July 13, 2021
Health Care Cabinet Meeting
Overview of Legislation Impacting the Department of Public Health (DPH)

2021 Regular Legislative Session

[Public Act 21-121](https://www.cga.ct.gov/2021/ACT/PA/PDF/2021PA-00121-R00HB-06666-PA.PDF), House Bill 6666, An Act Concerning The Department Of Public Health's Recommendations Regarding Various Revisions To The Public Health Statutes.

This act makes revisions to various public health statutes.  It is 99 sections long and will be tremendously helpful to many programs within the Department of Public Health.  A full summary of the act is attached.  The act codifies best practices from the COVID-19 pandemic response and enacts other key policy changes for the Department and its constituencies. Some of the highlights include:

COVID-19:

* Requires health care practitioners and funeral directors to use Connecticut’s electronic death registry when certifying a death certificate, when available statewide.  Electronic filing of death certificates will lead to overall improvements in Connecticut’s death data, both in terms of timeliness and quality.
* Expands the professions covered under 19a-131j of the general statutes, which allows the Commissioner of Public Health to issue an order temporarily suspending licensure, certification or registration requirements for several professions licensed by the Department during a public health emergency declared by the Governor.  During the COVID-19 pandemic response, the Department and health care industry realized that there was a health care workforce shortage in many professions not covered by Section 19a-131j.
* Allows nursing homes to expand their bed capacity into a separate wing or create new separate facilities to care for patients with infectious diseases under their current license when the Governor declares a public health emergency.  An application must be submitted to DPH so that the Department can inspect the facilities to ensure compliance with licensing requirements.
* Allows a nursing home facility to position the resident beds in a manner that promotes patient care.  They must be positioned so that they do not create a hazard and promote infection control in the event of an outbreak by providing at least a six-foot clearance at the sides and foot of each bed.
* Authorizes a properly trained registered nurse to start an intravenous line, administer certain medications or collect blood from a patient’s central line.  Medications allowed for IV line injection must be approved by the facility’s governing body, pharmacist and medical director.
* Allows an advanced practice registered nurse or physician assistant to order home health services ([Public Act 21-196](https://www.cga.ct.gov/2021/ACT/PA/PDF/2021PA-00196-R00SB-01070-PA.PDF), Senate Bill 1070, updates statues to reflect current scope of practice for physician assistants).
* Adds a definition of “hospice agency” and makes technical changes to include this term throughout the statutes. The Department has been working with the industry on regulations pertaining to home health and hospice agencies to mirror the conditions of participation from the Centers for Medicare & Medicaid Services (CMS).

Other:

* Allows a person to request an amendment to a marriage certificate to reflect a change in gender identity.  The Department will have the authority to create a replacement marriage certificate if an individual changes their gender.  This language also allows the marriage certificate to reflect a legal name change.
* Requires blood spot specimens of newborn infants to be sent to the State Public Health Laboratory for health screening no earlier than twenty-four hours and not later than forty-eight hours after the birth of such infant.  This is done to align the collection and shipping of a newborn blood spot specimen with current standards promulgated by the: 1) Health Resources and Services Administration (HRSA) Advisory Committee on Heritable Disorders in Newborns and Children’s [recommendations for timeliness in newborn screening](https://www.hrsa.gov/advisory-committees/heritable-disorders/newborn-screening-timeliness.html); and 2) Clinical and Laboratory Standards Institute newborn screening specimen collection and handling guidance.  Adherence to these timeframes have effectively reduced disability, morbidity and mortality as diagnosis and treatment must occur within the short window of opportunity between birth and the onset of symptoms.
* Permits certain Department staff remote access to specific medical records maintained by a hospital.  These records are used for investigating a reportable disease, auditing a reportable tumor (cancer), auditing birth, fetal death and death occurrences, and investigating maternal mortality cases.  Medical records of patients are reviewed to collect data related to patient demographics, disease severity, risk factors for disease, and reportable diseases or conditions.  Accurate and complete data is essential to inform prevention measures.  Historically, conducting medical record reviews has been a time-consuming effort for agency staff, in part due to the travel time required to visit all hospitals statewide. This access will benefit DPH in several ways, including staff no longer needing to travel long distances to these hospital systems nor having to print out lengthy paperwork.
* Requires a water company to provide an alternative source of drinking water to its customers when there is a water main break, loss of system pressure or other event that may affect the quality and quantity of drinking water being served and when the event will last more than twelve hours.
* Requires a water company to provide “tier 1” written communications to its customers in the languages predominantly spoken in its service area.
* Requires local health departments and districts to use the MAVEN surveillance system to electronically report lead home inspection findings and follow-up activities that address elevated blood lead levels.  A centralized collection mechanism will allow DPH staff to better track incidents of elevated blood lead levels, monitor lead abatement activities, confirm patient follow up and analyze data trends for epidemiological purposes.

