MEMORANDUM

DATE: October 1, 2012

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

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

RE: Legislative Proposals for the Year 2013 Session

Please find enclosed, for your review a copy of the Department of Public Health's 2013 Legislative Proposals.

My staff and I have carefully analyzed the enclosed proposals and feel that these initiatives, if passed by the General Assembly, will allow the Department to better ensure the quality and delivery of services to the public. The bills we are submitting in order of priority are:

1. An Act Concerning Various Revisions to the Public Health Statutes
2. An Act Concerning Mandated Online License Renewal for Physicians, Dentists and Nurses
3. An Act Concerning Healthcare Institutions
4. An Act Concerning Various Revisions to the Office of Health Care Access Statutes
5. An Act Concerning the Definition of a School-Based Health Center
6. An Act Concerning the Stem Cell Research Fund
7. An Act Concerning Drinking Water and Drinking Water State Revolving Fund Fees
8. An Act Concerning the Expansion of the Clean Indoor Air Act
9. An Act Amending the Sovereign Immunity Waiver Regarding the Department of Public Health
10. An Act Concerning Yearly Inspections for Child Day Care Centers, Group Day Care Homes, and Family Day Care Homes
11. An Act Concerning Hospitals
12. An Act Concerning Medicaid Coverage for Diabetes Self-Management Education Programs
13. An Act Concerning Childhood Lead Poisoning Prevention Programs

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

Agency Legislative Proposal - 2013 Session

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

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

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

Title of Proposal: AAC Various Revisions to the Public Health Statutes

Statutory Reference:

Sec 1. Sec. 19a-32c, Biomedical Research Trust Fund. Transfers from Tobacco Settlement Fund. Grants-in-aid

Sec 2. Sec. 19a-266, Breast and cervical cancer early detection and treatment referral program.

Sec 3. Sec. 19a-491c, Criminal history and patient abuse background search program. Regulations

Sec 4. Sec. 19a-490, Licensing of institutions.

Sec 5. Sec. 19a-491, License and certificate required. Application. Assessment of civil penalties or a consent order. Fees. Minimum service quality standards. Regulations.

Sec 6. Sec. 19a-79, Regulations. Exemptions.

Sec 7. Section 19a-87b, License required for family day care homes. Criminal history records checks. Regulations. Fees. Notification of changes in regulations.

Sec 8. Sec. 52-146o(a), Disclosure of patient communication or information by physician, surgeon or health care provider prohibited.

Sec 9. Sec. 19a-496, Compliance with regulations.

Sec 10. Sec. 20-13c, Restriction, suspension or revocation of physician's right to practice. Grounds.

Sec 11. Sec. 20-29, Disciplinary action. Grounds.

Sec 12. Sec. 20-40, Refusal of license. Disciplinary grounds.

Sec 13. Sec. 20-45, Suspension, revocation or annulment of license. Disciplinary proceedings.

Sec 14. Sec. 20-59, Disciplinary action by board; grounds.

Sec 15. Sec. 20-73a, Charges against licensee, verification, hearing. Grounds for disciplinary action. Appeal.

Sec 16. Sec. 20-74g, Disciplinary action against a licensee. Grounds.

Sec 17. Sec. 20-114, Disciplinary action by Dental Commission concerning dentists and dental hygienists.

Sec 18. Sec. 20-126o, Disciplinary action by the department.

Sec 19. Sec. 20-133, Disciplinary action. Grounds.

Sec 20. Sec. 20-154, Regulations concerning licenses and permits. Disciplinary action; grounds.

Sec 21. Sec. 20-192, Disciplinary action; grounds; appeals.

Sec 22. Sec. 20-195d, Disciplinary action. Grounds.

Sec 23. Sec. 20-202, Disciplinary action; grounds.

Sec 24. Sec. 20-227, Disciplinary action; grounds; appeals.

Sec 25. Sec. 20-238, Disciplinary action; grounds. Requirement for operation of shop.

Sec 26. Sec. 20-263, Disciplinary action; grounds.

Sec 27. Sec. 20-271, Disciplinary action; grounds.

Sec 28. Sec. 19a-522f, Chronic and convalescent nursing homes and rest homes with nursing supervision: Administration of peripherally inserted central catheter by IV therapy nurse

Sec 29. Sec 19a-750, Health Information Technology Exchange of Connecticut

Sec 30. Sec 20-86c, Requirements for licensure. Fee (Midwifery)

Sec 31. Sec. 20-195o, Application for and renewal of license. Fees. Licensure without examination
Sec 32. Sec. 20-12c, Physician assistant to have supervising physician. Exception for civil preparedness duty or training.
Sec 33. Sec. 20-128a(c), Board of examiners. Regulations.
Sec 34. Sec. 20-132a, Renewal of license
Sec 35. Sec. 20-126l, Definitions, Scope of practice. Limitations. Continuing Education
Sec 36. Sec. 20-12n Homeopathic physicians
Sec 37. Sec 19a-14, Powers of department concerning regulated professions
Sec 38. Subsection (c) of 19a-14, Powers of department concerning regulated professions
Sec 39. Sec 20-8, Connecticut Homeopathic Medical Examining Board

Proposal Summary:

Sec 1. This section specifies that an applicant for biomedical research grants-in-aid funding MUST be Connecticut based. This is consistent with the implementation of the project. On an annual basis after the tobacco trust fund transfer to the Biomedical Research Fund 50% of the unobligated balance is available for grants-in-aid for biomedical research projects. Current practice is to allow the Department to keep 2% of the 50% for the purpose of administering the biomedical research project in the areas of: contracting for request for proposal; expenses for the application evaluation and recommendations; and expenses for the legal notice. Statutory language will codify this practice.

Sec 2. This section revises the income eligibility (percent of federal poverty level) to be consistent with federal National Breast and Cervical Cancer Early Detection Program guidelines. Without this action the Program would operate at two differing income eligibility guidelines leading to tremendous confusion during program operations. Additionally, the proposal also deletes the requirement that contracted providers shall report to the Department the name of the insurer of each underinsured women being tested to facilitate recoupment. If an underinsured woman is diagnosed with breast or cervical cancer, then her insurance covers the cost of treatment. Therefore, recoupment is not feasible.

Sec 3. This section would add a definition of "volunteer" to Section 19a-491c to clarify that volunteers subject to the statute's background check provisions are only those volunteers who have duties equivalent to the duties of a direct access employee and those duties involve, or may involve, one-on-one contact with a patient or resident of a long-term care facility.

Sec 4 and 5. This section will add short-term Hospitals, special, hospice and hospice inpatient facilities into the definition of a healthcare institution. It will also allow the Department to charge a licensing fee for opening up a facility or renewing a current license. Currently short-term Hospitals, special, hospice pay the same licensing fee as a hospital. In July, 2012, the Department passed new regulations regarding short-term Hospitals, special, hospice and hospice inpatient facilities. Prior to passage of the regulations, the short-term Hospital, special, hospice license was considered part of the hospital statute and facilities holding that type of license were charged the same fee as a hospital. The new regulations give both types of facilities a stand-alone license. Immediately after passing the regulations, the Department realized it had deleted the provision to charge a licensing fee. Under the proposal, short-term Hospitals, special, hospice will pay the same fee as they have in the past when they renew their license. Hospice inpatient facilities are smaller entities with less beds and consequently will pay a smaller fee.

Sec 6 and 7. These sections seek to permit certain requirements of the regulations to be waived during a declared state of emergency in a Family Day Care Homes, Child Day Care Centers and Group Day Care Homes. Section 7 also makes a change to the fees that must accompany an application to be approved as an assistant or substitute staff in a Family Day Care Home. The change in this section is necessary to be consistent with the fee specified in section 19a-87b(e) of the 2011 supplement.

Sec 8. This amendment corrects the prior erroneous deletion of certain language ("or other health care provider") that occurred during the enactment of Public Act 96-47. As a result of the erroneous language deletion, the scope of patient information disclosure protection may be erroneously limited to physicians and surgeons. The current proposal will reinstate patient information disclosure protection to all relevant healthcare providers.

Sec 9. This section requires an institution to submit a plan of correction for violations identified by the Department of Public Health identified during an inspection.

Sec 10 through 27. These sections would amend the grounds for disciplinary action for each board or commission

established under chapters 369 to 376, inclusive, 378 to 381, inclusive, and 383 to 388, inclusive, and the Department of Public Health with respect to professions under its jurisdiction that have no board or commission to take disciplinary action for "failure to conform to the accepted standards of the profession." Language refers to the following chapters: Chapter 370: Medicine and Surgery; Chapter 372: Chiropractic; Chapter 373: Natureopathy; Chapter 374: Medical Examining Boards; Chapter 375: Podiatry; Chapter 376: Physical Therapy; Chapter 376a: Occupational Therapy; Chapter 379: Dentistry; Chapter 379a: Dental Hygienists; Chapter 380: Optometry; Chapter 381: Opticians; Chapter 383: Psychologists; Chapter 383a: Marital and Family Therapists; Chapter 384: Veterinary Medicine; Chapter 385: Embalmers and Funeral Directors; Chapter 386: Barbers; Chapter 387: Hairdressers and Cosmeticians; Chapter 388: Electrologists.

Sec 28. This section will amend PA 11-40 to allow a Physician Assistant employed or contracted by a nursing home that operates an IV therapy program to administer a peripherally inserted central catheter (PICC) as part of the home's IV therapy program.

Sec 29. This section will allow the Governor to choose a new Chair of the Health Information Exchange of Connecticut Board of Directors. Since the HITE-CT quasi-public agency is now functioning as its own entity with a CEO and staff, the DPH Commissioner acting as the Chair of the Board of Directors is no longer necessary to ensure the longevity of the entity.

Sec 30. This section requires nurse midwives to hold and maintain a license as a registered nurse in order to practice nurse-midwifery.

Sec 31. This section extends grand parenting provisions for licensed master social workers

Sec 32. This section clarifies that a licensed physician assistant from another state who is in Connecticut on active duty with the National Guard may be supervised by a Connecticut licensed physician.

Sec 33 and 34. These sections clarify mandatory continuing education requirements for optometrists

Sec 35. This section clarifies mandatory continuing education requirements for dental hygienists.

Sec 36, 37, and 39. These sections will eliminate the Connecticut Homeopathic Medical Examining Board and clarify that homeopathic physicians must hold and maintain a Connecticut license as a physician and surgeon in addition to the homeopathic physician license.

Sec 38. This section would give the Department powers and duties concerning the standards for certification of water operators, grounds for disciplinary action, receiving and processing of complaints, and disclosure of information during department investigations. This will be accomplished by adding the certified water operator profession classifications (i.e. certified water treatment plant operator, certified distribution system operator, backflow prevention device tester, cross connection survey inspector) to the list of professions found in Section 19a-14(c)

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

PROPOSAL BACKGROUND

- **Reason for Proposal**

The following questions were taken into consideration:

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?

Sec 1: If the law was not enacted this session, the project would continue to be subject to potential interpretation of applicant eligibility contrary to past and current practice of only considering Connecticut entities to be eligible. Specifying the 2% allowable amount of the 50% available in the fund for Department administrative costs is necessary and not currently written in statute.

Sec 2: Should this language not be enacted into law, the Department would need to create two different types of records for each participant in the program depending on their income eligibility. It would be difficult for the contractors to submit for reimbursement from the Department as they would need to submit two different types of reimbursement – first with those clients with 200% of the federal poverty level, then those patients with 250% of the federal poverty level. Agency accountants would need to reimburse the contractors separately depending

on the pot of funding for which the client is eligible.

Sec 3: There have been no changes in federal/state/local laws and regulations that make this legislation necessary but this change will bring Connecticut law into line with Section 6201 of the federal Affordable Care Act. If this proposal was not enacted in law this session there would be a lack of clarity regarding the requirement of certain volunteers to obtain background checks.

Secs 4 and 5: There have there been changes in state regulations that make this legislation necessary. If this proposal was not enacted into law this session neither category of hospice facility would have to pay a licensing fee for opening a facility or renewing a license.

Sec 7: Public Act 11-242 was revised to add a fee of $20.00 with an application for approval of assistants and substitute staff. Since these staff are considered part of the staffing identified in 19a-87b(e), the fee should have been $15.00 to match the fees that staff currently pay. Should this proposal not be enacted in law this session, the fee for staff approval will be inconsistently referenced in statute.

Sec 8: This legislation corrects an erroneous deletion of language that occurred during the enactment of Public Act 96-47. Reinstating the deleted language will reinstate patient information disclosure protection to its proper scope.

Secs 10. through 27: No changes in federal/state/local laws and regulations that make this legislation necessary. However, other Connecticut healthcare disciplinary statutes for certain professions contain requested language. Should this proposal not be enacted into law this session, there would be continued inconsistency in grounds for professional discipline across various healthcare professions.

Sec. 30: This proposal would make the requirements for licensure as a nurse midwife consistent with the requirements for licensure for other advanced practice nurses and ensure that nurse midwives have the ability to practice within the full scope of a RN license. Background information: Public Act 99-168 amended licensure requirements for APRNs to require the maintenance of a RN license in Connecticut rather requiring that the APRN be eligible for an RN license; Public Act 00-135 amended licensure requirements for APRNS back to require the APRN to be eligible for an RN license in Connecticut rather than having to maintain an RN license in Connecticut; Public Act 04-221 amended licensure requirements for APRNS to require maintenance of RN licensure.

Sec 31: Although the licensure program for master level social workers was enacted during the 2010 session, funding was not appropriated to the Department to implement the program until SFY 2013. The initial language in the bill provides that on or before October 1, 2012, the commissioner may issue a license without examination to any master social worker applicant who demonstrates to the satisfaction of the commissioner that, on or before October 1, 2010, he or she held a master's degree from a social work program accredited by the Council on Social Work Education or, if educated outside the United States or its territories, completed an educational program deemed equivalent by the council. The licensure program for master level social workers will not be implemented by October 1, 2012 therefore we are requesting to extend this date until October 1, 2013.

Sec 32: A physician assistant (PA) can only practice in Connecticut if the PA holds a Connecticut license and is practicing under a written delegation agreement with a Connecticut licensed physician. This proposal would clarify that that a PA who is licensed in another state and on active duty with the National Guard in Connecticut pursuant to title 32 of the U.S. Code can be supervised by a Connecticut licensed Physician.

Sec 33 and 34: Optometrists must earn 20 hours of continuing education each registration period and specific requirements for CE activity are outlined in regulation. This proposal would remove the requirement that the Department promulgate regulations for continuing education requirements, define the CE requirements including waiver provisions in statute to be consistent with other professional CE requirements, clarify that online coursework and courses approved by the national certification authority are acceptable for purposes of complying with the mandatory continuing education requirements.

Sec 35: Currently, dental hygienists must earn 16 hours of continuing education every two years and specific requirements for qualifying CE activity are outlined in regulation. This proposal would remove the requirement that the Department promulgate regulations for continuing education requirements, define the CE requirements including waiver provisions in statute to be more consistent with other professional CE requirements, clarify that online coursework and courses approved by the national certification authority are acceptable for purposes of complying with the mandatory continuing education requirements.

Sec 36, 37, and 39: Chapter 370 of the Connecticut General Statutes designates separate Boards for physician/surgeons and homeopathic physicians. Currently there are 4 members on the Connecticut Homeopathic Medical Examining Board, 2 public members and 2 licensed homeopathic physicians and only 8 licensed

homeopathic physicians in the State. To become licensed as a homeopathic physician, the applicant must meet the requirements for licensure as a physician/surgeon and in addition, complete at least one hundred twenty (120) hours of postgraduate medical training in homeopathy. In the past 10 years, the Connecticut Homeopathic Medical Examining Board has held no hearing for contested cases. Serious consideration should be given as to whether this level of activity warrants a separate board/commission. This proposal would also clarify the language concerning the licensing requirements for homeopathic physicians to make it clear that they must also hold and maintain a license as a physician and surgeon.

Sec 38: This proposal has been implemented in other states. Many other states have administrative powers and duties concerning establishing grounds for disciplinary action, receiving and processing of complaints, and disclosure of information during department investigations of certified water operators. The Department, under existing statutory authority and the RCSA, has had a long standing program for the certification of water operators, it does not have administrative powers concerning establishing grounds for disciplinary action, receiving and processing of complaints, and disclosure of information during department investigations of certified water operators. Should this proposal not be enacted into law this session, the Department would have difficulty processing complaints and disciplinary actions of certified water operators

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

PROPOSAL IMPACT

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

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

Approve of Proposal ___ YES ___NO ___Talks Ongoing

Summary of Affected Agency's Comments

Will there need to be further negotiation? ___ YES _ __NO

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

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

State
Sec 4: Depending on when hospice inpatient facilities apply for licensure, there is a possible General Fund revenue gain of approximately $1, 000 in FY 13 and $500 in FY 14 associated licensing two hospice inpatient facilities in FY 13 and one in FY 14 by the Department of Public Health.

Sec 32: Expected increase in revenue to the general fund of approximately $2,200.00 per year associated with licensing fees.

Sec 38: This section may result in a fiscal impact of approximately $4,500 per year, which includes approximately $1,500 in court reporter and transcript fees and approximately $3,000 in attorney costs. Only one case per year is anticipated. These cases may be brought now. The legislative proposal, however, formalizes the process by which to do so. The Department Drinking Water Section anticipates covering the above mentioned costs under one of its federal drinking water grants.

Federal

Additional notes on fiscal impact

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

Sec 1: The programmatic impact is to clarify / specify that ONLY Connecticut based institutions are eligible to apply for grants-in-aid for biomedical research funded projects. The Department's current practice of utilizing up to 2% of the 50% available for biomedical research grants-in-aid will be codified. The Department has been allowed, by way of communication between state legislators and official state agencies, up to 2% of the available funds for grants-in-aid for project administration. These funds are needed by the Department for Request For Proposal legal notice costs. Additionally, the Department does not have, within the agency, the scientific expertise and capacity to evaluate and rate complex biomedical research applications for the purposes of selecting and recommending the most promising projects to award grants-in-aid. The Department has engaged the Connecticut Academy of Science and Engineering to perform the task for the last few years.
Sec 2: To change the income eligibility requirements from 200% of federal poverty level to 250% of federal poverty level to be consistent with National Breast and Cervical Cancer Early Detection Program guidelines. To delete the requirement that contracted providers report to the Department the names of the insurer of each underinsured participating woman to facilitate recoupment. Since the insurer covers the cost of treatment, this is unnecessary.
Sec 3: Section 19a-491c, regarding the criminal history and patient abuse background search program**,** was enacted with the support of a federal grant under Section 6201 of the Affordable Care Act to promote fingerprint-based criminal background checks for direct access employees in long-term care provider settings. The wording of Section 19a-491c(c)(1) may be interpreted to require that all volunteers with direct patient access be subject to fingerprint-based criminal background checks. This broad requirement for volunteer background checks was not intended under the statute and is not required pursuant to Section 6201 of the Affordable Care Act. Accordingly, the addition of a definition of "volunteer" within Section 19a-491c will both clarify the statute's intent and lend consistency with the definition of "volunteer" provided within Section 6201(a)(6) of the Affordable Care Act.
Sec 6 and 7: Emergencies and disasters can disrupt service delivery of available, affordable and quality child care services. Child day care services are a critical part of community recovery and actions are necessary to ensure services are continued without interruption and/or resume operating as quickly as possible in response to an emergency/disaster. Flexibility on state licensing standards allowing for less stringent and/or alternative measures, without endangering the health or safety of children, will support programs maintaining or resuming operation.
Sec 10 through 27: The grounds for disciplinary action for certain healthcare professions already include "failure to conform to the accepted standards of the profession." Such professions include: professional counselors; acupuncturists; paramedics; massage therapists; dietitian-nutritionists; perfusionists; respiratory care practitioners; athletic trainers; midwifery and radiographers. However, statutes regarding highly-regulated professions, such as physicians and dentists, do not contain such grounds for disciplinary action. The amendment would permit licensure discipline in all regulated professions where a practitioner acts in an intentionally malicious or dangerous way that may be contrary to "standards of the profession" while not necessarily occurring in the

"active practice" of medicine, dentistry or otherwise. Some examples may include cases of physical abuse, sexual assault and distribution of child pornography and/or reckless endangerment where licensure disciplinary action may be appropriate to protect the public health and safety because of the evidence of dangerous behavior or extremely compromised judgment by a practitioner, even though the practitioner's offensive conduct occurred outside the course of his or her daily work activities in a healthcare setting. The additional statutory wording would assist in such efforts to further protect the public health and safety.

Section 38. The proposed legislation would give the Drinking Water Section (DWS) an effective process to initiate disciplinary actions against certified water operators that is currently utilized by the Department for other certified/licensed professions.

Sec. 1. Section 19a.32c of the Connecticut General Statutes is repealed and the following is substituted in lieu thereof:

There is created a Biomedical Research Trust Fund which shall be a separate [nonlapsing] non-lapsing fund. The trust fund may accept transfers from the Tobacco Settlement Fund and may apply for and accept gifts, grants or donations from public or private sources to enable the account to carry out its objectives. [On and after July 1, 2001, the] The Commissioner of Public Health may make grants-in-aid from the trust fund to eligible institutions for the purpose of funding biomedical research in the fields of heart disease, cancer and other tobacco-related diseases, and Alzheimer's disease and diabetes. [For the fiscal year ending June 30, 2002, the total amount of such grants-in-aid made during the fiscal year shall not exceed two million dollars. For the fiscal year ending June 30, 2003, and each fiscal year thereafter, the total amount of] Each fiscal year the total amount of moneys deposited in the account shall be used by the Department of Public Health for such grants-in-aid and: [made during the fiscal year] (1) shall not exceed fifty per cent of the total amount held in the trust fund as of the date such grants-in-aid are approved; and (2) two percent of the total available amount held in the trust fund shall be made available to the Department of Public Health for expenditures to administer such grants in aid. [Not later than April 1, 2001, the] The Commissioner of Public Health shall develop an application for grants-in-aid under this section and may receive applications from eligible institutions for such grants-in-aid on and after [said date] acceptance of the transfer from the Tobacco Settlement Fund. For purposes of this section, "eligible institution" means Connecticut entities that are (1) a nonprofit, tax-exempt academic institution of higher education; or (2) a hospital that conducts biomedical research.

Sec 2. Section 19a-266 of the Connecticut General Statute is repealed and the following is substituted in lieu thereof:

(a) For purposes of this section:

(1) "Breast cancer screening and referral services" means necessary breast cancer screening services and referral services for a procedure intended to treat cancer of the human breast, including, but not limited to, surgery, radiation therapy, chemotherapy, hormonal therapy and related medical follow-up services.

