MEMORANDUM

DATE: October 1, 2014

TO: Office of Policy Management Legislative Staff
Governor's Office Legislative Staff

FROM: Jewel Mullen, MD, MPH, MPA, Commissioner
Department of Public Health

RE: Minor and Technical Legislative Proposals for the Year 2015 Session

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Please find enclosed, for your review, a copy of the Department of Public Health's 2015 minor and technical legislative proposals. These proposals are contained in a single bill, An Act Concerning Various Revisions To The Public Health Statutes.

My staff and I have carefully analyzed the elements of this bill. If passed by the General Assembly, these proposals will allow the Department to better ensure the quality and delivery of services to the public.

Agency Legislative Proposal - 2015 Session

Document Name (e.g. OPM1015Budget.doc; OTG1015Policy.doc): **GRE will fill in**

(If submitting an electronically, please label with date, agency, and title of proposal – 092611_SDE_TechRevisions)

State Agency: Connecticut Department of Public Health
Liaison: Elizabeth Keyes/Jill Kentfield Phone: (860) 509-7246/(860) 509-7280 E-mail: elizabeth.keyes@ct.gov/ jill.kentfield@ct.gov
Lead agency division requesting this proposal: Various
Agency Analyst/Drafter of Proposal: Various

Title of Proposal: An Act Concerning Various Revisions to the Public Health Statutes.
Statutory Reference **Section 1. 19a-491 - License and certificate required. Application. Assessment of civil penalties or a consent order. Fees. Minimum service quality standards. Regulations. Prohibition.** **Section 2. 20-12d - Medical functions performed by physician assistants. Prescriptive authority.** **Section 3. 19a-32d - Stem cell research: Definitions. Prohibition on human cloning. Disposition of embryos or embryonic stem cells following infertility treatment. Written consent required for donations. Embryonic stem cell research authorized. Limitations. Regulations. Penalties.** **Section 4. 20-101 - Construction of chapter. Permitted practices. Temporary practice.** **Section 5. 20-206c - Disciplinary action. Grounds.** **Section 6. Sec. 19a-180. Licensure and certification of emergency medical service organizations. Suspension or revocation. Records. Penalties. Advertisement. Medical control by sponsor hospital. New or expanded emergency medical services.** **Section 7. 17b-451 - Report of suspected abuse, neglect, exploitation, or abandonment or need for protective services. Penalty for failure to report. Immunity and protection from retaliation.** **Section 8. 19a-177 - Duties of commissioner.** **Section 9. 19a-175 - Definitions** **Section 10. 19a-181 - Registration of ambulance or rescue vehicles. Suspension or revocation of registration certificates** **Section 11. NEW**
Proposal Summary Section 1. Amend the statute, 19a-491c regarding the technical review fees related to total costs. Section 2. Amend CGS 20-12d to correct a drafting error from 2014. The word “orders” was deleted in error.

Section 3. The Stem Cell Research program was transferred last year to Connecticut Innovations, Inc., (CI) in Public Act No. 14-98 §§ 32-35, eliminating duplication of oversight and administration of the program between CI and the Department of Public Health (DPH). Two additional references to the Department of Public Health in Conn. Gen. Stat. §19a-32d should also be removed as these are outdated and redundant.

Section 4. This language change would allow a qualified RN or LPN from another state to care for a patient who is temporarily in Connecticut.

Section 5**.** The additional language will clarify that DPH has the authority to take disciplinary action against a massage therapist who falsifies his or her application for licensure.

Section 6. This language establishes a shorter, alternative process to the Need-For-Service process for a primary service area responder who wishes to move a principal or branch location within their primary service area.

Section 7. This language adds EMS providers to the elder abuse mandated reporter statute.

Section 8. Revises section 19a-177(9)(B) that sets the rate application due date to reflect the last business day in August as opposed to the date of July 15th

Sections 9 and 10. Clarifies the process for ambulance inspections prior to registering them with DMV.

Section 11. This section makes the record retention requirements for Chronic Disease Hospitals and Children's Hospitals the same as all other hospitals.

Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

- **Reason for Proposal**

Please consider the following, if applicable:

Section 1. Conn. Gen. Stat. 19a-491was amended by Public Act 13-234 to allow the DPH commissioner to charge a fee for technical assistance provided on a facility's renovation or building alteration. The fee for projects costing $1 million or less is $565. For projects costing more than $1 million, the act requires the commissioner to charge one-quarter of 1% of the total project cost.

Currently, fees applied to an institution's construction, renovation, and/or building alteration are calculated based on the project costs when the cost of the project exceeds $1 million dollars. Construction costs include but are not limited to, architectural designs, excavation, foundations with concrete, structural development, plumbing, heating, ventilation, air conditioning, natural gas and electric utilities, and applicable permitting costs. Project costs often include furnishings, appliances and lighting fixtures which are not involved in the technical review. Therefore, this section clarifies that project costs should not be included in the costs associated with the technical review fees that the Department of Public Health evaluates.

Section 2. During the 2014 session section 20-12d was amended to remove the need for a physician signature on prescription written by a physician assistant. The word "orders" was erroneously deleted in subsection (b) during one of the revisions.

Section 3. Two additional references to the Department of Public Health in Conn. Gen. Stat. §19a-32d should be removed as these are outdated and redundant. These subsections require stem cell researchers to file a verification form with DPH about the donation and derivation of stem cells. DPH is charged with the enforcement of the provisions of this section. This oversight and enforcement is already performed by institutional research oversight bodies and by the Regenerative Medicine Research Advisory Committee. Additionally, DPH lacks the resources and expertise to carry out these subsections

Section 4. DPH has received numerous requests for permits pursuant to Conn. Gen. Stat 20-101 from school nurses who intend to be on a field trip to Connecticut or passing through the state. This amendment would allow any qualified registered nurse or any qualified licensed practical nurse from another state to continue providing nursing care for their students for up to 72 hours without the burden of obtaining a temporary permit from DPH.

Section 5. The CT chapter of the American Association for Massage Therapy has encouraged DPH to strengthen efforts to regulate unlicensed massage therapists or licensed massage therapists that may have falsified documents to achieve licensure. The additional language will clarify that DPH has the authority to take disciplinary action against a massage therapist who falsifies his or her application for licensure.

Section 6. This language adopts a "short-form" process for a primary service area responder to change the location of a branch or principal office within the primary service area. This process will serve as an alternative to the more burdensome need for service process.

Section 7. Emergency medical providers of all levels are in a position to assist the Geriatric population by being considered mandated reporters for Elder Abuse. These providers should have been included in the original language for mandated reporters. This change has been requested by multiple EMS providers.

Section 8. This technical revision allows various governmental entities that apply for rates to have more flexibility in establishing and determining their annual budgets. This change has been requested by multiple EMS organizations.

Sections 9 and 10. Changes to made during the 2014 session to section 19a-181 to allow EMS companies to bring their ambulances to an authorized dealer for the safety inspection, instead of the DMV. This change has created some confusion regarding the DPH's responsibility to conduct EMS vehicle design and equipment inspections for authorized EMS vehicles. This proposal clarifies the process for ambulance inspections. Subsection (a) mandates the ambulances and invalid coaches that provide patient transport to bring their vehicles to an authorized dealer/local entity to complete a safety inspection (including brakes, tires, windshield etc). Subsection (b) mandates all EMS vehicles to be inspected by DPH for minimum equipment

and vehicle design compliance. New subsection (c) is existing language relating to DMV registration requirements for ambulances.

Section 11. Currently the Regulations of Connecticut State Agencies require Chronic Disease Hospitals and Children's Hospitals to retain records for 25 years, whereas the requirements for all other hospitals is 10 years. This change would remove that inconsistency.

- **Origin of Proposal _X__ New Proposal ___ Resubmission**

If this is a resubmission, please share:
(1) What was the reason this proposal did not pass, or if applicable, was not included in the Administration's package?
(2) Have there been negotiations/discussions during or after the previous legislative session to improve this proposal?
(3) Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?
(4) What was the last action taken during the past legislative session?

PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name: Department of Social Services (Section 7)
Agency Contact (name, title, phone): Heather Rossi (860) 484-5646
Date Contacted: 9/25/2014
Approve of Proposal _X__ YES ___NO ___Talks Ongoing

Agency Name: Department of Motor Vehicles (Sections 9 and 10)
Agency Contact (name, title, phone): Mike Bzdyra, 860-263-5032
Date Contacted: 9/30/2014
Approve of Proposal ___ YES ___NO _X__Talks Ongoing

Summary of Affected Agency's Comments

Will there need to be further negotiation? ___ YES ___NO

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

Municipal (please include any municipal mandate that can be found within legislation)

State
Section 1 – Potential minimal revenue loss

Federal

Additional notes on fiscal impact

No anticipated fiscal impact.

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

Section 1. Subsection (f) of section 19a-491 of the general statutes is repealed and the following is substituted in lieu thereof:

(f) The commissioner shall charge a fee of five hundred sixty-five dollars for the technical assistance provided for the design, review and development of an institution's construction, renovation, building alteration, sale or change in ownership when the cost of such project is one million dollars or less and shall charge a fee of one-quarter of one per cent of the total [project] construction cost when the cost of such project is more than one million dollars. Such fee shall include all department reviews and on-site inspections. For purposes of this subsection, "institution" does not include a facility owned by the state.

Sec. 2. Subsection (b) of Section 20-12d of the general statutes is repealed and the following is substituted in lieu thereof:

(b) All orders and prescription forms used by physician assistants shall contain the signature, name, address and license number of the physician assistant.

Sec. 3. Subsection (d) of section 19a-32d is repealed and the following is substituted in lieu thereof:

(d) A person may conduct research involving embryonic stem cells, provided (1) the research is conducted with full consideration for the ethical and medical implications of such research, (2) the research is conducted before gastrulation occurs, (3) [prior to conducting such research, the person provides documentation to the Commissioner of Public Health in a form and manner prescribed by the commissioner verifying: (A) That any human embryos, embryonic stem cells, unfertilized human eggs or human sperm used in such research have been donated voluntarily in accordance with the provisions of subsection (c) of this section, or (B) if any embryonic stem cells have been derived outside the state of Connecticut, that such stem cells have been acceptably derived as provided in the National Academies' Guidelines for Human Embryonic Stem Cell Research, as amended from time to time, and (4)] all activities involving embryonic stem cells are overseen by an embryonic stem cell research oversight committee.

(e) [The Commissioner of Public Health shall enforce the provisions of this section and may adopt regulations, in accordance with the provisions of chapter 54, relating to the administration and enforcement of this section. The commissioner may request the Attorney General to petition the Superior Court for such order as may be appropriate to enforce the provisions of this section.

(f)] Any person who conducts research involving embryonic stem cells in violation of the requirements of subdivision (2) of subsection (d) of this section shall be fined not more than fifty thousand dollars, or imprisoned not more than five years, or both.

Section 4. Section 20-101 of the general statutes is repealed and the following is substituted in lieu thereof:

No provision of this chapter shall confer any authority to practice medicine or surgery nor shall this chapter prohibit any person from the domestic administration of family remedies or the furnishing of assistance in the case of an emergency; nor shall it be construed as prohibiting persons employed in state hospitals and state sanatoriums and subsidiary workers in general hospitals from assisting in the nursing care of patients if adequate medical and nursing supervision is provided; nor shall it be construed to prohibit the administration of medications by dialysis patient care technicians in accordance with section 19a-269a; nor shall it be construed as prohibiting students who are enrolled in schools of nursing approved pursuant to section 20-90, and students who are enrolled in schools for licensed practical nurses approved pursuant to section 20-90, from performing such work as is incidental to their respective courses of study; nor shall it prohibit a registered nurse who holds a master's degree in nursing or in a related field recognized for certification as either a nurse practitioner, a clinical nurse specialist, or a nurse anesthetist by one of the certifying bodies identified in section 20-94a from practicing for a period not to exceed one hundred twenty days after the date of graduation, provided such graduate advanced practice registered nurse is working in a hospital or other organization under the supervision of a licensed physician or a licensed advanced practice registered nurse, such hospital or other organization has verified that the graduate advanced practice registered nurse has applied to sit for the national certification examination and the graduate advanced practice registered nurse is not authorized to prescribe or dispense drugs; nor shall it prohibit graduates of schools of nursing or schools for licensed practical nurses approved pursuant to section 20-90, from nursing the sick for a period not to exceed ninety calendar days after the date of graduation, provided such graduate nurses are working in hospitals or organizations where adequate supervision is provided, and such hospital or other organization has verified that the graduate nurse has successfully completed a nursing program. Upon notification that the graduate nurse has failed the licensure examination or that the graduate advanced practice registered nurse has failed the certification examination, all privileges under this section shall automatically cease. No provision of this chapter shall prohibit any registered nurse who has been issued a temporary permit by the department, pursuant to subsection (b) of section 20-94, from caring for the sick pending the issuance of a license without examination; nor shall it prohibit any licensed practical nurse who has been issued a temporary permit by the department, pursuant to subsection (b) of section 20-97, from caring for the sick pending the issuance of a license without examination; nor shall it prohibit any qualified registered nurse or any qualified licensed practical nurse of another state from caring for a patient temporarily in this state <u>for no longer than 72 hours</u> [, provided such nurse has been granted a temporary permit from said department and] provided such nurse shall not represent or hold himself or herself out as a nurse licensed to practice in this state; nor shall it prohibit registered nurses or licensed practical nurses from other states from doing such nursing as is incident to their course of study when taking postgraduate courses in this state; nor shall it prohibit nursing or care of the sick, with or without compensation or personal profit, in connection with the practice of the religious tenets of any church by adherents thereof, provided such persons shall not otherwise engage in the practice of nursing within the meaning of this chapter. This chapter shall not prohibit the care of persons in their homes by domestic servants, housekeepers, nursemaids, companions, attendants or household aides of any type, whether employed regularly or because of an emergency of illness, if such persons are not initially employed in a nursing capacity. This chapter shall not prohibit unlicensed assistive personnel from administering jejunostomy and gastrojejunal tube feedings to persons who (1) attend day programs or respite centers under the jurisdiction of the Department of

Developmental Services, (2) reside in residential facilities under the jurisdiction of the Department of Developmental Services, or (3) receive support under the jurisdiction of the Department of Developmental Services, when such feedings are performed by trained, unlicensed assistive personnel pursuant to the written order of a physician licensed under chapter 370, an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a or a physician assistant licensed to prescribe in accordance with section 20-12d.

Section 5. Section 20-206c of the general statutes is repealed and the following is substituted in lieu thereof:

The department may take any action set forth in section 19a-17 if a person issued a license pursuant to section 20-206b fails to conform to the accepted standards of the massage therapy profession, including, but not limited to, the following: Conviction of a felony; the employment of fraud or deception in obtaining a license; fraud or deceit in the practice of massage therapy; negligent, incompetent or wrongful conduct in professional activities; emotional disorder or mental illness; physical illness including, but not limited to, deterioration through the aging process; abuse or excessive use of drugs, including alcohol, narcotics or chemicals; wilful falsification of entries into any client record pertaining to massage therapy; failure to make a written referral, as required in section 20-206b; violation of any provisions of sections 20-206a to 20-206c, inclusive. The commissioner may order a license holder to submit to a reasonable physical or mental examination if the license holder's physical or mental capacity to practice safely is the subject of an investigation. The commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17. Notice of any contemplated action under said section, the cause of the action and the date of a hearing on the action shall be given and an opportunity for hearing afforded in accordance with the provisions of chapter 54.

Section 6. Section 19a-180 of the general statutes is amended by adding subsections (k) and (l) as follows:

(j) Notwithstanding the provisions of subsection (a) of this section, any volunteer, hospital-based or municipal ambulance service that is licensed or certified and is a primary service area responder may apply to the commissioner to change the address of a principal or branch location within its primary service area, on a short form application prescribed by the commissioner. Upon making such application, the applicant shall notify in writing all other primary service area responders in any municipality or abutting municipality in which the applicant proposes to change principal or branch locations. Except in the case where a primary service area responder entitled to receive notification of such application objects, in writing, to the commissioner not later than fifteen calendar days after receiving such notice, the application shall be deemed approved thirty calendar days after filing. If any such primary service area responder files an objection with the commissioner within the fifteen-calendar-day time period and requests a hearing, the applicant shall be required to demonstrate need at a public hearing as required under subsection (a) of this section.

(k) The commissioner shall develop a short form application for primary service area responders seeking to change the address of a principal or branch location pursuant to subsection (k) of this

section. The application shall require an applicant to provide such information as the commissioner deems necessary, including, but not limited to, (1) the applicant's name and address, (2) the new address where the principal or branch is to be located, (3) an explanation as to why the principal or branch location is being moved, and (4) a list of the providers to whom notice was sent pursuant to subsection (k) of this section and proof of such notification.

Section 7. Subsection (a) of section 17b-451 of the general statutes is repealed and the following is substituted in lieu thereof:

(a) Any physician or surgeon licensed under the provisions of chapter 370, any resident physician or intern in any hospital in this state, whether or not so licensed, any registered nurse, any nursing home administrator, nurse's aide or orderly in a nursing home facility, any person paid for caring for a patient in a nursing home facility, any staff person employed by a nursing home facility, any patients' advocate and any licensed practical nurse, medical examiner, dentist, optometrist, chiropractor, podiatrist, social worker, clergyman, police officer, pharmacist, psychologist [or], physical therapist, or any person licensed or certified as an emergency medical services provider, who has reasonable cause to suspect or believe that any elderly person has been abused, neglected, exploited or abandoned, or is in a condition which is the result of such abuse, neglect, exploitation or abandonment, or is in need of protective services, shall, not later than seventy-two hours after such suspicion or belief arose, report such information or cause a report to be made in any reasonable manner to the Commissioner of Social Services or to the person or persons designated by the commissioner to receive such reports.

Any person required to report under the provisions of this section who fails to make such report within the prescribed time period shall be fined not more than five hundred dollars, except that, if such person intentionally fails to make such report within the prescribed time period, such person shall be guilty of a class C misdemeanor for the first offense and a class A misdemeanor for any subsequent offense.

Section 8. Subdivision (9) of Section 19a-177of the general statutes is repealed and the following is substituted in lieu thereof:

(9) (A) Establish rates for the conveyance of patients by licensed ambulance services and invalid coaches and establish emergency service rates for certified ambulance 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 service shall not include emergency air transport services.

(B) Adopt regulations, in accordance with the provisions of chapter 54, establishing methods for setting rates and conditions for charging such rates. Such regulations shall include, but not be limited to, provisions requiring that on and after July 1, 2000: (i) Requests for rate increases may be filed no more frequently than once a year, except that, in any case where an agency's schedule

of maximum allowable rates falls below that of the Medicare allowable rates for that agency, the commissioner shall immediately amend such schedule so that the rates are at or above the Medicare allowable rates; (ii) only licensed ambulance services and certified ambulance services that apply for a rate increase 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, and do not accept the maximum allowable rates contained in any voluntary state-wide rate schedule established by the commissioner for the rate application year shall be required to file detailed financial information with the commissioner, provided any hearing that the commissioner may hold concerning such application shall be conducted as a contested case in accordance with chapter 54; (iii) licensed ambulance services and certified ambulance services that do not apply for a rate increase in any year 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, or that accept the maximum allowable rates contained in any voluntary state-wide rate schedule established by the commissioner for the rate application year shall, not later than [July fifteenth of such year] the last business day in August of such year, file with the commissioner a statement of emergency and nonemergency call volume, and, in the case of a licensed ambulance service or certified ambulance service that is not applying for a rate increase, a written declaration by such licensed ambulance service or certified ambulance service that no change in its currently approved maximum allowable rates will occur for the rate application year; and (iv) detailed financial and operational information filed by licensed ambulance services and certified ambulance services to support a request for a rate increase 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, shall cover the time period pertaining to the most recently completed fiscal year and the rate application year of the licensed ambulance service or certified ambulance service.

(C) Establish rates for licensed ambulance services and certified ambulance services for the following services and conditions: (i) “Advanced life support assessment” and “specialty care transports”, which terms shall have the meaning provided in 42 CFR 414.605; and (ii) [intramunicipality] mileage, which means mileage for an ambulance transport when the point of origin and final destination for a transport is within the boundaries of the same municipality. The rates established by the commissioner for each such service or condition shall be equal to (I) the ambulance service’s base rate plus its established advanced life support/paramedic surcharge when advanced life support assessment services are performed; (II) two hundred twenty-five per cent of the ambulance service’s established base rate for specialty care transports; and (III) “loaded mileage”, as the term is defined in 42 CFR 414.605, multiplied by the ambulance service’s established rate for [intramunicipality] mileage. Such rates shall remain in effect until such time as the commissioner establishes a new rate schedule as provided in this subdivision;

Section 9. Section 19a-175 of the Connecticut General Statutes is repealed and the following is substituted in lieu thereof:

As used in this chapter, unless the context otherwise requires:

(1) "Emergency medical service system" means a system which provides for the arrangement of personnel, facilities and equipment for the efficient, effective and coordinated delivery of health care services under emergency conditions;

(2) "Patient" means an injured, ill, crippled or physically handicapped person requiring assistance and transportation;

(3) "Ambulance" means a motor vehicle specifically designed to carry patients;

(4) "Ambulance service" means an organization which transports patients;

(5) "Emergency medical technician" means a person who is certified pursuant to chapter 368d;

(6) "Ambulance driver" means a person whose primary function is driving an ambulance;

(7) "Emergency medical services instructor" means a person who is certified pursuant to chapter 368d;

(8) "Communications facility" means any facility housing the personnel and equipment for handling the emergency communications needs of a particular geographic area;

(9) "Life saving equipment" means equipment used by emergency medical personnel for the stabilization and treatment of patients;

(10) "Emergency medical service organization" means any organization whether public, private or voluntary that offers transportation or treatment services to patients primarily under emergency conditions;

(11) "Invalid coach" means a vehicle used exclusively for the transportation of nonambulatory patients, who are not confined to stretchers, to or from either a medical facility or the patient's home in nonemergency situations or utilized in emergency situations as a backup vehicle when insufficient emergency vehicles exist;

(12) "Rescue service" means any organization, whether for-profit or nonprofit, whose primary purpose is to search for persons who have become lost or to render emergency service to persons who are in dangerous or perilous circumstances;

(13) "Provider" means any person, corporation or organization, whether profit or nonprofit, whose primary purpose is to deliver medical care or services, including such related medical care services as ambulance transportation;

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

(15) "Paramedic" means a person licensed pursuant to section 20-206*ll*;

(16) "Commercial ambulance service" means an ambulance service which primarily operates for profit;

(17) "Licensed ambulance service" means a commercial ambulance service or a volunteer or municipal ambulance service issued a license by the commissioner;

(18) "Certified ambulance service" means a municipal, volunteer or nonprofit ambulance service issued a certificate by the commissioner;

(19) "Automatic external defibrillator" means a device that: (A) Is used to administer an electric shock through the chest wall to the heart; (B) contains internal decision-making electronics, microcomputers or special software that allows it to interpret physiologic signals, make medical diagnosis and, if necessary, apply therapy; (C) guides the user through the process of using the device by audible or visual prompts; and (D) does not require the user to employ any discretion or judgment in its use;

(20) "Mutual aid call" means a call for emergency medical services that, pursuant to the terms of a written agreement, is responded to by a secondary or alternate emergency medical services provider if the primary or designated emergency medical services provider is unable to respond because such primary or designated provider is responding to another call for emergency medical services or the ambulance or nontransport emergency vehicle operated by such primary or designated provider is out of service. For purposes of this subdivision, "nontransport emergency vehicle" means a vehicle used by emergency medical technicians or paramedics in responding to emergency calls that is not used to carry patients;

(21) "Municipality" means the legislative body of a municipality or the board of selectmen in the case of a municipality in which the legislative body is a town meeting;

(22) "Primary service area" means a specific geographic area to which one designated emergency medical services provider is assigned for each category of emergency medical response services;

(23) "Primary service area responder" means an emergency medical services provider who is designated to respond to a victim of sudden illness or injury in a primary service area;

(24) "Interfacility critical care transport" means the interfacility transport of a patient between licensed health care institutions;

(25) "Advanced emergency medical technician" means an individual who is certified as an advanced emergency medical technician by the Department of Public Health;

(26) "Emergency medical responder" means an individual who is certified pursuant to this chapter;

(27) "Medical oversight" means the active surveillance by physicians of the provision of emergency medical services sufficient for the assessment of overall emergency medical service practice levels, as defined by state-wide protocols;

(28) "Office of Emergency Medical Services" means the office established within the Department of Public Health pursuant to section 19a-178;

(29) "Sponsor hospital" means a hospital that has agreed to maintain staff for the provision of medical oversight, supervision and direction to an emergency medical service organization and its personnel and has been approved for such activity by the Department of Public Health; and

(30) "Paramedic intercept service" means paramedic treatment services provided by an entity that does not provide the ground ambulance transport.

(31) "Authorized emergency medical services vehicle" means an ambulance, invalid coach or advanced emergency technician or paramedic equipped intercept vehicle licensed or certified by the Department of Public Health for purposes of providing emergency medical care to patients.

Section 10. Section 19a-181 of the general statutes is repealed and the following is substituted in lieu thereof:

(a) Each ambulance[,] and invalid coach [and intermediate or paramedic intercept vehicle] used by an emergency medical service organization [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 ambulance, invalid coach or intermediate or paramedic intercept vehicle unless the applicant for such certificate of registration presents to said department] shall be inspected to verify [a safety certificate from the Commissioner of Public Health certifying that] said ambulance[,] or invalid coach [and intermediate or paramedic intercept vehicle has been inspected and] has met the minimum standards prescribed by the Commissioner of Public Health. [Each vehicle so registered with the Department of Motor Vehicles shall be inspected once every two years thereafter on or before the anniversary date of the issuance of the certificate of registration.] 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 such inspector, upon determining that such ambulance[,] or invalid coach [or intermediate or paramedic intercept vehicle] meets the standards of safety and equipment prescribed by the Commissioner of Public Health, shall [affix a safety certificate to such vehicle] 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 a location [and such sticker shall be so placed as to be] readily visible to any person in the rear compartment of such vehicle.

(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. Each such 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 to 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 in the rear compartment of such vehicle. 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 the Commissioner of Public Health.

(c) Each ambulance, invalid coach or authorized emergency medical services vehicle shall be registered with the Department of Motor pursuant to chapter 246. The Department of Motor Vehicles shall not issue a certificate of registration for any such ambulance, invalid coach or 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 said ambulance, invalid coach or 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 so registered with the Department of Motor Vehicles shall be inspected at least once every two years thereafter by the Commissioner of Public Health or the Commissioner's designee on or before the anniversary date of the issuance of the certificate of registration.

[(b)](d) 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 11. (NEW)

(a) Notwithstanding any provision of the regulations adopted for facilities licensed as chronic disease hospitals, a chronic disease hospital's medical records shall be (1) filed in an accessible manner in the hospital; (2) kept for a minimum of ten years after discharge of patients, except that original medical records may be destroyed sooner if they are preserved by a process consistent with current hospital industry standards; (3) completed within thirty days after discharge of the patient except in unusual circumstances which shall be specified in the medical staff rules and regulations. The hospital shall provide the Department of Public Health with a list of the process or processes it uses.

