Agency Legislative Proposal - 2018 Session

Document Name (e.g. OPM1015Budget.doc; OTG1015Policy.doc): Clean Indoor Air Act

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

State Agency: Department of Public Health
Liaison: Brie Wolf/Jill Kennedy **Phone:** (860) 509-7246/(860) 509-7280 **E-mail:** brie.wolf@ct.gov/jill.kennedy@ct.gov
Lead agency division requesting this proposal: Community, Family Health and Prevention Section, Tobacco Program
Agency Analyst/Drafter of Proposal: Barbara Walsh

Title of Proposal: An Act Expanding the Clean Indoor Air Act
Statutory Reference(s): **Section 1.** 19a-342 Smoking Prohibited. Exemptions. Signs required. Penalties. **Section 2.** 19a-342a. Use of electronic nicotine delivery system or vapor product prohibited. Exceptions. Signage required. Penalties. **Section 3.** 31-40q Smoking in the workplace. Designation of smoking rooms.
Proposal Summary: Section 1. Makes the following revisions: (1) Prohibits smoking in any retail establishment, in any area of a restaurant including outdoor areas, on any school property, regardless of whether school is in session or student activities are being conducted, any dormitory; (2) Includes language defining what “any area” means; (3) Removes the exemptions for correctional facilities, designated smoking areas in psychiatric facilities, and public housing projects; (5) Prohibits use of smoking rooms provided by employers; (6) Eliminates the allowance for designated smoking rooms in hotels; (8) Prohibits smoking inside or outside any building including its entryway; (9) Defines “tobacco specialist” and allows for exemption from the Clean Indoor Air Act. Section 2. Makes the following revisions: (1) Prohibits the use of ENDS in any area of a retail establishment accessed by the general public, in any area of a restaurant, including outdoor dining, in any area of a school building or on school property, regardless of whether school is in session or student activities are being conducted, a dormitory of an

institution of higher education;
(2) Includes language defining what is an "outdoor area" and "any area" means;
(3) Eliminates the allowance for designated smoking rooms in hotels;
(4) Prohibits smoking inside or outside any building including its entryway;
(5) Clarifies that a "no vaping" sign does not need to be posted in every room of a building, but only in one conspicuous area.

Section 3. Makes the following revisions:
(1) Updates the definition of a business facility;
(2) Eliminates the language that exempts employers with less than five employees from designating a smoking area;
(3) Eliminates the language that permits smoking rooms in places of employment;
(4) Allows a business owner to prohibit smoking on the entire property on which the business is located.
(5) Includes ENDS and vapor products in the workplace prohibitions.

PROPOSAL BACKGROUND

◊ **Reason for Proposal**

As of December 31, 2015, 27 states have passed Comprehensive Clean Indoor Air Laws that protect a higher percentage of their populations. These further restrictions would lower such risks as the chance of heart attack among nonsmokers as well as reducing the likelihood of lawsuits from employees and others concerned with exposure to secondhand smoke and aerosol.

This proposal addresses evidence-based policy strategies recommended by the Centers for Disease Control and Prevention (CDC) Office on Smoking and Health, the Community Guide to Preventive Services, and the US Surgeon General's Office. A number of studies performed by the Office of the Surgeon General have confirmed the harm of these products, and CDC has extensively documented the benefits of implementing comprehensive laws.

◊ **Origin of Proposal** ☐ **New Proposal** ☒ **Resubmission**

The Department has put forward several versions of this bill over the past five legislative sessions. Components of these proposals have slowly been adopted into law.

PROPOSAL IMPACT

◊ **AGENCIES AFFECTED** (*please list for each affected agency*)

Agency Name: Department of Labor
Agency Contact (*name, title, phone*): Marisa Morello
Date Contacted: Click here to enter text.

Approve of Proposal ☒ **YES** ☐ **NO** ☐ **Talks Ongoing**

Agency Name: Department of Corrections
Agency Contact (*name, title, phone*): David McCluskey
Date Contacted: Click here to enter text.

Approve of Proposal ☐ **YES** ☐ **NO** ☒ **Talks Ongoing**

Agency Name: Department of Housing
Agency Contact (*name, title, phone*): Dan Aresenault
Date Contacted: Click here to enter text.

Approve of Proposal ☐ **YES** ☐ **NO** ☒ **Talks Ongoing**

Agency Name: Department of Education
Agency Contact (*name, title, phone*): Laura Stefon
Date Contacted: Click here to enter text.

Approve of Proposal ☐ **YES** ☐ **NO** ☒ **Talks Ongoing**

Agency Name: Department of Consumer Protection
Agency Contact (*name, title, phone*): Leslie O'Brien
Date Contacted: Click here to enter text.

Approve of Proposal ☐ **YES** ☐ **NO** ☒ **Talks Ongoing**

Agency Name: Department of Mental Health and Addiction Services
Agency Contact (*name, title, phone*): Mary Kate Mason
Date Contacted: Click here to enter text.

Approve of Proposal ☐ **YES** ☐ **NO** ☒ **Talks Ongoing**

Agency Name: Department of Revenue Services
Agency Contact (*name, title, phone*): Sue Sherman and Ernie Adamo
Date Contacted: Click here to enter text.

Approve of Proposal ☐ **YES** ☐ **NO** ☒ **Talks Ongoing**

Summary of Affected Agency's Comments
DOL has previously supported this additional restriction on businesses as it further protects workers from exposure and reduces employer liabilities.

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)* N/A
State N/A
Federal N/A
Additional notes on fiscal impact Click here to enter text.

◊ **POLICY and PROGRAMMATIC IMPACTS** *(Please specify the proposal section associated with the impact)*

CDC supports laws that strengthen the Clean Indoor Air Act.

Section 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.

(b) (1) Notwithstanding the provisions of section 31-40q, as amended by this act, no person shall smoke: (A) In any area of [any] 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] 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 or on school property; **[**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 or outdoor area, 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; "outdoor" means an area which has no roof or other ceiling enclosure, and "any area" means the interior of 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) **[**This section] Subdivision (1) of this subsection shall not apply to [(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**]** the following establishments: (A) any classroom 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;] (G)**]** (B) any medical research site where smoking is integral to the research being conducted; or **[(H)]** (C) any tobacco bar or tobacco specialist, 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, "tobacco specialist" means an establishment engaged in the sale of tobacco products that generated fifty percent or more of its total annual gross income from on on-site sale of tobacco products and the rental of on-site humidors, and "tobacco product" means any substance that contains tobacco or nicotine, including, but not limited to, cigarettes, cigars, pipe tobacco or chewing tobacco.

[(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)] (c) 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. Nothing in this section shall be construed to require the person in control of a building to post such signs in every room of a building, provided such signs are posted in a conspicuous place in such building.

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

[(g)] (f) 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 19a-342a of the general statutes is repealed and the following is substituted in lieu thereof:

(a) As used in this section [and section 2 of public act 15-206]:

(1) "Child care facility" means a provider of child care services as defined in section 19a-77, or a person or entity required to be licensed under section 17a-145;

(2) "Electronic nicotine delivery system" means an electronic device that may be used to simulate smoking in the delivery of nicotine or other substances to a person inhaling from the device, and includes, but is not limited to, an electronic cigarette, electronic cigar, electronic cigarillo, electronic pipe or electronic hookah and any related device and any cartridge or other component of such device;

(3) "Liquid nicotine container" means a container that holds a liquid substance containing nicotine that is sold, marketed or intended for use in an electronic nicotine delivery system or vapor product, except "liquid nicotine container" does not include such a container that is prefilled and sealed by the manufacturer and not intended to be opened by the consumer; and

(4) "Vapor product" means any product that employs a heating element, power source, electronic circuit or other electronic, chemical or mechanical means, regardless of shape or size, to produce a vapor that may or may not include nicotine, that is inhaled by the user of such product, but shall not include a medicinal or therapeutic product used by a (A) licensed health care provider to treat a patient in a health care setting, or (B) a patient, as prescribed or directed by a licensed health care provider in any setting.

(b) (1) No person shall use an electronic nicotine delivery system or vapor product: (A) In any 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] 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, 30-22a, 30-22c, 30-26, 30-28, 30-28a, 30-33a, 30-33b, 30-35a, 30-37a, 30-37e or 30-37f, in any area of establishment with a permit issued for the sale of alcoholic liquor pursuant to section 30-23 issued after May 1, 2003, 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 or on any school property [while school is in session or student activities are being conducted]; (G) within a child care facility, except, if the child care facility is a family child care home as defined in section 19a-77, such use is prohibited only when a child enrolled in such home is present; (H) 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 such use is prohibited by state law]; (I) in any area of a dormitory in any public or private institution of higher education; or (J) 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 or outdoor area, 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; "outdoor" means an area which has no roof or other ceiling enclosure, and "any area" means the interior of 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) [This] Subdivision (1) of 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)] any classroom where a demonstration of the use of an electronic nicotine delivery system or vapor product is taking place as part of a medical or scientific experiment or lesson; [(E)] (B) any medical research site where the use of an electronic nicotine delivery system or vapor product is integral to the research being conducted; [(F)] (C) any establishment [establishments] without a permit for the sale of alcoholic liquor that [sell] sells electronic nicotine delivery systems, vapor products or liquid nicotine containers on-site and [allow] allows their customers to use such systems, products or containers on-site; [(G) smoking rooms provided by employers for employees, pursuant to section 31-40q, as amended by this act; (H) 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 prohibition on the use of an electronic nicotine delivery system or vapor product or the signage requirements of this subparagraph; or (I)] (D) any tobacco bar, provided no tobacco bar shall expand in size or change its location from its size or location as of October 1, 2015. 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, 2015, generated ten [per cent] percent 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 tobacco, including, but not limited to, cigarettes, cigars, pipe tobacco or chewing tobacco.

[(c) The operator of a hotel, motel or similar lodging may allow guests to use an electronic nicotine delivery system or vapor product in not more than twenty-five per cent of the rooms offered as accommodations to guests.]

[(d)] (c) In each room, elevator, area or building in which the use of an electronic nicotine delivery system or vapor product 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 such use 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 using an electronic nicotine delivery system or vapor product 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. Nothing in this subsection shall be construed to require the person in control of

a building to post such signs in every room of a building, provided such signs are posted in a conspicuous place in such building.

[(f)] (e) Nothing in this section shall be construed to require the designation of any area for the use of electronic nicotine delivery system or vapor product [in] inside or outside any building or the entryway to any building or on any property.

[(g)] (f) The provisions of this section shall supersede and preempt the provisions of any municipal law or ordinance relative to the use of an electronic nicotine delivery system or vapor product effective prior to, on or after October 1, 2015.

Sec. 3. Section 31-40q of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2017*):

(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. The term "business facility" does not include: (A) Facilities listed in subparagraph [(A),] (C) [or (H)] of subdivision (2) of subsection (b) of section 19a-342, as amended by this act or subparagraph (D) of subdivision (2) of subsection (b) of section 19a-342a, as amended by this act; (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.

(6) "Electronic nicotine delivery system" means an electronic device as defined in section 19a-342a;

(7) "Liquid nicotine container" means a container as defined in section 19a-342a;

(8) "Vapor product" means a product as defined in section 19a-342a;

[(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, the use of electronic nicotine delivery systems and vapor products in any area of any business facility under said employer's control[,except that an employer may designate one or more smoking rooms]. For purposes of this subsection "any area" means the interior of 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) 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, and the real property on which such business facility is located, as a nonsmoking area.

Agency Legislative Proposal - 2018 Session

Document Name (e.g. OPM1015Budget.doc; OTG1015Policy.doc): Floating Solar

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

State Agency: Department of Public Health
Liaison: Brie Wolf/Jill Kennedy **Phone:** (860) 509-7246/(860) 509-7280 **E-mail:** brie.wolf@ct.gov/jill.kennedy@ct.gov
Lead agency division requesting this proposal: Drinking Water Section
Agency Analyst/Drafter of Proposal: Lori Mathieu, Public Health Section Chief, Drinking Water Section

Title of Proposal: An Act Concerning a Prohibition on Construction and Installation on Reservoirs
Statutory Reference: **Section 1**: [NEW]
Proposal Summary: **Section 1**: Prohibits the construction in or installation on any distribution or storage reservoir or on any watercourse tributary to any such reservoir, unless such construction or installation is for water treatment or public water supply protection purposes.

PROPOSAL BACKGROUND

◊ **Reason for Proposal**

The DPH has authority and oversight of public drinking water purity and adequacy under CGS Section 25-32(a), as well as regulatory authority over the land owned by a water company within the drainage area of an active or future source of public drinking water. Direct oversight of the use of the surface of the waterbody, or the water itself within a public drinking water supply reservoir, is not directly overseen by the DPH. DPH believes that the use of the waterbody and the surface of the water body for anything other than water quality treatment is inappropriate and could cause pollution and harm to the reservoir.

Proposed installation of treatment systems in or on the water body of a public drinking water reservoir would not be prohibited. However, we propose that their installation be subject to DPH review and approval. Given the DPH oversight of drinking water quality and broad responsibility of the purity and adequacy of the state's public drinking water supply, the DPH believes that this prohibition and control is important due to the need to control any proposed inappropriate uses of the waterbody that are not protective of public health. Any proposed uses outside of the need for water quality treatment might have a direct impact to the water quality and quantity of a reservoir, and therefore should be prohibited under public health law CGS Section 25-43.

◊ **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: Department of Energy and Environmental Protection (DEEP) **Agency Contact (*name, title, phone*):** Lee Sawyer **Date Contacted:** 12/14/17 Approve of Proposal ☐ **YES** ☐ **NO** ☒ **Talks Ongoing**
Summary of Affected Agency's Comments Click here to enter text.
Will there need to be further negotiation? ☐ **YES** ☐**NO**
Agency Name: Pubic Utilities Resources Authority (PURA) **Agency Contact (*name, title, phone*):** Nick Neeley **Date Contacted:** 12/14/17 Approve of Proposal ☐ **YES** ☐ **NO** ☒ **Talks Ongoing**
Summary of Affected Agency's Comments Click here to enter text.
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)* Click here to enter text.
State None. Will be done with existing staff. The Department's Drinking Water Section already reviews and approves in reservoir aeration treatment systems. Only two potential projects have been identified for floating solar panels.
Federal Click here to enter text.

Additional notes on fiscal impact

Click here to enter text.

◊ **POLICY and PROGRAMMATIC IMPACTS** *(Please specify the proposal section associated with the impact)*

Section 1. Section 25-43 of the general statutes are repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) Any person who bathes or swims in any reservoir from which the inhabitants of any town, city or borough are supplied with water, or in any lake, pond or stream tributary to any distribution reservoir, or in any part of any lake, pond or stream tributary to any storage reservoir, which part is distant less than two miles measured along the flow of water from any part of such storage reservoir, and any person who causes or allows any pollutant or harmful substance to enter any such public water supply reservoir, whether distribution or storage, or any of its tributaries, or commits any nuisance in any public water supply reservoir or its watershed, shall be fined not more than five hundred dollars. For the purposes of this section, "storage reservoir" means an artificial impoundment of substantial amounts of water, used or designed for the storage of a public water supply and the release thereof to a distribution reservoir, and "distribution reservoir" means a reservoir from which water is directly released into pipes or pipelines leading to treatment or purification facilities or connected directly with distribution mains of a public water system. Notwithstanding the provisions of this subsection, a person shall be permitted to swim in any body of water where flood-skimming is used to transfer excess water from the body of water to a distribution reservoir during periods when flood-skimming is not occurring, provided swimming has been permitted in such body of water for a period of not less than fifty years.

(b) No person, after having received notice or after notice has been posted that any reservoir, lake or pond, or any stream tributary thereto, is used for supplying the inhabitants of a town, city or borough with water, shall wash any animal or clothing or other article or allow any animal to enter therein. No person shall cause or allow any pollutant or harmful substance to enter such reservoir, lake, pond or stream, nor shall any person, after receipt of written notice from the municipality, water company, as defined in section 25-32a, or the local director of health having jurisdiction, or their agents, that the same is detrimental to such water supply, permit any such substance to be placed upon land owned, occupied or controlled by such person, so that the same may be carried by rains or freshets or otherwise flow into the water of such reservoir, lake, pond or stream, or allow to be drained any sewage from such land into such water. Any person who violates any provision of this subsection shall be fined not more than five hundred dollars or imprisoned not more than thirty days, or both.