(2) "Cervical cancer screening and referral services" means necessary cervical cancer screening services and referral services for a procedure intended to treat cancer of the human cervix, including, but not limited to, surgery, radiation therapy, cryotherapy, electrocoagulation and related medical follow-up services.

(3) "Unserved or underserved populations" means women who are: (A) At or below two hundred and fifty per cent of the federal poverty level for individuals; (B) without health

insurance that covers breast cancer screening mammography or cervical cancer screening services; and (C) twenty-one to sixty-four years of age.

(b) There is established, within existing appropriations, a breast and cervical cancer early detection and treatment referral program, within the Department of Public Health, to (1) promote screening, detection and treatment of breast cancer and cervical cancer among unserved or underserved populations, (2) educate the public regarding breast cancer and cervical cancer and the benefits of early detection, and (3) provide counseling and referral services for treatment.

(c) The program shall include, but not be limited to:

(1) Establishment of a public education and outreach initiative to publicize breast cancer and cervical cancer early detection services and the extent of coverage for such services by health insurance; the benefits of early detection of breast cancer and the recommended frequency of screening services, including clinical breast examinations and mammography; and the medical assistance program and other public and private programs and the benefits of early detection of cervical cancer and the recommended frequency of pap tests;

(2) Development of professional education programs, including the benefits of early detection of breast cancer and the recommended frequency of mammography and the benefits of early detection of cervical cancer and the recommended frequency of pap tests;

(3) Establishment of a system to track and follow up on all women screened for breast cancer and cervical cancer in the program. The system shall include, but not be limited to, follow-up of abnormal screening tests and referral to treatment when needed and tracking women to be screened at recommended screening intervals;

(4) Assurance that all participating providers of breast cancer and cervical cancer screening are in compliance with national and state quality assurance legislative mandates.

(d) The Department of Public Health shall provide unserved or underserved populations, within existing appropriations and through contracts with health care providers: (1) Clinical breast examinations, screening mammograms and pap tests, as recommended in the most current breast and cervical cancer screening guidelines established by the United States Preventive Services Task Force, for the woman's age and medical history; and (2) a pap test every six months for women who have tested HIV positive.

[(e) The organizations providing the testing and treatment services shall report to the Department of Public Health the names of the insurer of each underinsured woman being tested to facilitate recoupment.]

Sec 3. Subsection (a) of section 19a-491c of the Connecticut General Statutes is amended by adding section (5) as follows:

(NEW) <u>(5) “Volunteer” means an individual who has duties that are equivalent to a direct access employee and those duties involve, or may involve, one-on-one contact with a patient or resident of a long-term care facility.</u>

Sec 4. Subsection (a) of section 19a-490 of the Connecticut General Statutes is repealed and the following is substituted in lieu thereof:

(a) "Institution" means a hospital, <u>short-term hospitals, special, hospice, hospice inpatient facility,</u> residential care home, health care facility for the handicapped, nursing home, rest home, home health care agency, homemaker-home health aide agency, mental health facility, assisted living services

agency, substance abuse treatment facility, outpatient surgical facility, 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 facilities for the care or treatment of mentally ill persons or persons with substance abuse problems; and a residential facility for the mentally retarded licensed pursuant to section 17a-227 and certified to participate in the Title XIX Medicaid program as an intermediate care facility for the mentally retarded;

Sec 5. Subsection (c) of section 19a-491 of the Connecticut General Statutes is repealed and the following is substituted in lieu thereof:

(c) Notwithstanding any regulation to the contrary, the Commissioner of Public Health shall charge the following fees for the biennial licensing and inspection of the following institutions: (1) Chronic and convalescent nursing homes, per site, four hundred forty dollars; (2) chronic and convalescent nursing homes, per bed, five dollars; (3) rest homes with nursing supervision, per site, four hundred forty dollars; (4) rest homes with nursing supervision, per bed, five dollars; (5) outpatient dialysis units and outpatient surgical facilities, six hundred twenty-five dollars; (6) mental health residential facilities, per site, three hundred seventy-five dollars; (7) mental health residential facilities, per bed, five dollars; (8) hospitals, per site, nine hundred forty dollars; (9) hospitals, per bed, seven dollars and fifty cents; (10) nonstate agency educational institutions, per infirmary, one hundred fifty dollars; and (11) nonstate agency educational institutions, per infirmary bed, twenty-five dollars <u>(12) short-term hospitals, special, hospice, per site, nine hundred forty dollars, (13) short-term hospitals, special, hospice, per bed, seven dollars and fifty cents; (14) hospice inpatient facility, per site, four hundred forty dollars; (15) hospice inpatient facility, per bed, five dollars</u> .

Sec 6. Section 19a-79 of the general statutes is repealed and the following is substituted in lieu thereof:

(a) The Commissioner of Public Health shall adopt regulations, in accordance with the provisions of chapter 54, to carry out the purposes of sections 19a-77 to 19a-80, inclusive, and 19a-82 to 19a-87, inclusive, and to assure that child day care centers and group day care homes shall meet the health, educational and social needs of children utilizing such child day care centers and group day care homes. Such regulations shall (1) specify that before being permitted to attend any child day care center or group day care home, each child shall be protected as age-appropriate by adequate immunization against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, hemophilus influenzae type B and any other vaccine required by the schedule of active immunization adopted pursuant to section 19a-7f, including appropriate exemptions for children for whom such immunization is medically contraindicated and for children whose parents object to such immunization on religious grounds, (2) specify conditions under which child day care center directors and teachers and group day care home providers may administer tests to monitor glucose levels in a child with diagnosed diabetes mellitus, and administer medicinal preparations, including controlled drugs specified in the regulations by the commissioner, to a child receiving child day care services at such child day care center or group day care home pursuant to the written order of a physician licensed to practice medicine or a dentist licensed to practice dental medicine in this or another state, or an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a, or a physician assistant licensed to prescribe in accordance with section 20-12d, and the written authorization of a parent or guardian of such child, (3) specify that an operator of a child day care center or group day care home, licensed before January 1, 1986, or an operator who receives a license after January 1, 1986, for a facility licensed prior to January 1, 1986,

shall provide a minimum of thirty square feet per child of total indoor usable space, free of furniture except that needed for the children's purposes, exclusive of toilet rooms, bathrooms, coatrooms, kitchens, halls, isolation room or other rooms used for purposes other than the activities of the children, (4) specify that a child day care center or group day care home licensed after January 1, 1986, shall provide thirty-five square feet per child of total indoor usable space, (5) establish appropriate child day care center staffing requirements for employees certified in cardiopulmonary resuscitation by the American Red Cross, the American Heart Association, the National Safety Council, American Safety and Health Institute or Medic First Aid International, Inc., (6) specify that on and after January 1, 2003, a child day care center or group day care home (A) shall not deny services to a child on the basis of a child's known or suspected allergy or because a child has a prescription for an automatic prefilled cartridge injector or similar automatic injectable equipment used to treat an allergic reaction, or for injectable equipment used to administer glucagon, (B) shall, not later than three weeks after such child's enrollment in such a center or home, have staff trained in the use of such equipment on-site during all hours when such a child is on-site, (C) shall require such child's parent or guardian to provide the injector or injectable equipment and a copy of the prescription for such medication and injector or injectable equipment upon enrollment of such child, and (D) shall require a parent or guardian enrolling such a child to replace such medication and equipment prior to its expiration date, and (7) specify that on and after January 1, 2005, a child day care center or group day care home (A) shall not deny services to a child on the basis of a child's diagnosis of asthma or because a child has a prescription for an inhalant medication to treat asthma, and (B) shall, not later than three weeks after such child's enrollment in such a center or home, have staff trained in the administration of such medication on-site during all hours when such a child is on-site, and (8) establish physical plant requirements for licensed child day care centers and licensed group day care homes that exclusively serve school-age children. When establishing such requirements, the department shall give consideration to child day care centers and group day care homes that are located in private or public school buildings. With respect to this subdivision only, the commissioner shall implement policies and procedures necessary to implement the physical plant requirements established pursuant to this subdivision while in the process of adopting such policies and procedures in regulation form. Until replaced by policies and procedures implemented pursuant to this subdivision, any physical plant requirement specified in the department's regulations that is generally applicable to child day care centers and group day care homes shall continue to be applicable to such centers and group day care homes that exclusively serve school-age children. The commissioner shall print notice of the intent to adopt regulations pursuant to this subdivision in the Connecticut Law Journal not later than twenty days after the date of implementation of such policies and procedures. Policies and procedures implemented pursuant to this subdivision shall be valid until the time final regulations are adopted.

(b) The Commissioner of Public Health or the commissioner’s designee, in accordance with the general purpose and intent of the regulations adopted in accordance with section 19a-79, may when the Governor of the State of Connecticut has declared a state of emergency pursuant to section 28-9 of the Connecticut General Statutes waive provisions of the such regulations, if the commissioner or the commissioner’s designee determines that such waiver would not endanger the life, safety or health of any child. The commissioner or the commissioner’s designee shall have the authority to specify information required to support a request for a waiver, impose conditions which assure the health, safety and welfare of children upon the grant of such waiver, establish a date upon which such waiver will expire, or revoke such waiver upon a finding that the health, safety, or welfare of any child has been jeopardized. The provisions of section 19a-84 shall not apply to the denial of a waiver request under this section.

[(b)](c) The Commissioner of Public Health may adopt regulations, pursuant to chapter 54, to establish civil penalties of not more than one hundred dollars per day for each day of violation and other disciplinary remedies that may be imposed, following a contested-case hearing, upon the holder of a license issued under section 19a-80 to operate a child day care center or group day care home or upon the holder of a license issued under section 19a-87b to operate a family day care home.

[(c)](d) The Commissioner of Public Health shall exempt Montessori schools accredited by the American Montessori Society or the Association Montessori Internationale from any provision in regulations adopted pursuant to subsection (a) of this section which sets requirements on group size or child to staff ratios or the provision of cots.

Sec 7. Section 19a-87b of the general statutes is repealed and the following is substituted in lieu thereof:

(a) No person, group of persons, association, organization, corporation, institution or agency, public or private, shall maintain a family day care home, as defined in section 19a-77, without a license issued by the Commissioner of Public Health. Licensure forms shall be obtained from the Department of Public Health. Applications for licensure shall be made to the commissioner on forms provided by the department and shall contain the information required by regulations adopted under this section. The licensure and application forms shall contain a notice that false statements made therein are punishable in accordance with section 53a-157b. Applicants shall state, in writing, that they are in compliance with the regulations adopted by the commissioner pursuant to subsection (f) of this section. Before a family day care home license is granted, the department shall make an inquiry and investigation which shall include a visit and inspection of the premises for which the license is requested. Any inspection conducted by the department shall include an inspection for evident sources of lead poisoning. The department shall provide for a chemical analysis of any paint chips found on such premises. Neither the commissioner nor the commissioner's designee shall require an annual inspection for homes seeking license renewal or for licensed homes, except that the commissioner or the commissioner's designee shall make unannounced visits, during customary business hours, to at least thirty-three and one-third per cent of the licensed family day care homes each year. A licensed family day care home shall not be subject to any conditions on the operation of such home by local officials, other than those imposed by the department pursuant to this subsection, if the home complies with all local codes and ordinances applicable to single and multifamily dwellings.

(b) No person shall act as an assistant or substitute staff member to a person or entity maintaining a family day care home, as defined in section 19a-77, without an approval issued by the Commissioner of Public Health. Any person seeking to act as an assistant or substitute staff member in a family day care home shall submit an application for such approval to the department. Applications for approval shall: (1) Be made to the commissioner on forms provided by the department, (2) contain the information required by regulations adopted under this section, and (3) be accompanied by a fee of [twenty] fifteen dollars. The approval application forms shall contain a notice that false statements made in such form are punishable in accordance with section 53a-157b.

(c) The Commissioner of Public Health, within available appropriations, shall require each initial applicant or prospective employee of a family day care home in a position requiring the provision of care to a child, including an assistant or substitute staff member, to submit to state and national criminal history records checks. The criminal history records checks required pursuant to this subsection shall be conducted in accordance with section 29-17a. The commissioner shall also request a check of the state

child abuse registry established pursuant to section 17a-101k. The commissioner shall notify each licensee of the provisions of this subsection.

(d) The Commissioner of Public Health or the commissioner's designee, in accordance with the general purpose and intent of the regulations adopted in accordance with section 19a-87b, may when the Governor of the State of Connecticut has declared a state of emergency pursuant to section 28-9 of the Connecticut General Statutes waive provisions of the such regulations, if the commissioner or the commissioner's designee determines that such waiver would not endanger the life, safety or health of any child. The commissioner or his/her designee shall have the authority to specify information required to support a request for a waiver, impose conditions which assure the health, safety and welfare of children upon the grant of such waiver, establish a date upon which such waiver will expire, or revoke such waiver upon a finding that the health, safety, or welfare of any child has been jeopardized. The provisions of section 19a-87e(b) shall not apply to the denial of a waiver request under this section.

[(d)] (e) An application for initial licensure pursuant to this section shall be accompanied by a fee of forty dollars and such license shall be issued for a term of four years. An application for renewal of a license issued pursuant to this section shall be accompanied by a fee of forty dollars and a certification from the licensee that any child enrolled in the family day care home has received age-appropriate immunizations in accordance with regulations adopted pursuant to subsection (f) of this section. A license issued pursuant to this section shall be renewed for a term of four years.

[(e)] (f) An application for initial staff approval or renewal of staff approval shall be accompanied by a fee of fifteen dollars. Such approvals shall be issued or renewed for a term of two years.

[(f)] (g) The Commissioner of Public Health shall adopt regulations, in accordance with the provisions of chapter 54, to assure that family day care homes, as defined in section 19a-77, shall meet the health, educational and social needs of children utilizing such homes. Such regulations shall ensure that the family day care home is treated as a residence, and not an institutional facility. Such regulations shall specify that each child be protected as age-appropriate by adequate immunization against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, hemophilus influenzae type B and any other vaccine required by the schedule of active immunization adopted pursuant to section 19a-7f. Such regulations shall provide appropriate exemptions for children for whom such immunization is medically contraindicated and for children whose parents object to such immunization on religious grounds. Such regulations shall also specify conditions under which family day care home providers may administer tests to monitor glucose levels in a child with diagnosed diabetes mellitus, and administer medicinal preparations, including controlled drugs specified in the regulations by the commissioner, to a child receiving day care services at a family day care home pursuant to a written order of a physician licensed to practice medicine in this or another state, an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a or a physician assistant licensed to prescribe in accordance with section 20-12d, and the written authorization of a parent or guardian of such child. Such regulations shall specify appropriate standards for extended care and intermittent short-term overnight care. The commissioner shall inform each licensee, by way of a plain language summary provided not later than sixty days after the regulation's effective date, of any new or changed regulations adopted under this subsection with which a licensee must comply.

Sec 8. Section 52-146o of the Connecticut General Statutes is repealed and the following is substituted in lieu thereof:

(a) Except as provided in sections 52-146c to 52-146j, inclusive, and subsection (b) of this section, in any civil action or any proceeding preliminary thereto or in any probate, legislative or administrative proceeding, a physician, [or] surgeon[,] or other licensed health care provider as defined in subsection (b) of section 20-7b, shall not disclose (1) any communication made to him by, or any information obtained by him from, a patient or the conservator or guardian of a patient with respect to any actual or supposed physical or mental disease or disorder or (2) any information obtained by personal examination of a patient, unless the patient or his authorized representative explicitly consents to such disclosure.

Sec 9. Section 19a-496 of the Connecticut General Statutes is repealed and the following is substituted in lieu thereof:

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

(b). Subsequent to an inspection activity to monitor for compliance with state laws and regulations, institutions as defined under section 19a-490 shall submit to the Department pursuant to identification of non-compliance a plan of correction. The plan of correction shall include (1) what measures will be implemented or systemic changes made to prevent the recurrence of the identified non-compliance; (2) date the corrective measure will be effected; (3) how the institution plans to monitor its quality assessment and performance improvement function to ensure that solutions are sustained; (4) the institution staff member, by title who has been designated the responsibility for monitoring the plan of correction submitted for each violation of non-compliance. The plan of correction shall serve as the facility's allegation of compliance. A plan of correction must be submitted within ten (10) calendar days from the date the institution receives its written notification of non-compliance. If an acceptable plan of correction is not received within ten (10) calendar days, the institution may be subject to further disciplinary action.

Sec 10. Section 20-13c of the Connecticut General Statutes is repealed and the following is substituted in lieu thereof:

The board is authorized to restrict, suspend or revoke the license or limit the right to practice of a physician or take any other action in accordance with section 19a-17, for failure to conform to the accepted standards of the profession, including but not limited to any of the following reasons: (1) Physical illness or loss of motor skill, including, but not limited to, deterioration through the aging process; (2) emotional disorder or mental illness; (3) abuse or excessive use of drugs, including alcohol, narcotics or chemicals; (4) illegal, incompetent or negligent conduct in the practice of medicine; (5) possession, use, prescription for use, or distribution of controlled substances or legend drugs, except for therapeutic or other medically proper purposes; (6) misrepresentation or concealment of a material fact in the obtaining or reinstatement of a license to practice medicine; (7) failure to adequately supervise a physician assistant; (8) failure to fulfill any obligation resulting from participation in the National Health Service Corps; (9) failure to maintain professional liability insurance or other indemnity against liability for professional malpractice as provided in subsection (a) of section 20-11b; (10) failure to provide

information requested by the department for purposes of completing a health care provider profile, as required by section 20-13j; (11) engaging in any activity for which accreditation is required under section 19a-690 or 19a-691 without the appropriate accreditation required by section 19a-690 or 19a-691; (12) failure to provide evidence of accreditation required under section 19a-690 or 19a-691 as requested by the department pursuant to section 19a-690 or 19a-691; (13) failure to comply with the continuing medical education requirements set forth in section 20-10b; or (14) violation of any provision of this chapter or any regulation established hereunder. In each case, the board shall consider whether the physician poses a threat, in the practice of medicine, to the health and safety of any person. If the board finds that the physician poses such a threat, the board shall include such finding in its final decision and act to suspend or revoke the license of said physician.

Sec 11. Section 20-29 of the Connecticut General Statutes is repealed and the following is substituted in lieu thereof:

The Board of Chiropractic Examiners may take any of the actions set forth in section 19a-17 for <u>failure to conform to the accepted standards of the profession, including but not limited to</u> any of the following reasons: The employment of fraud or deception in obtaining a license, habitual intemperance in the use of ardent spirits, narcotics or stimulants to such an extent as to incapacitate the user for the performance of professional duties, violation of any provisions of this chapter or regulations adopted hereunder, engaging in fraud or material deception in the course of professional services or activities, physical or mental illness, emotional disorder or loss of motor skill, including, but not limited to, deterioration through the aging process, illegal, incompetent or negligent conduct in the practice of chiropractic, failure to maintain professional liability insurance or other indemnity against liability for professional malpractice as provided in subsection (a) of section 20-28b, failure to comply with the continuing education requirements as set forth in section 20-32, or failure to provide information to the Department of Public Health required to complete a health care provider profile, as set forth in section 20-13j. Any practitioner against whom any of the foregoing grounds for action under said section 19a-17 are presented to said board shall be furnished with a copy of the complaint and shall have a hearing before said board. The hearing shall be conducted in accordance with the regulations established by the Commissioner of Public Health. Said board may, at any time within two years of such action, by a majority vote, rescind such action. The Commissioner of Public Health may order a license holder to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17.

Sec 12. Section 20-40 of the Connecticut General Statutes is repealed and the following is substituted in lieu thereof:

Said department may refuse to grant a license to practice natureopathy or may take any of the actions set forth in section 19a-17 for <u>failure to conform to the accepted standards of the profession, including but not limited to</u> any of the following reasons: The employment of fraud or material deception in obtaining a license, habitual intemperance in the use of ardent spirits, narcotics or stimulants to such an extent as to incapacitate the user for the performance of professional duties, violations of the provisions of this chapter or regulations adopted hereunder, engaging in fraud or material deception in the course of professional services or activities, physical or mental illness, emotional disorder or loss of motor skill, including, but not limited to, deterioration through the aging process, illegal, incompetent or negligent conduct in his practice, failure to maintain professional liability insurance or other indemnity against liability for professional malpractice as provided in subsection (a) of section 20-39a, or failure to provide

information to the Department of Public Health required to complete a health care provider profile, as set forth in section 20-13j. Any applicant for a license to practice natureopathy or any practitioner against whom any of the foregoing grounds for refusing a license or action under said section 19a-17 are presented to said board shall be furnished with a copy of the complaint and shall have a hearing before said board in accordance with the regulations adopted by the Commissioner of Public Health. The Commissioner of Public Health may order a license holder to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17.

Sec 13. Section 20-45 of the Connecticut General Statutes is repealed and the following is substituted in lieu thereof:

The license of any licensed practitioner of the healing arts in this state, except a physician as defined in section 20-13a, may be revoked, suspended or annulled, or such practitioner may be reprimanded or otherwise disciplined, after notice and hearing, on the recommendation of the examining board representing the branch of the healing arts practiced by such practitioner for any cause named below. Proceedings relative to the revocation, suspension or annulment of a license or toward disciplinary action may be begun by the filing of written charges, verified by affidavit, by the Commissioner of Public Health with the examining board representing the branch of the healing arts practiced by the practitioner. The causes for which a license may be revoked, suspended or annulled or for which a practitioner may be reprimanded or otherwise disciplined are as follows: Failure to conform to the acceptable standards of the profession; Conviction in a court of competent jurisdiction, either within or without this state, of any crime in the practice of his profession; fraudulent or deceptive conduct in the course of professional services or activities; illegal, incompetent or negligent conduct in the practice of the healing arts; habitual intemperance in the use of spirituous stimulants or addiction to the use of morphine, cocaine or other habit-forming drugs; aiding or abetting the unlawful practice of any branch of the healing arts; failure to record a license as required by law; physical or mental illness, emotional disorder or loss of motor skill, including but not limited to deterioration through the aging process of the practitioner; fraud or material deception in obtaining a license; or violation of any applicable statute or regulation. The clerk of any court in this state in which a person practicing any profession under the jurisdiction of any of the examining boards for the healing arts has been convicted of any crime as described in this section shall, immediately after such conviction, transmit a certified copy, in duplicate, of the information and judgment, without charge, to the Department of Public Health, containing the name and address of the practitioner, the crime of which he was convicted and the date of conviction. The Commissioner of Public Health may order a practitioner to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is the subject of an investigation.