(b) Notwithstanding any provision of the regulations adopted for facilities licensed as children's hospitals, a children's hospital's medical records other than nurse's notes shall be filed in an accessible manner in the hospital and shall be kept for a minimum of ten years after discharge of patients, except that original medical records may be destroyed sooner if they are preserved by a process consistent with current hospital industry standards. The hospital shall provide the Department of Public Health with a list of the process or processes it uses.

(c) The Department of Public Health shall amend regulations consistent with subsections (a) and (b) of this Act.

MEMORANDUM

DATE: December 15, 2014

TO: Office of Policy Management Legislative Staff
Governor's Office Legislative Staff

FROM: Jewel Mullen, MD, MPH, MPA, Commissioner
Department of Public Health

RE: Legislative Proposals for the Year 2015 Session

Please find enclosed, for your review a copy of the Department of Public Health's Legislative Proposals for the 2015 session.

My staff and I have carefully analyzed the enclosed proposals and feel that these initiatives, if passed by the General Assembly, will allow the Department to better ensure the quality and delivery of services to the public. In addition to our annual bill, *An Act Concerning Various Revisions to the Public Health Statutes*, please see the following bills in order of priority:

1. An Act Concerning Childhood Lead Poisoning Prevention and Control
2. An Act Expanding The Connecticut Clean Indoor Air Act.
3. An Act Concerning Revisions to Massage Therapist Qualifications
4. An Act Concerning The Definitions Of Sedation And General Anesthesia
5. An Act Concerning Healthcare Facilities.
6. An Act Concerning Emergency Medical Services
7. An Act Concerning The Transfer Of The Biomedical Research Program To Connecticut Innovations, Incorporated.
8. An Act Concerning Return Of Unexpended Local Health Per-Capita Funds And Proration Of Local Health Per-Capita Funds When Towns Join Health Districts
9. An Act Concerning A Search Fee for Vital Records
10. An Act Concerning Reporting Of Radon Test Results
11. An Act Concerning The Connecticut Public Swimming Pool Design Guide.
12. An Act Concerning Takeover Proceedings And Certificates Of Public Convenience And Necessity
13. An Act Concerning Adoption Of The Federal Food And Drug Administration's 2013 Model Food Code
14. An Act Concerning Marriage Officiators

We have forwarded our legislative initiatives to the appropriate administrative agencies. Please let me know if you have any questions or if I can provide you with additional information. I look forward to working with you on this agenda.

Agency Legislative Proposal - 2015 Session

Document Name (e.g. OPM1015Budget.doc; OTG1015Policy.doc): **DPH2015-Revisionsbill**

(If submitting an electronically, please label with date, agency, and title of proposal – 092611_SDE_TechRevisions)

State Agency: Connecticut Department of Public Health
Liaison: Elizabeth Keyes/Jill Kentfield Phone: (860) 509-7246/(860) 509-7280 E-mail: elizabeth.keyes@ct.gov/ jill.kentfield@ct.gov
Lead agency division requesting this proposal: Various
Agency Analyst/Drafter of Proposal: Various

Title of Proposal: An Act Concerning Various Revisions to the Public Health Statutes.
Statutory Reference **Section 1. 19a-491 - License and certificate required. Application. Assessment of civil penalties or a consent order. Fees. Minimum service quality standards. Regulations. Prohibition.** **Section 2. 20-12d - Medical functions performed by physician assistants. Prescriptive authority.** **Section 3. 19a-32d - Stem cell research: Definitions. Prohibition on human cloning. Disposition of embryos or embryonic stem cells following infertility treatment. Written consent required for donations. Embryonic stem cell research authorized. Limitations. Regulations. Penalties.** **Section 4. 20-101 - Construction of chapter. Permitted practices. Temporary practice.** **Section 5. 20-206c - Disciplinary action. Grounds.** **Section 6. 19a-180. Licensure and certification of emergency medical service organizations. Suspension or revocation. Records. Penalties. Advertisement. Medical control by sponsor hospital. New or expanded emergency medical services.** **Section 7. 17b-451 - Report of suspected abuse, neglect, exploitation, or abandonment or need for protective services. Penalty for failure to report. Immunity and protection from retaliation.** **Section 8. 19a-177 - Duties of commissioner.** **Section 9. 19a-175 - Definitions** **Section 10. 19a-181 - Registration of ambulance or rescue vehicles. Suspension or revocation of registration certificates** **Section 11. 19a-654. Data submission requirements. Memorandum of Understanding. Regulations** **Section 12. 10-149c. Student athletes and concussions. Removal from athletic activities. Revocation of coaching permit.** **Section 13. 19a-30 Clinical laboratories. Regulation and licensure. Proficiency standards for tests not performed in laboratories.** **Section 14. 19a-30a. Reporting of clinical laboratory errors.** **Section 15. 19a-17. Disciplinary action by department, board and commissions.** **Section 16. 19a-14. Powers of department concerning regulated professions.** **Section 17. 19a-531. Advance disclosure of inspection, investigation or complaint prohibited. Exemption. Penalty.** **Section 18. Public Act 14-418**

Proposal Summary

Section 1. Amend the statute, 19a-491 regarding the technical review fees related to total costs.

Section 2. Amend CGS 20-12d to correct a drafting error from 2014. The word "orders" was deleted in error.

Section 3. The Stem Cell Research program was transferred last year to Connecticut Innovations, Inc., (CI) in Public Act No. 14-98 §§ 32-35, eliminating duplication of oversight and administration of the program between CI and the Department of Public Health (DPH). Two additional references to the Department of Public Health in Conn. Gen. Stat. §19a-32d should also be removed as these are outdated and redundant.

Section 4. Amend section 20-101 to allow a qualified RN or LPN from another state to care for a patient who is temporarily in Connecticut.

Section 5. Amend section 20-206c to clarify that DPH has the authority to take disciplinary action against a massage therapist who falsifies his or her application for licensure.

Section 6. Amend section 19a-180 to establish a shorter, alternative process to the Need-For-Service process for a primary service area responder who wishes to move a principal or branch location within their primary service area.

Section 7. Amend section 17b-451 to add EMS providers to the elder abuse mandated reporter statute.

Section 8. Amends section 19a-177(9)(B) that sets the rate application due date to reflect the last business day in August as opposed to the date of July 15th

Sections 9 and 10. Clarifies the actual process for ambulance inspections prior to registering them with DMV.

Section 11. The revision deletes certain statutory references to section 19a-25 to resolve a conflict regarding the dissemination of aggregate data.

Section 12. This proposal will align the provisions of Public Act 10-62 with the statutory scope of practice of an athletic trainer

Sections 13 and 14. The proposal updates the statutory language regarding clinical laboratories and provides the Commissioner the authority to conduct a formal investigation and/or other enforcements when significant non-compliance has been identified.

Sections 15 and 16. Makes various revisions related to DPH's and the Medical Examining Board's authority to take action against a license

Section 17. Amend section 19a-531 to expand the provisions to all facilities, instead of only nursing homes.

Section 18. To amend Public Act 14-148 to clarify: (1) clinical settings to which the law applies and (2) that the pre-procedure assessment must be done in person.

Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

- **Reason for Proposal**

Please consider the following, if applicable:

Section 1. Conn. Gen. Stat. 19a-491was amended by Public Act 13-234 to allow the DPH commissioner to charge a fee for technical assistance provided on a facility's renovation or building alteration. The fee for projects costing $1 million or less is $565. For projects costing more than $1 million, the act requires the commissioner to charge one-quarter of 1% of the total project cost. Currently, fees applied to an institution's construction, renovation, and/or building alteration are calculated based on the project costs when the cost of the project exceeds $1 million dollars. Construction costs include but are not limited to, architectural designs, excavation, foundations with concrete, structural development, plumbing, heating, ventilation, air conditioning, natural gas and electric utilities, and applicable permitting costs. Project costs often include furnishings, appliances and lighting fixtures which are not involved in the technical review. Therefore, this section clarifies that project costs should not be included in the costs associated with the technical review fees that the Department of Public Health evaluates.

Section 2. In public act 14-231, section 20-12d was amended to remove the need for a physician signature on prescription written by a physician assistant. The word "orders" was erroneously deleted in subsection (b) during one of the revisions.

Section 3. Two additional references to the Department of Public Health in Conn. Gen. Stat. §19a-32d should be removed as these are outdated and redundant. These subsections require stem cell researchers to file a verification form with DPH about the donation and derivation of stem cells. DPH is charged with the enforcement of the provisions of this section. This oversight and enforcement is already performed by institutional research oversight bodies and by the Regenerative Medicine Research Advisory Committee. Additionally, DPH lacks the resources and expertise to carry out these subsections

Section 4. DPH has received numerous requests for permits pursuant to Conn. Gen. Stat 20-101 from school nurses who intend to be on a field trip to Connecticut or passing through the state. This amendment would allow any qualified registered nurse or any qualified licensed practical nurse from another state to continue providing nursing care for their students for up to 72 hours without the burden of obtaining a temporary permit from DPH.

Section 5. The CT chapter of the American Association for Massage Therapy has encouraged DPH to strengthen efforts to regulate unlicensed massage therapists or licensed massage therapists that may have falsified documents to achieve licensure. The additional language will clarify that DPH has the authority to take disciplinary action against a massage therapist who falsifies his or her application for licensure.

Section 6. This language adopts a "short-form" process for a primary service area responder to change the location of a branch or principal office within the primary service area. This process will serve as an alternative to the more burdensome need for service process.

Section 7. Emergency medical providers of all levels are in a position to assist the Geriatric population by being considered mandated reporters for Elder Abuse. These providers should have been included in the original language for mandated reporters. This change has been requested by multiple EMS providers.

Section 8. This technical revision allows various governmental entities that apply for rates to have more flexibility in establishing and determining their annual budgets. This change has been requested by multiple EMS organizations.

Sections 9 and 10. Changes to made during the 2014 session to section 19a-181 to allow EMS companies to bring their ambulances to an authorized dealer for the safety inspection, instead of DMV inadvertently removed the Department's mandate to conduct EMS vehicle design and equipment inspections for authorized EMS vehicles. This proposal clarifies the actual process for ambulance inspections. Subsection (a) mandates the ambulances and invalid coaches that provide patient transport to bring their vehicles to an authorized dealer/local entity to complete a safety inspection (including brakes, tires, windshield etc), the Department will provide the form that needs to be filled out by the entity completing the inspection, and certify that the inspection has been completed based on the paperwork. Subsection (b) mandates all EMS vehicles to be inspected by DPH for minimum equipment and vehicle design compliance. Subsection (c) doesn't allow DMV to register the vehicles unless the ambulance company has proof from the entity that completed the safety inspection and the Department's sign-off.

Section 11. As currently written, subsection (d) of section 19a-654 allows OHCA to release patient-identifiable data, in part, as provided for in section 19a-25 and regulations adopted pursuant to section 19a-25. However, section 19a-25 restricts the use of the data to medical or scientific research. Additionally, pursuant to section 19a-25-1 of the Regulations of Connecticut State Agencies, aggregate data is considered identifiable patient data due to the inclusion of the name of the organization providing the data. OHCA uses aggregate patient data in many of its reports, in addition to its certificate of need decisions and the completion of the state-wide health care facilities and services plan as statutorily mandated by section 19a-634.

Section 12. Section 10-149c of the General Statutes requires that a coach to take a student athlete out of any interscholastic or intramural game or practice if the athlete (1) shows signs of having suffered a concussion after an observed or suspected blow to the head or body or (2) is diagnosed with a concussion. The coach must keep the athlete out of any game or practice until the athlete has received written clearance to return to the game or practice from a "licensed health care professional." The section includes athletic trainers in the definition of "licensed health care professional." Clearing an athlete to return to play after sustaining a concussion is not consistent with the scope of practice for athletic trainers. The change will ensure that the athletic trainer is working with the licensed health care provider to ensure the safety of the students.

Sections 13 and 14. General Statutes19a-498 (b) gives the Commissioner authority to conduct investigations, issue subpoenas, administer oaths and take testimony for all facilities licensed pursuant to section 19a-490 (which does not include clinical labs). This proposal will add similar language to that found in 19a-498 (b) to sections 19a-30 and 19a-30a, the clinical laboratory statutes, which currently do not provide the Commissioner the authority to conduct a formal investigation and utilize the necessary tools associated with such. Revising the clinical laboratory statutes will provide consistency of procedures and enforcement when significant non-compliance with state laws and regulations is identified in a clinical laboratory. This is consistent with current agency practice.

Sections 15 and 16. This revision will allow the Medical Examining Board and DPH to take reciprocal action based on voluntary surrender of a license in another state, and to clarify that DPH may determine eligibility of licensure for licensees who voluntarily surrender or agree not to renew or reinstate their license. This language will add that disciplinary action taken by a federal government agency can be taken into consideration for licensure decisions.

Section 17. Inspection activities are conducted prior to licensure renewals for all institutions as defined in section 19a-490 of the Connecticut General Statutes to ensure compliance with relevant state laws and regulations. Currently, section 19a-493(b)(1) of the Connecticut General Statutes, speaks to nursing home license renewal subsequent to an unscheduled inspection, however reference is lacking regarding other institutions. Statutory direction regarding unannounced inspections in all institutions will be

consistent with current practice.

Section 18. This proposal would amend the definition of medical spa in Public Act 14-119 to clarify that the act does not apply to hospitals or other licensed health care facilities. It would also clarify that the requisite pre-procedure physical assessment of a patient must be done in person.

- **Origin of Proposal _X__ New Proposal ___ Resubmission**

If this is a resubmission, please share:
(1) What was the reason this proposal did not pass, or if applicable, was not included in the Administration's package?
(2) Have there been negotiations/discussions during or after the previous legislative session to improve this proposal?
(3) Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?
(4) What was the last action taken during the past legislative session?

PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name: Department of Social Services
Agency Contact (name, title, phone): Heather Rossi (860) 484-5646
Date Contacted: 9/25/2014
Section 7 has been approved by DSS
Approve of Proposal _X__ YES ___NO ___Talks Ongoing

Agency Name: Dept of Motor Vehicles
Agency Contact (name, title, phone): Michael R. Bzdyra, Acting Deputy Commissioner
Date Contacted: 10/28/2014
Sections 9 and 10
Approve of Proposal ___ YES ___NO _X__Talks Ongoing

Agency Name: Department of Social Services
Agency Contact (name, title, phone): Krista Ostaszewski, Legislative and Regulations Analyst, (860) 424-5612
Section 17 has been approved by DSS
Date Contacted: 11/18/2014
Approve of Proposal __X_ YES ___NO ___Talks Ongoing

Summary of Affected Agency's Comments

Will there need to be further negotiation? ___ YES ___NO

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

Municipal (please include any municipal mandate that can be found within legislation)
State ***Section 1 – Potential minimal revenue loss (1% of all project costs for projects over $1 million.)***
Federal
Additional notes on fiscal impact No anticipated fiscal impact.

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

Section 1. Subsection (f) of section 19a-491 of the general statutes is repealed and the following is substituted in lieu thereof:

(f) The commissioner shall charge a fee of five hundred sixty-five dollars for the technical assistance provided for the design, review and development of an institution's construction, renovation, building alteration, sale or change in ownership when the cost of such project is one million dollars or less and shall charge a fee of one-quarter of one per cent of the total [project] construction cost when the cost of such project is more than one million dollars. Such fee shall include all department reviews and on-site inspections. For purposes of this subsection, "institution" does not include a facility owned by the state.

Sec. 2. Subsection (b) of Section 20-12d of the general statutes is repealed and the following is substituted in lieu thereof:

(b) All prescription forms used by physician assistants shall contain the signature, name, address and license number of the physician assistant. All orders written by a physician assistant shall be followed by the signature of the physician assistant and the printed name of the physician assistant.

Sec. 3. Subsection (d) of section 19a-32d is repealed and the following is substituted in lieu thereof:

(d) A person may conduct research involving embryonic stem cells, provided (1) the research is conducted with full consideration for the ethical and medical implications of such research, (2) the research is conducted before gastrulation occurs, and (3) [prior to conducting such research, the person provides documentation to the Commissioner of Public Health in a form and manner prescribed by the

commissioner verifying: (A) That any human embryos, embryonic stem cells, unfertilized human eggs or human sperm used in such research have been donated voluntarily in accordance with the provisions of subsection (c) of this section, or (B) if any embryonic stem cells have been derived outside the state of Connecticut, that such stem cells have been acceptably derived as provided in the National Academies' Guidelines for Human Embryonic Stem Cell Research, as amended from time to time, and (4)] all activities involving embryonic stem cells are overseen by an embryonic stem cell research oversight committee.

(e) [The Commissioner of Public Health shall enforce the provisions of this section and may adopt regulations, in accordance with the provisions of chapter 54, relating to the administration and enforcement of this section. The commissioner may request the Attorney General to petition the Superior Court for such order as may be appropriate to enforce the provisions of this section.

(f)] Any person who conducts research involving embryonic stem cells in violation of the requirements of subdivision (2) of subsection (d) of this section shall be fined not more than fifty thousand dollars, or imprisoned not more than five years, or both.

Section 4. Section 20-101 of the general statutes is repealed and the following is substituted in lieu thereof:

No provision of this chapter shall confer any authority to practice medicine or surgery nor shall this chapter prohibit any person from the domestic administration of family remedies or the furnishing of assistance in the case of an emergency; nor shall it be construed as prohibiting persons employed in state hospitals and state sanatoriums and subsidiary workers in general hospitals from assisting in the nursing care of patients if adequate medical and nursing supervision is provided; nor shall it be construed to prohibit the administration of medications by dialysis patient care technicians in accordance with section 19a-269a; nor shall it be construed as prohibiting students who are enrolled in schools of nursing approved pursuant to section 20-90, and students who are enrolled in schools for licensed practical nurses approved pursuant to section 20-90, from performing such work as is incidental to their respective courses of study; nor shall it prohibit a registered nurse who holds a master's degree in nursing or in a related field recognized for certification as either a nurse practitioner, a clinical nurse specialist, or a nurse anesthetist by one of the certifying bodies identified in section 20-94a from practicing for a period not to exceed one hundred twenty days after the date of graduation, provided such graduate advanced practice registered nurse is working in a hospital or other organization under the supervision of a licensed physician or a licensed advanced practice registered nurse, such hospital or other organization has verified that the graduate advanced practice registered nurse has applied to sit for the national certification examination and the graduate advanced practice registered nurse is not authorized to prescribe or dispense drugs; nor shall it prohibit graduates of schools of nursing or schools for licensed practical nurses approved pursuant to section 20-90, from nursing the sick for a period not to exceed ninety calendar days after the date of graduation, provided such graduate nurses are working in hospitals or organizations where adequate supervision is provided, and such hospital or other organization has verified that the graduate nurse has successfully completed a nursing program. Upon notification that the graduate nurse has failed the licensure examination or that the graduate advanced practice registered nurse has failed the certification examination, all privileges under this section shall automatically cease. No provision of this chapter shall: (1) prohibit any registered nurse who has been issued a temporary permit by the department, pursuant to subsection of section 20-94, from caring for the sick pending the issuance of a license without examination; (2) [nor shall it] prohibit any licensed practical nurse who has been issued a temporary permit by the department, pursuant to subsection (b) of section 20-97, from caring for the sick pending the issuance of a license without examination; (3) [nor shall it] prohibit any qualified registered nurse or any qualified licensed practical nurse [of] licensed in another state from caring for a patient temporarily in

this state for no longer than 72 hours [, provided such nurse has been granted a temporary permit from said department and] provided such nurse shall not represent or hold himself or herself out as a nurse licensed to practice in this state; (4) prohibit any registered nurse or licensed practical nurse licensed in another state from caring for a patient longer than seventy two hours provided such nurse has been issued a temporary permit from the department and provided such nurse shall not represent or hold himself or herself out as a nurse licensed to practice in this state; (5) [nor shall it] prohibit registered nurses or licensed practical nurses from other states from doing such nursing as is incident to their course of study when taking postgraduate courses in this state; (6) [nor shall it] prohibit nursing or care of the sick, with or without compensation or personal profit, in connection with the practice of the religious tenets of any church by adherents thereof, provided such persons shall not otherwise engage in the practice of nursing within the meaning of this chapter. This chapter shall not prohibit the care of persons in their homes by domestic servants, housekeepers, nursemaids, companions, attendants or household aides of any type, whether employed regularly or because of an emergency of illness, if such persons are not initially employed in a nursing capacity. This chapter shall not prohibit unlicensed assistive personnel from administering jejunostomy and gastrojejunal tube feedings to persons who (1) attend day programs or respite centers under the jurisdiction of the Department of Developmental Services, (2) reside in residential facilities under the jurisdiction of the Department of Developmental Services, or (3) receive support under the jurisdiction of the Department of Developmental Services, when such feedings are performed by trained, unlicensed assistive personnel pursuant to the written order of a physician licensed under chapter 370, an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a or a physician assistant licensed to prescribe in accordance with section 20-12d.

Section 5. Section 20-206c of the general statutes is repealed and the following is substituted in lieu thereof:

The department may take any action set forth in section 19a-17 if a person issued a license pursuant to section 20-206b fails to conform to the accepted standards of the massage therapy profession, including, but not limited to, the following: Conviction of a felony; the employment of fraud or deception in obtaining a license; fraud or deceit in the practice of massage therapy; negligent, incompetent or wrongful conduct in professional activities; emotional disorder or mental illness; physical illness including, but not limited to, deterioration through the aging process; abuse or excessive use of drugs, including alcohol, narcotics or chemicals; wilful falsification of entries into any client record pertaining to massage therapy; failure to make a written referral, as required in section 20-206b; violation of any provisions of sections 20-206a to 20-206c, inclusive. The commissioner may order a license holder to submit to a reasonable physical or mental examination if the license holder's physical or mental capacity to practice safely is the subject of an investigation. The commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17. Notice of any contemplated action under said section, the cause of the action and the date of a hearing on the action shall be given and an opportunity for hearing afforded in accordance with the provisions of chapter 54.

Section 6. Section 19a-180 of the general statutes is amended by adding subsections (k) and (l) as follows:

(k) Notwithstanding the provisions of subsection (a) of this section, any volunteer, hospital-based municipal, or commercial ambulance service that is licensed or certified and is a primary service area responder may apply to the commissioner to change the address of a principal or branch location within its primary service area, on a short form application prescribed by the commissioner. Upon making such application, the applicant shall notify in writing all other primary service area responders in any municipality or abutting municipality in which the applicant proposes to change principal or branch

locations. Except in the case where a primary service area responder entitled to receive notification of such application objects, in writing, to the commissioner not later than fifteen calendar days after receiving such notice, the application shall be deemed approved thirty calendar days after filing. If any such primary service area responder files an objection with the commissioner within the fifteen-calendar-day time period and requests a hearing, the applicant shall be required to demonstrate need at a public hearing as required under subsection (a) of this section.

(l) The commissioner shall develop a short form application for primary service area responders seeking to change the address of a principal or branch location pursuant to subsection (k) of this section. The application shall require an applicant to provide such information as the commissioner deems necessary, including, but not limited to, (1) the applicant's name and address, (2) the new address where the principal or branch is to be located, (3) an explanation as to why the principal or branch location is being moved, and (4) a list of the providers to whom notice was sent pursuant to subsection (j) of this section and proof of such notification.

Section 7. Subsection (a) of section 17b-451 of the general statutes is repealed and the following is substituted in lieu thereof:

(a) Any physician or surgeon licensed under the provisions of chapter 370, any resident physician or intern in any hospital in this state, whether or not so licensed, any registered nurse, any nursing home administrator, nurse's aide or orderly in a nursing home facility, any person paid for caring for a patient in a nursing home facility, any staff person employed by a nursing home facility, any patients' advocate and any licensed practical nurse, medical examiner, dentist, optometrist, chiropractor, podiatrist, social worker, clergyman, police officer, pharmacist, psychologist [or], physical therapist, or any person licensed or certified as an emergency medical services provider, who has reasonable cause to suspect or believe that any elderly person has been abused, neglected, exploited or abandoned, or is in a condition which is the result of such abuse, neglect, exploitation or abandonment, or is in need of protective services, shall, not later than seventy-two hours after such suspicion or belief arose, report such information or cause a report to be made in any reasonable manner to the Commissioner of Social Services or to the person or persons designated by the commissioner to receive such reports.

Any person required to report under the provisions of this section who fails to make such report within the prescribed time period shall be fined not more than five hundred dollars, except that, if such person intentionally fails to make such report within the prescribed time period, such person shall be guilty of a class C misdemeanor for the first offense and a class A misdemeanor for any subsequent offense.

Section 8. Subdivision (9) of Section 19a-177of the general statutes is repealed and the following is substituted in lieu thereof:

(9) (A) Establish rates for the conveyance of patients by licensed ambulance services and invalid coaches and establish emergency service rates for certified ambulance 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 service shall not include emergency air transport services.

(B) Adopt regulations, in accordance with the provisions of chapter 54, establishing methods for setting rates and conditions for charging such rates. Such regulations shall include, but not be limited to, provisions requiring that on and after July 1, 2000: (i) Requests for rate increases may be filed no more frequently than once a year, except that, in any case where an agency's schedule of maximum allowable rates falls below that of the Medicare allowable rates for that agency, the commissioner shall immediately amend such schedule so that the rates are at or above the Medicare allowable rates; (ii) only licensed ambulance services and certified ambulance services that apply for a rate increase 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, and do not accept the maximum allowable rates contained in any voluntary state-wide rate schedule established by the commissioner for the rate application year shall be required to file detailed financial information with the commissioner, provided any hearing that the commissioner may hold concerning such application shall be conducted as a contested case in accordance with chapter 54; (iii) licensed ambulance services and certified ambulance services that do not apply for a rate increase in any year 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, or that accept the maximum allowable rates contained in any voluntary state-wide rate schedule established by the commissioner for the rate application year shall, not later than [July fifteenth of such year] the last business day in August of such year, file with the commissioner a statement of emergency and nonemergency call volume, and, in the case of a licensed ambulance service or certified ambulance service that is not applying for a rate increase, a written declaration by such licensed ambulance service or certified ambulance service that no change in its currently approved maximum allowable rates will occur for the rate application year; and (iv) detailed financial and operational information filed by licensed ambulance services and certified ambulance services to support a request for a rate increase 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, shall cover the time period pertaining to the most recently completed fiscal year and the rate application year of the licensed ambulance service or certified ambulance service.