(c) No person shall cause or permit an aircraft, as defined in subdivision (5) of section 15-34, to land upon, take off from or be operated, kept, parked, garaged, stored or otherwise maintained on any distribution or storage reservoir or on any watercourse tributary to any such reservoir. Any person who violates a provision of this subsection shall be fined not more than five hundred dollars or imprisoned not more than thirty days, or both.

(d) No person shall construct in or install on any distribution or storage reservoir or on any watercourse tributary to any such reservoir, unless such construction or installation is for water treatment or public water supply protection purposes and has been approved by the Commissioner. Any person who violates a provision of this subsection shall be fined not more than five hundred dollars or imprisoned not more than thirty days, or both.

[(d)] (e) Any water company, as defined in section 25-32a, aggrieved by a violation of this section may institute a civil action in the superior court for the judicial district where such reservoir or watercourse tributary

is located, either entirely or in part, to recover all damages, expenses and costs incurred by the water company in responding to the violation and the remediation and abatement of any contamination resulting from the violation.

Agency Legislative Proposal - 2018 Session

Document Name (e.g. OPM1015Budget.doc; OTG1015Policy.doc):
DPH Safe Drinking Water

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

State Agency: Department of Public Health

Liaison: Brie Wolf/Jill Kennedy
Phone: (860) 509-7246/(860) 509-7280
E-mail: brie.wolf@ct.gov/jill.kennedy@ct.gov

Lead agency division requesting this proposal: Drinking Water Section

Agency Analyst/Drafter of Proposal: Lori Mathieu, Public Health Section Chief, Drinking Water Section

Title of Proposal: An Act Concerning Connecticut's Safe Drinking Water

Statutory Reference:
Section 1: (NEW) Aging Infrastructure
Section 2: 25-32e Imposition of civil penalties for violations of certain drinking water laws and regulations.

Proposal Summary:

Section 1: Adds language to require public drinking water systems to, at a minimum, review the age and condition of the water system's infrastructure and determine the amount of funding needed to upgrade.

Section 2: Updates the existing statute that gives the Commissioner of Public Health the authority to issue civil penalties against public water systems, and eliminate the need to adopt separate civil penalty regulations each time the EPA issues a new rule.

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. The U.S. Environmental Protection Agency (EPA) considers asset management planning to be a critical part to managing public water systems to meet federal drinking water standards. Aging infrastructure can lead to public water system failure and/or water quality or water quantity problems leading to very expensive repairs. Following a 2015 explosion of a hydropneumatic tank that took place at a small water company, it was determined that there is

a general need for small water companies to review their aging infrastructure and move forward with needed upgrades. DPH would like to require that fiscal and asset management plans be produced by the state's community water companies serving 10,000 or less. We would like to avoid another total system failure similar to the tank explosion that took place in 2015. We believe that there are thousands of hydropneumatic tanks in use today in water systems across the state which have never been professionally inspected or reviewed for replacement.

Section 2. Every time EPA issues a new rule, the Department needs to update the regulations pertaining to civil penalties to match the new rule requirements. This section will remove the requirement for the Department to complete regulations, but instead provide for a listing on it's website with an annual review.

◊ **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: Click here to enter text.
Agency Contact (*name, title, phone*): Click here to enter text.
Date Contacted: Click here to enter text.

Approve of Proposal ☐ **YES** ☐ **NO** ☐ **Talks Ongoing**

Summary of Affected Agency's Comments
Click here to enter text.

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)*
Click here to enter text.

State

Click here to enter text.
Federal Click here to enter text.
Additional notes on fiscal impact Click here to enter text.

◊ **POLICY and PROGRAMMATIC IMPACTS** *(Please specify the proposal section associated with the impact)*

The reporting requirement for aging infrastructure will provide the staff of the Drinking Water Program with the data to more effectively monitor these systems.

Section 1. (NEW) *(Effective October 1, 2018*)

(a) As used in this section:

(1) “Community water system” means a public water system that regularly serves at least 25 year-round residents;

(2) "Small community water system" means a water company that regularly serves at least twenty-five, but not more than one thousand, year-round residents;

(3) "Public water system" means a water company that supplies drinking water to fifteen or more consumers or twenty-five or more persons daily at least sixty days of the year;

(4) “Service connection” means the service pipe from the main to the curb stop, at or adjacent to the street line or the property line;

(5) “Unaccounted for water loss” means water that the small community water system supplies to its distribution system that never reaches its consumers;

(6) "Useful life" means a manufacturer's recommended life or the estimated lifespan of a water company's capital asset, taking into consideration the service history and current condition of such capital asset; and

(7) "Water company" has the same meaning as provided in section 25-32a of the general statutes.

(b) Each water company shall prepare a fiscal and asset management plan for all of the capital assets that comprise each of the water company's small community water systems. The fiscal and asset management plan shall include, but need not be limited to, (1) a list of all capital assets of the small community water system, (2)

the useful life of such capital assets, which shall be based on the current condition of such capital assets, (3) the maintenance and service history of such capital assets, (4) the manufacturer's recommendation regarding such capital assets, and (5) the water company's plan for the reconditioning, refurbishment or replacement of such capital assets. Such fiscal and asset management plan shall also provide information regarding whether the water company has any unaccounted for water loss, the amount of such unaccounted for water loss, what is causing such unaccounted for water loss, and the measures the water company is taking to reduce such unaccounted for water loss. Each water company shall commence the creation of the fiscal and asset management plan with the assessment of its hydropneumatic pressure tanks as its initial priority. Each water company shall complete the fiscal and asset management plan for all of the capital assets of each of its small community water systems not later than January 1, 2021, except that each water company shall complete on a form prepared by the Department of Public Health the asset and fiscal management plan assessment review of the hydropneumatic pressure tanks at each of its small community water systems not later than May 1, 2019. Following the completion of the initial fiscal and asset management plan, a water company shall update such fiscal and asset management plan annually and shall make such fiscal and asset management plan available to the department upon request.

(c) This section shall not apply to a water company that is (1) a water company, as defined in section 16-1 of the general statutes, (2) subject to the requirements in section 25-32d of the general statutes, or (3) a state agency.

(d) The provisions of this section shall be deemed to relate to the purity and adequacy of water supplies for the purposes of the imposition of a penalty under section 25-32e of the general statutes, as amended by this act.

(e) The Commissioner of Public Health may adopt regulations, in accordance with the provisions of chapter 54, to carry out the provisions of this section.

Sec. 2. Subsections (a) to (e), inclusive, of section 25-32e of the general statutes are repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(a) If, upon review, investigation or inspection, the Commissioner of Public Health determines that a water company has violated any provision of section 25-32, section 25-32d or any regulation adopted under section 25-32d, or any **[**regulation in the Public Health Code**]** provision of the general statutes or regulations of Connecticut state agencies relating to the purity and adequacy of water supplies or to the testing of water supplies or any report of such testing, the commissioner may impose a civil penalty not to exceed five thousand dollars per violation per day upon such water company. Governmental immunity shall not be a defense against the imposition of any civil penalty imposed pursuant to this section. The commissioner shall **[**adopt regulations, in accordance with the provisions of chapter 54, establishing a schedule or schedules of the amounts, or the ranges of amounts, of civil penalties which may be imposed under this section. In adopting such regulations, the commissioner shall consider the size of or the number of persons served by the water company, the level of assessment necessary to insure immediate and continued compliance with such provision, and the character and degree of injury or impairment to or interference with or threat thereof to: (1) The purity of drinking water supplies; (2) the adequacy of drinking water supplies; and (3) the public health, safety or welfare. No such civil penalty may be imposed until the regulations required by this subsection have been adopted**]** publish annually, or as the commissioner deems necessary in response to any guidelines or ruling promulgated by the United States Environmental Protection Agency, a schedule of the amounts, or

ranges of amounts, of civil penalties that may be imposed under this section on the Department of Public Health's Internet web site if the civil penalty for a violation under this section has not been established by statute. Notwithstanding any provision of the Uniform Administrative Procedures Act, as set forth in chapter 54, the commissioner shall not be required to adopt or revise any regulations regarding the imposition of civil penalties when publishing such schedule in response to such guidelines or ruling.

(b) In setting a civil penalty in a particular case, the commissioner shall consider all factors which the commissioner deems relevant, including, but not limited to, the following: (1) The amount of assessment necessary to insure immediate and continued compliance with such provision; (2) the character and degree of impact of the violation on the purity and adequacy of drinking water supplies; (3) whether the water company incurring the civil penalty is taking all feasible steps or procedures necessary or appropriate to comply with such provisions or to correct the violation; (4) any prior violations by such water company of statutes, regulations, orders or permits administered, adopted or issued by the commissioner; (5) the character and degree of injury to, or interference with, public health, safety or welfare which has been or may be caused by such violation; and (6) **[**after the adoption of the federal Safe Drinking Water Act Public Notification Rule pursuant to section 5 of public act 01-185,**]** whether the consumers of the water company have been notified of such violation pursuant to **[**such rule**]** section 19-13-B102 of the regulations of Connecticut state agencies.

(c) If the commissioner has reason to believe that a violation has occurred, the commissioner may impose a penalty if compliance is not achieved by a specified date and send to the violator, by certified mail, return receipt requested, or personal service at the address filed with the department by the water company as required under subsection (a) of section 25-33 or, if the water company did not file an address as required under subsection (a) of said section, to the last known address of the water company on file at the department, a notice which shall include: (1) A reference to the sections of the statute or regulation involved; (2) a short and plain statement of the **[**matters asserted or charged**]** violation; (3) a statement of the amount of the civil penalty or penalties **[**to be**]** imposed; (4) the initial date of the imposition of the penalty when the penalty is imposed for a continuing violation, or the dates for which the penalty is imposed when the penalty is imposed for an isolated violation; and (5) a statement of the **[**party's**]** water company's right to a hearing. The commissioner shall send a copy of such notice to the local director of health in the municipality or municipalities in which such violation occurred or that utilize such water.

(d) The civil penalty shall be payable for noncompliance on the date specified in subsection (c) of this section and for each day thereafter until the water company against which the penalty was issued **[**notifies**]** demonstrates to the commissioner that the violation has been corrected or has otherwise ceased to occur. **[**Upon receipt of such notification, the commissioner shall determine whether or not the violation has been corrected and shall notify the water company, in writing, of such determination. The water company may, within twenty days after such notice is sent by the commissioner, request a hearing to contest an adverse determination. If, after such hearing, the commissioner finds that the violation still exists, or if the water company fails to request a hearing, the penalty shall continue in force from the original date of imposition.**]**

(e) The water company to which the notice is addressed shall have **[**twenty**]** ten days from the date of mailing of the notice to make written application to the commissioner for a hearing to contest the imposition of the penalty. The application shall include a detailed statement of all of the grounds for contesting the imposition of the penalty. The water company shall send a copy of such application to the local director of health in the municipality or municipalities in which such violation occurred or that utilize such water. All hearings under

this section shall be conducted pursuant to sections 4-176e to 4-184, inclusive, except that the presiding officer shall automatically grant each local director of health in the municipality or municipalities in which such violation occurred or that utilize such water the right to be heard in the proceeding. Any civil penalty may be mitigated by the commissioner upon such terms and conditions as the commissioner, in the commissioner's discretion, deems proper or necessary upon consideration of the factors set forth in subsection (b) of this section.

Agency Legislative Proposal - 2018 Session

Document Name (e.g. OPM1015Budget.doc; OTG1015Policy.doc): Lead Paint Assessment Fee

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

State Agency: Public Health

Liaison: Brie Wolf/ Jill Kennedy
Phone: (860) 509-7426/ (860) 509-7280
E-mail: brie.wolf@ct.gov/ jill.kennedy@ct.gov

Lead agency division requesting this proposal: Environmental Health Section, Lead, Radon and Healthy Homes Program

Agency Analyst/Drafter of Proposal: Krista Veneziano

Title of Proposal: An Act Establishing a Lead Paint Assessment Fee

Statutory Reference: Section 1: NEW

Proposal Summary: This proposal requires manufacturers of architectural paint to pay a 25 cent assessment fee on each gallon sold to a distributor in the state. The fee will fund eligible lead paint abatement projects, which may include rental properties that house one or more families who are recipients of a section 8 housing voucher, rental properties that house families whose income is less than two hundred and fifty percent of the Federal Poverty Level and housing where children under that age of six reside and have been found to have elevated blood lead levels.

PROPOSAL BACKGROUND

◊ Reason for Proposal

Please consider the following, if applicable:

In the early to mid-20th century lead was regularly added to paint to increase its durability to the weather and moisture, decrease drying time and brighten the color. Lead-based paint coated the interior and exterior of homes all over the state and nation. As knowledge of lead evolved, it was discovered that exposure to lead in early childhood causes severe negative health outcomes that include Attention Deficit Disorder, developmental delays, learning difficulties, damage to the nervous system and kidneys and hearing loss. Lead poisoning is caused by the ingestion or absorption of deteriorated lead-based paint through paint chips, paint dust and contaminated soil. Lead was then slowly phased out of paint production. Unfortunately, many children were, and continue to be, impacted.

Lead abatement projects are expensive and remediation is needed in older homes, often owned by or inhabited by residents to cannot afford the cost of the project. This fee would help offset the cost of remediation for families whose health has been negatively impacted by paint in their home environment.

◊ **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: Department of Housing
Agency Contact (*name, title, phone*): Dan Aresenault
Date Contacted: Click here to enter text.

Approve of Proposal ☐ **YES** ☐ **NO** ☒ **Talks Ongoing**

Summary of Affected Agency's Comments
Click here to enter text.

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
Click here to enter text.

◊ **POLICY and PROGRAMMATIC IMPACTS** *(Please specify the proposal section associated with the impact)*

Insert fully drafted bill here

Sec. 1. (NEW) (*Effective October 1, 2018*):

(a) Lead paint remediation assessment. Definitions.

(1) "Architectural paint" means interior or exterior architectural coatings sold in containers of five gallons or less. "Architectural paint" does not include industrial, original equipment or specialty coatings;

(2) "Commissioner" means the Commissioner of Public Health or the Commissioner's designee;

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

(4) "Distributor" means a company that has a contractual relationship with one or more producers to market and sell architectural paint to retailers in this state;

(5) "Lead paint remediation assessment" means the amount added to each gallon of architectural paint sold to a distributor from a producer that is necessary to create a lead paint remediation fund to be used in lead abatement projects for eligible projects;

(6) "Producer" means a manufacturer of architectural paint who sells, offers for sale, distributes or contracts to distribute architectural paint in this state.

(7) "Purchasing agreement" means an agreement between a producer and a distributor for the sale of architectural paint.

(b) There is established, within available appropriations, a lead paint remediation assessment fee within the Department of Public Health to distribute funds for use in eligible lead abatement projects. Each producer of architectural paint shall pay a lead paint remediation assessment fee of twenty-five cents per gallon on each gallon of architectural paint manufactured and sold to a distributor in state as outlined in their purchasing agreement. Such fee shall be deposited into a separate, nonlapsing account within the Department.

(c) The Commissioner of Public Health in consultation with the Commissioner of Housing shall develop a methodology to determine eligibility for lead paint remediation projects. Such criteria shall include but not be limited to: (1) rental properties that house one or more families who are recipients of the housing voucher program pursuant to the Housing Act of 1937, or whose income is less than two hundred and fifty percent of the Federal Poverty Level; (2) housing where children

under that age of six reside and have been found to have elevated blood lead levels; (3) consultation with the Department of Housing pursuant to 8-219e.

(d) A lead training provider, lead inspector, lead inspector risk assessor, lead planner-project designer, lead abatement supervisor or a lead abatement worker licensed pursuant to chapter 400c, who has been hired to perform an eligible lead abatement project, may apply to the Department of Public Health in a form an manner prescribed by the Commissioner to access the lead paint remediation assessment funds for lead abatement remediation projects.

(e) The Department shall post on its Internet website the criteria for applying for such funds, guidance for eligibility and a list of approved projects.

Agency Legislative Proposal - 2018 Session

Document Name (e.g. OPM1015Budget.doc; OTG1015Policy.doc): Click here to enter text.
DPH – licensure of state run facilities

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

State Agency: Department of Public Health

Liaison: Brie Wolf/Jill Kennedy
Phone: (860) 509-7246/(860) 509-7280
E-mail: brie.wolf@ct.gov/jill.kennedy@ct.gov

Lead agency division requesting this proposal: Healthcare Quality and Safety Branch

Agency Analyst/Drafter of Proposal: Barbara Cass/Wendy Furniss

Title of Proposal: An Act Concerning the Department of Public Health's Licensure of State-Run Health Care Institutions

Statutory Reference: 19a-490. Licensing of Institutions. Definitions.

