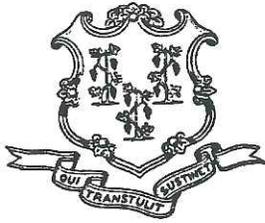


# Section 1

Commissioner's letter

Any further correspondence



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

July 3, 2012

Pamela B. Booth, Committee Administrator  
Legislative Regulation Review Committee  
State Capitol, Room 011  
Hartford, CT 06106

Re: Regulations Concerning: *Short-term Hospital, Special, Hospice and Hospice Inpatient Facilities*

Dear Ms. Booth:

Enclosed for the Committee's consideration is the proposed amendment of the above-captioned regulation.

These regulations were **Rejected without Prejudice** by the Legislative Regulations Review Committee on June 26, 2012. The Department has attached a summary of the changes made in an effort to comply with the comments made by the Legislative Commissioner's Office, and we hope the proposed regulations are now satisfactory.

I am available to answer any questions you may have and can be reached at (860) 509-7280 or via e-mail at [jill.kentfield@ct.gov](mailto:jill.kentfield@ct.gov). Thank you for your consideration.

Sincerely,

Jill Kentfield  
Legislative Liaison

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Summary of Comments  
Short-term Hospitals, Special, Hospice, and Hospice Inpatient Facilities  
Sections 19a-495-5a to 19a-495-5b and 19a-495-6a through 19a-495-6b  
of the Regulations of Connecticut State Agencies

**SUBJECT:** Proposed regulations to license Short-term Hospitals, Special, Hospice and Hospice Inpatient Facilities

**COMMENTERS:** Legislative Commissioners' Office

For clarity and ease of use for the consumer, the Department moved section 19a-495-6b "Applicability" to 19a-495-5a so it will be the first section viewed by the consumer and they will know exactly which regulation should be followed when filing a licensure application. The regulations were renumbered accordingly.

**LCO SUBSTANTIVE COMMENT**

**Substantive Concerns**

1. Throughout the regulations, various vague phrases are used to establish standards: for example, see the first sentence of section 19a-495-5a(o)(1) on page 20, "of the highest quality"; section 19a-495-5a(a)1.(F) on page 1, "in good state of repair" and "clean and orderly"; and section 19a-495-6n(h)(4) on page 45, "a home-like environment". Establishing standards by using such vague terms should be avoided, as it would not be possible to know whether a program meets such a standard and therefore has complied with the relevant provision of the regulations.

**DPH RESPONSE**

Page 1, Section 19a-495-5b (a)(1)(F) was revised to read: "The buildings shall be of sound construction. Equipment and furnishings shall be maintained in good condition, properly functioning and repaired or replaced when necessary."

On page 20, section 19a-495-5b(o)(1) the term "of highest quality" was removed and replaced with "in accordance with accepted standards of practice, applicable law and hospice inpatient facility policies"

Page 45 Section 19a-495-6m(h)(4): the term "home-like environment" is a used by the CMS to allow patients to bring comforts from home with them into the hospice facility such as pictures/a favorite chair etc.. the language was revised to include "to the extent possible"

Throughout the regulations "drugs" and "medications" were changed to

	<p>“drugs and biological products.”</p> <p>Page 9. Table 1 moved from subsection D to subsection C.</p> <p>Page 13, section 19a-495-5b(b)(1)(A)(5)(f) was revised to delete the term “physical and mental status”</p>
<p>2. On page 13, section 19a-495-5a(b)(1)(A)(5)(f), provides that the hospice's governing board shall adopt and enforce by-laws that include qualifications for appointment to medical staff based upon, among other qualifications, “physical and mental status.” Decisions on appointments for positions of employment that are based on a person's physical or mental status may violate anti-discrimination laws.</p> <p>3. On page 20, in the first sentence of section 19a-495-5a(o)(1), it is not clear which persons would be included in the description of “multidisciplinary, interactive qualified hospice team members” since the terms are not defined or described. In section 19a-495-5a(o)(5), the meaning of “definition and scope of services” is not clear.</p>	<p>Page 20, section 19a-495-5b(o)(1) was revised to read: “The health care services of the hospice-based home care program shall be in accordance with accepted standards of practice, applicable law and hospice inpatient facility policies and shall be provided by the <u>interdisciplinary, hospice team members as defined in subsection 22 of section 19a-495-6a</u>. The program of care shall provide medical and health care services for the palliative and supportive care and treatment <u>only</u> for the terminally ill and their families. The hospice-based home care program encompasses the physical, social, psychological and spiritual needs of the patient and family and consists of service on a twenty-four hour basis, seven days per week.” The terms “multidisciplinary” and “interactive qualified” were deleted.</p> <p>Section 19a-495-5b(o)(5) was revised to read: “There shall be a written policy and procedure manual implementing the objectives of the hospice-based home care program which shall include a <u>description of the scope of services, criteria for admission and discharge and follow-up policies, and uniform standards to be adopted by the patient's primary care community physician.</u>” The words “definition and” were deleted and replaced with “a description of”</p>
<p>4. On page 23, section 19a-495-6a(a)(5)(C) refers to a change in ownership by a “corporation”. “Corporation” is further broken down, in (iv) and (v), to a “business corporation” and a “non-business corporation”. It is unclear which entities are being described in those subparagraphs.</p>	<p>This definition was removed and the subsections were renumbered accordingly.</p>

<p>5. On page 33, in section 19a-495-6c(g)(3), the phrase "except in case of adverse reaction" is used. It is unclear whether "adverse reaction" means "adverse event", as defined in the regulations, or a negative response from the hospice inpatient facility to the proposed alteration of a patient's plan of care.</p>	<p>On page 33, section 19a-495-6d(g)(3) the phrase "except in case of adverse reaction" was deleted.</p>
<p>6. On page 35, in section 19a-495-6f(d)(1), the phrase "Nursing services, physician services, drugs and biological routinely available on a twenty-four hour basis, as may be required in accordance with the patient centered plan of care," is unclear. Are these required to be available at all times ("on a twenty-four hour basis") or only as required in accordance with the plan of care?</p>	<p>Page 35, section 19a-495-6e(d)(1) was revised to read: Nursing services, physician services, drugs and biological products <u>continuously</u> available on a twenty-four hour basis; the words "routinely" and "as may be required in accordance with the patient centered plan of care" were deleted.</p>
<p>7. On page 43, in section 19a-495-6l(c)(4), there is a requirement that only certain persons may administer "medications" to patients. The term "medications" is not otherwise used, and it is unclear whether this is a reference to drugs, biological products or both.</p>	<p>Page 43, section 19a-495-6k(c)(4) the term "medication" was changed to read "drugs and biological products"</p>
<p>8. On page 45, in section 19a-495-6n(h), the word "accommodations" is used in subparagraph (2), and "accommodation" is used in subparagraph (3). Although it is clear that "accommodations" in subparagraph (2) refers to a room, it is unclear whether "accommodation" in subparagraph (3) also refers to a room, or to arrangements to be made by the hospice inpatient facility. This should be clarified.</p>	<p>19a-495-6m(g)(3) was revised to delete the words "accommodation for"</p>
<p>All technical changes have been made.</p>	
<p>Other</p>	<p>Page 27, section 19a-495-6b(c)(1) changed commissioner to Department of Public Health.</p> <p>Page 29, 19a-495-6c(b) added would be "the adoption and review."</p> <p>Page 36, 19a-495-6f(b)(2) last sentence changed to "in addition palliation</p>

and management of terminal illness and related conditions, physicians and advanced practice registered nurses that are part of the staff of the hospice inpatient facility or members of the interdisciplinary team, shall meet the medical needs of the patients to the extent that these needs are not met by the attending practitioner.”

