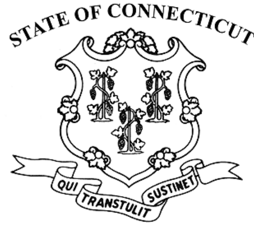

Substitute Senate Bill No. 920

Public Act No. 19-118

AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS FOR VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

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

Section 1. Section 19a-6i of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) There is established a school-based health center advisory committee for the purpose of advising the Commissioner of Public Health on matters relating to (1) statutory and regulatory changes to improve health care through access to school-based health centers and expanded school health sites, (2) minimum standards for the provision of services in school-based health centers and expanded school health sites to ensure that high quality health care services are provided in school-based health centers and expanded school health sites, as such terms are defined in section 19a-6r, and (3) other topics of relevance to the school-based health centers and expanded school sites, as requested by the commissioner.

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

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

based health center services;

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

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

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

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

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

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

(8) Three appointed by the Commissioner of Public Health, one of whom shall be a representative of a school-based health center that is sponsored by a local health department, one of whom shall be from a municipality that has a population of at least fifty thousand but less than one hundred thousand and that operates a school-based health center and one of whom shall be from a municipality that has a population of at least one hundred thousand and that operates a school-based health center;

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

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

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

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

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

(14) The executive director of the Commission on Women, Children and Seniors, or the executive director's designee; and

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

(c) Any appointment that is vacant for one year or more shall be made by the Commissioner of Public Health. The Commissioner of Public Health shall notify the appointing authority of the commissioner's choice of member for appointment not less than thirty days before making such appointment.

[(c)] (d) The committee shall meet not less than quarterly. On or before January 1, [2014] 2020, and [annually] biennially thereafter, the committee shall report, in accordance with the provisions of section 11-4a, on its activities to the joint standing committees of the General Assembly having cognizance of matters relating to public health and

education.

[(d)**]** <u>(e)</u> Administrative support for the activities of the committee may be provided by the Department of Public Health.

Sec. 2. Subsection (n) of section 22a-478 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(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 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**]** <u>an</u> emergency exists, **[**pursuant to section 25-32b**]** <u>including, but not limited to, an unanticipated infrastructure failure, a contamination of water or a shortage of water</u>, which requires that the eligible drinking water project be <u>immediately</u> undertaken to protect the public health and safety.

Sec. 3. Subdivision (4) of section 19a-36g of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(4) "Class 2 food establishment" means a retail food establishment that does not serve a population that is highly susceptible to food-borne illnesses and offers a limited menu of food that is prepared **[**,**]** <u>or</u> cooked and served immediately, or that prepares **[**and**]** <u>or</u> cooks food that is time or temperature controlled for safety and may require hot or cold holding, but that does not involve cooling;

Sec. 4. Section 19a-36*l* of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

The owner or operator of a food establishment aggrieved by an order to correct any inspection violations identified by the food inspector or to hold, destroy or dispose of unsafe food may appeal such order to the director of health not later than forty-eight hours after issuance of such order. The director of health shall review the request for an appeal and, upon conclusion of the review, may vacate, modify or affirm such order. If affirmed by the director of health, the corrective actions specified by the food inspector shall be so ordered by the director of health. An owner or operator of a food [service] establishment who is aggrieved by the affirmation or modification of an order by the director of health, including, but not limited to, an order to suspend the permit or license to operate the food [service] establishment, may appeal to the department pursuant to section 19a-229. During such appeal, the order shall remain in effect unless the commissioner orders otherwise.

Sec. 5. Subsections (a) to (c), inclusive, of section 19a-493 of the general statutes are repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

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

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

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

(2) Any change in the ownership of a facility or institution, as defined in **[**subsection (c) of**]** section 19a-490, as amended by this act, owned by an individual, partnership or association or the change in ownership or beneficial ownership of ten per cent or more of the stock of a corporation which owns, conducts, operates or maintains such facility or institution, shall be subject to prior approval of the department after a scheduled inspection of such facility or institution is conducted by the department, provided such approval shall be conditioned upon a showing by such facility or institution to the commissioner that it has complied with all requirements of this chapter, the regulations relating to licensure and all applicable requirements of the Public Health Code. Any such change in ownership or beneficial ownership resulting in a transfer to a person related by blood or marriage to such an owner or beneficial owner shall not be subject to prior approval of the department unless: (A) Ownership or beneficial ownership of ten per cent or more of the stock of a corporation, partnership or association which owns, conducts, operates or maintains more than one facility or institution is transferred; (B) ownership or beneficial ownership is transferred in more than one facility or institution; or (C) the facility or institution is the subject of a pending complaint, investigation or licensure action. If the facility or institution is not in compliance, the commissioner may require the new owner to sign a consent order providing reasonable assurances that the violations shall be corrected within a specified period of time. Notice of any such proposed change of ownership shall be given to the department at least **[**ninety**]** one hundred twenty days prior to the effective date of such proposed change. For the purposes of this subdivision, "a person related by blood or marriage" means a parent, spouse, child, brother, sister, aunt, uncle, niece or nephew. For the purposes of this subdivision, a change in the legal form of the ownership entity, including, but not limited to, changes from a corporation to a limited liability company, a partnership to a limited liability partnership, a sole proprietorship to a corporation and similar

changes, shall not be considered a change of ownership if the beneficial ownership remains unchanged and the owner provides such information regarding the change to the department as may be required by the department in order to properly identify the current status of ownership and beneficial ownership of the facility or institution. For the purposes of this subdivision, a public offering of the stock of any corporation that owns, conducts, operates or maintains any such facility or institution shall not be considered a change in ownership or beneficial ownership of such facility or institution if the licensee and the officers and directors of such corporation remain unchanged, such public offering cannot result in an individual or entity owning ten per cent or more of the stock of such corporation, and the owner provides such information to the department as may be required by the department in order to properly identify the current status of ownership and beneficial ownership of the facility or institution.

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

(2) Any multicare institution that intends to offer services at a satellite unit or other location outside of its facilities or satellite units shall submit an application for approval to offer services at such location to the Department of Public Health. Such application shall be submitted on a form and in the manner prescribed by the

Commissioner of Public Health. Not later than forty-five days after receipt of such application, the commissioner shall notify the multicare institution of the approval or denial of such application. If the satellite unit or other location is approved, that satellite unit or location shall be deemed to be licensed in accordance with this section and shall comply with the applicable requirements of this chapter and regulations adopted under this chapter.

(3) A multicare institution that is a hospital providing outpatient behavioral health services or other health care services shall provide the Department of Public Health with a list of satellite units or locations when completing the initial or renewal licensure application.

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

Sec. 6. Subsection (n) of section 19a-490 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(n) "Multicare institution" means a hospital that provides outpatient behavioral health services or other health care services, psychiatric outpatient clinic for adults, free-standing facility for the care or treatment of substance abusive or dependent persons, hospital for psychiatric disabilities, as defined in section 17a-495, or a general acute care hospital that provides outpatient behavioral health services that

(1) is licensed in accordance with this chapter, (2) has more than one facility or one or more satellite units owned and operated by a single licensee, and (3) offers complex patient health care services at each facility or satellite unit. For purposes of this subsection, "satellite unit" means a location where a segregated unit of services is provided by the multicare institution;

Sec. 7. Subsection (f) of section 19a-17 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

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

Sec. 8. Section 17b-274a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

The Commissioner of Social Services may establish maximum allowable costs to be paid under the Medicaid [and Connecticut AIDS drug assistance programs] program for generic prescription drugs based on, but not limited to, actual acquisition costs. The department shall implement and maintain a procedure to review and update the maximum allowable cost list at least annually, and shall report annually to the joint standing committee of the General Assembly

having cognizance of matters relating to appropriations and the budgets of state agencies on its activities pursuant to this section.

Sec. 9. Subsection (a) of section 17b-274c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) The Commissioner of Social Services may establish a voluntary mail order option for any maintenance prescription drug covered under the Medicaid **[**or Connecticut AIDS drug assistance programs**]** program.

Sec. 10. Section 17b-274e of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

A pharmacist, when filling a prescription under the Medicaid **[**or Connecticut AIDS drug assistance programs**]** program, shall fill such prescription utilizing the most cost-efficient dosage, consistent with the prescription of a prescribing practitioner as defined in section 20-571, unless such pharmacist receives permission to do otherwise pursuant to the prior authorization requirements set forth in sections 17b-274 and 17b-491a.

Sec. 11. Subsection (a) of section 17b-491c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) On and after February 1, 2008, any pharmaceutical manufacturer of a prescription drug covered by the Department of Social Services under **[**the Connecticut AIDS drug assistance program or**]** a state medical assistance program administered by the department that is a federally qualified state pharmacy assistance program shall provide rebates to the department for prescription drugs paid for by the department under such program in unit rebate amounts equal to the unit rebate amounts paid under the Medicaid program.

Sec. 12. Section 19a-127r of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) **[**Notwithstanding the provisions of sections 17b-256, 17b-274a, 17b-274c, 17b-274e and 17b-491c, the**]** The Department of Public Health may, within available resources, administer the Connecticut **[**Aids**]** AIDS drug assistance program and Connecticut Insurance Premium Assistance Program. The department may implement policies and procedures necessary to administer the provisions of this section while in the process of adopting such policies and procedures as regulations, provided the department posts such policies and procedures on the eRegulations System prior to adopting them. Policies and procedures implemented pursuant to this section shall be valid until regulations are adopted in accordance with chapter 54.

(b) **[**Notwithstanding the provisions of sections 17b-256, 17b-274a, 17b-274c, 17b-274e and 17b-491c, all**]** All rebates and refunds from the Connecticut AIDS drug assistance program and Connecticut Insurance Premium Assistance Program shall be paid to the Department of Public Health.

(c) Applicants for and recipients of benefits under the provisions of this section shall enroll in or demonstrate ineligibility for Medicare Part D.

(d) The Commissioner of Public Health may pay the premium and coinsurance costs of Medicare Part D coverage for eligible applicants or recipients.

Sec. 13. Subsection (c) of section 19a-14b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(c) The Department of Public Health **[**shall**]** may adopt regulations, in accordance with chapter 54, concerning radon in drinking water that

are consistent with the provisions contained in 40 CFR 141 and 142.

Sec. 14. Section 19a-37b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

The Department of Public Health **[**shall**]** may adopt regulations pursuant to chapter 54 to establish radon measurement requirements and procedures for evaluating radon in indoor air and reducing elevated radon gas levels when detected in public schools.

Sec. 15. Section 19a-495a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) (1) The Commissioner of Public Health **[**shall**]** may adopt regulations, as provided in subsection (d) of this section, to require each residential care home, as defined in section 19a-490, as amended by this act, that admits residents requiring assistance with medication administration, to (A) designate unlicensed personnel to obtain certification for the administration of medication, and (B) ensure that such unlicensed personnel receive such certification and recertification every three years thereafter.

(2) **[**The**]** Any regulations adopted pursuant to this subsection shall establish criteria to be used by such homes in determining (A) the appropriate number of unlicensed personnel who shall obtain such certification and recertification, and (B) training requirements, including ongoing training requirements for such certification and recertification.

(3) Training requirements for initial certification and recertification shall include, but shall not be limited to: Initial orientation, resident rights, identification of the types of medication that may be administered by unlicensed personnel, behavioral management, personal care, nutrition and food safety, and health and safety in general.

(b) Each residential care home, as defined in section 19a-490, as amended by this act, shall ensure that an appropriate number of unlicensed personnel, as determined by the residential care home, obtain certification and recertification for the administration of medication. Certification and recertification of such personnel shall be in accordance with any regulations adopted pursuant to this section, except any personnel who obtained certification in the administration of medication on or before June 30, 2015, shall obtain recertification on or before July 1, 2018. Unlicensed personnel obtaining such certification and recertification may administer medications that are not administered by injection to residents of such homes, unless a resident's physician specifies that a medication only be administered by licensed personnel.

(c) On and after October 1, 2007, unlicensed assistive personnel employed in residential care homes, as defined in section 19a-490, as amended by this act, may (1) obtain and document residents' blood pressures and temperatures with digital medical instruments that (A) contain internal decision-making electronics, microcomputers or special software that allow the instruments to interpret physiologic signals, and (B) do not require the user to employ any discretion or judgment in their use; (2) obtain and document residents' weight; and (3) assist residents in the use of glucose monitors to obtain and document their blood glucose levels.

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

Sec. 16. Section 19a-562b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

Each home health agency, residential care home and assisted living services agency, as those terms are defined in section 19a-490, as amended by this act, and each licensed hospice care organization operating pursuant to section 19a-122b shall provide training and education on Alzheimer's disease and dementia symptoms and care to all staff providing direct care upon employment and annually thereafter. The Commissioner of Public Health **[**shall**]** may adopt regulations, in accordance with the provisions of chapter 54, to implement the provisions of this section.

Sec. 17. Section 19a-902 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

On or before January 1, 2011, the Department of Public Health, in consultation with the Department of Mental Health and Addiction Services, **[**shall**]** may (1) amend the department's substance abuse treatment regulations; (2) implement a dual licensure program for behavioral health care providers who provide both mental health services and substance abuse services; **[**and**]** or (3) permit the use of saliva-based drug screening or urinalysis when conducting initial and subsequent drug screenings of persons who abuse substances other than alcohol at facilities which are licensed by the Department of Public Health.