Proposal Summary: Revises Section 19a-490 to allow the Department to license the 4 psychiatric hospitals in the state which have been previously exempted from state licensure.

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?

Currently, there are 4 facilities in Connecticut operated by the Department of Mental Health and Addiction Services that are exempt from licensure pursuant to section 19a-490. Three of the four facilities are certified by the Centers for Medicaid and Medicare Services (CMS). The Department of Public Health is considered the agent for the CMS. CMS will require its "agent" to perform a federal inspection as necessary. CMS is the only entity with jurisdiction over these facilities and they have the authority to remove their certification for payment.

DPH is proposing to license the facilities operated by DMHAS to ensure that if CMS certification is removed, there will still be an oversight process to ensure compliance with applicable regulations and assure that quality care is provided. This will enable the Department to complete state inspections and complaint investigations, and then enforce the state licensure regulations as we do for private psychiatric facilities. The facilities we propose to licensing include the following: Connecticut Valley Hospital, Connecticut Mental Health Center (New Haven), Southwest Connecticut Mental Health (Bridgeport) and potentially Capital Region

Mental Health as their website indicates that they have an inpatient unit, however we are not sure what level of services they provide.

◊ **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?

Click here to enter text.

PROPOSAL IMPACT

◊ **AGENCIES AFFECTED** (*please list for each affected agency*)

Agency Name: Click here to enter text.
Agency Contact (*name, title, phone*): Click here to enter text.
Date Contacted: Click here to enter text.

Approve of Proposal ☐ **YES** ☐ **NO** ☐ **Talks Ongoing**

Summary of Affected Agency's Comments
Click here to enter text.

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)*
Click here to enter text.

State
Click here to enter text.

Federal
Click here to enter text.

Additional notes on fiscal impact
Click here to enter text.

◊ **POLICY and PROGRAMMATIC IMPACTS** *(Please specify the proposal section associated with the impact)*

Click here to enter text.

Subsection (a) of Section 19a-490 of the general statutes is repealed and the following is substituted in lieu thereof:

(a) "Institution" means a hospital, short-term hospital special hospice, hospice inpatient facility, residential care home, health care facility for the handicapped, nursing home facility, home health care agency, homemaker-home health aide agency, behavioral health facility, assisted living services agency, substance abuse treatment facility, outpatient surgical facility, outpatient clinic, an infirmary operated by an educational institution for the care of students enrolled in, and faculty and employees of, such institution; a facility engaged in providing services for the prevention, diagnosis, treatment or care of human health conditions, including facilities operated and maintained by any state agency, [except] including hospitals, as defined in section 17a-512 of the General Statutes, that are operated by the Department of Mental Health and Addiction Services, but does not include facilities operated by the Department of Mental Health and Addiction Services for the outpatient care or treatment of mentally ill persons or persons with substance abuse problems; and a residential facility for persons with intellectual disability licensed pursuant to section 17a-227 and certified to participate in the Title XIX Medicaid program as an intermediate care facility for individuals with intellectual disability;

Agency Legislative Proposal - 2018 Session

Document Name (e.g. OPM1015Budget.doc; OTG1015Policy.doc): Click here to enter text. DPH Various Revisions

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

State Agency: Department of Public Health
Liaison: Brie Wolf/Jill Kennedy **Phone:** (860) 509-7246/(860) 509-7280 **E-mail:** brie.wolf@ct.gov/jill.kennedy@ct.gov
Lead agency division requesting this proposal: multiple sections and programs
Agency Analyst/Drafter of Proposal: multiple sections and programs

Title of Proposal: An Act Concerning Various Revisions of the Public Health Statutes
Statutory Reference: Section 1. Section 19a-72. Connecticut Tumor Registry. Definitions. Duties of Department of Public Health. Reporting requirements. Penalties. Regulations. Section 2. Section 19a-14. Powers of department concerning regulated professions. Section 3. Section 19a-499. Information to be confidential. Exceptions. Section 4. Section 20-126*l*. Definitions. Scope of practice. Limitations. Continuing education. Exceptions. Section 5. Section 19a-6i. School-based health center advisory committee. Members. Duties. Report. Section 6. Section 7-51a. Copies of vital records. Access to vital records by members of genealogical societies. Marriage and civil union licenses. Death certificates. Issuance of certified copies of electronically filed certificates. Section 7. Section 19a-62a. Pediatric asthma pilot program. Asthma monitoring system. State-wide asthma plan. Model case definition of asthma. Report. Section 8. Section 10-206. Health assessments. Section 9. 20-195q. Use of title. Certain activities not prohibited. Section 10. Section 19a-496. Compliance with regulations. Inspections. Plan of correction. Section 11. 19a-490o. Establishment of mandatory reporting system for healthcare associated infections. Annual report. Posting of information on web site Section 12. 19a-127l. Quality of care program. Quality of Care Advisory Committee Section 13. 19a-32. Department Authorized to Receive Gifts Section 14. 19a-538. Annual report by Department of Public Health concerning nursing home facilities and residential care homes. Section 15. 19a-177. Duties of commissioner. Section 16. 19a-88. License renewal by certain health care providers. On-line license renewal system. Section 17. 20-110. Licenses to out-of-state applicants. Section 18. 19a-88. License renewal by certain health care providers. On-line license renewal system. Section 19. Section 2 of Public Act 17-93 definitions model food code Section 20. Section 8 of Public Act 17-93 exemptions to the model food code

Section 21. 22-6r. Certified farmers' markets. Definitions. Sale of farm products at farmers' kiosks and food service establishments. Listing of farmers' market on web site and in promotional materials.
Section 22. 19a-36f. Prohibition on use of disposable natural rubber latex gloves at retail food establishments.
Section 23. 4-106. Treatment of venereal diseases in hospitals receiving state aid.
Section 24. 18-94. Retention of diseased inmates in correctional or charitable institutions.
Section 25. 19a-7p. Public health fee.
Section 26. 19a-216. Examination or treatment of minor for sexually transmitted disease. Confidentiality. Liability for costs.
Section 27. 21a-114. When advertisement of drugs and devices deemed to be false.
Section 28. 54-102a. Venereal examination and HIV testing of persons charged with certain sexual offenses.
Section 29. 31-43. Public laundries; sanitation. A public laundry shall be regarded as a manufacturing establishment within the provisions of the statutes.
Section 30. Repealers

Proposal Summary: See below

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. Moves the reference in our Tumor Registry statutes that speaks about EMS providers from Chapter 368d to Chapter 384d where the licensing statutes for EMS providers currently reside.

Sections 2 and 3. Revises the Department's statutes pertaining to a practitioner investigation to clarify that the confidentiality of a private employer's personnel records is maintained should the DPH obtain the personnel records of an employee from a healthcare facility during the course of an investigation. The agency has received FOIA requests for personnel records of private entity employees in the agency's possession. Responding to such requests are confusing and may lead to inconsistent results, as this places DPH employees in a challenging position as to what a private citizen would consider "an invasion of personal privacy" in their own personnel records, for an exception under CGS 1-210(b)(2). CGS 31-128(f) provides that a private employer shall not further disclose its employees' personnel records, but there is an exception for state investigations. This amendment clarifies that such privacy protection continues once personnel records are in DPH possession, as already is the case with medical records.

Section 4. Revises Section 20-126l to add "senior centers" to the list of what is considered a public health setting. We believe this technical revision will expand access to dental care for CT's rapidly aging population.

Section 5. Revises section 19a- 6i, to change the membership of the School Based Health Center Advisory Committee by adding a member representing DCF to be appointed by DCF Commissioner, and

2 municipalities with existing school based health centers to be appointed by the Commissioner of DPH. The Department has determined that there is a need for representation from cities or towns with a school based health center to provide a unique perspective to the Committee regarding the needs of the community and the communication process that takes place between the SBHC and the municipality.

Section 6. Revises section 7-51a (c) regarding death certificates, which will allow a person to see the "administrative purposes" section of a death certificate. Currently, this section includes: race, ethnicity, education level, occupation/industry and SSN. The revisions to this section of statute will protect the confidentiality of the social security number, but will allow all other data to be released. Cause of death is not part of the "administrative purposes section" and can currently be seen by anyone.

Sections 7 and 8. Revises section 19a-62a and 10-206 to change the reporting requirements for the Asthma Program. This will sync the timeline for the two asthma reporting requirements so that only one report is generated. Additionally, this language updates the statute to match the current requirements of the program.

Section 9. Revises section 20-195q to clarify that social workers who are certified by SDE and employed by a school district are exempt from licensure. This is current practice that we would like to codify into law. The language mirrors the current exemption from licensure for school psychologists certified by SDE.

Section 10. Revises the timeframe for a plan of correction to be submitted to the Department from a regulated health care facilities be submitted to the Department to clarify that the plan needs to be submitted within 10 business days. This is a recommendation coming from the FLIS lean process and will provide the facility with extra days, that include weekends, to submit their plans.

Section 11. Revises section 19a-490o to make technical changes and remove the requirements of the Department to submit a report to the General Assembly regarding the recommendations of the Advisory Committee on Healthcare Associated Infections, and requires us to post the information on our website instead.

Section 12. Revises section 19a-127/ to remove the requirement to report to the General Assembly on the activities of the Quality of Care Advisory Committee. Revisions were made to the statutes last year to have the committee meet based on the call of the Commissioner. Since they are not meeting on a regular basis, the Department is requesting to remove the reporting requirement.

Section 13. Revises section 19a-32 to remove the requirement to report on gifts the Department receives. Section 19a-32 was put in place in 1949, and has had only technical revisions since that date. The annual reporting requirement of property received by the Department does not provide any further guidance on the reporting mechanism. Through the use of CORE-CT, any person with permissible access can check the Department's revenue. Therefore, the Department is seeking to remove the mandatory reporting requirement.

Section 14. Revises section 19a-538 to remove the requirement for the Department to print a nursing home/residential care home book. Currently, a person can download a roster of these facilities from e-licensing, which is the most up to date information.

Section 15. Revises section 19a-177 to add a date for reporting emergency medical services data to the Emergency Medical Services Advisory Committee.

Section 16. Requires mandatory on-line renewal of licenses for certain health care practitioners. This would require certain practitioners to renew their license through the e-license on-line system and would allow a practitioner to opt-out if they sign a petition stating that they don't have access to the internet. Currently, Doctors, Dentists, APRNs, RNs, LPNs and nurse midwives are required to renew their license on-line. By including other professions, the Department estimates a large savings on printing and postage.

Section 17. Revises section 20-110 to allow the Department to accept at least 5 years of licensed work experience in another state in lieu of the regional board examination. Currently, section 20-108 requires a dentist to take the Commission on Dental Competency Assessments ADEX Exam (formerly known as the Northeast Regional Exam) to obtain a Connecticut license. Dentists from other states may have taken a different regional exam, or no regional exam, but completed a residency in their state. Therefore, they are not eligible for licensure in Connecticut until they take ADEX Exam. The Department receives several applications from dentists who have been in the practice of dentistry in other states for many years. The applicants have unencumbered out of state licenses and have never been subject to disciplinary action. Since they have demonstrated competency and quality care, we would like to waive the ADEX Exam requirement.

Section 18. Revises section 19a-88 to allow a lead training provider to renew their certification on the anniversary month of their initial licensure since they are a company and not an individual with a birth date. However the rest of the professionals licensed pursuant to that statute are individuals who would need to renew on their birth date.

Sections 19 – 22. Makes technical revisions to the Model Food Code. Additionally, Section 20 allows for an exemption to the model food code for residential care homes that do not currently have a commercial kitchen and have no more than thirty beds.

Sections 23 -29. Replaces the term "venereal disease" with the term "sexually transmitted disease" throughout the statutes.

Section 30. Repeals the following statutes:

Section 19a-59e that requires the Department to report to the General Assembly on a media campaign for the reduction of adolescent pregnancies, the Department never received funding to implement this program.

Section 38a-558, which requires OHCA to create regulations to allow state professional standard review organizations established under U.S. Public Law 92-603 to extend its review of certain inpatient services to services received by all patients. The Department has reached out to the Department of Insurance to see if they had concerns with this repeal.

Section 21-7 which requires a person to obtain a permit from the Department when exhibiting still or motion pictures related to "venereal diseases". This statute was passed in 1949 and is very outdated.

◊ **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?

Click here to enter text.

PROPOSAL IMPACT

◊ **AGENCIES AFFECTED** (*please list for each affected agency*)

Agency Name: Click here to enter text.
Agency Contact (*name, title, phone*): Click here to enter text.
Date Contacted: Click here to enter text.

Approve of Proposal ☐ **YES** ☐ **NO** ☐ **Talks Ongoing**

Summary of Affected Agency's Comments
Click here to enter text.

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)*
Click here to enter text.

State
Click here to enter text.

Federal
Click here to enter text.

Additional notes on fiscal impact
Click here to enter text.

◊ **POLICY and PROGRAMMATIC IMPACTS** *(Please specify the proposal section associated with the impact)*

Click here to enter text.

Section 1. Subdivision (a) of subsection (a) of section 19a-72 (a)(3) of the general statutes is repealed and the following is substituted in lieu thereof:

(3) "Health care provider" means any person or organization that furnishes health care services and is licensed or certified to furnish such services pursuant to chapters 370, 372, 373, 375, 378 and 379 or is licensed or certified pursuant to chapter [368d] 384d;

Section 2. Subdivision (15) of subsection (a) of section 19a-14 of the general statutes is repealed and the following is substituted in lieu thereof:

(15) With respect to any investigation of a person subject to regulation, licensing or certification by the department and in any disciplinary proceeding regarding such person, except as required by federal law:

(A) Not be denied access to or use of copies of patient medical records on the grounds that privilege or confidentiality applies to such records; and

(B) Not further disclose patient medical records received pursuant to the provisions of this subdivision. Patient records received pursuant to this subdivision or personnel records of a person subject to regulation, licensing or certification by the department received during the course of any investigation shall not be subject to disclosure under section 1-210.

Section 2. Subdivision (15) of subsection (a) of section 19a-14 of the general statutes is repealed and the following is substituted in lieu thereof:

(15) With respect to any investigation of a person subject to regulation, licensing or certification by the department and in any disciplinary proceeding regarding such person, except as required by federal law:

(A) Not be denied access to or use of copies of patient medical records on the grounds that privilege or confidentiality applies to such records; and

(B) Not further disclose patient medical records received pursuant to the provisions of this subdivision. Patient records received pursuant to this subdivision or personnel records of a person subject to regulation, licensing or certification by the department received during the course of any investigation shall not be subject to disclosure under section 1-210.

Section 3. Section 19a-499 of the general statutes is repealed and the following is substituted in lieu thereof:

(a) Information received by the Department of Public Health through filed reports, inspection or as otherwise authorized under this chapter, shall not be disclosed publicly in such manner as to identify any patient of an institution, except in a proceeding involving the question of licensure.

(b) Notwithstanding the provisions of subsection (a) of this section, all records obtained by the commissioner in connection with any investigation under this chapter shall not be subject to the provisions of section 1-210 for a period of six months from the date of the petition or other event initiating such investigation, or until such time as the investigation is terminated pursuant to a withdrawal or other informal disposition or until a hearing is convened pursuant to chapter 54, whichever is earlier. A complaint, as defined in subdivision (6) of section 19a-13, shall be subject to the provisions of section 1-210 from the time that it is served or mailed to the respondent. Personnel records obtained by the commissioner in connection with any investigation under this chapter shall not be subject to disclosure under section 1-210. Records which are otherwise public records shall not be deemed confidential merely because they have been obtained in connection with an investigation under this chapter.

