



General Assembly

January Session, 2013

Governor's Bill No. 848

LCO No. 3017



* 0 3 0 1 7 *

Referred to Committee on PUBLIC HEALTH

Introduced by:

SEN. WILLIAMS, 29th Dist.

SEN. LOONEY, 11th Dist.

REP. SHARKEY, 88th Dist.

REP. ARESIMOWICZ, 30th Dist.

**AN ACT IMPLEMENTING PROVISIONS OF THE BUDGET
CONCERNING PUBLIC HEALTH.**

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

1 Section 1. Section 19a-491 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective July 1, 2013*):

3 (a) No person acting individually or jointly with any other person
4 shall establish, conduct, operate or maintain an institution in this state
5 without a license as required by this chapter, except for persons issued
6 a license by the Commissioner of Children and Families pursuant to
7 section 17a-145 for the operation of (1) a substance abuse treatment
8 facility, or (2) a facility for the purpose of caring for women during
9 pregnancies and for women and their infants following such
10 pregnancies. Application for such license shall be made to the
11 Department of Public Health upon forms provided by it and shall
12 contain such information as the department requires, which may

13 include affirmative evidence of ability to comply with reasonable
14 standards and regulations prescribed under the provisions of this
15 chapter. The commissioner may require as a condition of licensure that
16 an applicant sign a consent order providing reasonable assurances of
17 compliance with the Public Health Code. The commissioner may issue
18 more than one chronic disease hospital license to a single institution
19 until such time as the state offers a rehabilitation hospital license.

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

46 conduct, operate or maintain an institution on or within such property
47 or improvements.

48 (c) Notwithstanding any regulation to the contrary, the
49 Commissioner of Public Health shall charge the following fees for the
50 biennial licensing and inspection of the following institutions: (1)
51 Chronic and convalescent nursing homes, per site, four hundred forty
52 dollars; (2) chronic and convalescent nursing homes, per bed, five
53 dollars; (3) rest homes with nursing supervision, per site, four hundred
54 forty dollars; (4) rest homes with nursing supervision, per bed, five
55 dollars; (5) outpatient dialysis units and outpatient surgical facilities,
56 six hundred twenty-five dollars; (6) mental health residential facilities,
57 per site, three hundred seventy-five dollars; (7) mental health
58 residential facilities, per bed, five dollars; (8) hospitals, per site, nine
59 hundred forty dollars; (9) hospitals, per bed, seven dollars and fifty
60 cents; (10) nonstate agency educational institutions, per infirmary, one
61 hundred fifty dollars; [and] (11) nonstate agency educational
62 institutions, per infirmary bed, twenty-five dollars; (12) home health
63 care agencies, except certified home health care agencies described in
64 subsection (d) of this section, per agency, three hundred dollars; (13)
65 home health care agencies, except certified home health care agencies
66 described in subsection (d) of this section, per satellite patient service
67 office, one hundred dollars; and (14) assisted living services agencies,
68 except such agencies participating in the congregate housing facility
69 pilot program described in section 8-119n, per site, five hundred
70 dollars.

71 (d) Notwithstanding any regulation, the commissioner shall charge
72 the following fees for the triennial licensing and inspection of the
73 following institutions: (1) Residential care homes, per site, five
74 hundred sixty-five dollars; [and] (2) residential care homes, per bed,
75 four dollars and fifty cents; (3) home health care agencies that are
76 certified as a provider of services by the United States Department of
77 Health and Human Services under the Medicare or Medicaid program,
78 three hundred dollars; and (4) certified home health care agencies, as

79 described in section 19a-493, per satellite patient service office, one
80 hundred dollars.

81 (e) The commissioner shall charge one thousand dollars for the
82 licensing and inspection every four years of outpatient clinics that
83 provide either medical or mental health service, and well-child clinics,
84 except those operated by municipal health departments, health
85 districts or licensed nonprofit nursing or community health agencies.

86 (f) The commissioner shall charge a fee of five hundred sixty-five
87 dollars for the technical assistance provided for the design, review and
88 development of an institution's construction, renovation, building
89 alteration, sale or change in ownership when the cost of such project is
90 one million dollars or less and one-quarter of one per cent of the total
91 project cost when the cost of such project is more than one million
92 dollars. Such fee shall include all department reviews and on-site
93 inspections.