[Public Act 21-35](https://www.cga.ct.gov/2021/ACT/PA/PDF/2021PA-00035-R00SB-00001-PA.PDF), Senate Bill 1, An Act Equalizing Comprehensive Access To Mental, Behavioral And Physical Health Care In Response To The Pandemic.

- Section 1 declares racism a public health crisis.

- Section 2 includes DPH on the Commission on Racial Equity in Public Health.

- Section 3 outlines the strategic plan that the Commission on Racial Equity in Public Health must develop.

- Section 4 defines structural racism and has the Commission on Racial Equity in Public Health making policy recommendations to the legislature to address structural racism in CT laws.

- Section 5 requires the Commissioner of Public Health to study the development and implementation of a recruitment and retention program for health care workers in the state who are people of color.

- Section 6 requires the Department of Energy and Environmental Protection to perform an assessment of racial equity within environmental health quality programs administered by said department.

- Section 7 requires the Office of Higher Education, in collaboration with the Board of Regents for Higher Education and the Board of Trustees of The University of Connecticut, to evaluate the recruitment and retention of people of color in health care preparation programs offered by the constituent units of the state system of higher education and the inclusion of cultural humility education in such programs.

- Section 8 requires the Commission on Women, Children, Seniors, Equity and Opportunity to provide a status report on amendments to the joint rules of the General Assembly concerning the preparation of racial and ethnic impact statements.

- Section 9 establishes a gun violence intervention and prevention advisory committee to advise the legislature on establishing a Commission on Gun Violence Intervention and Prevention to coordinate the funding and implementation of evidence-based, community-centric programs and strategies to reduce street-level gun violence in the state.  The Commissioner hs two appointments who shall be representatives of the DPH’s Injury Violence Surveillance Unit.

- Section 10 requires DPH to conduct a study on the state's COVID-19 response. The study must include any recommended policy changes and amendments to the general statutes necessary to improve the state's response to future pandemics, including statutes or regulations that should automatically be waived in the event of an occurrence or imminent threat of an occurrence of a communicable disease (except a sexually transmitted disease) or a public health emergency declared by the Governor pursuant to section 19a-131a of the general statutes in response to an epidemic or pandemic, and (2) how to improve administration of mass vaccinations, reporting and utilization of personal protective equipment supply during a public health emergency, cluster outbreak investigation and health care facilities' care for patients. Not later than February 1, 2022, the Commissioner of Public Health shall submit a preliminary report to the Public Health Committee regarding the findings of such study.

