



# Public Health Law

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

## Menu of State Healthcare Facility Hepatitis B Vaccination Laws

This menu is one of a series of menus assessing vaccination requirements for patients and healthcare workers in healthcare facilities. This menu specifically assesses hepatitis B (HepB) vaccination requirements. Healthcare facilities across the country are increasingly requiring healthcare workers and patients 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 vaccine, 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 vaccination 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>

Hepatitis B is a serious disease caused by a virus that attacks the liver.<sup>5</sup> The virus, which is called hepatitis B virus (HBV), can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death.<sup>6</sup> HBV is transmitted when blood, semen, or another body fluid from a person infected with the virus enters the body of someone who is not infected.<sup>7</sup> The Advisory Committee on Immunization Practices (ACIP) recommends that all children receive their first dose of HepB vaccine at birth and complete the vaccine series by age 6–18 months.<sup>8</sup> ACIP also recommends that older children and adolescents who did not previously receive the HepB vaccine be vaccinated.<sup>9</sup>

In addition, HBV has long been recognized as an occupational risk for healthcare workers, including trainees.<sup>10</sup> The virus remains infectious for prolonged periods on environmental surfaces and is transmissible in the absence of visible blood.<sup>11</sup> In healthcare settings, this contact occurs primarily through contaminated needles, syringes, or other sharp instruments.<sup>12</sup> Healthcare workers do not recognize all exposures to potentially infectious blood or body fluids and, even if exposures are recognized, often do not seek post-exposure prophylactic management.<sup>13</sup> In serologic studies conducted in the United States during the 1970s, healthcare workers had a prevalence of HBV infection approximately 10 times that of the general population.<sup>14</sup>



In 2011, ACIP reaffirmed that unvaccinated and incompletely vaccinated healthcare workers at reasonably anticipated risk for blood or body fluid exposure should receive HepB vaccination before potential exposure.<sup>15</sup>

From 1983 to 2010, the number of HBV infections among healthcare workers declined by approximately 98%, from an estimated 17,000 acute HBV infections in 1983 to 263 in 2010.<sup>16</sup> That decrease probably resulted from routine pre-exposure HepB vaccination and reduced risk for exposure through improvements in infection-control practices.<sup>17</sup>

The results of this assessment show that 17 states have HepB vaccination and immunity requirements for healthcare workers,<sup>18</sup> and six states have requirements for patients.<sup>19</sup> This menu assesses and provides examples of state laws that expressly establish HepB vaccination and exemption requirements for healthcare workers and patients in hospitals, long-term care facilities, and ambulatory care facilities.<sup>20</sup>

Specifically, this menu indicates which states require the aforementioned facilities to 1) assess the HepB vaccination status of all or specific patient or employee populations, 2) offer or provide for HepB vaccination for all or specific patient or employee populations, and 3) ensure that all or some patients or employees have received HepB vaccination. This menu also assesses which states require those facilities to offer medical, religious, or philosophical exemptions to all or some patient or employee populations. Because of this wide range of categories, each law may be assessed from different angles. In many cases, a single law specifies the applicable healthcare facility and also identifies whether the law applies to all or to particular patient populations and/or to all or particular employee populations.

For example, some states require hospitals to offer HepB vaccination to newborns only. Those same states might require long-term care facilities to ensure that all employees who are at risk of exposure to HBV are fully vaccinated against the virus. For the purposes of this menu, “vaccination laws” refer to laws regarding either vaccination or demonstration of hepatitis B immunity.<sup>21</sup>

Three broad types of facilities are included in this assessment: hospitals, long-term care facilities, and ambulatory care facilities. State HepB vaccination laws that apply to one or more of these facility types were identified. Ten states have HepB vaccination laws applicable to hospital settings.<sup>22</sup> Ten states have HepB vaccination laws that apply to long-term care facilities.<sup>23</sup> Lastly, 14 states have HepB vaccination laws specific to ambulatory care facilities.<sup>24</sup>



CDC recommends HepB vaccination for children and adults. Visit CDC’s [Hepatitis B Vaccination](#) web page for more information.

## Hospital Hepatitis B Vaccination Laws

Hospitals are healthcare facilities that provide inpatient, diagnostic, and therapeutic services for both surgical and nonsurgical conditions, 24 hours a day.<sup>25</sup> Ten states have HepB vaccination provisions that expressly reference hospitals or that apply to various healthcare facilities that include hospitals by definition.<sup>26</sup>

- **Oklahoma** law requires that, in hospital settings, “Hepatitis B vaccine shall be offered.”<sup>27</sup>
- Per **District of Columbia** law, newborns shall, “[r]eceive Hepatitis B vaccine before hospital discharge.”<sup>28</sup>
- **West Virginia** law states that rules pertaining to HepB vaccination apply to, “every hospital licensed.”<sup>29</sup>

## Hepatitis B Vaccination Laws for Hospital Patients

Three states have HepB vaccination laws for hospital patients.<sup>30</sup>

### Patient Type

#### All Patients

One state has HepB vaccination laws for all hospital patients.<sup>31</sup>

- **Texas** law states that hospital staff “shall make the hepatitis B vaccine available to a patient who is susceptible to hepatitis B. . . .”<sup>32</sup>

#### Newborns

Two states have HepB vaccination laws for newborns.<sup>33</sup>

- Under **Oklahoma** law, “[a]ll Oklahoma birthing hospitals shall implement a procedure to ensure that the hepatitis B vaccination is administered to all live infants within twelve hours of birth. . . .”<sup>34</sup>

### Patient Vaccination Requirement Type

#### Assessment

One state has HepB vaccination assessment requirements for hospital patients.<sup>35</sup>

- **Texas** law states that hospital staff “shall make the hepatitis B vaccine available to a patient who is susceptible to hepatitis B. . . .”<sup>36</sup>

#### Administrative Offer

Three states require hospitals to offer HepB vaccination to patients.<sup>37</sup>

- **Texas** law states that hospital staff “shall make the hepatitis B vaccine available to a patient who is susceptible to hepatitis B. . . .”<sup>38</sup>

#### Administrative Ensure

Two states require hospitals to ensure that patients are vaccinated against hepatitis B.<sup>39</sup>

- Under **Oklahoma** law, “[a]ll Oklahoma birthing hospitals shall implement a procedure to ensure that the hepatitis B vaccination is administered to all live infants within twelve hours of birth. . . .”<sup>40</sup>

## Patient Vaccination Exemption Type

States with HepB vaccination requirements often explicitly permit exemptions in certain circumstances,<sup>41</sup> such as when vaccination is medically contraindicated or when it violates a person's religious or philosophical beliefs.<sup>42</sup>

### Medical

Two states permit medical exemptions for vaccination requirements,<sup>43</sup> although even where not explicitly exempted by law, it is likely that patients with a medically contraindicated condition are not required to be vaccinated.

