Offered by:
SEN. DAUGHERTY ABRAMS, 13th Dist.
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To: Subst. Senate Bill No. 920
File No. 762
Cal. No. 372

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

Strike section 5 in its entirety and insert the following in lieu thereof:

"Sec. 5. Subsections (a) to (c), inclusive, of section 19a-493 of the general statutes are repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

(a) Upon receipt of an application for an initial license, the Department of Public Health, subject to the provisions of section 19a-491a, shall issue such license if, upon conducting a scheduled inspection and investigation, the department finds that the applicant and facilities meet the requirements established under section 19a-495, provided a license shall be issued to or renewed for an institution, as defined in section 19a-490, only if such institution is not otherwise required to be licensed by the state. If an institution, as defined in subsections (b), (d), (e) and (f) of section 19a-490, applies for license
renewal and has been certified as a provider of services by the United
States Department of Health and Human Services under Medicare or
Medicaid programs within the immediately preceding twelve-month
period, or if an institution, as defined in subsection (b) of section 19a-
490, is currently certified, the commissioner or the commissioner's
designee may waive on renewal the inspection and investigation of
such facility required by this section and, in such event, any such
facility shall be deemed to have satisfied the requirements of section
19a-495 for the purposes of licensure. Such license shall be valid for
two years or a fraction thereof and shall terminate on March thirty-
first, June thirtieth, September thirtieth or December thirty-first of the
appropriate year. A license issued pursuant to this chapter, unless
sooner suspended or revoked, shall be renewable biennially (1) after
an unscheduled inspection is conducted by the department, and (2)
upon the filing by the licensee, and approval by the department, of a
report upon such date and containing such information in such form
as the department prescribes and satisfactory evidence of continuing
compliance with requirements established under section 19a-495. In
the case of an institution, as defined in subsection (d) of section 19a-
490, that is also certified as a provider under the Medicare program,
the license shall be issued for a period not to exceed three years, to run
concurrently with the certification period. In the case of an institution,
as defined in subsection (m) of section 19a-490, that is applying for
renewal, the license shall be issued pursuant to section 19a-491, as
amended by this act. Except in the case of a multicare institution, each
license shall be issued only for the premises and persons named in the
application. Such license shall not be transferable or assignable.
Licenses shall be posted in a conspicuous place in the licensed
premises.

(b) (1) A nursing home license may be renewed biennially after (A)
an unscheduled inspection conducted by the department, (B)
submission of the information required by section 19a-491a, and (C)
submission of evidence satisfactory to the department that the nursing
home is in compliance with the provisions of this chapter, the Public
Health Code and licensing regulations.

(2) Any change in the ownership of a facility or institution, as defined in [subsection (c) of] section 19a-490, owned by an individual, partnership or association or the change in ownership or beneficial ownership of ten per cent or more of the stock of a corporation which owns, conducts, operates or maintains such facility or institution, shall be subject to prior approval of the department after a scheduled inspection of such facility or institution is conducted by the department, provided such approval shall be conditioned upon a showing by such facility or institution to the commissioner that it has complied with all requirements of this chapter, the regulations relating to licensure and all applicable requirements of the Public Health Code. Any such change in ownership or beneficial ownership resulting in a transfer to a person related by blood or marriage to such an owner or beneficial owner shall not be subject to prior approval of the department unless: (A) Ownership or beneficial ownership of ten per cent or more of the stock of a corporation, partnership or association which owns, conducts, operates or maintains more than one facility or institution is transferred; (B) ownership or beneficial ownership is transferred in more than one facility or institution; or (C) the facility or institution is the subject of a pending complaint, investigation or licensure action. If the facility or institution is not in compliance, the commissioner may require the new owner to sign a consent order providing reasonable assurances that the violations shall be corrected within a specified period of time. Notice of any such proposed change of ownership shall be given to the department at least [ninety] one hundred twenty days prior to the effective date of such proposed change. For the purposes of this subdivision, "a person related by blood or marriage" means a parent, spouse, child, brother, sister, aunt, uncle, niece or nephew. For the purposes of this subdivision, a change in the legal form of the ownership entity, including, but not limited to, changes from a corporation to a limited liability company, a partnership to a limited liability partnership, a sole proprietorship to a corporation and similar changes, shall not be considered a change of
ownership if the beneficial ownership remains unchanged and the
owner provides such information regarding the change to the
department as may be required by the department in order to properly
identify the current status of ownership and beneficial ownership of
the facility or institution. For the purposes of this subdivision, a public
offering of the stock of any corporation that owns, conducts, operates
or maintains any such facility or institution shall not be considered a
change in ownership or beneficial ownership of such facility or
institution if the licensee and the officers and directors of such
corporation remain unchanged, such public offering cannot result in
an individual or entity owning ten per cent or more of the stock of
such corporation, and the owner provides such information to the
department as may be required by the department in order to properly
identify the current status of ownership and beneficial ownership of
the facility or institution.