Section 4. Subdivision (2) of subsection (a) of section 20-126l of the general statutes are repealed and the following is substituted in lieu thereof:

(2) "Public health facility" means an institution, as defined in section 19a-490[,]; a community health center[,]; a group home[,]; a school[,]; a preschool operated by a local or regional board of education or a head start program; [or] a program offered or sponsored by the federal Special Supplemental Food Program for Women, Infants and Children; or a senior center; and

Section 5. Subsection (b) of section 19a-6i of the general statutes is repealed and the following is substituted in lieu thereof:

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

(1) One appointed by the speaker of the House of Representatives, who shall be a family advocate or a parent whose child utilizes school-based health center services;

(2) One appointed by the president pro tempore of the Senate, who shall be a school nurse;

(3) One appointed by the majority leader of the House of Representatives, who shall be a representative of a school-based health center that is sponsored by a community health center;

(4) One appointed by the majority leader of the Senate, who shall be a representative of a school-based health center that is sponsored by a nonprofit health care agency;

(5) One appointed by the minority leader of the House of Representatives, who shall be a representative of a school-based health center that is sponsored by a school or school system;

(6) One appointed by the minority leader of the Senate, who shall be a representative of a school-based health center that does not receive state funds;

(7) Two appointed by the Governor, one each of whom shall be a representative of the Connecticut Chapter of the American Academy of Pediatrics and a representative of a school-based health center that is sponsored by a hospital;

(8) One appointed by the Commissioner of Public Health, who shall be a representative of a school-based health center that is sponsored by a local health department;

(9) Two appointed by the Commissioner of Public Health, one of whom shall be from a municipality that has a population between 50,000 and 100,000 and currently has an operating school based health center and one of whom shall be from a municipality that has a population over 100,000 and currently has an operating school based health center;

[(9)] (10) The Commissioner of Public Health, or the commissioner's designee;

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

[(11)] (12) The Commissioner of Mental Health and Addiction Services, or the commissioner's designee;

[(12)] (13) The Commissioner of Education, or the commissioner's designee;

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

[(13)] (15) The executive director of the Commission on Women, Children and Seniors, or the executive director's designee and

[(14)] (16) Three school-based health center providers, one of whom shall be the executive director of the Connecticut Association of School-Based Health Centers and two of whom shall be appointed by the board of directors of the Connecticut Association of School-Based Health Centers.

Section 6. Subsection (c) of section 7-51a of the general statutes is repealed and the following is substituted in lieu thereof:

(c) For deaths occurring on or after [December 31, 2001] July 1, 1997, the Social Security number, [occupation, business or industry, race, Hispanic origin if applicable, and educational level] of the deceased person, [if known,] shall be [recorded in the "administrative purposes" section of the death certificate.] restricted and disclosed only to the following eligible parties: (1) All parties specified on the death certificate, including the informant, licensed funeral director, licensed embalmer, conservator, surviving spouse, physician and town clerk, [shall have access to the Social Security numbers of the decedent as well as other information contained in the "administrative purposes" section specified on the original death certificate] for the purpose of processing the certificate[. For any death occurring after July 1, 1997, only] ; (2) the surviving spouse[,]; (3) next of kin; (4) or state and federal agencies authorized by federal law [may receive a certified copy of a death certificate with the decedent's Social Security number or the complete "administrative purposes" section included on the certificate.] Any other individual, researcher, or state or federal agency requesting a certified or uncertified copy of any death certificate, or the information contained within such certificate, for a death

occurring on or after July 1, 1997, [may obtain the information included in the "administrative purposes" section of such certificate, except that the] shall be provided such copy or information with the decedent's Social Security number [shall be] redacted or removed.

Section 7. Section 19a-62 of the general statutes is repealed and the following is substituted in lieu thereof:

[(a)(1) Within available appropriations, the Commissioner of Public Health, in consultation with the Commissioner of Social Services, shall establish a pilot program for the early identification and treatment of pediatric asthma. The Commissioner of Public Health shall make grants-in-aid under the pilot program for projects to be established in two municipalities to identify, screen and refer children with asthma for treatment. Such projects shall work cooperatively with providers of maternal and child health, including, but not limited to, local health departments, community health centers, Healthy Start and the Nurturing Families Network established pursuant to section 17b-751b, to target children who were born prematurely, premature infants or pregnant women at risk of premature delivery for early identification of asthma. Such projects may utilize private resources through public-private partnerships to establish a public awareness program and innovative outreach initiatives targeting urban areas to encourage early screening of children at risk of asthma.

(2) The Commissioner of Public Health shall evaluate the pilot program established under this subsection and shall submit a report of the commissioner's findings and recommendations to the joint standing committees of the General Assembly having cognizance of matters relating to public health, human services and appropriations and the budgets of state agencies, not later than October 1, 2001, in accordance with the provisions of section 11-4a.]

[(b)] (a) [Not later than January 1, 2003, the Commissioner of Public Health shall establish and maintain a system of monitoring asthma. Such system shall include, but not be limited to, annual surveys of asthma in schools and reports of asthma visits and the number of persons having asthma as voluntarily reported by health care providers. The monitoring system may include reports of the number of persons having asthma medication prescriptions filled by pharmacies in this state. Such system shall be used by the commissioner in estimating the annual incidence and distribution of asthma in the state, including, but not limited to, such incidence and distribution based on age and gender and among ethnic, racial and cultural populations and on school enrollment and the education reference group, as determined by the Department of Education, for the town or regional school district in which the student's school is located.]

The Commissioner of Public Health may, within available appropriations, establish and maintain a comprehensive state-wide Asthma program. Such program shall include but not be limited to the following:
(a) Create an infrastructure that facilitates Leadership, strategic partnerships, strategic communications, surveillance, and evaluation encompass ongoing activities essential to the planning, delivery, and evaluation of public health activities and collaboration with health care systems.
(b) Expand access to comprehensive asthma control services through home-based or school-based strategies to strengthen and expand asthma control efforts in homes and schools while linking with services offered by health care organizations.
(c) Improve collaboration between health care, public health settings and community-based agencies to improve coverage, delivery, and use of clinical and other services.

[(c) The Commissioner of Public Health, in consultation with local directors of health, shall establish a comprehensive state-wide asthma plan. Not later than October 1, 2002, the commissioner shall develop a model case definition of asthma for purposes of asthma diagnosis and monitoring.]

(d) [Not later than October 1, 2003, and annually thereafter, the commissioner shall submit a report of the status and results of the monitoring system established under subsection (b) of this section and the state-wide asthma plan established under subsection (c) of this section to the joint standing committee of the General Assembly having cognizance of matters relating to public health, in accordance with the provisions of section 11-4a.] Not later than October 1, 2018 and triennially thereafter, the Department of Public Health shall report the activities of the comprehensive state-wide Asthma program in conjunction with the report submitted pursuant to section 10-206 (f) of the general statutes.

Section 8. Subsection (f) of section 10-206 of the general statutes is repealed and the following is substituted in lieu thereof:

(f) On and after October 1, 2017, each local or regional board of education shall report to the local health department and the Department of Public Health, on an triennial basis, the total number of pupils per school and per school district having a diagnosis of asthma (1) at the time of public school enrollment, (2) in grade six or seven, and (3) in grade ten or eleven. The report shall contain the asthma information collected as required under subsections (b) and (c) of this section and shall include pupil age, gender, race, ethnicity and school. Beginning on October 1, 2004, and every three years thereafter, the Department of Public Health shall review the asthma screening information reported pursuant to this section and section 19a-62a and shall submit a report to the joint standing committees of the General Assembly having cognizance of matters relating to public health and education concerning asthma trends and distributions among pupils enrolled in the public schools. The report shall be submitted in accordance with the provisions of section 11-4a and shall include, but not be limited to, trends and findings based on pupil age, gender, race, ethnicity, school and the education reference group, as determined by the Department of Education for the town or regional school district in which such school is located.

Section 9. Section 20-195q of the general statutes is repealed and the following is substituted in lieu thereof:

(a) No person shall (1) use the title “licensed master social worker” or any initials associated with such title, or (2) advertise services under the description of a licensed master social worker, as defined in section 20-195m, unless such person is licensed as a master social worker pursuant to this chapter.

(b) No person shall (1) use the title “licensed clinical social worker” or any initials associated with such title, or (2) advertise services under the description of a licensed clinical social worker, as defined in section 20-195m, unless such person is licensed as a clinical social worker pursuant to this chapter.

(c) Nothing in this section shall prohibit: (1) A student enrolled in a doctoral or master's degree program accredited by the Council on Social Work Education from performing such work as is incidental to his course of study, provided such person is designated by a title which clearly indicates his status as a student; (2) a person licensed or certified in this state in a field other than clinical social work from practicing within the scope of

such license or certification; (3) a person enrolled in an educational program or fulfilling other state requirements leading to licensure or certification in a field other than social work from engaging in work in such other field; (4) a person who is employed or retained as a social work designee, social worker, or social work consultant by a nursing home or rest home licensed under section 19a-490 and who meets the qualifications prescribed by the department in its regulations from performing the duties required of them in accordance with state and federal laws governing those duties; (5) for the period from October 1, 2010, to October 1, 2013, inclusive, a master social worker from engaging in independent practice; (6) a social worker from practicing community organization, policy and planning, research or administration that does not include engaging in clinical social work or supervising a social worker engaged in clinical treatment with clients; [and] (7) individuals with a baccalaureate degree in social work from a Council on Social Work Education accredited program from performing nonclinical social work functions[.]; and (8) Nothing in this chapter shall prevent any person holding a certificate as school social worker granted by the State Board of Education, from using such title to describe his activities within an elementary or secondary school.

Section 10. Subsection (b) of section 19a-496 of the general statutes is repealed and the following is substituted in lieu thereof:

(b) The department may inspect an institution to determine compliance with applicable state statutes and regulations. Upon a finding of noncompliance with such statutes or regulations, the department shall issue a written notice of noncompliance to the institution. Not later than ten business days after such institution receives a notice of noncompliance, the institution shall submit a plan of correction to the department in response to the items of noncompliance identified in such notice. The plan of correction shall include: (1) The measures that the institution intends to implement or systemic changes that the institution intends to make to prevent a recurrence of each identified issue of noncompliance; (2) the date each such corrective measure or change by the institution is effective; (3) the institution's plan to monitor its quality assessment and performance improvement functions to ensure that the corrective measure or systemic change is sustained; and (4) the title of the institution's staff member that is responsible for ensuring the institution's compliance with its plan of correction. The plan of correction shall be deemed to be the institution's representation of compliance with the identified state statutes or regulations identified in the department's notice of noncompliance. Any institution that fails to submit a plan of correction that meets the requirements of this section may be subject to disciplinary action.

Section 11. Section 19a-490o of the general statutes is repealed and the following is substituted in lieu thereof:

(a) The Department of Public Health shall [consider the recommendations of the Advisory Committee on Healthcare Associated Infections established pursuant to section 19a-490n, with respect to the establishment of] establish a mandatory reporting system for healthcare associated infections designed to prevent healthcare associated infections.

(b) The Department of Public Health shall [submit a report to the joint standing committee of the General Assembly having cognizance of matters relating to public health concerning the plan for the mandatory reporting system for healthcare associated infections recommended by the Advisory Committee on Healthcare Associated Infections pursuant to section 19a-490n, and the status of such plan implementation, in accordance with the provisions of section 11-4a.

(c) On or before May 1, 2011, and annually thereafter, the department shall submit a report to the joint standing committee of the General Assembly having cognizance of matters relating to public health on the information] post annually on its public Internet website information collected by the department pursuant to the mandatory reporting system for healthcare associated infections established under subsection (a) of this section, in accordance with the provisions of section 11-4a. Such [report] information shall include, for each facility, information reported to the department or the Medicare Hospital Compare program concerning the number and type of infections, including, but not limited to, central line-associated bloodstream infections, catheter-associated urinary tract infections, surgical site infections, methicillin-resistant staphylococcus aureus (MRSA) infections and Clostridium difficile (C. difficile) infections. [Such report shall be posted on the department's Internet web site and made available to the public.]

[(d)] (c) [The department shall post information on its Internet web site regarding healthcare associated infections.] Such information shall include clear and easily accessible links on the department's home page [to the annual reports submitted in accordance with subsection (c) of this section] and to the Medicare Hospital Compare Internet web site to assist members of the public in learning about healthcare associated infections and comparing the rate of such infections at facilities in the state.

Section 12. Section 19a-127l of the general statutes is repealed and the following is substituted in lieu thereof:

Sec. 19a-127*l*. Quality of care program. Quality of Care Advisory Committee. (a) There is established a quality of care program within the Department of Public Health. The department shall develop for the purposes of said program (1) a standardized data set to measure the clinical performance of health care facilities, as defined in section 19a-630, and require such data to be collected and reported periodically to the department, including, but not limited to, data for the measurement of comparable patient satisfaction, and (2) methods to provide public accountability for health care delivery systems by such facilities. The department shall develop such set and methods for hospitals during the fiscal year ending June 30, 2003, and the committee established pursuant to subsection (c) of this section shall consider and may recommend to the joint standing committee of the General Assembly having cognizance of matters relating to public health the inclusion of other health care facilities in each subsequent year.

(b) In carrying out its responsibilities under subsection (a) of this section, the department shall develop the following for the quality of care program:

(1) Comparable performance measures to be reported;

(2) Selection of patient satisfaction survey measures and instruments;

(3) Methods and format of standardized data collection;

(4) Format for a public quality performance measurement report;

(5) Human resources and quality measurements;

(6) Medical error reduction methods;

(7) Systems for sharing and implementing universally accepted best practices;

(8) Systems for reporting outcome data;

(9) Systems for continuum of care;

(10) Recommendations concerning the use of an ISO 9000 quality auditing program;

(11) Recommendations concerning the types of statutory protection needed prior to collecting any data or information under this section and sections 19a-127m and 19a-127n; and

(12) Any other issues that the department deems appropriate.

(c) (1) There is established a Quality of Care Advisory Committee which shall advise the Department of Public Health on the issues set forth in subdivisions (1) to (12), inclusive, of subsection (b) of this section. The advisory committee may meet at the discretion of the Commissioner of Public Health.

(2) Said committee shall create a standing subcommittee on best practices. The subcommittee shall (A) advise the department on effective methods for sharing with providers the quality improvement information learned from the department's review of reports and corrective action plans, including quality improvement practices, patient safety issues and preventative strategies, (B) not later than January 1, 2006, review and make recommendations concerning best practices with respect to when breast cancer screening should be conducted using comprehensive ultrasound screening or mammogram examinations, and (C) not later than January 1, 2008, study and make recommendations to the department concerning best practices with respect to communications between a patient's primary care provider and other providers involved in a patient's care, including hospitalists and specialists. The department shall, at least quarterly, disseminate information regarding quality improvement practices, patient safety issues and preventative strategies to the subcommittee and hospitals.

(d) The advisory committee shall consist of (1) four members who represent and shall be appointed by the Connecticut Hospital Association, including three members who represent three separate hospitals that are not affiliated of which one such hospital is an academic medical center; (2) one member who represents and shall be appointed by the Connecticut Nursing Association; (3) two members who represent and shall be appointed by the Connecticut Medical Society, including one member who is an active medical care provider; (4) two members who represent and shall be appointed by the Connecticut Business and Industry Association, including one member who represents a large business and one member who represents a small business; (5) one member who represents and shall be appointed by the Home Health Care Association; (6) one member who represents and shall be appointed by the Connecticut Association of Health Care Facilities; (7) one member who represents and shall be appointed by LeadingAge Connecticut, Inc.; (8) two members who represent and shall be appointed by the AFL-CIO; (9) one member who represents consumers of health care services and who shall be appointed by the Commissioner of Public Health; (10) one member who represents a school of public health and who shall be appointed by the Commissioner of Public Health; (11) the

Commissioner of Public Health or said commissioner's designee; (12) the Commissioner of Social Services or said commissioner's designee; (13) the Secretary of the Office of Policy and Management or said secretary's designee; (14) two members who represent licensed health plans and shall be appointed by the Connecticut Association of Health Care Plans; (15) one member who represents and shall be appointed by the federally designated state peer review organization; and (16) one member who represents and shall be appointed by the Connecticut Pharmaceutical Association. The chairperson of the advisory committee shall be the Commissioner of Public Health or said commissioner's designee. The chairperson of the committee, with a vote of the majority of the members present, may appoint ex-officio nonvoting members in specialties not represented among voting members. Vacancies shall be filled by the person who makes the appointment under this subsection.

(e) The chairperson of the advisory committee may designate one or more working groups to address specific issues and shall appoint the members of each working group. Each working group shall report its findings and recommendations to the full advisory committee.