(C) Establish rates for licensed ambulance services and certified ambulance services for the following services and conditions: (i) "Advanced life support assessment" and "specialty care transports", which terms shall have the meaning provided in 42 CFR 414.605; and (ii) [intramunicipality] mileage, which [means] may include mileage for an ambulance transport when the point of origin and final destination for a transport is within the boundaries of the same municipality. The rates established by the commissioner for each such service or condition shall be equal to (I) the ambulance service's base rate plus its established advanced life support/paramedic surcharge when advanced life support assessment services are performed; (II) two hundred twenty-five per cent of the ambulance service's established base rate for specialty care transports; and (III) "loaded mileage", as the term is defined in 42 CFR 414.605, multiplied by the ambulance service's established rate for [intramunicipality] mileage. Such rates shall remain in effect until such time as the commissioner establishes a new rate schedule as provided in this subdivision;

Section 9. Section 19a-175 of the general statutes is repealed and the following is substituted in lieu thereof:

As used in this chapter, unless the context otherwise requires:
(1) "Emergency medical service system" means a system which provides for the arrangement of personnel, facilities and equipment for the efficient, effective and coordinated delivery of health care services under emergency conditions;
(2) "Patient" means an injured, ill, crippled or physically handicapped person requiring assistance and transportation;
(3) "Ambulance" means a motor vehicle specifically designed to carry patients;

(4) "Ambulance service" means an organization which transports patients;
(5) "Emergency medical technician" means a person who is certified pursuant to chapter 368d;
(6) "Ambulance driver" means a person whose primary function is driving an ambulance;
(7) "Emergency medical services instructor" means a person who is certified pursuant to chapter 368d;
(8) "Communications facility" means any facility housing the personnel and equipment for handling the emergency communications needs of a particular geographic area;
(9) "Life saving equipment" means equipment used by emergency medical personnel for the stabilization and treatment of patients;
(10) "Emergency medical service organization" means any organization whether public, private or voluntary that offers transportation or treatment services to patients primarily under emergency conditions;
(11) "Invalid coach" means a vehicle used exclusively for the transportation of nonambulatory patients, who are not confined to stretchers, to or from either a medical facility or the patient's home in nonemergency situations or utilized in emergency situations as a backup vehicle when insufficient emergency vehicles exist;
(12) "Rescue service" means any organization, whether for-profit or nonprofit, whose primary purpose is to search for persons who have become lost or to render emergency service to persons who are in dangerous or perilous circumstances;
(13) "Provider" means any person, corporation or organization, whether profit or nonprofit, whose primary purpose is to deliver medical care or services, including such related medical care services as ambulance transportation;
(14) "Commissioner" means the Commissioner of Public Health;
(15) "Paramedic" means a person licensed pursuant to section 20-206*ll*;
(16) "Commercial ambulance service" means an ambulance service which primarily operates for profit;
(17) "Licensed ambulance service" means a commercial ambulance service or a volunteer or municipal ambulance service issued a license by the commissioner;
(18) "Certified ambulance service" means a municipal, volunteer or nonprofit ambulance service issued a certificate by the commissioner;
(19) "Automatic external defibrillator" means a device that: (A) Is used to administer an electric shock through the chest wall to the heart; (B) contains internal decision-making electronics, microcomputers or special software that allows it to interpret physiologic signals, make medical diagnosis and, if necessary, apply therapy; (C) guides the user through the process of using the device by audible or visual prompts; and (D) does not require the user to employ any discretion or judgment in its use;
(20) "Mutual aid call" means a call for emergency medical services that, pursuant to the terms of a written agreement, is responded to by a secondary or alternate emergency medical services provider if the primary or designated emergency medical services provider is unable to respond because such primary or designated provider is responding to another call for emergency medical services or the ambulance or nontransport emergency vehicle operated by such primary or designated provider is out of service. For purposes of this subdivision, "nontransport emergency vehicle" means a vehicle used by emergency medical technicians or paramedics in responding to emergency calls that is not used to carry patients;
(21) "Municipality" means the legislative body of a municipality or the board of selectmen in the case of a municipality in which the legislative body is a town meeting;

(22) "Primary service area" means a specific geographic area to which one designated emergency medical services provider is assigned for each category of emergency medical response services;
(23) "Primary service area responder" means an emergency medical services provider who is designated to respond to a victim of sudden illness or injury in a primary service area;
(24) "Interfacility critical care transport" means the interfacility transport of a patient between licensed health care institutions;
(25) "Advanced emergency medical technician" means an individual who is certified as an advanced emergency medical technician by the Department of Public Health;
(26) "Emergency medical responder" means an individual who is certified pursuant to this chapter;
(27) "Medical oversight" means the active surveillance by physicians of the provision of emergency medical services sufficient for the assessment of overall emergency medical service practice levels, as defined by state-wide protocols;
(28) "Office of Emergency Medical Services" means the office established within the Department of Public Health pursuant to section 19a-178;
(29) "Sponsor hospital" means a hospital that has agreed to maintain staff for the provision of medical oversight, supervision and direction to an emergency medical service organization and its personnel and has been approved for such activity by the Department of Public Health; and
(30) "Paramedic intercept service" means paramedic treatment services provided by an entity that does not provide the ground ambulance transport.
(31) "Authorized emergency medical services vehicle" means an ambulance, invalid coach or advanced emergency technician or paramedic equipped intercept vehicle licensed or certified by the Department of Public Health for purposes of providing emergency medical care to patients.

Section 10. Section 19a-181 of the general statutes is repealed and the following is substituted in lieu thereof:

(a) Each ambulance[,] and invalid coach [and intermediate or paramedic intercept vehicle] used by an emergency medical service organization [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 ambulance, invalid coach or intermediate or paramedic intercept vehicle unless the applicant for such certificate of registration presents to said department] shall be inspected to verify [a safety certificate from the Commissioner of Public Health certifying that] said ambulance[,] or invalid coach [and intermediate or paramedic intercept vehicle has been inspected and] has met the minimum standards prescribed by the Commissioner of Public Health. [Each vehicle so registered with the Department of Motor Vehicles shall be inspected once every two years thereafter on or before the anniversary date of the issuance of the certificate of registration.] 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 such inspector, upon determining that such ambulance[,] or invalid coach [or intermediate or paramedic intercept vehicle] meets the standards of safety and equipment prescribed by the Commissioner of Public Health, shall [affix a safety certificate to such vehicle] 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 a location [and such sticker shall be so placed as to be] readily visible to any person in the rear compartment of such vehicle.

(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. Each such 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 to 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 in the rear compartment of such vehicle. 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 the Commissioner of Public Health.

(c) Each authorized emergency medical services vehicle shall be registered with the Department of Motor 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 said ambulance, invalid coach or 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 so registered with the Department of Motor Vehicles shall be inspected at least once every two years thereafter by the Commissioner of Public Health or the Commissioner's designee on or before the anniversary date of the issuance of the certificate of registration.

[(b)](d) 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 11. Subsection (d) of Section 19a-654 of the general statutes is repealed and the following is substituted in lieu thereof:

(d) Except as provided in this subsection, patient-identifiable data received by the office shall be kept confidential and shall not be considered public records or files subject to disclosure under the Freedom of Information Act, as defined in section 1-200. The office may release de-identified patient data or aggregate patient data to the public in a manner consistent with the provisions of 45 CFR 164.514. Any de-identified patient data released by the office shall exclude provider, physician and payer organization names or codes and shall be kept confidential by the recipient. The office may release patient-identifiable data (1) for medical and scientific research as provided for in section 19a-25-3(a)(3) of the Regulations of Connecticut State Agencies [19a-25 and regulations adopted pursuant to section 19a-25], and (2) to (A) a state agency for the purpose of improving health care service delivery, (B) a federal agency or the office of the Attorney General for the purpose of investigating hospital mergers and acquisitions, or (C)

another state's health data collection agency with which the office has entered into a reciprocal data-sharing agreement for the purpose of certificate of need review or evaluation of health care services, upon receipt of a request from such agency, provided, prior to the release of such patient-identifiable data, such agency enters into a written agreement with the office pursuant to which such agency agrees to protect the confidentiality of such patient-identifiable data and not to use such patient-identifiable data as a basis for any decision concerning a patient. No individual or entity receiving patient-identifiable data may release such data in any manner that may result in an individual patient, physician, provider or payer being identified. The office shall impose a reasonable, cost-based fee for any patient data provided to a nongovernmental entity.

Sec. 12. Subsection (c) of Section 10-149c of the general statutes is repealed and the following is substituted in lieu thereof:

(c) For purposes of this section, "licensed health care professional" means a physician licensed pursuant to chapter 370, a physician assistant licensed pursuant to chapter 370, an advanced practice registered nurse licensed pursuant to chapter 378 or an athletic trainer acting under the consent and direction of a licensed health care provider as defined in section 20-65f and licensed pursuant to chapter 375a.

Sec. 13. Section 19a-30 of the general statutes is repealed and the following is substituted in lieu thereof:

(a) As used in this section, "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 and commissioner means the Commissioner of Public Health.

(b) The Department of Public Health shall [, in its Public Health Code,] adopt regulations [and] in accordance with the provisions of chapter 54, to establish reasonable standards governing exemptions from the licensing provisions of this section, clinical laboratory 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. No person, firm or corporation shall establish, conduct, operate or maintain a clinical laboratory unless such laboratory is licensed or approved by said department in accordance with its regulations. Each clinical laboratory shall comply with all standards for clinical laboratories [set forth in the Public Health Code] 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 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 inquiry. 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 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) Each application for 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 by said department and shall be executed by the owner or owners or by a responsible officer of the firm or corporation owning the laboratory. 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) A nonrefundable fee of two hundred dollars shall accompany each application for a license or for renewal thereof, except in the case of a clinical laboratory owned and operated by a municipality, the state, the United States or any agency of said municipality, state or United States. 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 twenty-fourth month of the current license; (2) before any change in ownership or change in director is made; and (3) prior to any major expansion or alteration in quarters.

(e) A license issued under this section may be revoked or suspended or subject to any other disciplinary action specified in section 19a-17 if such laboratory has engaged in negligent, fraudulent or illegal practices, fee-splitting inducements or bribes, including but not limited to violations of subsection (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 accord with the provisions of chapter 54 of the General Statutes . For purposes of calculating civil penalties under this subsection, each day a licensee operates in violation of this section or a regulation adopted under this section shall constitute a separate violation.

(f) 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) No clinical laboratory shall terminate the employment of an employee because such

employee reported a violation of this section to the Department of Public Health.

(h) Any person, firm or corporation operating a clinical laboratory in violation of this section shall be fined not less than one hundred dollars or more than three hundred dollars for each offense. The Commissioner may issue an appropriate order to any person operating a clinical laboratory in violation of this section or regulations adopted under this section providing for the immediate discontinuance of the violation. The Commissioner may, through the Attorney General, petition the superior court for the judicial district of Hartford for the enforcement of any such order and for appropriate temporary relief or a restraining order. The court may grant such relief by injunction or otherwise, including temporary relief, as it deems equitable and may make and enter a decree enforcing, modifying and enforcing as so modified, or setting aside, in whole or in part, any such order of the Commissioner.

(i) The Commissioner 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.

Sec. 14. Section 19a-30a of the general statutes is repealed and the following is substituted in lieu thereof:

(a) Each clinical laboratory, licensed pursuant to section 19a-30, which discovers a medical error made in the performance or reporting of any test or examination performed by the laboratory shall promptly notify, in writing, the authorized person ordering the test of the existence of such error and shall promptly issue a corrected report or request for a retest, with the exception of HIV testing, in which case, errors shall be reported in person and counseling provided in accordance with chapter 368x.

(b) If the patient has requested the test directly from the laboratory, notice shall be sent to the patient, in writing, stating that a medical error in the reported patient test results has been detected and the patient is requested to contact the laboratory to arrange for a retest or other confirmation of test results. Said laboratory shall verbally or in writing inform the patient that in the event of a medical error the laboratory is required by law to inform [him] the patient and that [he] the patient may designate where such notification is to be sent. Such written notification shall be confidential and subject to the provisions of chapter 368x.

(c) Failure to comply with the provisions of this section may be cause for suspension or revocation of the license granted under said section 19a-30 or the imposition of any other disciplinary action specified in section 19a-17.

(d) The Department of Public Health may adopt regulations in accordance with the provisions of chapter 54 to implement the provisions of this section.

Sec 15. Subsection (f) of Section 19a-17 of the general statutes is repealed and the following is substituted in lieu thereof:

(f) Such board or commission or the department may take disciplinary action against a practitioner's license or permit as a result of the practitioner having been subject to disciplinary action similar to an action specified in [subsection (a) of] this section by a duly authorized professional disciplinary agency of any state, the District of Columbia, a federal governmental agency, a United States possession or territory or a foreign jurisdiction. Such board or commission or the department may rely upon the findings and conclusions made by a duly authorized professional disciplinary agency of any state, the District of Columbia, a federal governmental agency, a United States possession or territory or foreign jurisdiction in taking such disciplinary action.

Sec 16. Subdivision (6) subsection (a) of Section 19a-14 of the general statutes is repealed and the following is substitute in lieu thereof:

(6) Determine the eligibility of all applicants for permits, licensure, certification or registration, based upon compliance with the general statutes and administrative regulations. The department may deny the eligibility of an applicant for a permit or for licensure by examination, endorsement, reciprocity or for reinstatement of a license voided pursuant to subsection (f) of section 19a-88 or voluntarily surrendered or agreed not to renew or reinstate pursuant to section 19a-14, or may issue a license pursuant to a consent order containing conditions that must be met by the applicant if the department determines that the applicant:
(A) Has failed to comply with the general statutes and administrative regulations governing the applicant's profession;
(B) Has been found guilty or convicted as a result of an act which constitutes a felony under (i) the laws of this state, (ii) federal law or (iii) the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state;
(C) Is subject to a pending disciplinary action or unresolved complaint before the duly authorized professional disciplinary agency of any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction;
(D) Has been subject to disciplinary action similar to an action specified in subsection (a) of section 19a-17 by a duly authorized professional disciplinary agency of any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction;
(E) Has committed an act which, if the applicant were licensed, would not conform to the accepted standards of practice of the profession, including, but not limited to, incompetence, negligence, fraud or deceit; illegal conduct; procuring or attempting to procure a license, certificate or registration by fraud or deceit; or engaging in, aiding or abetting unlicensed practice of a regulated profession, provided the commissioner, or the commissioner's designee, gives notice and holds a hearing, in accordance with the provisions of chapter 54, prior to denying an application for a permit or a license based on this subparagraph; or
(F) Has a condition which would interfere with the practice of the applicant's profession, including, but not limited to, physical illness or loss of skill or deterioration due to the aging process, emotional disorder or mental illness, abuse or excessive use of drugs or alcohol, provided the commissioner, or the commissioner's designee, gives notice and holds a hearing in accordance with the provisions of chapter 54, prior to denying an application for a permit or a license based on this subparagraph;

Sec. 17. Section 19a-531 of the general statutes is repealed and the following is substituted in lieu thereof:

Any employee of the Department of Public Health or the Department of Social Services or any regional ombudsman who gives or causes to be given any advance notice to any institution as defined in section 19a-490 [nursing home facility], directly or indirectly, that an investigation or inspection that is not an initial licensure inspection is under consideration or is impending or gives any information regarding any complaint submitted pursuant to section 17b-408, or 19a-523 prior to an on-the-scene investigation or inspection of such facility, unless specifically mandated by federal or state regulations to give advance notice, shall be guilty of a class B misdemeanor and may be subject to dismissal, suspension or demotion in accordance with chapter 67.

Sec. 18. Section (1) of Public Act 14-119 is repealed and the following is substitute in lieu thereof:

(1) "Medical spa" means an establishment in which cosmetic medical procedures are performed; but does not include hospitals or other currently licensed healthcare facilities; and

(2) "Cosmetic medical procedure" means any procedure performed on a person that is directed at improving the person's appearance and that does not meaningfully promote the proper function of the body or prevent or treat illness or disease and may include, but is not limited to, cosmetic surgery, hair transplants, cosmetic injections, cosmetic soft tissue fillers, dermaplaning, dermastamping, dermarolling, dermabrasion that removes cells beyond the stratum corneum, chemical peels using modification solutions that exceed thirty per cent concentration with a pH value of lower than 3. 0, laser hair removal, laser skin resurfacing, laser treatment of leg veins, sclerotherapy and other laser procedures, intense pulsed light, injection of cosmetic filling agents and neurotoxins and the use of class II medical devices designed to induce deep skin tissue alteration.

(b) Each medical spa shall employ or contract for the services of: (1) A physician licensed pursuant to chapter 370 of the general statutes; (2) a physician assistant licensed pursuant to chapter 370 of the general statutes; or (3) an advanced practice registered nurse licensed pursuant to chapter 378 of the general statutes. Each such physician, physician assistant or advanced practice registered nurse shall: (A) Be actively practicing in the state; and (B) have received education or training from an institution of higher education or professional organization to perform cosmetic medical procedures and have experience performing such procedures. Any cosmetic medical procedure performed at a medical spa shall be performed in accordance with the provisions of titles 19a and 20 of the general statutes, and shall only be performed by such physician, physician assistant or advanced practice registered nurse, or a registered nurse licensed pursuant to chapter 378 of the general statutes.

(c) A physician, physician assistant or advanced practice registered nurse who is employed by, or under contract with, the medical spa shall perform an initial in-person physical assessment of each person undergoing a cosmetic medical procedure at the medical spa prior to such procedure being performed.

(d) Each medical spa shall post information, including the names and any specialty areas of any physician, physician assistant, advanced practice registered nurse or registered nurse performing cosmetic medical procedures, in a conspicuous place that is accessible to customers at the medical spa and on any Internet web site maintained by the medical spa. Such information shall also be: (1) Contained in any advertisement by the medical spa or state that such information may be found on the medical spa's Internet web site and list the address for such Internet web site; and (2) contained in a written notice that is provided to each person before undergoing any cosmetic medical procedure at the medical spa.

Agency Legislative Proposal - 2015 Session

Document Name (e.g. OPM1015Budget.doc; OTG1015Policy.doc): DPH-Lead Tech Revisions **DPH2015-childhoodleadpoisoning**

(If submitting an electronically, please label with date, agency, and title of proposal – 092611_SDE_TechRevisions)

State Agency: Connecticut Department of Public Health
Liaison: Elizabeth Keyes/Jill Kentfield Phone: (860) 509-7246/(860) 509-7280 E-mail: Elizabeth.keyes@ct.gov/ jill.kentfield@ct.gov
Lead agency division requesting this proposal: Regulatory Services Branch, Environmental Health Section
Agency Analyst/Drafter of Proposal: Francesca Provenzano

Title of Proposal **An Act Concerning Childhood Lead Poisoning Prevention and Control**
Statutory Reference **Section 19a-110. Report of lead poisoning. Parental notification. Availability of information regarding lead poisoning**
Proposal Summary The CT DPH and its advisory committee published newly revised guidelines in 2013 (CDC adopted new national policy in 2012). Language in existing statutes needs to be revised to reflect the newly adopted guidelines. Revises 19a-110 language to reflect case management policies implemented in 2013 that are associated with lowering the 'action level' to a new 'reference value' of 5 ug/dL.
Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

- **Reason for Proposal**

CGS 19a-111 requires DPH to "…establish, in conjunction with recognized professional medical groups, guidelines consistent with the National Centers for Disease Control for assessment of the risk of lead poisoning, screening for lead poisoning and treatment and follow-up care of individuals including children with lead poisoning, women who are pregnant and women who are planning pregnancy." This was done in April 2013.

Those standards are used by medical practitioners and Directors of Health to provide early intervention through medical case management and educational guidance. Pursuant to these standards, the requirements for medical monitoring, and educational intervention are triggered at a level of 5 ug/dL, rather than at 10 ug/dL.

- **Origin of Proposal ___ New Proposal _X__ Resubmission**

If this is a resubmission, please share:

(1) What was the reason this proposal did not pass, or if applicable, was not included in the Administration's package?
Property owners thought the revision would impact the action by a director of health to issue orders for lead abatement. None of the proposed language indicated this intent or action.

(2) Have there been negotiations/discussions during or after the previous legislative session to improve this proposal?
DPH staff met with Bob DeCosmo of the CT Property Owner's association to explain the intent of the statutory revision. Additionally, Mr. DeCosmo was made aware of the fact that the policy had already been implemented and that the DPH was updating statutory language to reflect policy. Furthermore, the act of early medical and educational intervention actually prevents children from becoming severely poisoned. This is a benefit to property owners – fewer property owners are issued lead abatement orders, if fewer children become severely lead poisoned.

(3) Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?
Major stakeholders for implementing case management guidelines are medical groups (as stipulated under CGS 19a-111). This proposal has nothing to do with environmental interventions. The proposed legislation pertains to our disease surveillance, and medical case management functions – not environmental remediation or lead abatement.

(4) What was the last action taken during the past legislative session?
The language was removed prior to the bill being taken up in the House of Representatives.

PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name: Agency Contact (name, title, phone): None Date Contacted: Approve of Proposal ___ YES ___NO ___Talks Ongoing
Summary of Affected Agency's Comments
Will there need to be further negotiation? ___ YES _X__NO

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

Municipal (please include any municipal mandate that can be found within legislation)
State No change in practice.
Federal
Additional notes on fiscal impact

Section 1. Subsection (d) of section 19a-110 of the general statutes is repealed and the following is substituted in lieu thereof:

(d) The director of health of the town, city or borough shall provide or cause to be provided, to the parent or guardian of a child **[**reported,**]** who is known to have a confirmed venous blood lead level of five micrograms per deciliter or more or who is reported, by an institution or clinical laboratory pursuant to

subsection (a) of this section, with information describing the dangers of lead poisoning, precautions to reduce the risk of lead poisoning, information about potential eligibility for services for children from birth to three years of age pursuant to sections 17a-248 to 17a-248g, inclusive, and laws and regulations concerning lead abatement. The information provided by the health director to the parent or guardian need only be provided after receipt of the initial report of an abnormal body burden of lead in the blood that requires such action, and not repeatedly thereafter. Said information shall be developed by the Department of Public Health and provided to each local and district director of health. With respect to the child reported, the director shall conduct an on-site inspection to identify the source of the lead causing a confirmed venous blood lead level equal to or greater than fifteen micrograms per deciliter but less than twenty micrograms per deciliter in two tests taken at least three months apart and order remediation of such sources by the appropriate persons responsible for the conditions at such source. **[**On and after January 1, 2012, if**]** If one per cent or more of children in this state under the age of six report blood lead levels equal to or greater than ten micrograms per deciliter, the director shall conduct such on-site inspection and order such remediation for any child having a confirmed venous blood lead level equal to or greater than ten micrograms per deciliter in two tests taken at least three months apart.

Agency Legislative Proposal - 2015 Session

Document Name (e.g. OPM1015Budget.doc; OTG1015Policy.doc): **DPH2015-Clean Indoor Act**

(If submitting an electronically, please label with date, agency, and title of proposal – 092611_SDE_TechRevisions)

State Agency: Connecticut Department of Public Health
Liaison: Elizabeth Keyes/Jill Kentfield Phone: (860) 509-7246/(860) 509-7280 E-mail: Elizabeth.keyes@ct.gov/ jill.kentfield@ct.gov
Lead agency division requesting this proposal: Community Health and Prevention Section
Agency Analyst/Drafter of Proposal: Renee Coleman Mitchell, Barbara Walsh

Title of Proposal **An Act Expanding The Connecticut Clean Indoor Air Act.**
Statutory Reference **Sec 1. 19a-342. Smoking prohibited. Exemptions. Signs required. Penalties** **Sec 2. 31-40q. Smoking in the workplace. Designation of smoking rooms.**
Proposal Summary This proposal will expand the Clean Indoor Air Act to put Connecticut more in line with other states that have comprehensive Clean Indoor Air Acts. It will further protect more Connecticut workers from being exposed to secondhand smoke by limiting their exposure, especially by extending the ban to small workplaces. The proposal will clarify the Clean Indoor Air Act by expressly including electronic nicotine delivery systems into the language.
Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

- **Reason for Proposal**

This proposal will move Connecticut closer to standards set by the Centers for Disease Control and Prevention.

The proposal:

- Includes use of electronic nicotine delivery systems in the definition of smoking for the purposes of the Clean Indoor Air Act. (This provision was submitted in 2013 and was not favorably reported by the Public Health Committee)
- Prohibits smoking: (1) in any retail establishment accessed by the general public (current language bans smoking in retail food stores); (2) in any area of a school building, regardless of whether school is in session or student activities are being conducted; and (3) outdoor areas of restaurants.
- Deletes the exemptions for correctional facilities, designated smoking areas in psychiatric facilities, and public housing projects.
- Eliminates the language that permits smoking rooms in places of employment.
- Eliminates the language that allows for designated smoking rooms in hotels.
- Eliminates the language that exempts employers with less than five employees. (This provision

was submitted in 2013 and was not favorably reported by the Public Health Committee)
- Removes the preemptive language that restricts municipalities from implementing stronger indoor air laws.

- **Origin of Proposal _XX_ New Proposal _XX__ Resubmission**

Certain provisions of the proposal are new and certain provisions are resubmissions, as noted above.

PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name: Department of Labor - Workplace Standards Division
Agency Contact (name, title, phone):Marisa Morello, Legislative Liaison, 860-263-6502
Date Contacted: (Discussed and Supported removing the workplace exemption for the 2013 session)

Approve of Proposal ___ YES ___NO _XX__Talks Ongoing (for 2014-2015 Session)

Will there need to be further negotiation? ___ YES ___NO

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

Municipal (please include any municipal mandate that can be found within legislation)

Potential need for some additional enforcement action. Potential collection of additional fines.

State
N/A

Federal
N/A

Additional notes on fiscal impact

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

Sec 1. Section 19a-342 of the General Statutes is repealed and the following is substituted in lieu thereof:

(a) As used in this section, "smoke" or "smoking" means the lighting or carrying of a lighted cigarette, cigar, pipe or similar device, including all electronic nicotine delivery systems.

(b) Nothing in this section shall be construed to require any smoking areas inside or outside any building or entryway.

[(b)] (c) (1) Notwithstanding the provisions of section 31-40q, no person shall smoke: (A) In any area of a building or portion of a building owned and operated or leased and operated by the state or any political subdivision thereof; (B) in any area of a health care institution; (C) in any area of a retail food store or other retail establishment accessed by the general public; (D) in any area of a restaurant; (E) in any area of an establishment with a permit issued for the sale of alcoholic liquor pursuant to section 30-20a, 30-21, 30-21b, 30-22, 30-22c, 30-28, 30-28a, 30-33a, 30-33b, 30-35a, 30-37a, 30-37e or 30-37f, in any area of an establishment with a permit for the sale of alcoholic liquor pursuant to section 30-23 issued after May 1, 2003, and, on and after April 1, 2004, in any area of an establishment with a permit issued for the sale of alcoholic liquor pursuant to section 30-22a or 30-26 or the bar area of a bowling establishment holding a permit pursuant to subsection (a) of section 30-37c; (F) [within] in any area of a school building [while school is in session or student activities are being conducted]; (G) in any passenger elevator[, provided no person shall be arrested for violating this subsection unless there is posted in such elevator a sign which indicates that smoking is prohibited by state law]; (H) in any area of a dormitory in any public or private institution of higher education; or (I) on and after April 1, 2004, in any area of a dog race track or a facility equipped with screens for the simulcasting of off-track betting race programs or jai alai games. For purposes of this subsection, "restaurant" means space, in a suitable and permanent building, kept, used, maintained, advertised and held out to the public to be a place where meals are regularly served to the public, including outdoor areas; and "any area" means the interior or the building or facility and the area within twenty-five feet of the outside of any doorway, operable window, or air intake vent of the building or facility.