Sec 14. Section 20-59 of the Connecticut General Statutes is repealed and the following is substituted in lieu thereof:

The board may take any of the actions set forth in section 19a-17 for failure to conform to the accepted standards of the profession, including but not limited to any of the following reasons: (1) Procurement of a license by fraud or material deception; (2) conviction in a court of competent jurisdiction, either within or without this state, of any crime in the practice of podiatry; (3) fraudulent or deceptive conduct in the course of professional services or activities; (4) illegal or incompetent or negligent conduct in the practice of podiatry; (5) habitual intemperance in the use of spirituous stimulants or addiction to the use of morphine, cocaine or other drugs having a similar effect; (6) aiding and abetting the practice of

podiatry by an unlicensed person or a person whose license has been suspended or revoked; (7) mental illness or deficiency of the practitioner; (8) physical illness or loss of motor skill, including, but not limited to, deterioration through the aging process, of the practitioner; (9) undertaking or engaging in any medical practice beyond the privileges and rights accorded to the practitioner of podiatry by the provisions of this chapter; (10) failure to maintain professional liability insurance or other indemnity against liability for professional malpractice as provided in subsection (a) of section 20-58a; (11) independently engaging in the performance of ankle surgery procedures without a permit, in violation of section 20-54; (12) violation of any provision of this chapter or any regulation adopted hereunder; or (13) failure to provide information to the Department of Public Health required to complete a health care provider profile, as set forth in section 20-13j. The Commissioner of Public Health may order a license holder to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17. The clerk of any court in this state in which a person practicing podiatry has been convicted of any crime shall, upon such conviction, make written report, in duplicate, to the Department of Public Health of the name and residence of such person, the crime of which such person was convicted and the date of conviction; and said department shall forward one of such duplicate reports to the board.

Sec 15. Section 20-73a of the Connecticut General Statutes is repealed and the following is substituted in lieu thereof:

(a) The Board of Examiners for Physical Therapists shall have jurisdiction to hear all charges of conduct that fails to conform to the accepted standards of the practice of physical therapy brought against any person licensed as a physical therapist or physical therapist assistant and, after holding a hearing, written notice of which shall be given to the person complained of, the board, if it finds such person to be guilty, may revoke or suspend such person's license or take any of the actions set forth in section 19a-17. Any proceedings relative to such action may be begun by the filing of written charges with the Commissioner of Public Health. Conduct that fails to conform to the accepted standards of physical therapy includes, but is not limited to [The causes for which such action may be taken are as follows]: (1) Conviction in a court of competent jurisdiction, either within or without this state, of any crime in the practice of such person's profession; (2) illegal, incompetent or negligent conduct in the practice of physical therapy or in the supervision of a physical therapist assistant; (3) aiding or abetting the unlawful practice of physical therapy; (4) treating human ailments by physical therapy without the oral or written referral by a person licensed in this state or in a state having licensing requirements meeting the approval of the appropriate examining board in this state to practice medicine and surgery, podiatry, natureopathy, chiropractic or dentistry if such referral is required pursuant to section 20-73; (5) failure to register with the Department of Public Health as required by law; (6) fraud or deception in obtaining a license; (7) engaging in fraud or material deception in the course of professional services or activities; (8) failure to comply with the continuing education requirements of section 20-73b; (9) violation of any provision of this chapter, or any regulation adopted under this chapter; or (10) failure to provide information to the Department of Public Health required to complete a health care provider profile, as set forth in section 20-13j.

Sec 16. Section 20-74g of the Connecticut General Statutes is repealed and the following is substituted in lieu thereof:

The commissioner may refuse to renew, suspend or revoke a license, or may impose probationary conditions, where the licensee or applicant for a license has been guilty of unprofessional conduct which

has endangered or is likely to endanger the health, welfare or safety of the public. Such unprofessional conduct shall include, but is not limited to: Obtaining a license by means of fraud, misrepresentation or concealment of material facts; being guilty of unprofessional conduct as defined by the rules established by the commissioner, or violating the code of ethics adopted and published by the commissioner; being convicted of a crime other than minor offenses defined as "infractions", "violations", or "offenses" in any court if, in accordance with the provisions of section 46a-80, the acts for which the applicant or licensee was convicted are found by the commissioner to have a direct bearing on whether he should be entrusted to serve the public in the capacity of an occupational therapist or occupational therapy assistant. The clerk of any court in this state in which a person practicing occupational therapy has been convicted of any crime as described in this section shall, immediately after such conviction, transmit a certified copy, in duplicate, of the information and judgment, without charge, to the department containing the name and address of the occupational therapist, the crime of which he has been convicted and the date of conviction. The hearing on such charges shall be conducted in accordance with regulations adopted by the commissioner pursuant to section 20-74i. If any registration is revoked or suspended, notification of such action shall be sent to the department. Any person aggrieved by a final decision of the commissioner may appeal therefrom in accordance with the provisions of section 4-183. Such appeal shall have precedence over nonprivileged cases in respect to order of trial. The Attorney General shall act as attorney in the public interest in defending against such an appeal. One year from the date of the revocation of a license, application for reinstatement may be made to the commissioner. The commissioner may accept or reject an application for reinstatement and may, but shall not be required to, hold a hearing to consider such reinstatement.

Sec 17. Section 20-114 of the Connecticut General Statutes is repealed and the following is substituted in lieu thereof:

(a) The Dental Commission may take any of the actions set forth in section 19a-17 for failure to conform to the accepted standards of the profession, including but not limited to any of the following causes: (1) The presentation to the department of any diploma, license or certificate illegally or fraudulently obtained, or obtained from an institution that is not reputable or from an unrecognized or irregular institution or state board, or obtained by the practice of any fraud or deception; (2) proof that a practitioner has become unfit or incompetent or has been guilty of cruelty, incompetence, negligence or indecent conduct toward patients; (3) conviction of the violation of any of the provisions of this chapter by any court of criminal jurisdiction, provided no action shall be taken under section 19a-17 because of such conviction if any appeal to a higher court has been filed until the appeal has been determined by the higher court and the conviction sustained; (4) the employment of any unlicensed person for other than mechanical purposes in the practice of dental medicine or dental surgery subject to the provisions of section 20-122a; (5) the violation of any of the provisions of this chapter or of the regulations adopted hereunder or the refusal to comply with any of said provisions or regulations; (6) the aiding or abetting in the practice of dentistry, dental medicine or dental hygiene of a person not licensed to practice dentistry, dental medicine or dental hygiene in this state; (7) designating a limited practice, except as provided in section 20-106a; (8) engaging in fraud or material deception in the course of professional activities; (9) the effects of physical or mental illness, emotional disorder or loss of motor skill, including, but not limited to, deterioration through the aging process, upon the license holder; (10) abuse or excessive use of drugs, including alcohol, narcotics or chemicals; (11) failure to comply with the continuing education requirements set forth in section 20-126c; (12) failure of a holder of a dental anesthesia or conscious sedation permit to successfully complete an on-site evaluation conducted pursuant to subsection (c) of section 20-123b; (13) failure to provide information to the Department of Public Health required to complete a health care provider profile, as set forth in section 20-13j; or (14) failure to maintain professional liability insurance or other indemnity against liability for professional

malpractice as provided in section 20-126d. A violation of any of the provisions of this chapter by any unlicensed employee in the practice of dentistry or dental hygiene, with the knowledge of the employer, shall be deemed a violation by the employer. The Commissioner of Public Health may order a license holder to submit to a reasonable physical or mental examination if his or her physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17.

(b) For purposes of subdivision (8) of subsection (a) of this section, fraud or material deception shall include, but not be limited to, the following practices: (1) Submission of a claim form to a third party intentionally reporting incorrect treatment dates for the purpose of assisting a patient in obtaining benefits under a dental plan, which benefits would otherwise be disallowed; (2) increasing a fee to a patient for a dental procedure or dental hygiene service in excess of the fee generally charged by the dentist for such procedure or service solely because the patient has dental insurance; (3) intentionally describing a dental procedure incorrectly on a third-party claim form in order to receive a greater payment or reimbursement or intentionally misrepresenting a dental procedure not otherwise eligible for payment or reimbursement on such claim form for the purpose of receiving payment or reimbursement; and (4) intentionally accepting payment from a third party as payment in full for patient services rendered when (A) the patient has been excused from payment of any applicable deductible by the license holder, and (B) such license holder fails to notify the third party of such action.

Sec 18. Section 20-126o of the Connecticut General Statutes is repealed and the following is substituted in lieu thereof:

(a) The Department of Public Health may take any of the actions set forth in section 19a-17 for <u>failure to conform to the accepted standards of the profession, including but not limited to</u> any of the following causes: (1) The presentation to the department of any diploma, license or certificate illegally or fraudulently obtained, or obtained from an institution that is not accredited or from an unrecognized or irregular institution or state board, or obtained by the practice of any fraud or deception; (2) illegal conduct; (3) negligent, incompetent or wrongful conduct in professional activities; (4) conviction of the violation of any of the provisions of sections 20-126h to 20-126w, inclusive, by any court of criminal jurisdiction; (5) the violation of any of the provisions of said sections or of the regulations adopted hereunder or the refusal to comply with any of said provisions or regulations; (6) the aiding or abetting in the practice of dental hygiene of a person not licensed to practice dental hygiene in this state; (7) engaging in fraud or material deception in the course of professional activities; (8) the effects of physical or mental illness, emotional disorder or loss of motor skill, including, but not limited to, deterioration through the aging process, upon the license holder; (9) abuse or excessive use of drugs, including alcohol, narcotics or chemicals; or (10) failure to provide information to the Department of Public Health required to complete a health care provider profile, as set forth in section 20-13j. A violation of any of the provisions of sections 20-126h to 20-126w, inclusive, by any unlicensed employee in the practice of dental hygiene, with the knowledge of his employer, shall be deemed a violation thereof by his employer. The Commissioner of Public Health may order a license holder to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to said section 19a-17.

(b) For purposes of subdivision (7) of subsection (a) of this section, fraud or material deception shall include, but not be limited to, the following practices: (1) Submission of a claim form to a third party intentionally reporting incorrect treatment dates for the purpose of assisting a patient in obtaining

benefits under a dental plan, which benefits would otherwise be disallowed; (2) increasing a fee to a patient for a service in excess of the fee charged solely because the patient has dental insurance; (3) intentionally describing a dental hygiene procedure incorrectly on a third-party claim form in order to receive a greater payment or reimbursement or intentionally misrepresenting a dental hygiene procedure not otherwise eligible for payment or reimbursement on such claim form for the purpose of receiving payment or reimbursement; and (4) intentionally accepting payment from a third party as payment in full for patient services rendered when (A) the patient has been excused from payment of any applicable deductible by the license holder and (B) such license holder fails to notify the third party of such action.

Sec 19. Section 20-133 of the Connecticut General Statutes is repealed and the following is substituted in lieu thereof:

The board may take any of the actions set forth in section 19a-17 after notice and hearing, for <u>failure to conform to the accepted standards of the profession, including but not limited to</u> any of the following reasons: (1) Conviction in a court of competent jurisdiction, either within or without this state, of any crime in the practice of optometry; (2) illegal or incompetent or negligent conduct in the practice of optometry; (3) publication or circulation of any fraudulent or misleading statement; (4) aiding or abetting the practice of optometry by an unlicensed person or a person whose license has been suspended or revoked; (5) presentation to the department of any diploma, license or certificate illegally or fraudulently obtained, or from an unrecognized or irregular institution or state board, or obtained by the practice of any fraud or deception; (6) violation of any provision of this chapter or any regulation adopted hereunder; (7) the effects of physical or mental illness, emotional disorder or loss of motor skill, including, but not limited to, deterioration through the aging process, upon the practitioner; (8) abuse or excessive use of drugs, including alcohol, narcotics or chemicals; (9) failure to maintain professional liability insurance or other indemnity against liability for professional malpractice as required by section 20-133b; or (10) failure to provide information to the Department of Public Health required to complete a health care provider profile, as set forth in section 20-13j. The Commissioner of Public Health may order a license holder to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17. The license of any optometrist who peddles optical goods, or solicits orders therefor, from door to door, or who establishes a temporary office, may be revoked, and said department may refuse to renew such license. The license of any optometrist who employs solicitors or obtains money by fraud or misrepresentation in connection with the conduct of the profession of optometry shall be revoked, and said department shall not renew such license. The violation of any of the provisions of this chapter by any unlicensed employee in the employ of an optometrist, with the knowledge of his employer, shall be deemed to be a violation thereof by his employer; and continued violation by such an unlicensed employee shall be deemed prima facie knowledge on the part of such employer. Nothing herein contained shall be construed as prohibiting the conducting of clinics or visual surveys when they are conducted without profit.

Sec 20. Section 20-154 of the Connecticut General Statutes is repealed and the following is substituted in lieu thereof:

The Commissioner of Public Health, with advice and assistance from said board, may make regulations concerning the licensing of any optician, the granting of any permit to any optical department or the certification of any licensed optician, and the suspension or revocation of any such license or permit, or

with reference to the conduct of any such licensee or permittee and the manner in which any such licensed optical department is conducted. Any license to practice as a licensed optician or to conduct any optical department may be suspended or revoked or reissued by said board. The certificate of registration, permit or license of any optician or of any optical permittee may be revoked, suspended or annulled or any action taken under section 19a-17 upon decision after notice and hearing by the board for failure to conform to the accepted standards of the profession, including but not limited to any of the following reasons: Fraudulent, dishonest, illegal or incompetent or negligent conduct of his business as such licensee or permittee; aiding or abetting any unlicensed person whose license has been suspended or revoked, or any optical permittee whose permit has been suspended or revoked in the conduct of an optician's establishment, office or store; violation of any provision of this chapter or any regulation adopted hereunder; presentation to the department of any diploma, license or certificate, irregularly or fraudulently obtained or from any unrecognized or irregular college or state commission, or obtained by the practice of any fraud or deception; physical or mental illness, emotional disorder or loss of motor skill, including but not limited to, deterioration through the aging process; abuse or excessive use of drugs, including alcohol, narcotics or chemicals. The Commissioner of Public Health may order a license holder to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17. The violation of any of the provisions of this chapter by any unlicensed employee in the employ of any of its licensees or permittees, with the knowledge of his employer, shall be deemed to be a violation thereof by his employer; and continued violation thereof by such an unlicensed employee shall be deemed to be, prima facie, with the knowledge of such employer.

Sec 21. Section 20-192 of the Connecticut General Statutes is repealed and the following is substituted in lieu thereof:

The board may take any action set forth in section 19a-17, for failure to conform to the accepted standards of the profession, including but not limited to, if the license holder: Has been convicted of a felony; has been found by the board to have employed fraud or deceit in obtaining his license or in the course of any professional activity, to have violated any provision of this chapter or any regulation adopted hereunder or to have acted negligently, incompetently or wrongfully in the conduct of his profession; practiced in an area of psychology for which he is not qualified; is suffering from physical or mental illness, emotional disorder or loss of motor skill, including but not limited to, deterioration through the aging process or is suffering from the abuse or excessive use of drugs, including alcohol, narcotics or chemicals. The Commissioner of Public Health may order a license holder to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17. Notice of any contemplated action under said section, of the cause therefor and the date of hearing thereon shall be given and an opportunity for hearing afforded as provided in the regulations adopted by the Commissioner of Public Health. The Attorney General shall, upon request, furnish legal assistance to the board. Any person aggrieved by any action of the board may appeal therefrom as provided in section 4-183, except such appeal shall be made returnable to the judicial district where he resides. Such appeal shall have precedence over nonprivileged cases in respect to order of trial.

Sec 22. Section 20-195d of the Connecticut General Statutes is repealed and the following is substituted in lieu thereof:

The department is authorized to conduct investigations and take disciplinary actions as set forth in section 19a-17 for failure to conform to the accepted standards of the profession, including but not limited to any of the following reasons: (1) Fraud or material deception in procuring or attempting to procure licensure; (2) illegal conduct, incompetence or negligence in carrying out professional functions; (3) any occupationally disabling emotional disorder or mental illness; (4) physical illness including, but not limited to, deterioration through the aging process; (5) abuse or excessive use of drugs, including alcohol, narcotics or chemicals; (6) fraud or material deception in the course of professional activities; (7) wilful and significant falsification of entries in any hospital, patient or other record; and (8) violation of any provision of this chapter, any regulation adopted pursuant to this chapter, or any provisions of subdivision (6) of subsection (a) of section 19a-14. The commissioner may order a license holder to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is the subject of an investigation. The commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17.

Sec 23. Section 20-202 of the Connecticut General Statutes is repealed and the following is substituted in lieu thereof:

After notice and opportunity for hearing as provided in the regulations established by the Commissioner of Public Health, said board may take any of the actions set forth in section 19a-17 for failure to conform to the accepted standards of the profession, including but not limited to any of the following causes: (1) The presentation to the board of any diploma, license or certificate illegally or fraudulently obtained; (2) proof that the holder of such license or certificate has become unfit or incompetent or has been guilty of cruelty, unskillfulness or negligence towards animals and birds; (3) conviction of the violation of any of the provisions of this chapter by any court of criminal jurisdiction, provided no license or registration shall be revoked or suspended because of such conviction if an appeal to a higher court has been filed until such appeal has been determined by the higher court and the conviction sustained; (4) the violation of any of the provisions of this chapter or the refusal to comply with any of said provisions; (5) the publication or circulation of any statement of a character tending to deceive or mislead the public; (6) the supplying of drugs, biologics, instruments or any substances or devices by which unqualified persons may practice veterinary medicine, surgery and dentistry, except that such drugs, biologics, instruments, substances or devices may be supplied to a farmer for his own animals or birds; (7) fraudulent issue or use of any health certificate, vaccination certificate, test chart or other blank form used in the practice of veterinary medicine relating to the dissemination of animal disease, transportation of diseased animals or the sale of inedible products of animal origin for human consumption; (8) knowingly having professional association with, or knowingly employing any person who is unlawfully practicing veterinary medicine; (9) failure to keep veterinary premises and equipment in a clean and sanitary condition; (10) physical or mental illness, emotional disorder or loss of motor skill, including but not limited to, deterioration through the aging process; (11) abuse or excessive use of drugs, including alcohol, narcotics or chemicals; or (12) failure to comply with the continuing education requirements prescribed in section 20-201a. A violation of any of the provisions of this chapter by any unlicensed employee in the practice of veterinary medicine, with the knowledge of his employer, shall be deemed a violation thereof by his employer. The Commissioner of Public Health may order a license holder to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17.

Sec 24. Section 20-227 of the Connecticut General Statutes is repealed and the following is substituted in lieu thereof:

The Department of Public Health may refuse to grant a license or inspection certificate or the board may take any of the actions set forth in section 19a-17 against a licensee, registrant or holder of an inspection certificate for failure to conform to the accepted standards of the profession, including but not limited to [if it finds the existence of] any of the following grounds: (1) The practice of any fraud or deceit in obtaining or attempting to obtain a license, registration or inspection certificate; (2) violation of the statutes or regulations of said department relative to the business of embalming or funeral directing in this state; (3) the conviction of a crime in the course of professional activities; (4) incompetency, negligence or misconduct in the carrying on of such business or profession; (5) violation of or noncompliance with the provisions of this chapter or the rules established hereunder; (6) loaning, borrowing or using a license or inspection certificate of another, or knowingly aiding or abetting in any way the granting of an improper license or inspection certificate; (7) aiding or abetting the practice of embalming or funeral directing by an unlicensed person; (8) physical or mental illness, emotional disorder or loss of motor skill, including but not limited to, deterioration through the aging process; or (9) abuse or excessive use of drugs, including alcohol, narcotics or chemicals. The Commissioner of Public Health may order a license holder to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order of any action taken pursuant to section 19a-17. The Department of Public Health shall not refuse to renew any license or inspection certificate nor shall the board suspend any such license, registration or inspection certificate until the holder thereof has been given notice and opportunity for hearing in accordance with the regulations adopted by the Commissioner of Public Health. Any person aggrieved by the action of said department in refusing to renew a license or inspection certificate or by the action of said board in suspending or revoking any license, registration or inspection certificate under the provisions of this chapter or action taken under section 19a-17 may appeal therefrom in accordance with the provisions of section 4-183. No person whose license, registration or inspection certificate is suspended or revoked shall, during such suspension or revocation, enter or engage, either personally or through any corporation, partnership or other organization, or through any agent, in any of the activities which such license, registration or inspection certificate entitled him to engage in; nor shall any such person receive any money or any other valuable consideration on account of engaging in any of such activities. No person shall pay, promise, offer or give to anyone whose license, registration or inspection certificate is suspended or revoked any money or other valuable consideration for engaging in any of the activities which such license, registration or inspection certificate entitled him to engage in.

Sec 25. Section 20-238 of the Connecticut General Statutes is repealed and the following is substituted in lieu thereof:

(a) No person shall practice the occupation of master barber in this state unless he has first obtained a license as provided in section 20-236. Said department shall furnish to each person to whom a license is issued a card certifying that the holder thereof is entitled to practice the occupation of master barber in this state, and the holder of such card shall post the same in a conspicuous place in front of his working chair, where it may readily be seen by all persons whom he may serve. Said department shall keep a register in which shall be entered the names of all persons to whom such licenses are issued, and said register shall be at all times open to public inspection. The board may suspend or revoke any license or certificate granted by it or take any of the actions set forth in section 19a-17 for failure to conform to the accepted standards of the profession, including but not limited to, the following: [if]the holder of a license is incompetent, is habitually intoxicated or habitually addicted to the use of morphine, cocaine, or other habit-forming drugs, or is a violator of any provision of this chapter or of the regulations adopted pursuant thereto or is suffering from physical or mental illness or emotional disorder or loss of

motor skill including but not limited to, deterioration through the aging process. Before any license is suspended or revoked or action taken under section 19a-17, such holder shall be given notice and afforded opportunity for hearing as provided in the regulations adopted by the Commissioner of Public Health. The Commissioner of Public Health may order a certificate or license holder to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17.

