Agency Legislative Proposal – 2023 Session
Document Name:

Document Name	DPH- Financial Assistance for individuals in need of HIV Pre-exposure Prophylaxis (PrEP) and HIV Post-exposure Prophylaxis (PEP)

Naming Format: AGENCY ACRONYM PROPOSAL NUMBER - TOPIC

Please insert a copy of the fully drafted bill at the end of this document (required for review)

Legislative Liaison	Adam Skowera Adam.skowera@ct.gov 959-529-7244
Division Requesting This Proposal	TB, HIV, STD, & Viral Hepatitis Program
Drafter	Gina D'Angelo and Luis Diaz

Title of Proposal	Financial Assistance for individuals in need of HIV Pre-exposure Prophylaxis (PrEP) and HIV Post-exposure Prophylaxis (PEP)
Statutory Reference, if any	19a-112h Financial Assistance for Victims of Sexual Assault
Brief Summary and Statement of Purpose	To expand current statute to provide financial assistance to uninsured and underinsured individuals in need of pre or post exposure prophylaxis who are unable to pay for the medications that prevent HIV.

SECTION-BY-SECTION SUMMARY

Summarize sections in groups where appropriate

Expanding financial assistance eligibility. Post-exposure prophylaxis is recommended only for persons who present within 72 hours of a possible exposure to HIV. It is a major challenge getting this medication to victims of sexual assault since victims are dealing with the multiple repercussions of a traumatic event and often do not report their assault in that 72-hour timeframe. This may be a contributing factor to low program utilization. While not excluding victims of sexual assault, this proposal expands the program to assist other individuals at risk who need and want to access medications but cannot afford to do so.

Expanding beyond financial assistance for Post-exposure Prophylaxis.

Pre-exposure Prophylaxis is taking HIV medications prior to an exposure to prevent infection and has been a basic tenant of HIV Prevention programs since approved by the FDA in 2012. These medications are often desired but cost-prohibitive for people who are uninsured, underinsured, or uninsurable. The HIV Prevention Program is interested in starting a statewide PrEP/PEP Drug Assistance Program (PrEP/PEP DAP) to increase access to prevention medications that can save lives while averting new HIV infections and providing a cost savings to the state. PrEP can lower the chances of contracting HIV through sexual activity by 90% and from injection drug use by 70%.

The program plans to utilize existing relationships with agencies that provide PrEP Navigation services to reach populations that would benefit. Black and Hispanic/Latino people account for the majority of people for whom PrEP is recommended but have the lowest rates of PrEP use among all racial/ethnic groups. If the program is successful, we hope to scale the program upward in subsequent years.

BACKGROUND

Origin of Proposal **[X] New Proposal** **[ ] Resubmission**

If this is a resubmission, please share the prior bill number, the reason the bill did not move forward, and any changes made, or conversations had since it was last proposed:

Please consider the following, if applicable:

Have there been changes in federal/state laws or regulations that make this legislation necessary?	In 2022, HB5500 was signed into law requiring that Routine HIV Testing be offered to all patients ages 13 and older in primary care settings in CT beginning in January of 2023 and in Emergency Departments in January of 2024. With the implementation of Routine Testing, it is anticipated that there will be an increase in patients who are made aware of PrEP and PEP and are eligible to be referred to services. Several states including CT have enacted legislation related to access of PrEP. For example, in 2019, 19a-592 of the Connecticut General Statutes was amended to allow for minors 13 and older to access PrEP

	without parental consent. Often minors have limited means for paying for medications. This proposal would allow for them to access PrEP or PEP Drug Assistance.
Has this proposal or a similar proposal been implemented in other states? If yes, to what result?	Yes. As mentioned above several states have proposed or enacted legislation providing minors access to PrEP and many have or are in the process of enacting legislation giving pharmacists the ability to prescribe it. Fourteen other states (California, Colorado, Florida, Illinois, Indiana, Iowa, Massachusetts, New Mexico, New York, Ohio, Oklahoma, Virginia, Washington State and Washington D.C.) have some form of a PrEP/PEP Financial Assistance Program.
Have certain constituencies called for this proposal?	HIV Care and Prevention providers and community members have inquired about DPH implementing a program to expand access to PrEP and PEP as has been done in other states. Establishing a statewide PrEP and PEP Program was also one of six recommendations for Ending the HIV Epidemic made by the Getting to Zero Commission in 2018. The Commission was comprised of provider and consumer representatives from the five cities with the highest incidence of HIV.

INTERAGENCY IMPACT
List each affected agency. Copy the table as needed.

[X] Check here if this proposal does NOT impact other agencies

1. Agency Name	
Agency Contact (name, title)	
Date Contacted	
Status	**[ ] Approved [ ] Talks Ongoing**
Open Issues, if any	

FISCAL IMPACT
Include the section number(s) responsible for the fiscal impact and the anticipated impact

[ ] Check here if this proposal does NOT have a fiscal impact

<table>
<tr><td>State</td><td>Current statute allocates $25,000 of existing AIDS Services funds to support financial assistance for Post-exposure Prophylaxis. Preventing infections provides a significant cost savings to the state when compared to HIV related medical services.

<table><tr><th>Cost on state for HIV related medical services</th><th>Cost on state for biomedical HIV prevention</th></tr><tr><td>Cost of monthly ARTs: $2,870 per person</td><td>Cost of monthly Generic Truvada: $60</td></tr><tr><td>Cost of monthly medical visits: $450 per person</td><td>Cost of quarterly medical visits: $225</td></tr><tr><td>Total yearly cost: $39,840 per person</td><td>Total yearly cost: $1,620 per person</td></tr></table></td></tr>
<tr><td>Municipal (Include any municipal mandate that can be found within legislation)</td><td></td></tr>
<tr><td>Federal</td><td></td></tr>
<tr><td>Additional notes</td><td></td></tr>
</table>

MONITORING & EVALUATION PLAN
If applicable, please describe the anticipated measurable outcomes and the data that will be used to track those outcomes. Include the section number(s) responsible for those outcomes

[ ] Check here if this proposal does NOT lead to any measurable outcomes

DPH will collect data on the number of persons enrolled in the PrEP/PEPDAP Program as well as those screened, referred, and linked to PrEP services.

ANYTHING ELSE WE SHOULD KNOW?

INSERT FULLY DRAFTED BILL HERE

Section 1: Sec. 19a-112h of the General Statutes is repealed and the following is substituted in lieu thereof *(Effective upon passage):*

(a) The Commissioner of Public Health [shall] may establish and contract for the administration of a [program] statewide Human Immunodeficiency Virus Pre-exposure Prophylaxis and Post-exposure Prophylaxis Drug Assistance Program, hereafter known as the Program, using appropriated AIDS Services funding of not less than $25,000 thousand dollars annually. [to provide financial assistance to victims of sexual assault for drugs prescribed by a physician for nonoccupational post-exposure prophylaxis for human immunodeficiency virus consistent with recommendations of the National Centers for Disease Control and Prevention and the state of Connecticut Technical Guidelines for Health Care Response to Victims of Sexual Assault. The commissioner shall give priority for benefits under the program established pursuant to this section to sexual assault victims who are uninsured or underinsured and for whom the program is a payer of last resort. The commissioner shall issue a request for proposal totaling twenty-five thousand dollars annually to which a qualified organization may apply to administer the program.] The Program will provide financial assistance to individuals at risk of acquiring the virus before or after exposure to access drugs prescribed by a physician that prevent infection, consistent with recommendations of the national Centers for Disease Control and Prevention.

(b) The program will serve as a payor of last resort for individuals unable to pay for Pre-exposure Prophylaxis or Post-exposure Prophylaxis medications. For purposes of this section: (1) The Program means a drug assistance program that helps Connecticut residents pay for approved medications that can prevent the transmission of HIV. (2) HIV means human immunodeficiency virus. (3) "Pre-exposure Prophylaxis (PrEP)" means when people at high risk for HIV take HIV medicines daily to lower their chances of getting the virus. (4)

"Post-exposure Prophylaxis (PEP) means when people have had an exposure to HIV and begin HIV medicines within 72 hours of exposure for a total of 28 days to lower their chances of getting the virus. The Program established pursuant to this section assists individuals in need by covering out-of-pocket costs for the medication to prevent HIV, including copays, co-insurance, and up-to-full-cost payments toward a deductible for those individuals who are underinsured and for whom the program is the payor of last resort.

(c) Priority for benefits under the Program established pursuant to this section will be given to eligible Connecticut residents at increased risk of acquiring human immunodeficiency virus or who have had a recent exposure but are unable to pay for medications and for whom the program is a payor of last resort. Program participants will meet eligibility requirements outlined by the program and a redetermination of eligibility will be required. The commissioner may issue a request for proposal to which a qualified organization may apply to administer the Program.

(d) The Commissioner of Public Health may issue policies and procedures to administer the program established in accordance with this section that shall have the force and effect of law, provided that such policies and procedures are posted to the Connecticut eRegulations System. The Department of Public Health will routinely collect data and report back findings to the appropriate parties as outlined in the PrEPDAP policy and procedures.

Document Name	DPH - Tobacco and Health Trust Fund

Naming Format: AGENCY ACRONYM PROPOSAL NUMBER - TOPIC

Please insert a copy of the fully drafted bill at the end of this document (required for review)

Legislative Liaison	Adam Skowera Adam.skowera@ct.gov 959-529-7244
Division Requesting This Proposal	Community, Family Health and Prevention Section
Drafter	Allison P. Sullivan, Health Program Supervisor, Tobacco Control Program Amy Mirizzi, Public Health Services Manager, Chronic Disease Director

Title of Proposal	Update the Purpose of the Tobacco and Health Trust Fund
Statutory Reference, if any	**Section 1:** Sec. 4-28f. Tobacco and Health Trust Fund. Transfers from Tobacco Settlement Fund. Board of trustees. Disbursements. **Section 2:** Sec. 53-344 Sale or delivery of cigarettes or tobacco products to persons under twenty-one. Misrepresentation of age to purchase cigarettes or tobacco products by persons under twenty-one. Transaction scans. Affirmative defense.
Brief Summary and Statement of Purpose	It is vital that Tobacco and Health Trust Funds support the evidence-based goals and components provided in the Centers of Disease Control (CDC) and Prevention Best Practices for Comprehensive Tobacco Control Programs. Tobacco product use is the leading cause of preventable death in the U.S. making prevention efforts essential. Nearly 4,900 CT adults die prematurely each year from a disease caused by their own smoking. Despite these risks, 17.6 % of CT adults (2017 CT BRFSS) use some form of tobacco product and 27.8% of CT high school students (2019 CT YRBS) report using some type of tobacco product with a predominant use of electronic nicotine delivery systems (ENDS). Nearly 60% of adults who

	use tobacco are covered by Medicaid or no insurance, and 40% of high school ENDS use is among those identifying as LGBTQ+. These examples show that identifying and eliminating tobacco related disparities among specific population groups is necessary. Nearly 30.5% of CT high school students were exposed to secondhand smoke or aerosol. About 70% of smokers want to quit, making promotion and preventing barriers to quitting critical.

SECTION-BY-SECTION SUMMARY
Summarize sections in groups where appropriate

Section 1: Revisions to the Board's charge to focus on evidence-based tobacco control programs and expand focus to non-combustible, electronic, and emerging products. Section also includes term limits for members.

Section 2: Removes from 53-344 the requirement that each person intending to purchase cigarettes or a tobacco product present a driver's license or identity card. The requirement in 53-344 conflicts with requirements in 53-344a and lacks an enforcement mechanism.

BACKGROUND

Origin of Proposal **[x] New Proposal** **[ ] Resubmission**

If this is a resubmission, please share the prior bill number, the reason the bill did not move forward, and any changes made or conversations had since it was last proposed:

Please consider the following, if applicable:

Have there been changes in federal/state laws or regulations that make this legislation necessary?	N/A
Has this proposal or a similar	No.

proposal been implemented in other states? If yes, to what result?	
Have certain constituencies called for this proposal?	

INTERAGENCY IMPACT
List each affected agency. Copy the table as needed.

[x] Check here if this proposal does NOT impact other agencies

1. Agency Name	
Agency Contact (name, title)	
Date Contacted	
Status	**[ ] Approved [ ] Talks Ongoing**
Open Issues, if any	

FISCAL IMPACT
Include the section number(s) responsible for the fiscal impact and the anticipated impact

[x] Check here if this proposal does NOT have a fiscal impact

State	

Municipal (Include any municipal mandate that can be found within legislation)	
Federal	
Additional notes	

MONITORING & EVALUATION PLAN
If applicable, please describe the anticipated measurable outcomes and the data that will be used to track those outcomes. Include the section number(s) responsible for those outcomes

[ ] Check here if this proposal does NOT lead to any measurable outcomes

All of the DPH programs assign outcome measures to all contracts and evaluate those measurable outcomes to follow the guidance of the CDC Best Practices for Comprehensive Tobacco Control. Any projects that are funded under the Tobacco and Health Trust Fund by the Board of Trustees should incorporate measurable outcomes.

ANYTHING ELSE WE SHOULD KNOW?

The CDC Best Practices for Comprehensive Tobacco Control is an evidence-based guide to help all states plan and establish sustainable and effective comprehensive tobacco control programs. Any tobacco related activities should follow this guide as encouraged by CDC.

INSERT FULLY DRAFTED BILL HERE

Section 1: Section 4-28f of the general statutes, as revised by PA 22-118 Sec. 197, is repealed and the following is substituted in lieu thereof (*Effective July 1, 2022*):

(a) There is created a Tobacco and Health Trust Fund which shall be a separate nonlapsing

fund. The purpose of the trust fund shall be to create a continuing significant source of funds to (1) support and encourage development of programs to reduce tobacco [abuse] and nicotine use through prevention, education and cessation programs, [(2) support and encourage development of programs to reduce substance abuse, and (3) develop and implement programs to meet the unmet physical and mental health needs in the state.] using evidence based best practices for (1) state and community interventions, (2) mass-reach health communication interventions, (3) cessation interventions, (4) surveillance and evaluation, and (5) infrastructure, administration, and management. This fund shall be used to support the reduction in use of all tobacco and nicotine products, including but not limited to combustible, non-combustible, electronic, synthetic nicotine, and emerging products.