# The Connecticut General Assembly

## Legislative Regulation Review Committee

Senator Andrew Roraback  
*Co-Chair*



Representative Paul Davis  
*Co-Chair*

June 27, 2012

Subject: Proposed Regulation 2012-018

Jewel Mullen, MD, Commissioner  
Department of Public Health  
410 Capitol Avenue/MS#13COM  
Hartford, CT 06106

Dear Commissioner Mullen, MD:

### **Proposed Regulation**

2012-018 **Department of Public Health** "SHORT-TERM HOSPITALS, SPECIAL, HOSPICE AND HOSPICE INPATIENT FACILITIES" The Regulations of Connecticut State Agencies is amended by adding Sections 19a-495-5a to 19a-495-6n, inclusive. Section 19-13-D4b is repealed.

The above captioned regulation was **LRRC - Rejected Without Prejudice** by the Legislative Regulation Review Committee on 6/26/2012. The action was based on the recommendations of the Legislative Commissioners' Office. The necessary corrections are listed on the attached pages.

The regulation should be corrected and then resubmitted to the Legislative Regulation Review Committee with a summary of the changes listed by paragraph. If this is a mandated regulation then the regulation must be resubmitted to this office no later than the 1<sup>st</sup> Tuesday of the second month following the regulation's rejection.

Sincerely,

Handwritten signature of Pamela B. Booth in blue ink.

Pamela B. Booth, Administrator  
Legislative Regulation Review Committee

Enclosures (2)



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH  
Office of the Commissioner

I, Jewel Mullen MD., Commissioner of the Department of Public Health, an Agency of the State of Connecticut, hereby certify that:

- (1) On December 10, 2010, the Agency gave notice by mail to each joint standing committee of the general assembly having cognizance of the subject matter of the proposed regulations.
- (2) On January 11, 2011, the Agency gave notice in the Connecticut Law Journal of its intention to amend regulations concerning **Hospice Facilities**. A true copy of the notice is attached as Exhibit A. On March 1, 2011 the Agency gave notice in the Connecticut Law Journal of its intention to hold a public hearing on April 4, 2011 regarding regulations concerning Hospice Facilities. A true copy of the notice is attached as Exhibit A1.
- (3) On April 4, 2011 the Agency had a public hearing concerning **Hospice Facilities**
- (4) The Agency gave notice by mail to those persons who requested advance notice of regulation-making proceedings.
- (5) The Agency provided a copy of the proposed regulations to those persons requesting it.
- (6) Following publication of the notice in the Connecticut Law Journal, the Agency prepared a fiscal note, including an estimate of the cost or of the revenue impact on the state or any municipality of the state. A true copy of the small business impact statement fiscal note is attached as Exhibit B.
- (7) All interested persons were given until 4:30 p.m., April 30, 2011 to submit data, views or arguments concerning the proposed regulations and to inspect and copy the small business impact statement and fiscal note referred to in paragraph 6.
- (8) The Agency has considered fully all written and oral submissions regarding the proposed regulations and determined that no revision of the small business impact statement and fiscal note is needed.
- (9) On March 19, 2011, the Agency mailed to all persons who submitted data, views or arguments in writing, and to all persons who made statements or oral argument at the hearing held and who requested notification, notice that the Agency has decided to take action on the proposed regulation, and that it has made available for copying and inspection: (a) the final wording of the proposed regulation; (b) a statement of the principal reasons in support of its intended action; and, (c) a statement of the principal considerations in opposition to its intended action as urged in written or oral comments on the proposed regulation and its reasons for rejecting such considerations.

Date

4/19/2012

  
Jewel Mullen, MD, MPH, MPA  
Commissioner

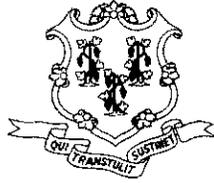
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# The Connecticut General Assembly

## Legislative Commissioners' Office

Edwin J. Maley, Jr.  
*Commissioner*  
William A. Hamzy  
*Commissioner*

Larry G. J. Shapiro  
*Director*



Legislative Office Building  
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Hartford, Connecticut  
06106-1591  
(860) 240-8410  
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e-mail: lco@cga.ct.gov

## Memorandum

**To:** Legislative Regulation Review Committee  
**From:** Legislative Commissioners' Office  
**Committee Meeting Date:** June 26, 2012

<b>Regulation No:</b>	2012-18
<b>Agency:</b>	Department of Public Health
<b>Subject Matter:</b>	Short-term Hospitals, Special, Hospice and Hospice Inpatient Facilities
<b>Statutory Authority:</b> (copy attached)	19a-2a, 19a-122b, 19a-495

	Yes or No
<b>Mandatory</b>	N
<b>Federal Requirement</b>	N
<b>Permissive</b>	Y

### For the Committee's Information:

1. The proposed regulations repeal section 19-13-D4b of the Regulations of Connecticut State Agencies, and add a new section 19a-495-5a. The new section 19a-495-5a contains the language, almost verbatim, of section 19-13-D4b, except a new 1. (G) has been added to section 19a-495-5a. Section 19-13-D4b was originally adopted in 1979. Article XVIII of the Amendments to the Constitution of the State of Connecticut, which allowed a committee of the general assembly to disapprove an administrative regulation was adopted in 1982. Prior to 1982, administrative regulations, including section 19-13-D4b, were not brought to the General Assembly for review.

Many references in the existing language are obsolete or out of date. For example, the language of section 19a-495-5a contains a reference to a statute that has been repealed, there are references to named entities that no longer exist under the name stated and there are references to the "department of health services", which is now known as the Department of Public Health. Further, a considerable portion of the language is not clearly written or does not conform to current standards. For these reasons, many technical corrections are recommended to update and clarify the language of section 19-495-5a.

2. On June 11, 2012, the Department of Public Health submitted a substitute page 26. This report is based, in part, on the substitute page. Several lines at the bottom of page 26 of the regulations were not included on the substitute page. It is presumed that the department intended to include those five lines on the substitute page. This report reflects that presumption.

### **Substantive Concerns:**

1. Throughout the regulations, various vague phrases are used to establish standards: for example, see the first sentence of section 19a-495-5a(o)(1) on page 20, "of the highest quality"; section 19a-495-5a(a)1.(F) on page 1, "in good state of repair" and "clean and orderly"; and section 19a-495-6n(h)(4) on page 45, "a home-like environment".

Establishing standards by using such vague terms should be avoided, as it would not be possible to know whether a program meets such a standard and therefore has complied with the relevant provision of the regulations.