Sec 26. Section 20-263 of the Connecticut General Statutes is repealed and the following is substituted in lieu thereof:

The commissioner or a representative designated by the commissioner may investigate any alleged violation of the provisions of this chapter and, if there appears to be reasonable cause therefor, on reasonable notice to any person accused of any such violation, may refer the matter to the board for hearing; may make complaint to the prosecuting authority having jurisdiction of any such complaint or may examine into all acts of alleged abuse, fraud, or incompetence. The board may suspend the license of any registered hairdresser and cosmetician, and may revoke the hairdresser and cosmetician license of any person convicted of violating any provision of this chapter or any regulation adopted under this chapter or take any of the actions set forth in section 19a-17 for failure to conform to the accepted standards of the profession, including but not limited to any of the following reasons: (1) The employment of fraud or deception in obtaining a license; (2) abuse or excessive use of drugs, including alcohol, narcotics or chemicals; (3) engaging in fraud or material deception in the course of professional services or activities; (4) physical or mental illness, emotional disorder or loss of motor skill, including, but not limited to, deterioration through the aging process; or (5) illegal, incompetent or negligent conduct in the course of professional activities. The commissioner may order a license holder to submit to a reasonable physical or mental examination if the physical or mental capacity of the license holder to practice safely is the subject of an investigation. The commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17. No license issued pursuant to this chapter shall be revoked or suspended under this section until the licensee has been given notice and opportunity for hearing as provided in the regulations adopted by the commissioner.

Sec 27. Section 20-271 of the Connecticut General Statutes is repealed and the following is substituted in lieu thereof:

The license of any electrologist in this state may be revoked or suspended by the board, or such electrologist may be the subject of any action set forth in section 19a-17, after notice and hearing, on the recommendation of the board for any cause set forth in this section. Proceedings relative to the revocation or suspension of a license or such action may be begun by the filing of written charges, verified by affidavit, with the department. [The causes for which a] **A** license may be revoked or suspended or [for which a practitioner may be the] subject [of] **to** any action set forth in section 19a-17 [include] for failure to conform to the accepted standards of the profession, including but not limited to: (1) Conviction, either within or without this state, of any crime in the practice of the practitioner's profession; (2) fraudulent or deceptive conduct in the course of professional services or activities or illegal, incompetent or negligent conduct, in the practitioner's practice; (3) habitual intemperance in the use of alcoholic liquor or addiction to the use of narcotics or other habit-forming drugs; (4) violation of any provision of this chapter or of any regulation adopted under this chapter; (5) aiding or abetting the unlawful practice of electrology; (6) physical or mental illness or emotional disorder or loss of motor skill

of the practitioner, including, but not limited to, deterioration through the aging process; (7) fraud or material deception in obtaining a license; or (8) splitting of fees or offering of commissions or gifts. The Commissioner of Public Health may order a licensee to submit to a reasonable physical or mental examination if the physical or mental capacity of the licensee to practice safely is the subject of an investigation. The commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17.

Sec 28. Section 19a-522f of the Connecticut General Statutes is repealed and the following is substituted in lieu thereof:

Sec. 19a-522f. Chronic and convalescent nursing homes and rest homes with nursing supervision: Administration of peripherally inserted central catheter by IV therapy nurse <u>or physician assistant</u>.

(a) As used in this section:

(1) "Administer" means to initiate the venipuncture and deliver an IV fluid or IV admixture into the blood stream through a vein, and to monitor and care for the venipuncture site, terminate the procedure and record pertinent events and observations;

(2) "IV admixture" means an IV fluid to which one or more additional drug products have been added;

(3) "IV fluid" means sterile solutions of fifty milliliters or more, intended for intravenous infusion, but does not include blood and blood products;

(4) "IV therapy" means the introduction of an IV fluid or IV admixture into the blood stream through a vein for the purpose of correcting water deficit and electrolyte imbalances, providing nutrition, and delivering antibiotics and other therapeutic agents approved by a chronic and convalescent nursing home's or a rest home with nursing supervision's medical staff;

(5) "IV therapy program" means the overall plan by which a chronic and convalescent nursing home or a rest home with nursing supervision implements, monitors and safeguards the administration of IV therapy to patients; and

(6) "IV therapy nurse" means a registered nurse who is qualified by education and training and has demonstrated proficiency in the theoretical and clinical aspects of IV therapy to administer an IV fluid or IV admixture.

(b) An IV therapy nurse <u>or a physician assistant licensed pursuant to chapter 370,</u> who is employed by, or operating under a contract to provide services in, a chronic and convalescent nursing home or a rest home with nursing supervision that operates an IV therapy program may administer a peripherally-inserted central catheter as part of such facility's IV therapy program. The Department of Public Health shall adopt regulations in accordance with the provisions of chapter 54 of the general statutes to carry out the purposes of this section.

Sec 29. Subsection (c) of Section 19a-750 of the Connecticut General Statutes is repealed and the following is substituted in lieu thereof:

(c) (1) The Health Information Technology Exchange of Connecticut shall be managed by a board of directors. The board shall consist of the following members: The Lieutenant Governor, or his or her designee; the Commissioners of Public Health, Social Services and Consumer Protection, or their designees; the Chief Information Officer of the Department of Information Technology, or his or her designee; three appointed by the Governor, one of whom shall be a representative of a medical research organization, one of whom shall be an insurer or representative of a health plan and one of

whom shall be an attorney with background and experience in the field of privacy, health data security or patient rights; three appointed by the president pro tempore of the Senate, one of whom shall have background and experience with a private sector health information exchange or health information technology entity, one of whom shall have expertise in public health and one of whom shall be a physician licensed under chapter 370 who works in a practice of not more than ten physicians and who is not employed by a hospital, health network, health plan, health system, academic institution or university; three appointed by the speaker of the House of Representatives, one of whom shall be a representative of hospitals, an integrated delivery network or a hospital association, one of whom shall have expertise with federally qualified health centers and one of whom shall be a consumer or consumer advocate; one appointed by the majority leader of the Senate, who shall be a primary care physician whose practice utilizes electronic health records; one appointed by the majority leader of the House of Representatives, who shall be a consumer or consumer advocate; one appointed by the minority leader of the Senate, who shall be a pharmacist or a health care provider utilizing electronic health information exchange; and one appointed by the minority leader of the House of Representatives, who shall be a large employer or a representative of a business group. The Secretary of the Office of Policy and Management and the Healthcare Advocate, or their designees, shall be ex-officio, nonvoting members of the board. The [Commissioner of Public Health, or his or her designee, shall serve as the chairperson of the board] chairperson of the board shall be appointed by the Governor.

Sec 30. Section 20-86c of the general statutes is repealed and the following is substituted in lieu thereof:

(1) The Department of Public Health may issue a license to practice nurse-midwifery upon receipt of a fee of one hundred dollars, to an applicant who (1) **[**is eligible for**]** holds and maintains registered nurse licensure in this state, under sections 20-93 or 20-94; (2) holds and maintains current certification from the American College of Nurse-Midwives; and (3) has completed thirty hours of education in pharmacology for nurse-midwifery. 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.

(2) On or before July 1, 2013, any nurse midwife licensed pursuant to this section whose license as a registered nurse pursuant to section 20-93 or 20-94 has become void pursuant to section 19a-88, shall be eligible for licensure and entitled to a license without examination upon receipt of a completed application form and payment of a fee of one hundred eighty dollars.

Sec. 31. Subsection (b) of Section 20-195o of the general statutes is repealed and the following is substituted in lieu thereof:

Notwithstanding the provisions of section 20-195n concerning examinations, on or before October 1, **[**2012**]** 2013, the commissioner may issue a license without examination, to any master social worker applicant who demonstrates to the satisfaction of the commissioner that, on or before October 1, 2010, he or she held a master's degree from a social work program accredited by the Council on Social Work Education or, if educated outside the United States or its territories, completed an educational program deemed equivalent by the council.

Sec. 32. Subsection (d) of Section 20-12c of the general statutes is repealed and the following is substituted in lieu thereof:

(d) Nothing in this chapter shall be construed to prohibit a licensed physician assistant who is part of the Connecticut Disaster Medical Assistance Team or the Medical Reserve Corps, under the auspices of the Department of Public Health, or the Connecticut Urban Search and Rescue Team, under the auspices of the Department of Public Safety and is engaged in officially authorized civil preparedness duty or civil preparedness training conducted by such team or corps or who is licensed in another state and who is on active duty with the National Guard in Connecticut pursuant to title 32 of the U.S. Code, from providing patient services under the supervision, control, responsibility and direction of a licensed physician.

Sec. 33. Subsection (c) of Section 128a of the general statutes is repealed and the following is substituted in lieu thereof:

(c) The Commissioner of Public Health, with advice and assistance from the board, may make and enforce such regulations as the commissioner deems necessary to maintain proper professional and ethical standards for optometrists. **[**The commissioner shall adopt regulations, in accordance with chapter 54, requiring each optometrist licensed pursuant to this chapter to complete a minimum of twenty hours of continuing education during each registration period, defined as the twelve-month period for which a license has been renewed pursuant to section 19a-88 and is current and valid. The board shall approve all continuing education courses.**]** The board may revoke or suspend licenses for cause.

Sec. 34. Section 20-132a of the general statutes is repealed and the following is substituted in lieu thereof:

(a) Licenses under this chapter shall be renewed annually in accordance with the provisions of se3ction 19a-88.

(b) Except as provided in subsection (c) of this section, a licensee who is actively engaged in the practice of optometry in the State of Connecticut shall earn not less then twenty hours of continuing education each registration period. For purposes of this section, actively engaged in the practice of optometry means the treatment of one or more patients by a licensee during any given registration period and registration period means the twelve-month period for which a license has been renewed in accordance with section 19a-88 of the general statutes. Subject matter for continuing education shall reflect the professional needs of the licensee in order to meet the health care needs of the public, and shall include at least six hours encompassing the areas of pathology, detection of diabetes and ocular treatment and at least six hours in treatment as it applies to the use of ocular agents-t. Coursework must be provided through direct, live instruction which the licensee physically attends either individually or as part of a group of participants or through a formal home study or distance learning program. No more than six hours may be earned through a home study or other distance learning program and no more than six hours may be in practice management. Qualifying continuing education activities include, but are not limited to, courses offered or approved by the Council on Optometric Practitioner Education of the Association of Regulatory Board of Optometry, the American Optometric Association or state or local optometry associations and societies affiliated with the American Optometric Association; a hospital or other health care institution; a school or college of optometry or other schools of higher education accredited or recognized by the Council on Optometric Education of the American Optometric Association; a state or local health department; or local, state or national medical associations.

(c) Each licensee applying for license renewal pursuant to section 19a-88, except a licensee applying for a license renewal for the first time, shall sign a statement attesting that he or she has satisfied the certification or continuing education requirements described in subsection (b) of this section on a form prescribed by the department. Each licensee shall retain records of attendance or certificates of completion that demonstrate compliance with the continuing education or certification requirements described in subsection (b) of this section for not less than three years following the date on which the continuing education was completed or the license was renewed. Each licensee shall submit such records to the department for inspection not later than forty-five days after a request by the department for such records. A licensee who fails to comply with the provisions of this section may be subject to disciplinary action pursuant to section 20-133 of the general statutes.

(d) In individual cases involving medical disability or illness, the commissioner may grant a waiver of the continuing education or certification requirements or an extension of time within which to fulfill such requirements of this subsection to any licensee, provided the licensee submits to the department an application for waiver or extension of time on a form prescribed by the commissioner, along with a certification by a licensed physician of the disability or illness and such other documentation as may be required by the department. The commissioner may grant a waiver or extension for a period not to exceed one registration period, except that the commissioner may grant additional waivers or extensions if the medical disability or illness upon which a waiver or extension is granted continues beyond the period of the waiver or extension and the licensee applies for an additional waiver or extension.

(e) A licensee who is not engaged in active professional practice in any form during a registration period shall be exempt from the continuing education requirements provided that the licensee submits a notarized application for exemption on a form provided by the department prior to the end of the registration period. A licensee who is exempt under the provisions of this subsection may not engage in professional practice until the licensee has met the continuing education requirements of this section.

(f) A licensee whose license has become void pursuant to section 19a-88 and who applies to the department for reinstatement of such license shall submit evidence of successful completion of twenty contact hours of continuing education within the one-year period immediately preceding application for reinstatement.

Sec. 35. Subsection (g) of Section 20-126l of the general statutes is repealed and the following is substituted in lieu thereof:

(1) All licensed dental hygienists applying for license renewal shall **[**be required to participate in continuing education programs. The commissioner shall adopt regulations in accordance with the provisions of chapter 54 to: (1) Define basic requirements for continuing education programs, (2) delineate qualifying programs, (3) establish a system of control and reporting, and (4) provide for waiver of the continuing education requirement by the commissioner for good cause**]** earn a minimum of sixteen hours of continuing education within the preceding twenty-four-month period. Subject matter for continuing education shall reflect the professional needs of the licensee in order to meet the health care needs of the public. Accordingly, only those continuing education activities which provide significant theoretical or practical content directly related to clinical or scientific aspects of dental hygiene will meet the requirements of these regulations. Qualifying continuing education activities include, but are not limited to, courses, including on-line courses, offered or approved by dental schools

and other schools of higher education accredited or recognized by the Council on Dental Accreditation (CODA) or a regional accrediting organization; the American Dental Association or state, district or local dental associations and societies affiliated with the American Dental Association; the National Dental Association; the American Dental Hygienists Association or state, district or local dental hygiene associations and societies affiliated with the American Dental Hygienists Association; the Academy of General Dentistry; the Academy of Dental Hygiene; the American Red Cross and the American Heart Association when sponsoring programs in cardiopulmonary resuscitation or cardiac life support; the Veterans Administration and Armed Forces when conducting programs at United States governmental facilities; a hospital or other health care institution; agencies or businesses whose programs are accredited or recognized by the Council on Dental Accreditation; local, state or national medical associations; or a state or local health department. Eight hours of volunteer dental practice at a public health facility, as defined in Subsection 2 of Section 20-126l of the general statutes may be substituted for one hour of continuing education, up to a maximum of five hours in one two-year period. Activities which will not quality toward meeting these requirements include professional organizational business meetings; speeches delivered at luncheons or banquets; and the reading of books, articles, or professional journals. No more than four hours of continuing education may be earned through an on-line or other distance learning program.

(c) Each licensee applying for license renewal pursuant to section 19a-88, except a licensee applying for a license renewal for the first time, shall sign a statement attesting that he or she has satisfied the certification or continuing education requirements described in subsection (b) of this section on a form prescribed by the department. Each licensee shall retain records of attendance or certificates of completion that demonstrate compliance with the continuing education or certification requirements described in subsection (b) of this section for not less than three years following the date on which the continuing education was completed or the license was renewed. Each licensee shall submit such records to the department for inspection not later than forty-five days after a request by the department for such records. A licensee who fails to comply with the provisions of this section may be subject to disciplinary action pursuant to section 20-126o of the general statutes.
(d) In individual cases involving medical disability or illness, the commissioner may grant a waiver of the continuing education or certification requirements or an extension of time within which to fulfill such requirements of this subsection to any licensee, provided the licensee submits to the department an application for waiver or extension of time on a form prescribed by the commissioner, along with a certification by a licensed physician of the disability or illness and such other documentation as may be required by the department. The commissioner may grant a waiver or extension for a period not to exceed one registration period, except that the commissioner may grant additional waivers or extensions if the medical disability or illness upon which a waiver or extension is granted continues beyond the period of the waiver or extension and the licensee applies for an additional waiver or extension.

(e) A licensee who is not engaged in active professional practice in any form during a registration period shall be exempt from the continuing education requirements provided that the licensee submits a notarized application for exemption on a form provided by the department prior to the end of the registration period. A licensee who is exempt under the provisions of this subsection may not engage in professional practice until the licensee has met the continuing education requirements of this section.

(f) A licensee whose license has become void pursuant to section 19a-88 and who applies to the department for reinstatement of such license, shall submit evidence of: (1) if the license has been void for two years or less, completion of a minimum of twenty four contact hours of qualifying continued

education during the two-year period immediately preceding the application for reinstatement; or (2) if the license has been void for more than two years, successful completion of the National Board Dental Hygiene Examination or the North East Regional Board of Dental Examiners Examination in Dental Hygiene during the year immediately preceding the application.

Sec. 36. Section 20-12n of the general statutes is repealed and the following is substituted in lieu thereof:

(a) As used in this section, "homeopathic physician" means a physician who prescribes the single remedy in the minimum dose in potentized form, selected from the law of similars.

(b) Subject to the provisions of this section, no person shall practice as a homeopathic physician until such person has obtained a license to practice medicine and surgery from the Department of Public Health in accordance with this chapter. No license as a homeopathic physician shall be required of a graduate of any school or institution giving instruction in the healing arts who is completing a post-graduate medical training in homeopathy pursuant to subsection (c) of this section.

(c) Applicants for licensure as a homeopathic physician shall, in addition to [meeting the requirements of section 20-10] holding a license as a physician and surgeon issued under the provisions of this chapter, have successfully completed not less than one hundred twenty hours of post-graduate medical training in homeopathy offered by an institution approved by the [Connecticut Homeopathic Medical Examining Board or] the American Institute of Homeopathy[,] or one hundred twenty hours of post-graduate medical training in homeopathy under the direct supervision of a licensed homeopathic physician, which shall consist of thirty hours of theory and ninety hours of clinical practice. The [Connecticut Homeopathic Medical Examining Board] Department shall approve any training completed under the direction of a licensed homeopathic physician.

Sec. 37. Section 19a-14 of the general statutes is repealed and the following is substituted in lieu thereof:

(a) The Department of Public Health shall have the following powers and duties with regard to the boards and commissions listed in subsection (b) of this section which are within the Department of Public Health. The department shall:
(1) Control the allocation, disbursement and budgeting of funds appropriated to the department for the operation of the boards and commissions;
(2) Employ and assign such personnel as the commissioner deems necessary for the performance of the functions of the boards and commissions;
(3) Perform all management functions including purchasing, bookkeeping, accounting, payroll, secretarial, clerical and routine housekeeping functions;
(4) Adopt, with the advice and assistance of the appropriate board or commission, and in accordance with chapter 54, any regulations which are consistent with protecting the public health and safety and which are necessary to implement the purposes of subsection (a) of section 2c-2b, this chapter, and chapters 368v, 369 to 375, inclusive, 378 to 381, inclusive, 383 to 388, inclusive, 398 and 399;
(5) Develop and perform all administrative functions necessary to process applications for licenses and certificates;
(6) Determine the eligibility of all applicants for permits, licensure, certification or registration, based upon compliance with the general statutes and administrative regulations. The department may deny the eligibility of an applicant for a permit or for licensure by examination, endorsement, reciprocity or

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

(7) Administer licensing examinations under the supervision of the appropriate board or commission;

(8) Develop and perform all administrative functions necessary to process complaints against persons licensed by the department;

(9) Consent to the approval or disapproval by the appropriate boards or commissions of schools at which educational requirements shall be met;

(10) Conduct any necessary review, inspection or investigation regarding qualifications of applicants for licenses or certificates, possible violations of statutes or regulations, and disciplinary matters. In connection with any investigation, the Commissioner of Public Health or the commissioner's authorized agent may administer oaths, issue subpoenas, compel testimony and order the production of books, records and documents. If any person refuses to appear, to testify or to produce any book, record or document when so ordered, a judge of the Superior Court may make such order as may be appropriate to aid in the enforcement of this section;

(11) Conduct any necessary investigation and follow-up in connection with complaints regarding persons subject to regulation or licensing by the department;

(12) With respect to any complaint filed with the department on or after October 1, 2010, alleging incompetence, negligence, fraud or deceit by a person subject to regulation or licensing by any board or commission described in subdivision (1) to (5), inclusive, (7), (8), (12) to (14), inclusive, or (16) of subsection (b) of this section: (A) Upon request of the person who filed the complaint, provide such person with information on the status of the complaint; (B) Upon request of the person who filed the complaint, provide such person with an opportunity to review, at the department, records compiled as of the date of the request pursuant to any investigation of the complaint, including, but not limited to, the respondent's written response to the complaint, except that such person shall not be entitled to copy such records and the department (i) shall not disclose (I) information concerning a health care professional's referral to, participation in or completion of an assistance program in accordance with sections 19a-12a and 19a-12b, that is confidential pursuant to section 19a-12a, (II) information not

related to such person's specific complaint, including, but not limited to, information concerning patients other than such person, or (III) personnel or medical records and similar files the disclosure of which would constitute an invasion of personal privacy pursuant to section 1-210, except for such records or similar files solely related to such person; (ii) shall not be required to disclose any other information that is otherwise confidential pursuant to federal law or state statute, except for information solely related to such person; and (iii) may require up to ten business days written notice prior to providing such opportunity for review; (C) Prior to resolving the complaint with a consent order, provide the person who filed the complaint with not less than ten business days to submit a written statement as to whether such person objects to resolving the complaint with a consent order; (D) If a hearing is held with respect to such complaint after a finding of probable cause, provide the person who filed the complaint with a copy of the notice of hearing issued pursuant to section 4-177, which shall include information concerning the opportunity to present oral or written statements pursuant to subsection (b) of section 4-177c; and (E) Notify the person who filed the complaint of the final disposition of such complaint not later than seven business days after such final disposition;
(13) Perform any other function necessary to the effective operation of a board or commission and not specifically vested by statute in the board or commission;
(14) Contract with a third party, if the commissioner deems necessary, to administer licensing examinations and perform all attendant administrative functions in connection with such examination; and
(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 shall not be subject to disclosure under section 1-210.

(b) The department shall have the powers and duties indicated in subsection (a) of this section with regard to the following professional boards and commissions:

(1) The Connecticut Medical Examining Board, established under section 20-8a;
(2) The Connecticut State Board of Examiners for Optometrists, established under subsections (a) to (c), inclusive, of section 20-128a;
(3) The Connecticut State Board of Examiners for Nursing, established under section 20-88;
(4) The Dental Commission, established under section 20-103a;
(5) The Board of Examiners of Psychologists, established under section 20-186;
(6) The Connecticut Board of Veterinary Medicine, established under section 20-196;
[(7) The Connecticut Homeopathic Medical Examining Board, established under section 20-8;**]**
[(8)] (7) The Connecticut State Board of Examiners for Opticians, established under subsections (a) to (c), inclusive, of section 20-139a;
[(9)] (8) The Connecticut State Board of Examiners for Barbers and Hairdressers and Cosmeticians, established under section 20-235a;
[(10)] (9) The Connecticut Board of Examiners of Embalmers and Funeral Directors established under section 20-208;
[(11) Repealed by P.A. 99-102, S. 51;
(12)] (10) The State Board of Natureopathic Examiners, established under section 20-35;
[(13)](11) The State Board of Chiropractic Examiners, established under section 20-25;
[(14)] (12) The Connecticut Board of Examiners in Podiatry, established under section 20-51;
[(15)] (13) The Board of Examiners of Electrologists, established under section 20-268; and

[(16)] (14) The Connecticut State Board of Examiners for Physical Therapists.