(b) The trust fund may accept transfers from the Tobacco Settlement Fund and may apply for and accept gifts, grants or donations from public or private sources to enable the trust fund to carry out its objectives.

(c) The trust fund shall be administered by a board of trustees, except that the board shall suspend its operations from July 1, 2003, to June 30, 2005, inclusive. The board shall consist of seventeen trustees. The appointment of the initial trustees shall be as follows: (1) The Governor shall appoint four trustees, one of whom shall serve for a term of one year from July 1, 2000, two of whom shall serve for a term of two years from July 1, 2000, and one of whom shall serve for a term of three years from July 1, 2000; (2) the speaker of the House of Representatives and the president pro tempore of the Senate each shall appoint two trustees, one of whom shall serve for a term of two years from July 1, 2000, and one of whom shall serve for a term of three years from July 1, 2000; (3) the majority leader of the House of Representatives and the majority leader of the Senate each shall appoint two trustees, one of whom shall serve for a term of one year from July 1, 2000, and one of whom shall serve for a term of three years from July 1, 2000; (4) the minority leader of the House of Representatives and the minority leader of the Senate each shall appoint two trustees, one of whom shall serve for a term of one year from July 1, 2000, and one of whom shall serve for a term of two years from July 1, 2000; and (5) the Secretary of the Office of Policy and Management, or the secretary's designee, shall serve as an ex-officio voting member. Following the expiration of such initial terms, subsequent trustees shall serve for a term of three years. Trustees shall continue to serve until their successors are appointed. Any vacancy shall be filled by the appointing authority. Any vacancy occurring other than by expiration of term shall be filled for the balance of the unexpired term. The period of suspension of the board's operations from July 1, 2003, to June 30, 2005, inclusive, shall not be included in the term of any trustee serving on July 1, 2003.The trustees shall serve without compensation except for

reimbursement for necessary expenses incurred in performing their duties. The board of trustees shall establish rules of procedure for the conduct of its business which shall include, but not be limited to, criteria, processes and procedures to be used in selecting programs to receive money from the trust fund. The trust fund shall be within the Office of Policy and Management for administrative purposes only. The board of trustees shall, not later than January first of each year, submit a report of its activities and accomplishments to the joint standing committees of the General Assembly having cognizance of matters relating to public health and appropriations and the budgets of state agencies, in accordance with section 11-4a.

(d) (1) For the fiscal year ending June 30, 2023, and each fiscal year thereafter, the board of trustees, by majority vote, shall recommend authorization of disbursement from the trust fund of the amount deposited in the trust fund for the fiscal year pursuant to subsection (c) of section 4-28e, for the purposes described in subsection (a) of this section and section 19a-6d. The board's recommendations shall give (i) priority to [programs that address tobacco and substance abuse and serve minors, pregnant women and parents of young children,] comprehensive tobacco and nicotine control programs with the goals of prevention of tobacco and nicotine product initiation among youth and young adults, promotion of quitting among adults and youth, elimination of exposure to secondhand smoke and aerosol, identification and elimination of tobacco and nicotine related disparities, and (ii) consideration to the availability of private matching funds. Recommended disbursements from the trust fund shall be in addition to any resources that would otherwise be appropriated by the state for such purposes and programs.

(2) The board of trustees shall submit such recommendations for the authorization of disbursement from the trust fund to the joint standing committees of the General Assembly having cognizance of matters relating to public health and appropriations and the budgets of state agencies. Not later than thirty days after receipt of such recommendations, said committees shall advise the board of their approval, modifications, if any, or rejection of the board's recommendations. If said joint standing committees do not concur, the speaker of the House of Representatives, the president pro tempore of the Senate, the majority leader of the House of Representatives, the majority leader of the Senate, the minority leader of the House of Representatives and the minority leader of the Senate each shall appoint one member from each of said joint standing committees to serve as a committee on conference. The committee on conference shall submit its report to both committees, which shall vote to accept or reject the report. The report of the committee on conference may not be amended. If a joint standing committee rejects the report of the committee on conference, the board's recommendations shall be deemed approved. If the joint standing committees accept the report of the committee

on conference, the joint standing committee having cognizance of matters relating to appropriations and the budgets of state agencies shall advise the board of said joint standing committees' approval or modifications, if any, of the board's recommended disbursement. If said joint standing committees do not act within thirty days after receipt of the board's recommendations for the authorization of disbursement, such recommendations shall be deemed approved. Disbursement from the trust fund shall be in accordance with the board's recommendations as approved or modified by said joint standing committees.

(3) After such recommendations for the authorization of disbursement have been approved or modified pursuant to subdivision (2) of this subsection, any modification in the amount of an authorized disbursement in excess of fifty thousand dollars or ten per cent of the authorized amount, whichever is less, shall be submitted to said joint standing committees and approved, modified or rejected in accordance with the procedure set forth in subdivision (2) of this subsection. Notification of all disbursements from the trust fund made pursuant to this section shall be sent to the joint standing committees of the General Assembly having cognizance of matters relating to public health and appropriations and the budgets of state agencies, through the Office of Fiscal Analysis.

(4) The board of trustees shall submit a biennial report to the joint standing committees of the General Assembly having cognizance of matters relating to public health and appropriations and the budgets of state agencies, in accordance with the provisions of section 11-4a. Such report shall include, but need not be limited to, an accounting of the unexpended amount in the trust fund, if any, all disbursements and other expenditures from the trust fund and an evaluation of the performance and impact of each program receiving funds from the trust fund. Such report shall also include the measurable outcome and evaluation criteria and application process used to select programs to receive such funds.

Section 2: Sec. 53-344 of the general statutes, as amended by section 198 of public act 22-118, is repealed and the following is substituted in lieu thereof (*Effective July 1, 2023*):

(d) (1) [A seller or seller's agent or employee shall request that each person intending to purchase cigarettes or a tobacco product present a driver's license or identity card to establish that such person is twentyone years of age or older.

(2)] A seller or seller's agent or employee may perform a transaction scan to check the validity of a driver's license or identity card presented by a cardholder as a condition for selling, giving away or otherwise distributing cigarettes or a tobacco product to the cardholder.

[(3)] (2) If the information deciphered by the transaction scan performed under subdivision [(2)] (1) of this subsection fails to match the information printed on the driver's license or identity card presented by the cardholder, or if the transaction scan indicates that the information so printed is false or fraudulent, neither the seller nor any seller's agent or employee shall sell, give away or otherwise distribute any cigarettes or a tobacco product to the cardholder.

[(4)] (3) Subdivision [(2)] (1) of this subsection does not preclude a seller or seller's agent or employee from using a transaction scan device to check the validity of a document other than a driver's license or an identity card, if the document includes a bar code or magnetic strip that may be scanned by the device, as a condition for selling, giving away or otherwise distributing cigarettes or a tobacco product to the person presenting the document.

Agency Legislative Proposal – 2023 Session
Document Name:

Document Name	**DPH –Local Health Department Food Protection Program Audits**

Naming Format: AGENCY ACRONYM PROPOSAL NUMBER - TOPIC

Please insert a copy of the fully drafted bill at the end of this document (required for review)

Legislative Liaison	Adam Skowera Adam.skowera@ct.gov 959-529-7244
Division Requesting This Proposal	**Environmental Health and Drinking Water**
Drafter	**Jim Vannoy/ Lisa Kessler**

Title of Proposal	Audits of Local Health Department Food Inspection Programs
Statutory Reference, if any	**§§** 19a-2a and 19a-36g through 19a-36ℓ
Brief Summary and Statement of Purpose	This proposal will authorize the DPH Food Protection Program (FPP) to conduct audits of food inspection programs at local health departments. The DPH FPP has developed a Food Inspection Quality Assurance (QA) Program to conform with the Retail Food Standards of the FDA's Uniform Inspection Program. This is a national standard to improve uniformity of retail food establishment inspections nationwide that states must comply with to remain eligible for FDA grant funding. Providing the authority to conduct audits, as proposed herein, will enhance the effectiveness of the DPH's QA Program. Under this proposal, audits will include a file review of all aspects of the food inspection program along with interviews and joint field inspections with local health department staff if warranted. The intent of this language is to improve uniformity in the application and enforcement of the food regulations and ultimately reduce the risk of foodborne disease.

	This proposal is especially timely given recent instances of food borne illness originating in certain health districts.

SECTION-BY-SECTION SUMMARY
Summarize sections in groups where appropriate

Section 1: Gives the Department additional oversight over Local Health Department's food protection programs by allowing the Department to conduct record review and on-site audits.

BACKGROUND

Origin of Proposal **[X] New Proposal** **[ ] Resubmission**

If this is a resubmission, please share the prior bill number, the reason the bill did not move forward, and any changes made or conversations had since it was last proposed:

Please consider the following, if applicable:

Have there been changes in federal/state laws or regulations that make this legislation necessary?	
Has this proposal or a similar proposal been implemented in other states? If	

yes, to what result?	
Have certain constituencies called for this proposal?	

INTERAGENCY IMPACT
List each affected agency. Copy the table as needed.

[X] Check here if this proposal does NOT impact other agencies

1. Agency Name	
Agency Contact (name, title)	
Date Contacted	
Status	**[ ] Approved [ ] Talks Ongoing**
Open Issues, if any	

FISCAL IMPACT
Include the section number(s) responsible for the fiscal impact and the anticipated impact

[X] Check here if this proposal does NOT have a fiscal impact

State	
Municipal (Include any municipal mandate that can be found within legislation)	There may be a small fiscal impact for local health districts, since they will need to provide files for review and possible staff time associated with gathering materials for these reviews.

Federal	None
Additional notes	

MONITORING & EVALUATION PLAN
If applicable, please describe the anticipated measurable outcomes and the data that will be used to track those outcomes. Include the section number(s) responsible for those outcomes

[ ] Check here if this proposal does NOT lead to any measurable outcomes

The file review data will be tracked using the forms provided in FDA's Standard 4 of the Retail Food Program Standards with modifications to include Connecticut specific items. The risk factor survey will also continue to be used to track frequencies of risk factor violations (for foodborne disease) from local food establishment inspection reports.

ANYTHING ELSE WE SHOULD KNOW?

INSERT FULLY DRAFTED BILL HERE

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) *(Effective July 1, 2023)* The Commissioner shall have the authority to audit local food inspection programs for quality assurance purposes. The information collected for such audits shall include a review of the records of the local food protection program, and may include, but not be limited to interviews and joint food establishment inspections with local health department staff. A report of the audit findings, necessary corrective actions, and

recommendations shall be prepared by the Commissioner and provided to the local director of health.

Agency Legislative Proposal – 2023 Session
Document Name:

Document Name	**Food Inspectors**

Naming Format: AGENCY ACRONYM PROPOSAL NUMBER - TOPIC
Please insert a copy of the fully drafted bill at the end of this document (required for review)

Legislative Liaison	Adam Skowera Adam.skowera@ct.gov 959-529-7244
Division Requesting This Proposal	Environmental Health
Drafter	Adam Skowera

Title of Proposal	Food Inspectors
Statutory Reference, if any	19a-36j
Brief Summary and Statement of Purpose	This proposal would remove the requirement that prospective food inspectors be employed by a local health department before being able to obtain certification. Local health departments have found this requirement burdensome, requiring them to pay staff, sometimes for months, while they work towards certification, and making it impossible for interns to obtain certification.

SECTION-BY-SECTION SUMMARY
Summarize sections in groups where appropriate

Section 1: Removes the requirement that prospective food inspectors be employed and sponsored by a local health director before obtaining certification, as well as strengthening conflict of interest provisions.

BACKGROUND

Origin of Proposal **[X] New Proposal** **[ ] Resubmission**

If this is a resubmission, please share the prior bill number, the reason the bill did not move forward, and any changes made or conversations had since it was last proposed:

Please consider the following, if applicable:

Have there been changes in federal/state laws or regulations that make this legislation necessary?	
Has this proposal or a similar proposal been implemented in other states? If yes, to what result?	
Have certain constituencies called for this proposal?	Connecticut Association of Directors of Health

INTERAGENCY IMPACT
List each affected agency. Copy the table as needed.

[X] Check here if this proposal does NOT impact other agencies

1. Agency Name	
Agency Contact (name, title)	
Date Contacted	
Status	**[ ] Approved [ ] Talks Ongoing**
Open Issues, if any	

FISCAL IMPACT
Include the section number(s) responsible for the fiscal impact and the anticipated impact

[X] Check here if this proposal does NOT have a fiscal impact

State	
Municipal (Include any municipal mandate that can be found within legislation)	
Federal	
Additional notes	

MONITORING & EVALUATION PLAN
If applicable, please describe the anticipated measurable outcomes and the data that will be used to track those outcomes. Include the section number(s) responsible for those outcomes

[ ] Check here if this proposal does NOT lead to any measurable outcomes

If this change is effective, we hope to see an increase in the number of certified food inspectors.

ANYTHING ELSE WE SHOULD KNOW?

INSERT FULLY DRAFTED BILL HERE

Sec. 19a-36j of the general statutes is repealed and the following is substituted in lieu thereof *(Effective January 1, 2024)*:

(a) On and after January 1, 2023, no person shall engage in the practice of a food inspector unless such person has obtained a certification from the commissioner in accordance with the provisions of this section. The commissioner shall develop a training and verification program for food inspector certification that shall be administered by the food inspection training officer at a local health department.

(1) Each person seeking certification as a food inspector shall submit an application to the department on a form prescribed by the commissioner and present to the department satisfactory evidence that such person [(A) is sponsored by the director of health in the jurisdiction in which the applicant is employed to conduct food inspections, (B)] (A) possesses a bachelor's degree or three years of experience in a regulatory food protection program, [(C)] (B) has successfully completed a training and verification program prescribed by the commissioner, [(D)] and (C) has successfully completed the field standardization inspection prescribed by the commissioner[, and (E) is not involved in the ownership or management of a food establishment located in the applicant's jurisdiction].