[(f) The Commissioner of Public Health shall report on the quality of care program on or before June 30, 2003, and annually thereafter, in accordance with section 11-4a, to the joint standing committee of the General Assembly having cognizance of matters relating to public health and to the Governor. Each report on said program shall include activities of the program during the prior year and a plan of activities for the following year.]

[(g)] (f) On or before April 1, 2004, the Commissioner of Public Health shall prepare a report, available to the public, that compares all licensed hospitals in the state based on the quality performance measures developed under the quality of care program.

[(h)] (g) (1) The advisory committee shall examine and evaluate (A) possible approaches that would aid in the utilization of an existing data collection system for cardiac outcomes, and (B) the potential for state-wide use of a data collection system for cardiac outcomes, for the purpose of continuing the delivery of quality cardiac care services in the state.

(2) On or before December 1, 2007, the advisory committee shall submit, in accordance with the provisions of section 11-4a, the results of the examination authorized by this subsection, along with any recommendations, to the Governor and the joint standing committee of the General Assembly having cognizance of matters relating to public health.

[(i)] (h) The advisory committee shall establish methods for informing the public regarding access to the department's consumer and regulatory services.
[(j)](i) The Department of Public Health may seek out funding for the purpose of implementing the provisions of this section. Said provisions shall be implemented upon receipt of such funding.

Section 13. Section 19a-32 of the general statutes is repealed and the following is substituted in lieu thereof:

The Department of Public Health is authorized to receive, hold and use real estate and to receive, hold, invest and disburse money, securities, supplies or equipment offered it for the protection and preservation of the

public health and welfare by the federal government, another state or by any person, corporation or association, provided such real estate, money, securities, supplies or equipment shall be used only for the purposes designated by the federal government or such state, person, corporation or association. [Said department shall include in its annual report an account of the property so received, the names of its donors, its location, the use made thereof and the amount of unexpended balances on hand.]

Section 14. Section 19a-538 of the general statutes is repealed and the following is substituted in lieu thereof:

[On or before January 1, 1977, and annually thereafter, the] The Department of Public Health shall [publish a report,] make available to the public on the Department's internet website a list, that shall include, but not be limited to the following:[,] (1) a list of all nursing home facilities and residential care homes in this state; [whether such nursing home facilities and residential care homes are proprietary or nonproprietary;] (2) the classification of each such nursing home facility and residential care home; (3) the license number and license effective dates and (4) the address of such facility [the name of the owner or owners, including the name of any partnership, corporation, trust, individual proprietorship or other legal entity that owns or controls, directly or indirectly, such facility or residential care homes; the total number of beds; the number of private and semiprivate rooms; the religious affiliation, and religious services offered, if any, in the nursing home facility or residential care home; the cost per diem for private patients; the languages spoken by the administrator and staff of such nursing home facility or residential care home; the number of full-time employees and their professions; whether or not such nursing home facility or residential care home accepts Medicare and Medicaid patients; recreational and other programs available and the number and nature of any class A or class B citation issued against such nursing home facility or residential care home in the previous year].

Section 15. Subdivision (8) Section 19a-177 of the general statutes is repealed and the following is substituted in lieu thereof:

(8) (A) Develop an emergency medical services data collection system. Each emergency medical service organization licensed or certified pursuant to chapter 386d shall submit data to the commissioner, on a quarterly basis, from each licensed ambulance service, certified ambulance service or paramedic intercept service that provides emergency medical services. Such submitted data shall include, but not be limited to: (i) The total number of calls for emergency medical services received by such licensed ambulance service, certified ambulance service or paramedic intercept service through the 9-1-1 system during the reporting period; (ii) each level of emergency medical services, as defined in regulations adopted pursuant to section 19a-179, required for each such call; (iii) the response time for each licensed ambulance service, certified ambulance service or paramedic intercept service during the reporting period; (iv) the number of passed calls, cancelled calls and mutual aid calls, both made and received, during the reporting period; and (v) for the reporting period, the prehospital data for the nonscheduled transport of patients required by regulations adopted pursuant to subdivision (6) of this section. The data required under this subdivision may be submitted in any written or electronic form selected by such licensed ambulance service, certified ambulance service or paramedic intercept service and approved by the commissioner, provided the commissioner shall take into consideration the needs of such licensed ambulance service, certified ambulance service or paramedic intercept service in approving such written or electronic form. The commissioner may conduct an audit of any

such licensed ambulance service, certified ambulance service or paramedic intercept service as the commissioner deems necessary in order to verify the accuracy of such reported data.

(B) On December 31, 2018 and annually thereafter, [The] the commissioner shall prepare a report to the Emergency Medical Services Advisory Board, established pursuant to section 19a-178a, that shall include, but not be limited to, the following data: (i) The total number of calls for emergency medical services received during the reporting year by each licensed ambulance service, certified ambulance service or paramedic intercept service; (ii) the level of emergency medical services required for each such call; (iii) the name of the provider of each such level of emergency medical services furnished during the reporting year; (iv) the response time, by time ranges or fractile response times, for each licensed ambulance service, certified ambulance service or paramedic intercept service, using a common definition of response time, as provided in regulations adopted pursuant to section 19a-179; and (v) the number of passed calls, cancelled calls and mutual aid calls during the reporting year. The commissioner shall prepare such report in a format that categorizes such data for each municipality in which the emergency medical services were provided, with each such municipality grouped according to urban, suburban and rural classifications.

(C) If any licensed ambulance service, certified ambulance service or paramedic intercept service does not submit the data required under subparagraph (A) of this subdivision for a period of six consecutive months, or if the commissioner believes that such licensed ambulance service, certified ambulance service or paramedic intercept service knowingly or intentionally submitted incomplete or false data, the commissioner shall issue a written order directing such licensed ambulance service, certified ambulance service or paramedic intercept service to comply with the provisions of subparagraph (A) of this subdivision and submit all missing data or such corrected data as the commissioner may require. If such licensed ambulance service, certified ambulance service or paramedic intercept service fails to fully comply with such order not later than three months from the date such order is issued, the commissioner (i) shall conduct a hearing, in accordance with chapter 54, at which such licensed ambulance service, certified ambulance service or paramedic intercept service shall be required to show cause why the primary service area assignment of such licensed ambulance service, certified ambulance service or paramedic intercept service should not be revoked, and (ii) may take such disciplinary action under section 19a-17 as the commissioner deems appropriate.

(D) The commissioner shall collect the data required by subparagraph (A) of this subdivision, in the manner provided in said subparagraph, from each emergency medical service organization licensed or certified pursuant to this chapter. Any such emergency medical service organization 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 the required data regarding emergency medical services provided to a patient, as determined by the commissioner. The civil penalties set forth in this subparagraph shall be assessed only after the department provides a written notice of deficiency and the organization is afforded the opportunity to respond to such notice. An organization shall have not more than fifteen business days after the date of receiving such notice to provide a written response to the department. The commissioner may adopt regulations, in accordance with chapter 54, concerning the development, implementation, monitoring and collection of emergency medical service system data. All state agencies licensed or certified as emergency medical service organizations shall be exempt from the civil penalties set forth in this subparagraph;

Section 16. Subsection (g) Section 19a-88 of the general statutes is repealed and the following is substituted in lieu thereof:

(g) The Department of Public Health shall administer a secure on-line license renewal system for [persons holding a license to practice medicine or surgery under chapter 370, dentistry under chapter 379, nursing under chapter 378 or nurse-midwifery under chapter 377] any individual licensed or who holds a permit pursuant to chapter 368v, 370, 372, 373, 375 to 378, inclusive, 379 to 381b, inclusive, 383 to 384c, inclusive, 385 to 388, inclusive 397a to 399, inclusive. The department shall require such persons to renew their licenses using the on-line renewal system and to pay professional services fees on-line by means of a credit card or electronic transfer of funds from a bank or credit union account, except in extenuating circumstances, including, but not limited to, circumstances in which a licensee does not have access to a credit card and submits a notarized affidavit affirming that fact, the department may allow the licensee to renew his or her license using a paper form prescribed by the department and pay professional service fees by check or money order.

Section 17. Section 20-110 of the general statutes is repealed and the following is substituted in lieu thereof:

[The Department of Public Health may without examination, issue a license to any dentist who is licensed in some other state or territory, if such other state or territory has requirements for admission determined by the department to be similar to or higher than the requirements of this state, upon certification from the board of examiners or like board of the state or territory in which such dentist was a practitioner certifying to his competency and upon payment of a fee of five hundred sixty-five dollars to said department.] The Department of Public Health may, upon receipt of an application and a fee of five hundred sixty-five dollars, issue a license without examination to a currently practicing, competent dentist in another state or territory who (1) holds a current valid license in good professional standing issued after examination by another state or territory that maintains licensing standards which, except for the practical examination, are commensurate with this state's standards, and (2) has worked continuously as a licensed dentist in an academic or clinical setting in another state or territory for a period of not less than five years immediately preceding the application for licensure without examination. 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. The department shall inform the Dental Commission annually of the number of applications it receives for licensure under this section.

Section 18. Subsection (e) of section 19a-88 of the general statutes is repealed and the following is substituted in lieu thereof:

(e) (1) Each person holding a license or certificate issued under section 19a-514, 20-65k, 20-74s, 20-195cc or 20-206*l* and chapters 370 to 373, inclusive, 375, 378 to 381a, inclusive, 383 to 383c, inclusive, 384, 384a, 384b, 384d, 385, 393a, 395, 399 or 400a and section 20-206n or 20-206o shall, annually, during the month of such person's birth, apply for renewal of such license or certificate to the Department of Public Health, giving such person's name in full, such person's residence and business address and such other information as the department requests.

(2) Each person holding a license or certificate issued under section 19a-514, section 20-266o and chapters 384a, 384c, 386, 387, 388 and 398 shall apply for renewal of such license or certificate once every two years, during the month of such person's birth, giving such person's name in full, such person's residence and business address and such other information as the department requests.

(3) Each person holding a license or certificate issued pursuant to chapter 400c shall, annually, during the month of such person's birth, apply for renewal of such license or certificate to the department. A lead training provider certified pursuant chapter 400c shall, annually, during the anniversary month of their initial licensure, apply for renewal of such certificate to the department.

(4) Each entity holding a license issued pursuant to section 20-475 shall, annually, during the anniversary month of initial licensure, apply for renewal of such license or certificate to the department.

(5) Each person holding a license issued pursuant to section 20-162bb shall, annually, during the month of such person's birth, apply for renewal of such license to the Department of Public Health, upon payment of a fee of three hundred twenty dollars, giving such person's name in full, such person's residence and business address and such other information as the department requests.

Section 19. Section 2 of Public Act 17-93 is repealed and the following is substituted in lieu thereof:

As used in this section and sections 3 to 10, inclusive, of this act:

(1) "Catering food service establishment" means a business that is involved in the (A) sale or distribution of food and drink prepared in bulk in one geographic location for retail service in individual portions in another location, or (B) preparation and service of food in a public or private venue that is not under the ownership or control of the operator of such business;
(2) "Certified food protection manager" means a food employee that has supervisory and management responsibility and the authority to direct and control food preparation and service;
(3) "Class 1 food establishment" means a retail food establishment that does not serve a population that is highly susceptible to foodborne illnesses and only offers [for retail sale] (A) [prepackaged food that is not time or temperature controlled for safety, (B)] commercially packaged processed food that (i) is time or temperature controlled for safety and may be heated for hot holding, but (ii) is not permitted to be cooled, or [(C)] (B) food prepared in the establishment that is not time or temperature controlled for safety;
(4) "Class 2 food establishment" means a retail food establishment that does not serve a population that is highly susceptible to food- borne illnesses and offers [a limited menu of]food that is prepared, cooked and served immediately, or that prepares and cooks food that is time or temperature controlled for safety and may require hot or cold holding, but that does not involve cooling;
(5) "Class 3 food establishment" means a retail food establishment that (A) does not serve a population that is highly susceptible to food- borne illnesses, and (B) [has an extensive menu of foods many of which are,]offers food that is time or temperature controlled for safety and [require] requires complex preparation, including, but not limited to, handling of raw ingredients, cooking, cooling and reheating for hot holding;
(6) "Class 4 food establishment" means a retail food establishment that serves a population that is highly susceptible to food-borne illnesses, including, but not limited to, preschool students, hospital patients and nursing home patients or residents, or that conducts specialized food processes, including, but not limited to, smoking, curing or reduced oxygen packaging for the purposes of extending the shelf life of the food;
(7) "Cold holding" means food maintained at a temperature of forty-one degrees Fahrenheit or below;
(8) "Commissioner" means the Commissioner of Public Health or the commissioner's designee;
(9) "Contact hour" means a minimum of fifty minutes of a training activity;
(10) "Department" means the Department of Public Health;
(11) "Director of health" means the director of a local health department or district health department

appointed pursuant to section 19a-200 or 19a-242 of the general statutes;
(12) "Food code" means the food code administered under section 3 of this act;
(13) "Food establishment" means an operation that (A) stores, prepares, packages, serves, vends directly to the consumer or otherwise provides food for human consumption, including, but not limited to, a restaurant, catering food service establishment, food service establishment, temporary food service establishment, itinerant food vending establishment, market, conveyance used to transport people, institution or food bank, or (B) relinquishes possession of food to a consumer directly, or indirectly through a delivery service, including, but not limited to, home delivery of grocery orders or restaurant takeout orders or a delivery service that is provided by common carriers. "Food establishment" does not include a vending machine, as defined in section 21a-34 of the general statutes, a private residential dwelling in which food is prepared under section 21a-62a of the general statutes or a food manufacturing establishment, as defined in section 21a-151 of the general statutes;
(14) "Food inspector" means a director of health, or his or her authorized agent, or a registered sanitarian who has been certified as a food inspector by the commissioner;
(15) "Food inspection training officer" means a certified food inspector who has received training developed or approved by the commissioner and been authorized by the commissioner to train candidates for food inspector certification;
(16) "Food-borne illness" means illness, including, but not limited to, illness due to heavy metal intoxications, staphylococcal food poisoning, botulism, salmonellosis, shigellosis, Clostridium perfringens intoxication and hepatitis A, acquired through the ingestion of a common-source food or water contaminated with a chemical, infectious agent or the toxic products of a chemical or infectious agent;
(17) "Food-borne outbreak" means illness, including, but not limited to, illness due to heavy metal intoxications, staphylococcal food poisoning, botulism, salmonellosis, shigellosis, Clostridium perfringens intoxication and hepatitis A, in two or more individuals, acquired through the ingestion of common-source food or water contaminated with a chemical, infectious agent or the toxic products of a chemical or infectious agent;
(18) "Hot holding" means <u>food</u> maintained at a temperature of one hundred thirty-five degrees Fahrenheit or above;
(19) "Itinerant food vending establishment" means a vehicle- mounted, self-contained, mobile food establishment;
(20) "Permit" means a written document issued by a director of health that authorizes a person to operate a food establishment;
(21) "Temporary food service establishment" means a food establishment that operates for a period of not more than fourteen consecutive days in conjunction with a single event or celebration;
(22) "Time or temperature controlled for safety" means maintained at a certain temperature or maintained for a certain length of time, or both, to prevent microbial growth and toxin production; and
(23) "Variance" means a written document issued by the commissioner that authorizes a modification or waiver of one or more requirements of the food code.

Section 20. Section 8 of Public Act 17-93 is repealed and the following is substituted in lieu thereof:

(a) Nothing in this section or sections 3 to 7, inclusive, of this act shall limit the authority of directors of health under chapter 368e or 368f of the general statutes.

(b) For purposes of this section and sections 3 to 7, inclusive, of this act, the provisions of the general statutes and regulations of Connecticut state agencies pertaining to certified farmers' markets shall not limit the authority of the Commissioner of Agriculture and the director of health to require a farmer to comply with the requirements of sections 22-6r and 22-6s of the general statutes, as amended by this act.