(c) No board shall exist for the following professions that are licensed or otherwise regulated by the Department of Public Health:

(1) Speech and language pathologist and audiologist;
(2) Hearing instrument specialist;
(3) Nursing home administrator;
(4) Sanitarian;
(5) Subsurface sewage system installer or cleaner;
(6) Marital and family therapist;
(7) Nurse-midwife;
(8) Licensed clinical social worker;
(9) Respiratory care practitioner;
(10) Asbestos contractor and asbestos consultant;
(11) Massage therapist;
(12) Registered nurse's aide;
(13) Radiographer;
(14) Dental hygienist;
(15) Dietitian-Nutritionist;
(16) Asbestos abatement worker;
(17) Asbestos abatement site supervisor;
(18) Licensed or certified alcohol and drug counselor;
(19) Professional counselor;
(20) Acupuncturist;
(21) Occupational therapist and occupational therapist assistant;
(22) Lead abatement contractor, lead consultant contractor, lead consultant, lead abatement supervisor, lead abatement worker, inspector and planner-project designer;
(23) Emergency medical technician, advanced emergency medical technician, emergency medical responder and emergency medical services instructor;
(24) Paramedic;
(25) Athletic trainer;
(26) Perfusionist;
(27) Master social worker subject to the provisions of section 20-195v; [and]
(28) On and after July 1, 2011, a radiologist assistant, subject to the provisions of section 20-74tt[.]; and
(29) Homeopathic physicians.

The department shall assume all powers and duties normally vested with a board in administering regulatory jurisdiction over such professions. The uniform provisions of this chapter and chapters 368v, 369 to 381a, inclusive, 383 to 388, inclusive, 393a, 395, 398, 399, 400a and 400c, including, but not limited to, standards for entry and renewal; grounds for professional discipline; receiving and processing complaints; and disciplinary sanctions, shall apply, except as otherwise provided by law, to the professions listed in this subsection.

(d) Except as provided in subdivision (15) of subsection (a) of this section and section 20-13e, all records obtained by the department in connection with any investigation of a person or facility over which the department has jurisdiction under this chapter, other than a physician as defined in subdivision (5) of section 20-13a, shall not be subject to disclosure under section 1-210 for a period of one year 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. Records that are otherwise public records shall not be deemed confidential merely because they have been obtained in connection with an investigation under this chapter. Records disclosed to a person who files a complaint pursuant to subdivision (12) of subsection (a) of this section that are otherwise confidential shall not be deemed public records merely because they have been disclosed pursuant to said subdivision (12).

(e) The department shall not issue a license to any applicant against whom professional disciplinary action is pending or who is the subject of an unresolved complaint with the professional licensing authority in another jurisdiction.

Sec 38. Subsection (c) of Section 19a-14 of the general statutes is repealed and the following is substituted in lieu thereof:

(c) No board shall exist for the following professions that are licensed or otherwise regulated by the Department of Public Health:

(1) Speech and language pathologist and audiologist;
(2) Hearing instrument specialist;
(3) Nursing home administrator;
(4) Sanitarian;
(5) Subsurface sewage system installer or cleaner;
(6) Marital and family therapist;
(7) Nurse-midwife;
(8) Licensed clinical social worker;
(9) Respiratory care practitioner;
(10) Asbestos contractor and asbestos consultant;
(11) Massage therapist;
(12) Registered nurse's aide;
(13) Radiographer;
(14) Dental hygienist;
(15) Dietitian-Nutritionist;
(16) Asbestos abatement worker;
(17) Asbestos abatement site supervisor;
(18) Licensed or certified alcohol and drug counselor;
(19) Professional counselor;
(20) Acupuncturist;
(21) Occupational therapist and occupational therapist assistant;
(22) Lead abatement contractor, lead consultant contractor, lead consultant, lead abatement supervisor, lead abatement worker, inspector and planner-project designer;
(23) Emergency medical technician, advanced emergency medical technician, emergency medical responder and emergency medical services instructor;
(24) Paramedic;
(25) Athletic trainer;
(26) Perfusionist;
(27) Master social worker subject to the provisions of section 20-195v; [and]

(28) On and after July 1, 2011, a radiologist assistant, subject to the provisions of section 20-74tt; [.] and

(29) Certified water treatment plant operator including certified limited operator, certified conditional operator and certified operator in training; certified distribution system operator including certified limited operator, certified conditional operator and certified operator in training; certified small water system operator including certified limited operator, certified conditional operator and certified operator in training; certified backflow prevention device tester and certified cross connection survey inspector.

The department shall assume all powers and duties normally vested with a board in administering regulatory jurisdiction over such professions. The uniform provisions of this chapter and chapters 368v, 369 to 381a, inclusive, 383 to 388, inclusive, 393a, 395, 398, 399, 400a and 400c, including, but not limited to, standards for entry and renewal; grounds for professional discipline; receiving and processing complaints; and disciplinary sanctions, shall apply, except as otherwise provided by law, to the professions listed in this subsection.

Sec 39. Section 20-8 of the general statutes is repealed.

Agency Legislative Proposal - 2013 Session

Document Name (e.g. OPM1015Budget.doc; OTG1015Policy.doc): **DPH_PLIS_online license renewal.doc**

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

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

Title of Proposal An Act Concerning Online License Renewal For Physicians, Dentists and Nurses.
Statutory Reference: Section 19a-88, License renewal by certain health care providers. On-line license renewal system.
Proposal Summary: his proposal would require physicians, dentists and nurses to renew their licenses on-line through the State's eLicense system.
Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

- **Reason for Proposal**

Please consider the following, if applicable:

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

The Department and the Connecticut Medical Examining Board (CMEB) have been reviewing licensing, investigation and disciplinary processes over the course of the last several years in an attempt to strengthen and streamline these processes. As a result of this review, several revisions were enacted during the 2012 session. The Department is re-submitting the recommendation to require physicians, dentists and nurses to renew their license on-line utilizing the State's eLicense system. In July 2009, the Department implemented a new on-line renewal system for physicians, dentists, and nurses. One of the key elements in implementing this system was the capacity to collect valuable work force data that is currently unavailable but necessary to identify and address health care work force shortage issues. Although the percentage of licensees who utilize the on-line renewal system continues to increase, mandatory on-line renewal will allow the Department to capture this data from all licensees. In addition to the Department and the CMEB, other stakeholders including but not limited to representatives from the medical and nursing communities support this mandate. If these revisions are not enacted this session, the Department will be limited in its ability to collect data.

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

If this is a resubmission, please share:

(1) *What was the reason this proposal did not pass, or if applicable, was not included in the Administration's package?* ***This proposal was included in the Administration's package in 2012 as part of the bill that reorganized the Connecticut Medical Examining Board (Senate Bill 186, later Public Act 12-62.). The original bill received the unanimous support of the Public Health Committee, but this particular language was later deleted.***

(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? This language was deleted from Senate Bill 186 following an amendment on the floor of the Senate.

PROPOSAL IMPACT

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

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

Approve of Proposal ___ YES ___NO ___Talks Ongoing

Summary of Affected Agency's Comments

Will there need to be further negotiation? ___ YES ___NO

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

Municipal (please include any municipal mandate that can be found within legislation)
None

State
The state currently pays the costs associated with online credit card transaction fees. If the state continues to pay these fees, the state will incur a loss of approximately $371,001.60 for online credit card transaction fees related to this proposal. Online credit card transaction fees are approximately 3%

of the cost of each transaction. It is our understanding that the Treasurer's Office is in the process of renegotiating this rate.

Federal

Additional notes on fiscal impact

The following information is an estimate of the total number of licenses that will be mandated to be renewed on-line and the associated licensure fee.

Profession	Count	Fee	# renewed online CY2011	% renewed online CY2011	Est # new online transactions	Est new online revenue	Est 3% fee per transaction	Est addition transact costs
Physicians:	16922	$565.00	6103	36	10819	$6,112,735.00	$16.95	$183,38
Dentist:	3435	$565.00	982	29	2453	$1,385,945.00	$16.95	$41,57
RN:	59036	$100.00	18746	32	40290	$4,029,000.00	$3.00	$120,87
LPN:	13460	$60.00	4164	31	9296	$557,760.00	$1.80	$16,73
APRN	3624	$120.00	1451	40	2173	$260,760.00	$3.60	$7,82
Nurse Midwife:	219	$120.00	48	22	171	$20,520.00	$3.60	$61
	96696		31494		65202	$12,366,720.00		$371,00

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

Section 1. Subsection (g) of section 19a-88 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2013*):

(g) **[**On or before July 1, 2008, the**]** The Department of Public Health shall **[**establish and implement**]** 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 or nursing under chapter 378. The department shall **[**allow**]** require any such person **[**who renews**]** to renew his or her license using the on-line license renewal system and to pay his or her professional service fees on-line by means of a credit card or electronic transfer of funds from a bank or credit union account [and may charge such person a service fee not to exceed five dollars for any such on-line payment made by credit card or electronic funds transfer. On or before January 1, 2009, the department shall submit, in accordance with section 11-4a, a report on the feasibility and implications of the implementation of a biennial license renewal system for persons holding a license to practice nursing under chapter 378 to the joint standing committee of the General Assembly having cognizance of matters relating to public health].

Agency Legislative Proposal - 2013 Session

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

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

State Agency: Department of Public Health
Liaison: Elizabeth Keyes/Jill Kentfield Phone: (860) 509-7246/(860) 509-7280 E-mail: Elizabeth.keyes@ct.gov/jill.kentfield@ct.gov
Lead agency division requesting this proposal: ***Facility Licensing and Investigations Section***
Agency Analyst/Drafter of Proposal: ***Barbara Cass, Section Chief***

Title of Proposal: An Act Concerning Healthcare Institutions
Statutory Reference: Section 19a-491 License and certificate required. Application. Assessment of civil penalties or a consent order. Fees. Minimum service quality standards. Regulations.
Proposal Summary: This Act proposes increasing the fee and/or developing a fee schedule associated with the technical assistance provided for the design, review, and development of an institution's (as defined in Connecticut General Statutes 19a-490) construction, sale or change in ownership. The current fee of $565.00 is not consistent with the scope and complexity of the review and assistance provided for a large number of the projects reviewed by the Department. To establish a fee to the institutions that the Department currently licenses and inspects but are not currently charged for the licensing and inspection process.
Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

- **Reason for Proposal**

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

This proposal increases the fee and/or develops a fee schedule associated with the technical assistance provided for the design, review, and development of an institution's (as defined in Connecticut General Statutes 19a-490) construction, sale or change in ownership. The current fee ($565.00) associated with the technical assistance provided for the design, review, and development of an institution's construction, sale or change in ownership is not consistent with the scope and complexity of the review and assistance provided for a large number of the projects. In Fiscal year 2012, the Department reviewed 10 plans which included 3 hospital projects. One such hospital project which was a multi million dollar project requiring multiple reviews and inspections by several inspectors for multiple days was assessed a fee of $565.00. In FY 2012, the Department collected $5,650.00 for these 10 plan reviews. In Calendar

year 2011, the Department collected $21,470 for technical assistance provided for 7 hospital, 9 nursing home, 2 end stage renal disease, and 3 outpatient surgical facility projects for a total of 21 reviews. Increasing the fee and/or developing a fee schedule will be based on the complexity and/or the proposed cost of the completed project. Review of the fee schedule in several other states identified that fees were assessed based on a percentage of the total project cost and/or the number of reviews and on-site inspections required for approvals of project completion and/or whether the project was an existing renovation or new construction. It is not possible to forecast any quantifiable statistics for FY 2014.

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

If this is a resubmission, please share:
(1) What was the reason this proposal did not pass, or if applicable, was not included in the Administration's package?
This proposal was under consideration as a budget option for the 2012 session. It was ultimately not included in the Governor's budget revisions.
(2) Have there been negotiations/discussions during or after the previous legislative session to improve this proposal?
(3) Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?
(4) What was the last action taken during the past legislative session?

PROPOSAL IMPACT

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

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

Approve of Proposal ___ YES ___NO ___Talks Ongoing

Summary of Affected Agency's Comments

Will there need to be further negotiation? ___ YES ___NO

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

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

State

Federal

Additional notes on fiscal impact

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

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

(a) No person acting individually or jointly with any other person shall establish, conduct, operate or maintain an institution in this state without a license as required by this chapter, except for persons issued a license by the Commissioner of Children and Families pursuant to section 17a-145 for the operation of (1) a substance abuse treatment facility, or (2) a facility for the purpose of caring for women during pregnancies and for women and their infants following such pregnancies. Application for such license shall be made to the Department of Public Health upon forms provided by it and shall contain such information as the department requires, which may include affirmative evidence of ability to comply with reasonable standards and regulations prescribed under the provisions of this chapter. The commissioner may require as a condition of licensure that an applicant sign a consent order providing reasonable assurances of compliance with the Public Health Code. The commissioner may issue more than one chronic disease hospital license to a single institution until such time as the state offers a rehabilitation hospital license.

(b) If any person acting individually or jointly with any other person owns real property or any improvements thereon, upon or within which an institution, as defined in subsection (c) of section 19a-490, is established, conducted, operated or maintained and is not the licensee of the institution, such person shall submit a copy of the lease agreement to the department at the time of any change of ownership and with each license renewal application. The lease agreement shall, at a minimum, identify the person or entity responsible for the maintenance and repair of all buildings and structures within which such an institution is established, conducted or operated. If a violation is found as a result of an inspection or investigation, the commissioner may require the owner to sign a consent order providing assurances that repairs or improvements necessary for compliance with the provisions of the Public Health Code shall be completed within a specified period of time or may assess a civil penalty of not more than one thousand dollars for each day that such owner is in violation of the Public Health Code or a consent order. A consent order may include a provision for the establishment of a temporary manager of such real property who has the authority to complete any repairs or improvements required by such order. Upon request of the Commissioner of Public Health, the Attorney General may petition the Superior Court for such equitable and injunctive relief as such court deems appropriate to ensure compliance with the provisions of a consent order. The provisions of this subsection shall not apply to any property or improvements owned by a person licensed in accordance with the provisions of subsection (a) of this section to establish, conduct, operate or maintain an institution on or within such property or improvements.

(c) Notwithstanding any regulation to the contrary, the Commissioner of Public Health shall charge the following fees for the biennial licensing and inspection of the following institutions: (1) Chronic and convalescent nursing homes, per site, three hundred fifty dollars; (2) chronic and convalescent nursing, per bed, five dollars; (3) rest homes with nursing supervision, per site, three hundred fifty dollars; (4) rest homes with nursing supervision, per bed, five dollars; (5) outpatient dialysis units and outpatient surgical facilities, five hundred dollars; (6) mental health residential facilities, per site, three hundred dollars; (7) mental health residential facilities, per bed, five dollars; (8) hospitals, per site, seven hundred and fifty dollars; (9) hospitals, per bed, seven dollars and fifty cents; (10) nonstate agency educational institutions, per infirmary, seventy-five dollars; and (11) nonstate agency educational institutions, per infirmary bed, twenty-five dollars. (12) home health agencies, per site, three hundred dollars and one hundred dollars for each additional patient service office; (13) homemaker-home health aide agency, per site, two hundred dollars; (14) assisted living services agencies with the exemption of those agencies participating in the congregate housing project pilot program pursuant to section 8-119n of the Connecticut General Statutes, per site, five hundred dollars.

(d) Notwithstanding any regulation, the commissioner shall charge the following fees for the triennial licensing and inspection of the following institutions: (1) Residential care homes, per site, five hundred sixty-five dollars; and (2) residential care homes, per bed, four dollars and fifty cents (3) as provided in section 19a-493(a) home health agencies that are also certified as a provider under the Medicare program, per site, three hundred dollars and one hundred dollars for each additional patient service office.

(e) Notwithstanding any regulation, the commissioner shall charge the following fees for the licensing and inspection every four years of the following institutions: (1) Outpatient clinics that provide either medical or mental health service, and well-child clinics, except those operated by municipal health departments, health districts or licensed nonprofit nursing or community health agencies, one thousand dollars; (2) maternity homes, per site, two hundred dollars; and (3) maternity homes, per bed, ten dollars.

(f) The commissioner shall charge a fee of five hundred and sixty-five dollars for an institution's renovations and alterations for design review that do not exceed one million dollars. All other institutional projects exceeding one million dollars will be assessed a fee based on one-quarter percent (0.25%) of the total construction cost for the technical assistance provided for the design, review and development of an institution's construction, sale or change in ownership. This fee includes all reviews and on site inspection visits .

(g) The commissioner may require as a condition of the licensure of home health care agencies and homemaker-home health aide agencies that each agency meet minimum service quality standards. In the event the commissioner requires such agencies to meet minimum service quality standards as a condition of their licensure, the commissioner shall adopt regulations, in accordance with the provisions of chapter 54, to define such minimum service quality standards, which shall (1) allow for training of homemaker-home health aides by adult continuing education, (2) require a registered nurse to visit and assess each patient receiving homemaker-home health aide services as often as necessary based on the patient's condition, but not less than once every sixty days, and (3) require the assessment prescribed by subdivision (2) of this subsection to be completed while the homemaker-home health aide is providing services in the patient's home.

Agency Legislative Proposal - 2013 Session

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

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

State Agency: Department of Public Health
Liaison: Elizabeth Keyes/Jill Kentfield Phone: (860) 509-7246/(860) 509-7280 E-mail: Elizabeth.keyes@ct.gov/ jill.kentfield@ct.gov
Lead agency division requesting this proposal: ***Office of Health Care Access (OHCA)***
Agency Analyst/Drafter of Proposal: ***Kimberly Martone, Director of Operations / Kevin Hansted, Staff Attorney***

Title of Proposal: An Act Concerning Various Revisions To The Office of Health Care Access Statutes

Statutory Reference

Section 1: 19a-638, Certificate of need. When required and not required. Request for office determination. Policies, procedures and regulations.

Section 2: 19a-649, Uncompensated care. Audits. Annual reports

Section 3: 19a-653, Failure to file data or information. Civil penalty. Notice. Extension. Hearing. Appeal. Deduction from Medicaid payments.

Section 4: 19a-659, Definitions.

Section 5: 19a-681, Filing of current pricemaster. Charges to be in accordance with schedule of charges on file. Penalty.

Proposal Summary

Sec. 1. The revisions change the language in subdivision (4) of subsection (a) of section 19a-638 to mandate that a Certificate of Need (CON) be required for the establishment or termination of inpatient services or outpatient mental health or substance abuse services offered by a hospital. The revisions also change the language in subdivisions (5) and (13) to require that children's hospitals be subject to filing a Certificate of Need application for the establishment of an outpatient surgical facility or an increase of two or more operating rooms within any three-year period, commencing on and after October 1, 2010. Further, the revisions change the language of subsection (a) by adding subdivision (15) to require certificate of need authorization for the relocation of computed tomography scanners, magnetic resonance imaging scanners, positron emission tomography scanners or positron emission tomography-computed tomography scanners. Finally, the revisions change the language in subdivision (9) of subsection (a) and adding subdivision (23) of subsection (b) to extinguish the mandate for a Certificate of Need to acquire magnetic resonance imaging scanners which have already been authorized pursuant to a certificate of need issued by OHCA or which have been previously determined by OHCA as not requiring certificate of need authorization. However, OHCA will continue to review applications for the acquisition of magnetic resonance imaging scanners which have not already been authorized pursuant to a certificate of need issued by OHCA or which have not been previously determined by OHCA as not requiring certificate of need authorization.

Sec. 2. The revisions will add additional language to provide for the collection of a copy of a hospital's

Return of Organization Exempt from Income Tax (IRS Report 990).

Sec. 3. The proposed change to subsection (a) of section 19a-653 will eliminate the language exempting from civil penalties those health care facilities or providers who fail to complete the inventory questionnaire, as required by section 19a-634.

Sec. 4. The proposed change to section 19a-659 will add a definition for "Non-Operating Revenue".

Sec. 5. The proposed change to subsection (b) of section 19a-681 will provide an explanation of what qualifies as a "detailed patient bill" for purposes of an OHCA review.

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

PROPOSAL BACKGROUND

- **Reason for Proposal**

Please consider the following, if applicable:

(5) Have there been changes in federal/state/local laws and regulations that make this legislation necessary?

(6) Has this proposal or something similar been implemented in other states? If yes, what is the outcome(s)?

(7) Have certain constituencies called for this action?

(8) What would happen if this was not enacted in law this session?

Sec. 1. OHCA is proposing a change in the guideline that requires an applicant to obtain a Certificate of Need only for the termination of inpatient or outpatient services, including but not limited to mental health and substance abuse services, offered by a hospital since it becomes incongruous for OHCA to review the termination of a service for which it has not determined the appropriateness of its establishment. Further, OHCA proposes changing the language to limit the scope of its review of outpatient services offered by a hospital to mental health or substance abuse services. Currently, OHCA is required to review terminations which are not directly related to the intent of the Certificate of Need process. Finally, OHCA is proposing that certificate of need authorization be required for the relocation of computed tomography scanners, magnetic resonance imaging scanners, positron emission tomography scanners or positron emission tomography-computed tomography scanners. Currently, any person, physician, provider or hospital can relocate any computed tomography scanners, magnetic resonance imaging scanners, positron emission tomography scanners or positron emission tomography-computed tomography scanners within the state without certificate of need authorization. One of the statutory criteria used by OHCA in reviewing a certificate of need application to acquire scanning equipment is the clear public need for the scanning equipment in a specific area of the state. Once the certificate of need is issued, the person, physician, provider or hospital who obtained the certificate of need can move the scanning equipment to any other part of the state without a showing that clear public need exists in that part of the state. This situation is contrary to OHCA's mission of ensuring access to health care insofar as public need is not established for the area to which the scanning equipment is relocated.

Sec. 2. OHCA currently receives substantial financial data and information on an annual basis from Connecticut's acute care general hospitals and children's hospital pursuant to state statute and regulation. OHCA utilizes this data to publish an annual acute care hospital financial stability report, to publish various briefs or fact sheets, to calculate the allocation of the OHCA Funding Assessment

amounts among hospitals as OHCA is an industry-funded division, to support the Certificate of Need process, and also to support OHCA's State Health Care Facility Planning efforts. However, non-profit hospitals are not currently required to submit to OHCA their Return of Organization Exempt from Income Tax (IRS Form 990). The submissions of the Return of Organization Exempt from Income Tax (IRS Form 990) will allow OHCA to better inform policy makers of early indications of health care trends and identify community needs.