[(2) Each director of health sponsoring an applicant for certification as a food inspector shall submit to the commissioner a form documenting the applicant's qualifications and successful completion of the requirements described in subdivision (1) of this subsection.]

[(3)] (2) Certifications issued under this section shall be subject to renewal once every three years. A food inspector applying for renewal of his or her certification shall demonstrate successful completion of twenty contact hours in food protection training, as approved by the commissioner, and reassessment by the food inspection training officer.

(b) No person shall be employed within a jurisdiction as a certified food inspector if such person, the person's immediate family, or a business with which such person is associated, as defined in section 1-79 of the General Statutes, (1) has any financial or ownership interest in a food establishment located in the jurisdiction where the food inspector will be employed, (2) engages in any business, employment, or management of a food establishment located in the jurisdiction where the food inspector will be employed, or (3) is the landlord of a food establishment located in the jurisdiction where the food inspector will be employed.

(c) Each director of health employing a food inspector shall submit to the commissioner a form certifying that the food inspector is not prohibited from employment as a food inspector in their jurisdiction under subsection (b) of this section.

[(b)] (d) A certified food inspector shall conduct an inspection of a food establishment in a form and manner prescribed by the commissioner to determine compliance with the food code. The director of health shall ensure all food establishments are inspected at a frequency determined by their risk classification. Such director of health shall evaluate the food establishment's risk classification on an annual basis to determine accuracy. More frequent inspections may be conducted to ensure compliance with the food code. Each food establishment classification shall be inspected pursuant to the following schedule:

(1) Class 1 food establishments shall be inspected at intervals not to exceed three hundred sixty days.

(2) Class 2 food establishments shall be inspected at intervals not to exceed one hundred eighty days.

(3) Class 3 food establishments shall be inspected at intervals not to exceed one hundred twenty days.

(4) Class 4 food establishments shall be inspected at intervals not to exceed ninety days.

(5) Temporary food service establishments shall be inspected prior to the issuance of a permit to operate and as often as necessary to ensure compliance with the food code.

Agency Legislative Proposal – 2023 Session
Document Name:

Document Name	DPH- Change of Ownership

Naming Format: AGENCY ACRONYM PROPOSAL NUMBER - TOPIC

Please insert a copy of the fully drafted bill at the end of this document (required for review)

Legislative Liaison	Adam Skowera Adam.skowera@ct.gov 959-529-7244
Division Requesting This Proposal	Healthcare Quality and Safety Branch, Facility Licensing and Investigations Section
Drafter	Jill Kennedy, Barbara Cass, Adelita Orefice, Henry Salton

Title of Proposal	An Act Concerning Change of Ownership in Healthcare Facilities
Statutory Reference, if any	Section 1. 19a-493. Initial license and renewal. Prior approval for change in ownership. Multicare institution. Regulations.
Brief Summary and Statement of Purpose	Section 1 adds requirements for a facility to provide to the Department when applying for a change ownership. And provides the Department with ability to deny an application based on information provided. Both the Departments of Social Services and Public Health have seen a trend in change of ownership applications, that allow for current nursing home owners having several quality of care violations and staffing concerns continue to purchase other nursing homes. Including nursing home owners from other states that have had their ownership taken away due to patient care concerns.

SECTION-BY-SECTION SUMMARY

Summarize sections in groups where appropriate

This proposal will revise the current requirements for Change of Ownerships in Healthcare Facilities to request further information regarding:

- Owners and any other facilities owned by them
- Disclosure of new ownership direct and indirect interests
- Disclosure of licensure actions against the new owner in other states
- Disclosure of any civil penalties or fines

Additionally, the proposal removes the exemption to allow transfer of 10% or less to a blood relative. Lastly, it Provides the Department with the ability to deny an application

BACKGROUND

Origin of Proposal **[ ] New Proposal** **[X] Resubmission**

If this is a resubmission, please share the prior bill number, the reason the bill did not move forward, and any changes made or conversations had since it was last proposed:
The Department proposed this during the 2022 session in HB 5481. There was opposition from the industry. The 2022 proposal makes some revisions to the language to address their concerns, negotiations will probably still need to take place.

Please consider the following, if applicable:

Have there been changes in federal/state laws or regulations that make this legislation necessary?	
Has this proposal or a similar proposal been implemented in other states? If yes, to what result?	New Jersey enacted legislation to implement new change of ownership policy for nursing homes. The Department modeled our language on this revision.
Have certain constituencies	

called for this proposal?	

INTERAGENCY IMPACT
List each affected agency. Copy the table as needed.

[ ] Check here if this proposal does NOT impact other agencies

1. Agency Name	Department of Social Services
Agency Contact (name, title)	David Seifel
Date Contacted	
Status	**[ ] Approved [X] Talks Ongoing**
Open Issues, if any	DSS has been supportive of this initiative and worked with DPH in 2022 to move forward with a proposal.

FISCAL IMPACT
Include the section number(s) responsible for the fiscal impact and the anticipated impact

[ ] Check here if this proposal does NOT have a fiscal impact

State	
Municipal (Include any municipal mandate that can be found within legislation)	
Federal	

Additional notes	

MONITORING & EVALUATION PLAN
If applicable, please describe the anticipated measurable outcomes and the data that will be used to track those outcomes. Include the section number(s) responsible for those outcomes

[ ] Check here if this proposal does NOT lead to any measurable outcomes

ANYTHING ELSE WE SHOULD KNOW?

INSERT FULLY DRAFTED BILL HERE

Section 1. Section 19a-493 of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2022*):

(a) Upon receipt of an application for an initial license, the Department of Public Health, subject to the provisions of section 19a-491a, shall issue such license if, upon conducting a scheduled inspection and investigation, the department finds that the applicant and facilities meet the requirements established under section 19a-495, provided a license shall be issued to or renewed for an institution, as defined in section 19a-490, only if such institution is not otherwise required to be licensed by the state. If an institution, as defined in subsections (b), (d), (e) and (f) of section 19a-490, applies for license renewal and has been certified as a provider of services by the United States Department of Health and Human Services under Medicare or

Medicaid programs within the immediately preceding twelve-month period, or if an institution, as defined in subsection (b) of section 19a-490, is currently certified, the commissioner or the commissioner's designee may waive on renewal the inspection and investigation of such facility required by this section and, in such event, any such facility shall be deemed to have satisfied the requirements of section 19a-495 for the purposes of licensure. Such license shall be valid for two years or a fraction thereof and shall terminate on March thirty-first, June thirtieth, September thirtieth or December thirty-first of the appropriate year. A license issued pursuant to this chapter, unless sooner suspended or revoked, shall be renewable biennially (1) after an unscheduled inspection is conducted by the department, and (2) upon the filing by the licensee, and approval by the department, of a report upon such date and containing such information in such form as the department prescribes and satisfactory evidence of continuing compliance with requirements established under section 19a-495. In the case of an institution, as defined in subsection (d) of section 19a-490, that is also certified as a provider under the Medicare program, the license shall be issued for a period not to exceed three years, to run concurrently with the certification period. In the case of an institution, as defined in subsection (m) of section 19a-490, that is applying for renewal, the license shall be issued pursuant to section 19a-491. Except in the case of a multicare institution, each license shall be issued only for the premises and persons named in the application. Such license shall not be transferable or assignable. Licenses shall be posted in a conspicuous place in the licensed premises.

(b) **[**(1)**]** A nursing home license may be renewed biennially after **[**(A)**]** (1) an unscheduled inspection conducted by the department, **[**(B)**]** (2) submission of the information required by section 19a-491a, and **[**(C)**]** (3) submission of evidence satisfactory to the department that the nursing home is in compliance with the provisions of this chapter, the regulations of Connecticut state agencies and licensing regulations.

[(2)**]** (c) (1) For the purposes of this subsection, "facility" means any facility licensed by the Department of Public Health pursuant to chapter 368v "institution" has the same meaning as provided in section 19a-490; “business entity” means a corporation, association, trust, estate, partnership, limited partnership, limited liaibility partnership, limited liaibility company, sole proprietorship, joint stock company, nonstock corporation or other legal entity and "organizational chart" means a graphical representation of an organization, including, but not limited to, the relationships between such organization's ownership interests, employees, departments and the jobs within such organization.

(2) Any change in the ownership or beneficial ownership of a facility or institution **[**, as defined in section 19a-490,**]** owned by an individual[, partnership or association or the change in

ownership or beneficial ownership of ten per cent or more of the stock of a corporation] or a business entity which owns, conducts, operates or maintains such facility or institution, including a change in ownership or beneficial ownership resulting in a transfer to a person related by blood or marriage to such an owner or beneficial owner, shall be subject to prior approval of the department. [after a scheduled inspection of such facility or institution is conducted by the department, provided such approval shall be conditioned upon a showing by such facility or institution to the commissioner that it has complied with all requirements of this chapter, the regulations relating to licensure and all applicable requirements of the regulations of Connecticut state agencies. Any such change in ownership or beneficial ownership resulting in a transfer to a person related by blood or marriage to such an owner or beneficial owner shall not be subject to prior approval of the department unless: (A) Ownership or beneficial ownership of ten per cent or more of the stock of a corporation, limited liability company, partnership or association which owns, conducts, operates or maintains more than one facility or institution is transferred; (B) ownership or beneficial ownership is transferred in more than one facility or institution; or (C) the facility or institution is the subject of a pending complaint, investigation or licensure action. If the facility or institution is not in compliance, the commissioner may require the new owner to sign a consent order providing reasonable assurances that the violations shall be corrected within a specified period of time. Notice of any such proposed change of ownership shall be given to the department at least one hundred twenty days prior to the effective date of such proposed change.]

(3) Not later than one hundred twenty days before the proposed date of a change in ownership or beneficial ownership of a facility or institution, the proposed new owner of such facility or institution shall submit an application for approval to the department pursuant to subdivision (1) of this subsection. Such application shall be in a form and manner prescribed by the commissioner and shall include, but need not be limited to, the following:

(A) A cover letter identifying the facility or institution subject to the change including its name, address, county and number and type of beds licensed by the department;

(B) a description of the proposed transaction resulting in the change, including the name of each current owner of the facility or institution;

(C) the name of each proposed new owner or beneficial owner;

(D) the name of each owner of any non-publicly traded parent corporation of each proposed new owner and beneficial owner;

(E) as applicable, (i) the proposed new owner's organizational chart, such proposed new owner's parent business entity's organizational chart, and the organizational chart of each wholly-owned subsidiary of such proposed new owner; and (ii) the current owner's organization chart with the changes in beneficial ownership;

(F) a copy of the agreement of sale or other transfer of ownership interests, and, if applicable, a copy of any lease or management agreements that will be in effect after the transaction;

(G) the name and address of any licensed health care facility owned, operated or managed by each proposed owner or beneficial owner in the United States or any territory of the United States during the five years preceding the date on which such application is submitted and for each such facility;

(i) disclosure of any direct or indirect ownership interests, including such interests in intermediate entities and parent, management and property companies and other related entities;

(ii) a statement whether the facility or institution is not the subject of a pending complaint, investigation or licensure action;

(iii) disclosure of whether the facility or institution has been subject to (i) three or more civil penalties imposed through final order of the commissioner in accordance with the provisions of sections 19a-524 to 19a-528, inclusive, or civil penalties imposed pursuant to the laws or regulations of another state during the two-year period preceding the date on which such application is submitted, (ii) sanctions, other than civil penalties less than or equal to twenty thousand dollars, imposed in any state through final adjudication under the Medicare or Medicaid program pursuant to Title XVIII or XIX of the federal Social Security Act, 42 USC 301, as amended from time to time; and (iii) disclosure of whether the Medicare or Medicaid provider agreement has been terminated or not renewed in any state (iv) any State licensing or Federal certification deficiency during the five year period prior to the submission of the application, which presented a serious risk to the life, safety, or quality of care of the facility's patients or residents as defined in this section.

(4) After receiving an application for change in ownership, the department shall schedule an inspection of such facility or institution to determine if the facility or institution has complied with the requirements of this chapter and the regulations of Connecticut state agencies relating to licensure of such facility or institution.

(5) Each applicant for a change of ownership, including beneficial owners, shall demonstrate character and competence, quality of care, and an acceptable track record of past and current compliance with State licensure requirements, applicable Federal requirements, and State regulatory requirements for a licensed health care facility owned, operated or managed by each proposed owner or beneficial owner in the United States or any territory of the United States during the five years preceding the date on which such application is submitted, including, but not limited to, the following:

(A) three or more civil penalties imposed through final order of the commissioner in accordance with the provisions of sections 19a-524 to 19a-528, inclusive, or civil penalties imposed pursuant to the laws or regulations of another state during the two-year period preceding the date on which such application is submitted; and

(B) sanctions, other than civil penalties less than or equal to twenty thousand dollars, imposed in any state through final adjudication under the Medicare or Medicaid program pursuant to Title XVIII or XIX of the federal Social Security Act, 42 USC 301, as amended from time to time

(C) continuing violations or a pattern of violations of State licensure standards or Federal certification standards or by existence of a criminal conviction or a plea of guilty to a charge of fraud, patient or resident abuse or neglect, or crime of violence or moral turpitude. An application also may be denied where an applicant has violated any State licensing or Federal certification standards in connection with an inappropriate discharge or denial of admission.

(D) citation for any State licensing or Federal certification deficiency during the five year period prior to the submission of the application, which presented a serious risk to the life, safety, or quality of care of the facility's patients or residents, shall be denied, except in cases where the applicant has owned or operated the facility for less than twelve months and the deficiencies occurred during the tenure of the previous owner or operator. Those applicants with track record violations which would result in denial of the application may submit with their application any evidence tending to show that the track record violations do not presage operational difficulties and quality of care violations at the facility which is the subject of the application. A serious risk to life, safety, or quality of care of patients or residents includes, but is not limited to, any deficiency in State licensure or Federal certification requirements (42 C.F.R. 488.400 et seq.) resulting in:

(i) An action by a State or Federal agency to ban, curtail or temporarily suspend admissions to a facility or to suspend or revoke a facility's license;

(ii) A decertification, termination, or exclusion from Medicaid or Medicare participation, including denial of payment for new admissions, imposed by the Department or by the Centers for Medicare and Medicaid Services, as a result of noncompliance with Medicaid or Medicare conditions of participation.