- Section 11 requires state agencies that collect demographic data concerning the ancestry or ethnic origin, ethnicity, race or primary language of residents of the state for public health purpose to collect it so that it allows for aggregation and disaggregation of the data; expand race and ethnicity categories to include subgroup identities as specified by the Community and Clinical Integration Program of the Office of Health Strategy and follow the hierarchical mapping to align with United States Office of Management and Budget standards; provide the option to individuals of selecting one or more ethnic or racial designations and include an "other" designation with the ability to write in identities not represented by other codes; collect primary language data employing language codes set by the International Organization for Standardization; data must be tabulated with this information: A) The number or percentage of individuals who identify with each ethnic or racial designation as their sole ethnic or racial designation and not in combination with any other ethnic or racial designation; (B) the number or percentage of individuals who identify with each ethnic or racial designation, whether as their sole ethnic or racial designation or in combination with other ethnic or racial designations; (C) the number or percentage of individuals who identify with multiple ethnic or racial designations; and (D) the number or percentage of individuals who do not identify or decline to identify with any ethnic or racial designations.  Each health care provider with an electronic health record system capable of connecting to and participating in the State-wide Health Information Exchange as specified in section 17b-59e of the general statutes shall, collect and include in its electronic health record system self-reported patient demographic data.

- Section 12 requires the Maternal Mortality Review Committee to annually report to the Public Health Committee disaggregated information and findings obtained through the committee's investigation process as allowed by 19a-25.  Such report may include recommendations to reduce or eliminate racial inequities and other public health concerns regarding maternal mortality and severe maternal morbidity in the state.

- Section 13 requires each hospital to annual train training staff members who provide direct care to women who are pregnant or in the postpartum period on implicit bias.

- Section 14 requires the Public Health Committee to convene a working group to advance breast health and breast cancer awareness and promote greater understanding of the importance of early breast cancer detection in the state. The working group shall (1) identify organizations that provide outreach to individuals, including, but not limited to, young women of color and high school students, regarding the importance of breast health and early breast cancer detection; and (2) examine payment options for early breast cancer detection services available to such individuals. Not later than February 1, 2022 the working group shall submit recommendations to the Public Health Committee on appropriations or legislative proposals that will improve breast cancer awareness and early detection of breast cancer.

- Section 15 requires DPH to conduct a scope of practice review for doulas.

- Section 16 requires a working group, which include DPH, to develop recommendations for the strategic expansion of school-based health center services in the state. The working group shall consider, but need not be limited to, the following: (1) specific geographical regions of the state where additional school-based health centers may be needed, (2) options to expand or add services at existing school-based health centers, (3) methods for providing additional support for school-based health centers to expand telehealth services, (4) options for expanding insurance reimbursement for school-based health centers, and (5) options to expand access to school-based health centers or expand school-based health center sites, which may include establishing school-based mental health clinics.  As used in this subsection, "school-based mental health clinic" means a clinic that (A) is located in or on the grounds of a school facility of a school district or school board or of an Indian tribe or tribal organization, (B) is organized through school, community and health provider relationships, (C) is administered by a sponsoring facility, and (D) provides on-site mental, emotional or behavioral health services to children and adolescents in accordance with state and local law, including laws relating to licensure and certification.

- Section 17 requires DMHAS to increase access to mobile crisis services throughout the state by providing additional mobile crisis services units and making such services available twenty-four hours per day and seven days per week.

- Section 18 established a task force to study peer support services and to encourage health care providers to use such peer support services when providing care to patients. Such study shall include an examination of methods available for the delivery and certification of peer support services and payment mechanisms for such services.  DPH is not on this task force.

- Section 19 develops a mental health toolkit to help employers in the state address employee mental health needs that arise as a result of COVID-19.

- Section 20 adopts the language DPH introduced in House Bill 6666 on municipal health departments inserts a new subsection (h) to read:  In case of the absence or inability to act of a city, town or borough director of health during a public health emergency declared pursuant to section 19a-131a, the appointing authority of such city, town or  borough shall, with the approval of the Commissioner of Public Health, designate in writing a suitable person to serve as acting director of  health during the period of such absence or inability or vacancy and such person's start date.  If the city, town or borough fails to appoint such acting director of health, or fails to notify the commissioner of such appointment within thirty days, the commissioner shall appoint an acting director who meets the qualifications specified in subsection (b) of this section.  The person designated as acting director of health pursuant to this subsection, when sworn, shall (1) be considered an employee of the city, town or borough, and (2) have all the powers and be subject to all the duties of such director.