(c) The provisions of the food code that concern the employment of a certified food protection manager and any reporting requirements relative to such certified food manager (1) shall not apply to (A) an owner or operator of a soup kitchen that relies exclusively on services provided by volunteers, (B) any volunteer who serves meals from a nonprofit organization, including a temporary food service establishment and a special event sponsored by a nonprofit civic organization, including, but not limited to, school sporting events, little league food booths, church suppers and fairs, or (C) any person who serves meals to individuals at a registered congregate meal site funded under Title III of the Older Americans Act of 1965, as amended from time to time, that were prepared under the supervision of a certified food protection manager, and (2) shall not prohibit the sale or distribution of food at (A) a bed and breakfast establishment that prepares and offers food to guests, provided the operation is owner-occupied and the total building occupant load is not more than sixteen persons, including the owner and occupants, has no provisions for cooking or warming food in the guest rooms, breakfast is the only meal offered and the consumer of such operation is informed by statements contained in published advertisements, mailed brochures and placards posted in the registration area that the food is prepared in a kitchen that is not regulated and inspected by the local health director, and (B) a noncommercial function, including, but not limited to, an educational, religious, political or charitable organization's bake sale or potluck supper, provided the seller or person distributing the food maintains the food at the temperature, pH level and water activity level conditions that will inhibit the growth of infectious or toxigenic microorganisms. For the purposes of this subsection, "noncommercial function" means a function where food is sold or distributed by a person not regularly engaged in the business of selling such food for profit.

(d) the provisions of the food code shall not apply to a residential care home with thirty beds or less that is licensed pursuant to chapter 368v of the general statutes provided that the administrator of the residential care home or the administrator's designee has satisfactorily passed a test as part of a food protection manager certification program that is evaluated and approved by an accrediting agency recognized by the Conference for Food Protection as conforming to its standards for accreditation of food protection manager certification programs.

Section 21. Subsection (d) of section 22-6r of the general statutes as amended by Public Act 17-93 is repealed and the following is substituted in lieu thereof:

(d) A food establishment, as defined in section 2 of this act, may purchase farm products that have been produced and are sold in conformance with the applicable regulations of Connecticut state agencies at a farmers' market, provided such establishment requests and obtains an invoice from the farmer or person selling farm products. The farmer or person selling farm products shall provide to the food [service] establishment an invoice that indicates the source and date of purchase of the farm products at the time of the sale.

Section 22. Subsection (a) of section 19a-36f of the general statutes as amended by public act 17-93 is repealed and the following is substituted in lieu thereof (Effective October 1, 2017):

(a) No person shall use or require the use of disposable, nonsterile or sterile natural rubber latex gloves at a retail food establishment[, including, but not limited to, a food establishment, catering food service establishment or itinerant food vending establishment].

Section 23. Section 4-106 of the general statutes is repealed and the following is substituted in lieu thereof:

No hospital which receives appropriations made by the General Assembly and which has facilities reasonably suitable for the treatment of [venereal diseases] sexually transmitted diseases shall refuse to admit for treatment any patient suffering from any such disease.

Section 24. Section 18-94 of the general statutes is repealed and the following is substituted in lieu thereof:

When the medical officer of, or any physician or advanced practice registered nurse employed in, any correctional or charitable institution reports in writing to the warden, superintendent or other officer in charge of such institution that any inmate thereof committed thereto by any court or supported therein in whole or in part at public expense is afflicted with any [venereal disease] sexually transmitted disease so that [his] their discharge from such institution would be dangerous to the public health, such inmate shall, with the approval of such warden, superintendent or other officer in charge, be detained in such institution until such medical officer, physician or advanced practice registered nurse reports in writing to the warden, superintendent or officer in charge of such institution that such inmate may be discharged therefrom without danger to the public health. During detention the person so detained shall be supported in the same manner as before such detention.

Section 25. Subsection (a) of Section 19a-7p of the general statutes is repealed and the following is substituted in lieu thereof:

(a) Not later than September first, annually, the Secretary of the Office of Policy and Management, in consultation with the Commissioner of Public Health, shall (1) determine the amounts appropriated for the syringe services program, AIDS services, breast and cervical cancer detection and treatment, x-ray screening and tuberculosis care, and [venereal disease] sexually transmitted disease; and (2) inform the Insurance Commissioner of such amounts.

Section 26. Subsection (a) of section 19a-216 of the general statutes is repealed and the following is substituted in lieu thereof:

(a) Any municipal health department, state institution or facility, licensed physician or public or private hospital or clinic, may examine or provide treatment for [venereal disease] sexually transmitted disease for a minor, if the physician or facility is qualified to provide such examination or treatment. The consent of the parents or guardian of the minor shall not be a prerequisite to the examination or treatment. The physician in charge or

other appropriate authority of the facility or the licensed physician concerned shall prescribe an appropriate course of treatment for the minor. The fact of consultation, examination or treatment of a minor under the provisions of this section shall be confidential and shall not be divulged by the facility or physician, including the sending of a bill for the services to any person other than the minor, except for purposes of reports under section 19a-215, and except that, if the minor is not more than twelve years of age, the facility or physician shall report the name, age and address of that minor to the Commissioner of Children and Families or the commissioner's designee who shall proceed thereon as in reports under section 17a-101g.

Section 27. Section 21a-114 of the general statutes is repealed and the following is substituted in lieu thereof:

The advertisement of a drug or device representing it to have any effect in albuminuria, appendicitis, arteriosclerosis, blood poison, bone disease, Bright's disease, cancer, carbuncles, cholecystitis, diabetes, diphtheria, dropsy, erysipelas, gallstones, heart and vascular diseases, high blood pressure, mastoiditis, measles, meningitis, mumps, nephritis, otitis media, paralysis, pneumonia, poliomyelitis (infantile paralysis), prostate gland disorders, pyelitis, scarlet fever, sexual impotence, sinus infection, smallpox, tuberculosis, tumors, typhoid, uremia or [venereal disease] sexually transmitted disease, shall also be deemed to be false; except that no advertisement not in violation of section 21a-113 shall be deemed to be false under this section if it is disseminated only to members of the medical, dental or veterinary profession, or appears only in the scientific periodicals of these professions, or is disseminated only for the purpose of public health education by persons not commercially interested, directly or indirectly, in the sale of such drugs or devices; provided, whenever the commissioner and director, acting jointly, agree that an advance in medical science has made any type of self-medication safe as to any of the diseases named above, the commissioner and director, acting jointly, shall, by regulation, authorize the advertisement of drugs having curative or therapeutic effect for such disease, subject to such conditions and restrictions as the commissioner and director, acting jointly, deem necessary in the interests of public health; and provided this section shall not be construed as indicating that self-medication for diseases other than those named herein is safe or efficacious.

Section 28. Section 54-102a of the general statutes is repealed and the following is substituted in lieu thereof:

(a) The court before which is pending any case involving a violation of any provision of sections 53a-65 to 53a-89, inclusive, may, before final disposition of such case, order the examination of the accused person or, in a delinquency proceeding, the accused child to determine whether or not the accused person or child is suffering from any [venereal disease] sexually transmitted disease, unless the court from which such case has been transferred has ordered the examination of the accused person or child for such purpose, in which event the court to which such transfer is taken may determine that a further examination is unnecessary.

(b) Notwithstanding the provisions of section 19a-582, the court before which is pending any case involving a violation of section 53-21 or any provision of sections 53a-65 to 53a-89, inclusive, that involved a sexual act, as defined in section 54-102b, may, before final disposition of such case, order the testing of the accused person

or, in a delinquency proceeding, the accused child for the presence of the etiologic agent for acquired immune deficiency syndrome or human immunodeficiency virus, unless the court from which such case has been transferred has ordered the testing of the accused person or child for such purpose, in which event the court to which such transfer is taken may determine that a further test is unnecessary. If the victim of the offense requests that the accused person or child be tested, the court may order the testing of the accused person or child in accordance with this subsection and the results of such test may be disclosed to the victim. The provisions of sections 19a-581 to 19a-585, inclusive, and section 19a-590, except any provision requiring the subject of an HIV-related test to provide informed consent prior to the performance of such test and any provision that would prohibit or limit the disclosure of the results of such test to the victim under this subsection, shall apply to a test ordered under this subsection and the disclosure of the results of such test.

(c) A report of the result of such examination or test shall be filed with the Department of Public Health on a form supplied by it. If such examination discloses the presence of [venereal disease] sexually transmitted disease or if such test discloses the presence of the etiologic agent for acquired immune deficiency syndrome or human immunodeficiency virus, the court may make such order with reference to the continuance of the case or treatment or other disposition of such person as the public health and welfare require. Such examination or test shall be conducted at the expense of the Department of Public Health. Any person who fails to comply with any order of any court under the provisions of this section shall be guilty of a class C misdemeanor.

Section 29. Section 31-43 of the general statutes is repealed and the following is substituted in lieu thereof:

No laundry work shall be done in any public laundry in a room used as a sleeping or living room. No employer shall permit any person to work in [his] their public laundry who is affected with pulmonary tuberculosis, a scrofulous or [venereal disease] sexually transmitted disease or a communicable skin affection.

Section 30. Sections 19a-59e, 38a-558, and 21-7 of the general statutes are repealed.

Agency Legislative Proposal - 2017 Session

Document Name (e.g. OPM1015Budget.doc; OTG1015Policy.doc): Click here to enter text.
DPH Immunization Rates

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

State Agency: Department of Public Health

Liaison: Brie Wolf/Jill Kennedy
Phone: (860) 509-7246/(860) 509-7280
E-mail: brie.wolf@ct.gov/jill.kennedy@ct.gov

Lead agency division requesting this proposal: Infectious Diseases Section, Immunization Program

Agency Analyst/Drafter of Proposal: Kathy Kudish

Title of Proposal: An Act Concerning Immunization Rates

Statutory Reference: 10-204a. Required Immunizations. Temporary Waiver.

Proposal Summary: This proposal will allow the Department to release aggregate data regarding the immunizations for each school in Connecticut.

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?

Schools are responsible for ensuring that all students are immunized according to state regulations. The yearly school immunization survey provides aggregated data by school to the Department of Public Health and affords some assurance that the student population is in compliance with these regulations. The public should also have access to the aggregated immunization data for each school. Parents of school children and the media have requested, and continue to request, information about school-specific immunization rates. In order for the Department to release this information, we must process a freedom of information request, the result of this request is the Department denying the requestor this data. Other states have begun to release and publicly post school-specific immunization rates on their websites. Since this data is aggregate, no students would be specifically identified. Additionally, the workload would not increase for the Department since we already receive this data from each of the

schools. While the Department would prefer to move forward with releasing data by school, we could take into consideration releasing the data by district. However, it would take extra work to compile the data.

◊ **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: Department of Education
Agency Contact (*name, title, phone*): Laura Stefon, Legislative Liaison
Date Contacted:

Approve of Proposal ☐ **YES** ☐ **NO** ☒ **Talks Ongoing**

Summary of Affected Agency's Comments
Click here to enter text.

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
Click here to enter text.

◊ **POLICY and PROGRAMMATIC IMPACTS** *(Please specify the proposal section associated with the impact)*

Section 1. Subsection (b) of section 10-204a. of the general statutes is repealed and the following is substituted in lieu thereof:

(b) The definitions of adequate immunization shall reflect the schedule for active immunization adopted pursuant to section 19a-7f and be established by regulation adopted in accordance with the provisions of chapter 54 by the Commissioner of Public Health, who shall also be responsible for providing procedures under which said boards and said similar governing bodies shall collect and report immunization data [on each child] to the Department of Public Health for [compilation and] analysis and release by [said] the department of annual immunization rates for each public and private school and district in Connecticut. The Department shall maintain the confidentiality of students by ensuring such annualized immunization rates are in an aggregate format that only includes schools with more than 10 students in the grade, the total number of students enrolled in the grade, and the percentage of students exempt, vaccinated, and in compliance at each public and private school in Connecticut.

Agency Legislative Proposal - 2018 Session

Document Name (e.g. OPM1015Budget.doc; OTG1015Policy.doc): DPH Expansion of Newborn Screening Program

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

State Agency: Department of Public Health
Liaison: Brie Wolf/Jill Kennedy **Phone:** (860) 509-7246/(860) 509-7280 **E-mail:** brie.wolf@ct.gov/jill.kennedy@ct.gov
Lead agency division requesting this proposal: State Public Health Laboratory (PHL)
Agency Analyst/Drafter of Proposal: Adrienne Manning

Title of Proposal: An Act Concerning the Expansion of The Newborn Screening Program (NBS)
Statutory Reference: Section 19a-55. Newborn infant health screening. Tests required. Fees. Report to Department of Public Health. Exemptions. Regulations.
Proposal Summary: We are proposing that the statute be revised to allow the Department's Newborn Screening Program to test for any disorders that have been approved by the US Department of Health and Human Services Advisory Committee on Heritable Disorders in Newborns and Children to their Recommended Uniform Screening Panel (RUSP).

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?

This revision to section 19a-55, would provide the Department with the ability to begin testing, within available appropriations, for any new disorders that have been recommended by the Recommended Uniform Screening Panel (RUSP) promulgated by the U.S. Department of Health and Human Services Advisory Committee on Heritable Disorders in Newborns and Children.

Over the past 2 years, the RUSP has expanded to include two Lysosomal Storage Disorders (LSDs), Pompe and Mucopolysaccharidosis type I (MPS I). Should appropriations become available, the Department would like to start testing for these 2 disorders in order to remain current with the federally designated RUSP and keep pace with the national advances in newborn screening. The addition of these disorders to the

PHL's NBS panel would benefit the infants born in the State of Connecticut and further enhance the ability of the PHL's NBS Program to identify possibly affected infants for necessary and beneficial follow-up and treatment.

◊ **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?

A prior proposal to add Pompe and MSP type 1 to the NBS panel was not approved to move forward.

PROPOSAL IMPACT

◊ **AGENCIES AFFECTED** (*please list for each affected agency*)

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

Approve of Proposal ☐ **YES** ☐ **NO** ☐ **Talks Ongoing**

Summary of Affected Agency's Comments
NA

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
Costs: There is no cost to the technical change to the newborn screening program language below. However, should the Department be appropriated funds to move forward additional testing, there will be costs to implement this expansion. No additional instrumentation will need to be acquired.

Federal
None

Additional notes on fiscal impact Click here to enter text.

◊ **POLICY and PROGRAMMATIC IMPACTS** *(Please specify the proposal section associated with the impact)*

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Section 1. Subsection (a) of Section 19a-55 of the general statutes is repealed and the following is substituted in lieu thereof:

(a) The administrative officer or other person in charge of each institution caring for newborn infants shall cause to have administered to every such infant in its care an HIV-related test, as defined in section 19a-581, a test for phenylketonuria and other metabolic diseases, hypothyroidism, galactosemia, sickle cell disease, maple syrup urine disease, homocystinuria, biotinidase deficiency, congenital adrenal hyperplasia, severe combined immunodeficiency disease, adrenoleukodystrophy and such other tests for inborn errors of metabolism as shall be prescribed by the Department of Public Health. The tests shall be administered as soon after birth as is medically appropriate. If the mother has had an HIV-related test pursuant to section 19a-90 or 19a-593, the person responsible for testing under this section may omit an HIV-related test. The Commissioner of Public Health shall (1) administer the newborn screening program, (2) direct persons identified through the screening program to appropriate specialty centers for treatments, consistent with any applicable confidentiality requirements, and (3) set the fees to be charged to institutions to cover all expenses of the comprehensive screening program including testing, tracking and treatment. The fees to be charged pursuant to subdivision (3) of this subsection shall be set at a minimum of ninety-eight dollars. The Commissioner of Public Health shall publish a list of all the abnormal conditions for which the department screens newborns under the newborn screening program, which shall include screening for amino acid disorders, organic acid disorders and fatty acid oxidation disorders, including, but not limited to, long-chain 3-hydroxyacyl CoA dehydrogenase (L-CHAD) and medium-chain acyl-CoA dehydrogenase (MCAD) and other disorders as approved by the US Department of Health and Human Services Advisory Committee on Heritable Disorders in Newborns and Children to their Recommended Uniform Screening Panel.

Agency Legislative Proposal - 2018 Session

Document Name (e.g. OPM1015Budget.doc; OTG1015Policy.doc): Click here to enter text.
DPH Office of Health Care Access Technical Revisions

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

State Agency: Department of Public Health

Liaison: Brie Wolf/Jill Kennedy
Phone: (860) 509-7246/(860) 509-7280
E-mail: brie.wolf@ct.gov/jill.kennedy@ct.gov

Lead agency division requesting this proposal: Office of Health Care Access

Agency Analyst/Drafter of Proposal: Kevin Hansted

Title of Proposal: An Act Concerning Technical Revisions to the Office of Health Care Access Statutes

Statutory Reference:

Section 1: 19a-639a. Certificate of need application process. Issuance of decision. Public hearings. Policies, procedures and regulations.