(iii) A citation of any deficiency posing immediate jeopardy at a pattern or widespread scope level, or any deficiency causing actual harm at a widespread scope level, as described at 42 C.F.R. 488;

(iv) A determination that the provider is a "poor performer," on the basis of a finding of substandard quality of care or immediate jeopardy, as described at 42 C.F.R. 488, on the current survey and on a survey during one of the two preceding years. For the purposes of this subchapter, "substandard quality of care" means one or more deficiencies related to participation requirements under 42 C.F.R. 483.13, Resident behavior and facility practices, 42 C.F.R. 483.15, Quality of life, or 42 C.F.R. 483.25, Quality of care, which constitute either immediate jeopardy to resident health or safety; a pattern of or widespread actual harm that is not immediate jeopardy; or a widespread potential for more than minimal harm, but less than immediate jeopardy, with no actual harm;

(v) A determination that the facility has failed to correct deficiencies which have been cited, and where this has resulted in a denial by the Centers for Medicare and Medicaid Services of payment for new admissions or a requirement by the Department to curtail admission.

(6) In addition to the provisions above, and notwithstanding any express or implied limitations contained therein, the Commissioner may deny any application where he or she determines that the there is a pending investigation of actions of the applicant at any facility operated or managed by the applicant which if substantiated would constitute a threat to the life, safety, or quality of care of the patients or residents until such time as there is a final determination of the allegations underlying the investigation.

(7) If the commissioner disapproves a change in ownership, a person related by blood or marriage to the applicant may not apply to acquire ownership interest in the facility

or institution. For the purposes of this subdivision, "a person related by blood or marriage" means a parent, spouse, child, brother, sister, aunt, uncle, niece or nephew.

(8) For the purposes of this [subdivision] subsection, a change in the legal form of the ownership entity, including, but not limited to, changes from a corporation to a limited liability company, a partnership to a limited liability partnership, a sole proprietorship to a corporation and similar changes, shall not be considered a change of ownership if the beneficial ownership remains unchanged and the owner provides such information regarding the change to the department as may be required by the department in order to properly identify the current status of ownership and beneficial ownership of the facility or institution. For the purposes of this subdivision, a public offering of the stock of any corporation that owns, conducts, operates or maintains any such facility or institution shall not be considered a change in ownership or beneficial ownership of such facility or institution if the licensee and the officers and directors of such corporation remain unchanged, such public offering cannot result in an individual or entity owning ten per cent or more of the stock of such corporation, and the owner provides such information to the department as may be required by the department in order to properly identify the current status of ownership and beneficial ownership of the facility or institution.

[(c)] (d) (1) A multicare institution may, under the terms of its existing license, provide behavioral health services or substance use disorder treatment services on the premises of more than one facility, at a satellite unit or at another location outside of its facilities or satellite units that is acceptable to the patient receiving services and is consistent with the patient's assessment and treatment plan. Such behavioral health services or substance use disorder treatment services may include methadone delivery and related substance use treatment services to persons in a nursing home facility pursuant to the provisions of section 19a-495c.

(2) Any multicare institution that intends to offer services at a satellite unit or other location outside of its facilities or satellite units shall submit an application for approval to offer services at such location to the Department of Public Health. Such application shall be submitted on a form and in the manner prescribed by the Commissioner of Public Health. Not later than forty-five days after receipt of such application, the commissioner shall notify the multicare institution of the approval or denial of such application. If the satellite unit or other location is approved, that satellite unit or location shall be deemed to be licensed in accordance with this section and shall comply with the applicable requirements of this chapter and regulations adopted under this chapter.

(3) A multicare institution that is a hospital providing outpatient behavioral health services or

other health care services shall provide the Department of Public Health with a list of satellite units or locations when completing the initial or renewal licensure application.

(4) The Commissioner of Public Health may adopt regulations, in accordance with the provisions of chapter 54, to carry out the provisions of this subsection. The Commissioner of Public Health may implement policies and procedures necessary to administer the provisions of this subsection while in the process of adopting such policies and procedures as regulation, provided the commissioner prints notice of intent to adopt regulations in the Connecticut Law Journal not later than twenty days after the date of implementation. Policies and procedures implemented pursuant to this section shall be valid until the time final regulations are adopted.

Document Name	**DPH- Various Revisions**

Naming Format: AGENCY ACRONYM PROPOSAL NUMBER - TOPIC

Please insert a copy of the fully drafted bill at the end of this document (required for review)

Legislative Liaison	Adam Skowera 860-509-7246 Adam.skowera@ct.gov
Division Requesting This Proposal	Department of Public Health
Drafter	Adam Skowera and Jill Kennedy

Title of Proposal	An Act Concerning Various Revisions
Statutory Reference, if any	**Section 1:** 19a-490 Licensing of institutions. Definitions. **Section 2:** Sec. 20-195n. Licensure requirements. License by endorsement. **Section 3:** Sec. 20-195u. Continuing education requirements: Record-keeping; exemptions; waivers; reinstatement of void licenses. **Section 4:** Sec. 20-265b. License or Permit as an esthetician. Requirements. Exemptions. Disciplinary action. **Section 5:** Sec. 20-265d. License or permit as a nail technician. Requirements. Exemptions. Disciplinary action. **Section 6:** Sec. 20-206mm. Qualifications for licensure and certification. Licensure and certification by endorsement. License and certificate renewal.

	Section 7: Sec. 19a-181. Inspection and registration of ambulance, invalid coach and authorized emergency medical services vehicle. Suspension or revocation of registration certificate. **Section 8:** Sec. 19a-30. Clinical laboratories. Regulation and licensure. Proficiency standards for tests not performed in laboratories. Report re blood collection facilities. Prohibitions. Penalties. Regulations. **Sections 9 and 10:** PA 22-81 Sections 42 and 43 **Section 11:** 19a-200 City, borough and town directors of health. Sanitarians. Authorized agents **Section 12:** PA 22-118 Sec. 412 **Section 13:** Sec. 19a-7o. Hepatitis C testing. **Section 14:** Sec. 19a-127l. Quality of care program. Quality of Care Advisory Committee. **Section 15:** PA 22-118 sec. 81 **Section 16:** 19a-332a Regulations. Fees. **Section 17:** 20-440 Regulations. **Section 18:** 20-478 Regulations. **Section 19:** 19a-111c Abatement of lead in dwellings. List of encapsulant products. Regulations. **Section 20:** 25-32 Department of Public Health jurisdiction over and duties concerning water supplies, water companies and operators of water treatment plants and water distribution systems. **Section 21:** New **Section 22:** PA 22-118 Sec. 141 **Section 23:** Sec. 20-265a. Definitions **Section 24:** 7-60 Fetal death certificates

	Section 25: Sec. 19a-177. Duties of commissioner.
Brief Summary and Statement of Purpose	**Section 1:** revises the definition of assisted living facilities. **Section 2:** removes the requirement for a master social worker to take and pass an exam. **Section 3:** Changes the social worker continuing education requirements to allow for more online education. **Sections 4 and 5:** revise the statutes regarding qualifications for licensure for nail technicians and estheticians to allow for a larger grandfathering window for individuals who were unlicensed before the licensing requirement became in effect. **Section 6:** This proposal will align the paramedic licensure category with other emergency medical services personnel licensing by requiring the National Emergency Medical Services Education Standards testing for licensing. **Section 7:** Revises the statute pertaining to minimum standards for design for emergency medical services vehicles. **Section 8:** Revises the clinical laboratory statutes to include source plasma centers and blood collection facilities and allows the Department to develop regulations to license these facility types. **Sections 9 and 10**: Revises the language regarding physician and psychology compacts to include language that is required by the FBI to complete background checks for the compact. **Section 11:** Revises Qualifications for Directors of Health **Section 12:** Technical Change to Stillborn Tax Credit **Section 13:** Revises the age of patient that primary care providers shall offer Hep C testing to 18 and over and all pregnant women **Section 14:** Allows the department to update data sets and methods to provide public accountability that are 20 years out of date.

	Section 15: Adds the Commissioner of Education to the Commission On Community Gun Violence Intervention and Prevention **Section 16:** Provides for electronic data reporting for completion of asbestos abatement projects **Sections 17 to 19:** Allows the commissioner to adopt policies and procedures. **Section 20:** Allows the commissioner to adopt policies and procedures, and clarifies the Department's jurisdiction over water supply sources for future or emergency use. **Section 21:** Requires DPH, under the terms of the Interstate Medical Licensure Compact, to automatically reverse and rescind discipline from another state if it was based solely on termination of pregnancy under conditions that would not violate Connecticut law. **Section 22:** Makes technical corrections to sodium chloride reporting and makes results submitted to DPH and OPM confidential under 19a-25 **Section 23:** Exempts practitioners of eyebrow threading from Esthetician licensure requirements. **Section 24:** Revises the definition of Fetal Death to align with federal law and reduce confusion **Section 25:** Allows the department to set a rate for certified ambulances to provide non-emergency transport.

SECTION-BY-SECTION SUMMARY
Summarize sections in groups where appropriate

Section 1: revises the definition of assisted living facilities to remove the term "chronic and stable" to allow for end of life services to be provided by an assisted living services agency.

Section 2: This proposal will remove the ASWB masters level social work exam as a requirement for licensure for master social workers. This is based on data produced by the ASWB showing disturbing disparities in exam pass rates between white test takers and test takers of color. Only a little over 50% of black test takers (graduates of accredited SW programs) pass the exam compared to an over 90% pass rate for white test takers. Failure to

pass the exam prohibits licensure. There are no known alternatives to the exam. It is important to note that this will align this licensure category with similar professions such as professional counselor associates and marriage and family associates, who are licensed on the basis of graduation and do not require an examination for this level of licensure.

Section 3: This proposal will revise the continuing education requirements for social workers to allow all hours to be synchronous online education with up to 10 of those hours allowed to be asynchronous. Current language allows up to 10 hours to be "on-line and home study". This change will allow the five currently required to be in person to be online with a live event.

Sections 4 and 5: Address concerns the Department has been hearing from nail technician, and estheticians stating that they didn't know they had to be licensed by a date certain. These individuals have been practicing for a number of years and now need to go through the educational requirements to obtain licensure. These concepts are in place to rectify licensing for a number of individuals who fell through the cracks over the past few years, especially because they were expected to become licensed during the pandemic when they may not have been working and missed information on the requirement. Besides the Department, legislators and the Office of Health Equity have been hearing from these individuals. OHE is supportive of this concept. The proposal will allow individuals up to January 1, 2025 to (1) grandfather in any esthetician who practiced continuously for a 2 year period prior July 1, 2020 or completed an esthetics program approved at the time of graduation by the Office of Higher Education and (2) any nail technician who can provide evidence to the Department that they a) worked as a nail technician for at least two years in Connecticut prior to July 1, 2020, or completed a program approved at the time of graduation by the Office of Higher Education that included nail technician training

Section 6: Makes a technical revision to the statute pertaining to licensure of paramedics to mirror the other EMS personnel licensing requirements to remove subdivision (2) (A) regarding language for reciprocal licensing pertaining to New England States, New Jersey, and New York. Subdivision (1) already allows for individuals from any state to have reciprocal licensing.

Section 7: Revises the statute pertaining to minimum standards for design for emergency medical services vehicles to mirror the national standards. These national standards are reflected in the design criteria of General Services Administration specifications KKK-A-1822. The design criteria describe the type of lights/sirens, emergency lighting, vehicle height, types of surfaces that should be in the interior of the ambulance, and types of life saving medical

devices. These specifications are used in at least 25 states. These standards are also included in the current EMS regulations, section 19a-179-18.

Section 8: this proposal separates out different facility types that have currently fallen under the clinical laboratory regulations by adding new licensure categories for source plasma donation centers and blood collection facilities. The clinical laboratory state and federal regulations contain the highest level of oversight because of the specialized testing that takes place. The types of services provided by source plasma donation centers and blood collection facilities have different requirements and do not need the same level of oversight. Therefore, the Department is removing these facility types from under the umbrella of a clinical laboratory and providing them with their own set of licensing statutes and regulations.

Sections 9 and 10: Connecticut licensed physicians and psychologists are unable to participate in their respective compacts because the FBI has concerns with the language that passed during the 2022 session. Any information found on the FBI background checks can only be shared with an approved state agency and is not allowed to be shared (i.e. with a compact). This language will make a revision to state that only a notice that the individual has a disqualifying offense will be provided to the compact, instead of the whole rap sheet.

Section 11: Under current law, a physician seeking to become a Director of Health faces more stringent course work requirements than a physician that is seeking to become the Commissioner of Public Health. Physicians may have extensive administrative experience and be extremely qualified to become a Director of Health but couldn't if they do not have a degree in Public Health. In order to open up the position to additional qualified individuals, this section removes that requirement.

Section 12: PA 22-118 Sec. 412 created a stillborn tax credit. The language in the public act references a commemorative document created by internal DPH policy that does not appear in statute, has no legal standing, and must be requested by the parent before it is created. To conform with what the General Assembly intended, this section changes the language to Fetal Death Certificate, which is a legal document that appears in CGS 7-60 and is created when there is a fetal death after a period of gestation of twenty weeks or more.

Section 13: CDC's most recent recommendation calls for universal hepatitis C screening for all persons over the age of 18 and for all pregnant women at each pregnancy. This proposed statute change will align the law with current federal recommendations for hepatitis c testing and with new routine HIV Testing legislation passed during the 2022 legislative session.

Section 14: When the Quality of Care Advisory Committee was created, the General Assembly tasked the department with developing set and methods for data and public accountability, but did not give the department power to revise the set and method. Currently, the set and method is twenty years out of date and should be updated to reflect current needs.