(c) (1) A multicare institution may, under the terms of its existing
license, provide behavioral health services or substance use disorder
treatment services on the premises of more than one facility, at a
satellite unit or at another location outside of its facilities or satellite
units that is acceptable to the patient receiving services and is
consistent with the patient's assessment and treatment plan. Such
behavioral health services or substance use disorder treatment services
may include methadone delivery and related substance use treatment
services to persons in a nursing home facility pursuant to the
provisions of section 19a-495c.

(2) Any multicare institution that intends to offer services at a
satellite unit or other location outside of its facilities or satellite units
shall submit an application for approval to offer services at such
location to the Department of Public Health. Such application shall be
submitted on a form and in the manner prescribed by the
Commissioner of Public Health. Not later than forty-five days after
receipt of such application, the commissioner shall notify the multicare
institution of the approval or denial of such application. If the satellite
unit or other location is approved, that satellite unit or location shall be
deemed to be licensed in accordance with this section and shall comply
with the applicable requirements of this chapter and regulations
adopted under this chapter.

(3) A multicare institution that is a hospital providing outpatient
behavioral health services or other health care services shall provide
the Department of Public Health with a list of satellite units or
locations when completing the initial or renewal licensure application.

[(3)] (4) The Commissioner of Public Health may adopt regulations,
in accordance with the provisions of chapter 54, to carry out the
provisions of this subsection. The Commissioner of Public Health may
implement policies and procedures necessary to administer the
provisions of this subsection while in the process of adopting such
policies and procedures as regulation, provided the commissioner
prints notice of intent to adopt regulations in the Connecticut Law
Journal not later than twenty days after the date of implementation.
Policies and procedures implemented pursuant to this section shall be
valid until the time final regulations are adopted."

Strike section 22 in its entirety and insert the following in lieu
thereof:

"Sec. 22. Section 19a-37 of the general statutes is repealed and the
following is substituted in lieu thereof (Effective July 1, 2019):

(a) As used in this section:

(1) "Laboratory or firm" means an environmental laboratory
registered by the Department of Public Health pursuant to section 19a-
29a;

(2) "Private well" means a water supply well that meets all of the
following criteria: (A) Is not a public well; (B) supplies a population of
less than twenty-five persons per day; and (C) is owned or controlled
through an easement or by the same entity that owns or controls the
building or parcel that is served by the water supply well;
(3) "Public well" means a water supply well that supplies a public water system;

(4) ["Well for semipublic use"] "Semipublic well" means a water supply well that (A) does not meet the definition of a private well or public well, and (B) provides water for drinking and other domestic purposes; and

(5) "Water supply well" means an artificial excavation constructed by any method for the purpose of [getting] obtaining or providing water for drinking or other domestic, industrial, commercial, agricultural, recreational or irrigation use, or other outdoor water use.