Sec. 3. OHCA is proposing the imposition of a civil penalty against those health care facilities or providers that fail to complete the inventory questionnaire which is required by section 19a-634. Currently, OHCA is required to conduct a state-wide health care facility utilization study on an annual basis and establish and maintain an inventory of all health care facilities, equipment and services. If a health care facility or provider chooses not to complete the inventory questionnaire it makes it extremely difficult, if not impossible, for OHCA to maintain the required inventory. The ability to impose a penalty upon those health care facilities or providers who fail to complete the inventory questionnaire will provide an incentive for those health care facilities or providers to complete the inventory questionnaire and submit it to OHCA. In turn, this would allow OHCA to conduct a more accurate state-wide health care facility utilization study and maintain a more complete inventory of all health care facilities, equipment and services.

Sec. 4. Currently, OHCA utilizes the term "non-operating revenue" in preparing the Financial Stability Report based upon the financial information submitted by hospitals. However, that term is not defined under the OHCA statutes. OHCA proposes adding a definition for "non-operating revenue" to clarify the expectations of what the hospitals should report within their financial statements. This will enable OHCA to more accurately and efficiently analyze the data in order to prepare the Financial Stability Report.

Sec. 5. As currently written, subsection (a) of section 19a-681 references the comparison between a patient bill and the detailed schedule of charges on file with OHCA. OHCA proposes identifying the "patient bill" as being "detailed" and adding a definition for "detailed patient bill". OHCA currently maintains a pricemaster which includes each hospital's detailed charges. If a patient suspects an error in their hospital bill, OHCA conducts a comparison between the detailed patient bill and the pricemaster. This proposal will enable OHCA to more accurately make the comparison between the detailed patient bill and the current pricemaster, thus avoiding any potential confusion or imposition of an improper civil penalty against a hospital.

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

If this is a resubmission, please share:

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

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

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

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

PROPOSAL IMPACT

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

Agency Name: Not Applicable. Agency Contact (name, title, phone): Date Contacted: Approve of Proposal ___ YES ___NO ___Talks Ongoing
Summary of Affected Agency's Comments
Will there need to be further negotiation? ___ YES ___NO

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

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

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

Section 1. Will result in a policy or programmatic impact because OHCA does not currently review applications for the establishment of inpatient services offered by a hospital or outpatient mental health or substance abuse services offered by a hospital. Nor are children's hospitals required to seek OHCA approval for the establishment of an outpatient surgical facility or an increase of two or more operating rooms. Further, OHCA does not currently review Certificate of Need applications for the relocation of scanning equipment within the state. However, the proposed changes will extinguish the need for OHCA to review Certificate of Need applications pertaining to the acquisition of magnetic resonance imaging scanners which have already been authorized pursuant to a certificate of need issued by OHCA or which have been previously determined by OHCA as not requiring certificate of need authorization. Thus, OHCA is prepared to review the additional applications it may receive as they will be offset by the reduction in other applications. OHCA has sufficient staff resources to process the applications received. Section 2. Currently, OHCA analysts review the audited financial statements and the twelve month filings and issue a financial stability report by September 1. The proposal with respect to the Return of

Organization Exempt from Income Tax (IRS Form 990) will require the financial analysts to review the Form in conjunction with the audited financial statements and the twelve month filings and publish this information on OHCA's website. OHCA has already prepared the format in which this information will be published to the website. Therefore, OHCA is prepared to receive the additional information and has sufficient staff resources to review this information.

Section 3. Will result in OHCA being able to impose a civil penalty against those health care facilities or providers that fail to complete the inventory questionnaire which is required under section 19a-634.

Section 4. Will not result in policy or programmatic impacts since the proposed language will simply provide clarity.

Section 5. Will not result in policy or programmatic impacts since the proposed language will simply provide clarity.

Section 1. Subsections (a) and (b) of section 19a-638 of the general statutes is repealed and the following is substituted in lieu thereof:

(a) A certificate of need issued by the office shall be required for:

(1) The establishment of a new health care facility;

(2) A transfer of ownership of a health care facility;

(3) The establishment of a free-standing emergency department;

(4) The establishment or termination of inpatient [or outpatient] services offered by a hospital or outpatient mental health or substance abuse services offered by a hospital[, including, but not limited to, the termination by a short-term acute care general hospital or children's hospital of inpatient and outpatient mental health and substance abuse services];

(5) The establishment of an outpatient surgical facility, as defined in section 19a-493b, or as established by a [short-term acute care general] hospital;

(6) The termination of surgical services by an outpatient surgical facility, as defined in section 19a-493b, or a facility that provides outpatient surgical services as part of the outpatient surgery department of a short-term acute care general hospital, provided termination of outpatient surgical services due to (A) insufficient patient volume, or (B) the termination of any subspecialty surgical service, shall not require certificate of need approval;

(7) The termination of an emergency department by a short-term acute care general hospital;

(8) The establishment of cardiac services, including inpatient and outpatient cardiac catheterization, interventional cardiology and cardiovascular surgery;

(9) The acquisition of computed tomography scanners, magnetic resonance imaging scanners, positron emission tomography scanners or positron emission tomography-computed tomography scanners, by any person, physician, provider[, short-term acute care general hospital or children's] or hospital, except as provided for in subdivisions (22) and (23) of subsection (b) of this section;

(10) The acquisition of nonhospital based linear accelerators;

(11) An increase in the licensed bed capacity of a health care facility;

(12) The acquisition of equipment utilizing technology that has not previously been utilized in the state;

(13) An increase of two or more operating rooms within any three-year period, commencing on and after October 1, 2010, by an outpatient surgical facility, as defined in section 19a-493b, or by a [short-term acute care general] hospital; [and]

(14) The termination of inpatient or outpatient services offered by a hospital or other facility or institution operated by the state that provides services that are eligible for reimbursement under Title XVIII or XIX of the federal Social Security Act, 42 USC 301, as amended; and

(15) The relocation outside of the primary service area of any computed tomography scanners, magnetic resonance imaging scanners, positron emission tomography scanners or positron emission tomography-computed tomography scanners by any person, physician, provider or hospital.

(b) A certificate of need shall not be required for:

(1) Health care facilities owned and operated by the federal government;

(2) The establishment of offices by a licensed private practitioner, whether for individual or group practice, except when a certificate of need is required in accordance with the requirements of section 19a-493b or subdivision (9) or (10) of subsection (a) of this section;

(3) A health care facility operated by a religious group that exclusively relies upon spiritual means through prayer for healing;

(4) Residential care homes, nursing homes and rest homes, as defined in subsection (c) of section 19a-490;

(5) An assisted living services agency, as defined in section 19a-490;

(6) Home health agencies, as defined in section 19a-490;

(7) Hospice services, as described in section 19a-122b;

(8) Outpatient rehabilitation facilities;

(9) Outpatient chronic dialysis services;

(10) Transplant services;

(11) Free clinics, as defined in section 19a-630;

(12) School-based health centers, community health centers, as defined in section 19a-490a, not-for-profit outpatient clinics licensed in accordance with the provisions of chapter 368v and federally qualified health centers;

(13) A program licensed or funded by the Department of Children and Families, provided such program is not a psychiatric residential treatment facility;

(14) Any nonprofit facility, institution or provider that has a contract with, or is certified or licensed to provide a service for, a state agency or department for a service that would otherwise require a certificate of need. The provisions of this subdivision shall not apply to a short-term acute care general hospital or children's hospital, or a hospital or other facility or institution operated by the state that provides services that are eligible for reimbursement under Title XVIII or XIX of the federal Social Security Act, 42 USC 301, as amended;

(15) A health care facility operated by a nonprofit educational institution exclusively for students, faculty and staff of such institution and their dependents;

(16) An outpatient clinic or program operated exclusively by or contracted to be operated exclusively by a municipality, municipal agency, municipal board of education or a health district, as described in section 19a-241;

(17) 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 the mentally retarded;

(18) Replacement of existing imaging equipment if such equipment was acquired through certificate of need approval or a certificate of need determination, provided a health care facility, provider, physician or person notifies the office of the date on which the equipment is replaced and the disposition of the replaced equipment;

(19) Acquisition of cone-beam dental imaging equipment that is to be used exclusively by a dentist licensed pursuant to chapter 379;

(20) The partial or total elimination of services provided by an outpatient surgical facility, as defined in section 19a-493b, except as provided in subdivision (6) of subsection (a) of this section and section 19a-639e;

(21) The termination of services for which the Department of Public Health has requested the facility to relinquish its license; or

(22) Acquisition of any equipment by any person that is to be used exclusively for scientific research that is not conducted on humans.

(23) Acquisition of any magnetic resonance imaging scanner previously authorized through certificate of need approval or a certificate of need determination.

Section 2. Section 19a-649 of the general statutes is repealed and the following is substituted in lieu thereof:

(a) The office shall review annually the level of uncompensated care provided by each hospital to the indigent. Each hospital shall file annually with the office its policies regarding the provision of charity care and reduced cost services to the indigent, excluding medical assistance recipients, and its debt collection practices. A hospital shall file its audited financial statements not later than February twenty-eighth of each year. Not later than March thirty-first of each year, the hospital shall file a verification of the hospital's net revenue for the most recently completed fiscal year in a format prescribed by the office.

(b) Each hospital shall annually report, along with data submitted pursuant to subsection (a) of this section, (1) the number of applicants for charity care and reduced cost services, (2) the number of approved applicants, and (3) the total and average charges and costs of the amount of charity care and reduced cost services provided.

(c) Each non-profit hospital shall annually submit to the office, along with data submitted pursuant to subsection (a) of this section, a copy of its Return of Organization Exempt from Income Tax for the most recently completed tax reporting year and its most recent community needs assessment conducted by the hospital and/or local health department in a format and within a timeframe prescribed by the office. Such submission shall include both qualitative and quantitative information and all Parts and Schedules.

Section 3. Subsection (a) of section 19a-653 of the general statutes is repealed and the following is substituted in lieu thereof:

(a) Any person or health care facility or institution that is required to file a certificate of need for any of the activities described in section 19a-638, and any person or health care facility or institution that is required to file data or information under any public or special act or under this chapter or sections 19a-486 to 19a-486h, inclusive, or any regulation adopted or order issued under this chapter or said sections, which willfully fails to seek certificate of need approval for any of the activities described in section 19a-638 or to so file within prescribed time periods, shall be subject to a civil penalty of up to one thousand dollars a day for each day such person or health care facility or institution conducts any of the described activities without certificate of need approval as required by section 19a-638 or for each day such information is missing, incomplete or inaccurate. [Any health care facility or provider that fails to complete the inventory questionnaire, as required by section 19a-634, shall not be subject to civil

penalties under this section.] Any civil penalty authorized by this section shall be imposed by the Department of Public Health in accordance with subsections (b) to (e), inclusive, of this section.

Section 4. Section 19a-659 of the general statutes is repealed and the following is substituted in lieu thereof:

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

(1) "Office" means the Office of Health Care Access division of the Department of Public Health;

(2) "Hospital" means any hospital licensed as a short-term acute care general or children's hospital by the Department of Public Health, including John Dempsey Hospital of The University of Connecticut Health Center;

(3) "Fiscal year" means the hospital fiscal year consisting of a twelve-month period commencing on October first and ending the following September thirtieth;

(4) "Affiliate" means a person, entity or organization controlling, controlled by, or under common control with another person, entity or organization;

(5) "Uncompensated care" means the total amount of charity care and bad debts determined by using the hospital's published charges and consistent with the hospital's policies regarding charity care and bad debts which are on file at the office;

(6) "Medical assistance" means (A) the programs for medical assistance provided under the Medicaid program, including the HUSKY Plan, Part A, or (B) any other state-funded medical assistance program, including the HUSKY Plan, Part B;

(7) "CHAMPUS" or "TriCare" means the federal Civilian Health and Medical Program of the Uniformed Services, as defined in 10 USC 1072(4), as from time to time amended;

(8) "Primary payer" means the payer responsible for the highest percentage of the charges for a patient's inpatient or outpatient hospital services;

(9) "Case mix index" means the arithmetic mean of the Medicare diagnosis related group case weights assigned to each inpatient discharge for a specific hospital during a given fiscal year. The case mix index shall be calculated by dividing the hospital's total case mix adjusted discharges by the hospital's actual number of discharges for the fiscal year. The total case mix adjusted discharges shall be calculated by (A) multiplying the number of discharges in each diagnosis-related group by the Medicare weights in effect for that same diagnosis-related group and fiscal year, and (B) then totaling the resulting products for all diagnosis-related groups;

(10) "Contractual allowances" means the difference between hospital published charges and payments generated by negotiated agreements for a different or discounted rate or method of payment;

(11) "Medical assistance underpayment" means the amount calculated by dividing the total net revenue by the total gross revenue, and then multiplying the quotient by the total medical assistance charges, and then subtracting medical assistance payments from the product;

(12) "Other allowances" means the amount of any difference between charges for employee self-insurance and related expenses determined using the hospital's overall relationship of costs to charges;

(13) "Gross revenue" means the total gross patient charges for all patient services provided by a hospital; and

(14) "Net revenue" means total gross revenue less contractual allowance, less the difference between government charges and government payments, less uncompensated care and other allowances.

(15) "Non-Operating Revenue" means unrestricted revenue net of expenses not directly related to the provision of health care services or everyday operations. Examples of this would be income from

investments, gains or losses from the disposal of assets, gains or losses from the sale of marketable securities, revenues and expenses associated with medical office buildings, revenue derived from either philanthropic or non-philanthropic sources and various governmental subsidies.

Section 5. Subsection (b) of section 19a-681 of the general statutes is repealed and the following is substituted in lieu thereof:

(b) 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 schedule of charges on file with the office for the date of service specified on the detailed patient bill. For purposes of this section, a detailed patient bill is one which by line item must contain the hospital's most current pricemaster code, description and price on file with the office. The requirement for this billing data does not preclude the hospital from including other data on the detailed bill.

Agency Legislative Proposal - 2013 Session

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

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

State Agency: Department of Public Health
Liaison: Elizabeth Keyes/Jill Kentfield Phone: (860) 509-7246/(860) 509-7280 E-mail: Elizabeth.keyes@ct.gov/ jill.kentfield@ct.gov
Lead agency division requesting this proposal: ***Family Health Section***
Agency Analyst/Drafter of Proposal: ***Rosa M. Biaggi, Section Chief***

Title of Proposal: An Act Concerning The Definition of A School Based Health Center
Statutory Reference
Proposal Summary: This proposal establishes a formal definition of School Based Health Centers for the State of Connecticut by adopting the federal definition provided with the Social Security Act.
Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

- **Reason for Proposal**

Please consider the following, if applicable:

(9) *Have there been changes in federal/state/local laws and regulations that make this legislation necessary?* ***No. The Federal government has utilized the definition provided within the Social Security Act for School Based Health Centers. The Legislative Program Review and Investigations Committee has recommended that the federal definition contained within the Social Security Act be codified.***

(10)Has this proposal or something similar been implemented in other states? If yes, what is the outcome(s)?

(11) *Have certain constituencies called for this action?* ***The Legislative Program Review and Investigations Committee and some of the Connecticut Association of School Based Health Centers member centers have expressed the desire to establish a formal definition of School Based Health Centers.***

(12) What would happen if this was not enacted in law this session? ***The same level of services would be provided at existing sites (in both Department funded and non-funded sites).***

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

If this is a resubmission, please share:

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

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

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

legislation?

(12) 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 Children and Families***
Department of Social Services

Agency Contact (name, title, phone): ***Josh Howroyd, Legislative Program Manager***
Carolyn Treiss, Legislative Program Manager

Date Contacted: 9/27/2012

Approve of Proposal ___ YES ___NO _X__Talks Ongoing

Summary of Affected Agency's Comments

Will there need to be further negotiation? ___ YES ___NO

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

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

N/A

State
N/A

Federal

N/A

Additional notes on fiscal impact

None anticipated

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

The Federal Definition is general and could be applied to medical, mental health and oral services that are currently provided in the sites throughout Connecticut. The Affordable Care Act has recognized the value of School Based Health Centers and has begun to provide funding opportunities for them. The Federal Definition has been utilized to identify eligible applicants. Utilizing the federal definition could help leverage state and federal funding.

(NEW)

(1) "School-based health center" means a health clinic that: (A) is located in or near a school facility of a school district or board or of an Indian tribe or tribal organization; (B) is organized through school, community, and health provider relationships; (C) is administered by a sponsoring facility; (D) provides through health professionals primary health services to children in accordance with the general statutes and municipal law, including laws relating to licensure and certification; and (E) satisfies such other requirements as the general statutes may establish for the operation of such a clinic.

(2) "Sponsoring facility" may include, but is not limited to, (A) a hospital; (B) a public health department, (C) a community health center, (D) a nonprofit health care agency, (E) a local educational agency as defined under section 9101 of the Elementary and Secondary Education Act of 1965; (F) a program administered by the Indian Health Service or the Bureau of Indian Affairs or operated by an Indian tribe or a tribal organization.

Agency Legislative Proposal - 2013 Session

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

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

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

Title of Proposal: An Act Transferring Certain Responsibilities Regarding The Stem Cell Research Program To Connecticut Innovations.
Statutory Reference: Sections 19a-32e, 19a-32f and 19a-32g
Proposal Summary : This proposal transfers the responsibility for administering the Stem Cell Research Fund from the Department of Public Health to Connecticut Innovations, Incorporated. Connecticut Innovations already provides administrative support, including the execution and management of contracts with stem cell grant awardees, to the Stem Cell Research Advisory Committee (SCRAC). The SCRAC, which has established a stem cell research grant program, awards the funding and monitors the stem cell research conducted pursuant to such grants. The transfer of the administration of the Stem Cell Research Fund from the Department to Connecticut Innovations will reduce duplicative accounting and contracting between the Department and Connecticut Innovations. It will also contribute to more thorough oversight of the Stem Cell Research Fund by having Connecticut Innovations handle both the awardee contracts and the distribution of funds pursuant to such contracts. The proposal also specifies that 2 % of the funds are available to Connecticut Innovations for administration of the program. This proposal also includes language regarding collaborative agreements with other states. Several other states that fund stem cell research (Maryland and California) have indicated an interest in entering into an agreement to explore possible stem cell research collaborations between stem cell scientists in such states. Although the research funds from each state remain in the state, it is anticipated that the collaborations will enhance the progress in this area of research.
Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

- **Reason for Proposal**

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

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

If this is a resubmission, please share:
(1) What was the reason this proposal did not pass, or if applicable, was not included in the Administration's package?
(2) Have there been negotiations/discussions during or after the previous legislative session to improve this proposal?
(3) Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?
(4) What was the last action taken during the past legislative session?
The language regarding collaborative agreements passed the Public Health Committee unanimously and the House of Representatives by a vote of 134-13. However, the session ended before the proposal could be voted on in the Senate.

PROPOSAL IMPACT

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

Agency Name: ***Connecticut Innovations***
Agency Contact (name, title, phone): ***Claire Leonardi***
Date Contacted: August 2012

Approve of Proposal __x_ YES ___NO ___Talks Ongoing

Summary of Affected Agency's Comments

Connecticut Innovations has been providing administrative support for the stem cell program since its inception and is willing to assume the responsibilities currently performed by the Department of Public Health.

Will there need to be further negotiation? ___ YES __x_NO

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

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

None

State
None

Federal
None

Additional notes on fiscal impact

The Department of Public Health has utilized $200,000 of the stem cell funds for administrative

purposes. These funds will need to be directed to Connecticut Innovations.

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

This legislative proposal will lead to greater efficiency of administration of the stem cell program and to more effective oversight.

Sec 1. Section 19a-32e of the Connecticut General Statutes is repealed and the following is substituted in lieu thereof:

(a) There is established the "Stem Cell Research Fund" which shall be a separate, nonlapsing account within the General Fund. The fund may contain any moneys required or permitted by law to be deposited in the fund and any funds received from any public or private contributions, gifts, grants, donations, bequests or devises to the fund. [The Commissioner of Public Health] Connecticut Innovations, Incorporated may (1) make grants-in-aid from the fund in accordance with the provisions of subsection (b) of this section, or (2) enter into agreements with other entities, including, but not limited to, states or foreign countries, to advance research collaboration opportunities for a recipient of a grant-in-aid.

(b) **[**Not later than June 30, 2006, the**]** The Stem Cell Research Advisory Committee established pursuant to section 19a-32f shall develop an application for grants-in-aid under this section for the purpose of conducting embryonic or human adult stem cell research and may receive applications from eligible institutions for such grants-in-aid. **[**on and after said date.**]** The Stem Cell Research Advisory Committee shall require any applicant for a grant-in-aid under this section to conduct stem cell research to submit (1) a complete description of the applicant's organization, (2) the applicant's plans for stem cell research and proposed funding for such research from sources other than the state of Connecticut, and (3) proposed arrangements concerning financial benefits to the state of Connecticut as a result of any patent, royalty payment or similar rights developing from any stem cell research made possible by the awarding of such grant-in-aid. Said committee shall direct [the Commissioner of Public Health] Connecticut Innovations, Incorporated with respect to the awarding of such grants-in-aid after considering recommendations from the Stem Cell Research Peer Review Committee established pursuant to section 19a-32g.

(c) Commencing with the fiscal year ending June 30, 2006, and for each of the nine consecutive fiscal years thereafter, until the fiscal year ending June 30, 2015, not less than ten million dollars shall be available from the Stem Cell Research Fund for grants-in-aid to eligible institutions for the purpose of conducting embryonic or human adult stem cell research, as directed by the Stem Cell Research Advisory Committee established pursuant to section 19a-32f and in accordance with the provisions of section 19a-32d. Any balance of such amount not used for such grants-in-aid during a fiscal year shall be carried forward for the fiscal year next succeeding for such grants-in-aid.