Section 15: At the first meeting of the Commission on Community Gun Violence Intervention and Prevention, Commission members agreed that adding the Department of Education would aide in the work of the Commission

Section 16: Currently, the only way to track compliance with certain asbestos regulations is to start an investigation and request a report from the project monitor. This is a staffing intense process that can be eliminated by requiring the final air clearance and post abatement visual inspection be submitted electronically after each project is completed. This can be done using a new tracking system that is currently in development and will be online in the near future.

Section 17 to 20: A number of Environmental Health license categories, including asbestos consultants, lead inspectors and water operators, are labor experiencing shortages. Connecticut currently sets standards for certain license categories above national standards and are not necessarily well aligned with the skill sets necessary to carry out the job functions. Allowing the department to adopt policies and procedures will allow us to address labor shortages while awaiting updated regulations. Also, allowing us to adopt policies and procedures pending finalized regulation will allow us to comply with updated EPA lead dust regulations and adapt to new technologies.

Section 21: The Interstate Medical Licensure Compact requires automatic reciprocal discipline of physician who is participating in the compact has their a license terminated under the rules of their home state. However, rule 6.6 of the Interstate Medical Licensure Compact allows states to immediately terminate, reverse, or rescind such automatic action pursuant to the Medical Practice Act of that state. This section requires DPH rescind such discipline from their Connecticut rescind if such discipline was based solely on the termination of a pregnancy under conditions which would not violate Connecticut law.

Section 22: Makes technical corrections and provides for confidentiality under 19a-25 for results submitted to DPH and OPM in order to guard against unintended consequences for homeowners, such as decreased property values and increased insurance rates.

Section 23: Eyebrow threading is a practice that many people learn in their countries of origin and is not incorporated in esthetics programs. Local health districts are unclear on where this practice falls regarding licensure. Based on the current statute, which includes “beautifying lashes and brows”, it seems that threading may be included. To provide

clarification for local health and prevent individuals from unnecessarily losing work we propose adding eyebrow threading to the list of exemptions.

Section 24: Due to a lack of clarity with the current definition of Fetal Death, medical providers are often confused about when a fetal death certificate is required to be completed. Thus, the Department often receives fetal death certificates in error, challenging our ability to accurately collect and report fetal death data. We are currently contractually obliged to report fetal death data to CDC in accord with the CDC definition. This proposed clarification will align Connecticut's statutory definition of a fetal death with that of the CDC and will improve the quality of Connecticut's fetal death data that is relied upon by CDC, DPH and other public health surveillance and medical research entities.

Section 25: The Department has seen ongoing issues at hospitals where patients that require stretcher transport remain at the hospital for hours, sometimes even full days, longer than necessary because of the lack of available transport. Removing the current prohibition on certified ambulances providing such transport should help relieve this problem.

BACKGROUND

Origin of Proposal **[ ] New Proposal** **[ ] Resubmission**

If this is a resubmission, please share the prior bill number, the reason the bill did not move forward, and any changes made or conversations had since it was last proposed:

Please consider the following, if applicable:

Have there been changes in federal/state laws or regulations that make this legislation necessary?	
Has this proposal or a similar proposal been	

implemented in other states? If yes, to what result?	
Have certain constituencies called for this proposal?	**Section 1.** The Department has a facility that is offering services to individuals at end of life. They don't fall under the definition of a hospice agency, nor do they fall under the definition of an inpatient hospice agency. They do fall under what would be considered an assisted living services agency, but the language in the definition of an ALAS regarding "chronic and stable" doesn't allow for end of life services. This facility provides an important service to their residents. **Section 2.** This proposal came out of discussions with the CT Chapter of the National Association of Social Workers, who provided endorsement for the Department's proposal to move forward. **Section 3.** The CT Chapter of the National Association of Social Workers requested that the Department make the change regarding CE requirements. **Section 11.** A retiring Director of Health suggested revising the requirements

INTERAGENCY IMPACT
List each affected agency. Copy the table as needed.

[ ] Check here if this proposal does NOT impact other agencies

Section 12:

1. Agency Name	Department of Revenue Services
Agency Contact (name, title)	Ernie Adamo, Planning Specialist & Legislative Liaison
Date Contacted	September 21, 2022
Status	**[X] Approved [ ] Talks Ongoing**
Open Issues, if any	

Section 15:

2. Agency Name	Department of Education
Agency Contact (name, title)	Laura Stefon
Date Contacted	September 21, 2022
Status	**[ ] Approved [X] Talks Ongoing**
Open Issues, if any	Waiting for final signoff from the department

FISCAL IMPACT
Include the section number(s) responsible for the fiscal impact and the anticipated impact

[ ] Check here if this proposal does NOT have a fiscal impact

State	
Municipal (Include any municipal mandate that can be found within legislation)	
Federal	
Additional notes	**Section 12:** The fiscal note for PA 22-118 calculated the cost of the tax credit based on the number of fetal deaths in a year so this technical fix will not have a fiscal impact.

MONITORING & EVALUATION PLAN
If applicable, please describe the anticipated measurable outcomes and the data that will be used to track those outcomes. Include the section number(s) responsible for those outcomes

[ ] Check here if this proposal does NOT lead to any measurable outcomes

Section 13: We can track the outcomes by the number of people who test positive for Hepatitis C

ANYTHING ELSE WE SHOULD KNOW?

INSERT FULLY DRAFTED BILL HERE

Section 1. Subsection (l) of Section 19a-490 of the general statutes is repealed and the following is substituted in lieu thereof *(Effective Upon Passage)*:

(l) "Assisted living services agency" means an agency that provides [, among other things,] individuals with services that include, but are not limited to nursing services and assistance with activities of daily living [to a population that is chronic and stable] and may have a dementia special care unit or program as defined in section 19a-562;

Section 2. Section 20-195n of the general statutes is repealed and the following is substituted in lieu thereof *(Effective Upon Passage)*:

(a) No person shall practice clinical social work unless such person has obtained a license pursuant to this section.

(b) An applicant for licensure as a master social worker shall: (1) Hold a master's degree from a social work program accredited by the Council on Social Work Education or, if educated outside the United States or its territories, have completed an educational program deemed equivalent by the council. [; and (2) pass the masters level examination of the Association of Social Work Boards or any other examination prescribed by the commissioner.]

Section 3. Section 20-195u of the general statutes is repealed and the following is substituted in lieu thereof *(Effective October 1, 2023)*:

(a) Except as otherwise provided in this section, each clinical social worker, licensed pursuant to the provisions of this chapter, and, on and after October 1, 2011, each master social worker licensed pursuant to this chapter shall complete a minimum of fifteen hours of continuing

education during each registration period in the following manner: (1) not less than five hours shall be earned through in person or synchronous online education with opportunities for live interaction, and (2) not more than ten hours may be earned through asynchronous online education distance learning or home study. For purposes of this section, "registration period" means the twelve-month period for which a license has been renewed in accordance with section 19a-88 and is current and valid.

(b) Continuing education required pursuant to this section shall be related to the practice of social work and shall include not less than one contact hour of training or education each registration period on the topic of cultural competency and, on and after January 1, 2016, not less than two contact hours of training or education during the first renewal period in which continuing education is required and not less than once every six years thereafter on the topic of mental health conditions common to veterans and family members of veterans, including (1) determining whether a patient is a veteran or family member of a veteran, (2) screening for conditions such as post-traumatic stress disorder, risk of suicide, depression and grief, and (3) suicide prevention training. Such continuing education shall consist of courses, workshops and conferences offered or approved by the Association of Social Work Boards, the National Association of Social Workers or a school or department of social work accredited by the Council on Social Work Education. [A licensee's ability to engage in on-line and home study continuing education shall be limited to not more than ten hours per registration period. Within the registration period, an initial presentation by a licensee of an original paper, essay or formal lecture in social work to a recognized group of fellow professionals may account for five hours of continuing education hours of the aggregate continuing education requirements prescribed in this section.]

(d) A person licensed pursuant to this chapter who holds a professional educator certificate that is endorsed for school social work and issued by the State Board of Education pursuant to sections 10-144o to 10-149, inclusive, may satisfy the continuing education requirements contained in this section by successfully completing professional development activities pursuant to section 10-148a, provided the number of continuing education hours completed by such person is equal to the number of hours per registration period required by this section.

(e) A licensee applying for the first time for license renewal pursuant to section 20-195o shall be exempt from the continuing education requirements of this section. The department may, for a licensee who has a medical disability or illness, grant a waiver of the continuing education requirements or may grant such licensee an extension of time in which to fulfill the requirements, provided the licensee submits to the department an application for waiver or extension of time on a form prescribed by the department along with any documentation required by the department. The department may grant a waiver or extension not to exceed one registration period, except that the department may grant additional waivers or extensions if the initial reason for the waiver or extension continues beyond the period of the waiver or extension. A waiver of the continuing education requirement may be granted by the department to a licensee who is not engaged in social work during a given continuing education registration period,

provided the licensee submits a waiver request prior to the expiration of the continuing education period, on a form prescribed by the department.

(f) Any licensee granted a waiver of the continuing education requirements pursuant to the provisions of subsection (e) of this section shall be required to complete seven hours of continuing education not later than six months from the date on which such licensee returned to active practice. In addition, such licensee shall comply with the certificate of completion requirements prescribed in subsection (c) of this section.

(g) Any licensee whose license has become void pursuant to the provisions of subsection (f) of section 19a-88, who applies to the department for reinstatement of such license, shall submit with such application evidence documenting that such applicant has successfully completed seven hours of continuing education within the one-year period immediately preceding the date of application for reinstatement.

Section 4. Section 20-265b of the general statutes is repealed and the following is substituted in lieu thereof *(Effective Upon Passage)*:

(a) On and after July 1, 2020, except as provided in subsection (g) of this section, no person may practice as an esthetician without obtaining a license or temporary permit from the Department of Public Health under this section or section 20-265f.

(b) On and after January 1, 2020, each person seeking an initial license as an esthetician shall apply to the department on a form prescribed by the department, accompanied by an application fee of one hundred dollars and evidence that the applicant (1) has completed a course of not less than six hundred hours of study and received a certification of completion from a school approved under section 20-265g or section 20-26 or in a school outside of the state whose requirements are equivalent to a school approved under section 20-265g, or (2) (A) if applying before January 1, [2022]2025, has practiced esthetics continuously in this state for a period of not less than two years prior to July 1, 2020, or (B) completed a course of study and received a certification of completion from a school approved under section 20-265g or section 20-26 and [(B)] (C) is in compliance with the infection prevention and control plan guidelines prescribed by the department under section 19a-231 in the form of an attestation.

Section 5. Section 20-265d of the general statutes is repealed and the following is substituted in lieu thereof *(Effective Upon Passage)*:

(a) On and after January 1, 2021, except as provided in subsection (g) of this section, no person may practice as a nail technician without obtaining a license or temporary permit from the department under this section or section 20-265f or a nail technician trainee license under section 20-265e.

(b) On and after October 1, 2020, each person seeking an initial license as a nail technician shall apply to the department on a form prescribed by the department, accompanied by an application fee of one hundred dollars and evidence that the applicant (1) has completed a course of not less than one hundred hours of study and received a certificate of completion from a school approved under section 20-265g or section 20-262 or in a school outside of the state whose requirements are equivalent to a school approved under section 20-265g, or (2) (A) if the applicant is applying on or before January 1, [2022]2025, has practiced as a nail technician continuously in this state for a period of not less than two years prior to January 1, 2021, and is in compliance with the infection prevention and control plan guidelines prescribed by the department under section 19a-231 in the form of an attestation, or (B) has received a certification of completion from a school approved under section 20-265g or section 20-26, OR (C) has obtained a license as a nail technician trainee and a statement signed by the applicant's supervisor at the spa or salon where the licensed nail technician trainee is employed documenting completion of the minimum requirements specified in section 20-265e. If an applicant employed as a nail technician on or after September 30, 2020, does not have evidence satisfactory to the commissioner of continuous practice as a nail technician for not less than two years, such applicant may apply to the department for a nail technician trainee license, under section 20-265e, provided such person applies for an initial trainee license not later than January 1, 2021.

Section 6. Subsection (b) of section 20-206mm of the general statutes is repealed and the following is substituted in lieu thereof *(Effective Upon Passage)*:

(b) An applicant for licensure by endorsement shall present evidence satisfactory to the commissioner that the applicant (1) is licensed or certified as a paramedic in another state or jurisdiction whose requirements for practicing in such capacity are substantially similar to or higher than those of this state and that the applicant has no pending disciplinary action or unresolved complaint against him or her, or (2) (A) [is currently licensed or certified as a paramedic in good standing in any New England state, New York or New Jersey, (B)] has completed an initial training program consistent with the National Emergency Medical Services Education Standards, as promulgated by the National Highway Traffic Safety Administration for the paramedic scope of practice model conducted by an organization offering a program that is recognized by the national emergency medical services program accrediting organization, [(C)] (B) for applicants applying on or after January 1, 2020, has completed mental health first aid training as part of a program provided by an instructor certified by the National Council for Behavioral Health or any other certifying organization with substantially similar certification requirements, as determined by the commissioner, and [(D)] (C) has no pending disciplinary action or unresolved complaint against him or her.

Section 7. Section 19a-181 is repealed and the following is substituted in lieu thereof *(Effective July 1, 2023)*:

(a) In addition to the inspection required under subsection (b) of this section, each ambulance and invalid coach used by an emergency medical service organization shall be inspected to verify such ambulance or invalid coach has met the minimum standards prescribed by the Commissioner of Public Health. Such inspection shall be conducted (1) in accordance with 49 CFR 396.17, as amended from time to time, and (2) by a person (A) qualified to perform such inspection in accordance with 49 CFR 396.19 and 49 CFR 396.25, as amended from time to time, and (B) employed by the state or a municipality of the state or licensed in accordance with section 14-52. A record of each inspection shall be made in accordance with section 49 CFR 396.21, as amended from time to time. Each inspector, upon determining that such ambulance or invalid coach meets the standards of safety and equipment prescribed by the Commissioner of Public Health, shall provide notification to the emergency medical services organization in such manner and form as said commissioner designates. The Commissioner of Public Health shall affix a safety certificate sticker in the rear compartment of such ambulance or invalid coach in a location readily visible to any person.