2. On page 13, section 19a-495-5a(b)(1)(A)(5)(f), provides that the hospice's governing board shall adopt and enforce by-laws that include qualifications for appointment to medical staff based upon, among other qualifications, "physical and mental status." Decisions on appointments for positions of employment that are based on a person's physical or mental status may violate anti-discrimination laws.

3. On page 20, in the first sentence of section 19a-495-5a(o)(1), it is not clear which persons would be included in the description of "multidisciplinary, interactive qualified hospice team members" since the terms are not defined or described. In section 19a-495-5a(o)(5), the meaning of "definition and scope of services" is not clear.

4. On page 23, section 19a-495-6a(a)(5)(C) refers to a change in ownership by a "corporation". "Corporation" is further broken down, in (iv) and (v), to a "business corporation" and a "non-business corporation". It is unclear which entities are being described in those subparagraphs.

5. On page 33, in section 19a-495-6c(g)(3), the phrase "except in case of adverse reaction" is used. It is unclear whether "adverse reaction" means "adverse event", as defined in the regulations, or a negative response from the hospice inpatient facility to the proposed alteration of a patient's plan of care.

6. On page 35, in section 19a-495-6f(d)(1), the phrase ""Nursing services, physician services, drugs and biological routinely available on a twenty-four hour basis, as may be required in accordance with the patient centered plan of care;" is unclear. Are these required to be available at all times ("on a twenty-four hour basis") or only as required in accordance with the plan of care?
7. On page 43, in section 19a-495-6l(c)(4), there is a requirement that only certain persons may administer "medications" to patients. The term "medications" is not otherwise used, and it is unclear whether this is a reference to drugs, biological products or both.
8. On page 45, in section 19a-495-6n(h), the word "accommodations" is used in subparagraph (2), and "accommodation" is used in subparagraph (3). Although it is clear that "accommodations" in subparagraph (2) refers to a room, it is unclear whether "accommodation" in subparagraph (3) also refers to a room, or to arrangements to be made by the hospice inpatient facility. This should be clarified.

### **Technical Corrections:**

1. Throughout the regulations, the paragraph designators should be as follows, for consistency: (a)(1)(A)(ii)(I).
2. Throughout the regulations, the "hospice inpatient facility" is directed to perform various duties. In each instance, the pertinent member of the staff or the governing body of the hospice inpatient facility should be added to specify who is responsible for these duties.
3. Throughout the regulations, numbers should be expressed in words only, for consistency.
4. Throughout the regulations, the comma after "and" or "or" in a series should be deleted, for proper form and consistency.
5. Throughout the regulations, references to a statutory section should not include the subdivision, for proper form.
6. Throughout the regulations, "currently licensed" should be "licensed", for consistency.
7. Throughout the regulations, "a minimum of" should be "not less than", for proper form and consistency.
8. Throughout the regulations, "must" and "will" should be "shall", in accordance with the committee's directive regarding mandates.
9. Throughout the regulations, "including but not limited to" should be "including, but not limited to," for consistency and proper form.
10. Throughout section 19a-495-5a, "department of health services" should be "Department of Public Health", for accuracy.

11. Throughout section 19a-495-5a, references to the masculine should be gender neutral references, for accuracy and proper form. For example, on page 13, in section 19a-495-5a(b), "chairman", "chairmen", and "He" should be "chairperson", "chairpersons" and "The administrator".

12. Throughout section 19a-495-5a, "Pastoral care", when the term is not at the beginning of a sentence, should be "pastoral care", for consistency.

13. On page 1, in the introductory language, "NEW" after "Section 1." should be deleted and "(NEW) Sec." should be inserted in the third line, before "19a-495-5a", for proper form.

14. On page 1, in the first sentence of section 19a-495-5a(a) 1.(A), "constructed after the effective date of these regulations" should be deleted, for consistency with the provisions of section 19a-495-6b, "herein" should be "in this section" and "outlined" should be "described in this section", for clarity.

15. On page 1, in the third sentence of section 19a-495-5a(a) 1.(A), "shall include the provisions described herein, to the extent that the structure physically permits; that existing services are provided within the facility, and the particular hospice program requirements of each facilities" should be "shall meet the requirements described in this section, provided the structure physically permits, the relevant services are provided at the facility and each facility's hospice program requirements are met", for clarity.

16. On page 1, in the last sentence of section 19a-495-5a(a) 1.(A), "these regulations" should be "the requirements of this section", for clarity.

17. On page 1, in the first sentence of section 19a-495-5a(a) 1.(F), "in good state of repair" should be "in a good state of repair", for clarity and, in the second sentence, "insure" should be "ensure", for accuracy.

18. On page 2, in section 19a-495-5a(a) 1.(G), "such licenses or government authorizations" should be "licenses and any other required government authorization", the comma after "nursing home" should be deleted, "and" should be inserted in place of the comma, and "such organization" should be "the organization that provides the hospice services", for clarity.

19. On page 2, in section 19a-495-5a(a) 3., "Provisions for handicapped. Facilities shall be accessible to and usable by the physically handicapped." should be "Access for persons who have a physical disability. Facilities should be accessible to and usable by persons who have a physical disability.", for conformity with existing statutory language.

20. On page 2, in the last sentence of section 19a-495-5a(a) 5. "All request for waivers" should be "A request for a waiver", for consistency, and "rational" should be "rationale", for accuracy.

21. On page 2, in section 19a-495-5a(a) 6.(B)(1), "one hundred twenty" should be "one hundred twenty feet", for accuracy.
22. On page 2, in section 19a-495-5a(a) 6.(B), and on page 3, in section 19a-495-5a(a) 7., the period at the end of the introductory phrase should be a colon and the periods at the end of each subparagraph, except for the last one, should be semicolons, for consistency and proper form.
23. On page 3, in section 19a-495-5a(a) 7.(I), "meet needs" should be "meet the needs", for clarity.
24. On page 4, in section 19a-495-5a(a) 7.(K), "Patient" should be "patient", for proper form.
25. On page 4, in section 19a-495-5a(a) 7.(L), "Parking for stretchers and wheelchairs in an area out of the path of normal traffic sized to accommodate two wheelchairs and one stretcher." should be "An area out of the path of normal traffic that is adequate to accommodate two wheelchairs and one stretcher for the purpose of parking stretchers and wheelchairs;", for clarity.
26. On page 4, in section 19a-495-5a(a) 7.(N), "sq. ft." should be "square feet", for consistency.
27. On page 4, in section 19a-495-5a(a) 7.(O), "Facility located rooms" should be "An isolation room located in a facility" and "Each facility located isolation room" should be "Each such isolation room", for clarity.
28. On page 4, in section 19a-495-5a(a) 7.(P), the parentheses should be removed and commas inserted in lieu thereof, for proper form, and "storage facilities, a desk, or counter or shelf space for writing" should be "storage facilities and a desk, counter or shelf space for writing", for clarity.
29. On page 4, in section 19a-495-5a(a) 7.(Q), "per each thirty beds" should be "for every thirty beds", for clarity.
30. On page 4, in section 19a-495-5a(a) 7.(R), "Patient" should be "patient", for consistency.
31. On page 5, in section 19a-495-5a(a) 7.(V), "vault type" should be "vault-type", for proper form.
32. On page 5, in section 19a-495-5a(a) 7.(CC), "on site of the facility or off the site" should be "on the site of the facility or off the site of the facility", for consistency.
33. On pages 5 and 6, in sections 19a-495-5a(a) 7.(CC)(1) and (2), the periods at the end of each subparagraph should be semicolons, for proper form.

