



House of Representatives

General Assembly

File No. 689

January Session, 2019

House Bill No. 7193

House of Representatives, April 17, 2019

The Committee on Public Health reported through REP. STEINBERG of the 136th Dist., Chairperson of the Committee on the part of the House, that the bill ought to pass.

AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS REGARDING PUBLIC HEALTH.

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

1 Section 1. Subsection (a) of section 19a-55 of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective*
3 *October 1, 2019*):

4 (a) The administrative officer or other person in charge of each
5 institution caring for newborn infants shall cause to have administered
6 to every such infant in its care an HIV-related test, as defined in section
7 19a-581, a test for phenylketonuria and other metabolic diseases,
8 hypothyroidism, galactosemia, sickle cell disease, maple syrup urine
9 disease, homocystinuria, biotinidase deficiency, congenital adrenal
10 hyperplasia, severe combined immunodeficiency disease,
11 adrenoleukodystrophy and such other tests for inborn errors of
12 metabolism as shall be prescribed by the Department of Public Health.
13 The tests shall be administered as soon after birth as is medically
14 appropriate. If the mother has had an HIV-related test pursuant to

15 section 19a-90 or 19a-593, the person responsible for testing under this
16 section may omit an HIV-related test. The Commissioner of Public
17 Health shall (1) administer the newborn screening program, (2) direct
18 persons identified through the screening program to appropriate
19 specialty centers for treatments, consistent with any applicable
20 confidentiality requirements, and (3) set the fees to be charged to
21 institutions to cover all expenses of the comprehensive screening
22 program including testing, tracking and treatment. The fees to be
23 charged pursuant to subdivision (3) of this subsection shall be set at a
24 minimum of ninety-eight dollars. The Commissioner of Public Health
25 shall publish a list of all the abnormal conditions for which the
26 department screens newborns under the newborn screening program,
27 which shall include screening for amino acid disorders, organic acid
28 disorders, [and] fatty acid oxidation disorders, including, but not
29 limited to, long-chain 3-hydroxyacyl CoA dehydrogenase (L-CHAD)
30 and medium-chain acyl-CoA dehydrogenase (MCAD), and, subject to
31 the approval of the Secretary of the Office of Policy and Management,
32 any other disorder included on the recommended uniform screening
33 panel pursuant to 42 USC 300b-10, as amended from time to time.

34 Sec. 2. Section 19a-202 of the general statutes is repealed and the
35 following is substituted in lieu thereof (*Effective July 1, 2019*):

36 (a) Upon application to the Department of Public Health any
37 municipal health department shall annually receive from the state an
38 amount equal to one dollar and eighteen cents per capita, provided
39 such municipality (1) employs a full-time director of health, except that
40 if a vacancy exists in the office of director of health or the office is filled
41 by an acting director for more than three months, such municipality
42 shall not be eligible for funding unless the Commissioner of Public
43 Health waives this requirement; (2) submits a public health program
44 and budget which is approved by the Commissioner of Public Health;
45 (3) appropriates not less than one dollar per capita, from the annual tax
46 receipts, for health department services; (4) has a population of fifty
47 thousand or more; and (5) meets the requirements of section 19a-207a,
48 within available appropriations. Such municipal department of health

49 may use additional funds, which the Department of Public Health may
50 secure from federal agencies or any other source and which it may
51 allot to such municipal department of health. The money so received
52 shall be disbursed upon warrants approved by the chief executive
53 officer of such municipality. The Comptroller shall annually in July
54 and upon a voucher of the Commissioner of Public Health, draw the
55 Comptroller's order on the State Treasurer in favor of such municipal
56 department of health for the amount due in accordance with the
57 provisions of this section and under rules prescribed by the
58 commissioner. Any moneys remaining unexpended at the end of a
59 fiscal year shall be included in the budget of such municipal
60 department of health for the ensuing year. This aid shall be rendered
61 from appropriations made from time to time by the General Assembly
62 to the Department of Public Health for this purpose.

63 (b) The amount of payments made by the state to municipal health
64 departments under subsection (a) of this section shall be reduced
65 proportionately in the event that the total amount of such payments
66 and the payments made under subsection (a) of section 19a-245, as
67 amended by this act, in a fiscal year exceeds the amount appropriated
68 for purposes of said subsections with respect to such fiscal year.