(b) Each authorized emergency medical services vehicle used by an emergency medical service organization shall be inspected by the Department of Public Health to verify the authorized emergency medical services vehicle is in compliance with the minimum standards for vehicle design and equipment as prescribed by the Commissioner of Public Health. Such minimum standards shall include, but not be limited to, the following:

(1) All ambulances shall meet or exceed the design criteria of General Services Administration specifications KKK-A-1822, as amended from time to time, with an exemption allowed for color schemes of the vehicle and decals;

(2) All authorized emergency medical services vehicles shall have only the name of the service operating the vehicle visible on the two opposite sides of the vehicle;

(3) All authorized medical services vehicle shall be equipped with the equipment required for that specific vehicle classification required pursuant to section 19a-194; and

(4) All authorized emergency medical service vehicles shall comply with all state and federal safety, design, and equipment requirements.

(c) Each inspector, upon determining that such authorized emergency medical services vehicle meets the standards of safety and equipment prescribed by the Commissioner of Public Health, shall affix a compliance certificate in the rear compartment of such vehicle, in such manner and form as said commissioner designates, and such sticker shall be so placed as to be readily visible to any person. The Commissioner of Public Health or the commissioner's designee may inspect any rescue vehicle used by an emergency medical service organization for compliance with the minimum equipment standards prescribed by said commissioner.

[(c)] (d) Each authorized emergency medical services vehicle shall be registered with the Department of Motor Vehicles pursuant to chapter 246. The Department of Motor Vehicles shall not issue a certificate of registration for any such authorized emergency medical services vehicle unless the applicant for such certificate of registration presents to said department a compliance certificate from the Commissioner of Public Health certifying that such authorized emergency

medical services vehicle has been inspected and has met the minimum safety and vehicle design equipment standards prescribed by the Commissioner of Public Health. Each vehicle registered with the Department of Motor Vehicles in accordance with this subsection shall be inspected by the Commissioner of Public Health or the commissioner's designee not less than once every two years on or before the anniversary date of the issuance of the certificate of registration.
[(d)] (e) The Department of Motor Vehicles shall suspend or revoke the certificate of registration of any vehicle inspected under the provisions of this section upon certification from the Commissioner of Public Health that such ambulance or rescue vehicle has failed to meet the minimum standards prescribed by said commissioner.

Section 8. Section 19a-30 of the general statutes is repealed and the following is substituted in lieu thereof *(Effective October 1, 2023)*: (Please note that this section of statute is supposed to be engrossed into chapter 368v – we expect it to have a new statute # when the statutes come out in January)

(a) Definitions As used in this section,

(1) "[clinical] Clinical laboratory" means any facility or other area used for microbiological, serological, chemical, hematological, immunohematological, biophysical, cytological, pathological or other examinations of human body fluids, secretions, excretions or excised or exfoliated tissues, for the purpose of providing information for the diagnosis, prevention or treatment of any human disease or impairment, for the assessment of human health or for the presence of drugs, poisons or other toxicological substances.

(2) "Blood collection facility" means a facility that performs blood component collection activities where blood is removed from a human being for the purpose of administering said blood or any of its components to any human being, but does not include blood collection activities to collect source plasma or to perform testing that would require a clinical laboratory license.

(3) "Plasmapheresis" means a procedure in which blood is removed from a donor, the plasma separated from the formed elements, and at least the red blood cells are returned to the donor at the time of donation.

(4) "Source plasma" means the liquid portion of human blood collected by plasmapheresis and intended as source material for further manufacturing use, but does not include single donor plasma products intended for intravenous use .

(5) "Source plasma donation center" means a facility where source plasma is collected by plasmapheresis.

(6) "Business entity" means a corporation, association, trust, estate, partnership, limited partnership, limited liability partnership, limited liability company, sole proprietorship, joint stock

company, nonstock corporation, the John Dempsey Hospital, or the University of Connecticut Health Center.

(b) The Department of Public Health shall adopt regulations, in accordance with the provisions of chapter 54, to establish reasonable standards governing [exemptions from the licensing provisions of this section,] clinical [laboratory] laboratories, blood collection facilities, and source plasma donation centers that include but are not limited to the following: entities exempt from Connecticut clinical laboratory licensure, operations and facilities, personnel qualifications and certification, levels of acceptable proficiency in testing programs approved by the department, the collection, acceptance and suitability of specimens for analysis and such other pertinent laboratory functions, including the establishment of advisory committees, as may be necessary to insure public health and safety. The commissioner may implement policies and procedures necessary to administer the provisions of this section while in the process of adopting such policies and procedures as regulations, provided the department posts such policies and procedures on the eRegulations System prior to adopting them. Policies and procedures implemented pursuant to this section shall be valid until regulations are adopted in accordance with the provisions of chapter 54.

(c) No [person, firm or corporation] individual or business entity shall establish, conduct, operate or maintain a clinical laboratory, blood collection facility or source plasma donation center unless such [laboratory] facility is licensed or approved by said department in accordance with its regulations. A blood collection facility or plasmapheresis center as defined in the department's regulations that is registered with the department as of the effective date of this act shall submit an application of initial license when licensure procedures are implemented by the department. Renewal of such registrations shall not be permitted thereafter. Each clinical laboratory, blood collection facility or source plasma donation center shall comply with all standards for clinical laboratories, blood collection facilities or source plasma donation centers established by the department and shall be subject to inspection by said department, including inspection of all records necessary to carry out the purposes of this section. [The commissioner, or an agent authorized by the commissioner, may conduct any inquiry, investigation or hearing necessary to enforce the provisions of this section or regulations adopted under this section and shall have power to issue subpoenas, order the production of books, records or documents, administer oaths and take testimony under oath relative to the matter of such inquiry, investigation or hearing. At any such hearing ordered by the department, the commissioner or such agent may subpoena witnesses and require the production of records, papers and documents pertinent to such hearing. If any person disobeys such subpoena or, having appeared in obedience thereto, refuses to answer any pertinent question put to such person by the commissioner or such agent or to produce any records and papers pursuant to the subpoena, the commissioner or such agent may apply to the superior court for the judicial district of Hartford or for the judicial district wherein the person resides or wherein the business has been conducted, setting forth such disobedience or refusal and said court shall cite such person to appear before said court to answer such question or to produce such records and papers.]

[(c)] (d) Each application for the initial or renewal licensure of a clinical laboratory[, if such laboratory is located within an institution licensed in accordance with sections 19a-490 to 19a-503, inclusive,] shall be made [on forms provided] in a form and manner as prescribed by [said] the department and shall be executed by the owner or owners or by a responsible officer of the business entity owning the laboratory and be accompanied by the fee required under subsection (g) of this section. [Such application shall contain a current itemized rate schedule, full disclosure of any contractual relationship, written or oral, with any practitioner using the services of the laboratory and such other information as said department requires, which may include affirmative evidence of ability to comply with the standards as well as a sworn agreement to abide by them. Upon receipt of any such application, said department shall make such inspections and investigations as are necessary and shall deny licensure when operation of the clinical laboratory would be prejudicial to the health of the public. Licensure shall not be in force until notice of its effective date and term has been sent to the applicant.]

(d) Each application for an initial and renewal license for a blood collection facility shall be in a form and manner as prescribed by the said department and shall be executed by the owner or owners or by a responsible officer of the business entity owning the blood collection facility and be accompanied by the fee required under subsection (g) of this section. A mobile or temporary blood collection facility shall not be required to obtain a license if such person or business entity operating said facility is licensed as a blood collection facility.

(e) Each application for an initial and renewal license for a source plasma donation center shall in a form and manner as prescribed by the said department and shall be executed by the owner or owners or by a responsible officer of the business entity owning the source plasma donation center and be accompanied by the fee required under subsection (g) of this section.

(f) Upon receipt of any such application for initial or renewal clinical laboratory, blood collection facility or source plasma donation center, the department shall make such inspections and investigations as the department deems necessary to determine eligibility for licensure. The commissioner may require as a condition of licensure that an applicant sign a consent order providing reasonable assurances of compliance with federal and state statute and regulations. The Department may deny licensure when operation of the clinical laboratory, blood collection facility or plasma donation center where there has been a demonstrated failure to comply the federal and state statutes and regulations or the department determines licensure of would pose an threat to the health, safety and well-being of the clients. Licensure shall not be in force until notice of its effective date and term has been sent to the applicant

[(d)] (g) A nonrefundable fee of [two] six hundred fifty dollars shall accompany each application for a license or for renewal of a clinical laboratory, blood collection facility, and plasma donation center [thereof]. Each license shall be issued for a period of not less than twenty-four [nor more than twenty-seven] months [from the deadline for applications established by the commissioner]. Renewal applications shall be made [(1)] biennially within the twentieth [twenty-

fourth] month of the current license[; (2) before any]. Any change in ownership shall be in compliance with section 19a-493. [or] The facility shall notify the Department when a change in director is made; [and (3)] or prior to any major expansion or alteration in quarters in a form and manner as prescribed by the Commissioner. The licensed clinical laboratory shall report to the Department of Public Health, in a form and manner prescribed by the commissioner, the name and address of each [blood] specimen collection facility owned and operated by the clinical laboratory, prior to the issuance of a new license, prior to the issuance of a renewal license or whenever a [blood] specimen collection facility opens or closes.

[(e)] (h) A license issued under this section may be revoked or suspended in accordance with chapter 54 or subject to any other disciplinary action specified in section 19a-17 if such laboratory, blood collection facility or source plasma donation center has engaged in fraudulent practices, fee-splitting inducements or bribes, including but not limited to violations of subsection (i) [(f)] of this section, or violated any other provision of this section or regulations adopted under this section after notice and a hearing is provided in accordance with the provisions of said chapter.

[(f)] (i) No representative or agent of a clinical laboratory shall solicit referral of specimens to his or any other clinical laboratory in a manner which offers or implies an offer of fee-splitting inducements to persons submitting or referring specimens, including inducements through rebates, fee schedules, billing methods, personal solicitation or payment to the practitioner for consultation or assistance or for scientific, clerical or janitorial services.

[(g)] (j) No clinical laboratory, blood collection facility or source plasma donation center shall terminate the employment of an employee because such employee reported a violation of this section to the Department of Public Health.

[(h)] (k) Any individual or business entity operating a clinical laboratory, blood collection facility or source plasma donation center in violation of this section shall be fined not less than one hundred dollars or more than three hundred dollars for each offense. For purposes of calculating civil penalties under this section, each day a licensee operates in violation of this section or a regulation adopted under this section shall constitute a separate violation.

[(i)] (*l*) The Commissioner of Public Health shall adopt regulations in accordance with the provisions of chapter 54 to establish levels of acceptable proficiency to be demonstrated in testing programs approved by the department for those laboratory tests which are not performed in a licensed clinical laboratory. Such levels of acceptable proficiency shall be determined on the basis of the volume or the complexity of the examinations performed.

Section 9. New *(Effective July 1, 2023)*.

(a) For the purposes of this section, physician means a person licensed in accord with section 20-13 of the General Statutes.

(b) The Department of Public Health shall require each physician applicant who indicates an intention to apply within one year for a license in one or more other states to submit to a state and national fingerprint-based criminal history record check to the Department of Emergency Services and Public Protection which shall report the results of such checks to the Department of Public Health pursuant to section 29-17a of the general statutes.

Section 10. (New) *(Effective July 1, 2023)*

(a) For the purposes of this section, "Psychologist" means an individual licensed for the independent practice of psychology, and "License" means authorization by a state psychology regulatory authority to engage in the independent practice of psychology, which practice would be unlawful without the authorization.

(b) The Commissioner of Public Health shall require each applicant for a license, as a psychologist, to submit to a state and national fingerprint-based criminal history record check pursuant to section 29-17a of the general statutes.

Section 11. Sec. 19a-200 of the general statutes is repealed and the following is substituted in lieu thereof *(Effective July 1, 2023)*

(a) The mayor of each city, the chief executive officer of each town and the warden of each borough shall, unless the charter of such city, town or borough otherwise provides, nominate some person to be director of health for such city, town or borough, which nomination shall be confirmed or rejected by the board of selectmen, if there be such a board, otherwise by the legislative body of such city or town or by the burgesses of such borough within thirty days thereafter. Notwithstanding the charter provisions of any city, town or borough with respect to the qualifications of the director of health, on and after [October 1, 2010] July 1, 2023, any person nominated to be a director of health shall (1) be a licensed physician [and hold a degree in public health from an accredited school, college, university or institution**]**, or (2) hold a graduate degree in public health from an accredited institution of higher education. The educational requirements of this section shall not apply to any director of health nominated or otherwise appointed as director of health prior to October 1, 2010. In cities, towns or boroughs with a population of forty thousand or more for five consecutive years, according to the estimated population figures authorized pursuant to subsection (b) of section 8-159a, such director of health shall serve in a full-time capacity, except where a town has designated such director as the chief medical advisor for its public schools under section 10-205, and shall not, during such director's term of office, have any financial interest in or engage in any employment, transaction or professional activity that is in substantial conflict with the proper discharge of the duties required of directors of health by the general statutes or the regulations of Connecticut state agencies or specified by the appointing authority of the city, town or borough in its written agreement with such director. Such director of health shall have and

exercise within the limits of the city, town or borough for which such director is appointed all powers necessary for enforcing the general statutes, provisions of the regulations of Connecticut state agencies relating to the preservation and improvement of the public health and preventing the spread of diseases therein. In case of the absence or inability to act of a city, town or borough director of health or if a vacancy exists in the office of such director, the appointing authority of such city, town or borough may, 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, provided the commissioner may appoint such acting director if the city, town or borough fails to do so. The person so designated, when sworn, shall have all the powers and be subject to all the duties of such director. In case of vacancy in the office of such director, if such vacancy exists for thirty days, said commissioner may appoint a director of health for such city, town or borough. Said commissioner, may, for cause, remove an officer the commissioner or any predecessor in said office has appointed, and the common council of such city, town or the burgesses of such borough may, respectively, for cause, remove a director whose nomination has been confirmed by them, provided such removal shall be approved by said commissioner; and, within two days thereafter, notice in writing of such action shall be given by the clerk of such city, town or borough, as the case may be, to said commissioner, who shall, within ten days after receipt, file with the clerk from whom the notice was received, approval or disapproval. Each such director of health shall hold office for the term of four years from the date of appointment and until a successor is nominated and confirmed in accordance with this section. Each director of health shall, annually, at the end of the fiscal year of the city, town or borough, file with the Department of Public Health a report of the doings as such director for the year preceding.