34. On page 6, in section 19a-495-5a(a) 7.(EE), "water-closet" should be "water closet", for consistency.
35. On page 6, in section 19a-495-5a(a) 7.(FF), "waterclosets" should be "water closets", for consistency.
36. On page 7, in section 19a-495-5a(a) 8.(N), " 32" " should be "thirty-two inches", for consistency.
37. On page 8, in section 19a-495-5a(a) .9.(A), "insure" should be "ensure", for accuracy.
38. On page 8, in section 19a-495-5a(a) 9.(B)(1), "Hydronics Institute" should be "Institute of Boiler and Radiator Manufacturers", for accuracy.
39. On pages 8 and 9, in section 19a-495-5a(a) 9.(C)(1) and (D)(2)(d), the temperature references, where one uses "°" and one uses "degrees", should be made consistent.
40. On page 9, in section 19a-495-5a(a) 9., in the first column, fourth row of Table 1, "Ro9om" should be "Room", for accuracy, and the following key should be inserted below the table, for clarity:  
"P = Positive  
N = Negative  
E = Equal"
41. On page 11, in section 19a-495-5a(a) 10.(G)(2), the period should be a colon, and the periods at the end of each subparagraph, except for the last one, should be semicolons, for proper form.
42. On page 12, in section 19a-495-5a(a) 10.(G)(2)(j)(i), "hospital" should be "facility", for consistency.
43. On page 12, in the first sentence of section 19a-495-5a(a) 10.(H)(1), "insure" should be "ensure", for accuracy, and, in the second sentence, "above described primary automatic transfer switches" should be "primary automatic transfer switches, as described in this subparagraph", for clarity.
44. On page 12, in section 19a-495-5a(a) 11., "insure" should be "ensure", for accuracy.
45. On page 13, in section 19a-495-5a(b)(1), ", as a minimum" should be deleted, for clarity.
46. On page 14, in section 19a-495-5a(b)(4), "in-Patient" should be "in-patient", for consistency.
47. On page 14, in section 19a-495-5a(c)(2), "recession" should be "rescission", for accuracy.
48. On page 14, in section 19a-495-5a(c)(2)(D), "insure" should be "ensure", for accuracy.

49. On page 14, in section 19a-495-5a(c)(2)(F), the semicolon after "control" should be a comma, for consistency.
50. On page 14, in section 19a-495-5a(c)(3), "hospice provided services" should be "hospice services", for clarity and consistency.
51. On page 15, in the second sentence of section 19a-495-5a(d)(3), "To this" should be "To the in-patient record", for clarity.
52. On page 15, at the end of the second sentence in section 19a-495-5a(d)(4), "person responsible for them" should be "person responsible for making the order or note", for clarity.
53. On page 15, in section 19a-495-5a(d)(5) "Section 19-13-D4b(t)" should be "subsection (t) of this section", for accuracy.
54. On page 15, in section 19a-495-5a(d)(6), "The records" should be "The medical records", for consistency.
55. On page 15, in section 19a-495-5a(e)(1), "who" should be inserted before "shall be a registered nurse" and "and who" should be inserted after "Connecticut license", for clarity.
56. On page 16, sections 19a-495-5a(e)(1)(C) and (e)(2)(C) should be deleted because they are obsolete.
57. On page 16, in section 19a-495-5a(e)(5), "organization plan" should be "organizational plan", for accuracy.
58. On page 16, in section 19a-495-5a(e)(6)(C), "services effectiveness" should be "services' effectiveness", for accuracy.
59. On page 16, in section 19a-495-5a(e)(6)(E), "assure" should be "ensure", for accuracy.
60. On page 17, in section 19a-495-5a(f), "institution" should be "facility", for consistency.
61. On page 17, in section 19a-495-5a(f)(2), "by licensed pharmacist" should be "by a licensed pharmacist", for clarity.
62. On page 17, in the first sentence of section 19a-495-5a(g)(1), "Problem" should be "problem", for proper form, and "identify action taken" should be "identifying actions taken", for consistency and, in the third sentence, "Effective January 1, 1982" should be deleted because the reference is obsolete, and "and has" should be "who has", for clarity.
63. On page 17, in section 19a-495-5a(g)(3), "Hospice shall have" should be "There shall be", for clarity and consistency.
64. On page 18, in section 19a-495-5a(g)(4), "as a minimum" should be deleted, for clarity.

65. On page 18, in the first sentence of section 19a-495-5a(h)(2), "insure" should be "ensure", for accuracy, and in the last sentence, ", with participation" should be "and may participate", for clarity.
66. On page 18, in the first sentence of section 19a-495-5a(i)(1), "to patient/family" should be "to patients and family", for clarity, and, in the last sentence "Designated staff Providing such service shall be available on a schedule on call basis" should be "Designated arts staff members who are providing such experiences shall be available on a scheduled on-call basis", for clarity and consistency.
67. On page 18, in section 19a-495-5a(j)(1), "full time" should be "full-time" and "inpatient" should be "in-patient", for consistency.
68. On page 19, in the first sentence of section 19a-495-5a(k), "palliative Procedures", should be "palliative procedures", for consistency, and the comma after "needs of the hospice" should be deleted, for clarity.
69. On page 19, in the first sentences of sections 19a-495-5a(l) and (m), "identify" should be "identifying", for consistency.
70. On page 19, in the first sentence of section 19a-495-5a(n)(3), "American Dietetic Association" should be "Academy of Nutrition and Dietetics", for accuracy, and, in the last sentence, "said dietitian" should be "the dietitian", for proper form.
71. On page 20, in section 19a-495-5a(n)(3)(E), "with food service supervisor" should be "with the food service supervisor", for clarity.
72. On page 20, in the first sentence of section 19a-495-5a(o)(1), "of patient/family" should be "of the patient and family" and, in the second sentence, "24 hour a day, seven (7) day a week service" should be "service on a twenty-four hour basis, seven days per week", for clarity.
73. On page 20, in the first sentence of section 19a-495-5a(o)(2), "stated in (o)(1)" should be "described in subdivision (1) of this subsection", for clarity, in the second sentence, "and director of patient care services" should be "and the director of patient care services", for clarity, and, in the third sentence, "requirements of subsection (e)(2)(A), (B) or (C)" should be "requirements of subparagraphs (e)(2)(A) or (B) of this section", for clarity and accuracy.
74. On page 20, in section 19a-495-5a(o)(3), "said patient" should be "the patient", for proper form.
75. On page 21, in section 19a-495-5a(o)(6), "regularly scheduled in service training" should be "regularly-scheduled, in-service training", for clarity and consistency.