Sec. 18. Subdivision (2) of subsection (b) of section 20-262 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(2) The Commissioner of Public Health, in consultation with the Connecticut Examining Board for Barbers, Hairdressers and Cosmeticians, shall adopt **[**regulations, in accordance with the

provisions of chapter 54, to prescribe minimum curriculum requirements for hairdressing and cosmetology schools. The commissioner, in consultation with said board, may adopt**]** a curriculum and procedures for the approval of hairdressing and cosmetology schools. **[**, provided the commissioner prints notice of intent to adopt regulations concerning the adoption of a curriculum and procedures for the approval of hairdressing and cosmetology schools in the Connecticut Law Journal not later than thirty days after the date of implementation of such curriculum and such procedures. The curriculum and procedures implemented pursuant to this section shall be valid until such time final regulations are adopted.**]** The commissioner shall post such curriculum on the Department of Public Health's Internet web site.

Sec. 19. Subdivisions (10) to (13), inclusive, of section 19a-177 of the general statutes are repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

[(10) Research, develop, track and report on appropriate quantifiable outcome measures for the state's emergency medical service system and submit to the joint standing committee of the General Assembly having cognizance of matters relating to public health, in accordance with the provisions of section 11-4a, on or before July 1, 2002, and annually thereafter, a report on the progress toward the development of such outcome measures and, after such outcome measures are developed, an analysis of emergency medical services system outcomes;**]**

[(11)**]** (10) Establish primary service areas and assign in writing a primary service area responder for each primary service area. Each state-owned campus having an acute care hospital on the premises shall be designated as the primary service area responder for that campus;

[(12)**]** (11) Revoke primary service area assignments upon determination by the commissioner that it is in the best interests of patient care to do so; and

[(13)**]** (12) Annually issue a list of minimum equipment requirements for ambulances and rescue vehicles based upon current national standards. The commissioner shall distribute such list to all emergency medical service organizations and sponsor hospital medical directors and make such list available to other interested stakeholders. Emergency medical service organizations shall have one year from the date of issuance of such list to comply with the minimum equipment requirements.

Sec. 20. Subdivision (1) of subsection (g) of section 4-67x of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(g) (1) On or before November first of each year from 2006 to 2014, inclusive, each budgeted state agency with membership on the council that provides prevention services to children shall, within available appropriations, report to the council in accordance with this subsection. **[**On or before November first of each year from 2015 to 2020, inclusive, each budgeted state agency that provides prevention services to children shall, within available appropriations, report to the joint standing committees of the General Assembly having cognizance of matters related to appropriations, human services and children in accordance with this subsection.**]**

Sec. 21. Subsection (a) of section 19a-6q of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) The Commissioner of Public Health, in consultation with the executive director of the Office of Health Strategy, established under

section 19a-754a, and local and regional health departments, shall, within available resources, develop a plan that is consistent with the Department of Public Health's Healthy Connecticut 2020 health improvement plan and the state healthcare innovation plan developed pursuant to the State Innovation Model Initiative by the Centers for Medicare and Medicaid Services Innovation Center. The commissioner shall develop and implement such plan to: (1) Reduce the incidence of **[**chronic disease, including, but not limited to, chronic cardiovascular disease, cancer, lupus, stroke, chronic lung disease, diabetes, arthritis or another chronic metabolic disease and the effects of behavioral health disorders**]** tobacco use, high blood pressure, health care associated infections, asthma, unintended pregnancy and diabetes; (2) improve chronic disease care coordination in the state; and (3) reduce the incidence and effects of chronic disease and improve outcomes for conditions associated with chronic disease in the state.

Sec. 22. Section 19a-37 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) As used in this section:

(1) "Laboratory or firm" means an environmental laboratory registered by the Department of Public Health pursuant to section 19a-29a;

(2) "Private well" means a water supply well that meets all of the following criteria: (A) Is not a public well; (B) supplies a population of less than twenty-five persons per day; and (C) is owned or controlled through an easement or by the same entity that owns or controls the building or parcel that is served by the water supply well;

(3) "Public well" means a water supply well that supplies a public water system;

(4) **[**"Well for semipublic use"**]** "Semipublic well" means a water

supply well that (A) does not meet the definition of a private well or public well, and (B) provides water for drinking and other domestic purposes; and

(5) "Water supply well" means an artificial excavation constructed by any method for the purpose of **[**getting**]** obtaining or providing water for drinking or other domestic, industrial, commercial, agricultural, recreational or irrigation use, or other outdoor water use.

(b) The Commissioner of Public Health may adopt regulations in the Public Health Code for the preservation of the public health pertaining to (1) protection and location of new water supply wells or springs for residential or nonresidential construction or for public or semipublic use, and (2) inspection for compliance with the provisions of municipal regulations adopted pursuant to section 22a-354p.

(c) The Commissioner of Public Health shall adopt regulations, in accordance with chapter 54, for the testing of water quality in private residential wells and **[**wells for semipublic use**]** semipublic wells. Any laboratory or firm which conducts a water quality test on a private well serving a residential property or **[**well for semipublic use**]** semipublic well shall, not later than thirty days after the completion of such test, report the results of such test to (1) the public health authority of the municipality where the property is located, and (2) the Department of Public Health in a format specified by the department, provided such report shall only be required if the party for whom the laboratory or firm conducted such test informs the laboratory or firm identified on the chain of custody documentation submitted with the test samples that the test was conducted in connection with the sale of such property. No regulation may require such a test to be conducted as a consequence or a condition of the sale, exchange, transfer, purchase or rental of the real property on which the private residential well or **[**well for semipublic use**]** semipublic well is located.

(d) Prior to the sale, exchange, purchase, transfer or rental of real property on which a residential well is located, the owner shall provide the buyer or tenant notice that educational material concerning private well testing is available on the Department of Public Health web site. Failure to provide such notice shall not invalidate any sale, exchange, purchase, transfer or rental of real property. If the seller or landlord provides such notice in writing, the seller or landlord and any real estate licensee shall be deemed to have fully satisfied any duty to notify the buyer or tenant that the subject real property is located in an area for which there are reasonable grounds for testing under subsection (g) or (j) of this section.

(e) The Commissioner of Public Health shall adopt regulations, in accordance with chapter 54, to clarify the criteria under which the commissioner may issue a well permit exception and to describe the terms and conditions that shall be imposed when a well is allowed at a premises (1) that is connected to a public water supply system, or (2) whose boundary is located within two hundred feet of an approved community water supply system, measured along a street, alley or easement. Such regulations shall (A) provide for notification of the permit to the public water supplier, (B) address the quality of the water supplied from the well, the means and extent to which the well shall not be interconnected with the public water supply, the need for a physical separation, and the installation of a reduced pressure device for backflow prevention, the inspection and testing requirements of any such reduced pressure device, and (C) identify the extent and frequency of water quality testing required for the well supply.

(f) No regulation may require that a certificate of occupancy for a dwelling unit on such residential property be withheld or revoked on the basis of a water quality test performed on a private residential well pursuant to this section, unless such test results indicate that any maximum contaminant level applicable to public water supply

systems for any contaminant listed in the public health code has been exceeded. No administrative agency, health district or municipal health officer may withhold or cause to be withheld such a certificate of occupancy except as provided in this section.

(g) The local director of health may require a private residential well or **[**well for semipublic use**]** semipublic well to be tested for arsenic, radium, uranium, radon or gross alpha emitters, when there are reasonable grounds to suspect that such contaminants are present in the groundwater. For purposes of this subsection, "reasonable grounds" means (1) the existence of a geological area known to have naturally occurring arsenic, radium, uranium, radon or gross alpha emitter deposits in the bedrock; or (2) the well is located in an area in which it is known that arsenic, radium, uranium, radon or gross alpha emitters are present in the groundwater.

(h) Except as provided in subsection (i) of this section, the collection of samples for determining the water quality of private residential wells and **[**wells for semipublic use**]** semipublic wells may be made only by (1) employees of a laboratory or firm certified or approved by the Department of Public Health to test drinking water, if such employees have been trained in sample collection techniques, (2) certified water operators, (3) local health departments and state employees trained in sample collection techniques, or (4) individuals with training and experience that the Department of Public Health deems sufficient.

(i) Any owner of a residential construction, including, but not limited to, a homeowner, on which a private residential well is located or any general contractor of a new residential construction on which a private residential well is located may collect samples of well water for submission to a laboratory or firm for the purposes of testing water quality pursuant to this section, provided (1) such laboratory or firm has provided instructions to said owner or general contractor on how

to collect such samples, and (2) such owner or general contractor is identified to the subsequent owner on a form to be prescribed by the Department of Public Health. No regulation may prohibit or impede such collection or analysis.

(j) The local director of health may require private residential wells and **[**wells for semipublic use**]** <u>semipublic wells</u> to be tested for pesticides, herbicides or organic chemicals when there are reasonable grounds to suspect that any such contaminants might be present in the groundwater. For purposes of this subsection, "reasonable grounds" means (1) the presence of nitrate-nitrogen in the groundwater at a concentration greater than ten milligrams per liter, or (2) that the private residential well or **[**well for semipublic use**]** <u>semipublic well</u> is located on land, or in proximity to land, associated with the past or present production, storage, use or disposal of organic chemicals as identified in any public record.

(k) Any water transported in bulk by any means to a premises currently supplied by a private well or **[**well for semipublic use**]** <u>semipublic well</u> where the water is to be used for purposes of drinking or domestic use shall be provided by a bulk water hauler licensed pursuant to section 20-278h. No bulk water hauler shall deliver water without first notifying the owner of the premises of such delivery. Bulk water hauling to a premises currently supplied by a private well or **[**well for semipublic use**]** <u>semipublic well</u> shall be permitted only as a temporary measure to alleviate a water supply shortage.

Sec. 23. Subsection (a) of section 19a-36h of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) Not later than January 1, **[**2019**]** <u>2020</u>, the commissioner shall adopt and administer by reference the United States Food and Drug Administration's Food Code, as amended from time to time, and any

Food Code Supplement published by said administration as the state's food code for the purpose of regulating food establishments.

Sec. 24. Subsection (b) of section 17a-101 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(b) The following persons shall be mandated reporters: (1) Any physician or surgeon licensed under the provisions of chapter 370, (2) any resident physician or intern in any hospital in this state, whether or not so licensed, (3) any registered nurse, (4) any licensed practical nurse, (5) any medical examiner, (6) any dentist, (7) any dental hygienist, (8) any psychologist, (9) any school employee, as defined in section 53a-65, (10) any social worker, (11) any person who holds or is issued a coaching permit by the State Board of Education, is a coach of intramural or interscholastic athletics and is eighteen years of age or older, (12) any individual who is employed as a coach or director of youth athletics and is eighteen years of age or older, (13) any individual who is employed as a coach or director of a private youth sports organization, league or team and is eighteen years of age or older, (14) any paid administrator, faculty, staff, athletic director, athletic coach or athletic trainer employed by a public or private institution of higher education who is eighteen years of age or older, excluding student employees, (15) any police officer, (16) any juvenile or adult probation officer, (17) any juvenile or adult parole officer, (18) any member of the clergy, (19) any pharmacist, (20) any physical therapist, (21) any optometrist, (22) any chiropractor, (23) any podiatrist, (24) any mental health professional, (25) any physician assistant, (26) any person who is a licensed or certified emergency medical services provider, (27) any person who is a licensed or certified alcohol and drug counselor, (28) any person who is a licensed marital and family therapist, (29) any person who is a sexual assault counselor or a domestic violence counselor, as defined in section 52-

146k, (30) any person who is a licensed professional counselor, (31) any person who is a licensed foster parent, (32) any person paid to care for a child in any public or private facility, child care center, group child care home or family child care home licensed by the state, (33) any employee of the Department of Children and Families, (34) **[**any employee of the Department of Public Health, (35)**]** any employee of the Office of Early Childhood who is responsible for the licensing of child care centers, group child care homes, family child care homes or youth camps, **[**(36)**]** (35) any paid youth camp director or assistant director, **[**(37)**]** (36) the Child Advocate and any employee of the Office of the Child Advocate, **[**(38)**]** (37) any person who is a licensed behavior analyst, and **[**(39)**]** (38) any family relations counselor, family relations counselor trainee or family services supervisor employed by the Judicial Department.

Sec. 25. Section 17a-227a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) The Commissioner of Developmental Services shall require each applicant **[**for employment in a Department of Developmental Services program that provides direct services to persons with intellectual disability**]** who has been made an offer of conditional employment by the department to be fingerprinted and submit to state and national criminal history records checks. The criminal history records checks required by this section shall be conducted in accordance with section 29-17a. Employment by the department shall be considered conditional until the results of the criminal history records checks are received and reviewed by the department.

(b) The commissioner may require providers licensed or funded by the department to provide residential, day or support services to persons with intellectual disability, to require each applicant **[**for employment**]** who has been made an offer of conditional employment and will have direct and ongoing contact with persons and families

receiving such services to submit to a check of such applicant's state criminal background. If the department requires such providers to have such applicants <u>who have been made an offer of conditional employment</u> submit to such checks, the administrative costs associated with such checks shall be considered an allowable cost on the annual cost report. Employment by a provider licensed or funded by the department shall be considered conditional until the results of the background checks have been received and reviewed by the provider.

Sec. 26. Subsection (h) of section 20-206bb of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(h) Notwithstanding the provisions of subsection (a) of this section, any person who maintains certification with the National Acupuncture Detoxification Association may practice the five-point auricular acupuncture protocol specified as part of such certification program as an adjunct therapy for the treatment of alcohol and drug abuse and other behavioral interventions for which the protocol is indicated, provided the treatment is performed under the supervision of a physician licensed under chapter 370 and is performed in (1) a private freestanding facility licensed by the Department of Public Health that provides care or treatment for substance abusive or dependent persons, (2) a setting operated by the Department of Mental Health and Addiction Services, or (3) any other setting where such protocol is an appropriate adjunct therapy to a substance abuse or behavioral health treatment program. The Commissioner of Public Health **[**shall**]** <u>may</u> adopt regulations, in accordance with the provisions of chapter 54, **[**to ensure the safe provision of auricular acupuncture in accordance with**]** <u>to implement</u> the provisions of this **[**subsection**]** <u>section</u>.