Sec 2. Section 19a-32f of the Connecticut General Statutes is repealed and the following is substituted in lieu thereof:

(a) (1) There is established a Stem Cell Research Advisory Committee. The committee shall consist of the Commissioner of Public Health, or the commissioner's designee, the Chief Executive Officer of Connecticut Innovations, Incorporated or a designee, and eight members who shall be appointed as follows: Two by the Governor, one of whom shall be nationally recognized as an active investigator in the field of stem cell research and one of whom shall have background and experience in the field of bioethics; one each by the president pro tempore of the Senate and the speaker of the House of Representatives, who shall have background and experience in private sector stem cell research and development; one each by the majority leaders of the Senate and House of Representatives, who shall be academic researchers specializing in stem cell research; one by the minority leader of the Senate, who shall have background and experience in either private or public sector stem cell research and development or related research fields, including, but not limited to, embryology, genetics or cellular biology; and one by the minority leader of the House of Representatives, who shall have background and experience in business or financial investments. Members shall serve for a term of four years commencing on October first, except that members first appointed by the Governor and the majority leaders of the Senate and House of Representatives shall serve for a term of two years. No member may serve for more than two consecutive four-year terms and no member may serve concurrently on the Stem Cell Research Peer Review Committee established pursuant to section 19a-32g. All initial appointments to the committee shall be made by October 1, 2005. Any vacancy shall be filled by the appointing authority.

(2) On and after July 1, 2006, the advisory committee shall include eight additional members who shall be appointed as follows: Two by the Governor, one of whom shall be nationally recognized as an active investigator in the field of stem cell research and one of whom shall have background and experience in the field of ethics; one each by the president pro tempore of the Senate and the speaker of the House of Representatives, who shall have background and experience in private sector stem cell research and development; one each by the majority leaders of the Senate and House of Representatives, who shall be academic researchers specializing in stem cell research; one by the minority leader of the Senate, who shall have background and experience in either private or public sector stem cell research and development or related research fields, including, but not limited to, embryology, genetics or cellular biology; and one by the minority leader of the House of Representatives, who shall have background and experience in business or financial investments. Members shall serve for a term of four years, except that (A) members first appointed by the Governor and the majority leaders of the Senate and House of Representatives pursuant to this subdivision shall serve for a term of two years and three months, and (B) members first appointed by the remaining appointing authorities shall serve for a term of four years and three months. No member appointed pursuant to this subdivision may serve for more than two consecutive four-year terms and no such member may serve concurrently on the Stem Cell Research Peer Review Committee established pursuant to section 19a-32g. All initial appointments to the committee pursuant to this subdivision shall be made by July 1, 2006. Any vacancy shall be filled by the appointing authority.

(b) [The Commissioner of Public Health, or the commissioner's designee, shall serve as the chairperson of the committee and shall schedule the first meeting of the committee, which shall be held no later than December 1, 2005.] The Chief Executive Officer of Connecticut Innovations, Incorporated, or a designee shall serve as the chairperson of the committee.

(c) All members appointed to the committee shall work to advance embryonic and human adult stem cell research. Any member who fails to attend three consecutive meetings or who fails to attend fifty per cent of all meetings held during any calendar year shall be deemed to have resigned from the

committee.

(d) Notwithstanding the provisions of any other law, it shall not constitute a conflict of interest for a trustee, director, partner, officer, stockholder, proprietor, counsel or employee of any eligible institution, or for any other individual with a financial interest in any eligible institution, to serve as a member of the committee. All members shall be deemed public officials and shall adhere to the code of ethics for public officials set forth in chapter 10. Members may participate in the affairs of the committee with respect to the review or consideration of grant-in-aid applications, including the approval or disapproval of such applications, except that no member shall participate in the affairs of the committee with respect to the review or consideration of any grant-in-aid application filed by such member or by any eligible institution in which such member has a financial interest, or with whom such member engages in any business, employment, transaction or professional activity.

(e) The Stem Cell Research Advisory Committee shall (1) develop, in consultation with [the Commissioner of Public Health] Connecticut Innovations, Incorporated, a donated funds program to encourage the development of funds other than state appropriations for embryonic and human adult stem cell research in this state, (2) examine and identify specific ways to improve and promote for-profit and not-for-profit embryonic and human adult stem cell and related research in the state, including, but not limited to, identifying both public and private funding sources for such research, maintaining existing embryonic and human adult stem-cell-related businesses, recruiting new embryonic and human adult stem-cell-related businesses to the state and recruiting scientists and researchers in such field to the state, (3) establish and administer, in consultation with [the Commissioner of Public Health] Connecticut Innovations, Incorporated, a stem cell research grant program which shall provide grants-in-aid to eligible institutions for the advancement of embryonic or human adult stem cell research in this state pursuant to section 19a-32e, and (4) monitor the stem cell research conducted by eligible institutions that receive such grants-in-aid.

(f) Connecticut Innovations, Incorporated shall serve as administrative staff of the committee and shall assist the committee in (1) developing the application for the grants-in-aid authorized under subsection (e) of this section, (2) reviewing such applications, (3) preparing and executing any assistance agreements or other agreements in connection with the awarding of such grants-in-aid, and (4) performing such other administrative duties as the committee deems necessary.

(g) Connecticut Innovations, Incorporated may utilize for administrative expenses an amount not to exceed two percent of the amount of funding available each year from the Stem Cell Research Fund.

Sec 3. Section 19a-32g. of the Connecticut General Statutes is repealed and the following is substituted in lieu thereof:

(a) (1) There is established a Stem Cell Research Peer Review Committee. The committee shall consist of five members appointed by the Commissioner of Public Health. All members appointed to the committee shall (A) have demonstrated knowledge and understanding of the ethical and medical implications of embryonic and human adult stem cell research or related research fields, including, but not limited to, embryology, genetics or cellular biology, (B) have practical research experience in human adult or embryonic stem cell research or related research fields, including, but not limited to, embryology, genetics or cellular biology, and (C) work to advance embryonic and human adult stem cell research. Members shall serve for a term of four years commencing on October first, except that three members first appointed by the Commissioner of Public Health shall serve for a term of two years. No

member may serve for more than two consecutive four-year terms and no member may serve concurrently on the Stem Cell Research Advisory Committee established pursuant to section 19a-32f. All initial appointments to the committee shall be made by October 1, 2005. Any member who fails to attend three consecutive meetings or who fails to attend fifty per cent of all meetings held during any calendar year shall be deemed to have resigned from the committee.

(2) [On and after July 1, 2007, the Commissioner of Public Health] On and after the effective date of this legislation, Connecticut Innovations, Incorporated may appoint such additional members to the Stem Cell Research Peer Review Committee as it deems necessary for the review of applications for grants-in-aid, provided the total number of Stem Cell Research Peer Review Committee members does not exceed fifteen. Such additional members shall be appointed as provided in subdivision (1) of this subsection, except that such additional members shall serve for a term of two years from the date of appointment[.] and no member may serve for more than two consecutive two year terms.

(b) All members shall be deemed public officials and shall adhere to the code of ethics for public officials set forth in chapter 10. No member shall participate in the affairs of the committee with respect to the review or consideration of any grant-in-aid application filed by such member or by any eligible institution in which such member has a financial interest, or with which such member engages in any business, employment, transaction or professional activity.

(c) Prior to the awarding of any grants-in-aid for embryonic or human adult stem cell research pursuant to section 19a-32e, the Stem Cell Research Peer Review Committee shall review all applications submitted by eligible institutions for such grants-in-aid and make recommendations to [the Commissioner of Public Health] Connecticut Innovations, Incorporated and the Stem Cell Research Advisory Committee established pursuant to section 19a-32f with respect to the ethical and scientific merit of each application.

(d) Peer review committee members may receive compensation from the Stem Cell Research Fund, established pursuant to section 19a-32e, for reviewing grant-in-aid applications submitted by eligible institutions pursuant to subsection (c) of this section. The rate of compensation shall be established by the Commissioner of Public Health in consultation with the Department of Administrative Services and the Office of Policy and Management.

(e) The Peer Review Committee shall establish guidelines for the rating and scoring of such applications by the Stem Cell Research Peer Review Committee.

(f) All members of the committee shall become and remain fully cognizant of the National Academies' Guidelines for Human Embryonic Stem Cell Research, as amended from time to time, and shall utilize said guidelines to evaluate each grant-in-aid application. [The committee may make recommendations to the Stem Cell Research Advisory Committee and the Commissioner of Public Health, concerning the adoption of said guidelines, in whole or in part, in the form of regulations adopted pursuant to chapter 54.]

Agency Legislative Proposal - 2013 Session

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

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

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

Title of Proposal An Act Concerning Public Drinking Water And Drinking Water State Revolving Fund Fees
Statutory Reference: **Section 22a-477, Clean Water Fund: Accounts and subaccounts,** **Section 22a-478, Eligible water quality projects. Eligible drinking water projects. Project grants. Grant account loans**

Proposal Summary

Section 1: The proposal will create a fee structure to partially support work responsibilities of the Department Drinking Water Section (DWS) staff and would directly assist to offset the cost of staff. Work to be supported are in the areas of public water system sanitary surveys and for the primary work completed in the various requests for review and approval. The fees would assure that theDWS can continue its operations and responsibilities in the oversight of purity and adequacy of the state's public drinking water found under Connecticut General Statute Section 25-32 and its primacy under the Safe Drinking Water Act (SDWA). The Drinking Water program would be compromised if this proposal does not move forward given the current federal funding levels. By 2016, it is projected that the DWS would lose approximately 10 staff members, thereby making it extremely likely that the Department would not be able to uphold it's primacy responsibilities under the SDWA and State statutory and regulatory requirements.

Sanitary surveys are conducted every three years by engineering staff of the DWS for community public water systems with the cost to conduct these surveys proposed to be set at:

- Community Public Water System (PWS) Serving over 100,000 people – $10,000
- PWS Serving between 10,000 to 100,000 – $5,000
- PWS Serving between 1,000 to 10,000 - $2,500
- PWS serving less than 1,000 - $1,250

Sanitary surveys are conducted every five years by engineering staff of the DWS for non-community public water systems with the cost to be a fee of $500 per survey.

Requests for DWS review and approval fee for non-community and community systems that serve under 1,000 people is proposed to be $250, with community public water systems that serve over 1,000 people would be subject to a fee of $500.

Based under the number of surveys and reviews completed over the last two years, average annual fees would total over $650,000. It is proposed that these funds on an annual basis be used toward the creation of new state funded positions for the DWS. These new positions would be funded under the state general fund and supported through the collection of the above mentioned fees. These positions will assure that sanitary surveys and requests for approvals are completed as required under the Department's primacy responsibilities, as well as required under State statute and regulation.

This proposal would collect civil penalties under existing laws due to public drinking water violations and place the funds into an enhancement fund account that will be used to support drinking water educational efforts

Sections 2-8: The proposal will charge Drinking Water State Revolving Fund (DWSRF) loan applicants a fee to cover expenses incurred by the Department to administer the loan program. The fee would only be incurred if a project loan is ultimately provided to the loan applicant and would be paid as part of the project loan.

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

PROPOSAL BACKGROUND

- **Reason for Proposal**

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

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

If this is a resubmission, please share:
(1) What was the reason this proposal did not pass, or if applicable, was not included in the Administration's package? ***This proposal has been submitted previously but it 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: : ***1. Department of Energy and Environmental Protection (DEEP)*** ***2. Office of the State Treasurer (OTT)*** Agency Contact (name, title, phone): ***1. DEEP, Rob LaFrance, Legislative Liaison, (860) 424-3401*** ***2. OTT, Christine Shaw, Chief of Staff, (860) 702-3211*** Date Contacted: Approve of Proposal ___ YES ___NO _X__Talks Ongoing
Summary of Affected Agency's Comments
Will there need to be further negotiation? ___ YES ___NO

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

Municipal (please include any municipal mandate that can be found within legislation) Section 1: Town public water systems would be subject to the fees as presented within this proposal. Out of the 557 community public water systems statewide, 98 are municipal public water systems and these 98 systems would be subject to the fees as outlined above. Out of the 2,029 non-community public water systems statewide, 240 are municipal public water systems and these 240 would be subject to the fees as outlined above. Sections 2-8: Town public water systems would be subject to a fee as part of a project loan under the DWSRF
State Section 1: None Sections 2-8: State owned public water systems would be subject to a fee as part of a project loan under the DWSRF
Federal None – No federal public water systems, therefore the federal government would not be subjected to these fees.
Additional notes on fiscal impact

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

Section 1 is an effort to continue to provide the current level of service that is mandated to the Department to maintain and uphold primacy of the Safe Drinking Water Act and oversee various state laws that assure purity and adequacy of the state's public drinking water systems and sources. Along with the oversight of state and federal laws that protect public health and public drinking water, the Department is responsible to carry-out and be consistent with state policies within the state Conservation and Development Plan that concern public drinking water. The Drinking Water program would be compromised if this proposal does not move forward given the current federal funding levels. The fees as proposed will assist to offset the expenses of the DWS program and will assure consistent oversight of public drinking water statewide.

Additionally, the timing of implementing this fee schedule is important. The DWS is hopeful that the proposed fee schedule will be adopted during the 2013 legislative session to allow public water systems time to include the proposed fees into their annual budget prior to fee implementation, and time for the state to initiate collection of these fees prior to the need for staff funding support. This fee proposal would go directly to sustain DWS staff salaries to support their current and growing work effort to assure primacy under the Safe Drinking Water Act, as well as support the various responsibilities under state statute.

Sections 2-8 is an effort to increase the pace of the DWSRF loan assistance to public water systems for important drinking water infrastructure projects. Currently, Connecticut's DWSRF program has the lowest pace in the country. The DWSRF program would be compromised if this proposal does not move forward given the current federal funding levels.

Section 1. (NEW)

(a) The Commissioner shall charge a fee for all requests for reviews, approvals and permits submitted to the Department as follows:

(1) For sanitary surveys as required by the Regulations of Connecticut State Agencies (The Public Health Code) a. for community public water systems serving over 100,000 people - $10,000; b. for community public water systems serving 10,000 to 100,000 people - $5,000; c. for community public water systems serving 1,000 to 9,999 people - $2,500; d. for community public water systems serving less than 1,000 - $1,250; e. for non-community public water systems - $500.

(2) For other requests for approvals to include all permits, design reviews, and all other miscellaneous submissions:
(A) for a community public water system serving over 1,000 people - $500;
(B) for all other public water systems - $250.

(b)(1) There is created a Drinking Water Public Health Enhancement fund, which shall be a separate non-lapsing fund. The purpose of the fund is to create a continuing source of funds to support programs through grants designed to promote and enhance public health through provision of public drinking water education and training opportunities. The Department of Public Health shall award grants from the fund after evaluating the effectiveness of the application to fulfill this purpose and shall enter into contracts ensure that the applicant complies with the terms of the award.

(2) The funds collected under the provisions of CGS 25-32c, CGS 25-32e, CGS 25-32k, and CGS 25-36 shall be deposited in the Drinking Water Public Health Enhancement Fund.

Sec. 2. Section 22a-477(q) of the general statutes is repealed and the following is substituted in lieu thereof:

(q) There shall be deposited in the drinking water state account of the Clean Water Fund: (1) The proceeds of notes, bonds or other obligations issued by the state for the purpose of deposit therein and use in accordance with the permissible uses thereof; (2) funds appropriated by the General Assembly for the purpose of deposit therein and use in accordance with the permissible uses thereof; (3) interest or other income earned on the investment of moneys in the drinking water state account; (4) payments received from any recipient as repayment for a project loan, including any fees paid as part of the project loan for the expenses of the Department of Public Health in administering the program, made with moneys on deposit in the drinking water state account; and (5) any additional moneys made available from any sources, public or private, for the purposes for which the drinking water state account has been established other than moneys on deposit in the federal receipts subaccount of the drinking water federal revolving loan account.

Sec. 3. Section 22a-477(r) of the general statutes is repealed and the following is substituted in lieu thereof:

(r) Within the drinking water state account there are established the following subaccounts: (1) A state bond receipts subaccount, into which shall be deposited the proceeds of notes, bonds or other obligations issued by the state for the purpose of deposit therein; (2) a General Fund receipts subaccount into which shall be deposited funds appropriated by the General Assembly for the purpose of deposit therein; and (3) a state loan repayment subaccount into which shall be deposited payments received from any recipient in repayment of a project loan, including any fees paid as part of the project loan for the expenses of the Department of Public Health in administering the program, made from any moneys deposited in the drinking water state account.

Sec. 4. Section 22a-478(i) of the general statutes is repealed and the following is substituted in lieu thereof:

(i) In each fiscal year the Commissioner of Public Health may make project loans to recipients in the order of the priority list of eligible drinking water projects to the extent of moneys available therefor in the appropriate accounts of the Clean Water Fund. Each recipient undertaking an eligible drinking water project may apply for and receive a project loan or loans in an amount equal to one hundred per cent of the eligible project costs, which shall include a fee for the expenses of the Department of Public Health in administering the program.

Sec. 5. Section 22a-478(j) of the general statutes is repealed and the following is substituted in lieu thereof:

(j) The funding of an eligible drinking water project shall be pursuant to a project funding agreement between the state, acting by and through the Commissioner of Public Health, and the recipient undertaking such project and shall be evidenced by a project fund obligation or an interim funding obligation of such recipient issued in accordance with section 22a-479. A project funding agreement shall be in a form prescribed by the Commissioner of Public Health. Any eligible drinking water project shall receive a project loan for the costs of the project, which shall include a fee for the expenses of the Department of Public Health in administering the program. All loans made in accordance with the provisions of this section for an eligible drinking water project shall bear an interest rate not exceeding

one-half the rate of the average net interest cost as determined by the last previous similar bond issue by the state of Connecticut as determined by the State Bond Commission in accordance with subsection (t) of section 3-20. The Commissioner of Public Health may allow any project fund obligation or interim funding obligation for an eligible drinking water project to be repaid by a borrowing recipient prior to maturity without penalty.

Sec. 6. Section 22a-478(k) of the general statutes is repealed and the following is substituted in lieu thereof:

(k) Each project loan for an eligible drinking water project shall be made pursuant to a project funding agreement between the state, acting by and through the Commissioner of Public Health, and such recipient, and each project loan for an eligible drinking water project shall be evidenced by a project loan obligation or by an interim funding obligation of such recipient issued in accordance with sections 22a-475 to 22a-483, inclusive. Except as otherwise provided in said sections 22a-475 to 22a-483, inclusive, each project funding agreement shall contain such terms and conditions, including provisions for default which shall be enforceable against a recipient and provisions requiring a fee for the expenses of the Department of Public Health in administering the program, as shall be approved by the Commissioner of Public Health. Each project loan obligation or interim funding obligation issued pursuant to a project funding agreement for an eligible drinking water project shall bear an interest rate not exceeding one-half the rate of the average net interest cost as determined by the last previous similar bond issue by the state of Connecticut as determined by the State Bond Commission in accordance with subsection (t) of section 3-20. Except as otherwise provided in said sections 22a-475 to 22a-483, inclusive, each project loan obligation and interim funding obligation shall be issued in accordance with the terms and conditions set forth in the project funding agreement. Notwithstanding any other provision of the general statutes, public act or special act to the contrary, each project loan obligation for an eligible drinking water project shall mature no later than twenty years from the date of completion of the construction of the project and shall be paid in monthly installments of principal and interest or in monthly installments of principal unless a finding is otherwise made by the State Treasurer requiring a different payment schedule. Interest on each project loan obligation for an eligible drinking water project shall be payable monthly unless a finding is otherwise made by the State Treasurer requiring a different payment schedule. Principal and interest on interim funding obligations issued under a project funding agreement for an eligible drinking water project shall be payable at such time or times as provided in the project funding agreement, not exceeding six months after the date of completion of the planning and design phase or the construction phase, as applicable, of the eligible drinking water project, as determined by the Commissioner of Public Health, and may be paid from the proceeds of a renewal note or notes or from the proceeds of a project loan obligation. The Commissioner of Public Health may allow any project loan obligation or interim funding obligation for an eligible drinking water project to be repaid by the borrowing recipient prior to maturity without penalty.

Sec. 7. Section 22a-478(*l*) of the general statutes is repealed and the following is substituted in lieu thereof:

(*l*) The Commissioner of Public Health may make a project loan, which shall include a fee for the expenses of the Department of Public Health in administering the program, to a recipient pursuant to a project funding agreement for an eligible drinking water project for the planning and design phase of an eligible project, to the extent provided by the federal Safe Drinking Water Act, as amended. Principal and interest on a project loan, which shall include a fee for the expenses of the Department of Public Health in administering the program, for the planning and design phases of an eligible drinking water

project may be paid from and included in the principal amount of a loan for the construction phase of an eligible drinking water project.

Sec. 8. Section 22a-478(n) of the general statutes is repealed and the following is substituted in lieu thereof:

(n) Notwithstanding any provision of sections 22a-475 to 22a-483, inclusive, to the contrary, the Commissioner of Public Health may make a project loan or loans, which shall include a fee for the expenses of the Department of Public Health in administering the program, in accordance with the provisions of subsection (j) of this section with respect to an eligible drinking water project without regard to the priority list of eligible drinking water projects if a public drinking water supply emergency exists, pursuant to section 25-32b, which requires that the eligible drinking water project be undertaken to protect the public health and safety.

Agency Legislative Proposal - 2013 Session

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

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

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

Title of Proposal: **An Act Concerning The Expansion Of The Clean Indoor Air Act**
Statutory Reference **Section 19a-342, Smoking prohibited. Exceptions. Signs required. Penalties.** **Section 31-40q, Smoking in the workplace. Designation of smoking rooms.**
Proposal Summary Currently state statute allows smoking in small workplaces with fewer than five employees. To protect all workers, this proposal would require that workplaces be smoke free. The proposal also requires that entryways to the areas of buildings be smoke free, in order to allow nonsmokers and those with chronic diseases the opportunity to enter buildings without exposure to secondhand smoke. The proposal also clarifies that electronic cigarettes are included under the indoor smoking ban, despite the claims of the manufacturers that it is a good alternative to smoking. It also includes "electronic cigarettes" under the definition of "tobacco products" and "smoking". This will require those establishments where patrons are prohibited from smoking to include electronic cigarettes when enforcing "no smoking policies"
Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

- **Reason for Proposal**

Please consider the following, if applicable:
(1) Have there been changes in federal/state/local laws and regulations that make this legislation necessary?
Not currently
(2) Has this proposal or something similar been implemented in other states? If yes, what is the outcome(s)?
Yes, several states, municipalities, and government entities such as the Department of Transportation have extended their definitions of smoke free to include electronic cigarettes. The passage of many laws, policies, and statutes has been well received.
(3) Have certain constituencies called for this action?
National and local tobacco advocates continue to encourage the passage of smokefree policies and

laws in order to provide safer environments.
(4) What would happen if this was not enacted in law this session?
Connecticut residents would continue to be negatively affected by exposure to secondhand smoke, unclear language would continue to confuse businesses and individuals, and health care costs would continue to be higher due to illnesses caused by smoking and exposure to secondhand smoke.