(2) subsection (1) of this **[**This] section shall not apply to the following establishments: (A) [correctional facilities; (B) designated smoking areas in psychiatric facilities; (C) public housing projects, as defined in subsection (b) of section 21a-278a; (D)] classrooms where demonstration smoking is taking place as part of a medical or scientific experiment or lesson; [(E) smoking rooms provided by employers for employees, pursuant to section 31-40q; (F) notwithstanding the provisions of subparagraph (E) of subdivision (1) of this subsection, the outdoor portion of the premises of any permittee listed in subparagraph (E) of subdivision (1) of this subsection, provided, in the case of any seating area maintained for the service of food, at least seventy-five per cent of the outdoor seating capacity is an area in which smoking is prohibited and which is clearly designated with written signage as a nonsmoking area, except that any temporary seating area established for special events and not used on a regular basis

shall not be subject to the smoking prohibition or signage requirements of this subparagraph;] or [(G)] (B) any tobacco bar, provided no tobacco bar shall expand in size or change its location from its size or location as of December 31, 2002. [For purposes of this subdivision, "outdoor" means an area which has no roof or other ceiling enclosure,] "tobacco bar" means an establishment with a permit for the sale of alcoholic liquor to consumers issued pursuant to chapter 545 that, in the calendar year ending December 31, 2002, generated ten per cent or more of its total annual gross income from the on-site sale of tobacco products and the rental of on-site humidors, and "tobacco product" means any substance that contains nicotine or tobacco, including, but not limited to, cigarettes, cigars, pipe tobacco, [or] chewing tobacco, and all forms of electronic nicotine delivery systems, inclusive of devices that may or may not have or is labeled to indicate there is no nicotine content.

[(c) The operator of a hotel, motel or similar lodging may allow guests to smoke in not more than twenty-five per cent of the rooms offered as accommodations to guests.

(d) In each room, elevator, area or building in which smoking is prohibited by this section, the person in control of the premises shall post or cause to be posted in a conspicuous place signs stating that smoking is prohibited by state law. Such signs, except in elevators, restaurants, establishments with permits to sell alcoholic liquor to consumers issued pursuant to chapter 545, hotels, motels or similar lodgings, and health care institutions, shall have letters at least four inches high with the principal strokes of letters not less than one-half inch wide.]

[(e)] (d) Any person found guilty of smoking in violation of this section, failure to post signs as required by this section or the unauthorized removal of such signs shall have committed an infraction.

[(f)] (e) Nothing in this section shall be construed to require any smoking area in any building.

[(g) The provisions of this section shall supersede and preempt the provisions of any municipal law or ordinance relative to smoking effective prior to, on or after October 1, 1993.]

Sec 2. Section 31-40q of the general statutes is repealed and the following is substituted in lieu thereof:

Smoking in the workplace. [Designation of smoking rooms]. (a) As used in this section:

(1) "Person" means one or more individuals, partnerships, associations, corporations, limited liability companies, business trusts, legal representatives or any organized group of persons.

(2) "Employer" means a person engaged in business who has employees, including the state and any political subdivision thereof.

(3) "Employee" means any person engaged in service to an employer in the business of his employer.

(4) "Business facility" means a structurally enclosed location or portion thereof at which employees perform services for their employer, including the area within twenty-five feet of the outside of any doorway, operable window, or air intake vent of the building or facility. The term "business facility" does not include: (A) Facilities listed in subparagraph (A), (C) or (G) of subdivision (2) of subsection (b) of section 19a-342; (B) any establishment with a permit for the sale of alcoholic liquor pursuant to section 30-23 issued on or before May 1, 2003; (C) for any business that is engaged in the testing or development of tobacco or tobacco products, the areas of such business designated for such testing or development; or (D) during the period from October 1, 2003, to April 1, 2004, establishments with a permit issued for the sale of alcoholic liquor pursuant to section 30-22a or 30-26 or the bar area of a bowling establishment holding a permit pursuant to subsection (a) of section 30-37c.

(5) "Smoking" means the burning of a lighted cigar, cigarette, pipe or any other matter or substance which contains tobacco, including all electronic nicotine delivery systems.

[(b) Each employer with fewer than five employees in a business facility shall establish one or more work areas, sufficient to accommodate nonsmokers who request to utilize such an area, within each business facility under his control, where smoking is prohibited. The employer shall clearly designate the existence and boundaries of each nonsmoking area by posting signs which can be readily seen by employees and visitors. In the areas within the business facility where smoking is permitted, existing physical barriers and ventilation systems shall be used to the extent practicable to minimize the effect of smoking in adjacent nonsmoking areas.]

[(c) (1)](b) Each employer [with five or more employees] shall prohibit smoking in any business facility under said employer's control[, except that an employer may designate one or more smoking rooms].

[(2) Each employer that provides a smoking room pursuant to this subsection shall provide sufficient nonsmoking break rooms for nonsmoking employees.

(3) Each smoking room designated by an employer pursuant to this subsection shall meet the following requirements: (A) Air from the smoking room shall be exhausted directly to the outside by an exhaust fan, and no air from such room shall be recirculated to other parts of the building; (B) the employer shall comply with any ventilation standard adopted by (i) the Commissioner of Labor pursuant to chapter 571, (ii) the United States Secretary of Labor under the authority of the Occupational Safety and Health Act of 1970, as from time to time amended, or (iii) the federal Environmental Protection Agency; (C) such room shall be located in a nonwork area, where no employee, as part of his or her work responsibilities, is required to enter, except such work responsibilities shall not include any custodial or maintenance work carried out in the smoking room when it is unoccupied; and (D) such room shall be for the use of employees only.]

[(d)] (c) Nothing in this section may be construed to prohibit an employer from designating an entire business facility as a nonsmoking area.

Agency Legislative Proposal - 2015 Session

Document Name (e.g. OPM1015Budget.doc; OTG1015Policy.doc): **DPH2015-Massage therapist qualifications**

(If submitting an electronically, please label with date, agency, and title of proposal – 092611_SDE_TechRevisions)

State Agency: Connecticut Department of Public Health
Liaison: Elizabeth Keyes/Jill Kentfield Phone: (860) 509-7246/(860) 509-7280 E-mail: Elizabeth.keyes@ct.gov/ jill.kentfield@ct.gov
Lead agency division requesting this proposal: PLIS
Agency Analyst/Drafter of Proposal: Chris Andresen

Title of Proposal **An Act Concerning Revisions to Massage Therapist Qualifications**
Statutory Reference **Sec 1. 20-206b Practice restricted to licensed persons. Qualifications. Applications and renewal. Fees. Exemptions. Medical referral required. Penalty for Practice or use of title by unlicensed person. Penalty for knowing and wilful employment of the licensed person.** **Sec 2. 20-206h Enforcement within available appropriations. Formal investigations.**
Proposal Summary The statutory language currently requires massage therapists to pass the National Certification Examination for Therapeutic Massage and Bodywork administered by the National Certification Board for Therapeutic Massage (NCBTM). However, NCBTM will no longer administer this exam. The proposal will remove reference to this organization as it relates to examination, and provides general language on examination to prevent delays should the examining organization change in the future.
Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

- **Reason for Proposal**

The National Certification Board of for Therapeutic Massage and Bodywork (NCBTMB) will no longer administer an exam for massage therapists. Passing this exam is a requirement for massage therapy licensure in Connecticut. If this change is not enacted, students graduating from massage therapy programs would not be able to be licensed in Connecticut. The Connecticut Chapter of the American Massage Therapy Association is in support of this change.

- **Origin of Proposal** **_x_ New Proposal** **___ Resubmission**

If this is a resubmission, please share:

(1) What was the reason this proposal did not pass, or if applicable, was not included in the Administration's package?
(2) Have there been negotiations/discussions during or after the previous legislative session to improve this proposal?
(3) Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?
(4) What was the last action taken during the past legislative session?

PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name: N/A
Agency Contact (name, title, phone):
Date Contacted:
Approve of Proposal ___ YES ___NO ___Talks Ongoing

Summary of Affected Agency's Comments

Will there need to be further negotiation? ___ YES ___NO

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

Municipal (please include any municipal mandate that can be found within legislation)
$0

State

$0

Federal

$0

Additional notes on fiscal impact

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

Sec 1. Section 20-206b is repealed and the following is substituted in lieu thereof:

(a) No person shall engage in the practice of massage therapy unless the person has obtained a license from the department pursuant to this section. Each person seeking licensure as a massage therapist shall make application on forms prescribed by the department, pay an application fee of three hundred seventy-five dollars and present to the department satisfactory evidence that the applicant: (1) Has graduated from a school of massage therapy offering a course of study of not less than five hundred classroom hours, with the instructor present, that, at the time of the applicant's graduation, had a current school code assigned by the National Certification Board for Therapeutic Massage and Bodywork and was either (A) accredited by an agency recognized by the United States Department of Education or by a state board of postsecondary technical trade and business schools, or (B) accredited by the Commission on Massage Therapy Accreditation, and (2) has passed [the National Certification Examination for Therapeutic Massage and Bodywork. Passing scores on the] an examination [shall be] prescribed by the department. The National Certification Board for Therapeutic Massage and Bodywork's national examination for state licensing option shall not satisfy the examination requirements for a person seeking licensure pursuant to this section.

(b) Licenses shall be renewed once every two years in accordance with the provisions of section 19a-88. The fee for renewal shall be two hundred fifty dollars. No license shall be issued under this section to any applicant against whom professional disciplinary action is pending or who is the subject of an unresolved complaint in this or any other state or jurisdiction. Any certificate granted by the department prior to June 1, 1993, shall be deemed a valid license permitting continuance of profession subject to the provisions of this chapter.

(c) (1) Notwithstanding the provisions of subsection (a) of this section, the department may issue a license to an applicant whose school of massage therapy does not satisfy the requirement of subparagraph (A) or (B) of subdivision (1) of said subsection (a), provided the school held, at the time of the applicant’s graduation, a certificate issued by the Commissioner of Education pursuant to section 10-7b and provided the applicant graduated within thirty-three months of the date such school first offered the curriculum completed by the applicant. No license shall be issued under this subsection to a graduate of a school that fails to apply for and obtain accreditation by (A) an accrediting agency recognized by the United States Department of Education, or (B) the Commission on Massage Therapy Accreditation within thirty-three months of the date such school first offered the curriculum.

(2) Notwithstanding the provisions of subsection (a) of this section and subdivision (1) of this subsection, the department may issue a license to an applicant who submits evidence satisfactory to the commissioner that the applicant (A) was enrolled, on or before July 1, 2005, in a school of massage therapy that was approved or accredited by a state board of postsecondary technical trade and business schools or a state agency recognized as such state's board of postsecondary technical trade and business schools, (B) graduated from a school of massage therapy with a course of study of not less than five hundred classroom hours, with the instructor present, that at the time of the applicant's graduation was approved or accredited by a state board of postsecondary technical trade and business schools or a state agency recognized as such state's board of postsecondary technical trade and business schools, and (C) has passed [the National Certification Examination for Therapeutic Massage and Bodywork. Passing scores on the] an examination [shall be] prescribed by the department.

(d) Each person licensed pursuant to this section has an affirmative duty to make a written referral to a licensed healing arts practitioner, as defined in section 20-1, of any client who has any physical or medical condition that would constitute a contraindication for massage therapy or that may require evaluation or treatment beyond the scope of massage therapy.

(e) No person shall use the title “massage therapist”, “licensed massage therapist”, “massage practitioner”, “massagist”, “masseur” or “masseuse”, unless the person holds a license issued in accordance with this section or other applicable law.

(f) Notwithstanding the provisions of subsection (a) of this section, the commissioner may issue a license to an out-of-state applicant who submits evidence satisfactory to the commissioner of either: (1) (A) A current license to practice therapeutic massage from another state or jurisdiction, (B) documentation of practice for at least one year immediately preceding application, and (C) successful completion of the National Certification Examination for Therapeutic Massage and Bodywork; or (2) (A) graduation from a school of massage therapy offering a course of study of not less than five hundred classroom hours, with the instructor present, and, at the time of the applicant’s graduation, was either (i) accredited by an agency recognized by the United States Department of Education or by a state board of postsecondary technical trade and business schools, or (ii) accredited by the Commission on Massage Therapy Accreditation, and (B) successful completion of the National Certification Examination for Therapeutic Massage and Bodywork.

(g) Any person who violates the provisions of subsection (a) or (e) of this section shall be guilty of a class C misdemeanor.

(h) Any employer who knowingly and wilfully employs a person who is in violation of the provisions of subsection (a) or (e) of this section to engage in massage therapy shall be guilty of a class C misdemeanor.

Sec. 2. Subsection (b) of Section 20-206h is repealed and the following is substituted in lieu thereof:

(b) If the commissioner has cause to believe, based upon credible information or complaint, that any person has violated the provisions of section 20-206b, 20-206d or 20-206g, the commissioner may, not later than thirty days after receiving such information or complaint, begin a formal investigation of the alleged violation. In the course of such formal investigation, the commissioner may inquire as to whether a person under investigation obtained a license from the department legally by comparing the photograph on such person's identification with a photograph of such person obtained from the [National Certification Board for Therapeutic Massage and Bodywork or from a company contracted by said board to administer massage exams examinations] from the examination entity prescribed pursuant to subsection (a) of section 20-206b. Photographs that do not match shall constitute prima facie evidence that such person is engaging in the practice of massage therapy without a license in violation of section 20-206b. For purposes of this subsection, "identification" means a motor vehicle operator's license issued pursuant to section 14-36 or any other valid form of identification issued by the federal government or a state or municipal government, provided such identification includes a photograph.

Agency Legislative Proposal - 2015 Session

Document Name (e.g. OPM1015Budget.doc; OTG1015Policy.doc): **DPH2015-definition of anesthesia**

(If submitting an electronically, please label with date, agency, and title of proposal – 092611_SDE_TechRevisions)

State Agency: Connecticut Department of Public Health
Liaison: Elizabeth Keyes/Jill Kentfield Phone: (860) 509-7246/(860) 509-7280 E-mail: Elizabeth.keyes@ct.gov/ jill.kentfield@ct.gov
Lead agency division requesting this proposal: Health Care Quality and Safety Branch, Practitioner Licensing and Investigations Section
Agency Analyst/Drafter of Proposal: Chris Andresen, Kathy Boulware

Title of Proposal: An Act Concerning The Definitions Of Sedation And General Anesthesia
Statutory Reference: **Sec. 1. 20-123a. Anesthesia and sedation: Definitions** **Sec. 2. 20-123b. Permit for use of anesthesia required. Regulations.**
Proposal Summary This proposal updates Connecticut's definitions of sedation and general anesthesia to align with current national standards in the practice of dentistry
Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

- **Reason for Proposal**

DPH collaborated with the Connecticut State Dental Association to update the definitions of sedation and general anesthesia. This proposal will define the different types of anesthesia used and clarify the types of anesthesia dentists are permitted to use. The proposal will remove outdated definitions of "conscious sedation" and "general anesthesia" and replaces them with definitions of "minimal sedation", "moderate sedation", "deep sedation", and "general anesthesia". Section 2 of the proposal also clarifies the permits needed for each type of anesthesia used by a dentist.

- **Origin of Proposal _x_ New Proposal ___ Resubmission**

PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name: **N/A** Agency Contact (name, title, phone): Date Contacted: Approve of Proposal ___ YES ___NO ___Talks Ongoing
Summary of Affected Agency's Comments **N/A**
Will there need to be further negotiation? ___ YES ___NO

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

Municipal (please include any municipal mandate that can be found within legislation) $0
State $0
Federal $0
Additional notes on fiscal impact

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

These definitions align Connecticut's statutes with national standards.

Sec 1. Section 20-123a of the general statutes is repealed and the following is substituted in lieu thereof:

[(a) "Conscious sedation" means a drug-induced state in which the patient is calmed and relaxed, capable of making rational responses to commands and has all protective reflexes intact, including the ability to clear and maintain the patient's own airway in a patent state, but does not include nitrous oxide sedation or the administration of a single oral sedative or analgesic medication in a dose appropriate for

the unsupervised treatment of insomnia, anxiety or pain that does not exceed the maximum recommended therapeutic dose established by the federal Food and Drug Administration for unmonitored home use;

(b) "General anesthesia" means a controlled state of unconsciousness produced by pharmacologic or nonpharmacologic methods, or a combination thereof, accompanied by a partial or complete loss of protective reflexes including an inability to independently maintain an airway and to respond purposefully to physical stimulation or verbal commands; and]

(a) “Minimal sedation” is a minimally depressed level of consciousness, produced by a pharmacological method, that retains the patient’s ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command. Although cognitive function and coordination may be modestly impaired, ventilator and cardiovascular functions are unaffected. Minimal sedation includes nitrous oxide sedation or any orally administered sedation when the dosing of enteral drugs is no more than the maximum FDA-recommended dose of a single drug that can be prescribed for unmonitored home use.

(b) “Moderate sedation” is a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

(c) “Deep sedation” is a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

(d) "General anesthesia" a drug-induced loss of consciousness during which patients are not are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patient airway and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

[(c)] (e) "Commissioner" means the Commissioner of Public Health.

Sec 2. Section 20-123b of the general statutes is repealed and the following is substituted in lieu thereof:

(a) On and after the effective date of the regulations adopted in accordance with subsection (d) of this section, no dentist licensed under this chapter shall use moderate sedation, deep sedation, or general anesthesia [or conscious sedation], as these terms are defined in section 20-123a, on any patient unless such dentist has a permit, currently in effect, issued by the commissioner, initially for a period of twelve months and renewable annually thereafter, authorizing the use of such moderate sedation, deep sedation, or general anesthesia [or conscious sedation].

Agency Legislative Proposal - 2015 Session

Document Name (e.g. OPM1015Budget.doc; OTG1015Policy.doc): **DPH2015-Healthcare facilities**

(If submitting an electronically, please label with date, agency, and title of proposal – 092611_SDE_TechRevisions)

State Agency: Connecticut Department of Public Health
Liaison: Elizabeth Keyes/Jill Kentfield Phone: (860) 509-7246/(860) 509-7280 E-mail: Elizabeth.keyes@ct.gov/ jill.kentfield@ct.gov
Lead agency division requesting this proposal: Healthcare Quality & Safety Branch
Agency Analyst/Drafter of Proposal: Wendy Furniss

Title of Proposal: An Act Concerning Healthcare Facilities.
Statutory Reference **Sec 1. 19a-511. Nursing home administrators to supervise homes. Definitions.** **Sec 2. 19a-535a. Residential care home. Transfer or discharge of patients. Appeal. Hearing.** **Sec 3. 19a-527. Classification of violations** **Sec 4. 19a-561. Nursing facility management services. Certification. Initial applications and biennial renewals. Investigation. Disciplinary action.** **Sec 5. 19a-496. Compliance with regulations.**
Proposal Summary Sec 1. Amend CGS 19a-511 to clarify that the nursing home administrator is responsible for care provided in the nursing home. Sec. 2. Amend section 19a-535a to codify the current practice regarding the requirements for discharge plans issued by residential care home facilities. Sec 3. Amend section 19a-527 increase in fines for Class A and Class B violations in nursing home facilities. Sec. 4. Amend section 19a-561 to ensure that nursing facility management services are accountable to the care being provided by the nursing facility including providing the department the authority to impose sanctions, i.e. civil money penalties when significant non-compliance with state laws and regulations has been identified when an entity that provides nursing facility management services is in place. Sec 5. Amend section 19a-496 to require all health care institutions to report to the Department in the event of any major system failures such as loss of water or heat.
Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

- **Reason for Proposal**

Section 1. Amending section 19a-511 would allow the Department to take action against a nursing home administrator's license. During some investigations, the Department has found that a nursing home administrator should be held liable for certain findings. The Department has lost several cases because it is not clearly spelled out in the law that the nursing home administrator should be held responsible for actions.

Section 2. This proposal will codify the requirements for discharge plans issued by residential care home facilities which currently exist as informal guidelines in the Department of Public Health. This proposal specifies the necessary elements of a discharge plan. The proposal would also codify a requirement for the facility to obtain signatures from all relevant parties with regard to discharge planning. In many involuntary discharge cases undertaken in the past years by the Department's Public Health Hearing Office, hearing officers have had to continually advise facility owners and managers about the details needed to make required discharge plans legally adequate according to 19a-535 and 535a. It is unclear from the current language of 19a-535a what the specifics of the discharge plan should include in order to be legally adequate. Additionally, the Department's Hearing Office has noted confusion over the processes for locating potential placements for residents and how facility administrators are expected to assist the resident during this process. Statutorily clarifying the elements of the discharge plan and its procedures in 19a-535a would assist facility administrators and owners, as well as the appellants and their families, to determine the necessary elements required for discharge.

Section 3. The current threshold for Class A and B violations as provided for in Section 19a-527 has not been reviewed for greater than 20 years. The department would like to see the fines raised to deter nursing homes from committing serious or repeat violations. Examples of a class B violation include: failure to monitor patient condition and/or carry out patient care plan; failure to monitor patient condition and/or patient accident/incident; to conformance with federal, state and local regulations and/or failure to monitor patient condition and/or patient accident/incident. These violations were taken directly from the 4th quarter of the 2014 regulatory action report which is on the department's website at: http://www.ct.gov/dph/cwp/view.asp?a=4061&q=534952 When a Class A or B violation is found, a facility is fined a civil penalty which is determined by using a special formula that includes: #s of affected patients, # of occurrences of the violation; is this a repeat violation from a previous visit etc.

Section 4. In 2012, the Department identified Immediate Jeopardy (IJ) to patient health and safety in 11 nursing home facilities, 5 of the 11 facilities had nursing facility management services in place. In 2013, IJ had been identified in 10 facilities and 9 of those facilities also had nursing facility management services in place. Additionally, since the revision of the CMS Special Focus Facility initiative in 2005, the majority of the homes with this additional sanction/remedy were utilizing nursing facility management services during the time period when significant care concerns were identified. In addition to the per diem bed rate negotiated with DSS, if a nursing facility is utilizing nursing facility management services, the entity providing those services is reimbursed $6-8 per day, per bed. Addition of these services should promote higher quality, but that has not always been what is identified. Codifying in statute, enforcement actions that may be imposed when significant non-compliance with state laws and regulations is identified, may provide assurances that the focus of the nursing facility management company will be quality of care. Compliance with the statute would be determined during nursing home inspection activities and with biennial renewal of the nursing facility management certificate.

Section 5. Currently, the law is inconsistent regarding health care institutions and required reporting to the Department when there is a major or potential for a major disruption to patient care services. This act proposes that all healthcare institutions as defined in 19a-490 of the Connecticut General Statutes report to the Department any major system failures, i.e. loss of water, loss of heat, loss of electricity and/or being supplied by an alternative source. Failure to comply with reporting may result in the imposition of

a fine, not to exceed one hundred dollars per day pursuant to the event.

- **Origin of Proposal _X__ New Proposal ___ Resubmission**

PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name: Agency Contact (name, title, phone): Date Contacted: Approve of Proposal ___ YES ___NO ___Talks Ongoing
Summary of Affected Agency's Comments
Will there need to be further negotiation? ___ YES ___NO

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

Municipal (please include any municipal mandate that can be found within legislation)
State Sections 3 and 6. Potential minimal revenue gain from additional fines collected.
Federal
Additional notes on fiscal impact

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

Section 1. Section 19a-511 of the general statutes is repealed and the following is substituted in lieu thereof:

As used in sections 19a-511 to 19a-520, inclusive, "nursing home" means an institution licensed under this chapter and "nursing home administrator" means the person in general administrative charge of a nursing home. All nursing homes licensed under this chapter shall be under the supervision of a licensed nursing home administrator. The nursing home administrator shall be responsible for the quality and safety of all services provided in the licensed nursing home.

Sec 2. Subsection (c) of section 19a-535a of the general statutes is repealed and the following is substituted in lieu thereof:

(c) (1) The facility shall be responsible for assisting the resident in finding appropriate placement. Such assistance shall include: (A) Providing the resident with a list of facilities within the geographic area that the resident desires to reside that are appropriate for the resident's placement; and (B) assisting the resident in completing applications for potential placement facilities, including completing medical forms and obtaining necessary medical information.

[A**]** (2) A written discharge plan, prepared by the facility **[,** which**]** and signed by the person who prepared the discharge plan on behalf of the facility or the facility administrator, that indicates the resident's individual needs shall accompany the **[**patient.**]** resident. The discharge plan shall include, but not be limited to: (A) The name and address of the facility and the resident; (B) a description of the resident's current medical conditions; (C) a complete list of medications prescribed to the resident at the time the discharge plan is prepared; (D) a complete list of the resident's health care providers; (E) a detailed description of the resident's social or emotional conditions that may impact the facility level in which the resident is placed; and (F) a description of the type of facility that is most appropriate for the resident's placement. The discharge plan shall be marked "confidential" and a copy shall be provided to the resident or the resident's legally liable relative, guardian or conservator. A representative of the facility shall be available for consultation with the resident or the resident's legally liable relative, guardian or conservator, concerning the contents of the discharge plan at the time such person is provided with a copy of the discharge plan. The facility's representative shall make an effort to obtain the signature of the resident, or the resident's legally liable relative, guardian or conservator on the discharge plan to acknowledge receipt of the discharge plan and an opportunity for consultation with a representative of the facility concerning the discharge plan.

Sec 3. Section 19a-527 of the general statutes is repealed and the following is substituted in lieu thereof:

Citations issued pursuant to section 19a-524 shall be classified according to the nature of the violation and shall state such classification and the amount of the civil penalty to be imposed on the face thereof. The

Commissioner of Public Health shall, by regulation in accordance with chapter 54, classify each of the statutory and regulatory requirements set forth in section 19a-524 of the General Statutes for which a violation[s] may result in a citation as follows:

(a) Class A violations are conditions which the Commissioner of Public Health determines present an immediate danger of death or serious harm to any patient in the nursing home facility. For each class A violation, a civil penalty of not more than ten [five] thousand dollars may be imposed;

(b) Class B violations are conditions which the Commissioner of Public Health determines present a potential for [probability of] death or serious harm in the reasonably foreseeable future to any patient in the nursing home facility, but which he does not find constitute a class A violation. For each such violation, a civil penalty of not more than five [three] thousand dollars may be imposed.

Sec. 4. Section 19a-561 of the general statutes is repealed and the following is substituted in lieu thereof:

(a) As used in this section, "nursing facility management services" means services provided in a nursing facility to manage the operations of such facility, including the provision of care and services and "nursing facility management services certificate holder" means a person or entity certified by the Department of Public Health to provide nursing facility management services.

(b) No person or entity shall provide nursing facility management services in this state without obtaining a certificate from the Department of Public Health.