Sec. 27. Section 7-406 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

The board of finance or other corresponding board in each town, or, if there is no such board, the selectmen, shall annually prepare and have published a town report. Such report shall be available for distribution and shall contain, in addition to reports of town officers or boards required by law to be included, a statement of the amount received by such town under the provisions of part IIa of chapter 240 together with an itemized account of the disposition of such amount, and such other matter as the board of finance or other corresponding board deems advisable. Towns with a population of five thousand or less, as computed by the Secretary of the Office of Policy and Management, shall publish their receipts and expenditures and the names of all persons, firms or corporations, other than recipients of support under sections 17b-122, 17b-124 to 17b-132, inclusive, as amended by this act, 17b-136 to 17b-138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250, inclusive, as amended by this act, **[**17b-256,**]** 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b and 17b-743 to 17b-747, inclusive, receiving money from such towns, together with the total amount of payments in excess of fifty dollars to each, unless such town has a bookkeeping system approved by the secretary setting forth all the receipts and expenditures in detail, in which case it shall not be necessary for the town to publish in its report the names of all persons, firms or corporations receiving money from such towns, together with the total amount of payments in excess of fifty dollars to each.

Sec. 28. Section 10a-194a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

The authority shall report the terms and conditions of all financings and refinancings of nursing homes to the Commissioner of Social Services who shall make rate adjustments in accordance with the provisions of sections 17b-122, 17b-124 to 17b-132, inclusive, as amended by this act, 17b-136 to 17b-138, inclusive, 17b-194 to 17b-197,

inclusive, 17b-222 to 17b-250, inclusive, as amended by this act, **[**17b-256,**]** 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b and 17b-743 to 17b-747, inclusive.

Sec. 29. Subsection (b) of section 17a-600 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(b) The expense of confinement, support and treatment of any acquittee committed to the jurisdiction of the board shall be computed and paid for in accordance with the provisions of sections 17a-528, 17b-122, 17b-124 to 17b-132, inclusive, as amended by this act, 17b-136 to 17b-138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250, inclusive, as amended by this act, **[**17b-256,**]** 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b and 17b-743 to 17b-747, inclusive.

Sec. 30. Subsection (b) of section 17b-124 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(b) Each person having in his possession or control any property of any person for whom an application has been filed for medical assistance under sections 17b-122, 17b-124 to 17b-132, inclusive, 17b-136 to 17b-138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250, inclusive, as amended by this act, **[**17b-256,**]** 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b and 17b-743 to 17b-747, inclusive, or being indebted to him, or having knowledge of any property or income, including wages, belonging to him, or having knowledge of any other information relevant to such person's eligibility for such assistance, and any officer having control of the books and accounts of any corporation which has possession or control of any property or income, including wages, belonging to any such person, or is indebted to him, or having knowledge of such information, shall, upon presentation by a medical provider or its attorney of a signed

certificate stating that an application signed by such person has been made for medical assistance, make full disclosure to such provider as to any such property or income, including wages or indebtedness or such other information relevant to such person's eligibility. Any person who violates any provision of this section shall be fined not more than one hundred dollars and shall pay just damages to the provider injured thereby.

Sec. 31. Section 17b-126 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

If any person receiving such aid neglects or refuses to sign such agreement, the selectmen are authorized to file a lien against such property, or against the real property of any legally liable relative of any person receiving aid or support under sections 17b-194, 17b-222 to 17b-250, inclusive, as amended by this act, **[**17b-256,**]** 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b and 17b-743 to 17b-747, inclusive, to secure the disbursements of such town made prior to filing such lien and any disbursements thereafter made, and such lien from the time of filing shall have the same force and effect and may be foreclosed in the same manner as any agreement provided for in section 17b-125.

Sec. 32. Subsection (c) of section 17b-127 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(c) Any person who defrauds the town to obtain any monetary award to which such person is not entitled, assists another person in so defrauding the town or with intent to defraud, or violates any other provision of sections 17b-122, 17b-124 to 17b-132, inclusive, as amended by this act, 17b-136 to 17b-138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250, inclusive, as amended by this act, **[**17b-256,**]** 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b and 17b-743 to 17b-747, inclusive, shall be subject to the penalties for larceny under

sections 53a-122 and 53a-123, depending on the amount involved. Any person convicted of violating this section shall be terminated from participation in the program for a period of at least one year.

Sec. 33. Subsection (b) of section 17b-128 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(b) Any town that overpays a person receiving financial assistance under sections 17b-122, 17b-124 to 17b-132, inclusive, as amended by this act, 17b-136 to 17b-138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250, inclusive, as amended by this act, **[**17b-256,**]** 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b and 17b-743 to 17b-747, inclusive, shall recover such overpayment from such person's ongoing assistance. The amount of such recovery shall not exceed ten per cent of such person's ongoing benefit in any month.

Sec. 34. Section 17b-129 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) If any beneficiary of aid under sections 17b-122, 17b-124 to 17b-132, inclusive, as amended by this act, 17b-136 to 17b-138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250, inclusive, as amended by this act, **[**17b-256,**]** 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b and 17b-743 to 17b-747, inclusive, has a cause of action, a town that provided aid to such beneficiary shall have a claim against the proceeds of such cause of action for the amount of such aid or fifty per cent of the proceeds received by such beneficiary after payment of all expenses connected with the cause of action, whichever is less, which shall have priority over all other unsecured claims and unrecorded encumbrances. Such claim shall be a lien, subordinate to any interest the state may possess under section 17b-94, against the proceeds from such cause of action, for the amount established in accordance with this section, and such lien shall have priority over all

other claims except attorney's fees for such causes of action, expenses of suit, costs of hospitalization connected with the cause of action by whomever paid, over and above hospital insurance or other such benefits, and, for such period of hospitalization as was not paid for by the town, physician's fees for services during any such period as are connected with the cause of action over and above medical insurance or other such benefits. Where the state also has a claim against the proceeds of such cause of action under section 17b-94, the total amount of the claims by the state under said section and the town under this subsection shall not exceed fifty per cent of the proceeds received by the recipient after the allowable expenses and the town's claim shall be reduced accordingly. The proceeds of such causes of action shall be assignable to the town for payment of such lien irrespective of any other provision of law except section 17b-94. Upon presentation to the attorney for the beneficiary of an assignment of such proceeds executed by the beneficiary or his conservator or guardian, such assignment shall constitute an irrevocable direction to the attorney to pay the town in accordance with its terms.

(b) In the case of an inheritance of an estate by a beneficiary of aid under sections 17b-122, 17b-124 to 17b-132, inclusive, as amended by this act, 17b-136 to 17b-138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250, inclusive, as amended by this act, **[**17b-256,**]** 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b and 17b-743 to 17b-747, inclusive, fifty per cent of the assets of the estate payable to the beneficiary or the amount of such assets equal to the amount of assistance paid, whichever is less, shall be assignable to the town. Where the state also has an assignment of such assets under section 17b-94, the total amount of the claims of the state under said section and the town under this subsection shall not exceed fifty per cent of the assets of the estate payable to the beneficiary and the town's assigned share shall be reduced accordingly. The Court of Probate shall accept any such assignment executed by the beneficiary and filed

by the town with the court prior to the distribution of such inheritance, and to the extent of such inheritance not already distributed, the court shall order distribution in accordance therewith. If the town receives any assets of an estate pursuant to any such assignment, the town shall be subject to the same duties and liabilities concerning such assigned assets as the beneficiary.

(c) No claim shall be made, or lien applied, against any payment made pursuant to chapter 135, any payment made pursuant to section 47-88d or 47-287, any moneys received as a settlement or award in a housing or employment or public accommodation discrimination case, any court-ordered retroactive rent abatement, including any made pursuant to subsection (e) of section 47a-14h, or section 47a-4a, 47a-5 or 47a-57, or any security deposit refund pursuant to subsection (d) of section 47a-21 paid to a beneficiary of assistance under sections 17b-122, 17b-124 to 17b-132, inclusive, as amended by this act, 17b-136 to 17b-138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250, inclusive, as amended by this act, **[**17b-256,**]** 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b and 17b-743 to 17b-747, inclusive.

Sec. 35. Section 17b-250 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

When any person has been transferred from the Connecticut Correctional Institution, Somers, the York Correctional Institution, or its maximum security division, the John R. Manson Youth Institution, Cheshire, or a community correctional center to a state hospital, such person's hospital expense prior to the termination of his sentence shall be charged to the state. If any person, transferred from a correctional institution or community correction center is committed to or otherwise remains in a state hospital after the expiration of his sentence, such person's hospital expense shall be paid to the state in the manner provided for payment in sections 17b-122, 17b-124 to 17b-132, inclusive, as amended by this act, 17b-136 to 17b-138, inclusive,

17b-194 to 17b-197, inclusive, 17b-222 to 17b-250, inclusive, **[**17b-256,**]** 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b and 17b-743 to 17b-747, inclusive.

Sec. 36. Section 17b-280a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

No payment shall be made under a medical assistance program administered by the Department of Social Services for over-the-counter medications, except for (1) **[**the medical assistance program established pursuant to section 17b-256, (2)**]** insulin and insulin syringes, **[**(3)**]** (2) nutritional supplements for individuals who are required to be tube fed or who cannot safely ingest nutrition in any other form, and as may be required by federal law, **[**(4)**]** (3) smoking cessation medications as provided in section 17b-278a, **[**(5)**]** (4) over-the-counter medications and products determined by the Commissioner of Social Services to be appropriate for coverage based on their clinical efficacy, safety and cost effectiveness, and **[**(6)**]** (5) over-the-counter medications that are required to be covered pursuant to 42 CFR 440.347, including medications for individuals with specified diagnoses that have a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force, provided the Department of Social Services may also pay for such over-the-counter medications under a medical assistance program or portion thereof that is not subject to 42 CFR 440.347.

Sec. 37. Section 18-87 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

The Commissioner of Correction may transfer any inmate of any of the institutions of the Department of Correction to any other appropriate state institution with the concurrence of the superintendent of such institution or to the Court Support Services Division of the Judicial Branch when the Commissioner of Correction

finds that the welfare or health of the inmate requires it. When an inmate, after the expiration of his or her sentence, is committed to or otherwise remains in the institution to which he or she was transferred, the expense of his or her treatment and support shall be paid as provided by sections 17b-122, 17b-124 to 17b-132, inclusive, as amended by this act, 17b-136 to 17b-138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250, inclusive, as amended by this act, **[**17b-256,**]** 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b, and 17b-743 to 17b-747, inclusive. No transfer of any person who has attained the age of eighteen years shall be made to the Court Support Services Division of the Judicial Branch. No transfer of any person who has not attained the age of eighteen years shall be made to the Court Support Services Division of the Judicial Branch unless the executive director of the Court Support Services Division of the Judicial Branch finds that such person would benefit from a transfer to the Court Support Services Division of the Judicial Branch and agrees to accept such person and such person has given such person's written consent to such transfer. Such person transferred to the Court Support Services Division of the Judicial Branch shall be deemed to be committed to the custody of the executive director of the Court Support Services Division of the Judicial Branch. The executive director of the Court Support Services Division of the Judicial Branch shall have the power to terminate the commitment and release such person at any time the executive director of the Court Support Services Division of the Judicial Branch determines such termination and release would be in such person's best interest, and shall have the power to return such person to the jurisdiction of the Commissioner of Correction. The transfer of any person under this section to the **[**the**]** Court Support Services Division of the Judicial Branch shall not result in the person so transferred being in the custody of the Commissioner of Correction and the executive director of the Court Support Services Division of the Judicial Branch for a total of less than the minimum or more than the maximum term such person would have been in the custody of the Commissioner of

Correction had such person not been so transferred.

Sec. 38. Subsection (f) of section 52-57 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(f) When the other methods of service of process provided under this section or otherwise provided by law cannot be effected, in actions concerning the establishment, enforcement or modification of child support orders other than actions for dissolution of marriage, including, but not limited to, such actions under sections 17b-122, 17b-124 to 17b-132, inclusive, as amended by this act, 17b-136 to 17b-138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250, inclusive, as amended by this act, **[**17b-256,**]** 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b, 17b-743 to 17b-747, inclusive, and 46b-301 to 46b-425, inclusive, and chapters 815, 815p, 815t, 815y and 816, and actions to implement garnishments for support under section 52-362, service of process may be made upon a party to the action by one of the following methods, provided proof of receipt of such process by such party is presented to the court in accordance with rules promulgated by the judges of the Superior Court:

(1) By certified mail to a party to the action addressed to the employer of such party. Any service of process so sent shall include on the outside envelope the words "To be delivered to the employee in accordance with subsection (f) of section 52-57". The employer shall accept any such service of process sent by certified mail and promptly deliver such certified mail to the employee; or

(2) When a party to an action under this subsection is employed by an employer with fifteen or more employees, by personal service upon an official of the employer designated as an agent to accept service of process in actions brought under this subsection. Each employer with fifteen or more employees doing business in this state shall designate

an official to accept service of process for employees who are parties to such actions. The person so served shall promptly deliver such process to the employee.