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

109 (h) On and after June 15, 2012, until June 30, 2017, the commissioner

110 shall not issue or renew a license under this chapter for any hospital
111 certified to participate in the Medicare program as a long-term care
112 hospital under Section 1886(d)(1)(B)(iv) of the Social Security Act (42
113 USC 1395ww) unless such hospital was so certified under said federal
114 act on January 1, 2012.

115 Sec. 2. Section 19a-88 of the general statutes is repealed and the
116 following is substituted in lieu thereof (*Effective October 1, 2013*):

117 (a) Each person holding a license to practice dentistry, optometry,
118 midwifery or dental hygiene shall, annually, during the month of such
119 person's birth, register with the Department of Public Health, upon
120 payment of the professional services fee for class I, as defined in
121 section 33-182l, plus five dollars, in the case of a dentist, except as
122 provided in sections 19a-88b and 20-113b; [.] the professional services
123 fee for class H, as defined in section 33-182l, in the case of an
124 optometrist, fifteen dollars in the case of a midwife; [.] and one
125 hundred dollars in the case of a dental hygienist. [.] Such registration
126 shall be on blanks to be furnished by the department for such purpose,
127 giving such person's name in full, such person's residence and
128 business address and such other information as the department
129 requests. Each person holding a license to practice dentistry who has
130 retired from the profession may renew such license, but the fee shall be
131 ten per cent of the professional services fee for class I, as defined in
132 section 33-182l, or [ninety] ninety-five dollars, whichever is greater.
133 Any license provided by the department at a reduced fee pursuant to
134 this subsection shall indicate that the dentist is retired.

135 (b) Each person holding a license to practice medicine, surgery,
136 podiatry, chiropractic or natureopathy shall, annually, during the
137 month of such person's birth, register with the Department of Public
138 Health, upon payment of the professional services fee for class I, as
139 defined in section 33-182l. [.] Each person holding a license to practice
140 medicine or surgery shall pay five dollars in addition to such service
141 fee. Such registration shall be on blanks to be furnished by the

142 department for such purpose, giving such person's name in full, such
143 person's residence and business address and such other information as
144 the department requests.

145 (c) (1) Each person holding a license to practice as a registered
146 nurse, shall, annually, during the month of such person's birth, register
147 with the Department of Public Health, upon payment of one hundred
148 five dollars, on blanks to be furnished by the department for such
149 purpose, giving such person's name in full, such person's residence
150 and business address and such other information as the department
151 requests. Each person holding a license to practice as a registered nurse
152 who has retired from the profession may renew such license, but the
153 fee shall be ten per cent of the professional services fee for class B, as
154 defined in section 33-182l. Any license provided by the department at a
155 reduced fee shall indicate that the registered nurse is retired.

156 (2) Each person holding a license as an advanced practice registered
157 nurse shall, annually, during the month of such person's birth, register
158 with the Department of Public Health, upon payment of one hundred
159 [twenty] twenty-five dollars, on blanks to be furnished by the
160 department for such purpose, giving such person's name in full, such
161 person's residence and business address and such other information as
162 the department requests. No such license shall be renewed unless the
163 department is satisfied that the person maintains current certification
164 as either a nurse practitioner, a clinical nurse specialist or a nurse
165 anesthetist from one of the following national certifying bodies which
166 certify nurses in advanced practice: The American Nurses' Association,
167 the Nurses' Association of the American College of Obstetricians and
168 Gynecologists Certification Corporation, the National Board of
169 Pediatric Nurse Practitioners and Associates or the American
170 Association of Nurse Anesthetists. Each person holding a license to
171 practice as an advanced practice registered nurse who has retired from
172 the profession may renew such license, but the fee shall be ten per cent
173 of the professional services fee for class C, as defined in section 33-182l,
174 plus five dollars. Any license provided by the department at a reduced

175 fee shall indicate that the advanced practice registered nurse is retired.