- Per **Oklahoma** law, “[a] parent or guardian may refuse hepatitis B vaccination of their newborn on the grounds of medical reasons . . . .”<sup>44</sup>

### Religious

Two states permit religious exemptions.<sup>45</sup>

- Under **District of Columbia** law, “[a] newborn may be exempted from vaccination if . . . [t]he newborn's parent or legal guardian objects in good faith and in writing that immunization would violate his or her religious beliefs. . . .”<sup>46</sup>

### Philosophical

One state permits philosophical exemptions.<sup>47</sup>

- **Oklahoma** law provides that “[a] parent or guardian may refuse hepatitis B vaccination of their newborn on the grounds of . . . personal beliefs.”<sup>48</sup>

### Other Exemption Type

One state permits a parent to exempt his or her child from HepB vaccination if the newborn's mother has tested negative for HBV infection.<sup>49</sup>

- **District of Columbia** law states that “[a] newborn may be exempted from vaccination if . . . [t]he newborn's mother tested negative for HBsAg . . . .”<sup>50</sup> HBsAg or hepatitis B surface antigen, is a protein on the surface of HBV; it can be detected in high levels in serum during acute or chronic HBV infection.<sup>51</sup> The presence of HBsAg indicates that the mother is infectious with hepatitis B.<sup>52</sup> Testing negative for HBsAg would indicate that the mother is not infectious.

## Hepatitis B Vaccination Laws for Hospital Healthcare Workers

Seven states have HepB vaccination laws for hospital healthcare workers.<sup>53</sup>

### Healthcare Worker Type

#### All Healthcare Workers

Four states have HepB vaccination laws covering all hospital healthcare workers.<sup>54</sup>

- **Alaska** law states that “[e]ach facility must have an employee health program that . . . requires evidence of immunization against hepatitis B. . . .”<sup>55</sup> Among other facility types, this law applies to hospitals, specifically general acute care hospitals, rural primary care hospitals, long-term acute care hospitals, critical access hospitals, and specialized hospitals.<sup>56</sup>

## Healthcare Workers with Occupational Exposure Risk

Four states have HepB vaccination laws for at-risk healthcare workers as identified by the hospital.<sup>57</sup>

- Under **Arkansas** law, hospitals shall have a “plan for ensuring that all health care workers who are exposed to blood and other potentially infectious body fluids are offered immunizations for hepatitis B.”<sup>58</sup>

## Healthcare Worker Vaccination Requirement Type

### Assessment

Six states have HepB vaccination assessment requirements for hospital healthcare workers.<sup>59</sup>

- **Washington** law states that facility staff “. . . are not required to provide the hepatitis B vaccination series to employees who [have] previously received the complete hepatitis B vaccination series. . . .”<sup>60</sup>

### Administrative Offer

Seven states require hospitals to offer HepB vaccination to healthcare workers.<sup>61</sup>

- Per **Maine** law, “. . . Designated Healthcare Facilities shall make available the Hepatitis B vaccine to all health care workers with a risk of occupational exposure.”<sup>62</sup> Maine law states that the definition of “Designated Health Care Facility” includes hospitals.<sup>63</sup>

### Administrative Ensure

Three states require hospitals to ensure that healthcare workers are vaccinated against hepatitis B.<sup>64</sup>

- **Rhode Island** law states that “. . . evidence of immunity is required for all health care workers . . . against . . . Hepatitis B . . . .”<sup>65</sup>

## Healthcare Worker Vaccination Exemption Type

States with HepB vaccination requirements often explicitly permit exemptions from those requirements in certain circumstances,<sup>66</sup> such as when vaccination is medically contraindicated or violates a person’s religious or philosophical beliefs.<sup>67</sup>

### Medical

Four states permit medical exemptions for HepB vaccination requirements,<sup>68</sup> although even where not explicitly exempted by law, it is likely that healthcare workers with a medically contraindicated condition are not required to be vaccinated.

- Per **Rhode Island** law, “evidence of immunity is required for all health care workers (with the exception of health care workers who receive a medical exemption) against . . . Hepatitis B . . . .”<sup>69</sup>

### Religious

One state permits religious exemptions.<sup>70</sup>

- **Maine** law states that “[a] religious . . . exemption is available to an employee who states in writing a sincere religious . . . belief that is contrary to the immunization requirement.”<sup>71</sup>

## Philosophical

Four states permit philosophical exemptions.<sup>72</sup>

- Under **Maine** law, “[a] philosophical exemption is available to an employee who states in writing a sincere . . . philosophical belief that is contrary to the immunization requirement.”<sup>73</sup>

## Hepatitis B Vaccination Laws for Long-Term Care Facilities

Long-term care facilities “provide a variety of services, both medical and personal care, to people who are unable to manage independently in the community.”<sup>74</sup> Examples of long-term care facilities include nursing homes and nursing facilities, among others.<sup>75</sup> Ten states have HepB vaccination provisions that expressly reference long-term care facilities or that apply to various healthcare facilities that are considered long-term care facilities.<sup>76</sup>

- **Illinois** law states that “[a]ll persons determined to be susceptible to the hepatitis B virus shall be offered immunization within 10 days of admission to any nursing facility.”<sup>77</sup>
- **Maine** law requires that “each Designated Healthcare Facility in the State of Maine shall require for all employees proof of immunization or documented immunity against . . . Hepatitis B.”<sup>78</sup> Per Maine law, “‘Designated Healthcare Facility’ means a licensed nursing facility . . . .”<sup>79</sup>
- Under **New Jersey** law, a facility is required to “routinely offer Hepatitis B vaccine to all employees.”<sup>80</sup> Per New Jersey law, “‘[f]acility’ means a facility or distinct part of a facility licensed by the New Jersey State Department of Health and Senior Services as a long-term care facility.”<sup>81</sup>

## Hepatitis B Vaccination Laws for Patients in Long-Term Care Facilities

### Patient Type

#### All Patients

**Illinois** is the only state with a law that establishes HepB vaccination requirements for long-term care facility patients, specifically patients in nursing facilities.