Sec. 39. Subsection (n) of section 54-56d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(n) The cost of the examination effected by the Commissioner of Mental Health and Addiction Services and of testimony of persons conducting the examination effected by the commissioner shall be paid by the Department of Mental Health and Addiction Services. The cost of the examination and testimony by physicians appointed by the court shall be paid by the Judicial Department. If the defendant is indigent, the fee of the person selected by the defendant to observe the examination and to testify on the defendant's behalf shall be paid by the Public Defender Services Commission. The expense of treating a defendant placed in the custody of the Commissioner of Mental Health and Addiction Services, the Commissioner of Children and Families or the Commissioner of Developmental Services pursuant to subdivision (2) of subsection (h) of this section or subsection (i) of this section shall be computed and paid for in the same manner as is provided for persons committed by a probate court under the provisions of sections 17b-122, 17b-124 to 17b-132, inclusive, as amended by this act, 17b-136 to 17b-138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250, inclusive, as amended by this act, **[**17b-256,**]** 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b and 17b-743 to 17b-747, inclusive.

Sec. 40. Section 19a-490a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

As used in sections 17b-349, **[**19a-7b,**]** 19a-7e and 19a-59b, "community health center" means a public or nonprofit private medical care facility which (1) is not part of a hospital and is organized

and operated to provide comprehensive primary care services; (2) is located in an area which has a demonstrated need for services based on geographic, demographic and economic factors; (3) serves low income, uninsured, minority and elderly persons; (4) makes its services available to individuals regardless of their ability to pay; (5) employs a charge schedule with a discount based on income; (6) provides, on an ongoing basis, primary health services by physicians and, where appropriate, midlevel practitioners, diagnostic laboratory and x-ray services, preventive health services and patient care case management; (7) provides for needed pharmacy services either on-site or through firm arrangement; (8) has at least one-half of the full-time equivalent primary care providers as full-time members of its staff; (9) maintains an ongoing quality assurance program; (10) is a participating title XIX and Medicare provider; (11) has a governing board of at least nine and no more than twenty-five members with authority and responsibility for policy and conduct of the center, the majority of whom are active users of the center and of the nonuser board members, no more than half may derive more than ten per cent of their annual income from the health care industry; (12) provides primary care services at least thirty-two hours per week; and (13) has arrangements for professional coverage during hours when the center is closed.

Sec. 41. Section 19a-521e of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) As used in this section:

(1) "Nursing home" has the same meaning as provided in section 12-263p; **[**and**]**

(2) "Behavioral health facility" has the same meaning as provided in section 19a-490, as amended by this act; and

[(2)**]** (3) "Reportable event" means an event occurring at a nursing

home or behavioral health facility that is deemed by the department to require the immediate notification of the department.

(b) **[**On or before January 1, 2019, the**]** The Department of Public Health shall develop a system for nursing homes or behavioral health facilities to electronically notify the department of a reportable event.

(c) **[**On and after January 1, 2019, nursing**]** Nursing homes and behavioral health facilities shall report reportable events to the department using the electronic reporting system developed pursuant to subsection (b) of this section.

Sec. 42. Subsection (e) of section 19a-491 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(e) The commissioner shall charge one thousand dollars for the licensing and inspection **[**every three years**]** of outpatient clinics that provide either medical or mental health service, urgent care services and well-child clinical services, except those operated by a municipal health **[**departments**]** department, health **[**districts**]** district or licensed nonprofit nursing or community health **[**agencies**]** agency. Such licensing and inspection shall be performed every three years, except those outpatient clinics that have obtained accreditation from a national accrediting organization within the immediately preceding twelve-month period may be inspected by the commissioner once every four years, provided the outpatient clinic has not committed any violation that the commissioner determines would pose an immediate threat to the health, safety or welfare of the patients of the outpatient clinic. The provisions of this subsection shall not be construed to limit the commissioner's authority to inspect any applicant for licensure or renewal of licensure as an outpatient clinic, suspend or revoke any license granted to an outpatient clinic pursuant to this section or take any other legal action against an outpatient clinic that is authorized by

any provision of the general statutes.

Sec. 43. Subsection (a) of section 19a-112e of the general statutes, as amended by section 2 of public act 19-114, is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) As used in this section and sections 19a-112f and 19a-112g: **[**, as amended by this act:**]**

(1) "Emergency contraception" means one or more prescription drugs used separately or in combination administered to or self-administered by a patient to prevent pregnancy, within a medically recommended amount of time after sexual intercourse and provided for that purpose, in accordance with professional standards of practice, and determined to be safe by the United States Food and Drug Administration.

(2) "Emergency treatment" means any medical examination or treatment provided in a licensed health care facility to a victim of sexual assault following an alleged sexual assault.

(3) "Medically and factually accurate and objective" means verified or supported by the weight of research conducted in compliance with accepted scientific methods and published in peer-reviewed journals, where applicable.

(4) "Victim of sexual assault" means any person who alleges or is alleged to have suffered an injury as a result of a sexual offense.

(5) "Sexual offense" means a violation of subsection (a) of section 53a-70, section 53a-70a or 53a-70b, subsection (a) of section 53a-71, section 53a-72a or 53a-72b, subdivision (2) of subsection (a) of section 53a-86, subdivision (2) of subsection (a) of section 53a-87 or section 53a-90a, 53a-196a or 53a-196b.

(6) "Independent provider" means a physician licensed under chapter 370, a physician assistant licensed under chapter 370, an advanced practice registered nurse or registered nurse licensed under chapter 378, or a nurse-midwife licensed under chapter 377, all of whom are trained and certified pursuant to the certification process implemented by the Chief Court Administrator pursuant to subsection (c) of section 19a-112f **[**, as amended by this act,**]** to conduct a forensic exam in accordance with the state of Connecticut Technical Guidelines for Health Care Response to Victims of Sexual Assault, published by the Commission on the Standardization of the Collection of Evidence in Sexual Assault Investigations pursuant to section 19a-112a.

(7) "Sexual assault forensic examiner" means a physician or physician assistant licensed pursuant to chapter 370, a registered nurse or advanced practice registered nurse licensed pursuant to chapter 378 or nurse midwife licensed pursuant to chapter 377 who has successfully completed the certification process and met all continuing education and recertification requirements implemented by the Chief Court Administrator pursuant to subsection (c) of section 19a-112f. **[**, as amended by this act.**]**

(8) "Sexual assault nurse examiner" means a registered nurse or an advanced practice registered nurse licensed pursuant to chapter 378 who has provided care and treatment to a victim of sexual assault and collected evidence from said victim without successfully completing the training and certification process implemented by the Chief Court Administrator pursuant to subsection (c) of section 19a-112f.

[(8)**]** (9) "Health care facility" means (A) a hospital licensed under chapter 368v that has an emergency department, including any free-standing emergency department, or (B) an infirmary operated by The University of Connecticut at Storrs.

Sec. 44. Subsection (e) of section 19a-112e of the general statutes, as

amended by section 2 of public act 19-114, is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(e) No person shall use the title "sexual assault forensic examiner" <u>or "sexual assault nurse examiner"</u>, or any variant of such **[**title**]** <u>titles</u>, without successfully completing the certification requirements imposed by the Chief Court Administrator pursuant to subsection (c) of section 19a-112f<u>.</u> **[**, as amended by this act.**]**

Sec. 45. Subsection (a) of section 17a-450a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) The Department of Mental Health and Addiction Services shall constitute a successor department to the Department of Mental Health. Whenever the words "Commissioner of Mental Health" are used or referred to in the following general statutes, the words "Commissioner of Mental Health and Addiction Services" shall be substituted in lieu thereof and whenever the words "Department of Mental Health" are used or referred to in the following general statutes, the words "Department of Mental Health and Addiction Services" shall be substituted in lieu thereof: 4-5, 4-38c, 4-77a, 4a-12, 4a-16, 5-142, 8-206d, 10-19, 10-71, 10-76d, 17a-14, 17a-26, 17a-31, 17a-33, 17a-218, 17a-246, 17a-450, 17a-451, 17a-453, 17a-454, 17a-455, 17a-456, 17a-457, 17a-458, 17a-459, 17a-460, 17a-464, 17a-465, 17a-466, 17a-467, 17a-468, 17a-470, 17a-471, 17a-472, 17a-473, 17a-474, 17a-476, 17a-478, 17a-479, 17a-480, 17a-481, 17a-482, 17a-483, 17a-484, 17a-498, 17a-499, 17a-502, 17a-506, 17a-510, 17a-511, 17a-512, 17a-513, 17a-519, 17a-528, 17a-560, 17a-561, 17a-562, 17a-565, 17a-581, 17a-582, 17a-675, 17b-28, 17b-59a, 17b-222, 17b-223, 17b-225, 17b-359, 17b-694, 19a-82, 19a-495, 19a-498, 19a-507a, **[**19a-507c,**]** 19a-576, 19a-583, 20-14i, 20-14j, 21a-240, 21a-301, 27-122a, 31-222, 38a-514, 46a-28, 51-51o, 52-146h and 54-56d<u>, as amended by this act</u>.

Sec. 46. Section 19a-175 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

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

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

(2) "Patient" means an injured or ill person or a person with a physical disability requiring assistance and transportation;

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

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

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

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

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

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

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

(10) "Emergency medical service organization" means any

corporation or organization whether public, private or voluntary that offers transportation or treatment services to patients primarily under emergency conditions;

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

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

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

[(14)**]** (13) "Commissioner" means the Commissioner of Public Health;

[(15)**]** (14) "Paramedic" means a person licensed pursuant to chapter 384d;

[(16)**]** (15) "Commercial ambulance service" means an ambulance service which primarily operates for profit;

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

[(18)**]** (17) "Certified ambulance service" means a municipal, volunteer or nonprofit ambulance service issued a certificate by the

commissioner;

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

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

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

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

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

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

[(25)**]** (24) "Advanced emergency medical technician" means an individual who is certified as an advanced emergency medical technician pursuant to chapter 384d;

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

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

[(28)**]** (27) "Office of Emergency Medical Services" means the office established within the Department of Public Health pursuant to section 19a-178, as amended by this act;

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

[(30)**]** (29) "Paramedic intercept service" means paramedic treatment services provided by an entity that does not provide the ground ambulance transport; **[**and**]**

[(31)**]** (30) "Authorized emergency medical services vehicle" means

an ambulance, invalid coach or advanced emergency technician-staffed intercept vehicle or a paramedic-staffed intercept vehicle licensed or certified by the Department of Public Health for purposes of providing emergency medical care to patients; **[**.**]** and

(31) "Emergency medical services personnel" means an individual certified to practice as an emergency medical responder, emergency medical technician, advanced emergency medical technician, emergency medical services instructor or an individual licensed as a paramedic.

Sec. 47. Subdivisions (6) to (8), inclusive, of section 19a-177 of the general statutes are repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(6) Establish such minimum standards and adopt such regulations in accordance with the provisions of chapter 54, as may be necessary to develop the following components of an emergency medical service system: (A) Communications, which shall include, but not be limited to, equipment, radio frequencies and operational procedures; (B) transportation services, which shall include, but not be limited to, vehicle type, design, condition and maintenance, and operational procedures; (C) training, which shall include, but not be limited to, emergency medical **[**technicians**]** services personnel, communications personnel, paraprofessionals associated with emergency medical services, firefighters and state and local police; and (D) emergency medical service facilities, which shall include, but not be limited to, categorization of emergency departments as to their treatment capabilities and ancillary services;

(7) Coordinate training of all emergency medical services personnel; **[**related to emergency medical services;**]**

(8) (A) Develop an emergency medical services data collection

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

(B) On or before December 31, 2018, and annually thereafter, the commissioner shall prepare a report to the Emergency Medical Services Advisory Board, established pursuant to section 19a-178a, <u>as amended by this act,</u> that shall include, but not be limited to, the

following data: (i) The total number of calls for emergency medical services received during the reporting year by each licensed ambulance service, certified ambulance service or paramedic intercept service; (ii) the level of emergency medical services required for each such call; (iii) the name of the **[**provider of**]** emergency medical service organization that provided each such level of emergency medical services furnished during the reporting year; (iv) the response time, by time ranges or fractile response times, for each licensed ambulance service, certified ambulance service or paramedic intercept service, using a common definition of response time, as provided in regulations adopted pursuant to section 19a-179; and (v) the number of passed calls, cancelled calls and mutual aid calls during the reporting year. The commissioner shall prepare such report in a format that categorizes such data for each municipality in which the emergency medical services were provided, with each such municipality grouped according to urban, suburban and rural classifications.

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

required to show cause why the primary service area assignment of such licensed ambulance service, certified ambulance service or paramedic intercept service should not be revoked, and (ii) may take such disciplinary action under section 19a-17, as amended by this act, as the commissioner deems appropriate.

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

(E) The commissioner shall, with the recommendation of the Connecticut Emergency Medical Services Advisory Board established pursuant to section 19a-178a, as amended by this act, adopt for use in trauma data collection the most recent version of the National Trauma Data Bank's National Trauma Data Standards and Data Dictionary and nationally recognized guidelines for field triage of injured patients.