69 Sec. 3. Section 19a-245 of the general statutes is repealed and the
70 following is substituted in lieu thereof (*Effective July 1, 2019*):

71 (a) Upon application to the Department of Public Health, each
72 health district that has a total population of fifty thousand or more, or
73 serves three or more municipalities irrespective of the combined total
74 population of such municipalities, shall annually receive from the state
75 an amount equal to one dollar and eighty-five cents per capita for each
76 town, city and borough of such district, provided (1) the
77 Commissioner of Public Health approves the public health program
78 and budget of such health district, (2) the towns, cities and boroughs of
79 such district appropriate for the maintenance of the health district not
80 less than one dollar per capita from the annual tax receipts, and (3) the
81 health district meets the requirements of section 19a-207a, within

82 available appropriations. Such district departments of health are
83 authorized to use additional funds, which the Department of Public
84 Health may secure from federal agencies or any other source and
85 which it may allot to such district departments of health. The district
86 treasurer shall disburse the money so received upon warrants
87 approved by a majority of the board and signed by its chairman and
88 secretary. The Comptroller shall quarterly, in July, October, January
89 and April, upon such application and upon the voucher of the
90 Commissioner of Public Health, draw the Comptroller's order on the
91 State Treasurer in favor of such district department of health for the
92 amount due in accordance with the provisions of this section and
93 under rules prescribed by the commissioner. Any moneys remaining
94 unexpended at the end of a fiscal year shall be included in the budget
95 of the district for the ensuing year. This aid shall be rendered from
96 appropriations made from time to time by the General Assembly to the
97 Department of Public Health for this purpose.

98 (b) The amount of payments made by the state to health districts
99 under subsection (a) of this section shall be reduced proportionately in
100 the event that the total amount of such payments and the payments
101 made under subsection (a) of section 19a-202, as amended by this act,
102 in a fiscal year exceeds the amount appropriated for purposes of said
103 subsections with respect to such fiscal year.

104 Sec. 4. (NEW) (*Effective from passage*) (a) As used in this section:

105 (1) "Commissioner" means the Commissioner of Public Health, or
106 the commissioner's designee;

107 (2) "Community water system" means a public water system that
108 regularly serves at least twenty-five residents;

109 (3) "Consumer" has the same meaning as provided in section 25-32a
110 of the general statutes;

111 (4) "Customer" means any (A) person, (B) firm, (C) corporation, (D)
112 company, (E) association, (F) governmental unit, except a state agency,

113 (G) lessee that, by the terms of a written lease or agreement, is
114 responsible for the water bill, or (H) owner of property, that receives
115 water service furnished by the water company;

116 (5) "Department" means the Department of Public Health;

117 (6) "Noncommunity water system" means a public water system
118 that serves at least twenty-five persons at least sixty days of the year
119 and is not a community water system;

120 (7) "Nontransient noncommunity water system" means a
121 noncommunity water system that regularly serves at least twenty-five
122 of the same persons over six months per year;

123 (8) "Public water system" means a water company that supplies
124 drinking water to fifteen or more consumers or twenty-five or more
125 persons daily at least sixty days of the year;

126 (9) "Sanitary survey" means the review of a public water system by
127 the department to evaluate the adequacy of the public water system,
128 its sources of supply and operations and the distribution of safe
129 drinking water;

130 (10) "Service connection" means the service pipe from the water
131 main to the curb stop or adjacent to the street line or property line, but
132 shall not include a service pipe used only for fire service purposes;

133 (11) "Transient noncommunity water system" means a
134 noncommunity water system that does not meet the definition of a
135 nontransient noncommunity water system; and

136 (12) "Water company" has the same meaning as provided in section
137 25-32a of the general statutes.

138 (b) On or before August 1, 2019, and annually thereafter, the
139 department shall issue a statement, in such manner as the department
140 determines, to each water company that owns a community water
141 system or systems showing the number of service connections such

142 community water system or systems has listed in the department's
143 records as of the date of issuance of the statement.

144 (c) On or before October 1, 2019, and annually thereafter, the
145 department, in consultation with the Office of Policy and Management,
146 shall post on the department's Internet web site (1) the costs to support
147 the department's ability to maintain primacy under the federal Safe
148 Drinking Water Act, 42 USC 300f, et seq., as amended from time to
149 time, which costs shall constitute the safe drinking water primacy
150 assessment for the current fiscal year, and (2) the assessment amounts
151 due, based on the posted costs and in accordance with subsection (d)
152 of this section.

153 (d) (1) For the fiscal year ending June 30, 2019, and each fiscal year
154 thereafter, each water company that owns a community or
155 nontransient noncommunity water system or systems shall pay
156 annually to the department a safe drinking water primacy assessment
157 amount in accordance with the following: (A) Each community water
158 system having less than fifty service connections and nontransient
159 noncommunity water system shall be assessed one hundred twenty-
160 five dollars; (B) each community water system having at least fifty but
161 less than one hundred service connections shall be assessed one
162 hundred fifty dollars; and (C) each community water system having at
163 least one hundred service connections shall be assessed an amount
164 established by the commissioner, not to exceed five dollars per service
165 connection. For purposes of this subdivision, a community water
166 system's service connections shall be determined in accordance with
167 subsection (b) of this section.