- **Illinois** law states that “[a]ll persons determined to be susceptible to the hepatitis B virus shall be offered immunization within 10 days of admission to any nursing facility.”<sup>82</sup>

### Patient Vaccination Requirement Type

#### Assessment

- Per **Illinois** law, “[a] facility shall document in the resident's medical record . . . whether or not the resident was immunized against hepatitis B.”<sup>83</sup>

#### Administrative Offer

- **Illinois** law requires that “All persons determined to be susceptible to the hepatitis B virus shall be offered immunization within 10 days of admission to any nursing facility.”<sup>84</sup>

## Patient Vaccination Exemption Type: None Specified

Illinois law does not specify any permissible exemptions, although note that even where not explicitly exempted by law, patients with a medically contraindicated condition would not be required to be vaccinated.

## Hepatitis B Vaccination Laws for Healthcare Workers in Long-Term Care Facilities

Nine states have HepB vaccination laws for healthcare workers in long-term care facilities.<sup>85</sup>

### Healthcare Worker Type

#### All Healthcare Workers

Four states have HepB vaccination laws for all long-term care facility healthcare workers.<sup>86</sup>

- **New Jersey** law requires that “[t]he facility routinely offers Hepatitis B vaccine to all employees. . . .”<sup>87</sup> New Jersey defines facility to mean “. . . a facility or distinct part of a facility licensed by the New Jersey State Department of Health and Senior Services as a long-term care facility.”<sup>88</sup>

#### Healthcare Workers with Occupational Exposure Risk

Five states have HepB vaccination laws for at-risk healthcare workers in long-term care facilities, including workers with risk of occupational exposure to HBV.<sup>89</sup>

- Under **South Carolina** law, “[a]ll direct care staff who perform tasks involving contact with blood, blood-contaminated body fluids, other body fluids, or sharps shall have the hepatitis B vaccination.”<sup>90</sup>

### Healthcare Worker Vaccination Requirement Type

#### Assessment

Seven states have HepB vaccination assessment requirements for long-term care facility healthcare workers.<sup>91</sup>

- **Alaska** law states that “Each facility must have an employee health program that . . . requires evidence of immunization against hepatitis B by (A) a valid immunization certificate signed by a physician listing the date of vaccination; or (B) a copy of a record from a clinic or health center showing the date of vaccination.”<sup>92</sup> Alaska law defines the use of “facility” in this law to include nursing facilities.<sup>93</sup>

#### Administrative Offer

Seven states require long-term care facilities to offer HepB vaccination to healthcare workers.<sup>94</sup>

- **Texas** requires that nursing homes and nursing facilities “. . . offer an employee identified as being at risk of directly contacting blood or potentially infectious materials a hepatitis B vaccine within 10 days of employment.”<sup>95</sup>

#### Administrative Ensure

Four states require long-term care facilities to ensure that healthcare workers are vaccinated against hepatitis B.<sup>96</sup>

- Under **South Carolina** law, “All direct care staff who perform tasks involving contact with blood, blood-contaminated body fluids, other body fluids, or sharps shall have the hepatitis B vaccination series. . . .”<sup>97</sup>

### Healthcare Worker Vaccination Exemption Type

States with HepB vaccination requirements often explicitly permit exemptions from these requirements in certain circumstances,<sup>98</sup> such as when vaccination is medically contraindicated or violates a person’s religious or philosophical beliefs.<sup>99</sup>

#### Medical

Five states permit medical exemptions for vaccination requirements,<sup>100</sup> although even where not explicitly exempted by law, it is likely that patients with a medically contraindicated condition are not required to be vaccinated.

- Per **Washington** law, facility staff are not required to provide the hepatitis B vaccination series to employees when “. . . [t]here are medical reasons not to give the vaccine.”<sup>101</sup>

#### Religious

One state permits religious exemptions.<sup>102</sup>

- **Maine** law states that “[a] religious . . . exemption is available to an employee who states in writing a sincere religious . . . belief that is contrary to the immunization requirement.”<sup>103</sup>

#### Philosophical

Six states permit philosophical exemptions.<sup>104</sup>

- Under **South Carolina** law, “All direct care staff who perform tasks involving contact with blood, blood-contaminated body fluids, other body fluids, or sharps shall have the hepatitis B vaccination series unless . . . an individual is offered the series and declined.”<sup>105</sup>

## Hepatitis B Vaccination Laws for Ambulatory Care Facilities

Ambulatory care facilities are healthcare facilities that provide outpatient medical services.<sup>106</sup> Examples of ambulatory care facilities include birth centers, dialysis centers, and surgical centers, among others.<sup>107</sup> Fourteen states have HepB vaccination laws that expressly reference ambulatory care facilities or that apply to various healthcare facilities that are considered ambulatory care facilities.<sup>108</sup>

- Per **Texas** law, end stage renal disease facilities “shall offer hepatitis B vaccination to previously unvaccinated, susceptible new staff members.”<sup>109</sup>
- **Alaska** law requires that facilities “require evidence of immunization against hepatitis B”<sup>110</sup> and states that this law applies to ambulatory surgical facilities and free-standing birth centers.<sup>111</sup>

## Hepatitis B Vaccination Laws for Patients in Ambulatory Care Facilities

Four states have HepB vaccination laws specific to ambulatory care facility patients.<sup>112</sup>

### Patient Type

#### All Patients

Three states have HepB vaccination laws for all ambulatory care facility patients in specified settings.<sup>113</sup>

- **Ohio** law states that “[e]ach dialysis center shall offer the hepatitis B vaccine to all susceptible patients. . . .”<sup>114</sup>

#### Newborns

One state has HepB vaccination laws for newborns in ambulatory care facilities.<sup>115</sup>

- Per **District of Columbia** law, “[a] provider that delivers a newborn shall. . . [i]mmunize the newborn for the Hepatitis B virus. . . .”<sup>116</sup> This law applies to all ambulatory care facilities.

