



# Senate

General Assembly

**File No. 383**

February Session, 2016

Substitute Senate Bill No. 355

*Senate, March 31, 2016*

The Committee on Public Health reported through SEN. GERRATANA of the 6th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

## **AN ACT CONCERNING LOCAL HEALTH DEPARTMENTS AND HEALTH DISTRICTS.**

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

1 Section 1. Section 19a-2a of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective October 1, 2016*):

3 The Commissioner of Public Health shall employ the most efficient  
4 and practical means for the prevention and suppression of disease and  
5 shall administer all laws under the jurisdiction of the Department of  
6 Public Health and the Public Health Code. The commissioner shall  
7 have responsibility for the overall operation and administration of the  
8 Department of Public Health. The commissioner shall have the power  
9 and duty to: (1) Administer, coordinate and direct the operation of the  
10 department; (2) adopt and enforce regulations, in accordance with  
11 chapter 54, as are necessary to carry out the purposes of the  
12 department as established by statute; (3) establish rules for the internal  
13 operation and administration of the department; (4) establish and  
14 develop programs and administer services to achieve the purposes of

15 the department as established by statute; (5) enter into a contract,  
16 including, but not limited to, a contract with another state, for facilities,  
17 services and programs to implement the purposes of the department  
18 as established by statute; (6) designate a deputy commissioner or other  
19 employee of the department to sign any license, certificate or permit  
20 issued by said department; (7) conduct a hearing, issue subpoenas,  
21 administer oaths, compel testimony and render a final decision in any  
22 case when a hearing is required or authorized under the provisions of  
23 any statute dealing with the Department of Public Health; (8) with the  
24 health authorities of this and other states, secure information and data  
25 concerning the prevention and control of epidemics and conditions  
26 affecting or endangering the public health, and compile such  
27 information and statistics and shall disseminate among health  
28 authorities and the people of the state such information as may be of  
29 value to them; (9) annually issue a list of reportable diseases,  
30 emergency illnesses and health conditions and a list of reportable  
31 laboratory findings and amend such lists as the commissioner deems  
32 necessary and distribute such lists as well as any necessary forms to  
33 each licensed physician and clinical laboratory in this state. The  
34 commissioner shall prepare printed forms for reports and returns, with  
35 such instructions as may be necessary, for the use of directors of  
36 health, boards of health and registrars of vital statistics; and (10)  
37 specify uniform methods of keeping statistical information by public  
38 and private agencies, organizations and individuals, including a client  
39 identifier system, and collect and make available relevant statistical  
40 information, including the number of persons treated, frequency of  
41 admission and readmission, and frequency and duration of treatment.  
42 The client identifier system shall be subject to the confidentiality  
43 requirements set forth in section 17a-688 and regulations adopted  
44 thereunder. The commissioner may designate any person to perform  
45 any of the duties listed in subdivision (7) of this section. The  
46 commissioner shall have authority over directors of health and may,  
47 for cause, remove any such director; but any person claiming to be  
48 aggrieved by such removal may appeal to the Superior Court which  
49 may affirm or reverse the action of the commissioner as the public