168 (2) On or before January 1, 2020, and annually thereafter, the
169 department shall issue an invoice, in such manner as the department
170 determines, to each water company that owns a community or
171 nontransient noncommunity water system or systems for the amount
172 due pursuant to subdivision (1) of this subsection. Each such water
173 company shall pay the amount invoiced, in the same year the
174 department issued in the invoice, in accordance with the following

175 schedule:

176 (A) A nontransient noncommunity water system shall pay one
177 hundred per cent of the amount invoiced on or before March first;

178 (B) A community water system having less than one hundred
179 service connections shall pay one hundred per cent of the invoiced
180 amount invoiced on or before May first; and

181 (C) A community water system having one hundred or more service
182 connections shall pay fifty per cent of the invoiced amount by March
183 first and the remaining fifty per cent of the amount invoiced by May
184 first.

185 (e) (1) Commencing January 1, 2022, each water company that owns
186 a transient noncommunity water system or systems for which the
187 department conducted a sanitary survey in the prior year shall pay to
188 the department a safe drinking water primacy assessment of one
189 hundred fifty dollars.

190 (2) On or before March 1, 2022, and annually thereafter, the
191 department shall issue an invoice, in such manner as the department
192 determines, to each water company that owns a transient
193 noncommunity water system or systems that had a sanitary survey
194 conducted by the department in the previous year for the amount due
195 pursuant to subdivision (1) of this subsection. Each such water
196 company shall pay the amount invoiced on or before May thirty-first
197 of the year in which the department issued the invoice.

198 (f) If a water company is acquired by another water company for
199 any reason, the acquiring water company shall pay the amount due to
200 the department for the acquired water company's assessment under
201 subsections (d) and (e) of this section.

202 (g) (1) A water company that owns a community water system may
203 collect the assessment amount due for the community water system
204 from a customer of such community water system. The amount
205 collected by the water company from an individual customer may be a

206 pro rata share of such assessment amount. Such amount may appear as
207 a separate item on the customer's bills.

208 (2) The assessment amount due for a community water system
209 under subdivision (1) of this subsection may be adopted in rates
210 through the existing rate approval process for the water company or
211 may appear as a separate item identified as an assessment on each
212 customer's bill without requiring a revision to or approval of the
213 schedule of authorized rates and charges for the water company that is
214 otherwise required pursuant to section 7-239 or 16-19 of the general
215 statutes or any other special act or enabling legislation establishing a
216 water company. Such charges shall be subject to the past due and
217 collection procedures, including interest charges, of the water
218 company as are applicable to any other authorized customer charge or
219 fee.

220 (h) The requirement for a water company to pay the assessment
221 shall terminate immediately if the department no longer has primacy
222 under the federal Safe Drinking Water Act, 42 USC 300f, et seq., as
223 amended from time to time, whether removed by the federal
224 Environmental Protection Agency or through any other action by a
225 state or federal authority. If the assessment is terminated and not
226 reinstated on or before one hundred eighty days after such
227 termination, the water company shall credit its customers any amounts
228 collected from such customers for such assessment amount that the
229 water company is no longer required to pay to the department.

230 (i) If any assessment is not paid on or before thirty days after the
231 date when such assessment is due, the commissioner may impose a fee
232 equal to one and one-half per cent of such assessment for each month
233 of nonpayment beyond such initial thirty-day period unless the water
234 company that has not paid such assessment is a town, city or borough,
235 in which case the water company shall be subject to the provisions of
236 section 12-38 of the general statutes.

237 (j) On or before December 1, 2019, and annually thereafter, the
238 department shall post on its Internet web site and submit to the

239 Governor and the joint standing committee of the General Assembly
 240 having cognizance of matters relating to public health, in accordance
 241 with the provisions of section 11-4a of the general statutes, a report
 242 that shall include: (1) Resources dedicated to supporting the
 243 department's ability to maintain primacy under the federal Safe
 244 Drinking Water Act, 42 USC 300f, et seq., as amended from time to
 245 time, in the previous fiscal year; (2) the number of full-time equivalent
 246 positions that performed the required functions to maintain primacy in
 247 the previous fiscal year; and (3) quality improvement strategies the
 248 department has deployed to streamline operations to make efficient
 249 and effective use of staff and resources.

250 (k) The commissioner may adopt regulations, in accordance with
 251 the provisions of chapter 54 of the general statutes, to carry out the
 252 provisions of this section.