Section 12. PA 22-118 Sec. 412 is repealed and the following is substituted in lieu thereof *(Upon Passage, and applicable to taxable years commencing on or after January 1, 2022)*

A taxpayer shall be allowed a credit against the tax imposed under chapter 229 of the general statutes, other than the liability imposed by section 12-707 of the general statutes, in the amount of two thousand five hundred dollars for the [birth of a stillborn child] delivery of a fetus born dead for which a fetal death certificate has been filed, provided such child would have been a dependent on such taxpayer's federal income tax return. The credit shall be allowed for the taxable year for which a [stillbirth] fetal death occurred [certificate is issued by the State Vital Records Office of the Department of Public Health].

Section 13: Sec. 19a-7o of the general statutes is repealed and the following is substituted in lieu thereof *(Effective July 1, 2023)*

(a) For purposes of this section:

(1) “Hepatitis C screening test” means a laboratory test that detects the presence of hepatitis C virus antibodies in the blood;

(2) "Hepatitis C diagnostic test" means a laboratory test that detects the presence of hepatitis C virus in the blood and provides confirmation of whether the person whose blood is being tested has a hepatitis C virus infection;

(3) "Primary care provider" means a physician, advanced practice registered nurse or physician assistant who provides primary care services and is licensed by the Department of Public Health pursuant to title 20; and

(4) "Primary care" means the medical fields of family medicine, general pediatrics, primary care, internal medicine, primary care obstetrics or primary care gynecology, without regard to board certification.

(b) On and after [October 1, 2014] October 1, 2023, a primary care provider shall offer to provide to, or order for, [who was born between 1945 to 1965, inclusive] each patient over the age of 18, and all pregnant women during each pregnancy, a hepatitis C screening test or hepatitis C diagnostic test at the time the primary care provider provides services to such patient, except a primary care provider is not required to offer to provide to, or order for, such patient a hepatitis C screening test or hepatitis C diagnostic test when the primary care provider reasonably believes: (1) Such patient is being treated for a life-threatening emergency; (2) such patient has previously been offered or has received a hepatitis C screening test; or (3) such patient lacks the capacity to consent to a hepatitis C screening test. Primary care providers shall offer testing to all adult patients however, patients may opt out of testing.

Section 14: Sec. 19a-127l of the general statutes is repealed and the following is substituted in lieu thereof *(Effective July 1, 2023)*

(a) There is established a quality of care program within the Department of Public Health. The department shall develop for the purposes of said program (1) a standardized data set to measure the clinical performance of health care facilities, as defined in section 19a-630, and require such data to be collected and reported periodically to the department, including, but not limited to, data for the measurement of comparable patient satisfaction, and (2) methods to provide public accountability for health care delivery systems by such facilities. The department shall develop such set and methods for [hospitals during the fiscal year ending June 30, 2003, and the committee established pursuant to subsection (c) of this section shall consider and may recommend to the joint standing committee of the General Assembly having cognizance of matters relating to public health the inclusion of other health care facilities in each subsequent year.] health care facilities and may revise such set and methods as appropriate.

Section 15: PA 22-118 Sec. 81 is repealed and the following is substituted in lieu thereof *(Effective Upon Passage)*

(a) There is established a Commission on Community Gun Violence Intervention and Prevention to advise the Commissioner of Public Health on the development of evidence-based, evidenced-informed, community-centric gun programs and strategies to reduce community gun violence in the state. The commission shall be within the Department of Public Health for administrative purposes only.

(b) The commission shall be composed of the following members:

(1) Two appointed by the speaker of the House of Representatives, one of whom shall be a representative of the Connecticut Hospital Association and one of whom shall be a representative of Compass Youth Collaborative;

(2) Two appointed by the president pro tempore of the Senate, one of whom shall be a representative of the Connecticut Violence Intervention Program and one of whom shall be a representative of the Regional Youth Adult Social Action Partnership;

(3) Two appointed by the majority leader of the House of Representatives, one of whom shall be a representative of Hartford Communities That Care, Inc. and one of whom shall be a representative of CT Against Gun Violence;

(4) Two appointed by the majority leader of the Senate, one of whom shall be a representative of Project Longevity and one of whom shall be a representative of Saint Francis Hospital and Medical Center;

(5) One appointed by the minority leader of the House of Representatives, who shall be a representative of Yale New Haven Hospital;

(6) One appointed by the minority leader of the Senate, who shall be a representative of Hartford Hospital;

(7) One appointed by the House chairperson of the joint standing committee of the General Assembly having cognizance of matters relating to public health, who shall be a representative of the Greater Bridgeport Area Prevention Program;

(8) One appointed by the Senate chairperson of the joint standing committee of the General Assembly having cognizance of matters relating to public health, who shall be a representative of a community gun violence reduction program;

(9) One appointed by the executive director of the Commission on Women, Children, Seniors,

Equity and Opportunity, who shall be a representative of the Health Alliance for Violence Intervention;

(10) Two appointed by the Commissioner of Public Health;

(11) Two appointed by the Governor, one of whom shall be a member of the faculty at an academic institution and have experience in gun violence prevention and one of whom is an advocate for survivors of violent crime;

(12) One appointed by the minority leader of the House of Representatives, who shall be employed as the highest-ranking professional police officer of an organized police department of a municipality within the state;

(13) One appointed by the minority leader of the Senate, who shall be a youth representative of a group that advocates on behalf of justice-involved youth;

(14) The Commissioner of Public Health;

(15) The Commissioner of Children and Families, or the commissioner's designee;

(16) The Commissioner of Social Services, or the commissioner's designee; [and]

(17) The Commissioner of Education, or the commissioner's designee; and

[(17)] (18) The executive director of the Commission on Women, Children, Seniors, Equity and Opportunity, or the executive director's designee.

Section 16: Section 19a-332a of the general statutes is repealed and the following is substituted in lieu thereof *(Effective October 1, 2023)*:

(a) The commissioner, within available appropriations, and after consultation with the Labor Commissioner, shall adopt regulations in accordance with the provisions of chapter 54 to administer the provisions of sections 19a-332 to 19a-332c, inclusive. Such regulations shall include, but need not be limited to, the following: (1) Standards for the proper performance of asbestos abatement; (2) procedures for enforcement action; (3) procedures for inspection of asbestos abatement by employees of the department; (4) minimum standards for completion of asbestos abatement projects.

(b) On and after the effective date of any regulations adopted pursuant to this section, no person shall engage in asbestos abatement without following the provisions of sections 19a-332 to 19a-332c, inclusive, and such regulations.

(c) The commissioner shall prescribe electronic reporting requirements and develop a data collection system to monitor compliance with the regulations concerning completion of asbestos abatement projects.

[(c)] (d) Notwithstanding any regulations to the contrary, the Commissioner of Public Health shall charge the following fees for the services of the department in connection with asbestos abatement: (1) Notification of abatement, less than one hundred sixty square feet, one hundred dollars; (2) notification of abatement, one hundred sixty square feet or greater, one hundred dollars plus one per cent of the total abatement cost, up to a maximum of five thousand dollars; (3) reinspections, one hundred dollars; (4) asbestos alternative work practice review, two hundred dollars; and (5) notice of demolition activities, fifty dollars.

Section 17: Section 20-440 of the general statutes is repealed and the following is substituted in lieu thereof *(Effective upon passage):*

(a) The commissioner shall adopt regulations in accordance with the provisions of chapter 54 to administer the provisions of subsection (c) of section 19a-14, sections 19a-332 and 20-435 to 20-441, inclusive. Such regulations shall include, but not be limited to, the following: (1) Passing scores for licensure examination of asbestos consultants; (2) standards for the licensing of asbestos contractors and asbestos consultants; (3) standards for approval of training programs of asbestos abatement and asbestos consultation services under section 20-439, including standards for successful completion of such programs; (4) standards and procedures for suspension and revocation of certification of asbestos consultants, asbestos abatement workers and asbestos abatement supervisors; and (5) standards and procedures for suspension and withdrawal of approval of training programs.

(b) The regulations required under subsection (a) of this section shall be revised, as necessary, to ensure that such regulations meet or exceed the requirements of the United States Environmental Protection Agency's model accreditation plan in accordance with federal regulations, as from time to time amended. The commissioner may implement policies and procedures necessary to administer the provisions of this section while in the process of adopting such policies and procedures as regulations, provided the department posts such policies and procedures on the eRegulations System prior to adopting them. Policies and procedures implemented pursuant to this section shall be valid until regulations are adopted in accordance with the provisions of chapter 54.

Section 18: Section 20-478 of the general statutes is repealed and the following is substituted in lieu thereof *(Effective upon passage):*

The commissioner shall adopt regulations, in accordance with the provisions of chapter 54, to administer the provisions of sections 20-475 and 20-476. Such regulations shall include, but not be limited to, the following: (1) Standards for licensure of lead abatement contractors and lead consultant contractors; (2) passing scores for certification examinations of lead inspectors, lead inspector risk assessors and lead abatement supervisors; and (3) standards for certification of lead inspectors, lead inspector risk assessors, lead planner-project designers, lead abatement supervisors and lead abatement workers. The commissioner may implement policies and procedures necessary to administer the provisions of this section while in the process of adopting such policies and procedures as regulations, provided the department posts such policies and procedures on the eRegulations System prior to adopting them. Policies and procedures implemented pursuant to this section shall be valid until regulations are adopted in accordance with the provisions of chapter 54.

Section 19: Subsection (c) of section 19a-111c is repealed and the following is substituted in lieu thereo*f (Effective upon passage):*

(c) (1) The Commissioner of Public Health may adopt regulations, in accordance with chapter 54, to regulate paint removal from the exterior of any building or structure where the paint removal project may present a health hazard to neighboring premises. The regulations may establish: (A) Definitions, (B) applicability and exemption criteria, (C) procedures for submission of notifications, (D) appropriate work practices, and (E) penalties for noncompliance.

(2) The Commissioner of Public Health may adopt regulations, in accordance with chapter 54, to regulate the standards and procedures for testing, remediation, as defined in this section, abatement and management of materials containing toxic levels of lead in any premises.

(3) The commissioner may implement policies and procedures necessary to administer the provisions of this section while in the process of adopting such policies and procedures as regulations, provided the department posts such policies and procedures on the eRegulations System prior to adopting them. Policies and procedures implemented pursuant to this section shall be valid until regulations are adopted in accordance with the provisions of chapter 54.

Section 20: Subsection (n) of section 25-32 is repealed and the following is substituted in lieu thereof *(Effective upon passage)*

(a) The Department of Public Health shall have jurisdiction over all matters concerning the purity and adequacy of any water supply source used by or for which the right to use the water supply source for future or emergency use is held by any municipality, public institution or water company for obtaining water, the safety of any distributing plant and system for public

health purposes, the adequacy of methods used to assure water purity, and such other matters relating to the construction and operation of such distributing plant and system as may affect public health.

(b) No water company shall sell, lease, assign or otherwise dispose of or change the use of any watershed lands, except as provided in section 25-43c, without a written permit from the Commissioner of Public Health. The commissioner shall not grant: (1) A permit for the sale of class I land, except as provided in subsection (d) of this section, (2) a permit for the lease of class I land except as provided in subsection (p) of this section, or (3) a permit for a change in use of class I land unless the applicant demonstrates that such change will not have a significant adverse impact upon the present and future purity and adequacy of the public drinking water supply and is consistent with any water supply plan filed and approved pursuant to section 25-32d. The commissioner may reclassify class I land only upon determination that such land no longer meets the criteria established by subsection (a) of section 25-37c because of abandonment of a water supply source or a physical change in the watershed boundary. Not more than fifteen days before filing an application for a permit under this section, the applicant shall provide notice of such intent, by certified mail, return receipt requested, to the chief executive officer and the chief elected official of each municipality in which the land is situated.

(c) The commissioner may grant a permit for the sale, lease, assignment or change in use of any land in class II subject to any conditions or restrictions in use which the commissioner may deem necessary to maintain the purity and adequacy of the public drinking water supply, giving due consideration to: (1) The creation and control of point or nonpoint sources of contamination; (2) the disturbance of ground vegetation; (3) the creation and control of subsurface sewage disposal systems; (4) the degree of water treatment provided; (5) the control of watershed land by the applicant through ownership, easements or use restrictions or other water supply source protection measures; (6) the effect of development of any such land; and (7) any other significant potential source of contamination of the public drinking water supply. The commissioner may grant a permit for the sale, lease or assignment of class II land to another water company, municipality or nonprofit land conservation organization provided, as a condition of approval, a permanent conservation easement on the land is entered into to preserve the land in perpetuity predominantly in its natural scenic and open condition for the protection of natural resources and public water supplies while allowing for recreation consistent with such protection and improvements necessary for the protection or provision of safe and adequate potable water. Preservation in perpetuity shall not include permission for the land to be developed for any commercial, residential or industrial uses, nor shall it include permission for recreational purposes requiring intense development, including, but not limited to, golf courses, driving ranges, tennis courts, ballfields, swimming pools and uses by motorized vehicles other than vehicles needed by water companies to carry out their purposes, provided trails or pathways for pedestrians, motorized wheelchairs or nonmotorized vehicles shall not be considered intense development. The commissioner may reclassify class II land only upon determination that such land no longer meets the criteria established by subsection (b) of

section 25-37c because of abandonment of a water supply source or a physical change in the watershed boundary.