50 interest requires. The commissioner shall assist and advise local  
51 directors of health and district directors of health in the performance of  
52 their duties, and may require the enforcement of any law, regulation or  
53 ordinance relating to public health. In the event the commissioner  
54 reasonably suspects impropriety on the part of a local director of  
55 health or district director of health, or employee of such director, in the  
56 performance of his or her duties, the commissioner may audit the  
57 records of such health department or health district for purposes of  
58 assessing a director's or an employee's compliance with such duties.  
59 When requested by local directors of health or district directors of  
60 health, the commissioner shall consult with them and investigate and  
61 advise concerning any condition affecting public health within their  
62 jurisdiction. The commissioner shall investigate nuisances and  
63 conditions affecting, or that he or she has reason to suspect may affect,  
64 the security of life and health in any locality and, for that purpose, the  
65 commissioner, or any person authorized by the commissioner, may  
66 enter and examine any ground, vehicle, apartment, building or place,  
67 and any person designated by the commissioner shall have the  
68 authority conferred by law upon constables. Whenever the  
69 commissioner determines that any provision of the general statutes or  
70 regulation of the Public Health Code is not being enforced effectively  
71 by a local health department or health district, he or she shall forthwith  
72 take such measures, including the performance of any act required of  
73 the local health department or health district, to ensure enforcement of  
74 such statute or regulation and shall inform the local health department  
75 or health district of such measures. In September of each year the  
76 commissioner shall certify to the Secretary of the Office of Policy and  
77 Management the population of each municipality. The commissioner  
78 may solicit and accept for use any gift of money or property made by  
79 will or otherwise, and any grant of or contract for money, services or  
80 property from the federal government, the state, any political  
81 subdivision thereof, any other state or any private source, and do all  
82 things necessary to cooperate with the federal government or any of its  
83 agencies in making an application for any grant or contract. The  
84 commissioner may establish state-wide and regional advisory councils.

85 For purposes of this section, "employee of such director" means an  
 86 employee of, a consultant employed or retained by or an independent  
 87 contractor retained by a local director of health, a district director of  
 88 health, a local health department or a health district.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2016	19a-2a

**Statement of Legislative Commissioners:**

In Section 1, "of such director" was inserted in the last sentence after "employee" and before the closing quotation marks for clarity.

**PH**      *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

### **OFA Fiscal Note**

#### **State Impact:**

<b>Agency Affected</b>	<b>Fund-Effect</b>	<b>FY 17 \$</b>	<b>FY 18 \$</b>
Public Health, Dept.	GF - Potential Cost	greater than 15,000	greater than 15,000

Note: GF=General Fund

**Municipal Impact:** None

#### **Explanation**

This bill, which authorizes the Department of Public Health (DPH) to audit a municipal or district health department's records to assess a director's or employee's impropriety in the performance of her/his duties, results in a potential cost of greater than \$15,000 annually.<sup>1</sup>

Under the bill, a municipal/district health director's employee includes consultants and independent contractors employed or retained by the department/district. There are 73 municipal and district health departments in Connecticut, which range in staff size from one person to greater than 200 people. Based on complaints that the Department has received regarding local health department activities, approximately 10 to 12 audits per year are anticipated. It is unknown if DPH will choose to exercise the authority it is granted under the bill, or, if so, to what extent it will choose to do so. As such, the fiscal impact is reflected as a potential cost.

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<sup>1</sup>A municipal health department food service audit by DPH requires approximately 140 hours. It is assumed that impropriety audits will be more complex, requiring 150 hours, with a consultant staff attorney cost of \$100 an hour, for a total cost of \$15,000 per audit on average.

***The Out Years***

The annualized ongoing fiscal impact identified above would continue into the future subject to the number of audits completed by the agency.

**OLR Bill Analysis****sSB 355*****AN ACT CONCERNING LOCAL HEALTH DEPARTMENTS AND HEALTH DISTRICTS.*****SUMMARY:**

This bill authorizes the Department of Public Health (DPH) commissioner to audit a municipal or district health department's records under certain conditions. The commissioner may do this if he reasonably suspects impropriety on the part of a health director or the director's employee related to the performance of their duties.

Under the bill, a director's employee includes (1) an employee of, (2) a consultant employed or retained by, or (3) an independent contractor retained by, a municipal or district health department or a director.

EFFECTIVE DATE: October 1, 2016

**BACKGROUND*****Local Health Departments***

Connecticut has 73 local health departments, of which 53 are full-time departments and 20 are part-time. The full-time departments include 33 individual municipal health departments and 20 health districts (multi-town departments serving from two to 20 towns).

By law, a local health department falls under the jurisdiction of its respective municipality or district. Staff are hired and employed by the municipal or district department. Departments annually report to DPH on their activities for the prior year. The DPH commissioner may remove a local health director for cause.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea 24 Nay 3 (03/16/2016)