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

As Amended by Senate "B" (LCO 10597)

Senate Calendar No.: 372

### OFA Fiscal Note

**State Impact:** None

**Municipal Impact:**

<table>
<thead>
<tr>
<th>Municipalities</th>
<th>Effect</th>
<th>FY 20 $</th>
<th>FY 21 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Various Municipalities</td>
<td>Potential Revenue Loss</td>
<td>See Below</td>
<td>See Below</td>
</tr>
</tbody>
</table>

**Explanation**

The bill, which makes various changes to public health-related statutes and exempts nonprofit nursing homes from property taxes, may result in a grand list reduction to municipalities that host these nursing homes. A grand list reduction results in a revenue loss, given a constant mill rate.

Senate “B” makes technical changes to the underlying bill and adds language to it that, among other provisions, make Department of Public Health (DPH) inspections of nationally accredited outpatient clinics necessary every four years, instead of every three years. Outpatient clinic licensing requirements and associated fees remain unchanged. Therefore, there is no fiscal impact associated from this change.

Section 530 of Senate “B” exempts nonprofit nursing homes from property taxes, as discussed above.
There is no fiscal impact to the DPH’s Office of Emergency Services to: (1) authorize emergency medical services (EMS) organizations to establish mobile integrated health care programs, and (2) establish rates for EMS transport to medically appropriate, alternative destinations to emergency rooms. To the extent that the rates associated with transport to alternative destinations impact ambulance rates reimbursed by various payers, such as municipalities or Medicaid, there could be a fiscal impact to the State and municipalities. The fiscal impact will depend on the rates established, the number of eligible beneficiaries who utilize them, and the number of patients diverted from emergency rooms to alternate destinations. The amendment is not anticipated to directly impact the State and municipal health plans, as it does not require insurance coverage for these services.

**The Out Years**

The annualized ongoing fiscal impact identified above would continue into the future subject the grand list reduction to municipalities.

*The preceding Fiscal Impact statement is prepared for the benefit of the members of the General Assembly, solely for the purposes of information, summarization and explanation and does 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.*