Sec. 48. Subsection (b) of section 19a-178a of the general statutes is

repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(b) The advisory board shall consist of members appointed in accordance with the provisions of this subsection and shall include the Commissioner of Public Health, the department's emergency medical services medical director and the president of each of the regional emergency medical services councils, or their designees. The Governor shall appoint the following members: (1) One person from the Connecticut Association of Directors of Health; (2) three persons from the Connecticut College of Emergency Physicians; (3) one person from the Connecticut Committee on Trauma of the American College of Surgeons; (4) one person from the Connecticut Medical Advisory Committee; (5) one person from the Emergency Nurses Association; (6) one person from the Connecticut Association of Emergency Medical Services Instructors; (7) one person from the Connecticut Hospital Association; (8) two persons representing commercial ambulance **[**providers**]** <u>services</u>; (9) one person from the Connecticut State Firefighters Association; (10) one person from the Connecticut Fire Chiefs Association; (11) one person from the Connecticut Police Chiefs Association; (12) one person from the Connecticut State Police; and (13) one person from the Connecticut Commission on Fire Prevention and Control. An additional eighteen members shall be appointed as follows: (A) Three by the president pro tempore of the Senate; (B) three by the majority leader of the Senate; (C) four by the minority leader of the Senate; (D) three by the speaker of the House of Representatives; (E) two by the majority leader of the House of Representatives; and (F) three by the minority leader of the House of Representatives. The appointees shall include a person with experience in municipal ambulance services; a person with experience in for-profit ambulance services; three persons with experience in volunteer ambulance services; a paramedic; an emergency medical technician; an advanced emergency medical technician; three consumers and four persons from

state-wide organizations with interests in emergency medical services as well as any other areas of expertise that may be deemed necessary for the proper functioning of the advisory board.

Sec. 49. Subsection (a) of section 19a-180 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) No person shall operate any ambulance service, paramedic intercept service or rescue service without either a license or a certificate issued by the commissioner. No person shall operate a commercial ambulance service or commercial rescue service without a license issued by the commissioner. A certificate shall be issued to any volunteer or municipal ambulance service or any ambulance service or paramedic intercept service that is operated and maintained by a state agency and that shows proof satisfactory to the commissioner that it meets the minimum standards of the commissioner in the areas of training, equipment and personnel. No license or certificate shall be issued to any volunteer, municipal or commercial ambulance service, paramedic intercept service or rescue service or any ambulance service or paramedic intercept service that is operated and maintained by a state agency, unless it meets the requirements of subsection (e) of section 14-100a. Applicants for a license shall use the forms prescribed by the commissioner and shall submit such application to the commissioner accompanied by an annual fee of two hundred dollars. In considering requests for approval of permits for new or expanded emergency medical services in any region, the commissioner shall consult with the Office of Emergency Medical Services and the emergency medical services council of such region and shall hold a public hearing to determine the necessity for such services. Written notice of such hearing shall be given to current **[**providers**]** emergency medical service organizations in the geographic region where such new or expanded services would be implemented, provided, any

volunteer ambulance service which elects not to levy charges for services rendered under this chapter shall be exempt from the provisions concerning requests for approval of permits for new or expanded emergency medical services set forth in this subsection. A primary service area responder that operates in the service area identified in the application shall, upon request, be granted intervenor status with opportunity for cross-examination. Each applicant for licensure shall furnish proof of financial responsibility which the commissioner deems sufficient to satisfy any claim. The commissioner may adopt regulations, in accordance with the provisions of chapter 54, to establish satisfactory kinds of coverage and limits of insurance for each applicant for either licensure or certification. Until such regulations are adopted, the following shall be the required limits for licensure: (1) For damages by reason of personal injury to, or the death of, one person on account of any accident, at least five hundred thousand dollars, and more than one person on account of any accident, at least one million dollars, (2) for damage to property at least fifty thousand dollars, and (3) for malpractice in the care of one passenger at least two hundred fifty thousand dollars, and for more than one passenger at least five hundred thousand dollars. In lieu of the limits set forth in subdivisions (1) to (3), inclusive, of this subsection, a single limit of liability shall be allowed as follows: (A) For damages by reason of personal injury to, or death of, one or more persons and damage to property, at least one million dollars; and (B) for malpractice in the care of one or more passengers, at least five hundred thousand dollars. A certificate of such proof shall be filed with the commissioner. Upon determination by the commissioner that an applicant is financially responsible, properly certified and otherwise qualified to operate a commercial ambulance service, paramedic intercept service or rescue service, the commissioner shall issue the appropriate license effective for one year to such applicant. If the commissioner determines that an applicant for either a certificate or license is not so qualified, the commissioner shall notify such applicant

of the denial of the application with a statement of the reasons for such denial. Such applicant shall have thirty days to request a hearing on the denial of the application.

Sec. 50. Subsections (i) to (l), inclusive, of section 19a-180 of the general statutes are repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(i) The commissioner shall develop a short form application for primary service area responders seeking to add an emergency vehicle to their existing fleets pursuant to subsection (h) of this section. The application shall require an applicant to provide such information as the commissioner deems necessary, including, but not limited to, (1) the applicant's name and address, (2) the primary service area where the additional vehicle is proposed to be used, (3) an explanation as to why the additional vehicle is necessary and its proposed use, (4) proof of insurance, (5) a list of the **[**providers**]** emergency medical service organizations to whom notice was sent pursuant to subsection (h) of this section and proof of such notification, and (6) total call volume, response time and calls passed within the primary service area for the one-year period preceding the date of the application.

(j) Notwithstanding the provisions of subsection (a) of this section, any ambulance service or paramedic intercept service operated and maintained by a state agency on or before October 1, 2014, that notifies the Department of Public Health's Office of Emergency Medical Services, in writing, not later than September 1, 2014, of such operation and attests to the ambulance service or paramedic intercept service being in compliance with all statutes and regulations concerning such operation (1) shall be deemed certified by the Commissioner of Public Health, or (2) shall be deemed licensed by the Commissioner of Public Health if such ambulance service or paramedic intercept service levies charges for emergency and nonemergency services.

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

(l) (1) The commissioner shall develop a short form application pursuant to subsection (k) of this section for primary service area responders seeking to (A) change the address of a principal **[**or**]** location or the branch location, **[**pursuant to subsection (k) of this section.**]** or (B) to add a branch location. (2) The application shall require an applicant to provide such information as the commissioner deems necessary, including, but not limited to, **[**(1)**]** (A) the applicant's name and address, **[**(2)**]** (B) the new address where the principal or branch is to be located, **[**(3)**]** (C) an explanation as to why the principal or branch location is being moved, (D) an explanation as to the need for the addition of a branch location, and **[**(4)**]** (E) a list of the **[**providers**]** emergency medical service organizations to whom notice

was sent pursuant to subsection (k) of this section and proof of such notification.

Sec. 51. Subsections (a) and (b) of section 19a-180b of the general statutes are repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) For the purposes of this section, "supplemental first responder" means an emergency medical **[**services provider**]** service organization who holds a certificate of authorization by the Commissioner of Public Health and responds to a victim of sudden illness or injury when available and only when called upon, but does not offer transportation to patients or operate an ambulance service or paramedic intercept service, "emergency medical services personnel" means an individual certified pursuant to chapter 384d to practice as an emergency medical responder, emergency medical technician, advanced emergency medical technician or emergency medical services instructor or an individual licensed pursuant to chapter 384d as a paramedic, and "patient", "ambulance service", **[**"provider"**]** "emergency medical service organization", "paramedic intercept service" and "emergency medical technician" have the same meanings as provided in section 19a-175, as amended by this act.

(b) Notwithstanding the provisions of subsection (a) of section 19a-180, as amended by this act, the Commissioner of Public Health may issue a certificate of authorization for a supplemental first responder to an emergency medical **[**services provider**]** service organization who operates only in a municipality with a population of at least one hundred five thousand, but not more than one hundred fifteen thousand, as determined by the most recent population estimate by the Department of Public Health. A certificate of authorization shall be issued to an emergency medical **[**services provider**]** service organization that shows proof satisfactory to the commissioner that such emergency medical **[**services provider**]** service organization (1)

meets the minimum standards of the commissioner in the areas of training, equipment and emergency medical services personnel, and (2) maintains liability insurance in an amount not less than one million dollars. Applications for such certificate of authorization shall be made in the form and manner prescribed by the commissioner. Upon determination by the commissioner that an applicant is qualified to be a supplemental first responder, the commissioner shall issue a certificate of authorization effective for two years to such applicant. Such certificate of authorization shall be renewable biennially. If the commissioner determines that an applicant for such license is not so qualified, the commissioner shall provide such applicant with written notice of the denial of the application with a statement of the reasons for such denial. Such applicant shall have thirty days to request a hearing concerning the denial of the application. Any hearing conducted pursuant to this subsection shall be conducted in accordance with the provisions of chapter 54. If the commissioner's denial of a certificate of authorization is sustained after such hearing, an applicant may make new application not less than one year after the date on which such denial was sustained.

Sec. 52. Section 19a-180d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

[A provider**]** Emergency medical services personnel, as defined in section 19a-175, as amended by this act, who holds the highest classification of licensure or certification from the Department of Public Health under this chapter and chapter 384d shall be responsible for making decisions concerning patient care on the scene of an emergency medical call. If two or more **[**providers**]** emergency medical service organizations on such scene hold the same licensure or certification classification, the **[**provider**]** emergency medical service organization for the primary service area responder, as defined in said section, shall be responsible for making such decisions. If all

[providers] emergency medicine services personnel on such scene are emergency medical technicians or emergency medical responders, as defined in said section, the emergency medical service organization providing transportation services shall be responsible for making such decisions. [A provider] An emergency medical service organization on the scene of an emergency medical call who has undertaken decision-making responsibility for patient care shall transfer patient care to a provider with a higher classification of licensure or certification upon such provider's arrival on the scene. All [providers] emergency medical services personnel with patient care responsibilities on the scene shall ensure such transfer takes place in a timely and orderly manner. For purposes of this section, the classification of licensure or certification from highest to lowest is: Paramedic, advanced emergency medical technician, emergency medical technician and emergency medical responder. Nothing in this section shall be construed to limit the authority of a fire chief or fire officer-in-charge under section 7-313e to control and direct emergency activities at the scene of an emergency.

Sec. 53. Subsection (a) of section 19a-181b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) Each municipality shall establish a local emergency medical services plan. Such plan shall include the written agreements or contracts developed between the municipality, its emergency medical [services providers] service organizations and the public safety answering point, as defined in section 28-25, that covers the municipality. The plan shall also include, but not be limited to, the following:

(1) The identification of levels of emergency medical services, including, but not limited to: (A) The public safety answering point responsible for receiving emergency calls and notifying and assigning

the appropriate [provider] emergency medical service organization to a call for emergency medical services; (B) the emergency medical [services provider] service organization that is notified for initial response; (C) basic ambulance service; (D) advanced life support level; and (E) mutual aid call arrangements;

(2) The name of the person or entity responsible for carrying out each level of emergency medical services that the plan identifies;

(3) The establishment of performance standards, including, but not limited to, standards for responding to a certain percentage of initial response notifications, response times, quality assurance and service area coverage patterns, for each segment of the municipality's emergency medical services system; and

(4) Any subcontracts, written agreements or mutual aid call agreements that emergency medical [services providers] service organizations may have with other entities to provide services identified in the plan.

Sec. 54. Subsection (b) of section 19a-182 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(b) Each emergency medical services council shall develop and revise every five years a plan for the delivery of emergency medical services in its area, using a format established by the Office of Emergency Medical Services. Each council shall submit an annual update for each regional plan to the Office of Emergency Medical Services detailing accomplishments made toward plan implementation. Such plan shall include an evaluation of the current effectiveness of emergency medical services and detail the needs for the future, and shall contain specific goals for the delivery of emergency medical services within their respective geographic areas, a

time frame for achievement of such goals, cost data for the development of such goals, and performance standards for the evaluation of such goals. Special emphasis in such plan shall be placed upon coordinating the existing services into a comprehensive system. Such plan shall contain provisions for, but shall not be limited to, the following: (1) Clearly defined geographic regions to be serviced by each **[**provider**]** emergency medical service organization including cooperative arrangements with other **[**providers**]** organizations, personnel and backup services; (2) an adequate number of trained personnel for staffing of ambulances, communications facilities and hospital emergency rooms, with emphasis on former military personnel trained in allied health fields; (3) a communications system that includes a central dispatch center, two-way radio communication between the ambulance and the receiving hospital and a universal emergency telephone number; and (4) a public education program that stresses the need for adequate training in basic lifesaving techniques and cardiopulmonary resuscitation. Such plan shall be submitted to the Commissioner of Public Health no later than June thirtieth each year the plan is due.

Sec. 55. Section 19a-183 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

There shall be established an emergency medical services council in each region. A region shall be composed of the towns so designated by the commissioner. Opportunity for membership shall be available to all appropriate representatives of emergency medical services including, but not limited to, one representative from each of the following: (1) Local governments; (2) fire and law enforcement officials; (3) medical and nursing professions, including mental health, paraprofessional and other allied health professionals; (4) **[**providers of**]** emergency medical service organizations that provide ambulance services, at least one of which shall be a member of a volunteer

ambulance association; (5) institutions of higher education; (6) federal agencies involved in the delivery of health care; and (7) consumers. All emergency medical services councils **[**, including those in existence on July 1, 1974,**]** shall submit to the commissioner information concerning the organizational structure and council bylaws for the commissioner's approval. Such bylaws shall include the process by which each council shall elect a president. The commissioner shall foster the development of emergency medical services councils in each region.