Section 2: 19a-681. Definitions. Filing of current pricemaster. Charges to be in accordance with detailed schedule of charges on file. Penalty.

Section 3: 19a-654. Data submission requirements. Memorandum of understanding. Regulations.

Proposal Summary:

Section 1: Increases the time period within which a petitioner may seek intervenor or party status and increases time to submit prefiled testimony.
Section 2: Requires hospitals to post pricemasters on their internet websites.
Section 3: Eliminates the need for OHCA to adopt regulations prior to collecting certain data.

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: Currently, a person can request party or intervenor status 5 days prior to a hearing being held. Additionally, there is no time limit for a party or intervenor to submit their prefiled

testimony. OHCA has experienced persons waiting until the statutory 5 day deadline to request intervenor status. This leaves little time for the applicant to file an objection to the request and for the hearing officer to issue rulings. Requiring a request for intervenor/party status to be filed at least 14 days prior to a hearing will allow more time to review and issue rulings on objections. Also, OHCA reviews the prefiled testimony, along with other material, in preparation for a hearing. The current 5 day time limit does not allow OHCA enough time to properly review the material submitted. Requiring a party/intervenor to submit prefiled testimony at least 10 days before a hearing will allow OHCA more time to thoroughly review the submission before a hearing.

Section 2: Currently, OHCA receives pricemasters from hospitals multiple times during the year and sometimes OHCA receives updated pricemasters from hospital each month. OHCA's current practice for a number of years has been to keep updated current pricemasters on the OHCA webpage for consumer and transparency purposes. This has taken a significant amount of time for OHCA staff to complete each month as each submission is voluminous. As an alternative, OHCA is proposing to require hospitals to post their pricemasters on their own websites. This will maintain transparency for the consumer while reducing staff workload at OHCA. The pricemasters will continue to be filed with OHCA for consumer complaint inquiry purposes.

Section 3: As currently written, section 19a-654 requires OHCA to adopt regulations prior to collecting certain data from hospitals. Due to multiple revisions to the OHCA statutes over the past few sessions, the Department has been unable to move forward with the regulations required in section 19a-654. Due to the delay in regulations, OHCA has been unable to collect the data outlined in section 19a-654, which has created limitations in carrying out our planning and regulatory responsibilities. In order to expedite the collection of this data, OHCA is proposing that the adoption of regulations be voluntary.

◊ **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?

Click here to enter text.

PROPOSAL IMPACT

◊ **AGENCIES AFFECTED** (*please list for each affected agency*)

Agency Name: Click here to enter text. **Agency Contact (*name, title, phone*):** Click here to enter text. **Date Contacted:** Click here to enter text. Approve of Proposal ☐ **YES** ☐ **NO** ☐ **Talks Ongoing**
Summary of Affected Agency's Comments Click here to enter text.
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)* N/A
State N/A
Federal N/A
Additional notes on fiscal impact Click here to enter text.

◊ **POLICY and PROGRAMMATIC IMPACTS** *(Please specify the proposal section associated with the impact)*

N/A

Section 1. Section 19a-639a of the general statutes is repealed and the following is substituted in lieu thereof:

(a) An application for a certificate of need shall be filed with the office in accordance with the provisions of this section and any regulations adopted by the Department of Public Health. The application shall address the guidelines and principles set forth in (1) subsection (a) of section 19a-639, and (2) regulations adopted by the department. The applicant shall include with the application a nonrefundable application fee of five hundred dollars.

(b) Prior to the filing of a certificate of need application, the applicant shall publish notice that an application is to be submitted to the office in a newspaper having a substantial circulation in the area where the project is to be located. Such notice shall (1) be published (A) not later than twenty days prior to the date of filing of the certificate of need application, and (B) for not less than three consecutive days, and (2) contain a brief description of the nature of the project and the street address where the project is to be located. An applicant shall file the certificate of need application with the office not later than ninety days after publishing notice of the application in accordance with the provisions of this subsection. The office shall not accept the applicant's certificate of need application for filing unless the application is accompanied by the application fee prescribed in subsection (a) of this section and proof of compliance with the publication requirements prescribed in this subsection.

(c) (1) Not later than five business days after receipt of a properly filed certificate of need application, the office shall publish notice of the application on its Internet web site. Not later than thirty days after the date of filing of the application, the office may request such additional information as the office determines necessary to complete the application. In addition to any information requested by the office, if the application involves the transfer of ownership of a hospital, as defined in section 19a-639, the applicant shall submit to the office (A) a plan demonstrating how health care services will be provided by the new hospital for the first three years following the transfer of ownership of the hospital, including any consolidation, reduction, elimination or expansion of existing services or introduction of new services, and (B) the names of persons currently holding a position with the hospital to be purchased or the purchaser, as defined in section 19a-639, as an officer, director, board member or senior manager, whether or not such person is expected to hold a position with the hospital after completion of the transfer of ownership of the hospital and any salary, severance, stock offering or any financial gain, current or deferred, such person is expected to receive as a result of, or in relation to, the transfer of ownership of the hospital.

(2) The applicant shall, not later than sixty days after the date of the office's request, submit any requested information and any information required under this subsection to the office. If an applicant fails to submit such information to the office within the sixty-day period, the office shall consider the application to have been withdrawn.

(d) Upon determining that an application is complete, the office shall provide notice of this determination to the applicant and to the public in accordance with regulations adopted by the department. In addition, the office shall post such notice on its Internet web site. The date on which the office posts such notice on its Internet web site shall begin the review period. Except as provided in this subsection, (1) the review period for a completed application shall be ninety days from the date on which the office posts such notice on its Internet web site; and (2) the office shall issue a decision on a completed application prior to the expiration of the ninety-day review period. The review period for a completed application that involves a transfer of a large group practice, as

described in subdivision (3) of subsection (a) of section 19a-638, when the offer was made in response to a request for proposal or similar voluntary offer for sale, shall be sixty days from the date on which the office posts notice on its Internet web site. Upon request or for good cause shown, the office may extend the review period for a period of time not to exceed sixty days. If the review period is extended, the office shall issue a decision on the completed application prior to the expiration of the extended review period. If the office holds a public hearing concerning a completed application in accordance with subsection (e) or (f) of this section, the office shall issue a decision on the completed application not later than sixty days after the date the office closes the public hearing record.

(e) Except as provided in this subsection, the office shall hold a public hearing on a properly filed and completed certificate of need application if three or more individuals or an individual representing an entity with five or more people submits a request, in writing, that a public hearing be held on the application. For a properly filed and completed certificate of need application involving a transfer of ownership of a large group practice, as described in subdivision (3) of subsection (a) of section 19a-638, when an offer was made in response to a request for proposal or similar voluntary offer for sale, a public hearing shall be held if twenty-five or more individuals or an individual representing twenty-five or more people submits a request, in writing, that a public hearing be held on the application. Any request for a public hearing shall be made to the office not later than thirty days after the date the office determines the application to be complete.

(f) (1) The office shall hold a public hearing with respect to each certificate of need application filed pursuant to section 19a-638 after December 1, 2015, that concerns any transfer of ownership involving a hospital. Such hearing shall be held in the municipality in which the hospital that is the subject of the application is located.

(2) The office may hold a public hearing with respect to any certificate of need application submitted under this chapter. The office shall provide not less than two weeks' advance notice to the applicant, in writing, and to the public by publication in a newspaper having a substantial circulation in the area served by the health care facility or provider. In conducting its activities under this chapter, the office may hold hearing on applications of a similar nature at the same time.

(g) (1) Notwithstanding section 4-177a of the general statutes, any person seeking party or intervenor status shall submit a written petition to the office at least fourteen days before the date of the hearing.

(2) Any person granted intervenor or party status shall submit pre-filed testimony to the office no later than ten days before the date of the hearing.

(3) The requirements of this section may be waived at any time by the presiding officer on a showing of good cause.

[(g)](h) The Commissioner of Public Health may implement policies and procedures necessary to administer the provisions of this section while in the process of adopting such policies and procedures as regulation, provided the commissioner holds a public hearing prior to implementing the policies and procedures and prints notice of intent to adopt regulations on the department's Internet web site and the eRegulations System not later than twenty days after the date of implementation. Policies and procedures implemented pursuant to this section shall be valid until the time final regulations are adopted.

Section 2. Section 19a-681 of the general statutes is repealed and the following is substituted in lieu thereof:

(a) For purposes of this section: (1) "Detailed patient bill" means a patient billing statement that includes, in each line item, the hospital's current pricemaster code, a description of the charge and the billed amount; and (2) "pricemaster" means a detailed schedule of hospital charges.

(b) Each hospital shall file with the office its current pricemaster which shall include each charge in its detailed schedule of charges.

(c) Upon the request of the Department of Public Health or a patient, a hospital shall provide to the department or the patient a detailed patient bill. If the billing detail by line item on a detailed patient bill does not agree with the detailed schedule of charges on file with the office for the date of service specified on the bill, the hospital shall be subject to a civil penalty of five hundred dollars per occurrence payable to the state not later than fourteen days after the date of notification. The penalty shall be imposed in accordance with section 19a-653. The office may issue an order requiring such hospital, not later than fourteen days after the date of notification of an overcharge to a patient, to adjust the bill to be consistent with the detailed schedule of charges on file with the office for the date of service specified on the detailed patient bill.

(d) Each hospital shall post a copy of its current pricemaster or pricemasters on its internet website in an easily accessible location. The pricemaster or pricemasters shall be the version in effect at the time of posting. Each time a hospital files its pricemaster with the office, the hospital shall also update the pricemaster or pricemasters posted on its internet website.

Section 3. Subsection (f) of Section 19a-654 of the general statutes is repealed and the following is substituted in lieu thereof:

(f) The Commissioner of Public Health [shall] may adopt regulations, in accordance with the provisions of chapter 54, to carry out the provisions of this section.

Agency Legislative Proposal - 2018 Session

Document Name (e.g. OPM1015Budget.doc; OTG1015Policy.doc): Click here to enter text.
DPH Local Health Revisions

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

State Agency: Department of Public Health

Liaison: Brie Wolf/Jill Kennedy
Phone: (860) 509-7246/(860) 509-7280
E-mail: brie.wolf@ct.gov/jill.kennedy@ct.gov

Lead agency division requesting this proposal: Operational and Support Services Section, Office Of Local Health Administration

Agency Analyst/Drafter of Proposal: Francesca Provenzano

Title of Proposal: An Act Concerning Various Revisions to the Statutes Pertaining to Local Health Departments and Districts.

Statutory Reference:
Section 1. 19a-200. City, borough and town directors of health. Sanitarians. Authorized agents.
Section 2. 19a-242. Appointment of director of health. Removal. Sanitarians. Authorized agent.
Section 3. 19a-243. District rules and regulations. Powers of district. Meetings. Expenses.
Section 4. 19a-244. Qualifications, term and duties of director of health. Employees.
Section 5. 19a-246. Withdrawal from district.

Proposal Summary:
Sections 1 and 4 revise the qualifications that municipalities and boards of health must consider when appointing a municipal director of health or district director of health to enable the appointment of a physician, or APRN, or an individual with a graduate degree in public health (MPH) to fulfill the role. Additionally, section 1 makes a technical change to reflect that sanitarians are licensed and not registered;

Section 2. Allows the Commissioner to approve appointments of directors of health for local health districts, which is consistent with the language for part and full time local health departments;

Section 3. Revises the statute to allow a current local health district to join another one.

Section 5. Requires a city, town or borough to be part of a district for thirty six months (revised from 24 months) before they can leave a district, and if they choose to leave a district they must hire a local health director who meets the requirements of section 1.

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?

Sections 1 and 4. Currently, CGS 19a-200 and 19a-244 only enable towns and districts to appoint individuals to the position of director of health if the individual holds (1) a physician license with an MPH degree, or (2) the individual holds an MPH degree. This limits the ability of municipalities to hire qualified candidates who may be licensed physicians, or advanced practice registered nurses. Broadening the pool of candidates for director of health positions provides communities with more options for hiring highly educated, and well-practiced public health professionals.

Section 2 will standardize the process for appointing a Director of Health and Acting Director of Health a local health district by mirroring the process the Commissioner currently follows for appointing directors of part and full time local health Departments.

Section 3 will provide the opportunity for a local health district to join another district, which will enhance its overall capabilities and capacity. Thereby, improving the services they can provide to its residents and reduce cost to do business.

Section 5. will ensure that if a municipality chooses to leave district that they appoint a full time director of health to safeguard the ability of the local health department to comply with the requirements of the department, which include, at a minimum, compliance with the ten essential health services.

◊ **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?

Click here to enter text.

PROPOSAL IMPACT

◊ **AGENCIES AFFECTED** (*please list for each affected agency*)

Agency Name: Click here to enter text.
Agency Contact (*name, title, phone*): Click here to enter text.
Date Contacted: Click here to enter text.

Approve of Proposal ☐ **YES** ☐ **NO** ☐ **Talks Ongoing**

Summary of Affected Agency's Comments

Click here to enter text.
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)* Click here to enter text.
State Click here to enter text.
Federal Click here to enter text.
Additional notes on fiscal impact Click here to enter text.

◊ **POLICY and PROGRAMMATIC IMPACTS** *(Please specify the proposal section associated with the impact)*

Click here to enter text.

Section 1. Section 19a-200 of the General Statutes is repealed and the following is substituted in lieu thereof:

(a) The mayor of each city, the warden of each borough, and the chief executive officer of each town shall, unless the charter of such city, town or borough otherwise provides, nominate some person to be director of health for such city, town or borough, which nomination shall be confirmed or rejected by the Commissioner of Public Health and the board of selectmen, if there be such a board, otherwise by the legislative body of such city or town or by the burgesses of such borough within thirty days thereafter. Notwithstanding the charter provisions of any city, town or borough with respect to the qualifications of the director of health, on and after [October 1, 2010,] July 1, 2018 any person nominated to be a director of health shall (1) be a person who holds the degree of doctor of medicine or doctor of osteopathy from an accredited school, college or institution; [licensed physician and hold a degree in public health from an accredited school, college, university or institution,] or (2) be an advanced practice registered nurse who holds a graduate degree in nursing from an advanced nurse practitioner program that was recognized by a national certifying body; or[(2)] (3) hold a graduate degree in public health from an accredited school, college or institution. The educational requirements of this section shall not apply to any director of health nominated or otherwise appointed as director of health prior to October 1, 2010. In cities, towns or boroughs with a population of forty thousand or more [for five consecutive years, according to the estimated population figures authorized pursuant to subsection (b) of section 8-159a], such director of health shall serve in a full-time capacity, except where a town has designated such director as the chief medical advisor for its public schools under section 10-205, and shall not, during such director's term of office, have any financial interest in or engage in any employment, transaction or professional activity that is in substantial conflict with the proper discharge of the duties required of directors of health by the general statutes or the [Public Health Code] Regulations of Connecticut State Agencies or specified by the appointing authority of the city, town or borough in its written agreement with such director. Such director of health shall have and exercise within the limits of the city, town or borough for which such director is appointed all powers necessary for enforcing the general statutes, and provisions of the [Public Health Code] Regulations of Connecticut State Agencies relating to the preservation and improvement of the public health and preventing the spread of diseases therein. In case of the absence or inability to act of a city, town or borough director of health or if a vacancy exists in the office of such director, the appointing authority of such city, town or borough may, with the approval of the Commissioner of Public Health, designate in writing a [suitable] person who meets the qualifications for directors of health, or such other qualifications as may be approved by said commissioner to serve as acting director of health during the period of such absence or inability or vacancy, provided the commissioner may appoint such acting director if the city, town or borough fails to do so. The person so designated, when sworn, shall have all the powers and be subject to all the duties of such director. In case of vacancy in the office of such director, if such vacancy exists for thirty days, said commissioner may appoint a director of health for such city, town or borough. Said commissioner, may, for cause, remove an officer the commissioner or any predecessor in said office has appointed, and the common council of such city, town or the burgesses of such borough may, respectively, for cause, remove a director whose nomination has been confirmed by them, provided such removal shall be approved by said commissioner; and, within two days thereafter, notice in writing of such action shall be given by the clerk of such city, town or borough, as the case may be, to said commissioner, who shall, within ten days after receipt, file with the clerk from whom the notice was received, approval or disapproval. [Each such director of health shall hold office for the term of four years from the date of appointment and until a successor is nominated and confirmed in accordance with this section.] Each director of health shall, annually, at the end of the fiscal year of the city, town or borough, file with the Department of Public Health a report [of] on the [doings as such director] local health department or district's compliance with section 19a- 207a for the year preceding.