(b) The Commissioner of Public Health may adopt regulations in the Public Health Code for the preservation of the public health pertaining to (1) protection and location of new water supply wells or springs for residential or nonresidential construction or for public or semipublic use, and (2) inspection for compliance with the provisions of municipal regulations adopted pursuant to section 22a-354p.

(c) The Commissioner of Public Health shall adopt regulations, in accordance with chapter 54, for the testing of water quality in private residential wells and [wells for semipublic use] semipublic wells. Any laboratory or firm which conducts a water quality test on a private well serving a residential property or [well for semipublic use] semipublic well shall, not later than thirty days after the completion of such test, report the results of such test to (1) the public health authority of the municipality where the property is located, and (2) the Department of Public Health in a format specified by the department, provided such report shall only be required if the party for whom the laboratory or firm conducted such test informs the laboratory or firm identified on the chain of custody documentation submitted with the test samples that the test was conducted in connection with the sale of such property. No regulation may require such a test to be conducted as a consequence or a condition of the sale, exchange, transfer, purchase or rental of the real property on which the private residential
well or [well for semipublic use] semipublic well is located.

(d) Prior to the sale, exchange, purchase, transfer or rental of real property on which a residential well is located, the owner shall provide the buyer or tenant notice that educational material concerning private well testing is available on the Department of Public Health web site. Failure to provide such notice shall not invalidate any sale, exchange, purchase, transfer or rental of real property. If the seller or landlord provides such notice in writing, the seller or landlord and any real estate licensee shall be deemed to have fully satisfied any duty to notify the buyer or tenant that the subject real property is located in an area for which there are reasonable grounds for testing under subsection (g) or (j) of this section.

(e) The Commissioner of Public Health shall adopt regulations, in accordance with chapter 54, to clarify the criteria under which the commissioner may issue a well permit exception and to describe the terms and conditions that shall be imposed when a well is allowed at a premises (1) that is connected to a public water supply system, or (2) whose boundary is located within two hundred feet of an approved community water supply system, measured along a street, alley or easement. Such regulations shall (A) provide for notification of the permit to the public water supplier, (B) address the quality of the water supplied from the well, the means and extent to which the well shall not be interconnected with the public water supply, the need for a physical separation, and the installation of a reduced pressure device for backflow prevention, the inspection and testing requirements of any such reduced pressure device, and (C) identify the extent and frequency of water quality testing required for the well supply.

(f) No regulation may require that a certificate of occupancy for a dwelling unit on such residential property be withheld or revoked on the basis of a water quality test performed on a private residential well pursuant to this section, unless such test results indicate that any maximum contaminant level applicable to public water supply systems for any contaminant listed in the public health code has been
exceeded. No administrative agency, health district or municipal
health officer may withhold or cause to be withheld such a certificate
of occupancy except as provided in this section.

(g) The local director of health may require a private residential well
or [well for semipublic use] semipublic well to be tested for arsenic,
radium, uranium, radon or gross alpha emitters, when there are
reasonable grounds to suspect that such contaminants are present in
the groundwater. For purposes of this subsection, "reasonable
grounds" means (1) the existence of a geological area known to have
naturally occurring arsenic, radium, uranium, radon or gross alpha
emitter deposits in the bedrock; or (2) the well is located in an area in
which it is known that arsenic, radium, uranium, radon or gross alpha
emitters are present in the groundwater.

(h) Except as provided in subsection (i) of this section, the collection
of samples for determining the water quality of private residential
wells and [wells for semipublic use] semipublic wells may be made
only by (1) employees of a laboratory or firm certified or approved by
the Department of Public Health to test drinking water, if such
employees have been trained in sample collection techniques, (2)
certified water operators, (3) local health departments and state
employees trained in sample collection techniques, or (4) individuals
with training and experience that the Department of Public Health
deems sufficient.