### Patient Vaccination Requirement Type

#### Assessment

Three states have HepB vaccination assessment requirements for ambulatory care facility patients.<sup>117</sup>

- **New York** law requires that, in ambulatory care facilities with comprehensive ambulatory HIV programs, “all patients are . . . screened and immunized against preventable infections,” including hepatitis B.<sup>118</sup>

#### Administrative Offer

Three states require ambulatory care facilities to offer HepB vaccination to patients.<sup>119</sup>

- Per **Texas** law, end stage renal disease “. . . facility staff shall make the hepatitis B vaccine available to a patient who is susceptible to hepatitis B. . . .”<sup>120</sup>

#### Administrative Ensure

Two states require ambulatory care facilities to ensure that patients are vaccinated against hepatitis B.<sup>121</sup>

- Under **District of Columbia** law, “[a] provider that delivers a newborn shall. . . [i]mmunize the newborn for the Hepatitis B virus. . . .”<sup>122</sup> This law applies to facilities including freestanding ambulatory care facilities.<sup>123</sup>

### Patient Vaccination Exemption Type

States with HepB vaccination requirements often explicitly permit exemptions from these requirements in certain circumstances,<sup>124</sup> such as when vaccination is medically contraindicated or violates a person’s religious or philosophical beliefs.<sup>125</sup> No state expressly permits philosophical exemptions for patients in ambulatory care facility settings. Additionally, only the District of Columbia expressly permits any exemptions.

## Medical

Only the District of Columbia expressly permits medical exemptions for HepB vaccination requirements,<sup>126</sup> although even where not explicitly exempted by law, it is likely that patients with a medically contraindicated condition are not required to be vaccinated.

- Per **District of Columbia** law, “[a] newborn may be exempted from vaccination if . . . [t]he newborn's parent or legal guardian provides the written certification of a physician that immunization is medically inadvisable.”<sup>127</sup>

## Religious

Only the District of Columbia expressly permits religious exemptions for HepB vaccination requirements.<sup>128</sup>

- **District of Columbia** law states that “[a] newborn may be exempted from vaccination if . . . [t]he newborn's parent or legal guardian objects in good faith and in writing that immunization would violate his or her religious beliefs. . . .”<sup>129</sup>

## Other Exemption Type

Only the District of Columbia expressly permits a parent to exempt his or her child from HepB vaccination if the newborn’s mother has tested negative for HBV infection.<sup>130</sup>

- **District of Columbia** law states that “[a] newborn may be exempted from vaccination if . . . [t]he newborn's mother tested negative for HBsAg . . . .”<sup>131</sup>

## Hepatitis B Vaccination Laws for Healthcare Workers in Ambulatory Care Facilities

Fourteen states have HepB vaccination laws specific to ambulatory care facility healthcare workers.<sup>132</sup>

### Healthcare Worker Type

#### All Healthcare Workers

Six states have HepB vaccination laws for all ambulatory care facility healthcare workers in specified settings.<sup>133</sup>

- **Alaska** law states that “[e]ach facility must have an employee health program that . . . requires evidence of immunization against hepatitis B. . . .”<sup>134</sup> Among other facility types, this law applies to free standing birth centers and ambulatory surgical facilities, which are types of ambulatory care facilities.<sup>135</sup>

#### Healthcare Workers with Occupational Exposure Risk

Eight states have HepB vaccination laws for at-risk healthcare workers, including those with risk of occupational exposure to HBV.<sup>136</sup>

- Under **South Carolina** law, in ambulatory surgical facilities, “[a]ll direct care staff who perform tasks involving contact with blood, blood-contaminated body fluids, other body fluids, or sharps shall have the hepatitis B vaccination.”<sup>137</sup>

## Healthcare Worker Vaccination Requirement Type

### Assessment

Ten states have HepB vaccination assessment requirements for ambulatory care facility healthcare workers.<sup>138</sup>

- **Washington** law states that ambulatory facility staff “must make sure this [patient] record includes . . . [a] copy of the employee's hepatitis B vaccination status, including the dates of all the hepatitis B vaccinations.”<sup>139</sup>

### Administrative Offer

Eight states require ambulatory care facilities to offer HepB vaccination to healthcare workers.<sup>140</sup>

- Under **Ohio** law, “[e]ach dialysis center shall offer the hepatitis B vaccine to all susceptible patients and all staff . . . .”<sup>141</sup>

### Administrative Ensure

Six states require ambulatory care facilities to ensure that healthcare workers are vaccinated against hepatitis B.<sup>142</sup>

- **District of Columbia** law states that “[a]ll maternity center personnel who are exposed to blood shall demonstrate evidence of full immunization against hepatitis B . . . .”<sup>143</sup>

## Healthcare Worker Vaccination Exemption Type

States with HepB vaccination requirements often explicitly permit exemptions from these requirements in certain circumstances,<sup>144</sup> such as when vaccination is medically contraindicated or violates a person’s religious or philosophical beliefs.<sup>145</sup> No state permits religious exemptions for healthcare workers in ambulatory care facility settings.

### Medical

Four states permit medical exemptions for vaccination requirements,<sup>146</sup> although even where not explicitly exempted by law, it is likely that patients with a medically contraindicated condition are not required to be vaccinated.

- Per **South Carolina** law, “[a]ll direct care staff who perform tasks involving contact with blood, blood-contaminated body fluids, other body fluids, or sharps shall have the hepatitis B vaccination series unless the vaccine is contraindicated. . . .”<sup>147</sup>

### Philosophical

Six states permit philosophical exemptions.<sup>148</sup>

- Under **Kansas** law, “[e]ach licensee, if an individual, and each individual working in the birth center whose job duties include exposure to or the handling of blood shall be immunized against hepatitis B or shall provide written documentation of refusal of the immunization.”<sup>149</sup>

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*This menu includes states laws collected from WestlawNext during January 5–20, 2016.*

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## Appendix 1

# Hepatitis B Vaccination Laws for Hospitals

State	Citation	Facility Type		Individual Type				Requirement Type			Exemptions				
		All hospitals	Birthing hospitals	All healthcare workers (HCWs)	HCWs at risk	All patients	Newborns	Assessment	Admin. offer	Admin. ensure	None specified	Medical <sup>150</sup>	Religious	Philosophical <sup>151</sup>	Other
AK	Alaska Admin. Code tit. 7, §12.650; §12.600; §12.990*	X <sup>152</sup>		X				X		X	X				
AR	Code Ark. R. 007.05.17-18; 007.05.10-18007.05.17-3*	X <sup>153154</sup>			X				X		X				
ME	22 M.R.S.A. § 802; 22 § 801*	X		X								X	X	X	
ME	Code Me. R. tit. 10-144 Ch. 264, §7; Ch. 264 § 2; Ch. 264 § 3, Ch. 264 § 1*	X		X				X	X <sup>155</sup>	X		X	X	X	
MI	Mich. Admin. Code R. 325.70013; 325.70016; 325.70015; 325.70001*	X			X <sup>156</sup>			X	X			X		X	
OK	Okla. Admin. Code 310:667-5-4; 310:667-1-2*	X		X				X	X		X				
OK	Okla. Admin. Code 310:667-13-5; 310:667-1-2*		X				X		X	X		X	X	X	