(c) Any person or entity seeking a certificate to provide nursing facility management services shall apply to the department, in writing, on a form prescribed by the department. Such application shall include the following:

(1) (A) The name and business address of the applicant and whether the applicant is an individual, partnership, corporation or other legal entity; (B) if the applicant is a partnership, corporation or other legal entity, the names of the officers, directors, trustees, managing and general partners of the applicant, the names of the persons who have a ten per cent or greater beneficial ownership interest in the partnership, corporation or other legal entity, and a description of each such person's relationship to the applicant; (C) if the applicant is a corporation incorporated in another state, a certificate of good standing from the state agency with jurisdiction over corporations in such state; and (D) if the applicant currently provides nursing facility management services in another state, a certificate of good standing from the licensing agency with jurisdiction over public health for each state in which such services are provided;

(2) A description of the applicant's nursing facility management experience;

(3) An affidavit signed by the applicant and any of the persons described in subparagraph (B) of subdivision (1) of this subsection disclosing any matter in which the applicant or such person (A) has been convicted of an offense classified as a felony under section 53a-25 or pleaded nolo contendere to a felony charge, or (B) has been held liable or enjoined in a civil action by final judgment, if the felony or civil action involved fraud, embezzlement, fraudulent conversion or misappropriation of property, or (C) is subject to a currently effective injunction or restrictive or remedial order of a court of record at the time of application, or (D) within the past five years has had any state or federal license or permit suspended or revoked as a result of an action brought by a governmental agency or department, arising out of or relating to business activity or health care, including, but not limited to, actions affecting the operation of

a nursing facility, residential care home or any facility subject to sections 17b-520 to 17b-535, inclusive, or a similar statute in another state or country; [and]

(4) The Commissioner of Public Health shall require each initial applicant described in subsection (c) of section 19a-561a to submit to state and national criminal history records checks. The criminal history records checks required by this subsection shall be conducted in accordance with section 29-17a; and

(5)[(4)] The location and description of any nursing facility in this state or another state in which the applicant currently provides management services or has provided such services within the past five years.

(d) In addition to the information provided pursuant to subsection (c) of this section, the department may reasonably request to review the applicant's audited and certified financial statements, which shall remain the property of the applicant when used for either initial or renewal certification under this section.

(e) Each application for a certificate to provide nursing facility management services shall be accompanied by an application fee of three hundred dollars. The certificate shall list each location at which nursing facility management services may be provided by the holder of the certificate.

(f) The department shall base its decision on whether to issue or renew a certificate on the information presented to the department and on the compliance status of the managed entities. The department may deny certification to any applicant for the provision of nursing facility management services (1) at any specific facility or facilities where there has been a substantial failure to comply with the Public Health Code, or (2) if the applicant fails to provide the information required under subdivision (1) of subsection (c) of this section.

(g) Renewal applications shall be made biennially after (1) submission of the information required by subsection (c) of this section and any other information required by the department pursuant to subsection (d) of this section, and (2) submission of evidence satisfactory to the department that any nursing facility at which the applicant provides nursing facility management services is in substantial compliance with the provisions of this chapter, the Public Health Code and licensing regulations, and (3) payment of a three-hundred-dollar fee.

(h) In any case in which the Commissioner of Public Health finds that there has been a substantial failure to comply with the requirements established under this section, the commissioner may initiate disciplinary action against a nursing facility management services certificate holder pursuant to section 19a-494.

(i) The department may limit or restrict the provision of management services by any nursing facility management services certificate holder against whom disciplinary action has been initiated under subsection (h) of this section.

(j) The department, in implementing the provisions of this section, may conduct any inquiry or investigation, in accordance with the provisions of section 19a-498, regarding an applicant or certificate holder.

(k) In any case in which the commissioner finds that there has been a substantial failure to comply with the requirements established under this chapter, or regulations adopted thereunder, the commissioner may require the nursing facility licensee and the nursing facility management service certificate holder to jointly submit a plan of correction as described in section 19a-496. In any case in which the

commissioner has taken an action as described in section 19a-494, in which a nursing facility is managed by a nursing facility management service, such nursing facility management service, may be fined not more than one thousand dollars a day until such time the nursing facility is in substantial compliance.

(l) Any person or entity providing nursing facility management services without the certificate required under this section shall be subject to a civil penalty of not more than one thousand dollars for each day that the services are provided without such certificate.

Sec. 5. Section 19a-496 of the general statutes is repealed and the following is substituted in lieu thereof:

(a) An institution which is in operation at the time of the adoption of any regulations under section 19a-495, shall be given a reasonable time, not to exceed one year from the date of such adoption, within which to comply with such regulations. The provisions of this section shall not be construed to require the issuance of a license, or to prevent the suspension or revocation thereof, to an institution which does not comply with minimum requirements of health, safety and comfort designated by the Department of Public Health through regulation adopted under the provisions of section 19a-495.

(b) All healthcare institutions as defined in section 19a-490 shall report to the Department of Public Health any major system failures, that shall include but not be limited to loss of water, loss of heat, loss of electricity and any incident that causes an activation of the institution's emergency preparedness plan. Failure to comply with such reporting may result in the imposition of a fine, not to exceed one hundred dollars per day pursuant to the event until compliance with such reporting has been achieved.

Agency Legislative Proposal - 2015 Session

Document Name (e.g. OPM1015Budget.doc; OTG1015Policy.doc): **DPH2015-emergencymedical services**

(If submitting an electronically, please label with date, agency, and title of proposal – 092611_SDE_TechRevisions)

State Agency: Connecticut Department of Public Health
Liaison: Elizabeth Keyes/Jill Kentfield Phone: (860) 509-7246/(860) 509-7280 E-mail: Elizabeth.keyes@ct.gov/ jill.kentfield@ct.gov
Lead agency division requesting this proposal: Health Care Quality and Safety, Office of Emergency Medical Services
Agency Analyst/Drafter of Proposal: Raphael Barishansky

Title of Proposal **An Act Concerning Emergency Medical Services**
Statutory Reference **Sec 1. (new)** **Sec 2. (new)** **Sec 3. 19a-175. Definitions** **Sec 4. 19a-197a. Administration of epinephrine** **Sec 5. 20-206jj. "Paramedicine" defined** **Sec 6. 20-206kk. Practice restricted to licensed persons. Exemptions. Title protection.** **Sec 7. 20-206ll. Licensure application. Renewal. Fees.** **Sec 8. 20-206mm. Qualifications for licensure. Licensure by endorsement. License renewal.** **Sec 9. 20-206nn. Disciplinary action. Grounds.** **Sec 10. 20-206oo. Regulations.** **Sec 11. 19a-179. Regulations. Issuance of certificate for certain applicants. Application for renewal or reinstatement by certain applicants. Definitions.** **Sec 12. repealers**
Proposal Summary Section 1 creates a new section regarding responsibility for pre-hospital patient care management. This was an EMS Advisory board recommendation. Section 2 creates a new statute to establish fines for EMS organizations who fail to submit statutorily required EMS data. Currently there are no mechanisms for the Department to issue such fines. Sections 3-12 will make additional conforming changes to statutes regarding EMS personnel that were reorganized during the 2014 session.
Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

- **Reason for Proposal**

Please consider the following, if applicable:
(1) Have there been changes in federal/state/local laws and regulations that make this legislation necessary?
(2) Has this proposal or something similar been implemented in other states? If yes, what is the outcome(s)?
(3) Have certain constituencies called for this action?
(4) What would happen if this was not enacted in law this session?

Section 1 of this proposal establishes a hierarchy for determining which emergency medical services (EMS) provider is responsible for making patient care decisions at the scene of an emergency call. Under the proposal: 1. the EMS provider holding the highest classification of emergency medical responder (EMR), emergency medical technician (EMT), or paramedic licensure or certification from the Department of Public Health (DPH) makes the decision, 2. if multiple providers hold the same licensure or classification, the provider for the primary service area responder makes the decision; and 3. if all providers on the scene are EMTs or EMRs, the EMS organization providing transportation services makes the decision. The proposal requires the provider on the scene who has the decision-making responsibility to transfer patient care if a provider with a higher licensure or certification arrives. All providers must ensure that such a transfer takes place in a timely and orderly manner. (This proposal was submitted by the Emergency Medical Services Advisory Board in 2014. It was favorably reported by the Public Health Committee but not but the Public Safety Committee.)

Section 2 of this proposal creates a mechanism for the department to fine EMS organizations for failure to submit statutorily required EMS data. Currently there are no mechanisms for the Department to collect such fines.

Sections 3-12. During the 2014 session, the HB 5537 included language which moved the licensing and certification of Emergency Medical Technicians (EMT), Emergency Medical Responders (EMR), and EMS-Instructors from title 19a into title 20 to align with the paramedic licensing statutes. This revision gave the Department the authority needed to take action against an EMS personnel license. The language in this proposal corrects some errors that were made as a result of the revisions. Changes include: a new definitions section in section 20-206jj and changes to the definitions section in title 19a-195, and moving additional EMS personnel licensing/certification statutes into title 20.

Section by Section Summary:

Section 3. Revises the definitions in section 19a-175 for EMT, EMSI, paramedic, AEMT and EMR licensing to reflect new licensing definitions within chapter 384d .

Section 4. Revises section 19a-197a to reflect the appropriate licensing statute for emergency medical technicians.

Section 5. Revises section 20-206jj to create definitions for EMT, AEMT, EMSI, and paramedics within their licensing statute. It also includes a definition of an Advanced EMT to allow the Department to codify the certification requirements for an AEMT into statute.

Section 6. Revises section 20-206kk to include EMR, EMT, EMSI and AEMT in the use of the titles for EMS Personnel (previously this section only included paramedics). The proposed changes will to this language to mandate persons using these titles to be either certified or licensed by the Department. It also

allows for those students studying to be licensed or certified as an EMR, EMT, EMSI, AEMT or Paramedic to perform the services necessary.

Section 7. Revises section 20-206ll ties the term "commissioner" to the new definition reflected in 20-206jj, and allows the Commissioner to issue a certification to an EMR, EMT, EMSI and AEMT who has met the requirements of section 20-206mm.

Section 8. Revises subsection (d) of section 20-206mm to allow the Commissioner the ability to issue a certificate to a qualified AEMT who is licensed in good standing in any other new England state, new York or New Jersey, or has completed a training program consistent with national standards. Revises Subsection (e) to reflect language that is currently in section19a-195a of the statutes and section 19a-179-16a of the regulation that mandates an EMR, EMT, AEMT or EMSI to be recertified every three years which includes refresher training. Currently subsection (h) to allows the Commissioner to issue a certificate to an EMR who is licensed by a state that maintains standards equal to CT and to a person who has completed a department approved training course, the revised language will allow the Commissioner to also issue a certificate to an EMT and AEMT who is licensed by a state that maintains standards equal to CT and to a person who has completed a department approved training course. Revises Subsection (j) to include current language found in section 19a-195 b and section 19a-179-16a of the regulations that allow for reinstatement of a certificate that has expired.

Section 9. Revises section 20-206nn to allow the department to take disciplinary action pursuant to section 19a-17 against any type of emergency medical services personnel (instead of just a paramedic).

Section 10. Revises section 20-206oo which mandates the Commissioner to adopt regulations for each type of emergency medical services personnel.

Section 11. Section 19a-179a –subsection (a) Allows the CEMSMAC to establish treatment modalities to be utilized within the scope of practice for emergency medical services personnel. Subsection (b) is being repealed as it mandates the Commissioner to create regulations for EMR, EMS-I, EMT and Paramedics, this language is now reflected in section 20-206oo.

Section 12 Repeals:

Section 19a-195a – Mandates EMT's to be recertified every 3 years and mandates the Commissioner to create regulations for statewide standardization of licensing of EMT, EMR, EMSI and Paramedics. This language is reflected in 20-206mm

19a-195b – Mandates the Commissioner to create regulations for the reinstatement of an EMT, AEMT, EMR or EMSI certification. This language is reflected in section 20-206mm.

- **Origin of Proposal _x_ New Proposal ___ Resubmission**

If this is a resubmission, please share: *(1) What was the reason this proposal did not pass, or if applicable, was not included in the Administration's package?* *(2) Have there been negotiations/discussions during or after the previous legislative session to improve this proposal?* *(3) Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?* *(4) What was the last action taken during the past legislative session?*

PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name: N/A Agency Contact (name, title, phone): Date Contacted: Approve of Proposal ___ YES ___NO ___Talks Ongoing
Summary of Affected Agency's Comments
Will there need to be further negotiation? ___ YES ___NO

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

Municipal (please include any municipal mandate that can be found within legislation) none
State Potential minimal revenue gain depending on EMS organizations submitting statutorily required data in a timely manner.
Federal none
Additional notes on fiscal impact An EMS organization may be impacted with a civil penalty if they do not submit statutorily required EMS data

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

Section 1. (NEW)

A provider, as defined in section 19a-175 of the general statutes, who holds the highest classification of licensure or certification from the Department of Public Health under chapters 368d and 384d of the general statutes shall be responsible for making decisions concerning patient care on the scene of an emergency medical call. If two or more providers on such scene hold the same licensure or certification classification, the provider for the primary service area responder shall be responsible for making such decisions. If all providers on such scene are emergency medical technicians or emergency medical responders, as defined in section 19a-175 of the general statutes, the emergency medical service organization providing transportation services shall be responsible for making such decisions. A provider on the scene of an emergency medical call who has undertaken decision-making responsibility for patient care shall transfer patient care to a provider with a higher classification of licensure or certification upon such provider's arrival on the scene. All providers on the scene shall ensure such transfer takes place in a timely and orderly manner.

Section 2. (NEW) State EMS data collection system. Regulations. Civil penalty.

(a) The Commissioner shall be responsible for the State's EMS system data collection system established pursuant to section 19a-177 of the Connecticut General Statutes. The Commissioner shall adopt regulations, in accordance with chapter 54, concerning the development, implementation, monitoring, and collection of EMS system data.

(b) Any EMS organization, certified or licensed pursuant to chapter 368d of the Connecticut General Statutes, that fails to comply with the provisions of this section shall be liable for a civil penalty not to exceed one hundred dollars per day for each failure to report each patient record of EMS system data, as determined by the Commissioner.

(c) The civil penalties set forth in this section shall be assessed only after the Department provides a written notice of deficiency and the provider is afforded the opportunity to respond to such notice. A provider shall have not more than fifteen business days after the date of receiving such notice to provide a written response to the department. Such written response shall include any information requested by the department.

(d) The Commissioner may request that the Attorney General initiate an action to collect any civil penalties assessed pursuant to this section and obtain such orders as necessary to enforce any provision of this section.

Section 3. Section 19a-175 of the Connecticut General Statutes is repealed and the following is substituted in lieu thereof:

As used in this chapter, unless the context otherwise requires:

(1) "Emergency medical service system" means a system which provides for the arrangement of personnel, facilities and equipment for the efficient, effective and coordinated delivery of health care services under emergency conditions;

(2) "Patient" means an injured, ill, crippled or physically handicapped person requiring assistance and transportation;

(3) "Ambulance" means a motor vehicle specifically designed to carry patients;

(4) "Ambulance service" means an organization which transports patients;

(5) "Emergency medical technician" means a person who is certified pursuant to chapter [368d] 384d;

(6) "Ambulance driver" means a person whose primary function is driving an ambulance;

(7) "Emergency medical services instructor" means a person who is certified pursuant to chapter [368d] 384d;

(8) "Communications facility" means any facility housing the personnel and equipment for handling the emergency communications needs of a particular geographic area;

(9) "Life saving equipment" means equipment used by emergency medical personnel for the stabilization and treatment of patients;

(10) "Emergency medical service organization" means any organization whether public, private or voluntary that offers transportation or treatment services to patients primarily under emergency conditions;

(11) "Invalid coach" means a vehicle used exclusively for the transportation of nonambulatory patients, who are not confined to stretchers, to or from either a medical facility or the patient's home in nonemergency situations or utilized in emergency situations as a backup vehicle when insufficient emergency vehicles exist;

(12) "Rescue service" means any organization, whether for-profit or nonprofit, whose primary purpose is to search for persons who have become lost or to render emergency service to persons who are in dangerous or perilous circumstances;

(13) "Provider" means any person, corporation or organization, whether profit or nonprofit, whose primary purpose is to deliver medical care or services, including such related medical care services as ambulance transportation;

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

(15) "Paramedic" means a person licensed pursuant to [section 20-206*ll]* chapter 384d;

(16) "Commercial ambulance service" means an ambulance service which primarily operates for profit;

(17) "Licensed ambulance service" means a commercial ambulance service or a volunteer or municipal ambulance service issued a license by the commissioner;

(18) "Certified ambulance service" means a municipal, volunteer or nonprofit ambulance service issued a certificate by the commissioner;

(19) "Automatic external defibrillator" means a device that: (A) Is used to administer an electric shock through the chest wall to the heart; (B) contains internal decision-making electronics, microcomputers or special software that allows it to interpret physiologic signals, make medical diagnosis and, if necessary, apply therapy; (C) guides the user through the process of using the device by audible or visual prompts; and (D) does not require the user to employ any discretion or judgment in its use;

(20) "Mutual aid call" means a call for emergency medical services that, pursuant to the terms of a written agreement, is responded to by a secondary or alternate emergency medical services provider if the primary or designated emergency medical services provider is unable to respond because such primary or designated provider is responding to another call for emergency medical services or the ambulance or nontransport emergency vehicle operated by such primary or designated provider is out of service. For purposes of this subdivision, "nontransport emergency vehicle" means a vehicle used by emergency medical technicians or paramedics in responding to emergency calls that is not used to carry patients;

(21) "Municipality" means the legislative body of a municipality or the board of selectmen in the case of a municipality in which the legislative body is a town meeting;

(22) "Primary service area" means a specific geographic area to which one designated emergency medical services provider is assigned for each category of emergency medical response services;

(23) "Primary service area responder" means an emergency medical services provider who is designated to respond to a victim of sudden illness or injury in a primary service area;

(24) "Interfacility critical care transport" means the interfacility transport of a patient between licensed health care institutions;

(25) "Advanced emergency medical technician" means an individual who is certified as an advanced emergency medical technician [by the Department of Public Health] pursuant to chapter 384d;

(26) "Emergency medical responder" means an individual who is certified pursuant to [this] chapter 384d;

(27) "Medical oversight" means the active surveillance by physicians of the provision of emergency medical services sufficient for the assessment of overall emergency medical service practice levels, as defined by state-wide protocols;

(28) "Office of Emergency Medical Services" means the office established within the Department of Public Health pursuant to section 19a-178;

(29) "Sponsor hospital" means a hospital that has agreed to maintain staff for the provision of medical oversight, supervision and direction to an emergency medical service organization and its personnel and has been approved for such activity by the Department of Public Health; and

(30) "Paramedic intercept service" means paramedic treatment services provided by an entity that does not provide the ground ambulance transport.

Section 4. Subsection (a) of Section 19a-197a of the Connecticut General Statutes is repealed and the following is substituted in lieu thereof:

(a) As used in this section, “emergency medical technician” means (1) any class of emergency medical technician certified under regulations adopted pursuant to section [19a-179] 20-206jj, including, but not limited to, any advanced emergency medical technician, and (2) any paramedic licensed pursuant to section 20-206*ll*.

Section 5. Section 20-206jj of the Connecticut General Statutes is repealed and the following is substituted in lieu thereof:

(1) "Advanced emergency medical technician" means an individual who is certified as an advanced emergency medical technician by the Department of Public Health;

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

(3) "Emergency medical services instructor" means a person who is certified under the provisions of 20-206 by the Department of Public Health to teach courses, the completion of which is required in order to become an emergency medical technician;

(4) "Emergency medical responder" means an individual who is certified to practice as an emergency medical responder under the provisions of section 20-206mm;

(5) “Emergency medical services personnel” means an individual certified as an emergency medical responder, emergency medical technician, advanced emergency medical technician, emergency medical services instructor or an individual licensed as a paramedic;

(6) "Emergency medical technician" means a person who is certified to practice as an emergency medical technician under the provisions of section 20-206mm;

(7) "Office of Emergency Medical Services" means the office established within the Department of Public Health pursuant to section 19a-178;

(8) “paramedicine” means the carrying out of (1) all phases of cardiopulmonary resuscitation and defibrillation, (2) the administration of drugs and intravenous solutions under written or oral authorization from a licensed physician, and (3) the administration of controlled substances, as defined in section 21a-240, in accordance with written protocols or standing orders of a licensed physician[.]; and,

(9) "Paramedic" means a person licensed to practice as a paramedic under the provisions of section 20-206*ll*;

Section 6. Section 20-206kk of the Connecticut General Statutes is repealed and the following is substituted in lieu thereof:

(a) Except as provided in subsection (c) of this section, no person shall practice paramedicine unless licensed as a paramedic pursuant to section 20-206*ll*.

(b) No person shall use the title “paramedic”, “emergency medical responder”, “emergency medical technician”, “advanced emergency medical technician” or “emergency medical services instructor” or make use of any title, words, letters or abbreviations that may reasonably be confused with licensure as a paramedic, or certification as emergency medical responder, emergency medical technician, advanced

emergency medical technician or emergency medical services instructor unless licensed or certified pursuant to section 20-206*ll*.

(c) No license as a paramedic, or certificate as an emergency medical responder, emergency medical technician, emergency medical services instructor or advanced emergency medical technician shall be required of (1) a person performing services within the scope of practice for which he is licensed or certified by any agency of this state, or (2) a student, intern or trainee pursuing a course of study in [paramedicine] emergency medical services in an accredited institution of education or within an emergency medical services program approved by the commissioner[, as defined in section 19a-175,] provided the activities that would otherwise require a license or certificate as [a paramedic] an emergency medical services provider are performed under supervision and constitute a part of a supervised course of study.

(d) Paramedics who are currently licensed by a state that maintains licensing requirements equal to or higher than those in this state shall be eligible for licensure as a paramedic in this state.

Section 7. Section 20-206ll of the Connecticut General Statutes is repealed and the following is substituted in lieu thereof:

(a) The commissioner[, as defined in section 19a-175,] shall issue a license as a paramedic to any applicant who furnishes evidence satisfactory to the commissioner that the applicant has met the requirements of section 20-206mm. The commissioner shall develop and provide application forms. The application fee shall be one hundred fifty dollars.
(b) The license may be renewed annually pursuant to section 19a-88 for a fee of one hundred fifty dollars.
(c) The commissioner shall issue a certification as an emergency medical technician, emergency medical services instructor, emergency medical responder or advanced emergency medical technician to any applicant who furnishes evidence satisfactory to the commissioner that the applicant has met the requirements of section 20-206mm.

Section 8. Section 20-206mm of the Connecticut General Statutes is repealed and the following is substituted in lieu thereof:

(a) Except as provided in subsections (b) and (c) of this section, an applicant for a license as a paramedic shall submit evidence satisfactory to the Commissioner of Public Health that the applicant has successfully (1) completed a paramedic training program approved by the commissioner, and (2) passed an examination prescribed by the commissioner.

(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, and (C) has no pending disciplinary action or unresolved complaint against him or her.

(c) Any person who is certified as an emergency medical technician-paramedic by the Department of Public Health on October 1, 1997, shall be deemed a licensed paramedic. Any person so deemed shall renew his license pursuant to section 19a-88 for a fee of one hundred fifty dollars.

(d) The commissioner may issue an emergency medical technician certificate [or], emergency medical responder certificate or advanced emergency medical technician certificate to an applicant who presents evidence satisfactory to the commissioner that the applicant (1) is currently certified as an emergency medical technician, [or]; emergency medical responder, or advanced emergency medical technician in good standing in any New England state, New York or New Jersey, (2) 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 emergency medical technician [or]; emergency medical responder curriculum, or advanced emergency medical technician and (3) has no pending disciplinary action or unresolved complaint against him or her.

(e) An emergency medical responder, emergency medical technician, advanced emergency medical technician, or emergency medical services instructor shall be recertified every three years. For the purpose of maintaining an acceptable level of proficiency, each emergency medical technician who is recertified for a three-year period shall complete thirty hours of refresher training approved by the commissioner, or meet such other requirements as may be prescribed by the commissioner.

[(e)] (f) The commissioner may issue a temporary emergency medical technician certificate to an applicant who presents evidence satisfactory to the commissioner that (1) the applicant was certified by the department as an emergency medical technician prior to becoming licensed as a paramedic pursuant to section 20-206*ll*, or (2) the applicant's certification as an emergency medical technician has expired and the applicant's license as a paramedic has become void pursuant to section 19a-88. Such temporary certificate shall be valid for a period not to exceed one year and shall not be renewable.

[(f)] (g) An applicant who is issued a temporary emergency medical technician certificate pursuant to subsection [(e)] (f) of this section may, prior to the expiration of such temporary certificate, apply to the department for: (1) Renewal of such person's paramedic license, giving such person's name in full, such person's residence and business address and such other information as the department requests, provided the application for license renewal is accompanied by evidence satisfactory to the commissioner that the applicant was under the medical oversight of a sponsor hospital, as those terms are defined in section 19a-175, as amended by this act, on the date the applicant's paramedic license became void for nonrenewal; or (2) recertification as an emergency medical technician, provided the application for recertification is accompanied by evidence satisfactory to the commissioner that the applicant completed emergency medical technician refresher training approved by the commissioner not later than one year after issuance of the temporary emergency medical technician certificate. The department shall recertify such person as an emergency medical technician without the examination required for initial certification specified in regulations adopted by the commissioner pursuant to section 20-206oo, as amended by this act.

[(g)] (h) The commissioner may issue an emergency medical responder, emergency medical technician or advanced emergency medical technician certificate to an applicant for certification by endorsement who presents evidence satisfactory to the commissioner that the applicant (1) is currently certified as an emergency medical responder, emergency medical technician or advanced emergency medical technician in good standing by a state that maintains licensing requirements that the commissioner determines are equal to, or greater than, those in this state, (2) has completed an initial department-approved emergency medical responder, emergency medical technician or advanced emergency medical technician training program that includes written and practical examinations at the completion of the course, or a program outside the state that adheres to national education standards for the emergency medical responder,

emergency medical technician or advanced emergency medical technician scope of practice and that includes an examination, and (3) has no pending disciplinary action or unresolved complaint against him or her.

[(h)] (i) The commissioner may issue an emergency medical services instructor certificate to an applicant who presents (1) evidence satisfactory to the commissioner that the applicant is currently certified as an emergency medical technician in good standing, (2) documentation satisfactory to the commissioner, with reference to national education standards, regarding qualifications as an emergency medical service instructor, (3) a letter of endorsement signed by two instructors holding current emergency medical service instructor certification, (4) documentation of having completed written and practical examinations as prescribed by the commissioner, and (5) evidence satisfactory to the commissioner that the applicant has no pending disciplinary action or unresolved complaints against him or her.

(j) Any person certified as an emergency medical technician, advanced emergency medical technician, emergency medical responder or emergency medical services instructor pursuant to this chapter and the regulations adopted pursuant to section 20-206oo whose certification has expired may apply to the Department of Public Health for reinstatement of such certification as follows: (1) If such certification expired one year or less from the date of application for reinstatement, such person shall complete the requirements for recertification specified in regulations adopted pursuant to section 20-206oo, as such recertification regulations may be from time to time amended; (2) if such certification expired more than one year but less than three years from the date of application for reinstatement, such person shall complete the training required for recertification and the examination required for initial certification specified in regulations adopted pursuant to section 20-206oo, as such training and examination regulations may be from time to time amended; or (3) if such certification expired three or more years from the date of application for reinstatement, such person shall complete the requirements for initial certification section 20-206mm. Any certificate issued pursuant to this section shall remain valid for ninety days after the expiration date of such certificate. Any such certificate shall become void upon the expiration of such ninety-day period.