- Section 21, requires DPH to, within available appropriations and for fiscal year ending June 30, 2022, implement the state loan repayment program for community-based health care providers in primary care settings. Similar language passed in Section 28 of [Public Act 21-2](https://www.cga.ct.gov/2021/ACT/PA/PDF/2021PA-00002-R00SB-01202SS1-PA.PDF), formerly Senate Bill 1202, An Act Concerning Provisions Related To Revenue And Other Items To Implement The State Budget For The Biennium Ending June 30, 2023.

[Public Act 21-185](https://www.cga.ct.gov/2021/ACT/PA/PDF/2021PA-00185-R00SB-01030-PA.PDF), Senate Bill 1030, An Act Concerning Nursing Homes And Dementia Special Care Units (also known as the NHALOWG bill).

Section 1 – Requires infection prevention training for nursing homes and assisted living facilities with dementia special care units, each impacted facility employ a full time infection prevention and control specialist.  The infection and control specialist must work on a rotating schedule that ensures the specialist covers each eight-hour shift at least once per month.

Section 2 – By January 1, 2022, the administrative head of each nursing home and each assisted living facility with a dementia special care unit must provide its emergency plan of operations to the municipality in which it is located for purposes of the development of the emergency plan of operations for such municipality required pursuant to the Mutual Aid Compact.

Section 3 –  Requires the administrative head of each nursing home to maintain a two month stockpile of PPE and hold fit testings for N95 masks at a frequency determined by DPH.  Also requires DEMHS, in consultation with DPH, to establish a process to evaluate, provide feedback on, approve and distribute personal protective equipment for use by nursing homes in a public health emergency.

Section 4 – Requires the administrative head of each nursing home to have at least one staff/contractor available to start IV line 24/7

Section 5 – Requires each nursing home infection prevention and control committee to meet at least monthly (RCSA 19-13-D8t sub (t) requires quarterly), and daily during an outbreak, provided daily meetings do not cause a disruption to the operations of the nursing home, in which case the committee shall meet at least weekly.  The committee will be responsible for establishing infection prevention and control protocols for the nursing home and monitoring the nursing home's infection prevention and control specialist.  The committee must annually evaluate the implementation and analyze the outcome of such protocols, and whether the infection prevention and control specialist is satisfactorily performing their responsibilities.

Section 6 – Requires outbreak testing of staff and residents in a nursing home at a frequency determined by DPH as appropriate based on the circumstances surrounding the outbreak.

Section 7 – Encourages the administrative head of each nursing home and dementia special care unit to form a family council.

Section 8 – Ensures each resident care plan addresses the resident's social, emotional and mental health needs, including opportunities for social connection and strategies to minimize isolation.  Before January 1, 2022, the administrative head of each nursing home shall ensure that its staff is educated regarding best practices for addressing the social, emotional and mental health needs of residents, and all components of person-centered care.

Section 9 –  Before October 1, 2021 the Public Health Preparedness Advisory Committee must amend the plan for emergency responses to a public health emergency to include a plan for emergency responses in relation to nursing homes, dementia special care units and providers of community-based services to residents of such homes and units.

Section 10 – Before January 1, 2022 DPH must set nursing home staffing level requirements of at least three hours of direct care per resident per day, and modify staffing level requirements for social work and recreational staff of nursing homes such that the requirements (A) for social work are one full-time social worker per sixty residents, and (B) for recreational staff are lower than the current requirements.  DPH must adopt regulations.

Section 11 –  DPH must report by January 1, 2022 on using state or federal funds for nursing home infrastructure improvement.

[Public Act 21-152](https://www.cga.ct.gov/2021/ACT/PA/PDF/2021PA-00152-R00HB-06449-PA.PDF), House Bill 6649, An Act Expanding Economic Opportunity In Occupations Licensed By The Department Of Public Health.