<b>RI</b>	R.I. Code R. 31-1-22:3.0; 31-1-22:1.0*; 31-1-22:2.0*	X			X			X	X	X		X		X	
<b>TX</b>	25 Tex. Admin. Code § 133.41; § 133.2*	X <sup>157</sup>			X			X	X		X				
<b>WA</b>	Wash. Admin. Code 296-823- 13005; 296- 823-130; 296- 823-17005; 296-823- 13010; 296- 823-099*; 296-823-100*	X			X			X	X			X			
<b>WV</b>	W. VA. CODE ST. R. 64-82-8; 64- 82-3*	X		X					X					X	
<b>DC</b>	22-B DCMR § 207; § 299*	X					X		X	X		X	X		X <sup>158</sup>

\*Provisions include definition.

## Appendix 2

# Hepatitis B Vaccination Laws for Long-Term Care Facilities

State	Citation	Facility Type			Individual Type				Requirement Type			Exemptions			
		All long-term care facilities	Nursing facilities	Nursing homes	All healthcare workers (HCWs)	HCWs at risk	All patients	Patients at risk	Assessment	Admin. offer	Admin. ensure	None specified	Medical <sup>159</sup>	Religious	Philosophical <sup>160</sup>
AK	Alaska Admin. Code tit. 7, §12.650; §12.600; §12.990*		X		X				X		X	X			
IL	210 Ill. Comp. Stat. Ann 45/2-213; 45/1-113*		X				X		X	X		X			
ME	22 M.R.S.A. § 802; 22 § 801*		X		X								X	X	X
ME	Code Me. R. tit. 10-144 Ch. 264, §7; Ch. 264 § 2; Ch. 264§ 3, Ch. 264 § 1*		X		X				X	X <sup>161</sup>	X		X	X	X
MI	Mich. Admin. Code R. 325.70013; 325.70016; 325.70015; 325.70001*	X				X			X	X			X		X
NJ	N.J. Admin. Code 8:39–20.1; §8:39-1.2*; §8:85–1.2*	X			X					X		X			
RI	R.I. Code R.31-1-22:3.0; 31-1-22:1.0*; 31-1-22:2.0*	X				X			X	X	X		X		X
SC	S.C. Code Ann. Regs. 61-17			X		X			X		X		X		X
TX	40 Tex. Admin. Code §19.1601; § 19.101*;		X	X		X			X	X					X

<b>WA</b>	Wash. Admin. Code 296-823-13005; 296-823-17005; 296-823-13010; 296-823-130; 296-823-099*; 296-823-100*	X				X			X	X			X		
<b>WV</b>	W. VA. CODE ST. R. 64-82-8; 64-82-3*			X	X					X					X

\*Provisions include definition.

Appendix 3

Hepatitis B Vaccination Laws for Ambulatory Care Facilities (ACFs)

State	Citation	Facility Type						Individual Type				Requirement Type			Exemptions				
		All ACFs	Abortion center	Surgical center	Birth center	Renal disease treatment facility	Dialysis center	All healthcare workers (HCWs)	HCWs at risk	All patients	Newborns	Assessment	Admin. offer	Admin. ensure	None specified	Medical <sup>162</sup>	Religious	Philosophical <sup>163</sup>	Other
AK	Alaska Admin. Code tit. 7, §12.650; §12.600; §12.990*			X	X			X					X		X				
AR	Code Ark. R. 007.05.2-10; 007.05.2-3*		X										X		X				
AR	Code Ark. R. 007.05.12-12; 007.05.12-3*				X								X		X				
IL	Ill. Admin. Code tit. 77, § 265.1750; § 265.1050*				X								X		X			X	
KS	K.A.R. 28-4-1312; 28-4-550*				X										X			X	
MI	Mich. Admin. Code R. 325.70013; 325.70016; 325.70015; 325.70001*	X											X	X			X		X
NV	NAC 449.5315; 449.53; 449.507*; Nev. Rev. Stat. Ann. § 449.0046*					X		X					X	X			X		

<b>NY</b>	N.Y. Comp. Codes R. & Regs. tit. 10, § 420.4; § 420.1*	X <sup>164</sup>								X			X		X				
<b>OH</b>	Ohio Admin. Code 3701-83-23.4; 3701-83-23.2; 3701-83-23*						X	X		X			X	X					
<b>RI</b>	R.I. Code R. 31-1-22:3.0; 31-1-22:1.0*; 31-1-22:2.0*	X							X				X	X	X		X		X
<b>SC</b>	S.C. Code Ann. Regs. 61-91.1502; 61-91.101*			X					X				X		X		X		X
<b>TX</b>	25 Tex. Admin. Code § 117.33; § 117.2*					X		X		X			X	X		X			
<b>VA</b>	12 Va. Admin. Code 5-412-220; 5-412-10*		X					X						X		X			
<b>WA</b>	Wash. Admin. Code 296-823-13005; 296-823-130; 296-823-17005; 296-823-13010; 296-823-099*; 296-823-100*	X							X				X	X			X		
<b>WA</b>	Wash. Admin. Code 246-329-110				X			X					X	X		X			

DC	22-B DCMR § 207; § 299*	X									X		X	X		X	X		X <sup>165</sup>
DC	22-B DCMR § 2615; §2699*				X <sup>166</sup>				X			X		X				X	

\*Provisions include definition.

<sup>1</sup> Alexandra Stewart et al. *Mandatory Vaccination of Health-Care Personnel: Good Policy, Law, and Outcomes*, 53 *Jurimetrics J.* 341 (Apr. 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> [Hepatitis B Vaccination](#), Centers for Disease Control and Prevention, (last visited Jan 30, 2017).

<sup>6</sup> *Id.*

<sup>7</sup> [Viral Hepatitis B—Hepatitis B Information](#), Centers for Disease Control and Prevention, (last visited Jan 30, 2017).

<sup>8</sup> [Vaccination of Infants, Children, and Adolescents](#), Centers for Disease Control and Prevention, (last visited Jan 30, 2017).

<sup>9</sup> *Id.*

<sup>10</sup> [CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management](#), Centers for Disease Control and Prevention, (last visited Jan 30, 2017).