176 (3) Each person holding a license as a licensed practical nurse shall,
177 annually, during the month of such person's birth, register with the
178 Department of Public Health, upon payment of [~~sixty~~] sixty-five
179 dollars, on blanks to be furnished by the department for such purpose,
180 giving such person's name in full, such person's residence and
181 business address and such other information as the department
182 requests. Each person holding a license to practice as a licensed
183 practical nurse who has retired from the profession may renew such
184 license, but the fee shall be ten per cent of the professional services fee
185 for class A, as defined in section 33-182l, plus five dollars. Any license
186 provided by the department at a reduced fee shall indicate that the
187 licensed practical nurse is retired.

188 (4) Each person holding a license as a nurse-midwife shall, annually,
189 during the month of such person's birth, register with the Department
190 of Public Health, upon payment of one hundred [~~twenty~~] twenty-five
191 dollars, on blanks to be furnished by the department for such purpose,
192 giving such person's name in full, such person's residence and
193 business address and such other information as the department
194 requests. No such license shall be renewed unless the department is
195 satisfied that the person maintains current certification from the
196 American College of Nurse-Midwives.

197 (5) (A) Each person holding a license to practice physical therapy
198 shall, annually, during the month of such person's birth, register with
199 the Department of Public Health, upon payment of the professional
200 services fee for class B, as defined in section 33-182l, on blanks to be
201 furnished by the department for such purpose, giving such person's
202 name in full, such person's residence and business address and such
203 other information as the department requests.

204 (B) Each person holding a physical therapist assistant license shall,
205 annually, during the month of such person's birth, register with the

206 Department of Public Health, upon payment of the professional
207 services fee for class A, as defined in section 33-182l, on blanks to be
208 furnished by the department for such purpose, giving such person's
209 name in full, such person's residence and business address and such
210 other information as the department requests.

211 (6) Each person holding a license as a physician assistant shall,
212 annually, during the month of such person's birth, register with the
213 Department of Public Health, upon payment of a fee of one hundred
214 fifty dollars, on blanks to be furnished by the department for such
215 purpose, giving such person's name in full, such person's residence
216 and business address and such other information as the department
217 requests. No such license shall be renewed unless the department is
218 satisfied that the practitioner has met the mandatory continuing
219 medical education requirements of the National Commission on
220 Certification of Physician Assistants or a successor organization for the
221 certification or recertification of physician assistants that may be
222 approved by the department and has passed any examination or
223 continued competency assessment the passage of which may be
224 required by said commission for maintenance of current certification
225 by said commission.

226 (d) No provision of this section shall be construed to apply to any
227 person practicing Christian Science.

228 (e) (1) Each person holding a license or certificate issued under
229 section 19a-514, 20-65k, 20-74s, 20-195cc or 20-206ll and chapters 370 to
230 373, inclusive, 375, 378 to 381a, inclusive, 383 to 383c, inclusive, 384,
231 384b, 384d, 385, 393a, 395, 399 or 400a and section 20-206n or 20-206o
232 shall, annually, during the month of such person's birth, apply for
233 renewal of such license or certificate to the Department of Public
234 Health, giving such person's name in full, such person's residence and
235 business address and such other information as the department
236 requests.

237 (2) Each person holding a license or certificate issued under section
238 19a-514 and chapters 384a, 384c, 386, 387, 388 and 398 shall apply for
239 renewal of such license or certificate once every two years, during the
240 month of such person's birth, giving such person's name in full, such
241 person's residence and business address and such other information as
242 the department requests.

243 (3) Each person holding a license or certificate issued pursuant to
244 section 20-475 or 20-476 shall, annually, during the month of such
245 person's birth, apply for renewal of such license or certificate to the
246 department.

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

250 (5) Each person holding a license issued pursuant to section 20-
251 162bb shall, annually, during the month of such person's birth, apply
252 for renewal of such license to the Department of Public Health, upon
253 payment of a fee of three hundred fifteen dollars, giving such person's
254 name in full, such person's residence and business address and such
255 other information as the department requests.

256 (f) Any person or entity which fails to comply with the provisions of
257 this section shall be notified by the department that such person's or
258 entity's license or certificate shall become void ninety days after the
259 time for its renewal under this section unless it is so renewed. Any
260 such license shall become void upon the expiration of such ninety-day
261 period.