(d) The commissioner may grant a permit for (1) the sale of class I or II land to another water company, to a state agency or to a municipality, (2) the sale of class II land or the sale or assignment of a conservation restriction or a public access easement on class I or class II land to a private, nonprofit land-holding conservation organization, or (3) the sale of class I land to a private nonprofit land-holding conservation organization if the water company is denied a permit to abandon a source not in current use or needed by the water company pursuant to subsection (c) of section 25-33k, if the purchasing entity agrees to maintain the land subject to the provisions of this section, any regulations adopted pursuant to this section and the terms of any permit issued pursuant to this section. Such purchasing entity or assignee may not sell, lease or assign any such land or conservation restriction or public access easement or sell, lease, assign or change the use of such land without obtaining a permit pursuant to this section.

(e) The commissioner shall not grant a permit for the sale, lease, assignment or change in use of any land in class II unless (1) use restrictions applicable to such land will prevent the land from being developed, (2) the applicant demonstrates that the proposed sale, lease, assignment or change in use will not have a significant adverse impact upon the purity and adequacy of the public drinking water supply and that any use restrictions which the commissioner requires as a condition of granting a permit can be enforced against subsequent owners, lessees and assignees, (3) the commissioner determines, after giving effect to any use restrictions which may be required as a condition of granting the permit, that such proposed sale, lease, assignment or change in use will not have a significant adverse effect on the public drinking water supply, whether or not similar permits have been granted, and (4) on or after January 1, 2003, as a condition to the sale, lease or assignment of any class II lands, a permanent conservation easement on the land is entered into to preserve the land in perpetuity predominantly in its natural scenic and open condition for the protection of natural resources and public water supplies while allowing for recreation consistent with such protection and improvements necessary for the protection or provision of safe and adequate potable water, except in cases where the class II land is deemed necessary to provide access or egress to a parcel of class III land, as defined in section 25-37c, that is approved for sale. Preservation in perpetuity shall not include permission for the land to be developed for any commercial, residential or industrial uses, nor shall it include permission for recreational purposes requiring intense development, including, but not limited to, golf courses, driving ranges, tennis courts, ballfields, swimming pools and uses by motorized vehicles other than vehicles needed by water companies to carry out their purposes, provided trails or pathways for pedestrians, motorized wheelchairs or nonmotorized vehicles shall not be considered intense development.

(f) Nothing in this section shall prevent the lease or change in use of water company land to allow for recreational purposes that do not require intense development or improvements for water supply purposes, for leases of existing structures, or for radio towers or telecommunications antennas on existing structures. For purposes of this subsection, intense

development includes golf courses, driving ranges, tennis courts, ballfields, swimming pools and uses by motorized vehicles, provided trails or pathways for pedestrians, motorized wheelchairs or nonmotorized vehicles shall not be considered intense development.

(g) As used in this section, (1) "water supply source" includes all springs, streams, watercourses, brooks, rivers, lakes, ponds, wells or underground waters from which water is or can be taken, and all springs, streams, watercourses, brooks, rivers, lakes, ponds, wells or aquifer protection areas, as defined in section 22a-354h, thereto and all lands drained thereby; and (2) "watershed land" means land from which water drains into a public drinking water supply.

(h) The commissioner shall adopt and from time to time may amend the following: (1) Physical, chemical, radiological and microbiological standards for the quality of public drinking water; (2) minimum treatment methods, taking into account the costs of such methods, required for all sources of drinking water, including guidelines for the design and operation of treatment works and water sources, which guidelines shall serve as the basis for approval of local water supply plans by the commissioner; (3) minimum standards to assure the long-term purity and adequacy of the public drinking water supply to all residents of this state; and (4) classifications of water treatment plants and water distribution systems which treat or supply water used or intended for use by the public. On or after October 1, 1975, any water company which requests approval of any drinking water source shall provide for such treatment methods as specified by the commissioner, provided any water company in operation prior to October 1, 1975, and having such source shall comply with regulations adopted by the commissioner, in accordance with chapter 54, in conformance with The Safe Drinking Water Act, Public Law 93-523, and shall submit on or before February 1, 1976, a statement of intent to provide for treatment methods as specified by the commissioner, to the commissioner for approval. The commissioner shall adopt regulations, in accordance with chapter 54, requiring water companies to report elevated levels of copper in public drinking water.

(i) The department may perform the collection and testing of water samples required by regulations adopted by the commissioner pursuant to this section, in accordance with chapter 54, when requested to do so by a water company. The department shall collect a fee equal to the cost of such collection and testing. Water companies serving one thousand or more persons shall not request routine bacteriological or physical tests under this subsection.

(j) The condemnation by a state department, institution or agency of any land owned by a water company shall be subject to the provisions of this section.

(k) The commissioner may issue an order declaring a moratorium on the expansion or addition to any existing public water system that the commissioner deems incapable of providing new services with a pure and adequate water supply.

(l) The commissioner may issue, modify or revoke orders as needed to carry out the provisions of this part. Except as otherwise provided in this part, such order shall be issued, modified or revoked in accordance with procedures set forth in subsection (b) of section 25-34.

(m) The commissioner shall adopt regulations, in accordance with the provisions of chapter 54, to include local health departments in the notification process when a water utility reports a water quality problem.

(n) (1) On and after the effective date of regulations adopted under this subsection, no person may operate any water treatment plant, water distribution system or small water system that treats or supplies water used or intended for use by the public, test any backflow prevention device, or perform a cross connection survey without a certificate issued by the commissioner under this subsection. The commissioner shall adopt regulations, in accordance with chapter 54, to provide: (A) Standards for the operation of such water treatment plants, water distribution systems and small water systems; (B) standards and procedures for the issuance of certificates to operators of such water treatment plants, water distribution systems and small water systems, including, but not limited to, standards and procedures for the department's approval of third parties to administer certification examinations to such operators; (C) procedures for the renewal of such certificates every three years; (D) standards for training required for the issuance or renewal of a certificate; (E) standards and procedures for the department's approval of course providers and courses of study as they relate to certified operators of water treatment plants, water distribution systems and small water systems and certified persons who test backflow prevention devices or perform cross connection surveys for initial and renewal applications; and (F) standards and procedures for the issuance and renewal of certificates to persons who test backflow prevention devices or perform cross connection surveys. Such regulations shall be consistent with applicable federal law and guidelines for operator certification programs promulgated by the United States Environmental Protection Agency. For purposes of this subsection, “small water system” means a public water system, as defined in section 25-33d, that serves less than one thousand persons and has no treatment or has only treatment that does not require any chemical treatment, process adjustment, backwashing or media regeneration by an operator. <u>The commissioner may implement policies and procedures necessary to administer the provisions of this section while in the process of adopting such policies and procedures as regulations, provided the department posts such policies and procedures on the eRegulations System prior to adopting them. Policies and procedures implemented pursuant to this section shall be valid until regulations are adopted in accordance with the provisions of chapter 54.</u>

(2) The commissioner may take any disciplinary action set forth in section 19a-17, except for the assessment of a civil penalty under subdivision (7) of subsection (a) of section 19a-17, against an operator, a person who tests backflow prevention devices or a person who performs cross connection surveys holding a certificate issued under this subsection for any of the following reasons: (A) Fraud or material deception in procuring a certificate, the renewal of a certificate or the reinstatement of a certificate; (B) fraud or material deception in the performance of the certified operator's professional activities; (C) incompetent, negligent or illegal performance of

the certified operator's professional activities; (D) conviction of the certified operator for a felony; or (E) failure of the certified operator to complete the training required under subdivision (1) of this subsection.

(3) The commissioner may issue an initial certificate to perform a function set forth in subdivision (1) of this subsection upon receipt of a completed application, in a form prescribed by the commissioner, together with an application fee as follows: (A) For a water treatment plant, water distribution system or small water system operator certificate, two hundred twenty-four dollars, except there shall be no such application fee required for a student enrolled in an accredited high school small water system operator certification course; (B) for a backflow prevention device tester certificate, one hundred fifty-four dollars; and (C) for a cross-connection survey inspector certificate, one hundred fifty-four dollars. A certificate issued pursuant to this subdivision shall expire three years from the date of issuance unless renewed by the certificate holder prior to such expiration date. The commissioner may renew a certificate for an additional three years upon receipt of a completed renewal application, in a form prescribed by the commissioner, together with a renewal application fee as follows: (i) For a water treatment plant, water distribution system or small water system operator certificate, ninety-eight dollars; (ii) for a backflow prevention device tester certificate, sixty-nine dollars; and (iii) for a cross-connection survey inspector certificate, sixty-nine dollars.

Section 21: New *(July 1, 2023)*

(a) When a pharmacist or licensed healthcare professional who is or has been licensed in another state or jurisdiction is subject to automatic reciprocal discipline for a disciplinary action in another jurisdiction, said automatic reciprocal discipline shall be automatically rescinded and shall not be entered into the licensing record of the pharmacist or health care professional provided the discipline was based solely on the termination of pregnancy under conditions which would not violate the Connecticut general statutes or regulations.

(b) Nothing herein shall preclude or effect the ability of an agency or board to seek or impose discipline in accord with Connecticut law upon said pharmacist or licensed healthcare professional.

Section 22: P.A. 22-118 Sec. 141 is repealed and the following is substituted in lieu thereof *(Effective upon passage)*

(a) Not later than January 1, [2023] 2024, each local health district and health department shall establish an electronic reporting system for the owner of any home or well that is damaged as the direct result of sodium chloride run-off to register such damage with the local health district or health department. Not later than January 1, [2024] 2025, and each year thereafter, each

local health district and health department shall submit any report received pursuant to this section during the previous calendar year to the Office of Policy and Management. The Secretary of the Office of Policy and Management may identify any available state or federal financial resources to assist such owners with the costs of remediation, mitigation or repair of such homes or wells and establish any criteria and procedures for the issuance of any such financial assistance to such owners

(b) Results submitted to the Department of Public Health, Office of Policy and Management, or the local health authority pursuant to this subsection, information obtained from any Department of Public Health or local health authority investigation regarding those results and any Department of Public Health or local health authority study of morbidity and mortality regarding the results shall be confidential pursuant to section 19a-25.

Section 23: Sec. 20-265a. is repealed and the following is substituted in lieu thereof *(Effective upon passage)*

(1) "Commissioner" means the Commissioner of Public Health;

(2) "Department" means the Department of Public Health;

(3) "Esthetician" means a person who, for compensation, performs esthetics;

(4) "Esthetics" means services related to skin care treatments, (A) including, but not limited to, cleansing, toning, stimulating, exfoliating or performing any similar procedure on the human body while using cosmetic preparations, hands, devices, apparatus or appliances to enhance or improve the appearance of the skin; makeup application; beautifying lashes and brows; or removing unwanted hair using manual and mechanical means, and (B) excluding the use of a prescriptive laser device; the performance of a cosmetic medical procedure, as defined in section 19a-903c; any practice, activity or treatment that constitutes the practice of medicine; eyebrow threading as a means of shaping and removing unwanted hair on the face and around the eyebrows; makeup application at a rented kiosk located in a shopping center or the practice of hairdressing and cosmetology by a hairdresser and cosmetician licensed pursuant to this chapter that is within such licensee's scope of practice;

(5) "Eyelash technician" means a person, who for compensation performs individual eyelash extensions, eyelash lifts or perms and eyelash color tints;

(6) "Nail technician" means a person who for compensation cuts, shapes, colors, cleanses, trims, polishes or enhances the appearance of the nails of the hands or feet, excluding any practice, activity or treatment that constitutes the practice of medicine;

(7) "Salon" and "spa" include any shop, store, day spa or other commercial establishment at which the practice of barbering, as described in section 20-234, hairdressing and cosmetology,

as defined in section 20-250, or the services of an esthetician, nail technician or eyelash technician, or any combination thereof, is offered and provided; and

(8) "Shopping center" means a grouping of retail businesses and service establishments on a single site with common parking facilities and containing at least twenty-five thousand square feet of gross building floor area.

Section 24: Sec. 7-60 of the general statutes is repealed and the following is substituted in lieu thereof *(Effective October 1, 2023)*

(a) "Fetal death" (i) is a death of a fetus prior to the complete expulsion or extraction from its mother, irrespective of the duration of pregnancy, in which there is no evidence of life after such expulsion or extraction, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles; and (ii) is not an induced termination of pregnancy.

(b) [Each case of fetal death shall be registered and] For each fetal death after a period of gestation of not less than twenty weeks, a fetal death certificate shall be filed with the registrar of vital statistics. Except in the case of a mother and father in subsection (c) of section 7-48, the fetal death certificate shall comply with the requirements of [in the manner required by] sections 7-48[,] and 7-51 [and 7-52] with respect to the filing, content and issuance of birth certificates. **[**A fetus born after a period of gestation of not less than twenty weeks in which there is no attempt at respiration, no action of heart and no movement of voluntary muscle, shall be recorded as a fetal death.**]** A fetal death certificate shall be signed by a physician or, when no physician was in attendance, by the nurse-midwife in attendance at the birth, the Chief Medical Examiner, Deputy Chief Medical Examiner, an associate medical examiner or an authorized assistant medical examiner.

[(b)] (c) Such certificate shall include, on a confidential portion of the certificate, any additional information required by the department, provided the information obtained under this section shall be used only for medical and health purposes.

Section 25: Sec. 19a-177. of the general statutes is repealed and the following is substituted in lieu thereof *(Effective July 1, 2023)*

(9) (A) Establish rates for the conveyance and treatment of patients by licensed and certified ambulance services and invalid coaches and establish emergency service rates for [certified ambulance services and] paramedic intercept services, provided (i) the present rates established for such services and vehicles shall remain in effect until such time as the commissioner establishes a new rate schedule as provided in this subdivision, and (ii) any rate increase not in

excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, filed in accordance with subparagraph (B)(iii) of this subdivision shall be deemed approved by the commissioner. For purposes of this subdivision, licensed ambulance services and paramedic intercept services shall not include emergency air transport services or mobile integrated health care programs.