<sup>11</sup> *Id.*

<sup>12</sup> [Hepatitis in Healthcare Settings](#), Centers for Disease Control and Prevention, (last visited Feb 2, 2017).

<sup>13</sup> [CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management](#), Centers for Disease Control and Prevention, (last visited Jan 30, 2017).

<sup>14</sup> *Id.*

<sup>15</sup> *Id.*

<sup>16</sup> *Id.*

<sup>17</sup> *Id.*

<sup>18</sup> Alaska, Arkansas, District of Columbia, Illinois, Kansas, Maine, Michigan, New Jersey, Nevada, Ohio, Oklahoma, Rhode Island, South Carolina, Texas, Virginia, Washington, and West Virginia. See appendices 1–3 for citations.

<sup>19</sup> District of Columbia, Illinois, New York, Ohio, Oklahoma, and Texas. See appendices 1–3 for citations.

<sup>20</sup> CDC’s Public Health Law Program (PHLP) conducted a search for state statutes and regulations that establish express HepB vaccination requirements for healthcare workers and patients using WestlawNext, a legal research database. Searches were conducted in all states and the District of Columbia during January 5–20, 2016. 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, infants of hepatitis B surface antigen (HBsAg) positive + pregnant women, and individual healthcare provider requirements to vaccinate patients were not within the scope of this assessment.

<sup>21</sup> Note that there is a 2014 study in which the authors analyzed laws current through December 31, 2013, from US jurisdictions (50 states and the District of Columbia) related to HBV infection and HBsAg screening, including reporting requirements generally and for pregnant women specifically. Culp L., Caucci L., Fenlon N., Lindley M.C., Nelson N.P., Murpy T.V., (November 2016) *Assessment of state perinatal hepatitis B prevention laws*, *American Journal of Preventive Medicine*.

<sup>22</sup> Alaska, Arkansas, District of Columbia, Maine, Michigan, Oklahoma, Rhode Island, Texas, Washington, and West Virginia. See Appendix 1 for citations.

<sup>23</sup> Alaska, Arkansas, District of Columbia, Illinois, Kansas, Michigan, Nevada, Ohio, Rhode Island, South Carolina, Texas, Virginia, and Washington. See Appendix 2 for citations.

<sup>24</sup> Alaska, Arkansas, District of Columbia, Illinois, Kansas, Michigan, Nevada, New York, Ohio, Rhode Island, South Carolina, Texas, Virginia, and Washington. See Appendix 3 for citations.

<sup>25</sup> See, e.g., Code Ark. R. 007.05.17-3; Okla. Admin. Code 310:667-1-2; R.I. Code R. 31-1-13:1.0.

<sup>26</sup> Alaska, Arkansas, District of Columbia, Michigan, Maine Oklahoma, Rhode Island, Texas, and Washington. See Appendix 1 for citations.

<sup>27</sup> Okla. Admin. Code 310:667-5-4.

<sup>28</sup> 22-B DCMR § 207.

<sup>29</sup> W. Va. Code R. 64-82-2.

<sup>30</sup> District of Columbia, Oklahoma, and Texas. See Appendix 1 for citations.



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- <sup>31</sup> Texas. See Appendix 1 for citations.
- <sup>32</sup> 25 TAC § 133.41.
- <sup>33</sup> District of Columbia and Oklahoma. See Appendix 1 for citations.
- <sup>34</sup> Okla. Admin. Code 310:667-13-5.
- <sup>35</sup> Texas. See Appendix 1 for citations.
- <sup>36</sup> 25 TAC § 133.41.
- <sup>37</sup> District of Columbia, Oklahoma, and Texas. See Appendix 1 for citations.
- <sup>38</sup> 22-B DCMR § 207.
- <sup>39</sup> Oklahoma and Washington D.C. See appendix 1 for citations.
- <sup>40</sup> Okla. Admin. Code 310:667-13-5.
- <sup>41</sup> See, e.g., 22-B DCMR § 3222; Regs. Conn. State Agencies § 19-13-D8t; KRS § 209.552. Note that even where not explicitly exempted by law, it is likely that patients with a medically contraindicated condition are not required to be vaccinated.
- <sup>42</sup> Philosophical exemptions include exemptions based on philosophical or personal beliefs or allowing the right to decline or refuse an immunization.
- <sup>43</sup> District of Columbia and Oklahoma. See Appendix 1 for citations.
- <sup>44</sup> Okla. Admin. Code 310:667-13-5.
- <sup>45</sup> District of Columbia and Oklahoma. See Appendix 1 for citations.
- <sup>46</sup> 22-B DCMR § 207.
- <sup>47</sup> Oklahoma. See Appendix 1 for citations.
- <sup>48</sup> Okla. Admin. Code 310:667-13-5.
- <sup>49</sup> Washington D.C. See Appendix 1 for citations.
- <sup>50</sup> 22-B DCMR § 207.
- <sup>51</sup> [Hepatitis B FAQs for Health Professionals](#), Centers for Disease Control and Prevention, (last visited Feb. 2, 2017).
- <sup>52</sup> *Id.*
- <sup>53</sup> Alaska, Arkansas, Michigan, Oklahoma, Rhode Island, Washington, and West Virginia. See Appendix 1 for citations.
- <sup>54</sup> Alaska, Maine, Oklahoma, and West Virginia. See Appendix 1 for citations.
- <sup>55</sup> Alaska Admin. Code tit. 7, § 12.650.
- <sup>56</sup> Alaska Admin. Code tit. 7, § 12.600.
- <sup>57</sup> Arkansas, Maine, Rhode Island, and Washington. See Appendix 1 for citations.
- <sup>58</sup> Code Ark. R. 007.05.17-18.
- <sup>59</sup> Alaska, Maine, Michigan, Oklahoma, Rhode Island, and Washington. See Appendix 1 for citations.
- <sup>60</sup> Wash. Admin. Code § 296-823-13005.
- <sup>61</sup> Arkansas, Maine, Michigan, Oklahoma, Rhode Island, Washington, and West Virginia. See Appendix 1 for citations.
- <sup>62</sup> Code Me. R. tit. 10-144 Ch. 264, § 2.
- <sup>63</sup> Code Me. R. tit. 10-144 Ch. 264 § 1.
- <sup>64</sup> Alaska, Maine, and Rhode Island. See Appendix 1 for citations.
- <sup>65</sup> R.I. Code R. 31-1-22:3.0.
- <sup>66</sup> See, e.g., 22-B DCMR § 3222; Regs. Conn. State Agencies § 19-13-D8t; KRS § 209.552. Note that even where not explicitly exempted by law, it is likely that patients with a medically contraindicated condition are not required to be vaccinated.
- <sup>67</sup> Philosophical exemptions include exemptions based on philosophical or personal beliefs or allowing the right to decline or refuse an immunization.
- <sup>68</sup> Maine, Michigan, Rhode Island, and Washington. See Appendix 1 for citations.
- <sup>69</sup> R.I. Code R. 31-1-22:3.0.
- <sup>70</sup> Maine. See Appendix 1 for citations.
- <sup>71</sup> 22 M.R.S.A. § 802.
- <sup>72</sup> Maine, Michigan, Rhode Island, and West Virginia. See Appendix 1 for citations.
- <sup>73</sup> 22 M.R.S.A. § 802.
- <sup>74</sup> [Nursing Home and Assisted Living \(Long-Term Care Facilities \[LTCFs\]\)](#), Centers for Disease Control and Prevention, (last visited Feb. 01, 2017). PHLP did not consider the following facilities to be long-term care facilities

