® (DTaP/Hib) combination products should not be used for primary immunization but can be used as boosters following any Hib vaccine in children age 12 months or older.

- For those children who fall behind or start late, see the catch-up schedule for the doses required and minimum intervals between doses.
- ACIP recommends that vaccine doses administered ≤4 days before the minimum interval or age be counted as valid, therefore the Missouri Department of Health and Senior Services will allow for the 4 day grace period.
- Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series.

Missouri's School Immunization Requirements are compatible with the current recommendations of the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics, and the American Academy of Family Physicians. This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2007, for children aged 0 through 6 years. Additional information is available at [www.cdc.gov/vaccines/recs/schedules](http://www.cdc.gov/vaccines/recs/schedules). Schools should consult the respective ACIP statement for detailed recommendations, including for high risk conditions: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>. For additional information please visit the Missouri Immunization Program's website at [www.dhss.mo.gov/immunizations](http://www.dhss.mo.gov/immunizations) or call toll free 800-219-3224.

## Catch-up Immunization Schedule for Persons Aged 4 Months – 6 Years Who Start Late or Who Are More Than 1 Month Behind

<b>CATCH-UP SCHEDULE FOR PERSONS AGED 4 MONTHS – 6 YEARS</b>					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B <sup>1</sup>	Birth	4 weeks	8 weeks (and 16 weeks after first dose but not earlier than 24 wks of age)		
Diphtheria, Tetanus, Pertussis <sup>2</sup>	6 wks	4 weeks	4 weeks	6 months	6 months <sup>2</sup>
Inactivated Poliovirus <sup>3</sup>	6 wks	4 weeks	4 weeks	4 weeks <sup>3</sup>	
Measles, Mumps, Rubella <sup>4</sup>	12 mos	4 weeks			
Varicella <sup>5</sup>	12 mos	4 weeks if first dose administered at age 13 years or older 3 months if first dose administered at younger than 13 years of age			
Pneumococcal <sup>6</sup>	6 wks	4 weeks if first dose administered at younger than 12 months of age 8 weeks (as final dose) if first dose administered at age 12 months or older or current age 24-59 months No further doses needed for healthy children if first dose administered at age 24 months or older	4 weeks if current age is younger than 12 months 8 weeks (as final dose) if current age is 12 months or older No further doses needed for healthy children if previous dose administered at age 24 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months – 5 years who received 3 doses before age 12 months	
Haemophilus influenzae type b <sup>7</sup>	6 wks	4 weeks if first dose administered at younger than 12 months of age 8 weeks (as final dose) if first dose administered at age 12-14 months No further doses needed if first dose administered at 15 months of age or older	4 weeks if current age is younger than 12 months 8 weeks (as final dose) if current age is 12 months or older and second dose administered at younger than 15 months of age No further doses needed if previous dose administered at age 15 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months – 5 years who received 3 doses before age 12 months	

### 1. Hepatitis B vaccine (HepB).

- Administer the 3-dose series to those who were not previously vaccinated.
- A 2-dose series of Recombivax HB® is licensed for children aged 11–15 years.

### 2. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).

- The fifth dose is not necessary if the fourth dose was administered at age 4 years or older.
- DTaP is not indicated for persons aged 7 years or older.

### 3. Inactivated poliovirus vaccine (IPV).

- For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if third dose was administered at age 4 years or older.
- If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.
- IPV is not routinely recommended for persons aged 18 years and older.

### 4. Measles, mumps, and rubella vaccine (MMR).

- The second dose of MMR is recommended routinely at age 4–6 years but may be administered earlier if desired.
- If not previously vaccinated, administer 2 doses of MMR during any visit with 4 or more weeks between the doses.

### 5. Varicella vaccine.

- The second dose of varicella vaccine is recommended routinely at age 4–6 years but may be administered earlier if desired.
- Do not repeat the second dose in persons younger than 13 years of age if administered 28 or more days after the first dose.