Section 1 – If a person establishes residency in CT, or is married to active duty military member stationed in CT, and have held an unencumbered professional license in another US jurisdiction for at least four years, passed a background check (if applicable) and paid the license fee then you can get licensed in CT.  If they have not already done so, DPH can require the person to take the appropriate licensing exam, if we see fit.  DPH commissioner can deny issuing a license if it is “in the best interest of the state.”

Section 2 – Requires the DPH commissioner to (1) convene working groups to determine whether Connecticut should join any licensure compacts and (2) report to the Public Health Committee on the groups’ recommendations by January 15, 2022.

Section 3 – Requires the DPH commissioner to report on whether it would be in the state’s best interest to (1) replace any state exams for DPH-credentialed professionals with tests by national organizations that DPH deems acceptable and (2) reduce any experience and training requirements while increasing testing of applicants’ knowledge or skills. She must report to the Public Health Committee by January 15, 2022, and develop the report in consultation with whatever boards or commissions she deems appropriate.

Section 6 - requires various state agencies, by January 1, 2022, to report to the Office of Policy and Management (OPM) secretary on certain information related to background checks.

2021 June Special Session

[Public Act 21-2](https://www.cga.ct.gov/2021/ACT/PA/PDF/2021PA-00002-R00SB-01202SS1-PA.PDF), formerly Senate Bill 1202, An Act Concerning Provisions Related To Revenue And Other Items To Implement The State Budget For The Biennium Ending June 30, 2023.

Here is a summary of the bill, as amended by [Senate Amendment A](https://www.cga.ct.gov/2021/amd/S/pdf/2021SB-01202-R00SA-AMD.pdf) and House Amendments [A](https://www.cga.ct.gov/2021/amd/S/pdf/2021SB-01202-R00HA-AMD.pdf), [G](https://www.cga.ct.gov/2021/amd/S/pdf/2021SB-01202-R00HG-AMD.pdf), and [H](https://www.cga.ct.gov/2021/amd/S/pdf/2021SB-01202-R00HH-AMD.pdf): [AN ACT CONCERNING PROVISIONS RELATED TO REVENUE AND OTHER ITEMS TO IMPLEMENT THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2023.](https://www.cga.ct.gov/2021/BA/PDF/2021SB-01202-R02SS1-BA.PDF)

Revised ARPA Funding for DPH in the State FYs 22-23 Biennial Budget in Section 306 of the Budget Implementer

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| --- | --- | --- |
| DEPARTMENT OF PUBLIC HEALTH | FY 22 | FY 23 |
| DPH Loan Repayment  |  500,000  |  500,000  |
| Community Health Workers | 3,000,000 | 3,000,000 |
| **[**Community Action Agencies**]**  | **[**5,000,000**]**  |  |
| Obesity & COVID-19 Study | 500,000 | 500,000 |
| Cornell Scott- Hill Health | 250,000 |  |
|  |  |  |

CFHP

* Section 125 amends Section 2 of [House Bill 6374](https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&which_year=2021&bill_num=6374) regarding the Council on Sexual Misconduct Climate Assessments. DPH still has a seat on the council.
* Section 308, Subdivision 36, provides up to $5,000,000 to the OPM Secretary for Other Expenses, for the fiscal year ending June 30, 2022, for costs associated with the legalization of cannabis. The secretary shall transfer funds to the affected agencies.