Section 9. Section 20-206nn of the Connecticut General Statutes is repealed and the following is substituted in lieu thereof:

The Commissioner of Public Health may take any disciplinary action set forth in section 19a-17 against a paramedic, emergency medical technician, emergency medical responder, advanced emergency medical technician or emergency medical services instructor for any of the following reasons: (1) Failure to conform to the accepted standards of the profession; (2) conviction of a felony, in accordance with the provisions of section 46a-80; (3) fraud or deceit in obtaining or seeking reinstatement of a license to practice paramedicine or a certificate to practice as an emergency medical technician, emergency medical responder, advanced emergency medical technician or emergency medical services instructor; (4) fraud or deceit in the practice of paramedicine, the provision of emergency medical services or the provision of emergency medical services education; (5) negligent, incompetent or wrongful conduct in professional activities; (6) physical, mental or emotional illness or disorder resulting in an inability to conform to the accepted standards of the profession; (7) alcohol or substance abuse; or (8) wilful falsification of entries in any hospital, patient or other health record. The commissioner may take any such disciplinary action against [a paramedic] an emergency medical services personnel for violation of any provision of section 20-206jj or any regulations adopted pursuant to section 20-206oo. The commissioner may order a license or certificate holder to submit to a reasonable physical or mental examination if his or her physical or mental capacity to practice safely is the subject of an investigation. The commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to

section 19a-17. The commissioner shall give notice and an opportunity to be heard on any contemplated action under said section 19a-17.

Section 10. Section 20-206oo of the Connecticut General Statutes is repealed and the following is substituted in lieu thereof:

(a) The Commissioner of Public Health may adopt regulations in accordance with the provisions of chapter 54 to carry out the provisions of subdivision (24) of subsection (c) of section 19a-14, subsection (e) of section 19a-88, [subdivision (15) of section 19a-175, as amended by this act,] subsection (b) of section 20-9, [as amended by this act,] subsection (c) of section 20-195c, sections 20-195aa to 20-195ff, inclusive, and sections 20-206jj to 20-206oo, inclusive, as amended by this act.

(b) The commissioner shall adopt regulations, in accordance with the provisions of chapter 54, to (1) provide for state-wide standardization of certification for each class of emergency medical services personnel, including, but not limited to, (A) emergency medical technicians, (B) emergency medical services instructors, (C) emergency medical responders, and (D) advanced emergency medical technicians (2) allow course work for such certification to be taken state-wide, and (3) allow persons so certified to perform within their scope of certification state-wide. Such regulations shall include methods and conditions for the issuance, renewal and reinstatement of licensure and certification or recertification of emergency medical responders, emergency medical technicians, emergency medical services instructors and advanced emergency medical technicians.

Section 11. Section 19a-179 of the general statutes is repealed and the following is substituted in lieu thereof:

(a) Notwithstanding any provision of the general statutes or any regulation adopted pursuant to this chapter, the scope of practice of any person certified or licensed as an emergency medical responder, emergency medical technician, advanced emergency medical technician, emergency medical services instructor or a paramedic under regulations adopted pursuant to this section may include treatment modalities not specified in the regulations of Connecticut state agencies, provided such treatment modalities are (1) approved by the Connecticut Emergency Medical Services Medical Advisory Committee established pursuant to section 19a-178a and the Commissioner of Public Health, and (2) administered at the medical oversight and direction of a sponsor hospital.

[(b) The Commissioner of Public Health shall adopt regulations, in accordance with chapter 54, concerning the methods and conditions for the issuance, renewal and reinstatement of licensure and certification or recertification of emergency medical responders, emergency medical technicians and emergency medical services instructors.]

Section 12. Sections 19a-195a, and 19a-195b are repealed.

Agency Legislative Proposal - 2015 Session

Document Name (e.g. OPM1015Budget.doc; OTG1015Policy.doc): **DPH2015-Biomedicalresearchtrustfund**

(If submitting an electronically, please label with date, agency, and title of proposal – 092611_SDE_TechRevisions)

State Agency: Connecticut Department of Public Health
Liaison: Elizabeth Keyes/Jill Kentfield Phone: (860) 509-7246/(860) 509-7280 E-mail: Elizabeth.keyes@ct.gov/ jill.kentfield@ct.gov
Lead agency division requesting this proposal: Public Health Systems Improvement
Agency Analyst/Drafter of Proposal: Chuck Nathan

Title of Proposal **An Act Concerning The Transfer Of The Biomedical Research Program To Connecticut Innovations, Incorporated.**
Statutory Reference **19a-32c . Biomedical Research Trust Fund. Transfers from Tobacco Settlement Fund. Grants-in-aid.**
Proposal Summary Transfer the DPH Biomedical Research program from the Department of Public Health to Connecticut Innovations, Incorporated.
Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

- **Reason for Proposal**

Please consider the following, if applicable:
(1) Have there been changes in federal/state/local laws and regulations that make this legislation necessary?
(2) Has this proposal or something similar been implemented in other states? If yes, what is the outcome(s)?
(3) Have certain constituencies called for this action?
(4) What would happen if this was not enacted in law this session?

Biomedical Research Program provides funding to Connecticut entities conducting biomedical research. Due to the complex nature of research proposals, DPH currently contracts with the CT Academy of Science and Engineering (CASE) for scientific expertise in review and recommendations for awards. The current DPH Program administrator is unavailable after 4/1/15 due to retirement, leaving no resource in the agency to manage the 24 current awards/contracts and annual RFP process for new funds and awards. Based on a recent review of accomplishments conducted by CASE, researcher feedback indicates that the program is important and can be significantly enhanced with administrative flexibility and consistency with the National Institutes of Health. A similar program, Regenerative Medicine (Stem Cell Research Program), was transferred to CT Innovations in the 2014 Legislative Session.

- **Origin of Proposal _X__ New Proposal ___ Resubmission**

If this is a resubmission, please share: *(1) What was the reason this proposal did not pass, or if applicable, was not included in the Administration's package?* *(2) Have there been negotiations/discussions during or after the previous legislative session to improve this proposal?* *(3) Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?* *(4) What was the last action taken during the past legislative session?*

PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name: CT Innovations Agency Contact (name, title, phone): Lori Granato, Legislative Liaison Date Contacted: 11/14/2014 Approve of Proposal ___ YES ___NO _X__Talks Ongoing
Summary of Affected Agency's Comments
Will there need to be further negotiation? ___ YES ___NO

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

Municipal (please include any municipal mandate that can be found within legislation) None
State None
Federal None
Additional notes on fiscal impact

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

Section 19a-32c of the General Statutes is repealed and the following is substituted in lieu thereof:

There is created a Biomedical Research Trust Fund which shall be a separate nonlapsing fund. 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 account to carry out its objectives. [The Commissioner of Public Health] the chief executive officer of Connecticut Innovations, Incorporated may make grants-in-aid from the trust fund to eligible institutions for the purpose of funding biomedical research in the fields of heart disease, cancer and other tobacco-related diseases, Alzheimer's disease, stroke and diabetes. Each fiscal year, the total amount of moneys deposited in the account shall be used by [the Commissioner of Public Health Connecticut Innovations, Incorporated for such grants-in-aid, provided such grants-in-aid shall not exceed fifty per cent of the total amount held in the trust fund as of the date such grants-in-aid are approved. Not more than two per cent of the total available amount held in the trust fund shall be made available to [the Department of Public Health] Connecticut Innovations, Incorporated for administration expenses relating to the trust fund and making the grants-in-aid. The [Commissioner of Public Health] the chief executive officer of Connecticut Innovations, Incorporated shall develop an application for grants-in-aid under this section and may receive applications from eligible institutions for such grants-in-aid. For purposes of this section, "eligible institution" means an entity that has its principal place of business located in the state and is (1) a nonprofit, tax-exempt academic institution of higher education, or (2) a hospital that conducts biomedical research.

Agency Legislative Proposal - 2015 Session

Document Name (e.g. OPM1015Budget.doc; OTG1015Policy.doc): **DPH2015-localhealthpercapitafunds**

(If submitting an electronically, please label with date, agency, and title of proposal – 092611_SDE_TechRevisions)

State Agency: Connecticut Department of Public Health
Liaison: Elizabeth Keyes/Jill Kentfield Phone: (860) 509-7246/(860) 509-7280 E-mail: Elizabeth.keyes@ct.gov/ jill.kentfield@ct.gov
Lead agency division requesting this proposal: Regulatory Services, Office of Local Health Administration
Agency Analyst/Drafter of Proposal: Juanita Estrada/Sue Walden

Title of Proposal **An Act Concerning Return Of Unexpended Local Health Per-Capita Funds And Proration Of Local Health Per-Capita Funds When Towns Join Health Districts**
Statutory Reference **Sec 1. 19a-245. Reimbursement by state** **Sec 2. 19a-202. Payments to municipalities** **Sec 3. NEW**
Proposal Summary Sections 1 and 2. Revises sections 19a-202 and 19a-245 by removing the authority that allows Local health departments and districts to carryover per-capita funds. Also per-capita funds would be pro-rated as to when a town or towns joins and or forms a health district effective from the date of forming and/or joining the health district during the state fiscal year. The proration would also apply to the towns' contribution of at least a one dollar per capita to a newly formed district. Section 3 of this proposal creates language to ensure local health departments and districts are incorporating the ten essential public health services into their communities.
Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

- **Reason for Proposal**

Please consider the following, if applicable: *(1) Have there been changes in federal/state/local laws and regulations that make this legislation necessary?* *(2) Has this proposal or something similar been implemented in other states? If yes, what is the outcome(s)?* *(3) Have certain constituencies called for this action?* *(4) What would happen if this was not enacted in law this session?*

In Healthy Connecticut 2020, one of the objectives is to strengthen the local public health infrastructure through national accreditation, by providing financial incentives for accreditation and by aligning community health improvement plans with Healthy Connecticut 2020. Local health departments and districts are currently able to carryover unexpended per-capita funds from year to year. Currently a total of one million dollars (20%) of per capita funds are carried over each year. By deleting the language to carryover funding, this will require local health departments to better plan and utilize the state funds or return the unspent funds to the general fund.

When a town joins a health district or a health district forms at any time during the fiscal year, the district receives 100% of the per-capita funding, regardless of the date of joining and/or forming. To decrease the burden of the State and to increase better planning at the local level in regards to districting, language will be added to disperse the per-capita funds on a pro-rated basis effective the date of the joining and/or forming the health district.

- **Origin of Proposal ___ New Proposal _X__ Resubmission**

If this is a resubmission, please share:
(1) What was the reason this proposal did not pass, or if applicable, was not included in the Administration's package?
(2) Have there been negotiations/discussions during or after the previous legislative session to improve this proposal?
(3) Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?
(4) What was the last action taken during the past legislative session?

HB 5504 was never voted on by the public health committee so did not move forward.

PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name:
Agency Contact (name, title, phone):
Date Contacted:

Approve of Proposal ___ YES ___NO ___Talks Ongoing

Summary of Affected Agency's Comments

Will there need to be further negotiation? ___ YES ___NO

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

Municipal (please include any municipal mandate that can be found within legislation) Possible municipal fiscal impact if per-capita funds are not fully expended during the state fiscal year or poor planning for towns joining a health district.

State
Federal
Additional notes on fiscal impact

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

Section 1. Section 19a-245 of the general statutes is repealed and the following is substituted in lieu thereof:

Upon application to the Department of Public Health, each health district that has a total population of fifty thousand or more, or serves three or more municipalities irrespective of the combined total population of such municipalities, shall annually receive from the state an amount equal to one dollar and eighty-five cents per capita for each town, city and borough of such district, provided (1) (A) the district employs a full-time director of health, or (B) a vacancy exists in the district's director of health position for more than ninety days and the Commissioner of Public Health grants the district a waiver from the requirement for a full-time director of health, (2) the Commissioner of Public Health approves the public health program and budget of such health district, and **[**(2)**]** (3) the towns, cities and boroughs of such district appropriate for the maintenance of the health district not less than one dollar per capita from the annual tax receipts provided any appropriation for the maintenance of a health district formed during the fiscal year as provided in subsection (4) shall be pro-rated effective from the date of formation of the health district, and (4) any town, city or borough joining or forming a health district during a fiscal year shall receive per capita funding on a pro-rated basis, effective the date of joining or forming the health district. Such district departments of health are authorized to use additional funds, **[**which**]** that the Department of Public Health may secure from federal agencies or any other source and **[**which**]** that it may allot to such district departments of health. The district treasurer shall disburse the money so received upon warrants approved by a majority of the board and signed by its chairman and secretary. The Comptroller shall quarterly, in July, October, January and April, upon such application and upon the voucher of the Commissioner of Public Health, draw the Comptroller's order on the State Treasurer in favor of such district department of health for the amount due in accordance with the provisions of this section and under rules prescribed by the commissioner. **[**Any**]** For the fiscal years ending June 30, 2014, and June 30, 2015, any moneys remaining unexpended at the end of a fiscal year shall be included in the budget of the district for the ensuing year. For the fiscal year ending June 30, 2016, and each fiscal year thereafter, any such moneys shall revert to the General Fund of the state. This aid shall be rendered from

appropriations made from time to time by the General Assembly to the Department of Public Health for this purpose.

Sec 2. Section 19a-202 of the general statutes is repealed and the following is substituted in lieu thereof:

Upon application to the Department of Public Health any municipal health department shall annually receive from the state an amount equal to one dollar and eighteen cents per capita, provided such municipality (1) employs a full-time director of health, except **[**that**]** if a vacancy exists in the **[**office of**]** municipality's director of health position or the office is filled by an acting director for more than **[**three months**]** ninety days, such municipality shall not be eligible for funding unless the Commissioner of Public Health **[**waives this requirement**]** grants the municipality a waiver from the requirement for a full-time director of health; (2) submits a public health program and budget **[**which**]** that is approved by the Commissioner of Public Health; (3) appropriates not less than one dollar per capita, from the annual tax receipts, for health department services; and (4) has a population of fifty thousand or more. Such municipal department of health may use additional funds, which the Department of Public Health may secure from federal agencies or any other source and which it may allot to such municipal department of health. The money so received shall be disbursed upon warrants approved by the chief executive officer of such municipality. The Comptroller shall annually in July and upon a voucher of the Commissioner of Public Health, draw the Comptroller's order on the State Treasurer in favor of such municipal department of health for the amount due in accordance with the provisions of this section and under rules prescribed by the commissioner. **[**Any**]** For the fiscal years ending June 30, 2014, and June 30, 2015, any moneys remaining unexpended at the end of a fiscal year shall be included in the budget of such municipal department of health for the ensuing year. For the fiscal year ending June 30, 2016, and each fiscal year thereafter, any such moneys shall revert to the General Fund of the state. This aid shall be rendered from appropriations made from time to time by the General Assembly to the Department of Public Health for this purpose.

Sec. 3. (NEW)

Each district department of health and municipal health department shall ensure the provision of a basic health program that includes, but is not limited to, the following services for each community served by the district department of health and municipal health department: (1) Monitoring of health status to identify and solve community health problems; (2) investigating and diagnosing health problems and health hazards in the community; (3) informing, educating and empowering persons in the community concerning health issues; (4) mobilizing community partnerships and action to identify and solve health problems for persons in the community; (5) developing policies and plans that support individual and community health efforts; (6) enforcing laws and regulations that protect health and ensure safety; (7) connecting persons in the community to needed health care services when appropriate; (8) assuring a competent public health and personal care workforce; (9) evaluating effectiveness, accessibility and quality of personal and population-based health services; and (10) researching to find innovative solutions to health problems.

Agency Legislative Proposal - 2015 Session

Document Name (e.g. OPM1015Budget.doc; OTG1015Policy.doc): **DPH2015-vitalrecords**

(If submitting an electronically, please label with date, agency, and title of proposal – 092611_SDE_TechRevisions)

State Agency: Connecticut Department of Public Health
Liaison: Elizabeth Keyes/Jill Kentfield Phone: (860) 509-7246/(860) 509-7280 E-mail: Elizabeth.keyes@ct.gov/ jill.kentfield@ct.gov
Lead agency division requesting this proposal: Planning Branch/ Vital Records
Agency Analyst/Drafter of Proposal: Lisa Kessler

Title of Proposal **An Act Concerning A Search Fee for Vital Records**
Statutory Reference **Sec. 7-74. Fees for certification of birth registration and certified copy of vital statistics certificate. Waiver of fee for certificate of death for a veteran.**
Proposal Summary This proposal will allow the State Office of Vital Records and local vital records offices to charge a search fee for a vital record. The search fee will cover the cost of a certified copy of the vital record if found, or a letter of 'No Record Found' if the record is not on file. The proposal also raises the fee of a Certification of Birth (short form), making the fee equal to that of a certified copy of a birth certificate.
Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

- **Reason for Proposal**

Please consider the following, if applicable:
(1) Have there been changes in federal/state/local laws and regulations that make this legislation necessary? ***No***
(2) Has this proposal or something similar been implemented in other states? If yes, what is the outcome(s)? ***yes 44 of 50 states charge for searches***
*(3) Have certain constituencies called for this action?****No***
(4) What would happen if this was not enacted in law this session?

- **Origin of Proposal ___ New Proposal ___ Resubmission**

If this is a resubmission, please share:
(1) What was the reason this proposal did not pass, or if applicable, was not included in the Administration's package? Not included in Administrative proposals, reason unknown.
(2) Have there been negotiations/discussions during or after the previous legislative session to improve this proposal? No
(3) Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?

(4) What was the last action taken during the past legislative session?

Currently, the State Vital Records Office receives approximately 13,500 requests per year for certified copies of birth, death and marriage certificates. Of these requests, about 15% are unfilled because no record is on file. Local vital records offices have similar scenarios, with the number of overall requests varying depending upon the size of the town.

The State Vital Records Office is permitted by statute to charge a fee for the issuance of a certified copy of a vital record -- $30 for a birth certificate and $20 for a marriage or death certificate. Local vital records offices charge $20 for all vital records. The fees only apply when a record is found and a certified copy of the record can be issued. When a record cannot be found the Department and local registrars must return the fee, meaning that the vital records offices receive no compensation for the search of the record or the time spent to prepare correspondence informing the requester of the negative search result. Based upon the diligent searches that Vital Records staff perform to fill all vital records requests, there is much time and cost involved in searching for a record. Those records that are ultimately not found are those that staff expend the most time – multiple databases and index books must be searched before it is determined that the record is not on file, and communication between the different vital records offices takes place to confirm that the record is not recorded in another vital records office. Yet, the Department and local registrars receive no compensation for this considerable expenditure of time and resources.

Given the substantial time and costs involved in processing unfilled requests, the Department is proposing a fee that will apply to the *search* of the vital record. Since the fee applies to the search, it is applicable whether or not the record is found. Note that ***at least 44*** of the 50 states charge a non-refundable search fee for vital records requests. In all of the 44 states, the search fee covers the cost of one certified copy of the record if the record is found, or a certified letter stating that no record is on file for negative search results.

Also included in this proposal is an increase in the fee for Certification of Birth Registrations. The proposed increase makes the cost of a Certification of Birth Registration equal to that of a certified copy of the birth record. This will not only make birth certificate fees uniform, but will also compensate vital records offices for the extra work involved in preparing the Certification of Birth Registration. To prepare the Certification of Birth Registration a search of the birth certificate takes place, and if found, the birth information is abstracted from the record and <u>manually</u> typed onto the short form birth certificate.

PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name:
Agency Contact (name, title, phone):
Date Contacted:

Approve of Proposal ___ YES ___NO ___Talks Ongoing

Summary of Affected Agency's Comments

Will there need to be further negotiation? ___ YES ___NO

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

Municipal (please include any municipal mandate that can be found within legislation) Positive fiscal impact for municipalities. Will vary from town to town depending on the volume of vital records requested.
State $50,000. FY 2016 (10/1/15 to 6/30/16) $38,000 and FY 2017 and beyond at $50,000 per year
Federal
Additional notes on fiscal impact

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

Sec. 7-74 of the general statutes is repealed and the following is substituted in lieu thereof:

(a) [The fee for a certification of birth registration, short form, shall be fifteen dollars. The fee for a certified copy of a certificate of birth, long form, shall be twenty dollars, except that the fee for such certifications and copies when issued by the department shall be thirty dollars.] A fee of twenty dollars shall be charged to search for a vital record, except that the department shall charge a fee of thirty dollars to search for a birth record. Such fee shall cover the cost of the search and either one certified copy of the vital record or a certification of birth registration, or a certified letter indicating that no record is on file.

(b) [The fee for a certified copy of a certificate of marriage or death shall be twenty dollars. Such fees shall not be required of the department.]

[(c)] The fee for one certified copy of a certificate of death for any deceased person who was a veteran, as defined in subsection (a) of 27-103, shall be waived when such copy is requested by a spouse, child or parent of such deceased veteran.

(d) The fee for an uncertified copy of an original certificate of birth issued pursuant to section 7-53, as amended by this act, shall be sixty-five dollars.

Agency Legislative Proposal - 2015 Session

Document Name (e.g. OPM1015Budget.doc; OTG1015Policy.doc): 19a-14b proposal **DPH2015-radon reporting**

(If submitting an electronically, please label with date, agency, and title of proposal – 092611_SDE_TechRevisions)

State Agency: Connecticut Department of Public Health
Liaison: Elizabeth Keyes/Jill Kentfield Phone: (860) 509-7246/(860) 509-7280 E-mail: Elizabeth.keyes@ct.gov/ jill.kentfield@ct.gov
Lead agency division requesting this proposal: Regulatory Services Branch, Environmental Health Section
Agency Analyst/Drafter of Proposal: Francesca Provenzano

Title of Proposal **An Act Concerning Reporting Of Radon Test Results**
Statutory Reference **19a-14b. Radon mitigators, diagnosticians and testing companies. Regulations.**
Proposal Summary Revise 19a-14b to require analytical measurement services providers (i.e., laboratories) and approved radiological laboratories (radon in water analysis service providers) to report radon results to the CT DPH so that we can collect meaningful data. Revise 19a-14b to require residential mitigation service providers (i.e., radon mitigation contractors) to uniformly report radon mitigation system installations throughout CT for all residential mitigation systems.
Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

- **Reason for Proposal**

This proposal is being submitted because the DPH has no current means or authority to collect residential radon testing and radon reduction activities in Connecticut. As the state's health agency, we are expected to identify health problems and provide informed answers to citizens. The first step would be in objectively identifying the extent of risk associated with a known carcinogen – we collect data for lesser risks. This proposal is being submitted to determine the scope and incidence of the largest environmental health risk in CT - radon. As the leading cause of lung cancer for non-smokers, it is imperative we begin collecting standardized data. We have invested federal dollars in the development of a radon surveillance system, thus reducing any barriers at the DPH for implementing these requirements. The burden associated with reporting is limited to analytical measurement service providers (laboratories), and residential mitigation service providers (radon mitigation contractors). There are no reporting requirements, burdens or delays associated with this legislation for home inspectors, realtors, or home buying and selling.

Radon is the second leading cause of lung cancer in the United States and is associated with 15,000 to 22,000 lung cancer deaths each year. That is greater than the annual number of deaths for several common cancers including cancer of the ovaries, liver, brain, stomach, or melanoma (Field 2005). Most of the radon-induced lung cancer cases occur among smokers due to a strong combined effect of smoking and radon. Current smokers or ever smokers who are exposed to radon have an exponentially higher risk of developing lung cancer compared to never-smokers exposed to radon. The majority of radon related lung cancer deaths will occur among persons exposed to indoor radon concentrations below commonly used indoor radon reference levels (< 4 pCi/L) (National Cancer Institute, 2011). In view of the latest

scientific data, in 2009, the World Health Organization (WHO) proposed a reference level of 100 Bq/m^3 (3.7 pCi/L) to minimize health hazards due to indoor radon exposure. Testing is the only way to know if your home has elevated radon levels. All health authorities recommend radon testing and encourage corrective action when necessary.

Originally, miner studies were relied upon to illustrate the association between radon exposure and lung cancer risk. Case-control studies are now preferred, since over 40 case-control studies have been conducted. Of note are the case-control studies that researchers have pooled; thirteen in the European Union (Darby et al. 2005, 2006) and seven in North America (Krewski, et al. 2005, 2006). Each of the individual studies is smaller, so by pooling the case-control studies researchers are able to acquire a greater number of cases, and more statistically valid risk estimates and associations (WHO, 2009).

The North American and European pooling studies indicate that radon is responsible for 10-18% of the lung cancer burden in the U.S. *The disease burden is even greater for ever-smokers or current smokers.* Furthermore, recent research on radon-induced lung cancer risk among the American Cancer Society cohort (Turner, et.al., 2011) found that study participants who lived in US counties with an average radon concentration above the EPA action level of 4 pCi/L (148 Bq/m^3) experience a 34% increase in lung cancer risk relative to those that lived in counties with average radon levels below the EPA action level. The map, below, illustrates that four of the counties in CT are high radon potential zones, and three counties are moderate potential radon zones. This same study also found that lung cancer *mortality* risk varied depending upon where participants lived. *In the Northeast, there was a 31% increase in the risk of lung cancer mortality observed per 100 Bq/m^3 increase in radon.*

The CT DPH has developed a web-based surveillance system to enable laboratory reporting and practitioner reporting of radon-related measurement and mitigation practices in CT. We have developed a means for importing laboratory rosters for all radon measurement results, so that reporting time by private companies, and staff time is minimal. Currently, the CT DPH does not collect radon-related data. As a public health agency, we can change that. Radon is the leading cause of lung cancer in the US for non-smokers. Furthermore, real estate laws and real estate transactions call for the disclosure of radon test results, but there is no government entity that actually collects this information.

Multiple states throughout the US collect radon measurement and mitigation data. We are developing a surveillance system under the Department's Consilience-Maven system and environmental public health tracking system to electronically collect this data. This data will enable us to fully ascertain lung cancer risks associated with radon for CT residents, and make informed policy decisions. Without reporting requirements radon risks and risk reductions will continue to be unknown or skewed to DPH-related activities. There is no state agency that collects and provides this information to the public to make informed decisions.

- **Origin of Proposal ___ New Proposal _X__ Resubmission**

If this is a resubmission, please share:

(1) What was the reason this proposal did not pass, or if applicable, was not included in the Administration's package?

The CT Realtors Association and Home Builders Association opposed this legislation. Comments submitted by the CT Realtors Association indicated that this expense for home inspectors and cause a delay in real estate transactions. This legislation does not impact home inspection services, the time associated with buying or selling a home, or reporting on the part of regular home inspectors. The reports would be submitted monthly to the Department by analytical measurement services providers (entities that operate as laboratories and are nationally-certified). Another concern was that the information would be shared openly. Since this data is being collected to determine the risk of morbidity and mortality, it is subject to confidentiality

statutes and regulations (19a-25). Revisions to the language were made, after meeting with the Realtors Association and Home Inspector groups (ASHI, and CAHI).