76. On page 21, in section 19a-495-5a(p)(4)(B), "incidence of hospice related infection and conditions predisposing to infection" should be "incidents of hospice-related infection and conditions predisposing patients to infection", for accuracy and clarity.
77. On page 21, in section 19a-495-5a(p)(4)(C), "all patients, including home care program" should be "all patients, including patients in the home care program", for clarity.
78. On page 21, in section 19a-495-5a(p)(4)(D), "ensure evaluation environmental infection potential" should be "evaluate the potential for environmental infection", for clarity.
79. On page 22, in the first sentence of section 19a-495-5a(q)(4), "pending pronouncement of death by a physician who has personally viewed the body as required in section 7-62 of the Connecticut General Statutes" should be "pending completion of the medical certification portion of the death certificate by a person authorized to complete such medical certification in accordance with section 7-62b of the Connecticut General Statutes", for clarity and for accuracy since section 7-62 of the Connecticut General Statutes has been repealed.
80. On page 23, in the introductory language, "Section 2. NEW" should be "Sec. 2" and "(NEW) Sec." should be inserted in the third line, before "19a-495-6a", for proper form.
81. On page 23, in section 19a-495-6a(a)(5), a comma should be inserted after "means", for clarity.
82. On page 23, in section 19a-495-6a(a)(5)(B), "solo" should be "sole", for accuracy.
83. On page 23, in section 19a-495-6a(a)(5)(C)(iv), "business corporation" should be "corporation", for consistency. (See also substantive concern #4)
84. On page 23, in section 19a-495-6a(a)(5)(C)(v), the semicolon should be a period, for proper form.
85. On page 24, in section 19a-495-6a(a)(12), "Connecticut Department of Public Health" should be "Department of Public Health", for consistency, and "which is the hospice licensing facility" should be deleted, for proper form.
86. On page 24, in the last sentence of section 19a-495-6a(a)(22), "includes at a minimum" should be "shall include" and "staff and non-staff" should be "persons", for clarity.
87. On page 24, in section 19a-495-6a(a)(23), "Physician" should be "physician", for consistency.
88. On page 25, in section 19a-495-6a(a)(26), "Chapter 378a" should be "section 20-102bb", for clarity.
89. On page 25, in section 19a-495-6a(a)(29), "the licensed independent practitioner and patient" should be "a licensed independent practitioner and the patient", for clarity.

90. On page 25, in section 19a-495-6a(a)(30), "General Statutes" should be "Connecticut General Statutes", for proper form.
91. On page 25, in section 19a-495-6a(a)(31), "Connecticut General" should be "Connecticut General Statutes", for proper form.
92. On page 25, in section 19a-495-6a(a)(33), "shall be performed by a person currently licensed under Chapter 370 of the Connecticut General Statutes" should be deleted, for clarity.
93. On page 25, in section 19a-495-6a(a)(35), "including but not limited to Chapters 7c and 368w of the Connecticut General Statutes" should be deleted, for clarity.
94. On pages 25 and 26, in section 19a-495-6a(a)(36), "or other methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm (this does not include a physical escort)" should be "methods that involve the physical holding of a patient for the purpose of escorting the patient or conducting a routine physical examination or test, methods or devices intended to protect the patient from falling out of bed or allowing the patient to participate in an activity without the risk of physical harm", for clarity.
95. On page 26, in sections 19a-495-6a(a)(38) and (39), "shall be performed in accordance with accepted standards of practice and applicable law by a licensed clinical social worker" and "shall be performed in accordance with acceptable standards of practice and applicable law by a licensed clinical social worker" should be "means services provided in accordance with accepted standards of practice and applicable law", for consistency.
96. On page 26 in section 19a-495-6b(a):
- "these regulations" should be "this section", for clarity;
  - "hospice" should be "hospice inpatient facility", for consistency;
  - "as defined in section 19-13-D1(b)(1)(c) of the Regulations of Connecticut State Agencies" should be deleted, for accuracy since the regulations propose to repeal section 19-13-D1 on page 45, and "section 19a-495-5" should be "section 19a-495-5a", for accuracy;
  - "Any hospice facility operating under said regulations" should be "Any such person or entity", for consistency; and
  - "sections 19a-495-6a through 19a-495-6n, inclusive, of the Regulation" should be "sections 19a-495-6a and 19a-495-6c to 19a-495-6n, inclusive, of the Regulations", for accuracy and clarity.
97. On page 26, in section 19a-495-6b(b), "these regulation" should be "this section", and "sections 19a-495-6a through 19a-495-6n, inclusive, of the Regulation" should be "sections 19a-495-6a and 19a-495-6c to 19a-495-6n, inclusive, of the Regulations", for accuracy and clarity.

98. On page 26, in the first sentence of section 19a-495-6c(a), "except as provided in section 19a-495-6b of the Regulations of Connecticut State Agencies" should be inserted after "this section" for consistency with section 19a-495-6b and, in the second sentence, "A hospice inpatient facility shall secure such licenses or government authorizations" should be "Such person or entity shall secure such license and any other required government authorization", and "such organization has the necessary qualified personnel " should be "such person or entity has retained the services of qualified personnel necessary", for clarity and consistency.

99. On page 27, in the second sentence of section 19a-495-6c(b)(2), "The application shall be under oath, notarized and cite the provision" should be "The application shall be signed under oath, the signature notarized and the form shall cite the provisions", for clarity.

100. On page 27, in section 19a-495-6c(b)(3)(J), "Criminal history and patient abuse background searches" should be "Reports from criminal history and patient abuse background searches", for clarity, and the period at the end of the clause should be a semicolon, for proper form.

101. On page 27, in section 19a-495-6c(c)(1)(C), "the" should be inserted before "Department", "section 19a-495-6c(b)(3)(J)" should be "subsection (b)(3) of this section", and "identified in section 19a-491a(a)(3)" should be "described in section 19a-491a(a)(3)", for clarity and accuracy.

102. On page 27, in section 19a-495-6c(c)(1)(D), "is made" should be inserted after "fact", for clarity.

103. On page 28, in section 19a-495-6c(c)(4), "A license shall be issued" should be "The commissioner shall issue a license" for clarity and proper form.

104. On page 27, in section 19a-495-6c(c)(3), "building" should be "facility", for consistency.

105. On page 28, in section 19a-495-6c(c)(5), "Any provision waivers of the Regulations of Connecticut State Agencies" should be "Any provisional waivers of the Regulations of Connecticut State Agencies that have been granted to the facility", for clarity.

106. On page 28, in section 19a-495-6c(c)(8), ", to be confirmed in writing not more than five days afterwards" should be "and shall confirm in writing not more than five days after such notification to the department", for clarity.

107. On page 28, in the first sentence of section 19a-495-6c(c)(10), "Administrator" should be "administrator", for consistency.