EHDW

* Flagging sections 40 through 50 on uranium and radioactive materials.
* Section 78 establishes a Geographic Information Systems Office within OPM that is to be run by a Geographic Information Officer who is responsible for: (1) coordinating the collection, compilation and dissemination of geographic information systems data across the state, including from and to state agencies, regional councils of governments, municipalities and other constituencies; (2) managing a geospatial data clearinghouse for public access to such information; (3) supporting economic development efforts in the state through the provision of such information; (4) providing training and outreach on the use of such information; (5) administering the creation and acquisition of geospatial data, including aerial imagery and elevation and parcel information; (6) adopting geospatial data standards, guidelines and procedures to ensure consistency and quality of such data; and (7) performing technical data processing to aggregate and organize existing data sets and create new data sets
* Section 79 creates the Geographic Information Systems Advisory Council consult with the Geographic Information Officer.  DPH has a seat on the council. Sections 90 and 91 are from Sections 1 and 2 of [House Bill 6647](https://www.cga.ct.gov/2021/amd/H/pdf/2021HB-06647-R00HA-AMD.pdf).
* Section 182 allows food establishments to engage in outdoor food and beverage service. Similar to [Special Act 21-3](https://www.cga.ct.gov/2021/ACT/SA/PDF/2021SA-00003-R00HB-06610-SA.PDF).

FLIS

* Sections 29-31 call for licensure of Solnit psychiatric residential treatment facilities (PFTFs). Policies and procedures to run the program must be adopted while regulations are being drafted. Unlike [House Bill 6109](https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&which_year=2021&bill_num=6109), there is no deadline by which the regulations must be in place.
* Section 108 allows the Secretary of State to waive the requirement that registrars of voters supervise absentee ballot voting in a health care facilities, so long as it is in relation to a public health or civil preparedness emergency. The Secretary must submit a report to the Government, Administration and Elections Committee advising them of such suspension and specifying alternative actions to be taken to provide opportunities for absentee voting by electors described in this section. This was initially a part of [Public Act 20-3](https://www.cga.ct.gov/asp/cgabillstatus/CGAbillstatus.asp?selBillType=Bill&bill_num=6002&which_year=2020) from the 2020 July Special Session, and similar language was in Section 13 of [Senate Bill 901](https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&which_year=2021&bill_num=901).
* Section 319, among other things, requires nursing homes to collect and report on quality metrics as specified by DSS, after consultation with the nursing home industry, consumers, employees and DPH, beginning July 1, 2022. Medicaid rate adjustments based on the performance on quality metrics will be phased in.
* Sections 462-468 are similar ambulatory surgical center tax language as seen in [Senate Bill 1107](https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&which_year=2021&bill_num=1107).

HSS – Vital Records

* Section 156 allows any registrar of vital statistics to permit payment to be made on an Internet web site designated by the registrar, in a manner prescribed by the registrar. This is the same language as what was in Section 10 of [House Bill 6448](https://www.cga.ct.gov/2021/amd/H/pdf/2021HB-06448-R00HA-AMD.pdf). Will have to move this language and add DPH approval to Section 7-74 of the general statutes in the 2022 various revisions bill.

 ID

* Sec. 145 requires DPH to provide information on COVID-19 vaccination status to any person who has received a COVID-19 vaccination, or, if such person is a minor child, such person's parent or guardian, upon request by such person, parent or guardian. DPH is not permitted to disclose such person's COVID-19 vaccination status to any other person or entity unless such person, parent or guardian authorizes such disclosure in a form and manner prescribed by the Commissioner of Public Health. Local Health Directors, school nurses and vaccinating providers currently have access to CT WiZ. This discrepancy may have to be addressed temporarily via Executive Order and permanently in the 2022 various revisions bill.

Legal Office

* Sections 147 through 154 pertain to FOI and electronic/virtual meetings for state agencies. This is the same language as what was in Sections 1- 8 of [House Bill 6448](https://www.cga.ct.gov/2021/amd/H/pdf/2021HB-06448-R00HA-AMD.pdf).

OEMS/OIP/HIV

* Section 75 requires DESPP, in conjunction with DMHAS, to expand the CRISIS Initiative: Connection to Recovery through Intervention, Support, and Initiating Services to State Police Troop. Section 76 establishes a task force to study the costs and benefits of expanding the pilot program known as the CRISIS Initiative throughout the state. DPH does not serve, this is just an FYI.
* Section 340 requires DSS to increase the Medicaid emergency and nonemergency ambulance service rates, excluding the mileage reimbursement rate, by ten per cent, and (2) ambulance mileage rate for all emergency and nonemergency transports by three dollars.