The CT Home Builders Association opposed the bill because they believed it would impact home construction practices in CT. DPH staff contacted Mr. Ethier to alert him that the legislation does not pertain to building or home construction, but rather, to radon testing (when it occurs) in residential properties.

(2) Have there been negotiations/discussions during or after the previous legislative session to improve this proposal?

Yes. DPH staffs met with the CT Realtors Association, and ASHI and CAHI members to review the legislation and address concerns. The definition of Analytical Measurement Service Providers was clarified as only those entities that perform analytical services, and who are also nationally-certified. This limitation was not recognized initially by the interest groups. As such, a home inspector placing a passive radon test device (e.g., activated charcoal, or alpha-track device) would not be subject to reporting. Most home inspectors use passive devices and would not need to report to the Department. The proposed language was also revised as follows:

(a) Reporting of radon measurement results by analytical services providers was limited to monthly reporting only – former language asked for more rapid reporting of high radon test results;
(b) Language pertaining to confidentiality was explicitly included in the proposal to reduce concerns about disclosure of reported results to the general public or others.

(3) Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?

The initial proposal was drafted by staff in DPH. There are no advocacy groups for radon in the state. Efforts have been made by the DPH to convene interest groups, but sustainability became an issue.

What was the last action taken during the past legislative session?

The provision was removed from DPH's "Various Revisions" bill by the Public Health Committee.

PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name:
Agency Contact (name, title, phone): None
Date Contacted:

Approve of Proposal ___ YES ___NO ___Talks Ongoing

Summary of Affected Agency's Comments

Will there need to be further negotiation? ___ YES ___NO

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

Municipal (please include any municipal mandate that can be found within legislation) No municipal mandate.
State The Department of Public Health will use existing resources to carry out the environmental risk surveillance work. The work will result in the ability of the program to target limited resources by making informed decisions.
Federal Will utilize State Indoor Radon Grant funds to support a position within the program to conduct disease surveillance, data entry, and reporting.
Additional notes on fiscal impact *Analytical laboratories can readily provide the Department with tables containing the information described under statute; in some instances they already do report the information to the local director of health. This is not a burden to the laboratories.* *Home inspectors who are nationally-certified and operate as analytical measurement service providers account for possibly 10-20 individuals statewide. Only those 10-20 individuals would report to the Department because they are nationally-certified and using devices that provide real-time field-based electronic results. This has little to no impact on home inspectors statewide. The information is maintained as confidential health data and would not be released to the public in any identifiable format. The information would be received on a monthly basis, and is not delaying real estate transaction, because the parties associated with the real estate transaction – home buyer/seller, realtor and inspector are not impacted by this proposal.*

Section 19a-14b of the general statutes is repealed and the following is substituted in lieu thereof:

Section 19a-14b. Radon mitigators, diagnosticians and testing companies. [Regulations]:
(a) For the purposes of this section and sections 20-420 and 20-432, the following terms shall have the following meanings unless the context clearly denotes otherwise:
(1) "Radon diagnosis" means evaluating buildings found to have levels of radon gas that are higher than the guidelines promulgated by this state or the United States Environmental Protection Agency and recommending appropriate remedies to eliminate radon.
(2) "Radon mitigation" means taking steps including, but not limited to, installing ventilation systems, sealing entry routes for radon gas and installing subslab depressurization systems to reduce radon levels in buildings.
(3) "Analytical measurement service providers" means companies or individuals that have their own analysis capability for radon measurement but may or may not offer measurement services directly to the public.
(4) "Residential measurement service providers" means individuals that offer services that include, but are not limited to, detector placement and home inspection and consultation but do not have their own analysis capability and utilize the services of an analytical measurement service provider for their detector analysis.
(5) "Residential mitigation service providers" means individuals that offer services that include, but are not limited to, radon diagnosis or radon mitigation.

(b) The Department of Public Health shall maintain a list of companies or individuals that are included in current lists of national radon proficiency programs whose businesses are located in Connecticut and

registered as such by the Secretary of State. Companies and individuals who do not comply with subsections (c) through (e) below, or who do not maintain current national certification, or registration with the Department of Consumer Protection as required under section 20-420 of the Connecticut General Statutes, shall be removed from the list.

[(c) The Department of Public Health shall adopt regulations, in accordance with chapter 54, concerning radon in drinking water that are consistent with the provisions contained in 40 CFR 141 and 142.**]**

(c) Each analytical measurement service provider shall, by the fifteenth day of each month, submit to the Commissioner of Public Health a comprehensive report that includes all radon in air test results analyzed by such company or individual in the prior month. The analytical measurement service provider shall report to the Commissioner of Public Health the following information pertaining to the radon test device and radon test result in a format prescribed by the Department: (1) the analytical measurement service provider name, company, and address analyzing and reporting the radon test data; (2) the residential address of the test location including street number, street name, town, and zipcode; (3) the building level where the radon test was placed for the testing period designated as basement, first floor, second floor, or other designated floor number; (4) the purpose of the radon test such as a routine test, a real estate transaction test, a post-mitigation radon test, or a diagnostic radon test used by a residential mitigation service provider for diagnosing the source of existing high radon levels; (5) the dates and times for both deployment and retrieval of the radon test device; (6) the date of analysis; (7) the analytical radon test result reported in pCi/L; and (8) such other information as the Commissioner may require.

(d) For all radon in water test results analyzed by laboratories approved under Connecticut General Statute section 19a-29a, and in accordance with the reporting requirements of section 19a-37, the approved laboratory shall report all radon in water test results to the Commissioner monthly. The report shall include (1) the name, address, city and state of the approved laboratory that analyzed the sample; (2) the individual who collected the sample designated as one of the following: analytical measurement service provider, residential measurement service provider, licensed home inspector, or homeowner; and (3) the analysis results for the water sample in units of picocuries per liter (pCi/L). Radon in water analysis laboratories shall be responsible for collecting all of the information described in this section for Commissioner reporting purposes.

(e) Each residential mitigation service provider legally operating in Connecticut that conducts radon mitigation for air or water shall submit to the Commissioner of Public Health a comprehensive report for each system installed that includes: (1) the name and address of the residential mitigation service provider company for each installed radon control system; (2) the name of the residential mitigation service provider; (3) the full residential address including number, street, town and zip code where the radon mitigation system was installed; (4) the type of mitigation system installed designated as “air” or “water”; (5) the date the mitigation system was installed, (6) the post-mitigation radon results; and (7) such other information as the Commissioner may require. Residential mitigation services provider shall submit the residential radon mitigation system not later than thirty days from completion of the installation on a form prescribed by the Commissioner, or, by entering the data directly into a secure electronic surveillance system provided by the Commissioner.

(f) Radon data and information collected under this section shall be maintained as confidential in accordance with section 19a-25.

Agency Legislative Proposal - 2015 Session

Document Name Document Name: 082014_DPH_Pool Design Guide **DPH2015-pooldesignguide**

(If submitting an electronically, please label with date, agency, and title of proposal – 092611_SDE_TechRevisions)

State Agency: Connecticut Department of Public Health
Liaison: Elizabeth Keyes/Jill Kentfield Phone: (860) 509-7246/(860) 509-7280 E-mail: Elizabeth.keyes@ct.gov/ jill.kentfield@ct.gov
Lead agency division requesting this proposal: Regulatory Services Branch, Environmental Health Section
Agency Analyst/Drafter of Proposal: Pamela Scully, Sanitary Engineer 3, (860)-509-7334

Title of Proposal: An Act Concerning The Connecticut Public Swimming Pool Design Guide.
Statutory Reference Section 19a-89b. Fees for pool design guidelines and food compliance guide.
Proposal Summary To revise Section 19a-89b, by adding a sentence referencing the CT Public Swimming Pool Design Guide as the document to be adhered to when constructing or substantially altering or renovating a public pool in Connecticut.

PROPOSAL BACKGROUND

- **Reason for Proposal**

To ensure standardize design and construction requirements for public pools in order to protect the health and safety of people using the public pool.

Origin of Proposal **__ New Proposal** **_X__ Resubmission**

PROPOSAL IMPACT

- **Agencies Affected -NONE**

Agency Name: Agency Contact (name, title, phone): Date Contacted: Approve of Proposal ___ YES ___NO ___Talks Ongoing
Summary of Affected Agency's Comments
Will there need to be further negotiation? ___ YES ___NO

- **Fiscal Impact**

Municipal NONE
State NONE
Federal NONE
Additional notes on fiscal impact

- **Policy and Programmatic Impacts**

To ensure the consistency and updated design requirements for the construction and substantial alterations or renovation of public pools.

Section 19a-89b of the general statutes is repealed and the following is substituted in lieu thereof:

(a) Notwithstanding the provisions of sections 4-166 and 4-168, the Commissioner of Public Health may establish public swimming pool design guidelines without adopting such design guidelines as regulations pursuant to this chapter to establish minimum standards for the proper construction and maintenance of public swimming pools.

[(a)**]** (b) The Department of Public Health shall charge a fee of fifteen dollars for a copy of its pool design guidelines.

[(b)**]** (c) The department shall charge a fee of fifteen dollars for a copy of its food compliance guide.

Agency Legislative Proposal - 2015 Session

Document Name (e.g. OPM1015Budget.doc; OTG1015Policy.doc): **DPH2015-certificates of public convenience and necessity**

(If submitting an electronically, please label with date, agency, and title of proposal – 092611_SDE_TechRevisions)

State Agency: Connecticut Department of Public Health
Liaison: Elizabeth Keyes/Jill Kentfield Phone: (860) 509-7246/(860) 509-7280 E-mail: Elizabeth.keyes@ct.gov/ jill.kentfield@ct.gov
Lead agency division requesting this proposal: Regulatory Services, Drinking Water Division
Agency Analyst/Drafter of Proposal: Lori Mathieu

Title of Proposal: An Act Concerning Takeover Proceedings And Certificates Of Public Convenience And Necessity
Statutory Reference **Section 1: § 8-25a Proposals for developments using water. Prerequisite.** **Section 2: § 12-81q Municipal option to abate property taxes on infrastructure of certain water companies.** **Section 3: § 16-46 Dissolution or termination of public service company. Cessation of public service operations.** **Section 4: § 16-262y. Water company revenue adjustment mechanism.** **Section 5: § 22a-2d Department of Energy and Environmental Protection. Jurisdiction. Goals. Public Utilities Regulatory Authority. Commissioner. Bureaus. Successor department. Substitution of terms.** **Section 6: (NEW)** **Section 7: (NEW)** **Section 8: (NEW)** **Section 9: (NEW)** **Section 10: (NEW)** **Section 11: (NEW)** **Section 12: § 16-262m Construction specifications for water companies.** **Section 13: § 16-262n Definition. Economic viability of water companies. Reviews. Failure to comply with orders. Hearings.** **Section 14: § 16-262o Acquisition of water company ordered by authority. Rates and charges. Recovery of acquisition costs.** **Section 15: § 16-262p Improvements by acquiring entity.** **Section 16: § 16-262q Compensation for acquisition of water company.** **Section 17: § 16-262r Satellite management of water companies. Expedited rate proceedings.** **Section 18: § 16-262s Voluntary acquisition of water company. Surcharges.**
Proposal Summary This legislative proposal will streamline the takeover of water companies by eliminating the takeover process when a Public Utilities Regulatory Authority (PURA)-regulated water company is taking

over a water company. It will also streamline the takeover of water companies by eliminating the requirement that a hearing be held when an entity other than a PURA-regulated water company is taking over a water company. Under this proposal, a hearing may be held, but is not required. When a water company other than a water company, as defined in section 16-1, is voluntarily taking over another water company that is not a PURA-regulated water company, the Department of Public Health (DPH) will make the determination regarding the proposed takeover. When, however, a water company requests to cease operations as a water company or to unilaterally discontinue the provision of water service to customers, or fails to comply with an order issued by the DPH, the DPH and the PURA first make the determination regarding whether the water company shall be taken over. If the DPH and PURA determine that the water company shall not be taken over, the DPH and PURA shall issue a final decision setting forth the actions the water company shall take and the orders with which the water company shall comply. If the DPH and PURA determine that the water company shall be acquired, the final decision shall set forth the actions the water company and the most suitable entity shall take and the orders with which the water company and most suitable entity shall comply. If or the DPH, in consultation with the PURA, determine that a water company does not possess sustainability, the DPH and PURA issue a final decision setting forth the actions the water company and the most suitable entity shall take and the orders with which the water company and most suitable entity shall comply. The exclusive service area (ESA) provider is the most suitable entity to take over the water company when an ESA provider has been determined pursuant to section 25-33g.

This legislative proposal will also streamline the Certificate of Public Convenience and Necessity (CPCN) process by removing the PURA from the review and issuance of CPCNs for community water systems, except that the PURA will determine if the person that will own the water system has the requisite financial resources. Under the legislative proposal, the DPH will review and issue CPCNs for community water systems. In addition, the legislative proposal increases the application fee for a CPCN from $100 to $500.

Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

- **Reason for Proposal**

Please consider the following, if applicable:
(1) Have there been changes in federal/state/local laws and regulations that make this legislation necessary?
(2) Has this proposal or something similar been implemented in other states? If yes, what is the outcome(s)?
(3) Have certain constituencies called for this action?
(4) What would happen if this was not enacted in law this session?

Section by section description of non-technical changes
section 3

- Removes the Department of Public Health from the *Conn. Gen. Stat.* § 16-46 process.
- PURA consent is still required when a public service company ceases operations.
- If the public service company is a water company, as defined in section 16-1, and the public service company that is a water company, as defined in section 16-1, is involuntarily taken over pursuant to (NEW, § 8), the public service company that is a water company will be subject to the final decision issued by the Department of Public Health and the PURA. (NEW, § 8)
- If the public service company is a water company, as defined in section 16-1, and the public service company that is a water company, as defined in section 16-1, is voluntarily taken over pursuant to (NEW, § 7) by an entity that is not a water company, as defined in section 16-1, the public service company that is a water company, as defined in section 16-1, will require approval

from the Department of Public Health. (NEW, § 7)

Section 6.

- Prohibits a water company, as defined in (NEW, § 11), from ceasing its operations, or unilaterally discontinuing the provision of water service to customers, without the consent of Department of Public Health and the Public Utilities Regulatory Authority, if required, unless a water company, as defined in section 16-1, is voluntarily acquiring the water company, in which case no consent is required.

Section 7.

- Gives DPH the authority to issue a final decision approving the sale of a water company, including a water company, as defined in section 16-1, to an entity other than a water company, as defined in section 16-1.
- Requires that all water company land owned by the water company be transferred to the acquiring entity. If the water company is a municipality, it may request an exemption from the requirement.

Section 8.

- Moves the determination regarding a water company's economic viability, now substainability, under the DPH's jurisdiction, though the PURA consultation is required.
- Gives the DPH and the PURA jurisdiction over all involuntary takeovers of water companies, including water companies, as defined by 16-1. Such takeovers may arise from a water company's request to cease operations, a water company's failure to comply with an order issued by the DPH pursuant to section 25-32, 25-33 or 25-34, or a determination of the DPH, in consultation with the PURA, that a water company lacks sustainability.
- Requires that if when there is an exclusive service area (ESA) provider, then the ESA provider is the most suitable entity to take over the water company.

Section 9.

- Requires a water company, as defined in (NEW, § 11), being acquired by a water company, as defined in section 16-1, to transfer to the water company, as defined in section 16-1, all of its Class I and II water company land owned by the water company, as defined in (NEW, § 11).
- Renders any transfer of Class I or Class II water company land without a permit invalid and void ab initio. Also requires land transferred without a required permit to be restored to the condition that it was in at the time of the transaction.

Section 10.

- Requires a water company, as defined in section 16-1, to file when it files a proposed amendment of its existing rates, the list of all water companies it has voluntarily acquired since its last general rate

Section 11.

- This new section is the same as *Conn. Gen. Stat.* § 16-262m except that PURA is removed from the CPCN process with respect to systems that will serve twenty-five or more residents, except that PURA is required to make the determination regarding financial capacity of the person who will own the water supply system.
- Increases the application fee from $100 to $500.

- **Origin of Proposal ___ New Proposal ___ Resubmission**

If this is a resubmission, please share: *(1) What was the reason this proposal did not pass, or if applicable, was not included in the Administration's package?* *(2) Have there been negotiations/discussions during or after the previous legislative session to improve this proposal?* *(3) Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?* *(4) What was the last action taken during the past legislative session?*

PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name: Public Utilities Regulatory Authority Agency Contact (name, title, phone): Date Contacted: Approve of Proposal ___ YES ___NO _X__ Talks Ongoing
Summary of Affected Agency's Comments
Will there need to be further negotiation? ___ YES ___NO

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

Municipal (please include any municipal mandate that can be found within legislation)
State
Federal
Additional notes on fiscal impact

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

This legislative proposal will streamline the takeover of water companies and the Certificate of Public Convenience and Necessity process.

Section 1. Section 8-25a of the general statutes is repealed and the following is substituted in lieu thereof

No proposal for a development using water supplied by a company incorporated on or after October 1, 1984, shall be approved by a planning commission or combined planning and zoning commission unless such company has been issued a certificate pursuant to [section 16-262m] (NEW, § 11). The municipality in which the planning commission or combined planning and zoning commission is located shall be responsible for the operation of any water company created without a certificate after October 1, 1984, except a water company supplying more than two hundred fifty service connections or one thousand persons created without a certificate between October 1, 1984, and September 30, 1998, if the water company at any time is unable or unwilling to provide adequate service to its consumers.

Sec. 2. Section 12-81q of the general statutes is repealed and the following is substituted in lieu thereof:

Any municipality may, upon approval by its legislative body or in any town in which the legislative body is a town meeting, by the board of selectmen, abate for a period of up to ten years all or a portion of the property taxes due on and after July 1, 1997, for property owned by an entity that has acquired a water company pursuant to the provisions of [section 16-262o] (NEW, § 8). The acquiring entity shall only be entitled to an abatement for those costs incurred by such entity to make improvements on the infrastructure and related property of the acquired water company, when such improvements were ordered by the Public Utilities Regulatory Authority [or] and the Department of Public Health and necessary in order for the entity to provide continuous, adequate water service.

Sec. 3. Section 16-46 of the general statutes is repealed and the following is substituted in lieu thereof:

(a) No public service company shall cease operations as a public service company, dissolve or terminate its corporate existence without the consent of the Public Utilities Regulatory Authority[, except a water company, as defined in section 16-262n, shall not cease its operations, or unilaterally discontinue the provision of water service to customers without the consent of both the Public Utilities Regulatory Authority and the Department of Public Health. Upon receipt of a request from a water company to cease its operations or discontinue the provision of water service, the Public Utilities Regulatory Authority, in conjunction with the Department of Public Health, shall hold a public hearing and issue a final decision setting forth the actions the water company shall take to ensure a continuous supply of potable water at adequate volume and pressures, in accordance with the procedures and criteria set forth in sections 16-262n to 16-262q, inclusive].

(b) Any public service company may, with such consent, [or in the case of a water company, as defined in section 16-262n, for which a decision has been issued pursuant to section 16-262o, such water company shall,] dissolve and terminate its corporate existence in the manner provided for dissolution and termination by such company's charter or certificate of incorporation, provided, if such charter or certificate requires stockholder approval, such approval shall be by not less than two-thirds of the voting power of the shares entitled to vote thereon. If there is no provision for dissolution and termination in such charter or certificate, such company may, with the consent of the Public Utilities Regulatory Authority, [or in the case of a water company, the consent of both the Public Utilities Regulatory Authority and the Department of Public Health,] dissolve and terminate its corporate existence in any manner provided in part XIV of chapter 601 in the case of a company organized with capital stock or part XI of chapter 602 in the case of a company organized without capital stock. Such dissolution and termination shall take effect upon (1) for a corporation, the filing with the Secretary of the State of a certificate of dissolution, and (2) for an unincorporated entity, the filing of a certificate of dissolution with the Public Utilities Regulatory Authority [and the Department of Public Health]. In the event of such cessation, dissolution or termination, all claims and rights of creditors shall constitute liens upon the property and franchises of the company and shall continue in existence as long as may be necessary to preserve the same.

Sec. 4. Section 16-262y of the general statutes is repealed and the following is substituted in lieu thereof:

(a) For purposes of this section, (1) “revenue adjustment mechanism” means a mechanism that reconciles in rates the difference between the actual revenues of a water company and allowed revenues, (2) "actual revenues" means the revenues received or accrued by a water company for water sales for a calendar year, including sales for resale and approved miscellaneous charges, authorized by the Public Utilities Regulatory Authority pursuant to sections 16-19 and 16-262w, and those revenues authorized for customers acquired pursuant to section 16-43[, 16-262o or 16-262s] or (NEW § 8) since the last general rate case of the company, (3) "allowed revenues" means revenues for a water company for water sales for a calendar year, including sales for resale and approved miscellaneous charges, authorized by the authority pursuant to sections 16-19 and 16-262w, and shall include customer growth from an acquisition approved by the authority pursuant to section 16-43[, 16-262o or 16-262s] or by the Department of Public Health and the authority pursuant to (NEW § 8) since the last general rate case of such company, and (4) "water company" has the same meaning as provided in section 16-1.

(b) (1) The authority shall not render any draft or final decision in a general rate case of a water company pending before the authority on June 5, 2013, without approving a revenue adjustment mechanism for such company.

(2) After approval of a revenue adjustment mechanism pursuant to subdivision (1) of this subsection, such mechanism shall be authorized by the authority annually thereafter until such time as such company files its next general rate case. Such company shall file with the authority an annual reconciliation of actual revenues to allowed revenues that shall include a report of the changes in water demands and any measures such company has taken to promote water conservation.

(c)(1) On or after June 5, 2013, and before a water company, with actual revenues at least one per cent less than allowed revenues files for its next general rate case pursuant to section 16-19, such company may request, and the Public Utilities Regulatory Authority shall initiate, a docket for a limited reopener to approve a revenue adjustment mechanism.

(2) After approval of a revenue adjustment mechanism pursuant to subdivision (1) of this subsection, such mechanism shall be authorized by the authority annually thereafter until the earlier of (A) the sixth year after the last general rate case, or (B) such time as such company files its next general rate case. Such company shall file with the authority an annual reconciliation of actual revenues to allowed revenues that shall include a report of the changes in water demands and any measures such company has taken to promote water conservation.

(d)(1) A water company may request during a general rate case filed pursuant to section 16-19, and the Public Utilities Regulatory Authority shall approve, a revenue adjustment mechanism.

(2) After approval of a revenue adjustment mechanism pursuant to subdivision (1) of this subsection, such mechanism shall be authorized by the authority annually thereafter until such time as such company files its next general rate case. Such company shall file with the authority an annual reconciliation of actual revenues to allowed revenues that shall include a report of the changes in water demands and any measures such company has taken to promote water conservation.

(e) A revenue adjustment mechanism approved pursuant to subsection (b), (c) or (d) of this section shall be implemented through a modification to the authorized rates or a rate surcharge or recorded as a

deferral on the balance sheet for recovery in rates at the time of the next general rate case filed by a water company pursuant to section 16-19. Any under-recovery or over-recovery of the revenue adjustment or deferred amount of the previous year shall be included in the calculation of the subsequent annual adjustment or general rate case proceeding, whichever occurs first.

(f) Concurrent with implementation of a revenue adjustment mechanism pursuant to subsection (b), (c) or (d) of this section, the authority shall establish an earnings sharing mechanism that provides for any earnings in excess of the allowed return on equity to be shared equally between ratepayers and shareholders.

Sec. 5. Subsection (e) of Section 22a-2d of the general statutes is repealed and the following is substituted in lieu thereof:

(e) Wherever the words "Department of Public Utility Control" are used or referred to in the following sections of the general statutes, the words "Public Utilities Regulatory Authority" shall be substituted in lieu thereof: 1-84, 1-84b, 2-20a, 2-71p, 4-38c, 4a-57, 4a-74, 4d-2, 4d-80, 7-223, 7-233t, 7-233ii, 8-387, 12-81q, 12-94d, 12-264, 12-265, 12-408b, 12-412, 12-491, 13a-82, 13a-126a, 13b-10a, 13b-43, 13b-44, 13b-387a, 15-96, 16-1, 16-2, 16-2a, 16-6, 16-6a, 16-6b, 16-7, 16-8, 16-8b, 16-8c, 16-8d, 16-9, 16-9a, 16-10, 16-10a, 16-11, 16-12, 16-13, 16-14, 16-15, 16-16, 16-17, 16-18, 16-19, 16-19a, 16-19b, 16-19d, 16-19f, 16-19k, 16-19n, 16-19o, 16-19u, 16-19w, 16-19x, 16-19z, 16-19aa, 16-19bb, 16-19cc, 16-19dd, 16-19ee, 16-19ff, 16-19gg, 16-19jj, 16-19kk, 16-19mm, 16-19nn, 16-19oo, 16-19pp, 16-19qq, 16-19tt, 16-19uu, 16-19vv, 16-20, 16-21, 16-23, 16-24, 16-25, 16-25a, 16-26, 16-27, 16-28, 16-29, 16-32, 16-32a, 16-32b, 16-32c, 16-32e, 16-32f, 16-32g, 16-33, 16-35, 16-41, 16-42, 16-43, 16-43a, 16-43d, 16-44, 16-44a, 16-45, [16-46], 16-47, 16-47a, 16-48, 16-49e, 16-50c, 16-50d, 16-50f, 16-50k, 16-50aa, 16-216, 16-227, 16-231, 16-233, 16-234, 16-235, 16-238, 16-243, 16-243a, 16-243b, 16-243c, 16-243f, 16-243i, 16-243j, 16-243k, 16-243m, 16-243n, 16-243p, 16-243q, 16-243r, 16-243s, 16-243t, 16-243u, 16-243v, 16-243w, 16-244a, 16-244b, 16-244c, 16-244d, 16-244e, 16-244f, 16-244g, 16-244h, 16-244i, 16-244k, 16-244l, 16-245, 16-245a, 16-245b, 16-245c, 16-245e, 16-245g, 16-245l, 16-245p, 16-245q, 16-245s, 16-245t, 16-245u, 16-245v, 16-245w, 16-245x, 16-245aa, 16-246, 16-246e, 16-246g, 16-247c, 16-247j, 16-247l, 16-247m, 16-247o, 16-247p, 16-247t, 16-249, 16-250, 16-250a, 16-250b, 16-256b, 16-256c, 16-256h, 16-256k, 16-258a, 16-258b, 16-258c, 16-259, 16-261, 16-262a, 16-262c, 16-262d, 16-262i, 16-262j, 16-262k, 16-262l, [16-262m, 16-262n, 16-262o, 16-262q,] 16-262r, [16-262s,] 16-262v, 16-262w, 16-262x, 16-265, 16-269, 16-271, 16-272, 16-273, 16-274, 16-275, 16-276, 16-278, 16-280a, 16-280b, 16-280d, 16-280e, 16-280f, 16-280h, 16-281a, 16-331, 16-331c, 16-331e, 16-331f, 16-331g, 16-331h, 16-331i, 16-331j, 16-331k, 16-331n, 16-331o, 16-331p, 16-331q, 16-331r, 16-331t, 16-331u, 16-331v, 16-331y, 16-331z, 16-331aa, 16-331cc, 16-331dd, 16-331ff, 16-331gg, 16-332, 16-333, 16-333a, 16-333b, 16-333e, 16-333f, 16-333g, 16-333h, 16-333i, 16-333l, 16-333n, 16-333o, 16-333p, 16-347, 16-348, 16-356, 16-357, 16-358, 16-359, 16a-3b, 16a-3c, 16a-7b, 16a-7c, 16a-13b, 16a-37c, subsection (b) of section 16a-38n, 16a-38o, 16a-40b, 16a-40k, 16a-41, 16a-46, 16a-46b, 16a-46c, 16a-47a, 16a-47b, 16a-47c, 16a-47d, 16a-47e, 16a-48, 16a-49, 16a-103, 20-298, 20-309, 20-340, 20-340a, 20-341k, 20-341z, 20-357, 20-541, 22a-174l, 22a-256dd, 22a-266, 22a-358, 22a-475, 22a-478, 22a-479, 23-8b, 23-65, 25-33a, 25-33h, 25-33k, 25-33l, 25-33p, 25-37d, 25-37e, 26-141b, 28-1b, 28-24, 28-26, 28-27, 28-31, 29-282, 29-415, 32-80a, 32-222, 33-219, 33-221, 33-241, 33-951, 42-287, 43-44, 49-4c and 52-259a.