262 (g) [On or before July 1, 2008, the] The Department of Public Health
263 shall [establish and implement] administer a secure on-line license
264 renewal system for persons holding a license to practice medicine or
265 surgery under chapter 370, dentistry under chapter 379 or nursing
266 under chapter 378. The department shall [allow any such person who
267 renews his or her license using the on-line license renewal system to

268 pay his or her] require such persons to renew their licenses using the
269 on-line renewal system and to pay professional service fees on-line by
270 means of a credit card or electronic transfer of funds from a bank or
271 credit union account. [and may charge such person a service fee not to
272 exceed five dollars for any such on-line payment made by credit card
273 or electronic funds transfer. On or before January 1, 2009, the
274 department shall submit, in accordance with section 11-4a, a report on
275 the feasibility and implications of the implementation of a biennial
276 license renewal system for persons holding a license to practice
277 nursing under chapter 378 to the joint standing committee of the
278 General Assembly having cognizance of matters relating to public
279 health.]

280 Sec. 3. Section 8 of public act 12-116 is repealed and the following is
281 substituted in lieu thereof (*Effective from passage*):

282 [(a)] For the school year commencing July 1, 2012, the Commissioner
283 of Education shall establish a minimum of ten family resource centers,
284 pursuant to section 10-4o of the general statutes, that are located in
285 alliance districts, as defined in section [34 of this act] 10-262u of the
286 general statutes.

287 [(b)] For the school year commencing July 1, 2012, the Commissioner
288 of Public Health shall establish or expand a minimum of twenty
289 school-based health clinics that are located in alliance districts, as
290 defined in section 34 of this act.]

291 Sec. 4. (NEW) (*Effective July 1, 2013*) (a) The Commissioner of Public
292 Health shall, within available appropriations, establish and administer
293 a program to provide financial assistance to community health centers.
294 For purposes of this section, "community health center" means a public
295 or nonprofit private medical care facility that meets the requirements
296 of section 19a-490a of the general statutes and has been designated by
297 the United States Department of Health and Human Services as a
298 federally qualified health center or a federally qualified health center

299 look-alike.

300 (b) The commissioner shall establish a formula to disburse program
301 funds to community health centers. Such formula shall include, but not
302 be limited to, the following factors: (1) The number of uninsured
303 patients served by the community health center; and (2) the types of
304 services provided by the community health center.

305 (c) The commissioner may establish requirements for participation
306 in the program, provided the commissioner provides reasonable notice
307 of such requirements to all community health centers. Community
308 health centers shall use program funds only for purposes approved by
309 the commissioner.

310 Sec. 5. Subsection (a) of section 19a-7j of the general statutes is
311 repealed and the following is substituted in lieu thereof (*Effective July*
312 *1, 2013*):

313 (a) Not later than September first, annually, the Secretary of the
314 Office of Policy and Management, in consultation with the
315 Commissioner of Public Health, shall (1) determine the amount
316 appropriated for the following purposes: (A) To purchase, store and
317 distribute vaccines for routine immunizations included in the schedule
318 for active immunization required by section 19a-7f; (B) to purchase,
319 store and distribute (i) vaccines to prevent hepatitis A and B in persons
320 of all ages, as recommended by the schedule for immunizations
321 published by the National Advisory Committee for Immunization
322 Practices, (ii) antibiotics necessary for the treatment of tuberculosis and
323 biologics and antibiotics necessary for the detection and treatment of
324 tuberculosis infections, and (iii) antibiotics to support treatment of
325 patients in communicable disease control clinics, as defined in section
326 19a-216a; [and] (C) to administer the immunization program described
327 in section 19a-7f; and (D) to provide services needed to collect up-to-
328 date information on childhood immunizations for all children enrolled
329 in Medicaid who reach two years of age during the year preceding the

330 current fiscal year, to incorporate such information into the childhood
331 immunization registry, as defined in section 19a-7h, and (2) inform the
332 Insurance Commissioner of such amount.