### 6. Pneumococcal conjugate vaccine (PCV).

- Administer one dose of PCV to all healthy children aged 24–59 months having any incomplete schedule.
- For children with underlying medical conditions administer 2 doses of PCV at least 8 weeks apart if previously received less than 3 doses or 1 dose of PCV if previously received 3 doses.

### 7. Haemophilus influenzae type b conjugate vaccine (Hib).

- Vaccine is not generally recommended for children aged 5 years or older.
- If current age is younger than 12 months and the first 2 doses were PRP-OMP (PedvaxHIB® or ComVax® [Merck]), the third (and final) dose should be administered at age 12–15 months and at least 8 weeks after the second dose.
- If first dose was administered at age 7–11 months, administer 2 doses separated by 4 weeks plus a booster at age 12–15 months.

- ACIP recommends that vaccine doses administered ≤4 days before the minimum interval or age be counted as valid, therefore the Missouri Department of Health and Senior Services will allow for the 4 day grace period.
- Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series.

Missouri's School Immunization Requirements are compatible with the current recommendations of the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics, and the American Academy of Family Physicians. This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2007, for children aged 4 months through 6 years. Additional information is available at [www.cdc.gov/vaccines/imz/acs/schedules](http://www.cdc.gov/vaccines/imz/acs/schedules). Schools should consult the respective ACIP statement for detailed recommendations, including for high risk conditions: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>. For additional information please visit the Missouri Immunization Program's website at [www.dhss.mo.gov/immunizations](http://www.dhss.mo.gov/immunizations) or call toll free 800-219-3224.

*AUTHORITY: sections 192.006 and 210.003, RSMo 2000. Emergency rule filed Aug. 1, 1995, effective Aug. 11, 1995, expired Dec. 8, 1995. Original rule filed April 17, 1995, effective Nov. 30, 1995. Emergency amendment filed June 14, 2000, effective June 24, 2000, expired Feb. 22, 2001. Amended: Filed June 14, 2000, effective Nov. 30, 2000. Amended: Filed Jan. 3, 2001, effective July 30, 2001. Amended: Filed Oct. 1, 2008.*

*PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions \$1,112,769 annually.*

*PRIVATE COST: This proposed amendment will cost private entities \$3,190,795 annually.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Glenda R. Miller, Director, Division of Community and Public Health, Missouri Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

**FISCAL NOTE  
PUBLIC COST**

- I. Department Title: Missouri Department of Health and Senior Services  
Division Title: Division of Community and Public Health  
Chapter Title: Immunization**

<b>Rule Number and Name:</b>	19 CSR 20-28.040 Day Care Immunization Rule
<b>Type of Rulemaking:</b>	Proposed Amendment

**II. SUMMARY OF FISCAL IMPACT**

Affected Agency or Political Subdivision	Estimated Annual Cost of Compliance
<b>MO HealthNet</b>	<b>\$859,894</b>
<b>Local Public Health Agencies</b>	<b>\$252,875</b>

**III. WORKSHEET**

The annual estimates were calculated as follows:

MO HealthNet

Administration of 57,060 doses of vaccine @ \$15.07                      \$ 859,894

Local Public Health Agencies

Administration of 16,780 doses of vaccine @ \$15.07                      \$ 252,875

Total Annual Public Entity Cost    **\$1,112,769**

**IV. ASSUMPTIONS**

The rule establishes the pneumococcal vaccine as a requirement for children in childcare facilities with 10 or more enrollees. This medical standard of care, established by the Centers for Disease Control and Prevention (CDC) has been in effect since January of 2000. The data is indicative of the standard being practiced by Missouri clinicians providing services to the affected populations. The proposed rule is four (4) doses of the vaccine for children in these age groups in the child care facilities. The average number of doses provided through the vaccines for children program to these populations in 2007 would indicate that standard is currently being met. As this rule does not change the standard of care currently being practiced, it is the Department's assumption that the rule does not change actual costs currently incurred by public agencies, including the MoHealthNet program, for the administration of the vaccines.