Sec. 56. Subsection (c) of section 20-206kk of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

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

Sec. 57. Section 20-206jj of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

As used in this section and sections 20-206kk to 20-206oo, inclusive, as amended by this act:

(1) "Advanced emergency medical technician" means an individual who is certified as an advanced emergency medical technician by the

Department of Public Health;

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

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

(4) "Emergency medical responder" means an individual who is certified to practice as an emergency medical responder under the provisions of section 20-206*ll* or 20-206mm, as amended by this act;

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

(6) "Emergency medical technician" means a person who is certified to practice as an emergency medical technician under the provisions of section 20-206*ll* or 20-206mm, as amended by this act;

(7) "National organization for emergency medical certification" means a national organization approved by the Department of Public Health and identified on the department's Internet web site, or such national organization's successor organization, that tests and provides certification to emergency medical responders, emergency medical technicians, advanced medical technicians and paramedics;

[(7)**]** (8) "Office of Emergency Medical Services" means the office established within the Department of Public Health pursuant to section 19a-178, as amended by this act;

[(8)**]** (9) "Paramedicine" means the carrying out of (A) all phases of cardiopulmonary resuscitation and defibrillation, (B) the administration of drugs and intravenous solutions under written or oral authorization from a licensed physician or a licensed advanced practice registered nurse, and (C) the administration of controlled substances, as defined in section 21a-240, in accordance with written protocols or standing orders of a licensed physician or a licensed advanced practice registered nurse; **[**and**]**

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

(11) "Continuing education platform Internet web site" means an online database, approved by the Commissioner of Public Health, for emergency medical services personnel to enter, track and reconcile the hours and topics of continuing education completed by such personnel.

Sec. 58. Section 20-206mm of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

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

(b) An applicant for licensure by endorsement shall present evidence satisfactory to the commissioner that the applicant (1) is licensed or certified as a paramedic in another state or jurisdiction whose requirements for practicing in such capacity are substantially similar to or higher than those of this state and that the applicant has no pending disciplinary action or unresolved complaint against him or

her, or (2) (A) is currently licensed or certified as a paramedic in good standing in any New England state, New York or New Jersey, (B) has completed an initial training program consistent with the National Emergency Medical Services Education Standards, as promulgated by the National Highway Traffic Safety Administration for the paramedic scope of practice model conducted by an organization offering a program that is recognized by the national emergency medical services program accrediting organization, and (C) has no pending disciplinary action or unresolved complaint against him or her.

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

(d) **[**The commissioner may issue an emergency medical technician certificate,**]** On or after January 1, 2020, each person seeking certification as an emergency medical responder, **[**certificate**]** emergency medical technician or advanced emergency medical technician **[**certificate to an applicant who presents**]** shall apply to the department on forms prescribed by the commissioner. Applicants for certification shall comply with the following requirements: (1) For initial certification, an applicant shall present evidence satisfactory to the commissioner that the applicant **[**(1) is currently certified as an emergency medical technician, emergency medical responder, or advanced emergency medical technician in good standing in any New England state, New York or New Jersey, (2)**]** (A) has completed an initial training program consistent with the National Emergency Medical Services Education Standards, as promulgated by the National Highway Traffic Safety Administration for the **[**emergency medical technician,**]** emergency medical responder, emergency medical technician or advanced emergency medical technician curriculum, **[**or

advanced emergency medical technician, and (3) has no pending disciplinary action or unresolved complaint against him or her**]** <u>(B) has passed the examination administered by the national organization for emergency medical certification for an emergency medical responder, emergency medical technician or advanced emergency medical technician as necessary for the type of certification sought by the applicant or an examination approved by the department, and (C) has no pending disciplinary action or unresolved complaints against such applicant, (2) a certificate issued under this subsection shall be renewed once every two years in accordance with the provisions of section 19a-88, as amended by this act, upon presentation of evidence satisfactory to the commissioner that the applicant (A) has successfully completed continuing education for an emergency medical responder, emergency medical technician or advanced emergency medical technician as required by the national organization for emergency medical certification or as approved by the department, or (B) presents a current certification as an emergency medical responder, emergency medical technician or advanced emergency medical technician from the national organization for emergency medical certification, or (3) for certification by endorsement from another state, an applicant shall present evidence satisfactory to the commissioner that the applicant (A) is currently certified as an emergency medical responder, emergency medical technician or advanced emergency medical technician in good standing by a state that maintains certification or licensing requirements that the commissioner determines are equal to or greater than those in this state, or (B) holds a current certification as an emergency medical responder, emergency medical technician or advanced emergency medical technician from the national organization for emergency medical certification</u>.

[(e) An emergency medical responder, emergency medical technician, advanced emergency medical technician or emergency medical services instructor shall be recertified every three years. For

the purpose of maintaining an acceptable level of proficiency, each emergency medical technician who is recertified for a three-year period shall complete thirty hours of refresher training approved by the commissioner or meet such other requirements as may be prescribed by the commissioner. The refresher training or other requirements shall include, but not be limited to, training in Alzheimer's disease and dementia symptoms and care.**]**

(e) On or after January 1, 2020, each person seeking certification as an emergency medical services instructor shall apply to the department on forms prescribed by the commissioner. Applicants for certification shall comply with the following requirements: (1) For initial certification, an applicant shall present evidence satisfactory to the commissioner that the applicant (A) is currently certified by the department as an emergency medical technician or advanced emergency medical technician or licensed by the department as a paramedic, (B) has completed a program of training as an emergency medical instructor based on current national education standards within the prior two years, (C) has completed twenty-five hours of teaching activity under the supervision of a currently certified emergency medical services instructor, (D) has completed written and practical examinations as prescribed by the commissioner, (E) has no pending disciplinary action or unresolved complaints against the applicant, and (F) effective on a date prescribed by the commissioner, presents documentation satisfactory to the commissioner that the applicant is currently certified as an emergency medical technician, advanced emergency medical technician or paramedic by the national organization for emergency medical certification, or (2) for renewal certification, an applicant shall present evidence satisfactory to the commissioner that the applicant (A) has successfully completed continuing education and teaching activity as required by the department, (B) maintains current certification by the department as an emergency medical technician, advanced emergency medical

technician or licensure by the department as a paramedic, and (C) effective on a date as prescribed by the commissioner, presents documentation satisfactory to the commissioner that the applicant is currently certified as an emergency medical technician, advanced emergency medical technician or paramedic by the national organization for emergency medical certification.

(f) A certified emergency medical responder, emergency medical technician, advanced emergency medical technician or emergency medical services instructor shall document the completion of his or her continuing educational requirements through the continuing education platform Internet web site. A certified emergency medical responder, emergency medical technician, advanced emergency medical technician or emergency medical services instructor who is not engaged in active professional practice in any form during a certification period shall be exempt from the continuing education requirements of this section, provided the emergency medical responder, emergency medical technician, advanced emergency medical technician or emergency medical services instructor submits to the department, prior to the expiration of the certification period, an application for inactive status on a form prescribed by the department and such other documentation as may be required by the department. The application for inactive status pursuant to this subsection shall contain a statement that the emergency medical responder, emergency medical technician, advanced emergency medical technician or emergency medical services instructor may not engage in professional practice until the continuing education requirements of this section have been met.

[(f)**]** (g) The commissioner may issue a temporary emergency medical technician certificate to an applicant who presents evidence satisfactory to the commissioner that (1) the applicant was certified by the department as an emergency medical technician prior to becoming

licensed as a paramedic pursuant to section 20-206*ll*, or (2) the applicant's certification as an emergency medical technician has expired and the applicant's license as a paramedic has become void pursuant to section 19a-88, as amended by this act. Such temporary certificate shall be valid for a period not to exceed one year and shall not be renewable.

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

[(h) The commissioner may issue an emergency medical responder, emergency medical technician or advanced emergency medical technician certificate to an applicant for certification by endorsement who presents evidence satisfactory to the commissioner that the applicant (1) is currently certified as an emergency medical responder,

emergency medical technician or advanced emergency medical technician in good standing by a state that maintains licensing requirements that the commissioner determines are equal to, or greater than, those in this state, (2) has completed an initial department-approved emergency medical responder, emergency medical technician or advanced emergency medical technician training program that includes written and practical examinations at the completion of the course, or a program outside the state that adheres to national education standards for the emergency medical responder, emergency medical technician or advanced emergency medical technician scope of practice and that includes an examination, and (3) has no pending disciplinary action or unresolved complaint against him or her.

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

[(j)**]** <u>(i)</u> Any person certified as an emergency medical responder, emergency medical technician, advanced emergency medical technician or emergency medical services instructor pursuant to this chapter and the regulations adopted pursuant to section 20-206oo whose certification has expired may apply to the Department of Public

Health for reinstatement of such certification, [as follows: (1) If such certification expired one year or less from the date of the application for reinstatement,] provided such person [shall complete] completes the requirements for [recertification] renewal certification specified in [regulations adopted pursuant to section 20-206oo; (2) if such recertification expired more than one year but less than three years from the date of application for reinstatement, such person shall complete the training required for recertification and the examination required for initial certification specified in regulations adopted pursuant to section 20-206oo; or (3) if such certification expired three or more years from the date of application for reinstatement, such person shall complete the requirements for initial certification set forth in] this section. Any certificate issued pursuant to this section shall remain valid for ninety days after the expiration date of such certificate and become void upon the expiration of such ninety-day period.

[(k)] (j) The Commissioner of Public Health shall issue an emergency medical technician certification to an applicant who is a member of the armed forces or the National Guard or a veteran and who (1) presents evidence satisfactory to the commissioner that such applicant holds a current certification as a person entitled to perform similar services under a different designation by the National Registry of Emergency Medical Technicians, or (2) satisfies the regulations promulgated pursuant to subdivision [(4)] (3) of subsection (a) of section 19a-179. Such applicant shall be exempt from any written or practical examination requirement for certification.

[(l)] (k) For the purposes of this section, "veteran" means any person who was discharged or released under conditions other than dishonorable from active service in the armed forces and "armed forces" has the same meaning as provided in section 27-103.

Sec. 59. Section 20-195ff of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

The Commissioner of Public Health may adopt regulations, in accordance with the provisions of chapter 54, to further the purposes of subdivision (18) of subsection (c) of section 19a-14, subsection (e) of section 19a-88, as amended by this act, subdivision **[**(15)**]** (14) of section 19a-175, as amended by this act, subsection (b) of section 20-9, as amended by this act, sections 20-195aa to 20-195ff, inclusive, and sections 20-206jj to 20-206oo, inclusive, as amended by this act.

Sec. 60. Subdivision (14) of subsection (b) of section 20-9 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(14) Any person rendering service as a physician assistant licensed pursuant to section 20-12b, a registered nurse, a licensed practical nurse or a paramedic, as defined in subdivision **[**(15)**]** (14) of section 19a-175, as amended by this act, acting within the scope of regulations adopted pursuant to section 19a-179, if such service is rendered under the supervision, control and responsibility of a licensed physician;

Sec. 61. Subdivisions (1) and (2) of subsection (e) of section 19a-88 of the general statutes are repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(e) (1) Each person holding a license or certificate issued under section 19a-514, 20-65k, 20-74s, 20-185k, 20-185*l*, 20-195cc or 20-206*ll* and chapters 370 to 373, inclusive, 375, 378 to 381a, inclusive, 383 to 383c, inclusive, 384, 384a, 384b, **[**384d,**]** 385, 393a, 395, 399 or 400a and section 20-206n or 20-206o shall, annually, during the month of such person's birth, apply for renewal of such license or certificate to the Department of Public Health, giving such person's name in full, such person's residence and business address and such other information as the department requests.

(2) Each person holding a license or certificate issued under section

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

Sec. 62. Section 20-67 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

The Connecticut State Board of Examiners for Physical Therapists shall consist of **[**one physician, two**]** three physical therapists and two public members, appointed by the Governor, subject to the provisions of section 4-9a. The Governor may appoint the physical therapist members of said board from a list of **[**two**]** three names submitted by the Connecticut chapter of the American Physical Therapy Association. **[**and may appoint the physician member from a name submitted by the Connecticut State Medical Society.**]** Vacancies in said board shall be filled by the Governor for the unexpired portion of the term. All appointments shall be subject to the provisions of section 4-10. No member shall serve more than two consecutive full terms, commencing on and after July 1, 1981.

Sec. 63. Subsection (a) of section 1 of public act 19-19 is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) As used in this section and sections 2 and 3 of this act:

(1) "Epinephrine cartridge injector" means an automatic prefilled cartridge injector or similar automatic injectable equipment used to deliver epinephrine in a standard dose for an emergency first aid response to allergic reactions;

(2) "Person with training" means a person who (A) (i) has completed a course in first aid that includes training in recognizing the signs and symptoms of anaphylaxis, administering epinephrine and following

emergency protocol, approved by a prescribing practitioner pursuant to a medical protocol established in accordance with subsection (b) of this section, which course may be offered by the American Red Cross, the American Heart Association, the National Ski Patrol, the Department of Public Health or any director of health, and (ii) is certified by said organizations, department or director of health offering the course, or (B) who has received training in the recognition of the signs and symptoms of anaphylaxis, the use of an epinephrine cartridge injector and emergency protocol by a licensed physician, physician assistant, advanced practice registered nurse or emergency medical services personnel;

(3) "Documentation evidencing training" includes a certificate issued by the American Red Cross, the American Heart Association, the National Ski Patrol, the Department of Public Health or any director of health or a written statement of acknowledgment of training signed by a licensed physician, physician assistant, advanced practice registered nurse or emergency medical services personnel; and

(4) "Authorized entity" means any for-profit or nonprofit entity or organization that employs at least one person with training. "Authorized entity" does not include the state or any political subdivision thereof authorized to purchase epinephrine pursuant to subsection (h) of section 21a-70 of the general statutes, a local or regional board of education required to maintain epinephrine cartridge injectors pursuant to subdivision (2) of subsection (d) of section 10-212a of the general statutes or a licensed or a certified ambulance service required to be equipped with epinephrine cartridge injectors pursuant to subsection (b) of section 19a-197a of the general statutes.