OSS – Fiscal Office

* Section 308 allows unexpended balances in personnel services line to be carried forward and not lapse. They are to be used to dedicated purposes outlined in subsection (b) of that section. DPH does not get to keep the money. It also provides a COLA to private providers of human services who contract with DPH, among other agencies.

PHSE

* Section 28 updates section 19a-7d of the general statutes to require DPH implement the State Loan Repayment Program. Language is similar to what was found in [Senate Bill 1087](https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&which_year=2021&bill_num=1087) and Section 21 of [Public Act 21-35](https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&which_year=2021&bill_num=1087), formerly Senate Bill 1.
* Sections 36, 37 and 306 establish a community health worker grant program to provide grants of up to $30,000 annually to community action agencies that employ community health workers who provide a range of services to persons adversely affected by the COVID-19 pandemic. There are specific elements to the grant application. The grants end on June 30, 2023. DPH cannot allocate more than six million in total – three million in each fiscal year. DPH can contract out the work of this program. A progress report is due to the Public Health and Human Services Committees of the General Assembly by January 1, 2022. The report should include any recommendations for legislative proposals need to further implement the program. May need to request that this program be expanded to community health centers, not just the nine community action agencies. A final report on the program’s work is due to the Public Health and Human Services Committees of the General Assembly by January 1, 2024.
* Section 471 amends Section 13 of House Bill 6690 to give DPH $25,000,000 for the Health Disparities and Prevention Grant Program, $15,000,000 must be used for federally qualified health centers, $300,000 may be used to conduct a health disparities study, and $10,000,000 must be used for mental health and substance abuse treatment providers. Section 530 repeals the original language on the Health Disparities and Prevention Grant Program from [House Bill 6690](https://www.cga.ct.gov/2021/TOB/H/PDF/2021HB-06690-R00-HB.PDF).

PLIS

* Sections 199 and 200 fix the error in Section 93 of [Public Act 21-121](https://www.cga.ct.gov/2021/ACT/PA/PDF/2021PA-00121-R00HB-06666-PA.PDF), formerly House Bill 6666, by adding the five dollar HAVEN surcharge back into the licensure fee for physician assistants.
* Section 441 allows DPH to charge a service fee for credit card payments made for licensure renewals through eLicense. The Commissioner is to determine the rate to be charged. It can be waived by the Commissioner, if approved by the OPM Secretary.

Preparedness, TB, HIV, STD - OPHPR

* Section 20 increases the per capita rate to $1.93 for full time health department.
* Section 21 increases the per capita rate to $2.60 for health districts.
* Section 190 requires DAS to compile a list of businesses in state that changed their business model to manufacture PPE by October 1, 2021. After August 1, 2021, any state agency must make reasonable efforts to purchase not less than twenty-five percent PPE from companies on such list (I think they drafted the dates incorrectly in this section). This does not apply if such equipment is not available for purchase from a company on such list, does not meet the requirements of the purchasing state agency, if the PPE is expired, does not meet recognized industry standards. This section does not waive of any applicable competitive bidding requirements for purchases of PPE

#### [Public Act 21-1](https://www.cga.ct.gov/2021/ACT/PA/PDF/2021PA-00001-R00SB-01201SS1-PA.PDF), formerly Senate Bill 1201, An Act Concerning Responsible And Equitable Regulation Of Adult-Use Cannabis

Here is a summary of the bill, as amended by Senate Amendments [A](https://www.cga.ct.gov/2021/amd/S/pdf/2021SB-01201-R00SA-AMD.pdf) and [B](https://www.cga.ct.gov/2021/amd/S/pdf/2021SB-01201-R00SB-AMD.pdf) and [House Amendment A](https://www.cga.ct.gov/2021/amd/S/pdf/2021SB-01201-R00HA-AMD.pdf): [AN ACT CONCERNING RESPONSIBLE AND EQUITABLE REGULATION OF ADULT-USE CANNABIS.](https://www.cga.ct.gov/2021/BA/PDF/2021SB-01201-R02SS1-BA.PDF)