1. Licensed child care providers have a capacity to care for approximately 106,350 children who are not enrolled in kindergarten or higher per the Missouri Child Care Resource and Referral Network.
2. Out of the 106,350 children in child care, 73.7% (78,380) will have already received four doses of pneumococcal vaccine per the Centers for Disease Control and Prevention's (CDC) 2007 National Immunization Survey.
3. Of the 27,970 unvaccinated children, approximately 51% (14,265) will be immunized through the federal Vaccines for Children (VFC) program per the Vaccine Ordering Forecast Application from the CDC. If each unvaccinated child receives the full four-dose series, this represents 57,060 doses of pneumococcal vaccine
4. Vaccines are available through the VFC program to children who are qualified. Vaccines will be 100% federally funded. Providers may charge up to \$15.07 per dose to administer the vaccine.  
  
 $57,060 \times \$15.07 = \$859,894$
5. Of the 27,970 unvaccinated children, private insurance will pay for approximately 34% (9,510). The remaining 15% (4,195) unvaccinated children will receive their vaccines from local public health agencies. If each unvaccinated child receives the full four-dose series, this represents 16,780 doses of pneumococcal vaccine. Vaccines will be 100% federally funded. Local public health agencies may charge up to \$15.07 per dose to administer the vaccine.

$$16,780 \times \$15.07 = \$252,875$$



**FISCAL NOTE  
PRIVATE COST**

**I. Department Title: Missouri Department of Health and Senior Services  
Division Title: Division of Community and Public Health  
Chapter Title: Immunization**

<b>Rule Number and Title:</b>	19 CSR 20-28.040 Day Care Immunization Rule
<b>Type of Rulemaking:</b>	Proposed Amendment

**II. SUMMARY OF FISCAL IMPACT**

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate as to the cost of compliance with the rule by the affected entities:
<b>9,510 privately insured children in licensed child care facilities</b>	<b>Private health insurance companies</b>	<b>\$3,190,795</b>

**III. WORKSHEET**

The annual estimates were calculated as follows:

Private Insurance

38,040 doses of vaccine @ \$83.88

\$3,190,795

**IV. ASSUMPTIONS**

The rule establishes the pneumococcal vaccine as a requirement for children in childcare facilities with 10 or more enrollees. This medical standard of care, established by the Centers for Disease Control and Prevention (CDC) has been in effect since January of 2000. The data is indicative of the standard being practiced by Missouri clinicians providing services to the affected populations. The proposed rule is four (4) doses of the vaccine for children in these age groups in the child care facilities. The average number of doses provided through the vaccines for children program to these populations in 2007 would indicate that standard is currently being met. As this rule does not change the standard of care currently being practiced, it is the Department's assumption that the rule does not change actual costs currently incurred by health care providers, insurers, or self-pay individuals.

1. Licensed child care providers have a capacity to care for approximately 106,350 children who are not enrolled in kindergarten or higher per the Missouri Child Care Resource and Referral Network.
2. Out of the 106,350 children in child care, 73.7% (78,380) will have already received four doses of pneumococcal vaccine per the Centers for Disease Control and Prevention's (CDC) 2007 National Immunization Survey.

3. Of the 27,970 unvaccinated children, approximately 51% (14,265) will be immunized through the federal Vaccines for Children (VFC) program per the Vaccine Ordering Forecast Application from the CDC.
4. Of the 27,970 unvaccinated children, approximately 15% (4,195) will be immunized from local public health agencies.
5. The remaining 34% (9,510) unvaccinated children will receive their vaccines from private insurance. If each unvaccinated child receives the full four-dose series, this represents 38,040 doses of pneumococcal vaccine. Private sector cost of pneumococcal vaccine is \$83.88 per dose.

$$38,040 \times \$83.88 = \$3,190,795$$