Sec. 6. (NEW)

No water company, as defined in (NEW, § 11), shall cease its operations, or unilaterally discontinue the provision of water service to customers, without the approval of Department of Public Health or the consent of the Public Utilities Regulatory Authority, or both, except that a water company, as defined in (NEW, § 11), that a water company, as defined in section 16-1, is voluntarily acquiring may cease

operations without the approval of the Department of Public Health or the consent of the Public Utilities Regulatory Authority, or both.

Sec. 7. (NEW)

Voluntary takeover of a water company, as defined in (NEW, § 11), by an entity other than a water company, as defined in section 16-1.

(a) As used in this section, "water company" has the same meaning as provided in (NEW, § 11) and “acquiring entity” means an entity other than a water company, as defined in section 16-1.

(b)(1) In the case of a voluntary acquisition of a water company by an acquiring entity, the acquiring entity and the water company requesting to cease its operations shall file an application on a form and in a manner prescribed by the Department of Public Health. Such application shall include, but not be limited to, information regarding whether the acquiring entity has the financial, managerial and technical resources to operate the water company in a reliable and efficient manner and to provide continuous, adequate service to the persons served by the water company, the status of the water company, including whether the system or systems owned and operated by such water company require improvements, and the rates the acquiring entity proposes to charge the customers of the water company. The department shall, after making a determination that such application is complete and after offering an opportunity for a hearing, issue a final decision on said application within 45 days of the department’s determination that the application filed is complete, unless the department determines in its discretion that additional time is needed within which to render a decision. Such final decision shall set forth the actions the acquiring entity and the water company shall take and the orders with which such acquiring entity and such water company shall comply to ensure a continuous supply of potable water at adequate volume and pressures and at a reasonable cost.

(2) The department shall not consider a request from a water company under subdivision (1) of this subsection until the Commissioner of Public Health has issued to such water company a permit pursuant to sections 25-32 and 25-37d for the transfer of all Class I and Class II water company land owned by such water company to the acquiring entity that is conditional on the department’s approval of a request received from a water company pursuant to this section.

(3) If the water company that the acquiring entity is voluntarily acquiring is owned by a municipality and the municipality determines that some or all of the water company land it owns contains a municipal facility, including, but not limited to a park, beach, playfield, library, or building or facility necessary and convenient for carrying on the government of the municipality, the municipality may apply for an exemption from subdivision (2) of this subsection in the manner prescribed by the commissioner for the water company land that contains a municipal facility.

(c) Not later than sixty days after the issuance of a final decision pursuant to this section, the water company shall properly execute and deliver to the acquiring entity all documents necessary to complete the transfer of title to all real and personal property that is the subject of the final decision, including, but not limited to, land, structures, easements, and every estate, right or interest therein. If the water company fails to deliver such documents in accordance with this subsection, such acquiring entity shall notify the department of such failure to act. Upon receipt of such notice, the department shall petition the Superior Court to enforce the provisions of their final decision.

(d) Compensation for the acquisition of a water company pursuant to this section shall be determined by the procedures for determining compensation under section 25-42 or by agreement between the acquiring entity and the water company, provided the department approves such agreement.

Sec. 8. (NEW)

Involuntary takeover of a water company by a suitable entity.

(a) As used in this section, "water company" has the same meaning as provided in (NEW, § 11).

(b) The Department of Public Health, in consultation with the Public Utilities Regulatory Authority, may review the sustainability of a water company, which shall include, but not be limited to, a review of the water company's stability and financial condition, technical and managerial expertise and efficiency, and physical condition and capacity of plant and determine whether such water company is sustainable. The Department of Public Health may provide counseling to such water company and may issue such orders to such water company as the Department of Public Health deems necessary for the water company to maintain sustainability. If the Department of Public Health, in consultation with the Public Utilities Regulatory Authority, determines that the water company is not sustainable, the Department of Public Health and the Public Utilities Regulatory Authority shall initiate a proceeding to determine the most suitable entity to acquire the water company and shall, after notice to public and private water companies, municipal utilities furnishing water service, municipalities or other appropriate governmental agencies in the service area of the water company, and after offering an opportunity for a hearing, issue a final decision setting forth the actions the water company and the most suitable entity shall take and the orders with which the water company and most suitable entity shall comply to ensure the availability and potability of water and the provision of water at adequate volume and pressure to the persons served by the water company at a reasonable cost. The Department of Public Health and the Public Utilities Regulatory Authority shall determine the most suitable entity in accordance with subsection (d). Any decision issued by the Department of Public Health pursuant to this subsection shall constitute the water company land permit issued by the Commissioner of Public Health pursuant to sections 25-32 and 25-37d.

(c) Whenever a water company fails to comply with an order issued by the Department of Public Health pursuant to section 25-32, 25-33 or 25-34, concerning the availability or potability of water or the provision of water at adequate volume and pressure, the Department of Public Health and the Public Utilities Regulatory Authority may, or whenever a water company requests to cease operations as a water company or to unilaterally discontinue the provision of water service to consumers, the Department of Public Health and the Public Utilities Regulatory Authority shall, initiate a proceeding and shall, after notice to public and private water companies, municipal utilities furnishing water service, municipalities or other appropriate governmental agencies in the service area of the water company, and after offering an opportunity for a hearing, determine the actions that may be taken and the expenditures that may be required, including acquisition of the water company by a suitable public or private entity, to assure the availability and potability of water and the provision of water at adequate volume and pressure to the persons served by the water company at a reasonable cost, and issue a final decision.

(1) If the Department of Public Health and the Public Utilities Regulatory Authority determine that the water company shall not be acquired, the final decision shall set forth the actions the water company shall take and the orders with which the water company shall comply to ensure the availability and potability of water and the provision of water at adequate volume and pressure to the persons served by the water company at a reasonable cost.

(2) If the Department of Public Health and the Public Utilities Regulatory Authority determine that the water company shall be acquired, the final decision shall set forth the actions the water company and the most suitable entity shall take and the orders with which the water company and most suitable entity shall comply to ensure the availability and potability of water and the provision of water at adequate volume and pressure to the persons served by the water company at a reasonable cost. The Department of Public Health and the Public Utilities Regulatory Authority shall determine the most suitable entity in accordance with subsection (d). Any decision issued by the Department of Public Health pursuant to this subdivision shall constitute the water company land permit issued by the Commissioner of Public Health pursuant to sections 25-32 and 25-37d.

(d)(1) When an exclusive service area provider has been determined pursuant to section 25-33g and such exclusive service area provider is the exclusive service area provider for the geographic area in which the water company is located, such exclusive service area provider is the most suitable entity to take over the water company.

(2) If an exclusive service area provider has not been determined pursuant to section 25-33g, then the Department of Public Health and the Public Utilities Regulatory Authority, in making the determination regarding the most suitable entity to acquire the water company, shall consider: (A) The geographical proximity of the plant of each of the potential suitable entities to the water company; (B) The technical, managerial and financial capability of each of the potential suitable entities to operate the water company in a reliable and efficient manner and to provide continuous, adequate service to the persons served by the water company; (C) The current rates that each of the potential suitable entities charge their customers; and (D) Any other factors the Department of Public Health and the Public Utilities Regulatory Authority deem relevant.

(e) Notwithstanding the provisions of any special act, the Department of Public Health and the Public Utilities Regulatory Authority shall extend the franchise area of the most suitable entity to include the service area of the water company acquired pursuant to this section.

(f) Not later than sixty days after the issuance of a final decision pursuant to subsection (b) or (c)(2), the water company shall properly execute and deliver to the most suitable entity all documents necessary to complete the transfer of title to all real and personal property that is the subject of the final decision, including, but not limited to, land, structures, easements, and every estate, right or interest therein. If the water company fails to deliver such documents in accordance with this subsection, such most suitable entity shall notify the Department of Public Health and the Public Utilities Regulatory Authority of such failure to act. Upon receipt of such notice, the Department of Public Health and the Public Utilities Regulatory Authority shall petition the Superior Court to enforce the provisions of their final decision.

(g) Compensation for the acquisition of a water company pursuant to this section shall be determined by the procedures for determining compensation under section 25-42 or by agreement between the most suitable entity and the water company, provided the Department of Public Health and the Public Utilities Regulatory Authority approve such agreement.

Sec. 9. (NEW)

(a)(1) Whenever a water company, as defined in (NEW, § 11), is voluntarily acquired by a water company, as defined in section 16-1, the water company, as defined in (NEW, § 11), shall transfer to the water company, as defined in section 16-1, all Class I and Class II water company land owned by such water company, as defined in (NEW, § 11), in accordance with the permitting requirements sections 25-32 and 25-37d.

(2) If the water company, as defined in (NEW, § 11), that the water company, as defined in section 16-1, is voluntarily acquiring is owned by a municipality and the municipality determines that some or all of the Class I or Class II, or both, water company land it owns contains a municipal facility, including, but not limited to a park, beach, playfield, library, or building or facility necessary and convenient for carrying on the government of the municipality, the municipality may apply for an exemption from subdivision (1) of this section in the manner prescribed by the commissioner for the water company land that contains a municipal facility.

(b) Any transfer of Class I or Class II water company land without a permit as required by sections 25-32 and 25-37d shall be invalid and void ab initio. The parties to the transaction shall be required by the Department of Public Health to restore the land transferred without a required permit to the condition that it was in at the time of the transaction.

Sec. 10 (NEW)

Upon the filing by a water company, as defined in section 16-1, of a proposed amendment of its existing rates with the Public Utilities Regulatory Authority pursuant to section 16-19, the water company, as defined in section 16-1, shall file with the Department of Public Health a list of all of the water companies, as defined in (NEW, § 11), that the water company, as defined in section 16-1, has voluntarily acquired since its last general rate case.

Sec. 11. (NEW)

(a) As used in this section and section 8-25a, "water company" means a corporation, company, association, joint stock association, partnership, municipality, state agency, other entity or person, or lessee thereof, owning, leasing, maintaining, operating, managing or controlling any pond, lake, reservoir, stream, well or distributing plant or system employed for the purpose of supplying water to fifteen or more service connections or twenty-five or more persons for at least sixty days in any one year.

(b) No person, entity or water company may begin the construction of a water supply system for the purpose of supplying water to fifteen or more service connections or twenty-five or more persons for at least sixty days in any one year, and no person, entity or water company, except a water company supplying more than two hundred fifty service connections or one thousand persons, may begin expansion of a water supply system, without having first obtained a certificate of public convenience and necessity from the Department of Public Health.

(c) For systems serving twenty-five or more residents that are not the subject of proceedings under (NEW, §§ 7 and 8), an application for a certificate of public convenience and necessity shall be on a form prescribed by the Department of Public Health, and accompanied by a copy of the applicant's construction or expansion plans, a fee of five hundred dollars and when an exclusive service area provider has been determined pursuant to section 25-33g, a copy of a signed ownership agreement between the applicant and provider for the exclusive service area, as determined pursuant to section 25-33g, detailing those terms and conditions under which the system will be constructed or expanded and for which the provider will assume service and ownership responsibilities. When an exclusive service area provider has been determined pursuant to section 25-33g, the application shall also be accompanied by a written confirmation from the exclusive service area provider, as the person that will own the water supply system, that such exclusive service area provider has received the application and is prepared to assume responsibility for the water supply system subject to the terms and conditions of the ownership agreement. Written confirmation from the exclusive service area provider shall be on a form prescribed

by the department. The department shall issue a certificate to an applicant upon determining, to its satisfaction, that (1) no interconnection is feasible with a water system owned by, or made available through arrangement with, the provider for the exclusive service area, as determined pursuant to section 25-33g or with another existing water system where no exclusive service area has been assigned, (2) the applicant will complete the construction or expansion in accordance with engineering standards established by regulation for water supply systems, (3) ownership of the system will be assigned to the provider for the exclusive service area, when an exclusive service area provider has been determined pursuant to section 25-33g, (4) the proposed construction or expansion will not result in a duplication of water service in the applicable service area, (5) the applicant meets all federal and state standards for water supply systems, (6) the person that will own the water supply system has the financial, managerial and technical resources to (A) operate the proposed water supply system in a reliable and efficient manner, and (B) provide continuous adequate service to consumers served by the water supply system. , (7) the proposed water supply system will not adversely affect the adequacy of nearby water supply systems, and (8) any existing or potential threat of pollution that the department deems to be adverse to public health will not affect any new source of water supply. The Public Utilities Regulatory Authority shall determine if the person that will own the water supply system has the financial resources to (A) operate the proposed water supply system in a reliable and efficient manner, and (B) provide continuous adequate service to consumers served by the water supply system. Any construction or expansion with respect to which a certificate is required shall thereafter be built, maintained and operated in conformity with the certificate and any terms, limitations or conditions contained therein.

(d) For systems serving twenty-five or more persons, but not twenty-five or more residents, at least sixty days in any one year an application for a certificate of public convenience and necessity shall be on a form prescribed by the Department of Public Health and accompanied by a copy of the construction or expansion plans and a fee of five hundred dollars. The department shall issue a certificate to an applicant upon determining, to its satisfaction, that (1) no interconnection is feasible with a water system owned by, or made available through arrangement with, the provider for the exclusive service area, as determined pursuant to section 25-33g or with another existing water system where no existing exclusive service area has been assigned, (2) the applicant will complete the construction or expansion in accordance with engineering standards established by regulation for water supply systems, (3) ownership of the system will be assigned to the provider for the exclusive service area, as determined pursuant to section 25-33g, if agreeable to the exclusive service area provider and the department, or may remain with the applicant, if agreeable to the department, until such time as the water system for the exclusive service area, as determined by section 25-33g, has made an extension of the water main, after which the applicant shall obtain service from the provider for the exclusive service area, (4) the proposed construction or expansion will not result in a duplication of water service in the applicable service area, (5) the applicant meets all federal and state standards for water supply systems, (6) the person that will own the water supply system has the financial, managerial and technical resources to (i) operate the proposed water supply system in a reliable and efficient manner, and (ii) provide continuous adequate service to consumers served by the water supply system, (7) the proposed water supply system will not adversely affect the adequacy of nearby water supply systems, and (H) any existing or potential threat of pollution that the department deems to be adverse to public health will not affect any new source of water supply. Any construction or expansion with respect to which a certificate is required shall thereafter be built, maintained and operated in conformity with the certificate and any terms, limitation or conditions contained therein.

(e) Properties held by the Department of Energy and Environmental Protection and used for or in support of fish culture, natural resource conservation or outdoor recreational purposes shall be exempt from the requirements of subdivisions (1), (3) and (4) of subsections (c) and (d) of this section.

(f) The Department of Public Health may adopt regulations, in accordance with the provisions of chapter 54, to carry out the purposes of this section. Such regulations may include measures that encourage water conservation and proper maintenance.

Sec. 12. Section 16-262m of the general statutes is repealed.

Sec. 13. Section 16-262n of the general statutes is repealed.

Sec. 14. Section 16-262o of the general statutes is repealed.

Sec. 15. Section 16-262p of the general statutes is repealed.

Sec. 16. Section 16-262q of the general statutes is repealed.

Sec. 17. Subsection (e) of section 16-262r of the general statutes is repealed.

Sec. 18. Section 16-262s of the general statutes is repealed.

Agency Legislative Proposal - 2015 Session

Document Name: 080614_DPH_FDAFoodCodeAdoptionByReference
DPH2015-FDAmodelfoodcode

(If submitting an electronically, please label with date, agency, and title of proposal – 092611_SDE_TechRevisions)

State Agency:
Connecticut Department of Public Health

Liaison: Elizabeth Keyes/Jill Kentfield
Phone: (860) 509-7246/(860) 509-7280
E-mail: Elizabeth.keyes@ct.gov/ jill.kentfield@ct.gov

Lead agency division requesting this proposal: Regulatory Services Branch, Environmental Health Section

Agency Analyst/Drafter of Proposal: Suzanne Blancaflor

Title of Proposal
An Act Concerning Adoption Of The Federal Food And Drug Administration's 2013 Model Food Code

Statutory Reference
NEW

Proposal Summary
Sections 19a-36(a) (1),(4) AND (5), 19a-36a, 19a-36b and 19a-36c mandate the Department to create regulations pertaining to food service establishments and qualified food operators. This proposal will provide for Enabling statutory language that gives the department the authority to repeal sections 19-13-B40, 19-13-B42, 19-13-B48 and 19-13-B49 of the current Regulations of CT State Agencies and adopt the 2013 FDA Model Food Code by reference.

Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

- **Reason for Proposal**

This language that allows the Department to adopt the Federal Food and Drug Administration's 2013 Model Food Code by reference. This change would align Connecticut with the majority of other states that have moved towards a national, uniform regulatory system that provides a scientific foundation and legal framework for regulating the foodservice industry. Adoption of the Code will provide consistency with federal performance standards currently established and implemented in Connecticut, as well as consistency with foodservice industry practices. Mandating these federal standards alleviates the burden of local and state agencies of having to develop and update the Connecticut food regulations and instead provides the opportunity to focus resources on the implementation and enforcement of the Code.

Food Code Adoption by State

Fifty (50) of the 50 States adopted codes patterned after the 1993, 1995, 1997, 1999, 2001, 2005, or 2009 versions of the Food Code.

Two states have adopted the 1993 Food Code.

- New Mexico, South Carolina

Two states have adopted the 1995 Food Code.

- Nevada, South Dakota

Two states have adopted the 1997 Food Code.

- Hawaii, Minnesota

Seven states have adopted the 1999 Food Code.

- Arizona, Louisiana, Maine, Massachusetts, Missouri, Montana, Tennessee

Five states and one territory have adopted the 2001 Food Code.

- Connecticut*, Idaho, Indiana, New Jersey, Texas, US Virgin Islands

* **CT is listed as having adopted the 2001 version of the Code. This is not entirely true. CT included some of the updates from the 2001 Food Code and incorporated them into regulation in 2001 but that is all. The remainder of B42 is really based on the 1976 FDA Food Code version. This same scenario may hold true for other states as well who also included certain sections and not necessarily adopted the entire Code during the referenced year.**

Sixteen states have adopted the 2005 Food Code.

- Alabama, Arkansas, California, Georgia, Illinois, Iowa, Kansas, Kentucky, Maryland, New York, Pennsylvania, Rhode Island, Utah, Virginia, West Virginia, Wisconsin

Sixteen states, one territory, and the Indian Health Service (HIS) have adopted the 2009 Food Code.

- Arkansas, Colorado, Delaware, Florida, Mississippi, Nebraska, New Hampshire, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Vermont, Washington, Wyoming, Puerto Rico, IHS

- **Origin of Proposal __x_ New Proposal ___ Resubmission**

PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name: Department of Consumer Protection
Agency Contact (name, title, phone): Frank Greene, Supervisor, 860-713-6168
Date Contacted: TBD
Approve of Proposal ___ YES ___NO ___Talks Ongoing

Summary of Affected Agency's Comments

Will there need to be further negotiation? ___ YES ___NO

Agency Name: Department of Agriculture
Agency Contact (name, title, phone): Wayne Kasacek, Supervisor, 860-713-2587
Date Contacted: TBD
Approve of Proposal ___ YES ___NO ___Talks Ongoing

Summary of Affected Agency's Comments
Will there need to be further negotiation? ___ YES ___NO

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

Municipal (please include any municipal mandate that can be found within legislation) 0
State 0
Federal 0
Additional notes on fiscal impact

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

Mandating these federal standards alleviates the burden to local and state agencies of having to develop and update the Connecticut food regulations and training and provides the opportunity to focus resources on the implementation and enforcement of the Code.

(NEW) (*Effective from passage*) Notwithstanding the provisions of chapter 54 of the general statutes, sections 19-13-B40, 19-13-B42, 19-13-B48 and 19-13-B49 of the regulations of Connecticut state agencies are repealed and the following is substituted in lieu thereof:

Section 19a-36a(1)[Said code may include regulations pertaining to retail food establishments, including, but not limited to, food service establishments, catering food service establishments and itinerant food vending establishments and the required permitting from local health departments or districts to operate such establishments]No person, firm or corporation shall operate or maintain within the State of Connecticut any place where food or beverages are served to the public except in compliance with the requirements of the Federal Food and Drug Administration's 2013 Model Food Code, as adopted by reference, and from time to time, amend the same. Notwithstanding the provisions of chapter 54 of the general statutes, sections 19-13-B40, 19-13-B42, 19-13-B48 and 19-13-B49 of the Regulations of Connecticut state agencies are repealed.

Agency Legislative Proposal - 2015 Session

Document Name (e.g. OPM1015Budget.doc; OTG1015Policy.doc): **DPH2015-Validationofmarriages**

(If submitting an electronically, please label with date, agency, and title of proposal – 092611_SDE_TechRevisions)

State Agency: Connecticut Department of Public Health
Liaison: Elizabeth Keyes/Jill Kentfield Phone: (860) 509-7246/(860) 509-7280 E-mail: Elizabeth.keyes@ct.gov/ jill.kentfield@ct.gov
Lead agency division requesting this proposal: Vital Records
Agency Analyst/Drafter of Proposal: Jane Purtill/ Lisa Kessler

Title of Proposal **An Act Concerning Marriage Officiators**
Statutory Reference **Sec. 46b-22. Validation of marriages performed by unauthorized justice of the peace.**
Proposal Summary Remove language in section 46b-22 that requires ministers "to continue in the work of the ministry" in order to be eligible to perform marriages.
Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

- **Reason for Proposal**

Please consider the following, if applicable:
(1) Have there been changes in federal/state/local laws and regulations that make this legislation necessary? ***No***
(2) Has this proposal or something similar been implemented in other states? If yes, what is the outcome(s)? ***An overwhelming majority of states allow persons ordained via the internet to perform marriages, without the stipulation that the person "continue in the work of the ministry."***
(3) Have certain constituencies called for this action? ***No***
(4) What would happen if this was not enacted in law this session? ***Law will continue to remain unclear, and inquiries regarding this issue will be difficult to address.***

The marriage laws in Connecticut require couples to apply for a marriage license at the office of the local registrar of the town in which the marriage ceremony is to take place. The local registrar will issue a marriage license if all legal requirements are met. Within sixty-five days following the issuance of the license, a marriage ceremony must take place. C.G.S. section 46b-22 lists those authorized to perform the marriage ceremony:

> *(1) all judges and retired judges, either elected or appointed, including federal judges and judges of other states who may legally join persons in marriage in their jurisdictions, (2) family support magistrates, state referees and justices of the peace who are appointed in Connecticut, and (3) all ordained or licensed members of the clergy, belonging to this state or any other state, as long as they continue in the work of the ministry.*

Following the ceremony, the marriage officiator signs the license and returns it to the local registrar for filing.

This proposal aims to modify the language related to ordained ministers by removing the requirement that the ordained minister can officiate marriages "so long as they continue in the work of the ministry." This clause is ill-defined in statute and case law, and therefore leaves DPH and municipal staff in the difficult position of trying to answer questions and uphold the law without clear rules. The questions stem mostly from persons who are ordained through the internet in order to perform marriages. Some people may go through this on-line process with a genuine interest in performing ministerial work, while many others become ordained on-line for the sole purpose of marrying a friend or family member. Because of the lack of definition of what constitutes "continuing in the work of the ministry" this office, as well as the 169 towns are barraged with inquiries about whether a particular person meets the requirements to perform marriages in this state, and what it means to "continue in the work of the ministry," what constitutes ministerial work, etc. Given the lack of definition and rules, and the first amendment right that separates church and state, questions about whether someone can legitimately perform marriages in Connecticut are difficult to address. By deleting the language "so long as they continue in the work of the ministry," it removes the confusion about whether a person ordained through the internet is authorized to perform marriages.

The substantive legal requirements of marriage must be met prior to the issuance of the marriage license. The responsibilities of the local registrars to ensure these requirements remain unchanged under this proposal. The only change under this proposal concerns the credentials of a marriage officiator, and whether or not an ordained minister must carry out other ministerial duties aside from performing marriages.

Removing the language, "so long as they continue in the work of the ministry" will remove the uncertainty about whether a minister is authorized to perform marriages, and allay married couples' concerns about the validity of their marriages.

Note that the overwhelming majority of jurisdictions in the US allow internet ordained ministers to perform marriages without further qualifiers.

- **Origin of Proposal** **__X_ New Proposal** **___ Resubmission**

If this is a resubmission, please share:
(1) What was the reason this proposal did not pass, or if applicable, was not included in the Administration's package?
(2) Have there been negotiations/discussions during or after the previous legislative session to improve this proposal?
(3) Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?
(4) What was the last action taken during the past legislative session?

PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name:
Agency Contact (name, title, phone):
Date Contacted:

Approve of Proposal ___ YES ___NO ___Talks Ongoing

Summary of Affected Agency's Comments

Will there need to be further negotiation? ___ YES ___NO

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

Municipal (please include any municipal mandate that can be found within legislation) None
State None
Federal None
Additional notes on fiscal impact

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

Subsection (a) of section 46b-22 of the general statutes is repealed and the following is substituted in lieu thereof:

(a) Persons authorized to solemnize marriages in this state include (1) all judges and retired judges, either elected or appointed, including federal judges and judges of other states who may legally join persons in marriage in their jurisdictions, (2) family support magistrates, state referees and justices of the peace who are appointed in Connecticut, and (3) all ordained or licensed members of the clergy, belonging to this state or any other state[, as long as they continue in the work of the ministry]. All marriages solemnized according to the forms and usages of any religious denomination in this state, including marriages witnessed by a duly constituted Spiritual Assembly of the Baha'is, are valid. All marriages attempted to be celebrated by any other person are void.

(b) No public official legally authorized to issue marriage licenses may join persons in marriage under authority of a license issued by himself, or his assistant or deputy; nor may any such assistant or deputy join persons in marriage under authority of a license issued by such public official.

(c) Any person violating any provision of this section shall be fined not more than fifty dollars.