333 Sec. 6. Section 19a-639 of the general statutes is repealed and the
334 following is substituted in lieu thereof (*Effective October 1, 2013*):

335 (a) In any deliberations involving a certificate of need application
336 filed pursuant to section 19a-638, the office shall take into
337 consideration and make written findings concerning each of the
338 following guidelines and principles:

339 (1) Whether the proposed project is consistent with any applicable
340 policies and standards adopted in regulations by the Department of
341 Public Health;

342 (2) The relationship of the proposed project to the state-wide health
343 care facilities and services plan;

344 (3) Whether there is a clear public need for the health care facility or
345 services proposed by the applicant;

346 (4) Whether the applicant has satisfactorily demonstrated how the
347 proposal will impact the financial strength of the health care system in
348 the state or that the proposal is financially feasible for the applicant;

349 (5) Whether the applicant has satisfactorily demonstrated how the
350 proposal will improve quality, accessibility and cost effectiveness of
351 health care delivery in the region, including, but not limited to, (A)
352 provision of or any change in the access to services for Medicaid
353 recipients and indigent persons, and (B) the impact upon the cost
354 effectiveness of providing access to services provided under the
355 Medicaid program;

356 (6) The applicant's past and proposed provision of health care
357 services to relevant patient populations and payer mix, including, but
358 not limited to, access to services by Medicaid recipients and indigent

359 persons;

360 (7) Whether the applicant has satisfactorily identified the population
361 to be served by the proposed project and satisfactorily demonstrated
362 that the identified population has a need for the proposed services;

363 (8) The utilization of existing health care facilities and health care
364 services in the service area of the applicant; [and]

365 (9) Whether the applicant has satisfactorily demonstrated that the
366 proposed project shall not result in an unnecessary duplication of
367 existing or approved health care services or facilities; and

368 (10) Whether an applicant, who has failed to provide or reduced
369 access to services by Medicaid recipients or indigent persons, has
370 demonstrated good cause for doing so, which shall not be
371 demonstrated solely on the basis of differences in reimbursement rates
372 between Medicaid and other health care payers.

373 (b) The office, as it deems necessary, may revise or supplement the
374 guidelines and principles through regulation prescribed in subsection
375 (a) of this section.

376 Sec. 7. Section 19a-127k of the general statutes is repealed and the
377 following is substituted in lieu thereof (*Effective October 1, 2013*):

378 (a) As used in this section:

379 (1) "Community benefits program" means any voluntary program to
380 promote preventive care and to improve the health status for working
381 families and populations at risk in the communities within the
382 geographic service areas of a managed care organization or a hospital
383 in accordance with guidelines established pursuant to subsection (c) of
384 this section;

385 (2) "Community health needs assessment" means the needs
386 assessment that a hospital organization is required to conduct every

387 three years pursuant to section 501(c)(3) of the Internal Revenue Code
388 of 1986, or any subsequent corresponding internal revenue code of the
389 United States, as amended from time to time.

390 [(2)] (3) "Managed care organization" has the same meaning as
391 provided in section 38a-478;

392 [(3)] (4) "Hospital" has the same meaning as provided in section 19a-
393 490.

394 (5) "Hospital organization" means a hospital that is or seeks to be
395 recognized under section 501(c)(3) of the Internal Revenue Code of
396 1986, or any subsequent corresponding internal revenue code of the
397 United States, as amended from time to time.

398 (6) "Widely available to the public" has the same meaning as in
399 guidelines issued by the United States Internal Revenue Service.

400 (b) Not later than January 1, 2014, each hospital organization shall
401 make its community health needs assessment widely available to the
402 public not later than fifteen days after submission to the United States
403 Internal Revenue Service. Following completion of the initial
404 community health needs assessment, each hospital organization, in
405 accordance with the Internal Revenue Service requirements, shall
406 complete and make widely available to the public an assessment once
407 every three years. Unless contained in its community health needs
408 assessment, a hospital organization shall make available to the public a
409 description of the community served by the hospital, including a
410 geographic description, a description of the general population served
411 by the hospital and information concerning the leading causes of
412 death, levels of chronic illness, and descriptions of the medically
413 underserved, low-income, minority and chronically ill populations in
414 the community.

415 (c) Each hospital organization shall make widely available to the
416 public a community benefit implementation strategy not later than one

417 year after completing its community health needs assessment. In
418 developing the community benefit implementation strategy, the
419 hospital organization shall consult with community-based
420 organizations and stakeholders, and local public health jurisdictions,
421 as well as any additional consultations the hospital decides to
422 undertake. Unless contained in the community benefit implementation
423 strategy, the hospital organization shall provide a brief explanation for
424 not accepting recommendations for community benefit proposals
425 identified in the community health needs assessment through the
426 stakeholder consultation process, such as excessive expense to
427 implement or infeasibility of implementation of the proposal.
428 Community benefit implementation strategies shall be evidence-based,
429 when available, or development and implementation of innovative
430 programs and practices shall be supported by evaluation measures.