#### The bill, as amended, contains the following for public health:

#### - Section 12 reads that no state entity can deny a professional license because of an individual's: (1) employment or affiliation with a cannabis establishment; (2) possession or use of cannabis that is legal; or (3) cannabis use or possession conviction for an amount less than four ounces. The exceptions are when denial is required by federal law, part of an agreement between the federal government and the state, or because of a substantial risk to public health or safety.

#### - Section 28 allows the DCP Commissioner to limit the amount of product sold by a cannabis retailer if there is a public health and safety concern.

- Section 32 requires DCP to adopt regulations to govern adult use of cannabis. The regs must:

* require dosage, potency, concentration, serving size be listed in the label;
* require demarcation of what is considered a single size serving;
* if individual serving size cannot be demarked then serving in individual package and no more than five milligrams of THC per unit;
* DCP and DMHAS to establish consumer health materials to be distributed at point of sale;
* set packaging requirements, which include a universal symbol, child resistant packaging, length of time for drug to take effect, list of additives/ingredients, net weight, expiration date, etc.;
* establish laboratory testing standards;
* prohibit cannabis product types that appeal to children;
* prohibit additives such as nicotine;
* restrict forms of cannabis products and delivery systems to ensure consumer safety and deter public health concerns.

- Sections 43, 47 and 73 allow for cannabis to be delivered to hospice or inpatient facility license by DPH. DCP must adopt regulations to govern cannabis delivery services.

- Section 56 requires all each cannabis establishment to track all production, harvesting, storage, manufacturing, packaging and labeling, processing, transport, transfer and sale of cannabis. All information tracked must be recorded in an electronic tracking system, which may be accessed by DPH for epidemiological surveillance activities.

#### - Section 65 requires ADPC with DPH, DMHAS, and DCF to make recommendations to the Governor and the Public Health, Judiciary and Finance Committees regarding (1) efforts to promote public health, science-based harm reduction, mitigate misuse and the risk of addiction to cannabis and the effective treatment of addiction to cannabis with a particular focus on individuals under twenty-one years of age; (2) the collection and reporting of data to allow for epidemiological surveillance and review of cannabis consumption and the impacts thereof in the state; (3) impacts of cannabis legalization on the education, mental health and social and emotional health of individuals under twenty-one years of age; and (4) any further measures the state should take to prevent usage of cannabis by individuals under twenty-one years of age, including, but not limited to, product restrictions and prevention campaigns.

#### - Section 79 allows cannabis research to be conducted, with the approval of the DCP Commissioner, in hospitals or other health care facilities licensed by DPH.

#### - Section 84 allows a municipality to adopt an ordinance delineating where cannabis can be consumed.

#### - Sections 86 and 87 make the same changes seen in [Senate Bill 1118](https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&which_year=2021&bill_num=1118) to our Clean Indoor Air Act.

- Sections 105 and 163 outline penalties for sale to under age 21.

- Section 123 allows DESPP to study the reliability of tests that determine if a person is incapacitated by cannabis. They may adopt regs, in consultation with DPH, governing the conduct of such tests.

#### - Section 146 makes the same changes seen in [Senate Bill 1118](https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&which_year=2021&bill_num=1118) to establish a program in DPH to collect and abstract timely public health information on cannabis associated illness and adverse events, nonfatal and fatal injuries and cannabis use poisoning data, from state and national data sources. However, a new subsection was added to require DPH to report to the Public Health, Human Services and Appropriations Committees regarding the public health information on cannabis collected through this program by April 1, 2023, and annually thereafter.

- Unfortunately, it removes the language pertaining to the youth risk behavior survey as seen in [House Bill 6399](https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&which_year=2021&bill_num=6399). House Bill 6399 did not pass during the regular legislative session.