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regardless of the level of nursing care offered: assisted living facilities, substance abuse treatment facilities, rehabilitation facilities, adult day care centers, hospice care facilities, home health agencies, health facilities for developmentally disabled persons, rest homes, and group homes. 210 Ill. Comp. Stat. Ann. 45/1-113.

<sup>75</sup> See, e.g., 210 Ill. Comp. Stat. Ann. 45/1-113.

<sup>76</sup> Alaska, Illinois, Maine, Michigan, New Jersey, Rhode Island, South Carolina, Texas, Washington, and West Virginia. See Appendix 2 for citations.

<sup>77</sup> 210 ILCS 45/2-213.

<sup>78</sup> ME ADC 10-144 Ch. 264, § 2.

<sup>79</sup> Code Me. R. tit. 10-144 Ch. 264, § 1.

<sup>80</sup> N.J. Admin. Code 8:39-20.1.

<sup>81</sup> N.J. Admin. Code § 8:39-1.2.

<sup>82</sup> 210 Ill. Comp. Stat. Ann 45/2-213.

<sup>83</sup> 210 Ill. Comp. Stat. Ann 45/2-213.

<sup>84</sup> 210 Ill. Comp. Stat. Ann 45/2-213.

<sup>85</sup> Alaska, Maine, Michigan, New Jersey, Rhode Island, South Carolina, Texas, Washington, and West Virginia. See Appendix 2 for citations.

<sup>86</sup> Alaska, Maine, New Jersey, and West Virginia. See Appendix 2 for citations.

<sup>87</sup> N.J. Admin. Code 8:39-20.1.

<sup>88</sup> N.J. Admin. Code § 8:39-1.2.

<sup>89</sup> Michigan, Rhode Island, South Carolina, Texas and Washington. See Appendix 2 for citations.

<sup>90</sup> S.C. Code Ann. Regs. 61-17.

<sup>91</sup> Alaska, Maine, Michigan, Rhode Island, South Carolina, Texas, and Washington. See Appendix 2 for citations.

<sup>92</sup> Alaska Admin. Code tit. 7, § 12.650.

<sup>93</sup> Alaska Admin. Code tit. 7, § 12.600.

<sup>94</sup> Maine, Michigan, New Jersey, Rhode Island, Texas, Washington, and West Virginia. See Appendix 2 for citations.

<sup>95</sup> 40 Tex. Admin. Code § 19.1601.

<sup>96</sup> Alaska, Maine, Rhode Island, and South Carolina. See Appendix 2 for citations.

<sup>97</sup> S.C. Code Ann. Regs. 61-17.

<sup>98</sup> See, e.g., 22-B DCMR § 3222; Regs. Conn. State Agencies § 19-13-D8t; KRS § 209.552. Note that even where not explicitly exempted by law, it is likely that patients with a medically contraindicated condition are not required to be vaccinated.

<sup>99</sup> Philosophical exemptions include exemptions based on philosophical or personal beliefs or allowing the right to decline or refuse an immunization.

<sup>100</sup> Maine, Michigan, Rhode Island, South Carolina, and Washington. See Appendix 2 for citations.

<sup>101</sup> Wash. Admin. Code 296-823-13005.

<sup>102</sup> Maine. See Appendix 2 for citations.

<sup>103</sup> 22 M.R.S.A. § 802.

<sup>104</sup> Maine, Michigan, Rhode Island, South Carolina, Texas, and West Virginia. See Appendix 2 for citations.

<sup>105</sup> S.C. Code Ann. Regs. 61-17.

<sup>106</sup> [Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care](#), Centers for Disease Control and Prevention, (last visited Dec. 31, 2015).

<sup>107</sup> See, e.g., Ill. Admin. Code tit. 77, § 265.1050; Nev. Rev. Stat. Ann. § 449.0046; Ohio Admin. Code 3701-83-23; Code Ark. R. 007.05.2-3.

<sup>108</sup> Alaska, Arkansas, District of Columbia, Illinois, Kansas, Michigan, Nevada, New York, Ohio, Rhode Island, South Carolina, Texas, Virginia, and Washington. See Appendix 3 for citations.

<sup>109</sup> 25 Tex. Admin. Code § 117.33.

<sup>110</sup> 7 AAC 12.650.

<sup>111</sup> 7 AAC 12.600.

<sup>112</sup> District of Columbia, New York, Ohio, and Texas. See Appendix 3 for citations.

<sup>113</sup> New York, Ohio, and Texas. See Appendix 3 for citations.

<sup>114</sup> Ohio Admin. Code 3701-83-23.4.

<sup>115</sup> District of Columbia. See Appendix 3 for citations.