108. On page 28, in section 19a-495-6c(d)(3), ", including but not limited to" should be deleted, for clarity.

109. On page 29, in the first sentence of section 19a-495-6d(b), "and so dated" should be "and a notation made of the date of such review", for clarity, and, in the last sentence, "shall include, but are not limited to" should be "shall include, but not be limited to", for proper form.
110. On page 29, in section 19a-495-6d(e), "shall include, but are not limited to" should be "shall include, but not be limited to", for proper form.
111. On page 29, in section 19a-495-6d(e)(3), "by-laws" should be "bylaws", for consistency.
112. On page 30, in section 19a-495-6d(e)(7), "the medical director" should be "a medical director", for consistency.
113. On page 30, section 19a-495-6d(e)(9) should be deleted and the remaining subdivisions should be renumbered accordingly because it is the same as the provisions of section 19a-495-6d(b)(11).
114. On page 30, in section 19a-495-6d(e)(12), "at a minimum, shall include" should be "shall include, but not be limited to", for consistency.
115. On page 30, in section 19a-495-6d(e)(12)(G), "Such information must contain not less than" should be "Such information shall include, but not be limited to," for consistency.
116. On page 30, in section 19a-495-6d(e)(12)(I), "and transmission thereof" should be "and procedures for the transmission of such reports", for clarity.
117. On page 31, in section 19a-495-6d(e)(12)(J), "advanced practitioner registered nurse" should be "advanced practice registered nurse", for accuracy and consistency.
118. On page 31, in section 19a-495-6d(e)(14), "these regulations" should be "sections 19a-495-6a and 19a-495-6c to 19a-495-6n, inclusive, of the Regulations of Connecticut State Agencies", for accuracy and clarity.
119. On page 31, in section 19a-495-6d(f), "of the General Statutes" should be "of the Connecticut General Statutes", for consistency.
120. On page 31, in sections 19a-495-6e(a)(1) to (5), "at least" should be "not less than", for proper form.
121. On page 31, in sections 19a-495-6e(a)(5), "A physician licensed to practice medicine and surgery in the State of Connecticut who has had at least" should be "A license to practice medicine in accordance with Chapter 370 of the Connecticut General Statutes and not less than", for clarity and consistency with the introductory language.
122. On page 31, in section 19a-495-6e(b)(5), "on all employees" should be "for all employees", for clarity.

123. On page 32, in section 19a-495-6e(c), the semicolon at the end of the second sentence should be a period for proper form.

124. On page 32, in section 19a-495-6e(c)(1)(I), "Identify" should be "Identifying", for consistency with the introductory language.

125. On page 32, in section 19a-495-6e(c)(1)(J), the subparagraph designator "(J)" should be subdivision "(2)", for proper form, "twenty four hour basis" should be "twenty-four hour basis", for consistency, and "to accomplish subsections (A) through (I)" should be "to meet the responsibilities described in subparagraphs (1)(A) to (1)(I), inclusive, of this subsection", for clarity.

126. On page 33, in the first sentence of section 19a-495-6c(g), "written agreements" should be "a written agreement", for consistency, and in the second sentence, "and provision of services" should be "and the provision of services", for clarity.

127. On page 33, in section 19a-495-6c(g)(2), "Responsibility of the licensed hospice inpatient facility for the admission of patients or families to service;" should be "A stipulation that the hospice inpatient facility is responsible for the admission of patients;", for clarity.

128. On page 33, in section 19a-495-6c(g)(8), "Assurance that personnel and services contracted meet the requirements pertaining to personnel and services" should be "Assurance that the qualifications of the personnel and services to be provided meet the requirements of sections 19a-495-6a and 19a-495-6c to 19a-4956n, inclusive, of the Regulations of Connecticut State Agencies", for clarity.

129. On page 33, in section 19a-495-6c(g)(11), "Assurance the medical record" should be "Assurance that the medical record" and "if requested, a copy of the medical record to be provided" should be "and that, if requested, a copy of the medical record shall be provided", for clarity.

130. On page 33, in section 19a-495-6c(i), "individual" should be "patient", for consistency.

131. On page 34, in the second sentence of section 19a-495-6c(i)(3), "person responsible for them and include their title" should be "person responsible for making the order or note and such person's title", for clarity.

132. On page 34, in section 19a-495-6f(a), "shall include the following:" should be "shall, except as provided in subsection (b) of this section, include the following:", for consistency.

133. On page 34, in section 19a-495-6f(a)(6), "twenty-four-hour basis" should be "twenty-four hour basis", for consistency.

134. On page 34, in section 19a-495-65f(b), "if necessary under extraordinary circumstances to supplement hospice staff in core service to meet the needs of patients"

should be "to supplement the hospice inpatient facility's staff under extraordinary circumstances when it is necessary to meet the needs of patients", for clarity.

135. On page 34, in section 19a-495-6f(c), "directly by hospice inpatient facility or under written agreement" should be "by the hospice inpatient facility or by a contractor under written agreement with the hospice inpatient facility", for clarity.

136. On page 35, in section 19a-495-6f(e)(1), "Access to a functioning system" should be "A functioning system", for consistency with the introductory language.

137. On page 35, in section 19a-495-6f(f), "assure" should be "ensure", for accuracy.

138. On page 36, in section 19a-495-6g(b), "provisions" should be "provision", for proper form.

139. On page 36, in the third sentence of section 19a-495-6g(b)(2), "staff physician(s) and advanced registered nurse practitioner(s) of the hospice including the physician member(s) and the advanced registered nurse practitioner member(s) of the interdisciplinary group shall also meet" should be "physicians and advanced practice registered nurses that are part of the staff of the hospice inpatient facility, including such members of the interdisciplinary team, shall meet", for consistency and clarity.

140. On page 36, in the third sentence of section 19a-495-6g(b)(3) "members of families" should be "family", for consistency with the defined term.

141. On page 36, in the third sentence of section 19a-495-6g(b)(4), "patient or family" should be "patient and family", for accuracy.

142. On page 36, in the third sentence of section 19a-495-6g(b)(5)(C), "on patient's diets as necessary" should be "concerning patients' diets, as necessary", for clarity.

143. On page 36, in the third sentence of section 19a-495-6g(b)(6), "biological" should be "biological products", for clarity.

144. On page 37, in section 19a-495-6g(7)(C), "Assisting patients" should be "Assisting a patient", for consistency.

145. On page 37, in section 19a-495-6g(7)(D), "changes in patient's condition" should be "changes in a patient's condition", for clarity and consistency.

146. On page 37, in section 19a-495-6g(7)(E), "Completing patient medical records" should be "Completing a patient's medical records", for consistency.