253 (l) State agencies shall be exempt from the requirements of
 254 subsections (d) to (i), inclusive, of this section.

255 Sec. 5. Section 19a-202b of the general statutes is repealed. (*Effective*
 256 *July 1, 2019*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2019</i>	19a-55(a)
Sec. 2	<i>July 1, 2019</i>	19a-202
Sec. 3	<i>July 1, 2019</i>	19a-245
Sec. 4	<i>from passage</i>	New section
Sec. 5	<i>July 1, 2019</i>	Repealer section

PH *Joint Favorable*

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:

Agency Affected	Fund-Effect	FY 20 \$	FY 21 \$
Public Health, Dept.	GF - Cost	98,000	100,646
Resources of the General Fund	GF - Revenue Gain	98,000	100,646

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill is not anticipated to result in a net fiscal impact to the State or municipalities. The fiscal impact of each section of the bill is projected below.

Section 1, which is effective 10/1/19, requires that newborns be screened for any disorder included in the federal Recommended Uniform Screening Panel (RUSP). The cost to the Department of Public Health (DPH) to screen for three nationally recommended disorders not currently being screened for (Pompe Disease, Mucopolysaccharidosis Type I, and Spinal Muscular Atrophy) is approximately \$98,000 in FY 20 (partial year) and \$100,646 in FY 21 (full year). Testing costs are anticipated to be recovered by additional General Fund revenue generated by increasing the fee per newborn screened by three dollars, from \$110 to \$113.¹

Sections 2 and 3 require that per capita funding granted by DPH to full-time and district municipal health departments be reduced proportionally in the event that the total amount appropriated to the

¹Section 346 of PA 15-5 JSS increased the fee per newborn screened, starting in FY 16, from \$56 to \$98. In 2017, the fee was increased from \$98 to \$110 in the Governor's Executive Order Budget.

Local and District Departments of Health account is less than the per capita funding required under CGS Sec. 19a-202 and CGS Sec. 19a-245. These sections implement the Governor's FY 20 and FY 21 Budget, which reduces statutory funding for full-time and district municipal health departments by 20%, or \$935,666, in each fiscal year of the biennium. The amount that would be provided to for full-time and district municipal health departments under existing statutes is approximately \$4,678,322 in both FY 20 and FY 21.

Section 4 finalizes the Drinking Water Primacy Assessment structure by setting a fee per service connection of \$2.57 and clarifying that the requirement for water companies to pay the assessment terminates if DPH no longer maintains primacy under the federal Safe Drinking Water Act.²

The Out Years

The fiscal impact identified above would continue into the future subject to: (1) new disorders being included in the RUSP, (2) the General Fund appropriations for the Local and District Departments of Health account, and (3) the number of public water systems and their number of service connections.

²Approximately \$2,025,000 is currently anticipated to be generated annually from the Drinking Water Primacy Assessment, beginning in FY 19. The Drinking Water Primacy Assessment was established in Sections 676 and 677 of PA 17-2 JSS. Starting in FY 19, annual General Fund revenue of \$2.5 million was included in the FY 18 and FY 19 Biennial Budget's revenue schedule.

OLR Bill Analysis**HB 7193****AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET
RECOMMENDATIONS REGARDING PUBLIC HEALTH.****SUMMARY**

This bill makes various changes to the public health statutes. It:

1. expands the Department of Public Health's (DPH) Newborn Screening Program to include any disorder listed on the federal Recommended Uniform Screening Panel (see BACKGROUND), subject to the Office of Policy and Management (OPM) secretary's approval (§ 1);
2. requires DPH to reduce payments on a pro rata basis to municipal and district health departments if the payments in a fiscal year exceed the amount appropriated (§§ 2 & 3);
3. requires water companies that own community water systems or non-transient, non-community water systems to annually pay to DPH a safe drinking water primacy assessment and, starting January 1, 2022, extends the assessment to transient, non-community water systems (§ 4); and
4. allows water companies that own community water systems to recover the assessment from customers, exempts state agencies from the assessment, and allows DPH to adopt implementing regulations (§ 4).

The bill also makes technical and conforming changes, including repealing an obsolete provision on distributing payments to local health departments in FY 00 (§ 5).

EFFECTIVE DATE: July 1, 2019, except that the provision on the (1)

Newborn Screening Program takes effect October 1, 2019, and (2) safe drinking water assessment takes effect upon passage.

§ 4 — SAFE DRINKING WATER ASSESSMENT

Definitions

Under the bill, a “public water system” is a water company that supplies drinking water to 15 or more consumers or 25 or more people daily at least 60 days per year.