Sec. 64. Section 19a-175 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

As used in this chapter, section 66 of this act and sections 19a-177, 19a-180, 19a-193a and 19a-906, as amended by this act, unless the context otherwise requires:

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

(2) "Patient" means an injured or ill person or a person with a physical disability requiring assistance and transportation;

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

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

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

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

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

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

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

(10) "Emergency medical service organization" means any

corporation or organization whether public, private or voluntary that (A) is licensed or certified by the Department of Public Health's Office of Emergency Medical Services, and (B) offers ambulance transportation or treatment services to patients primarily under emergency conditions or a mobile integrated health care program;

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

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

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

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

(15) "Paramedic" means a person licensed pursuant to chapter 384d;

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

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

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

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

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

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

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

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

(24) "Interfacility critical care transport" means the interfacility

transport of a patient between licensed health care institutions;

(25) "Advanced emergency medical technician" means an individual who is certified as an advanced emergency medical technician pursuant to chapter 384d;

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

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

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

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

(30) "Paramedic intercept service" means paramedic treatment services provided by an entity that does not provide the ground ambulance transport; **[**and**]**

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

(32) "Mobile integrated health care program" means a program

approved by the commissioner in which a licensed or certified ambulance service or paramedic intercept service provides services, including clinically appropriate medical evaluations, treatment, transport or referrals to other health care providers under nonemergency conditions by a paramedic acting within the scope of his or her practice as part of an emergency medical services organization within the emergency medical services system; and

(33) "Alternate destination" means a destination other than an emergency department that is a medically appropriate facility.

Sec. 65. Section 19a-177 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

The commissioner shall:

(1) With the advice of the Office of Emergency Medical Services established pursuant to section 19a-178 and of an advisory committee on emergency medical services and with the benefit of meetings held pursuant to subsection (b) of section 19a-184, adopt every five years a state-wide plan for the coordinated delivery of emergency medical services;

(2) License or certify the following: (A) Ambulance operations, ambulance drivers, emergency medical services personnel and communications personnel; (B) emergency room facilities and communications facilities; and (C) transportation equipment, including land, sea and air vehicles used for transportation of patients to emergency facilities and periodically inspect life saving equipment, emergency facilities and emergency transportation vehicles to ensure state standards are maintained;

(3) Annually inventory emergency medical services resources within the state, including facilities, equipment, and personnel, for the purposes of determining the need for additional services and the

effectiveness of existing services;

(4) Review and evaluate all area-wide plans developed by the emergency medical services councils pursuant to section 19a-182, as amended by this act, in order to insure conformity with standards issued by the commissioner;

(5) Not later than thirty days after their receipt, review all grant and contract applications for federal or state funds concerning emergency medical services or related activities for conformity to policy guidelines and forward such application to the appropriate agency, when required;

(6) Establish such minimum standards and adopt such regulations in accordance with the provisions of chapter 54, as may be necessary to develop the following components of an emergency medical service system: (A) Communications, which shall include, but not be limited to, equipment, radio frequencies and operational procedures; (B) transportation services, which shall include, but not be limited to, vehicle type, design, condition and maintenance, and operational procedures; (C) training, which shall include, but not be limited to, emergency medical technicians, communications personnel, paraprofessionals associated with emergency medical services, firefighters and state and local police; **[**and**]** (D) emergency medical service facilities, which shall include, but not be limited to, categorization of emergency departments as to their treatment capabilities and ancillary services; and (E) mobile integrated health care programs, which shall include, but not be limited to, the standards to ensure the health, safety and welfare of the patients being served by such programs and data collection and reporting requirements to ensure and measure quality outcomes of such programs;

(7) Coordinate training of all personnel related to emergency

medical services;

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

(B) On or before December 31, 2018, and annually thereafter, the

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

(C) If any licensed ambulance service, certified ambulance service or paramedic intercept service does not submit the data required under subparagraph (A) of this subdivision for a period of six consecutive months, or if the commissioner believes that such licensed ambulance service, certified ambulance service or paramedic intercept service knowingly or intentionally submitted incomplete or false data, the commissioner shall issue a written order directing such licensed ambulance service, certified ambulance service or paramedic intercept service to comply with the provisions of subparagraph (A) of this subdivision and submit all missing data or such corrected data as the commissioner may require. If such licensed ambulance service, certified ambulance service or paramedic intercept service fails to fully comply with such order not later than three months from the date such order is issued, the commissioner (i) shall conduct a hearing, in

accordance with chapter 54, at which such licensed ambulance service, certified ambulance service or paramedic intercept service shall be required to show cause why the primary service area assignment of such licensed ambulance service, certified ambulance service or paramedic intercept service should not be revoked, and (ii) may take such disciplinary action under section 19a-17, as amended by this act, as the commissioner deems appropriate.

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

(E) The commissioner shall, with the recommendation of the Connecticut Emergency Medical Services Advisory Board established pursuant to section 19a-178a, as amended by this act, adopt for use in trauma data collection the most recent version of the National Trauma Data Bank's National Trauma Data Standards and Data Dictionary and

nationally recognized guidelines for field triage of injured patients.

(9) (A) Establish rates for the conveyance and treatment of patients by licensed ambulance services and invalid coaches and establish emergency service rates for certified ambulance services and paramedic intercept services, provided (i) the present rates established for such services and vehicles shall remain in effect until such time as the commissioner establishes a new rate schedule as provided in this subdivision, and (ii) any rate increase not in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, filed in accordance with subparagraph (B)(iii) of this subdivision shall be deemed approved by the commissioner. For purposes of this subdivision, licensed ambulance **[**service**]** services and paramedic intercept services shall not include emergency air transport services or mobile integrated health care programs.

(B) Adopt regulations, in accordance with the provisions of chapter 54, establishing methods for setting rates and conditions for charging such rates. Such regulations shall include, but not be limited to, provisions requiring that on and after July 1, 2000: (i) Requests for rate increases may be filed no more frequently than once a year, except that, in any case where an agency's schedule of maximum allowable rates falls below that of the Medicare allowable rates for that agency, the commissioner shall immediately amend such schedule so that the rates are at or above the Medicare allowable rates; (ii) only licensed ambulance services, certified ambulance services and paramedic intercept services that apply for a rate increase in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, and do not accept the maximum allowable rates contained in any voluntary state-wide rate schedule established by the commissioner for the rate application year shall be required to file detailed financial

information with the commissioner, provided any hearing that the commissioner may hold concerning such application shall be conducted as a contested case in accordance with chapter 54; (iii) licensed ambulance services, certified ambulance services and paramedic intercept services that do not apply for a rate increase in any year in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, or that accept the maximum allowable rates contained in any voluntary state-wide rate schedule established by the commissioner for the rate application year shall, not later than the last business day in August of such year, file with the commissioner a statement of emergency and nonemergency call volume, and, in the case of a licensed ambulance service, certified ambulance service or paramedic intercept service that is not applying for a rate increase, a written declaration by such licensed ambulance service, certified ambulance service or paramedic intercept service that no change in its currently approved maximum allowable rates will occur for the rate application year; and (iv) detailed financial and operational information filed by licensed ambulance services, certified ambulance services and paramedic intercept services to support a request for a rate increase in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, shall cover the time period pertaining to the most recently completed fiscal year and the rate application year of the licensed ambulance service, certified ambulance service or paramedic intercept service.

(C) Establish rates for licensed ambulance services, certified ambulance services or paramedic intercept services for the following services and conditions: (i) "Advanced life support assessment" and "specialty care transports", which terms have the meanings provided in 42 CFR 414.605; and (ii) mileage, which may include mileage for an ambulance transport when the point of origin and final destination for

a transport is within the boundaries of the same municipality. The rates established by the commissioner for each such service or condition shall be equal to (I) the ambulance service's base rate plus its established advanced life support/paramedic surcharge when advanced life support assessment services are performed; (II) two hundred twenty-five per cent of the ambulance service's established base rate for specialty care transports; and (III) "loaded mileage", as the term is defined in 42 CFR 414.605, multiplied by the ambulance service's established rate for mileage. Such rates shall remain in effect until such time as the commissioner establishes a new rate schedule as provided in this subdivision. **[;]**

(D) Establish rates for the treatment and release of patients by a licensed or certified emergency medical services organization or a provider who does not transport such patients to an emergency department and who is operating within the scope of such organization's or provider's practice and following protocols approved by the sponsor hospital. The rates established pursuant to this subparagraph shall not apply to the treatment provided to patients through mobile integrated health care programs;

(10) Research, develop, track and report on appropriate quantifiable outcome measures for the state's emergency medical service system and submit to the joint standing committee of the General Assembly having cognizance of matters relating to public health, in accordance with the provisions of section 11-4a, on or before July 1, 2002, and annually thereafter, a report on the progress toward the development of such outcome measures and, after such outcome measures are developed, an analysis of emergency medical services system outcomes;

(11) Establish primary service areas and assign in writing a primary service area responder for each primary service area. Each state-owned campus having an acute care hospital on the premises shall be

designated as the primary service area responder for that campus;

(12) Revoke primary service area assignments upon determination by the commissioner that it is in the best interests of patient care to do so; and

(13) Annually issue a list of minimum equipment requirements for ambulances and rescue vehicles based upon current national standards. The commissioner shall distribute such list to all emergency medical service organizations and sponsor hospital medical directors and make such list available to other interested stakeholders. Emergency medical service organizations shall have one year from the date of issuance of such list to comply with the minimum equipment requirements.

Sec. 66. (NEW) (*Effective July 1, 2019*) (a) A licensed or certified emergency medical services organization or provider may transport a patient by ambulance to an alternate destination, in consultation with the medical director of a sponsor hospital.

(b) Any ambulance used for transport to an alternate destination under subsection (a) of this section shall meet the requirements for a basic level ambulance, as prescribed in regulations adopted pursuant to section 19a-179 of the general statutes, including requirements concerning medically necessary supplies and services.

Sec. 67. Subdivision (12) of subsection (a) of section 19a-906 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(12) "Telehealth provider" means any physician licensed under chapter 370, physical therapist licensed under chapter 376, chiropractor licensed under chapter 372, naturopath licensed under chapter 373, podiatrist licensed under chapter 375, occupational therapist licensed under chapter 376a, optometrist licensed under

chapter 380, registered nurse or advanced practice registered nurse licensed under chapter 378, physician assistant licensed under chapter 370, psychologist licensed under chapter 383, marital and family therapist licensed under chapter 383a, clinical social worker or master social worker licensed under chapter 383b, alcohol and drug counselor licensed under chapter 376b, professional counselor licensed under chapter 383c, dietitian-nutritionist certified under chapter 384b, speech and language pathologist licensed under chapter 399, respiratory care practitioner licensed under chapter 381a, audiologist licensed under chapter 397a, **[**or**]** pharmacist licensed under chapter 400j **[**,**]** or paramedic licensed pursuant to chapter 384d who is providing health care or other health services through the use of telehealth within such person's scope of practice and in accordance with the standard of care applicable to the profession.

Sec. 68. Section 19a-180 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) No person shall operate any ambulance service, paramedic intercept service or rescue service without either a license or a certificate issued by the commissioner. No person shall operate a commercial ambulance service or commercial rescue service without a license issued by the commissioner. A certificate shall be issued to any volunteer or municipal ambulance service or any ambulance service or paramedic intercept service that is operated and maintained by a state agency and that shows proof satisfactory to the commissioner that it meets the minimum standards of the commissioner in the areas of training, equipment and personnel. No license or certificate shall be issued to any volunteer, municipal or commercial ambulance service, paramedic intercept service or rescue service or any ambulance service or paramedic intercept service that is operated and maintained by a state agency, unless it meets the requirements of subsection (e) of section 14-100a. Applicants for a license shall use the forms prescribed

by the commissioner and shall submit such application to the commissioner accompanied by an annual fee of two hundred dollars. In considering requests for approval of permits for new or expanded emergency medical services or the establishment of mobile integrated health care programs in any region, the commissioner shall consult with the Office of Emergency Medical Services and the emergency medical services council of such region and shall hold a public hearing to determine the necessity for such services. Written notice of such hearing shall be given to current providers in the geographic region where such new or expanded services or mobile integrated health care programs would be implemented, provided, any volunteer ambulance service which elects not to levy charges for services rendered under this chapter shall be exempt from the provisions concerning requests for approval of permits for new or expanded emergency medical services set forth in this subsection. A primary service area responder that operates in the service area identified in the application shall, upon request, be granted intervenor status with opportunity for cross-examination. Each applicant for licensure shall furnish proof of financial responsibility which the commissioner deems sufficient to satisfy any claim. The commissioner may adopt regulations, in accordance with the provisions of chapter 54, to establish satisfactory kinds of coverage and limits of insurance for each applicant for either licensure or certification. Until such regulations are adopted, the following shall be the required limits for licensure: (1) For damages by reason of personal injury to, or the death of, one person on account of any accident, at least five hundred thousand dollars, and more than one person on account of any accident, at least one million dollars, (2) for damage to property at least fifty thousand dollars, and (3) for malpractice in the care of one passenger at least two hundred fifty thousand dollars, and for more than one passenger at least five hundred thousand dollars. In lieu of the limits set forth in subdivisions (1) to (3), inclusive, of this subsection, a single limit of liability shall be allowed as follows: (A) For damages by reason of personal injury to, or

death of, one or more persons and damage to property, at least one million dollars; and (B) for malpractice in the care of one or more passengers, at least five hundred thousand dollars. A certificate of such proof shall be filed with the commissioner. Upon determination by the commissioner that an applicant is financially responsible, properly certified and otherwise qualified to operate a commercial ambulance service, paramedic intercept service, **[**or**]** rescue service or mobile integrated health care program, the commissioner shall issue the appropriate license effective for one year to such applicant or authorize the establishment of a mobile integrated health care program. If the commissioner determines that an applicant for either a certificate or license is not so qualified, the commissioner shall notify such applicant of the denial of the application with a statement of the reasons for such denial. Such applicant shall have thirty days to request a hearing on the denial of the application.