431 [(b)] (d) On or before January 1, 2005, and biennially thereafter, each
432 managed care organization and each hospital shall submit to the
433 Healthcare Advocate, or the Healthcare Advocate's designee, a report
434 on whether the managed care organization or hospital has in place a
435 community benefits program. If a managed care organization or
436 hospital elects to develop a community benefits program, the report
437 required by this subsection shall comply with the reporting
438 requirements of subsection (d) of this section.

439 [(c)] (e) A managed care organization or hospital may develop
440 community benefit guidelines intended to promote preventive care
441 and to improve the health status for working families and populations
442 at risk, whether or not those individuals are enrollees of the managed
443 care plan or patients of the hospital. The guidelines shall focus on the
444 following principles:

445 (1) Adoption and publication of a community benefits policy
446 statement setting forth the organization's or hospital's commitment to
447 a formal community benefits program;

448 (2) The responsibility for overseeing the development and
449 implementation of the community benefits program, the resources to
450 be allocated and the administrative mechanisms for the regular
451 evaluation of the program;

452 (3) Seeking assistance and meaningful participation from the
453 communities within the organization's or hospital's geographic service
454 areas in developing and implementing the program and in defining
455 the targeted populations and the specific health care needs it should
456 address. In doing so, the governing body or management of the
457 organization or hospital shall give priority to the public health needs
458 outlined in the most recent version of the state health plan prepared by
459 the Department of Public Health pursuant to section 19a-7; and

460 (4) Developing its program based upon an assessment of the health
461 care needs and resources of the targeted populations, particularly low
462 and middle-income, medically underserved populations and barriers
463 to accessing health care, including, but not limited to, cultural,
464 linguistic and physical barriers to accessible health care, lack of
465 information on available sources of health care coverage and services,
466 and the benefits of preventive health care. The program shall consider
467 the health care needs of a broad spectrum of age groups and health
468 conditions.

469 [(d)] (f) Each managed care organization and each hospital that
470 chooses to participate in developing a community benefits program
471 shall include in the biennial report required by subsection (b) of this
472 section the status of the program, if any, that the organization or
473 hospital established. If the managed care organization or hospital has
474 chosen to participate in a community benefits program, the report shall
475 include the following components: (1) The community benefits policy
476 statement of the managed care organization or hospital; (2) the
477 mechanism by which community participation is solicited and
478 incorporated in the community benefits program; (3) identification of
479 community health needs that were considered in developing and

480 implementing the community benefits program; (4) a narrative
481 description of the community benefits, community services, and
482 preventive health education provided or proposed, which may include
483 measurements related to the number of people served and health
484 status outcomes; (5) measures taken to evaluate the results of the
485 community benefits program and proposed revisions to the program;
486 (6) to the extent feasible, a community benefits budget and a good faith
487 effort to measure expenditures and administrative costs associated
488 with the community benefits program, including both cash and in-
489 kind commitments; and (7) a summary of the extent to which the
490 managed care organization or hospital has developed and met the
491 guidelines listed in subsection (c) of this section. Each managed care
492 organization and each hospital shall make a copy of the report
493 available, upon request, to any member of the public.

494 [(e)] (g) The Healthcare Advocate, or the Healthcare Advocate's
495 designee, shall, within available appropriations, develop a summary
496 and analysis of the community benefits program reports submitted by
497 managed care organizations and hospitals under this section and shall
498 review such reports for adherence to the guidelines set forth in
499 subsection (c) of this section. Not later than October 1, 2005, and
500 biennially thereafter, the Healthcare Advocate, or the Healthcare
501 Advocate's designee, shall make such summary and analysis available
502 to the public upon request.

503 [(f)] (h) The Healthcare Advocate may, after notice and opportunity
504 for a hearing, in accordance with chapter 54, impose a civil penalty on
505 any managed care organization or hospital that fails to submit the
506 report required pursuant to this section by the date specified in
507 subsection (b) of this section. Such penalty shall be not more than fifty
508 dollars a day for each day after the required submittal date that such
509 report is not submitted.