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

If this is a resubmission, please share:
(1)What was the reason this proposal did not pass, or if applicable, was not included in the Administration's package?
The portion regarding the language for electronic cigarettes was included in the Administrations package for 2012 but not acted upon during the legislative session. The other provisions were not included in the Administration's 2012 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?
There was no action taken on the department proposal.

PROPOSAL IMPACT

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

Agency Name: ***Department of Labor***
Agency Contact (name, title, phone): ***Marissa Morello***
Date Contacted:

Approve of Proposal _X__ YES ___NO __ _ regarding the additional workplace restriction.

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) N/A
State N/A
Federal N/A
Additional notes on fiscal impact

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

This legislation would result in stronger policy in line with Center for Disease Control Best Practices.

Section 1. Section 19a-342 of the Connecticut 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, <u>including any electronic nicotine delivery system</u>.

(b) (1) Notwithstanding the provisions of section 31-40q, no person shall smoke: (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; (D) in any 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 a school building while school is in session or student activities are being conducted; (G) in any passenger elevator, provided no person shall be arrested for violating this subsection unless there is posted in such elevator a sign which indicates that smoking is prohibited by state law; (H) in any dormitory in any public or private institution of higher education; or (I) on and after April 1, 2004, in any

area of a dog race track or a facility equipped with screens for the simulcasting of off-track betting race programs or jai alai games. For purposes of this subsection, "restaurant" means space, in a suitable and permanent building, kept, used, maintained, advertised and held out to the public to be a place where meals are regularly served to the public, and 'any area' includes a reasonable distance so that no person shall smoke within 25 feet of doorways, operable windows, and air intake vents of all smoke free buildings.

(2) This section 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 where demonstration smoking is taking place as part of a medical or scientific experiment or lesson; (E) smoking rooms provided by employers for employees, pursuant to section 31-40q; (F) notwithstanding the provisions of subparagraph (E) of subdivision (1) of this subsection, the outdoor portion of the premises of any permittee listed in subparagraph (E) of subdivision (1) of this subsection, provided, in the case of any seating area maintained for the service of food, at least seventy-five per cent of the outdoor seating capacity is an area in which smoking is prohibited and which is clearly designated with written signage as a nonsmoking area, except that any temporary seating area established for special events and not used on a regular basis shall not be subject to the smoking prohibition or signage requirements of this subparagraph; or (G) any tobacco bar, provided no tobacco bar shall expand in size or change its location from its size or location as of December 31, 2002. For purposes of this subdivision, "outdoor" means an area which has no roof or other ceiling enclosure, "tobacco bar" means an establishment with a permit for the sale of alcoholic liquor to consumers issued pursuant to chapter 545 that, in the calendar year ending December 31, 2002, generated ten per cent or more of its total annual gross income from the on-site sale of tobacco products and the rental of on-site humidors, and "tobacco product" means any substance that contains tobacco, including, but not limited to, cigarettes, cigars, pipe tobacco or chewing tobacco as well as any electronic nicotine delivery system.

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

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

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

(f) Nothing in this section shall be construed to require any smoking area in any building or entryway.

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

Section 2. Section 31-40q of the Connecticut General Statutes is repealed and the following is substituted in lieu thereof:

(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 (G) of subdivision (2) of subsection (b) of section 19a-342; (B) any establishment with a permit for the sale of alcoholic liquor pursuant to section 30-23 issued on or before May 1, 2003; (C) for any business that is engaged in the testing or development of tobacco or tobacco products, the areas of such business designated for such testing or development; or (D) during the period from October 1, 2003, to April 1, 2004, establishments with a permit issued for the sale of alcoholic liquor pursuant to section 30-22a or 30-26 or the bar area of a bowling establishment holding a permit pursuant to subsection (a) of section 30-37c.

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

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

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

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

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

Agency Legislative Proposal - 2013 Session

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

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

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

Title of Proposal: An Act Amending The Sovereign Immunity Waiver Regarding The Department Of Public Health.
Statutory Reference: Section 19a-24, Claims for damages against Commissioners of Public Health and Developmental Services and certain officials, employees, council members and trustees. Immunity. Indemnification.
Proposal Summary: This proposal deletes the sovereign immunity waiver in Conn. Gen. Stat. § 19a-24. All claims against the Department of Public Health would be handled in accordance with Chapter 53 of the General Statutes, Conn. Gen. Stat. § 4 – 141, et seq.
Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

- **Reason for Proposal**

This proposal would delete the current waiver of sovereign immunity regarding the Department of Public Health and the ability to bring a direct action against it as specified in Conn. Gen. Stat. § 19a-24. This provision was enacted when the Department of Public Health was involved in the operation of chronic disease hospitals. As there are no longer any chronic disease hospitals in the state, this provision should be deleted. Instead, any claim against it shall be governed by Chapter 53 of the General Statutes.

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

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

PROPOSAL IMPACT

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

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

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

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

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

Section 19a-24 of the Connecticut General Statutes is repealed and the following is substituted in lieu thereof:

(a) Any claim for damages in excess of seven thousand five hundred dollars on account of any official act or omission of the [Commissioner of Public Health,] Commissioner of Developmental Services or any member of [their staffs] the commissioner's staff, any member of [the Council on Tuberculosis Control, Hospital Care and Rehabilitation,] the Council on Developmental Services or either of the boards of trustees of the state training schools or any member of any regional advisory and planning council or any superintendent, director, employee or staff member of any [chronic disease hospital or] state training school or state developmental services region shall be brought as a civil action against the [commissioners]commissioner in the commissioner's [their] official [capacities] capacity and said [commissioners]commissioner shall be represented therein by the Attorney General in the manner provided in chapter 35. Damages recovered in such action shall be a proper charge against the General Fund of the state and shall be paid in the manner provided in section 3-117. Any such claim for damages not in excess of seven thousand five hundred dollars shall be presented to the Claims Commissioner in accordance with chapter 53 if such claim is otherwise cognizable by the Claims Commissioner.

(b) Neither [the Commissioner of Public Health nor] the Commissioner of Developmental Services nor any member of [their] his staff, shall be held personally liable in any civil action for damages on account of any official act or omission of any superintendent, director, employee or staff member of any [chronic disease hospital or] state training school or state developmental services region nor on account of any official act or omission of such [commissioners]commissioner or member of [their] the commissioner's staff or any member of the councils or boards of trustees created by sections 17a-270 and 17a-271.

(c) No employee or staff member of said [commissioners]commissioner or any superintendent, director, employee or staff member of any [chronic disease hospital] or state training school or state developmental services region shall be held personally liable in any civil action for damages on account of any official act or omission not wanton or wilful of such superintendent, director, employee or staff member.

Agency Legislative Proposal - 2013 Session

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

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

State Agency: Department of Public Health
Liaison: Elizabeth Keyes/Jill Kentfield Phone: (860) 509-7246/(860) 509-7280 E-mail: Elizabeth.keyes@ct.gov/ jill.kentfield@ct.gov
Lead agency division requesting this proposal: ***Regulatory Services Branch/Community Based Regulation Section***
Agency Analyst/Drafter of Proposal: ***Debra Johnson***

Title of Proposal An Act Concerning Child Day Care Centers, Group Day Care Homes and Family Day Cares
Statutory Reference: **Sec. 1.** Section 19a-80, Child day care centers and group day care homes. **Sec 2.** Section 19a-87b, Family day care homes.
Proposal Summary This proposal increases the frequency of inspections of child day care centers, group day care homes and family day care homes.
Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

- **Reason for Proposal**

Sec 1. Child day care centers and group day care homes are currently inspected every two years. Annual inspection of these facilities will lead to earlier identification of deficiencies and will provide more opportunities for technical support to programs. Improving the baseline standard for licensed programs by conducting annual inspections will also support a Quality Rating and Improvement System (QRIS), a component of a coordinated system of early care and education and child development, as mandated by PA 11-181.

Sec. 2. Family day care homes are currently inspected every three years. Annual inspection of these homes will lead to earlier identification of deficiencies before children are negatively impacted and will provide more opportunities for technical assistance to bring about compliance. Increasing the presence of inspectors will improve the health and safety of children in these settings. Improving the baseline standard for licensed programs by conducting annual inspections will also support a Quality Rating and Improvement System (QRIS), a component of a coordinated system of early care and education and child development, as mandated by PA 11-181.

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

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

PROPOSAL IMPACT

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

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

Approve of Proposal ___ YES ___NO ___Talks Ongoing

Summary of Affected Agency's Comments

Will there need to be further negotiation? ___ YES ___NO

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

Municipal (please include any municipal mandate that can be found within legislation) None

State Total Cost:
Section 1: $582,866
5 Child Day Care Licensing Specialists=$334,105 plus fringe (70.65%)=$570,150
2 cars=$8,016
4 phones=$2,200
Computers, software and other expenses=$2,500

Section 2: $1,291,860
10 Child Day Care Licensing Specialists and 1 Child Day Care Licensing Supervisor=$741,505 plus fringe (70.65%) =$1,265,378
4 cars=$16,032
9 phones=$4,950
Computers, software and other expenses=$5,500

Federal

None

Additional notes on fiscal impact

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

Sec 1. Section 19a-80 of the general statutes as amended by Public Acts 11-97 and 11-242 is repealed and the following is substitutes in lieu thereof:

(a) No person, group of persons, association, organization, corporation, institution or agency, public or private, shall maintain a child day care center or group day care home without a license issued in accordance with sections 19a-77 to 19a-80, inclusive, and 19a-82 to 19a-87, inclusive. Applications for such license shall be made to the Commissioner of Public Health on forms provided by the commissioner and shall contain the information required by regulations adopted under said sections. The forms shall contain a notice that false statements made therein are punishable in accordance with section 53a-157b.

(b) (1) Upon receipt of an application for a license, the Commissioner of Public Health shall issue such license if, upon inspection and investigation, said commissioner finds that the applicant, the facilities and the program meet the health, educational and social needs of children likely to attend the child day care center or group day care home and comply with requirements established by regulations adopted under sections 19a-77 to 19a-80, inclusive, and sections 19a-82 to 19a-87, inclusive. The Commissioner of Public Health shall offer an expedited application review process for an application submitted by a municipal agency or department. Each license shall be for a term of two years, provided on and after October 1, 2008, each license shall be for a term of four years, shall be nontransferable, may be renewed upon payment of the licensure fee and may be suspended or revoked after notice and an opportunity for a hearing as provided in section 19a-84 for violation of the regulations adopted under sections 19a-77 to 19a-80, inclusive, and sections 19a-82 to 19a-87, inclusive.

(2) Prior to October 1, 2008, the Commissioner of Public Health shall collect from the licensee of a day care center a fee of two hundred dollars for each license issued or renewed for a term of two years. Prior to October 1, 2008, said commissioner shall collect from the licensee of a group day care home a fee of one hundred dollars for each license issued or renewed for a term of two years.

(3) On and after October 1, 2008, the Commissioner of Public Health shall collect from the licensee of a day care center a fee of five hundred dollars for each license issued or renewed for a term of four years. On and after October 1, 2008, said commissioner shall collect from the licensee of a group day care home a fee of two hundred fifty dollars for each license issued or renewed for a term of four years. The Commissioner of Public Health shall require only one license for a child day care center operated in

two or more buildings, provided the same licensee provides child day care services in each building and the buildings are joined together by a contiguous playground that is part of the licensed space.

(4) The Commissioner of Public Health or designee shall make an unannounced visit, inspection or investigation of each licensed child day care center and group day care home each year. At least every two years, the local health director of health or designee shall make an inspection of each licensed child day care center and group day care home.

(c) The Commissioner of Public Health, within available appropriations, shall require each prospective employee of a child day care center or group day care home in a position requiring the provision of care to a child to submit to state and national criminal history records checks. The criminal history records checks required pursuant to this subsection shall be conducted in accordance with section 29-17a. The commissioner shall also request a check of the state child abuse registry established pursuant to section 17a-101k. Pursuant to the interagency agreement provided for in section 10-16s, the Department of Social Services may agree to transfer funds appropriated for criminal history records checks to the Department of Public Health. The commissioner shall notify each licensee of the provisions of this subsection.

(d) The commissioner shall inform each licensee, by way of a plain language summary provided not later than sixty days after the regulation's effective date, of new or changed regulations adopted under sections 19a-77 to 19a-80, inclusive, or sections 19a-82 to 19a-87, inclusive, with which a licensee must comply.

Sec 2. Section 19a-87b of the general statutes is repealed and the following is substituted in lieu thereof:

(a) No person, group of persons, association, organization, corporation, institution or agency, public or private, shall maintain a family day care home, as defined in section 19a-77, without a license issued by the Commissioner of Public Health. Licensure forms shall be obtained from the Department of Public Health. Applications for licensure shall be made to the commissioner on forms provided by the department and shall contain the information required by regulations adopted under this section. The licensure and application forms shall contain a notice that false statements made therein are punishable in accordance with section 53a-157b. Applicants shall state, in writing, that they are in compliance with the regulations adopted by the commissioner pursuant to subsection (c) of this section. Before a family day care home license is granted, the department shall make an inquiry and investigation which shall include a visit and inspection of the premises for which the license is requested. Any inspection conducted by the department shall include an inspection for evident sources of lead poisoning. The department shall provide for a chemical analysis of any paint chips found on such premises. Neither the commissioner nor the commissioner's designee shall require an annual inspection for homes seeking license renewal or for licensed homes, except that the commissioner or the commissioner's designee shall make [unannounced visits, during customary business hours, to at least thirty-three and one-third per cent of the licensed family day care homes each year] an unannounced visit, inspection or investigation of each licensed family day care home at least every year. A licensed family day care home shall not be subject to any conditions on the operation of such home by local officials, other than those imposed by the department pursuant to this subsection, if the home complies with all local codes and ordinances applicable to single and multifamily dwellings.

(b) The Commissioner of Public Health, within available appropriations, shall require each initial

applicant or prospective employee of a family day care home in a position requiring the provision of care to a child to submit to state and national criminal history records checks. The criminal history records checks required pursuant to this subsection shall be conducted in accordance with section 29-17a. The commissioner shall also request a check of the state child abuse registry established pursuant to section 17a-101k. The commissioner shall notify each licensee of the provisions of this subsection.

(c) The Commissioner of Public Health shall adopt regulations, in accordance with the provisions of chapter 54, to assure that family day care homes, as defined in section 19a-77, shall meet the health, educational and social needs of children utilizing such homes. Such regulations shall ensure that the family day care home is treated as a residence, and not an institutional facility. Such regulations shall specify that each child be protected as age-appropriate by adequate immunization against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, hemophilus influenzae type B and any other vaccine required by the schedule of active immunization adopted pursuant to section 19a-7f. Such regulations shall provide appropriate exemptions for children for whom such immunization is medically contraindicated and for children whose parents object to such immunization on religious grounds. Such regulations shall also specify conditions under which family day care home providers may administer tests to monitor glucose levels in a child with diagnosed diabetes mellitus, and administer medicinal preparations, including controlled drugs specified in the regulations by the commissioner, to a child receiving day care services at a family day care home pursuant to a written order of a physician licensed to practice medicine in this or another state, an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a or a physician assistant licensed to prescribe in accordance with section 20-12d, and the written authorization of a parent or guardian of such child. Such regulations shall specify appropriate standards for extended care and intermittent short-term overnight care. The commissioner shall inform each licensee, by way of a plain language summary provided not later than sixty days after the regulation's effective date, of any new or changed regulations adopted under this subsection with which a licensee must comply.

(d) Applications for initial licensure under this section submitted prior to October 1, 2008, shall be accompanied by a fee of twenty dollars and such licenses shall be issued for a term of two years. Applications for renewal of licenses granted under this section submitted prior to October 1, 2008, shall be accompanied by a fee of twenty dollars and such licenses shall be renewed for a term of two years. No such license shall be renewed unless the licensee certifies that the children enrolled in the family day care home have received age-appropriate immunization in accordance with regulations adopted pursuant to subsection (c) of this section.

(e) Each license issued on or after October 1, 2008, shall be for a term of four years, shall be nontransferable and may be renewed upon payment of the licensure fee and a signed statement from the licensee certifying that the children enrolled in the family day care home have received age-appropriate immunization in accordance with regulations adopted pursuant to subsection (c) of this section. The Commissioner of Public Health shall collect from the licensee of a family day care home a fee of eighty dollars for each license issued or renewed for a term of four years.

Placeholder
Agency Legislative Proposal - 2013 Session

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

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

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

Title of Proposal **An Act Concerning Hospitals**
Statutory Reference
Proposal Summary Commissioner Mullen and Governor's office Staff are working on a proposal regarding hospitals. This is a placeholder until the details are finalized.
Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

- **Reason for Proposal**

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

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

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

PROPOSAL IMPACT

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

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

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

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

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

Agency Legislative Proposal - 2013 Session

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

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

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

Title of Proposal: Medicaid Coverage for Diabetes Self-Management Education (DSME)
Statutory Reference:
Proposal Summary: This bill will ensure that Connecticut's Medicaid population will have coverage for diabetes self -management education which is the standard of care for diabetes. Connecticut law already requires that state based private insurance cover this service. Medicare also covers DSME.
Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

- **Reason for Proposal**

1. Have there been changes in the federal/state/local laws and regulations that make this legislation necessary? No, however, as above, Medicare covers DSME and Connecticut legislation requires Connecticut based insurance to cover DSME leaving those on Medicaid the only residents without access to this service. It is well documented that rates of diabetes and diabetes complications are higher among lower socio-economic groups such as those covered by Medicaid. Connecticut Department of Public Health data shows Black adults (13.1%) and Hispanic adults (9.5%) have significantly higher (age adjusted) prevalence rates compared to White adults (5.7%). Lower income adults are also more likely to have diabetes. (12.3% of Connecticut adults with annual household incomes less than $25,000 have diabetes compared to 4.4% of adults with annual household incomes of $75,000 or more). Data on costly hospitalizations indicate the same trends: Black residents have 4.3 times the rate of diabetes hospitalizations and diabetes-related hospitalizations with lower extremity amputations compared with White residents

2. Has this proposal or something similar been implemented in other states? If yes, what it the outcome? Yes, other New England/area states where Medicaid covers DSME include Massachusetts, Maine and New York. Nationally, 33 state Medicaid programs cover DSME. (American Association of Diabetes Educator survey 2012). Regarding outcomes, studies done on DSME indicate a 34% decrease in hospital readmission and a 5.7% /year reduction in cost with a 12% decrease after 3 years (Duncan et.al. The Diabetes Educator, Vol. 35,#5, Oct 2009). Other research has shown hospitalization rates for patients who had at least one educational visit was 34% lower than those who had no education (Robbins et.al. Diabetes Care 2008 April 31(4) 655-60.

3. Have certain constituencies called for this action? Yes, diabetes educators that teach people with diabetes have called for this coverage. They are represented by the Connecticut Alliance of Diabetes

Educators.
4. What would happen of this was not enacted in this law session? People with diabetes on Medicaid who do not receive self- management education present a greater risk and associated costs for emergency department admissions and in patient care from diabetes acute and chronic complications.

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

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

PROPOSAL IMPACT

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

Agency Name: ***Department of Social Services***

Agency Contact (name, title, phone): ***Carolyn Treiss, Legislative Program Manager,*** (860) 424-5538
Date Contacted: 9/21/12

Approve of Proposal ___ YES ___NO _X__Talks Ongoing

Summary of Affected Agency's Comments

Will there need to be further negotiation? ___ YES ___NO

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

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

State: Providing coverage would cost the DSS initially through reimbursement to certified diabetes educators but return on investment data indicate cost savings. From the literature: DSME can reduce DM costs within 1 year in Medicaid populations (Balumarugan et al Diabetes Educ. 32(6): 893-900 Nov-Dec 2006)

Federal

Additional notes on fiscal impact

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

The Centers for Disease Control and Prevention has directed states to focus efforts to increase access to sustainable self-management education and support services for populations with greatest diabetes burden. As Connecticut data demonstrate, this includes the Medicaid population with diabetes.

(NEW) Sec. 17b-278h. The Commissioner of Social Services shall amend the Medicaid state plan to provide coverage for Diabetes Self-Management Education by a Certified Diabetes Educator recognized by the American Diabetes Association or Accredited by the American Association of Diabetes Educators.

Agency Legislative Proposal - 2013 Session

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

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

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

Title of Proposal An Act Concerning Healthy Homes
Statutory Reference: Sec. 19a-111a. Lead poisoning prevention program. Lead state agency.
Proposal Summary: This proposal transfers programs related to childhood lead poisoning and prevention and weatherization from the Department of Social Services to the Department of Public Health. As the system is currently fragmented, transferring these programs and their resources will facilitate a more comprehensive, systematic, and more streamlined approach to the provision of these services to vulnerable and low-income populations.
Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

- **Reason for Proposal**

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

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

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

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

PROPOSAL IMPACT

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

Agency Name: ***Department of Social Services*** Agency Contact (name, title, phone): ***Carolyn Treiss, Legislative Program Manager*** Date Contacted: 9/22/12 Approve of Proposal ___ YES ___NO _X_Talks Ongoing
Summary of Affected Agency's Comments-
Will there need to be further negotiation? _X__ 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 Unknown
Federal Unknown
Additional notes on fiscal impact

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

Programs and their resources will be transferred to the Department of Public Health from the Department of Social Services and create a more streamlined process for services to vulnerable and low income populations.

Sec. 19a-111a of the Connecticut General Statutes is repealed and the following is substituted in lieu thereof:

(a) The Department of Public Health shall be the lead state agency for lead poisoning prevention in this state. The Commissioner of Public Health shall (1) identify the state and local agencies in this state with responsibilities related to lead poisoning prevention, and (2) schedule a meeting of such state agencies and representative local agencies at least once annually in order to coordinate lead poisoning prevention efforts in this state.

(b) The commissioner shall establish a lead poisoning prevention program to provide screening, diagnosis, consultation, inspection and treatment services, including, but not limited to, the prevention and elimination of lead poisoning through research, abatement, education and epidemiological and clinical activities. Such program shall include, but need not be limited to, the screening services provided pursuant to section 19a-111g.

(c) Within available appropriations, the commissioner may contract with individuals, groups or agencies for the provision of necessary services and enter into assistance agreements with municipalities, cities, boroughs or district departments of health or special service districts for the development and implementation of comprehensive lead poisoning prevention programs consistent with the provisions of sections 19a-110 to 19a-111c, inclusive.

(d) Commencing October 1, 2013, the Department of Social Services will transfer all lead poisoning prevention and weatherization programs to the Department of Public Health.