147. On page 37, in section 19a-495-6g(7)(F)(iii), "client" should be "patient", for consistency.

148. On page 37, in section 19a-495-6g(8), "needs of patients and families as identified in the patient centered plan of care" should be "needs of the patient and the family, as identified in the patient centered plan of care", for consistency.
149. On page 37, in section 19a-495-6g(8)(B), "development of and implement patient centered plans" should be "development and implementation of patient centered plans", for clarity.
150. On page 37, in section 19a-495-6g(10)(A), "local clergy or spiritual counselor" should be "a spiritual counselor", for consistency with the defined term .
151. On page 37, in section 19a-495-6g(10)(B), "for patient, family and interdisciplinary team members" should be "for the patient, family and interdisciplinary team members", for clarity.
152. On page 38, in section 19a-495-6g(12) "hospice" should be "hospice inpatient facility", for consistency.
153. On page 38, in section 19a-495-6h(a)(2), "Hospice focused in-service programs for all individuals providing care to hospice patients including employees, volunteers and contracted staff for the development and improvement of skills as identified by the quality assessment and performance improvement program. The hospice focused in-service programs shall be conducted not less than once a year;" should be "Not less than once a year, a training program for employees, volunteers and contracted staff who provide care to hospice patients for the development and improvement of hospice-related skills that are identified by the quality assessment and performance improvement program;" , for clarity.
154. On page 38, in section 19a-495-6h(a), subdivision designations "(4)" and "(5)" should be subsection designations "(b)" and "(c)", for proper form.
155. On page 39, in section 19a-495-6i(a)(1)(D), "the patient's condition" should be "one's condition", for consistency with the introductory language.
156. On page 39, in section 19a-495-6i(a)(1)(J), "hospice's policy" should be "hospice inpatient facility's policy", for consistency.
157. On page 39, in section 19a-495-6i(b)(1), "employee or volunteer, or contractor" should be "employee, volunteer or contractor", for proper form.
158. On page 39, in section 19a-495-6i(b)(2), "said abuse" should be "the abuse", for clarity.
159. On page 40, in the first sentence of section 19a-495-6j(a), "that is hospice wide in scope and includes all patient care disciplines and services including those services furnished by a contractor" should be "that includes all patient care disciplines and services provided, including those services provided by a contractor, throughout the inpatient hospice facility", for clarity and consistency, and in the second sentence, the semicolon after "palliative care" should be a comma, for consistency.

160. On page 40, in section 19a-495-6j(b)(5), "all adverse events such as accidents and injuries resulting in serious injury or untimely death" should be "all adverse events", for consistency with the defined term.

161. On page 40, in section 19a-495-6j(c), "the hospice's quality assessment" should be "the hospice inpatient facility's quality assessment", for consistency.

162. On page 41, in section 19a-495-6j(c)(3), "outcome(s) of the corrective action are documented" should be "outcome of the corrective action is documented", for consistency.

163. On page 41, in section 19a-495-6j(d), "The quality assessment and performance improvement committee members selected and approved under section 19a-495-6d(e)(11)" should be "The members of the quality assessment and performance improvement committee, as described in section 19a-495-6d(e)(11)", for accuracy, and "pastoral or other counselor" should be "spiritual counselor", for consistency with the defined term.

164. On page 41, in section 19a-495-6j(e)(7), "recommend revisions as needed to the governing authority of hospice policies for" should be "recommend to the governing authority revisions to the hospice inpatient facility's policies relating to", for clarity and consistency.

165. On page 41, in section 19a-495-6j(e)(7)(C), "service" should be "services", for accuracy.

166. On page 41, in section 19a-495-6j, subdivision designations "(8)" and "(9)" should be subsection designations "(f)" and "(g)", for proper form and, in subdivision (9), "or the commissioner's designee" should be deleted, for consistency with the defined term.

167. On page 41, in the first sentence of section 19a-495-6k(a), "a sufficient nursing initial assessment" should be "an initial assessment" for clarity and consistency with the defined term, and in the second sentence, "an assessment" should be "the assessment", for clarity.

168. On page 41, in section 19a-495-6k(b), "Not later than five days of" should be "Not later than five days after" and "assessment for the patient and shall include" should be "assessment for the patient that shall include" for clarity.

169. On page 42, in section 19a-495-6k(b)(14), "Data Elements" should be "Data elements", for proper form.

170. On page 42, in section 19a-495-6k(c), "no less frequently than every fourteen calendar days" should be "not less than once every fourteen calendar days", for clarity.

171. On page 42, in section 19a-495-6k(f), "patient or family" should be "patient and family", for accuracy.

172. On page 42, in section 19a-495-6k(g), "provided by the hospice regarding the responsibilities of the patient or family" should be "provided by the hospice inpatient facility regarding the responsibilities of the patient and family", for consistency and clarity.

173. On page 42, in section 19a-495-6k(i), "no less frequently than every fourteen calendar days" should be "not less than once every fourteen calendar days", for clarity.

174. On page 43, throughout section 19a-495-6l, "biologicals" should be "biological products", for clarity and consistency with statutory language.

175. On page 43, in section 19a-495-6l(b), "Only a currently licensed independent practitioner in accordance with the patient centered plan of care shall order drugs for the patient" should be "Only a licensed independent practitioner shall order drugs for the patient, in accordance with the patient centered plan of care", for clarity.

176. On page 43, in section 19a-495-6l(b)(2), "sign it" should be "sign the order", for clarity.

177. On page 43, in sections 19a-495-6l(f) and (g), "State" should be "state" and "Federal" should be "federal", for consistency.

178. On page 43, in section 19a-495-6l(f), "hospice" should be "hospice inpatient facility", for consistency.

179. On page 44, in the first sentence of section 19a-495-6m(c), "the patient, where appropriate, as well as the family, other caregiver(s) or both" should be "the patient, family and any other caregiver, as appropriate,", for clarity, and in the second sentence, "hospice inpatient facility may use persons under contract to ensure the maintenance and repair of durable equipment" should be "hospice inpatient facility may contract with an outside entity to be responsible for ensuring that durable equipment is properly maintained and repaired", for clarity.

180. On page 44, section 19a-495-6n(b) should be deleted and the remaining subsections renumbered accordingly, for clarity and because it is unnecessary as the same provision is contained in section 19a-495-6b.

181. On page 45, in section 19a-495-6n(g)(2)(E), "Be sufficient to provide routine patient care" should be "Routine patient care", for consistency with the introductory language.

182. On page 45, in section 19a-495-6n(j)(1), "for each fifteen beds" should be "for every fifteen beds", for clarity.

183. On page 45, in section 19a-495-6n(k)(2), "floor receptor" should be "floor receptacle", for accuracy.

184. On page 45, in section 19a-495-6n(k)(3), "per each thirty beds" should be "for every thirty beds", for consistency.

185. On page 45, in section 19a-495-6n(k)(8), "includes but not limited to" should be "includes, but is not limited to", for clarity, and the first letter of each subparagraph should be capitalized, for consistency and proper format.

186. On page 45, in section 19a-495-6n(k)(8)(I), "floor receptor" should be "floor receptacle", for accuracy.

187. On page 45, in the second sentence of section 19a-495-6n(m), "building" should be "facility", for consistency.

188. On page 45, in section 19a-495-6n(n), "licensee" should be "hospice inpatient facility", for consistency.

189. On page 45, in section 19a-495-6n(n)(6), "floor receptor" should be "floor receptacle", for accuracy.

190. On page 45, in section 19a-495-6n(n)(7), "off site" should be "off-site", for proper form.

191. On page 45, in section 19a-495-6n(o)(3), "70°F degrees Fahrenheit" should be "seventy degrees Fahrenheit," for consistency.