(b) On and after July 1, 1988, each municipality shall provide for the services of a sanitarian [certified] licensed under chapter 395 to work under the direction of the local director of health. Where practical, the local director of health may act as the sanitarian.

(c) As used in this chapter, "authorized agent" means a sanitarian [certified] licensed under chapter 395 and any individual certified for a specific program of environmental health by the Commissioner of Public Health in accordance with the [Public Health Code] statutes and Regulations of Connecticut State Agencies.

Section 2. Section 19a-242 of the General Statutes is repealed and the following is substituted in lieu thereof:

(a) The board shall, after approval of the Commissioner of Public Health, appoint some discreet person, possessing the qualifications specified in section 19a-244, to be director of health for such district, and if [he] the director of health is not selected within sixty days from the formation of any such district, or if a vacancy in said office continues to exist for sixty days, such director shall then be appointed by said commissioner. The board, with the approval of the Commissioner of Public Health, may appoint a person to serve as the acting director of health during such time as the director of health is absent or a vacancy exists, provided such acting director shall meet the qualifications for directors of health in section 19a-244, or such other qualifications as may be approved by said commissioner. Upon the appointment of a director of health under the provisions of this section, the terms of office of the directors of health of the towns, cities or boroughs forming such district shall terminate.

(b) Such director of health may be removed whenever a majority of the [directors] board of such health district [find] finds that such director of health is guilty of misconduct, material neglect of duty or incompetence in the conduct of [his] their office.

(c) On and after July 1, 1988, each municipality shall provide for the services of a sanitarian [certified] licensed under chapter 395 to work under the direction of the local director of health. Where practical, the local director of health may act as the sanitarian.

(d) As used in this chapter, "authorized agent" means a sanitarian [certified] licensed under chapter 395 and any individual certified for a specific program of environmental health by the Commissioner of Public Health in accordance with the [Public Health Code] statutes and Regulations of Connecticut State Agencies.

Section 3. Section 19a-243 of the General Statutes is repealed and the following is substituted in lieu thereof:

(a) Each board may make and adopt reasonable rules and regulations for the promotion of general health within the district not in conflict with law or with the [Public Health Code] statutes and Regulations of Connecticut State Agencies. The powers of each district shall include but not be limited to the following enumerated powers: (1) To sue and be sued; (2) to make and execute contracts and other instruments necessary or convenient to the exercise of the powers of the health district; (3) to make and from time to time amend and repeal bylaws, rules and regulations; (4) to acquire real estate; (5) to provide for the financing of the programs, projects or other functions of the district in the manner described in subsection (b) of this section; (6) to join an existing health district; and [(6)] (7)to have such other powers as are necessary to properly carry out its powers as an independent entity of government.

(b) A district may, without limiting its authority under other provisions of law, borrow money for the purpose of carrying out or administering a district project, program or other function authorized under this chapter, or for the purpose of refinancing existing indebtedness, or temporarily in anticipation of receipt of current revenues, and provided the board shall hold a public hearing on any such proposed borrowing which is estimated by the board to increase the annual apportionment of district expenses made pursuant to subsection (c) of this section by more than seven per cent over levels currently established. The board shall give one week's notice of such hearing in a newspaper having a circulation in each constituent municipality of the district. The district may enter into note, loan or other agreements providing that such borrowings shall be payable from or secured by one or more of the following: (1) A pledge, lien, mortgage or other security interest in any or all of the income, proceeds, revenues and property, real or personal, of its projects, assets, programs or other functions, including the proceeds of payments, grants, loans, advances, guarantees or contributions from the federal government, the state of Connecticut, the constituent municipalities of the district or any other source; or (2) a pledge, lien, mortgage or other security interest in the property, real or personal, of projects to be financed by the borrowing. Such borrowings and obligations shall not constitute an indebtedness within the meaning of any debt limitation or restrictions on, and shall not be obligations of, the state of Connecticut or any municipality. No constituent municipality of a district shall be liable for any such borrowing or obligation of the district upon default. Neither members of the board nor any person executing on behalf of the district any note, mortgage, pledge, loan, security or other agreement in connection with the borrowing of money by a district shall be personally liable on the obligations thereunder or be subject to any personal liability or accountability by reason of the entrance into such agreements. Each pledge, agreement or assignment made for the benefit or security of any such borrowing entered into pursuant to this subsection shall be in effect until the principal and interest on such borrowing for the benefit of which the same were made have been fully paid, or until provision is made for the payment in the manner provided therein. Any pledge or assignment made in respect of such borrowing secured thereby shall be valid and binding from the time when the pledge or assignment is made; any income, proceeds, revenues or property so pledged or assigned and thereafter received by the district shall immediately be subject to the lien of such pledge, without any physical delivery thereof or further act; and the lien of any such pledge or assignment shall be valid and binding as against parties having claims of any kind in tort, contract or otherwise against the district irrespective of whether such parties have notice thereof. Neither the resolution, trust indenture, agreement, assignment or other instrument by which a pledge is created need be recorded or filed, except for the recording of any mortgage or lien on real property or on any interest in real property.

(c) The board shall meet at least quarterly and at other times determined by the chairperson. At its September meeting it shall elect a chairperson and it shall furnish the necessary offices and equipment to enable it to carry out its duties. The board may elect an executive committee, consisting of the chairperson and two other members, and the director of health, who shall serve without a vote, and such executive committee shall have power to act when the board is not in session. The fiscal year of each district department of health shall be from July first to June thirtieth, and, by June thirtieth in each year, the board shall estimate the amount of money required to pay the costs and expenses of the district during the ensuing fiscal year, provided, if any municipality within the district has a fiscal year which begins on July first, such estimate shall be made by April thirtieth of each year. Such board shall hold a public hearing on its proposed budget, two weeks' notice of which shall be given in a newspaper having a circulation in each constituent municipality of such district. From time to time the board shall draw upon the treasurer of each town, city or borough within the district a proportionate share of the expenses of such district, from such funds as may have been appropriated by each, to pay the cost of operating the district, including debt service on borrowings of the

district, such apportionment to be made equitable on a per capita basis as established by the last annual population estimate by the Department of Public Health for each participating town, city or borough.

Section 4. Section 19a-244 of the General Statutes is repealed and the following is substituted in lieu thereof:

On and after [October 1, 2010], July 1, 2018, any person nominated to be the director of health shall (1) be a person who holds the degree of doctor of medicine or doctor of osteopathy from an accredited school, college or institution; [licensed physician and hold a degree in public health from an accredited school, college, university or institution,] or (2) be an advanced practice registered nurse who holds a graduate degree in nursing from an advanced nurse practitioner program that was recognized by a national certifying body; or[(2)] (3) hold a graduate degree in public health from an accredited school, college or institution. The educational requirements of this section shall not apply to any director of health nominated or otherwise appointed as director of health prior to October 1, 2010. The board may specify in a written agreement with such director the term of office, which shall not exceed three years, salary and duties required of and responsibilities assigned to such director in addition to those required by the general statutes or the [Public Health Code] Regulations of Connecticut State Agencies, if any. Such director shall be removed during the term of such written agreement only for cause after a public hearing by the board on charges preferred, of which reasonable notice shall have been given. No director shall, during such director's term of office, have any financial interest in or engage in any employment, transaction or professional activity that is in substantial conflict with the proper discharge of the duties required of directors of health by the general statutes or the [Public Health Code] Regulations of Connecticut State Agencies or specified by the board in its written agreement with such director. Such director shall serve in a full-time capacity and act as secretary and treasurer of the board, without the right to vote. Such director shall give to the district a bond with a surety company authorized to transact business in the state, for the faithful performance of such director's duties as treasurer, in such sum and upon such conditions as the board requires. Such director shall be the executive officer of the district department of health. Full-time employees of a city, town or borough health department at the time such city, town or borough votes to form or join a district department of health shall become employees of such district department of health. Such employees may retain their rights and benefits in the pension system of the town, city or borough by which they were employed and shall continue to retain their active participating membership therein until retired. Such employees shall pay into such pension system the contributions required of them for their class and membership. Any additional employees to be hired by the district or any vacancies to be filled shall be filled in accordance with the rules and regulations of the merit system of the state of Connecticut and the employees who are employees of cities, towns or boroughs which have adopted a local civil service or merit system shall be included in their comparable grade with fully attained seniority in the state merit system. Such employees shall perform such duties as are prescribed by the director of health. In the event of the withdrawal of a town, city or borough from the district department, or in the event of a dissolution of any district department, the employees thereof, originally employed therein, shall automatically become employees of the appropriate town, city or borough's board of health.

Section 5. Section 19a-246 of the General Statutes is repealed and the following is substituted in lieu thereof:

(a) Any constituent town, city or borough may, by vote passed prior to January first in any year, withdraw from the district, such withdrawal to become effective on the first day of July following, provided such city, town or borough shall have been a member of the district for at least [twenty-four] thirty-six months prior to

such vote of withdrawal. A city, town or borough on withdrawal shall: (1) hire a full time director of health; (2) meet the requirements outlined in section 19a-207a; and [at once] (3) immediately resume such status with respect to the [appointment of its director of health,] employees and board of health as it held prior to becoming a member of the district as provided in section 19a-244. Employees shall not lose any benefits or civil services status as a result of the withdrawal from the district.

(b) Notwithstanding the provisions of subsection (a) of this section, no withdrawal or termination of participation by any constituent municipality shall affect any pledge, agreement, assignment or mortgage of any income, revenue proceeds or property of a district made for the benefit or security of any borrowing of the district entered into pursuant to subsection (b) of section 19a-243.

(c) Notwithstanding any other provision of the general statutes, no district shall cease to exist until such time as payment or provision for payment of the outstanding balance of borrowings of such district entered into pursuant to subsection (b) of section 19a-243 is made.

Agency Legislative Proposal - 2018 Session

Document Name (e.g. OPM1015Budget.doc; OTG1015Policy.doc):
DPH Acknowledgement of Paternity Form

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

State Agency: Department of Public Health

Liaison: Jill Kennedy/ Brie Wolf
Phone: 860-509-7280
E-mail: jill.kennedy@ct.gov/brie.wolf@ct.gov

Lead agency division requesting this proposal: Health Statistics and Surveillance, Office of Vital Records

Agency Analyst/Drafter of Proposal: Lisa Kessler

Title of Proposal: An Act Concerning Access to a Copy of an Acknowledgment of Paternity Form

Statutory Reference: C.G.S. § 19a-42a. Record of acknowledgment, rescission or adjudication of paternity to be maintained in paternity registry. Disclosure of information to IV-D agency. Access to copies of acknowledgments of paternity.

Proposal Summary:
Adds language that would allow the legal guardian of the person who is subject to the Acknowledgment of Paternity, to obtain a copy of the Acknowledgment of Paternity form.

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?

This proposal would add language to allow the legal guardian of the person who is subject to the Acknowledgment of Paternity, to obtain a copy of the Acknowledgment of Paternity form. The Acknowledgement of Paternity is actually completed on a carbon copy form that is provided to each parent when the document is signed.

Certified copies of the document are sometimes needed for legal and administrative purposes. To obtain a certified copy of the document, the parents or guardians must request it from the Department.

The number of requests for certified copies of Acknowledgements of Paternity forms submitted

by guardians is small, possibly two or three a year. Though the numbers are small, there appears to be a legitimate need. The most recent request was submitted by grandparents who were guardians and trying to obtain Social Security Administration (SSA) benefits for their grandchild, whose father was deceased. In addition to a copy of the birth certificate, SSA required that the guardians submit a certified copy of the Acknowledgement of Paternity.

In order to obtain any confidential record, the requester needs to show proof of identity, as well as proof of the relationship that entitles the person access to the record. A guardian would need to provide the court documents that transfer guardianship.

◊ **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?

N/A

PROPOSAL IMPACT

◊ **AGENCIES AFFECTED** (*please list for each affected agency*)

Agency Name: Click here to enter text.
Agency Contact (*name, title, phone*): Click here to enter text.
Date Contacted: Click here to enter text.

Approve of Proposal ☐ **YES** ☐ **NO** ☐ **Talks Ongoing**

Summary of Affected Agency's Comments
Click here to enter text.

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 Click here to enter text.

◊ **POLICY and PROGRAMMATIC IMPACTS** *(Please specify the proposal section associated with the impact)*

Click here to enter text.

Subsection (b) of section 19a-42a of the general statutes is repealed and the following is substituted in lieu thereof:

(b) Except for the IV-D agency, as provided in subsection (a) of this section, the department shall restrict access to and issuance of certified copies of acknowledgments of paternity to the following parties: (1) Parents named on the acknowledgment of paternity; (2) the person whose birth is acknowledged, if such person is [over] eighteen years of age or older; (3) a guardian of the person whose birth is acknowledged; (4) an authorized representative of the Department of Social Services; [(4)] (5) an attorney representing such person or a parent named on the acknowledgment; or [(5)] (6) agents of a state or federal agency, as approved by the department.

Agency Legislative Proposal - 2018 Session

Document Name (e.g. OPM1015Budget.doc; OTG1015Policy.doc): Click here to enter text.
DPH Seat Belts

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

State Agency: Department of Public Health

Liaison: Brie Wolf/Jill Kennedy
Phone: (860) 509-7246/(860) 509-7280
E-mail: brie.wolf@ct.gov/jill.kennedy@ct.gov

Lead agency division requesting this proposal: Public Health Systems Improvement and Office of Injury Prevention

Agency Analyst/Drafter of Proposal: Kristin Sullivan/Amy Mirizzi

Title of Proposal: An Act Concerning Seat Belts in all Positions

Statutory Reference:
14-100a. Seat safety belts. Child restraint systems. Wheelchair transportation devices.

Proposal Summary:
To revise section 14-100a to require persons to wear seat belts in all positions of the vehicle.

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?

The Centers for Disease Control and Prevention's (CDC) guidelines for passenger safety recommend that seat belts are worn by every person in the vehicle, on every trip. Statistics show that motor vehicle crashes are **the leading** cause of death for people ages 5 – 34, and that more than half of those killed in car crashes were not wearing seat belts at the time of the crash. Adult seat belt use is the single most effective way to save lives and reduce injuries in crashes. The Department is recommending a revision to section 14-100a to mandate persons in all positions to wear a seatbelt. Additionally, the Department is including language that would exclude busses and vehicles manufactured before January 1, 1968 from the requirements of this section. On January 1, 1968, Title 49 of the United States Code, Chapter 301, Motor Vehicle Safety Standard mandated all vehicles except busses to be fitted with a safety belt in designated seating positions. DOT put forward this proposal during the 2017 session, it failed to move forward because it was included in a larger bill that spoke about helmet laws and other items.

◊ **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?

Click here to enter text.

PROPOSAL IMPACT

◊ **AGENCIES AFFECTED** (*please list for each affected agency*)

Agency Name: Department of Transportation
Agency Contact (*name, title, phone*): CJ Strand
Date Contacted: 10/10/2017

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)*
Click here to enter text.

State
Click here to enter text.

Federal
Click here to enter text.

Additional notes on fiscal impact
Click here to enter text.

◊ **POLICY and PROGRAMMATIC IMPACTS** *(Please specify the proposal section associated with the impact)*

Click here to enter text.

Sec. 5. Subdivision (1) of subsection (c) of section 14-100a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2017*):

(c) (1) The operator of and any **[**front seat**]** passenger in any motor vehicle or fire fighting apparatus originally equipped with seat safety belts complying with the provisions of 49 CFR 571.209, as amended from time to time, shall wear such seat safety belt while the vehicle is being operated on any highway, except as follows:

(A) A child six years of age and under shall be restrained as provided in subsection (d) of this section; and

(B) The operator of such vehicle shall secure or cause to be secured in a seat safety belt any passenger seven years of age or older and under sixteen years of age. **[**; and**]**

[(C) If the operator of such vehicle is under eighteen years of age, such operator and each passenger in such vehicle shall wear such seat safety belt while the vehicle is being operated on any highway.**]**

(C) As used in this subsection, "motor vehicle" does not mean a bus having a tonnage rating of one ton or more, or a vehicle manufactured before January 1, 1968. Failure to use a seat safety belt system shall not be considered as contributory negligence nor shall such failure be admissible evidence in any civil action.