A “community water system” is a public water system that regularly serves at least 25 residents. A “non-community water system” is a public water system that serves at least 25 people at least 60 days of the year and is not a community water system.

A “non-transient, non-community water system” is a non-community water system that regularly serves at least 25 of the same people for at least six months per year. A “transient, non-community water system” is a public water system that is not a community water system and does not serve at least 25 of the same people for at least six months per year.

Assessment Required

Starting in FY 19, the bill requires water companies that own community or non-transient, non-community water systems to annually pay DPH a safe drinking water primacy assessment. Beginning January 1, 2022, the bill extends the assessment to transient, non-community water systems and systems for which DPH conducted a sanitary survey in the prior year.

Under the bill, the assessment’s purpose is to support DPH’s ability to maintain primacy under the federal Safe Drinking Water Act (SWDA, 42 U.S.C. § 300f et seq.). Under the SWDA, the federal Environmental Protection Agency (EPA) delegates primary enforcement responsibility (“primacy”) for public water systems to states if they meet certain requirements.

Among other things, the bill (1) allows water companies that own

community water systems to recover the assessment from customers, (2) exempts state agencies from the assessment, and (3) allows the DPH commissioner to adopt implementing regulations.

Assessment Amount and Procedure

The following tables describe the assessment amounts and payment due dates.

Table 1: Assessment Amounts

System Type	Amount
Community water system	If fewer than 50 service connections: \$125 If 50 to 99 service connections: \$150 If 100 or more service connections: an amount set by the DPH commissioner, up to \$5 per connection (starting FY19)
Non-transient, non-community water system	\$125 (starting FY19)
Transient, non-community water system	\$150 (starting January 1, 2022)
Water system for which DPH conducted a sanitary survey in the prior year	\$150 (starting January 1, 2022)

Table 2: Assessment Due Dates

System Type	Deadline for DPH Issuing Initial Invoice	Deadline for Company to Pay Annual Assessment
Community water system	January 1, 2020	If less than 100 service connections: May 1 If 100 or more service connections: 50% due March 1 and remaining 50% due May 1
Non-transient, non-	January 1, 2020	March 1

community water system		
Transient, non-community water system	March 1, 2022	May 31
Water system for which DPH conducted a sanitary survey in the prior year	March 1, 2022	May 31

The bill also provides that:

1. if one water company acquires another, the purchaser must pay the assessment and
2. if a company fails to pay the assessment within 30 days after the due date, DPH may impose a 1.5% assessment fee for each month of nonpayment beyond the initial 30-day period unless it is a municipal water company, which is subject to a 9.0% fee (CGS § 12-38).

By August 1, 2019, the bill requires DPH to annually issue a statement to each water company that owns a community water system that shows the number of service connections the system has listed in the department’s record as of the date the statement is issued.

Assessment Termination

The bill provides that the requirement for water companies to pay the assessment terminates if DPH no longer maintains primacy under the SDWA. This applies whether primacy is removed by the EPA or any other action by a state or federal authority.

If the assessment is terminated and not reinstated within 180 days, the water company must credit its customers any amount collected from them for the amount that the company is no longer required to pay DPH.

Assessment Recovery

The bill allows water companies that own community water

systems to collect the assessment from their customers, using fees based on each customer's share of the assessment. Water companies may charge such fees without needing to go through the standard process for seeking rate change approval if the fees appear as a separate item identified as an assessment. Such charges are subject to the company's past due and collection procedures, including interest charges, that apply to other authorized charges.

DPH Reporting

The bill requires DPH, in consultation with OPM and starting by October 1, 2019, to annually post on its website:

1. the costs to support DPH's ability to maintain primacy under the SWDA (in an amount constituting the total assessment amount for that current fiscal year) and
2. the assessment amounts due, based on such costs in accordance with the bill's requirements.

The bill also requires DPH, starting by December 1, 2019, to annually post on its website and submit to the Public Health Committee, a report on:

1. resources dedicated to support DPH's ability to maintain primacy under the SDWA in the previous fiscal year,
2. the number of full-time equivalent positions that performed the required functions to maintain primacy in the previous fiscal year, and
3. quality improvement strategies the department deployed to streamline operations to make efficient and effective use of staff resources.

BACKGROUND

Federal Recommended Uniform Screening Panel (RUSP)

The RUSP is a list of health conditions that the federal Department of Health and Human Services recommends states screen for as part of

their newborn screening programs. Conditions are included on the list based on evidence of the potential benefit of screening, states' ability to screen, and the availability of effective treatments (42 U.S.C. § 300b-10).

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 14 Nay 11 (03/29/2019)