**Recommendation:**

Approval in whole  
with technical corrections  
with deletions  
with substitute pages  
Disapproval in whole or in part  
**X** Rejection without prejudice

**Reviewed by:** Heather Bannister / Anne Brennan Carroll

**Date:** June 13, 2012

**Sec. 19a-2a. Powers and duties.** The Commissioner of Public Health shall employ the most efficient and practical means for the prevention and suppression of disease and shall administer all laws under the jurisdiction of the Department of Public Health and the Public Health Code. The commissioner shall have responsibility for the overall operation and administration of the Department of Public Health. The commissioner shall have the power and duty to: (1) Administer, coordinate and direct the operation of the department; (2) adopt and enforce regulations, in accordance with chapter 54, as are necessary to carry out the purposes of the department as established by statute; (3) establish rules for the internal operation and administration of the department; (4) establish and develop programs and administer services to achieve the purposes of the department as established by statute; (5) contract for facilities, services and programs to implement the purposes of the department as established by statute; (6) designate a deputy commissioner or other employee of the department to sign any license, certificate or permit issued by said department; (7) conduct a hearing, issue subpoenas, administer oaths, compel testimony and render a final decision in any case when a hearing is required or authorized under the provisions of any statute dealing with the Department of Public Health; (8) with the health authorities of this and other states, secure information and data concerning the prevention and control of epidemics and conditions affecting or endangering the public health, and compile such information and statistics and shall disseminate among health authorities and the people of the state such information as may be of value to them; (9) annually issue a list of reportable diseases, emergency illnesses and health conditions and a list of reportable laboratory findings and amend such lists as the commissioner deems necessary and distribute such lists as well as any necessary forms to each licensed physician and clinical laboratory in this state. The commissioner shall prepare printed forms for reports and returns, with such instructions as may be necessary, for the use of directors of health, boards of health and registrars of vital statistics; (10) specify uniform methods of keeping statistical information by public and private agencies, organizations and individuals, including a client identifier system, and collect and make available relevant statistical information, including the number of persons treated, frequency of admission and readmission, and frequency and duration of treatment. The client identifier system shall be subject to the confidentiality requirements set forth in section 17a-688 and regulations adopted thereunder. The commissioner may designate any person to perform any of the duties listed in subdivision (7) of this section. The commissioner shall have authority over

directors of health and may, for cause, remove any such director; but any person claiming to be aggrieved by such removal may appeal to the Superior Court which may affirm or reverse the action of the commissioner as the public interest requires. The commissioner shall assist and advise local directors of health in the performance of their duties, and may require the enforcement of any law, regulation or ordinance relating to public health. When requested by local directors of health, the commissioner shall consult with them and investigate and advise concerning any condition affecting public health within their jurisdiction. The commissioner shall investigate nuisances and conditions affecting, or that he or she has reason to suspect may affect, the security of life and health in any locality and, for that purpose, the commissioner, or any person authorized by the commissioner, may enter and examine any ground, vehicle, apartment, building or place, and any person designated by the commissioner shall have the authority conferred by law upon constables. Whenever the commissioner determines that any provision of the general statutes or regulation of the Public Health Code is not being enforced effectively by a local health department, he or she shall forthwith take such measures, including the performance of any act required of the local health department, to ensure enforcement of such statute or regulation and shall inform the local health department of such measures. In September of each year the commissioner shall certify to the Secretary of the Office of Policy and Management the population of each municipality. The commissioner may solicit and accept for use any gift of money or property made by will or otherwise, and any grant of or contract for money, services or property from the federal government, the state or any political subdivision thereof or any private source, and do all things necessary to cooperate with the federal government or any of its agencies in making an application for any grant or contract. The commissioner may establish state-wide and regional advisory councils.

**Sec. 19a-122b. Hospice care programs and services. Initial licensing requirements. Prohibited use of terms "hospice" and "hospice care program".** (a) Notwithstanding the provisions of chapters 368v and 368z, an organization licensed as a hospice pursuant to the Public Health Code or certified as a hospice pursuant to 42 USC 1395x, shall be authorized to operate a residence for terminally ill persons, for the purpose of providing hospice home care arrangements including, but not limited to, hospice home care services and supplemental services. Such arrangements shall be provided to those patients who would otherwise receive such care from family members. The residence shall provide a homelike atmosphere for such patients for a time period deemed appropriate for home health care services under like circumstances. Any hospice that operates a residence pursuant to the provisions of this section shall cooperate with the Commissioner of Public Health to develop standards for the licensure and operation of such homes.

(b) On and after January 1, 2008, any organization seeking initial licensure as a hospice by the Department of Public Health shall (1) agree to provide hospice care services for terminally ill persons on a twenty-four-hour basis in all settings including, but not limited to, a private home, nursing home, residential care home or specialized residence that provides supportive services, and (2) present to the department satisfactory evidence that such organization has the necessary qualified personnel to provide services in such settings.

(c) No organization may use the title "hospice" or "hospice care program" or make use of any title, words, letters or abbreviations indicating or implying that such organization is licensed to provide hospice services unless such organization is licensed to provide such services by the Department of Public Health and certified as a hospice pursuant to 42 USC 1395x.

**Sec. 19a-495. (Formerly Sec. 19-580). Regulations re licensed institutions. Implementation of policies and procedures re medications.** (a) The Department of Public Health shall, after consultation with the appropriate public and voluntary hospital planning agencies, establish classifications of institutions. The department shall, in the Public Health Code, adopt, amend, promulgate and enforce such regulations based upon reasonable standards of health, safety and comfort of patients and demonstrable need for such institutions, with respect to each classification of institutions to be licensed under sections 19a-490 to 19a-503, inclusive, including their special facilities, as will further the accomplishment of the purposes of said sections in promoting safe, humane and adequate care and treatment of individuals in institutions. The department shall adopt such regulations, in accordance with chapter 54, concerning home health care agencies and homemaker-home health aide agencies.

(b) The Department of Public Health, with the advice of the Department of Mental Health and Addiction Services, shall include in the regulations adopted pursuant to subsection (a) of this section, additional standards for community residences, as defined in section 19a-507a, which shall include, but not be limited to, standards for: (1) Safety, maintenance and administration; (2) protection of human rights; (3) staffing requirements; (4) administration of medication; (5) program goals and objectives; (6) services to be offered; and (7) population to be served.

(c) The commissioner may waive any provisions of the regulations affecting the physical plant requirements of residential care homes if the commissioner determines that such waiver would not endanger the health, safety or welfare of any resident. The commissioner may impose conditions, upon granting the waiver, that assure the health, safety and welfare of residents, and may revoke the waiver upon a finding that the health, safety or welfare of any resident has been jeopardized. The commissioner shall not grant a waiver that would result in a violation of the Fire Safety Code or State Building Code. The commissioner may adopt regulations, in accordance with chapter 54, establishing procedures for an application for a waiver pursuant to this subsection.

(d) The Commissioner of Public Health, in consultation with the Commissioner of Mental Health and Addiction Services, may implement policies and procedures, in compliance with federal law, permitting licensed health care providers with prescriptive authority to prescribe medications to treat persons dependent on

opiates in free standing substance abuse treatment facilities, licensed under section 19a-490, while in the process of adopting such policies and procedures in regulation form, provided the commissioner prints notice of the intent to adopt regulations in the Connecticut Law Journal not later than thirty days after the date of implementation of such policies and procedures. Policies and procedures implemented pursuant to this subsection shall be valid until the time final regulations are adopted.