(b) On or after January 1, 2020, within available appropriations, the commissioner may authorize an emergency medical services organization that furnishes evidence satisfactory to the commissioner that such organization has met the requirements of this section to establish a mobile integrated health care program under the provisions of such organization's current license or certification. Emergency medical services organizations requesting approval to establish such mobile integrated health care program shall use the forms prescribed by the commissioner and shall submit such application to the commissioner. No emergency medical services organization shall provide a mobile integrated health care program unless authorized by the commissioner to provide such program. The commissioner may implement policies and procedures to administer the mobile integrated health care programs established in accordance with this section. The commissioner shall post such policies and procedures to the department's Internet web site and the eRegulations System not later than twenty days after the date of implementation.

[(b)**]** (c) Any person or emergency medical service organization that does not maintain standards or violates regulations adopted under any section of this chapter applicable to such person or organization may have such person's or organization's license or certification suspended or revoked or may be subject to any other disciplinary action specified in section 19a-17, as amended by this act, after notice by certified mail to such person or organization of the facts or conduct that warrant the intended action. Such person or emergency medical service organization shall have an opportunity to show compliance with all requirements for the retention of such certificate or license. In the conduct of any investigation by the commissioner of alleged violations of the standards or regulations adopted under the provisions of this chapter, the commissioner may issue subpoenas requiring the attendance of witnesses and the production by any medical service organization or person of reports, records, tapes or other documents that concern the allegations under investigation. All records obtained by the commissioner in connection with any such investigation shall not be subject to the provisions of section 1-210 for a period of six months from the date of the petition or other event initiating such investigation, or until such time as the investigation is terminated pursuant to a withdrawal or other informal disposition or until a hearing is convened pursuant to chapter 54, whichever is earlier. A complaint, as defined in subdivision (6) of section 19a-13, shall be subject to the provisions of section 1-210 from the time that it is served or mailed to the respondent. 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.

[(c)**]** (d) Any person or emergency medical service organization aggrieved by an act or decision of the commissioner regarding certification or licensure may appeal in the manner provided by chapter 54.

[(d)] (e) Any person who commits any of the following acts shall be guilty of a class C misdemeanor: (1) In any application to the commissioner or in any proceeding before or investigation made by the commissioner, knowingly making any false statement or representation, or, with knowledge of its falsity, filing or causing to be filed any false statement or representation in a required application or statement; (2) issuing, circulating or publishing or causing to be issued, circulated or published any form of advertisement or circular for the purpose of soliciting business which contains any statement that is false or misleading, or otherwise likely to deceive a reader thereof, with knowledge that it contains such false, misleading or deceptive statement; (3) giving or offering to give anything of value to any person for the purpose of promoting or securing ambulance, invalid coach, paramedic intercept vehicle or rescue service business or obtaining favors relating thereto; (4) administering or causing to be administered, while serving in the capacity of an employee of any licensed ambulance or rescue service, any alcoholic liquor to any patient in such employee's care, except under the supervision and direction of a licensed physician; (5) in any respect wilfully violating or failing to comply with any provision of this chapter or wilfully violating, failing, omitting or neglecting to obey or comply with any regulation, order, decision or license, or any part or provisions thereof; or (6) with one or more other persons, conspiring to violate any license or order issued by the commissioner or any provision of this chapter.

[(e)] (f) No person shall place any advertisement or produce any printed matter that holds that person out to be an ambulance service or a mobile integrated health care program provider unless such person is licensed, [or] certified or authorized pursuant to this section. Any such advertisement or printed matter shall include the license or certificate number issued by the commissioner.

[(f)] (g) Each licensed or certified emergency medical service

organization shall: (1) Ensure that its emergency medical personnel, whether such personnel are employees or contracted through an employment agency or personnel pool, are appropriately licensed or certified by the Department of Public Health to perform their job duties and that such licenses or certifications remain valid; (2) ensure that any employment agency or personnel pool, from which the emergency medical service organization obtains personnel meets the required general liability and professional liability insurance limits described in subsection (a) of this section and that all persons performing work or volunteering for the medical service organization are covered by such insurance; and (3) secure and maintain medical oversight, as defined in section 19a-175, as amended by this act, by a sponsor hospital, as defined in section 19a-175, as amended by this act.

[(g)**]** (h) Each applicant whose request for new or expanded emergency medical services or the establishment of a mobile integrated health care program is approved shall, not later than six months after the date of such approval, acquire the necessary resources, equipment and other material necessary to comply with the terms of the approval and operate in the service area identified in the application. If the applicant fails to do so, the approval for new or expanded medical services or the establishment of a mobile integrated health care program shall be void and the commissioner shall rescind the approval.

[(h)**]** (i) Notwithstanding the provisions of subsection (a) of this section, any volunteer, hospital-based or municipal ambulance service or any ambulance service or paramedic intercept service operated and maintained by a state agency that is licensed or certified and is a primary service area responder may apply to the commissioner to add one emergency vehicle to its existing fleet every three years, on a short form application prescribed by the commissioner. No such volunteer, hospital-based or municipal ambulance service or any ambulance

service or paramedic intercept service operated and maintained by a state agency may add more than one emergency vehicle to its existing fleet pursuant to this subsection regardless of the number of municipalities served by such volunteer, hospital-based or municipal ambulance service. Upon making such application, the applicant shall notify in writing all other primary service area responders in any municipality or abutting municipality in which the applicant proposes to add the additional emergency vehicle. Except in the case where a primary service area responder entitled to receive notification of such application objects, in writing, to the commissioner not later than fifteen calendar days after receiving such notice, the application shall be deemed approved thirty calendar days after filing. If any such primary service area responder files an objection with the commissioner within the fifteen-calendar-day time period and requests a hearing, the applicant shall be required to demonstrate need at a public hearing as required under subsection (a) of this section.

[(i)**]** (j) The commissioner shall develop a short form application for primary service area responders seeking to add an emergency vehicle to their existing fleets pursuant to subsection **[**(h)**]** (i) of this section. The application shall require an applicant to provide such information as the commissioner deems necessary, including, but not limited to, (1) the applicant's name and address, (2) the primary service area where the additional vehicle is proposed to be used, (3) an explanation as to why the additional vehicle is necessary and its proposed use, (4) proof of insurance, (5) a list of the providers to whom notice was sent pursuant to subsection **[**(h)**]** (i) of this section and proof of such notification, and (6) total call volume, response time and calls passed within the primary service area for the one-year period preceding the date of the application.

[(j) Notwithstanding the provisions of subsection (a) of this section, any ambulance service or paramedic intercept service operated and

maintained by a state agency on or before October 1, 2014, that notifies the Department of Public Health's Office of Emergency Medical Services, in writing, not later than September 1, 2014, of such operation and attests to the ambulance service or paramedic intercept service being in compliance with all statutes and regulations concerning such operation (1) shall be deemed certified by the Commissioner of Public Health, or (2) shall be deemed licensed by the Commissioner of Public Health if such ambulance service or paramedic intercept service levies charges for emergency and nonemergency services.**]**

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

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

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

(m) Notwithstanding the provisions of subsection (b) of this section, any ambulance service assigned as the primary service area responder for a primary service area on or before September 1, 2019, that notifies the Department of Public Health's Office of Emergency Medical Services, in writing, not later than October 1, 2019, of such assignment and attests to the ambulance service being in compliance with all statutes and regulations concerning the operation of such ambulance service shall be deemed authorized by the Commissioner of Public Health as the authorized mobile integrated health care program for the primary service area within which the ambulance service is the primary service area responder.

Sec. 69. Section 19a-193a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) Except as provided in subsection **[**(b)**]** (c) of this section and subject to the provisions of sections 19a-177, as amended by this act, 38a-498 and 38a-525, any person who receives emergency medical treatment services or transportation services from a licensed ambulance service, certified ambulance service or paramedic intercept service shall be liable to such ambulance service for the reasonable and necessary costs of providing such services, irrespective of whether such person agreed or consented to such liability.

(b) Except as provided in subsection (c) of this section, any person who receives medical services or transport services under

nonemergency conditions from a mobile integrated health care program shall be liable to such mobile health care integrated program for the reasonable and necessary costs of providing such services.

[(b)] (c) The provisions of this section shall not apply to any person who receives emergency medical treatment services or transportation services from a licensed ambulance service, certified ambulance service, [or] paramedic intercept service or mobile integrated health care program for an injury arising out of and in the course of [his] such person's employment as defined in section 31-275.

Sec. 70. Subdivision (75) of section 12-81 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(75) Any real or personal property which (1) is owned or leased by an entity considered to be a nonprofit organization for purposes of Section 501(c)(3) of the Internal Revenue Service of 1986, or any subsequent corresponding internal revenue code of the United States, as from time to time amended, and (2) is the location of or located at an institution licensed by the state pursuant to chapter 368v and described in subsection (c) or (o) of section 19a-490. This subdivision shall not affect (1) the taxability in assessment years commencing on or after October 1, 2000, of any such property that was taxable on the net grand list, as adjusted by the board of assessment appeals, next preceding June 1, 2000, or (2) any time-limited written agreement in existence on June 1, 2000, with any municipality regarding the taxability of any such property;

Sec. 71. Subdivision (5) of section 17b-520 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(5) "Resident" means any person entitled to receive present or future

shelter, care and medical or nursing services or other health-related benefits pursuant to a continuing-care contract, provided nothing in this section and sections 17b-521 to 17b-535, inclusive, shall affect rights otherwise afforded to residents while they are patients in health care facilities as defined in subsections (a), (b), **[**and**]** (c) and (o) of section 19a-490;

Sec. 72. Section 19a-123 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

For purposes of this section and sections 19a-123b to 19a-123d, inclusive: "Nursing pool" means any person, firm, corporation, limited liability company, partnership or association engaged for a fee in the business of employing and providing health care personnel on a temporary basis to one or more health care institutions, as defined in **[**subsection**]** subsections (c) and (o) of section 19a-490, and does not include: (1) A licensed health care institution or subsidiary thereof which supplies temporary health care personnel to its own institution only and does not charge a fee to such institution or (2) an individual who offers only his own personal services on a temporary basis.

Sec. 73. Subsection (b) of section 19a-491 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(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**]** subsections (c) and (o) 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.

Sec. 74. Subdivision (4) of subsection (b) of section 19a-638 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

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

Sec. 75. Subsection (bb) of section 32-23d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(bb) "Health care project" means any project which is to be used or occupied by any person for the providing of services in any residential

care home, nursing home or rest home, as defined in [subsection] subsections (c) and (o) of section 19a-490, or for the providing of living space for physically handicapped persons or persons sixty years of age or older.

Sec. 76. Section 20-205 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

The provisions of this chapter shall not apply to any (1) person in governmental employ while acting in the scope of his or her employment, [or to any] (2) person who furnishes medical or surgical assistance without compensation in an emergency, [or to any] (3) veterinarian, licensed in another state, who is employed as a direct consultant for not more than ten days during any calendar year with any practitioner licensed in conformity with the provisions of section 20-197, [. The provisions of this chapter shall not apply to any] (4) hospital, [educational] institution [or] of higher education, laboratory, [or any] state or federal institution, or [any] employee, [of,] student [in] or person associated with any such hospital, [educational] institution [or] of higher education, laboratory or state or federal institution, while engaged in research or studies involving the [use] administration of medical, surgical or dental procedures to an animal or livestock within such hospital, institution of higher education, laboratory or state or federal institution, (5) faculty member, resident, student or intern employed by a school of veterinary medicine, surgery or dentistry accredited by the American Veterinary Medical Association, while engaged in clinical practice, research or studies involving the use of veterinary medical, surgical or dental procedures within a hospital, clinic or laboratory owned by such school of veterinary medicine, surgery or dentistry, or [to the] (6) owner of any animal or livestock or his or her employee while administering to such animal or livestock.

Sec. 77. Subsection (d) of section 19a-654 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from*

passage):

(d) Except as provided in this subsection, patient-identifiable data received by the unit shall be kept confidential and shall not be considered public records or files subject to disclosure under the Freedom of Information Act, as defined in section 1-200. The unit may release de-identified patient data or aggregate patient data to the public in a manner consistent with the provisions of 45 CFR 164.514. Any de-identified patient data released by the unit shall exclude provider, physician and payer organization names or codes and shall be kept confidential by the recipient. The unit may release patient-identifiable data (1) for medical and scientific research as provided for in section 19a-25-3 of the regulations of Connecticut state agencies, and (2) to (A) a state agency for the purpose of improving health care service delivery, (B) a federal agency or the office of the Attorney General for the purpose of investigating hospital mergers and acquisitions, **[**or**]** (C) another state's health data collection agency with which the unit has entered into a reciprocal data-sharing agreement for the purpose of certificate of need review or evaluation of health care services, upon receipt of a request from such agency, provided, prior to the release of such patient-identifiable data, such agency enters into a written agreement with the unit pursuant to which such agency agrees to protect the confidentiality of such patient-identifiable data and not to use such patient-identifiable data as a basis for any decision concerning a patient, or (D) a consultant or independent professional contracted by the Office of Health Strategy pursuant to section 19a-614 to carry out the functions of the unit, including collecting, managing or organizing such patient-identifiable data. No individual or entity receiving patient-identifiable data may release such data in any manner that may result in an individual patient, physician, provider or payer being identified. The unit shall impose a reasonable, cost-based fee for any patient data provided to a nongovernmental entity.

Sec. 78. Sections 17b-256, 19a-7b and 19a-507c of the general statutes are repealed. (*Effective July 1, 2019*)

Approved July 9, 2019