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- <sup>116</sup> 22-B DCMR § 207.
- <sup>117</sup> New York, Ohio, and Texas. See Appendix 3 for citations.
- <sup>118</sup> N.Y. Comp. Codes R. & Regs. tit. 10, § 420.4.
- <sup>119</sup> Ohio, Texas, and Washington D.C. See Appendix 3 for citations.
- <sup>120</sup> 25 Tex. Admin. Code § 117.33.
- <sup>121</sup> District of Columbia and New York. See Appendix 3 for citations.
- <sup>122</sup> 22-B DCMR § 207.
- <sup>123</sup> 22-B DCMR § 299.
- <sup>124</sup> *See, e.g.*, 22-B DCMR § 3222; Regs. Conn. State Agencies § 19-13-D8t; KRS § 209.552. Note that even where not explicitly exempted by law, it is likely that patients with a medically contraindicated condition are not required to be vaccinated.
- <sup>125</sup> Philosophical exemptions include exemptions based on philosophical or personal beliefs or allowing the right to decline or refuse an immunization.
- <sup>126</sup> See Appendix 3 for citations.
- <sup>127</sup> 22-B DCMR § 207.
- <sup>128</sup> See Appendix 3 for citations.
- <sup>129</sup> 22-B DCMR § 207.
- <sup>130</sup> See Appendix 3 for citations.
- <sup>131</sup> 22-B DCMR § 207.
- <sup>132</sup> Alaska, Arkansas, District of Columbia, Illinois, Kansas, Michigan, Nevada, Ohio, Rhode Island, South Carolina, Texas, Virginia, and Washington. See Appendix 3 for citations.
- <sup>133</sup> Alaska, Nevada, Ohio, Texas, Virginia, and Washington. See Appendix 3 for citations.
- <sup>134</sup> Alaska Admin. Code tit. 7, § 12.650.
- <sup>135</sup> Alaska Admin. Code tit. 7, § 12.600.
- <sup>136</sup> Arkansas, District of Columbia, Illinois, Kansas, Michigan, Rhode Island, South Carolina, and Washington. See Appendix 3 for citations.
- <sup>137</sup> S.C. Code Ann. Regs. 61-91.1502.
- <sup>138</sup> Alaska, District of Columbia, Illinois, Michigan, Nevada, Ohio, Rhode Island, South Carolina, Texas, and Washington. See Appendix 3 for citations.
- <sup>139</sup> Wash. Admin. Code 296-823-17005.
- <sup>140</sup> Arkansas, Michigan, Nevada, Ohio, Rhode Island, Texas, Virginia, and Washington. See Appendix 3 for citations.
- <sup>141</sup> Ohio Admin. Code 3701-83-23.4.
- <sup>142</sup> Alaska, District of Columbia, Illinois, Kansas, Rhode Island, and South Carolina. See Appendix 1 for citations.
- <sup>143</sup> 22-B DC ADC § 2615.9.
- <sup>144</sup> *See, e.g.*, 22-B DCMR § 3222; Regs. Conn. State Agencies § 19-13-D8t; KRS § 209.552. Note that even where not explicitly exempted by law, it is likely that patients with a medically contraindicated condition are not required to be vaccinated.
- <sup>145</sup> Philosophical exemptions include exemptions based on philosophical or personal beliefs or allowing the right to decline or refuse an immunization.
- <sup>146</sup> Michigan, Rhode Island, South Carolina, and Washington. See Appendix 3 for citations.
- <sup>147</sup> S.C. Code Ann. Regs. 61-91.1502.
- <sup>148</sup> District of Columbia, Illinois, Kansas, Michigan, Rhode Island, and South Carolina. See Appendix 3 for citations.
- <sup>149</sup> K.A.R. 28-4-1312.
- <sup>150</sup> Note that even where not explicitly exempted by law, it is likely that patients with a medically contraindicated condition are not required to be vaccinated.
- <sup>151</sup> Philosophical exemptions include exemptions based on philosophical or personal beliefs or allowing the right to decline an immunization.
- <sup>152</sup> Note that Alaska Admin. Code tit. 7, §12.650 specifically identifies the type of hospitals that the law is applicable to: general acute care hospital, rural primary care hospital, long-term acute care hospital, critical access hospital, and specialized hospitals.
- <sup>153</sup> Note that Ark. Admin. Code 007.05.17-18 refers to hospitals and related institutions.
- <sup>154</sup> Note that Ark. Admin. Code 007.05.10-18 specifically refers to critical access hospitals.

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<sup>155</sup> Note that 10-144 CMR Ch. 264, § 2 states that “Designated Healthcare Facilities shall make available the Hepatitis B vaccine to all health care workers with a risk of occupational exposure, at no cost to the employee,” not all employees. However, it requires that all employees provide “proof of immunization or documented immunity against . . . Hepatitis B.”

<sup>156</sup> Note that Mich. Admin. Code R. 325.70013 refers to Category A employees, which is defined in 325.70003 to consist of “occupations that require procedures or other occupation-related tasks that involve exposure or reasonably anticipated exposure to blood or other potentially infectious material or that involve a likelihood for spills or splashes of blood or other potentially infectious material. This includes procedures or tasks conducted in nonroutine situations as a condition of employment.”

<sup>157</sup> Note that Tex. Admin. Code tit. 25, § 133.41 pertains to hospitals that provide renal dialysis services.

<sup>158</sup> Note that 207.8 states that a “newborn may be exempted from vaccination if [t]he newborn's mother tested negative for HBsAg . . . .”

<sup>159</sup> Note that even where not explicitly exempted by law, it is likely that patients with a medically contraindicated condition are not required to be vaccinated.

<sup>160</sup> Philosophical exemptions include exemptions based on philosophical or personal beliefs or allowing the right to decline an immunization.

<sup>161</sup> Note that 10-144 CMR Ch. 264, § 2 states that “Designated Healthcare Facilities shall make available the Hepatitis B vaccine to all health care workers with a risk of occupational exposure, at no cost to the employee,” not all employees. However, it requires that all employees provide “proof of immunization or documented immunity against . . . Hepatitis B.”

<sup>162</sup> Note that even where not explicitly exempted by law, it is likely that patients with a medically contraindicated condition are not required to be vaccinated.

<sup>163</sup> Philosophical exemptions include exemptions based on philosophical or personal beliefs or allowing the right to decline an immunization.

<sup>164</sup> Note that N.Y. Comp. Codes R. & Regs. tit. 10 § 420.1 states that CAHP (Consumer Assessment of Healthcare Providers and Systems) are programs approved at facilities established under article 28 of the Public Health Law that provide the full range of ambulatory care clinical services.

<sup>165</sup> Note that 22-B DCMR §207.8 states that a “newborn may be exempted from vaccination if [t]he newborn's mother tested negative for HBsAg . . . .”

<sup>166</sup> Note that 22-B DCMR § 2615 refers to “maternity center personnel” and 22-B DCMR § 2699 defines maternity center as “a facility or other place, other than a hospital or the mother's home, that provides antepartal, intrapartal, and postpartal care for both mother and newborn infant during and after normal, uncomplicated pregnancy.”