510 Sec. 8. Subsection (b) of section 19a-323 of the general statutes is
511 repealed and the following is substituted in lieu thereof (*Effective July*

512 1, 2013):

513 (b) If death occurred in this state, the death certificate required by
514 law shall be filed with the registrar of vital statistics for the town in
515 which such person died, if known, or, if not known, for the town in
516 which the body was found. The Chief Medical Examiner, Deputy Chief
517 Medical Examiner, associate medical examiner, an authorized assistant
518 medical examiner or other authorized designee shall complete the
519 cremation certificate, stating that such medical examiner or other
520 authorized designee has made inquiry into the cause and manner of
521 death and is of the opinion that no further examination or judicial
522 inquiry is necessary. The cremation certificate shall be submitted to the
523 registrar of vital statistics of the town in which such person died, if
524 known, or, if not known, of the town in which the body was found, or
525 with the registrar of vital statistics of the town in which the funeral
526 director having charge of the body is located. Upon receipt of the
527 cremation certificate, the registrar shall authorize such certificate, keep
528 such certificate on permanent record, and issue a cremation permit,
529 except that if the cremation certificate is submitted to the registrar of
530 the town where the funeral director is located, such certificate shall be
531 forwarded to the registrar of the town where the person died to be
532 kept on permanent record. If a cremation permit must be obtained
533 during the hours that the office of the local registrar of the town where
534 death occurred is closed, a subregistrar appointed to serve such town
535 may authorize such cremation permit upon receipt and review of a
536 properly completed cremation permit and cremation certificate. A
537 subregistrar who is licensed as a funeral director or embalmer
538 pursuant to chapter 385, or the employee or agent of such funeral
539 director or embalmer shall not issue a cremation permit to himself or
540 herself. A subregistrar shall forward the cremation certificate to the
541 local registrar of the town where death occurred, not later than seven
542 days after receiving such certificate. The estate of the deceased person,
543 if any, shall pay the sum of one hundred fifty dollars for the issuance
544 of the cremation certificate, provided the Office of the Chief Medical

545 Examiner shall not assess any fees for costs that are associated with the
 546 cremation of a stillborn fetus. Upon request of the Chief Medical
 547 Examiner, the Secretary of the Office of Policy and Management may
 548 waive payment of such cremation certificate fee. No cremation
 549 certificate shall be required for a permit to cremate the remains of
 550 bodies pursuant to section 19a-270a. When the cremation certificate is
 551 submitted to a town other than that where the person died, the
 552 registrar of vital statistics for such other town shall ascertain from the
 553 original removal, transit and burial permit that the certificates required
 554 by the state statutes have been received and recorded, that the body
 555 has been prepared in accordance with the Public Health Code and that
 556 the entry regarding the place of disposal is correct. Whenever the
 557 registrar finds that the place of disposal is incorrect, the registrar shall
 558 issue a corrected removal, transit and burial permit and, after
 559 inscribing and recording the original permit in the manner prescribed
 560 for sextons' reports under section 7-66, shall then immediately give
 561 written notice to the registrar for the town where the death occurred of
 562 the change in place of disposal stating the name and place of the
 563 crematory and the date of cremation. Such written notice shall be
 564 sufficient authorization to correct these items on the original certificate
 565 of death. The fee for a cremation permit shall be three dollars and for
 566 the written notice one dollar. The Department of Public Health shall
 567 provide forms for cremation permits, which shall not be the same as
 568 for regular burial permits and shall include space to record
 569 information about the intended manner of disposition of the cremated
 570 remains, and such blanks and books as may be required by the
 571 registrars.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2013</i>	19a-491
Sec. 2	<i>October 1, 2013</i>	19a-88
Sec. 3	<i>from passage</i>	PA 12-116Section 8
Sec. 4	<i>July 1, 2013</i>	New section

Sec. 5	<i>July 1, 2013</i>	19a-7j(a)
Sec. 6	<i>October 1, 2013</i>	19a-639
Sec. 7	<i>October 1, 2013</i>	19a-127k
Sec. 8	<i>July 1, 2013</i>	19a-323(b)

Statement of Purpose:

To implement the Governor's budget recommendations.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]