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.