(i) Any owner of a residential construction, including, but not
limited to, a homeowner, on which a private residential well is located
or any general contractor of a new residential construction on which a
private residential well is located may collect samples of well water for
submission to a laboratory or firm for the purposes of testing water
quality pursuant to this section, provided (1) such laboratory or firm
has provided instructions to said owner or general contractor on how
to collect such samples, and (2) such owner or general contractor is
identified to the subsequent owner on a form to be prescribed by the
Department of Public Health. No regulation may prohibit or impede
such collection or analysis.

(j) The local director of health may require private residential wells and [wells for semipublic use] semipublic wells to be tested for pesticides, herbicides or organic chemicals when there are reasonable grounds to suspect that any such contaminants might be present in the groundwater. For purposes of this subsection, "reasonable grounds" means (1) the presence of nitrate-nitrogen in the groundwater at a concentration greater than ten milligrams per liter, or (2) that the private residential well or [well for semipublic use] semipublic well is located on land, or in proximity to land, associated with the past or present production, storage, use or disposal of organic chemicals as identified in any public record.

(k) Any water transported in bulk by any means to a premises currently supplied by a private well or [well for semipublic use] semipublic well where the water is to be used for purposes of drinking or domestic use shall be provided by a bulk water hauler licensed pursuant to section 20-278h. No bulk water hauler shall deliver water without first notifying the owner of the premises of such delivery. Bulk water hauling to a premises currently supplied by a private well or [well for semipublic use] semipublic well shall be permitted only as a temporary measure to alleviate a water supply shortage."

Strike section 41 in its entirety and renumber the remaining sections and internal references accordingly:

After the last section, add the following and renumber sections and internal references accordingly:

"Sec. 501. Section 19a-521e of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

(a) As used in this section:

(1) "Nursing home" has the same meaning as provided in section 12-263p; [and]"
(2) "Behavioral health facility" has the same meaning as provided in section 19a-490, as amended by this act; and

[(2)] (3) "Reportable event" means an event occurring at a nursing home or behavioral health facility that is deemed by the department to require the immediate notification of the department.

(b) [On or before January 1, 2019, the] The Department of Public Health shall develop a system for nursing homes or behavioral health facilities to electronically notify the department of a reportable event.

Sec. 502. Subsection (e) of section 19a-491 of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

(e) The commissioner shall charge one thousand dollars for the licensing and inspection [every three years] of outpatient clinics that provide either medical or mental health service, urgent care services and well-child clinical services, except those operated by a municipal health [departments] department, health [districts] district or licensed nonprofit nursing or community health [agencies] agency. Such licensing and inspection shall be performed every three years, except those outpatient clinics that have obtained accreditation from a national accrediting organization within the immediately preceding twelve-month period may be inspected by the commissioner once every four years, provided the outpatient clinic has not committed any violation that the commissioner determines would pose an immediate threat to the health, safety or welfare of the patients of the outpatient clinic. The provisions of this subsection shall not be construed to limit the commissioner's authority to inspect any applicant for licensure or renewal of licensure as an outpatient clinic, suspend or revoke any license granted to an outpatient clinic pursuant to this section or take
any other legal action against an outpatient clinic that is authorized by
any provision of the general statutes.

308 Sec. 503. Subsection (a) of section 19a-112e of the general statutes, as
309 amended by section 2 of substitute senate bill 796 of the current
310 session, as amended by Senate Amendment Schedule "A", is repealed
311 and the following is substituted in lieu thereof (Effective July 1, 2019):

312 (a) As used in this section and sections 19a-112f and 19a-112g; [
313 as
314 amended by this act:]

315 (1) "Emergency contraception" means one or more prescription
drugs used separately or in combination administered to or self-
316 administered by a patient to prevent pregnancy, within a medically
317 recommended amount of time after sexual intercourse and provided
318 for that purpose, in accordance with professional standards of practice,
319 and determined to be safe by the United States Food and Drug
320 Administration.

321 (2) "Emergency treatment" means any medical examination or
treatment provided in a licensed health care facility to a victim of
322 sexual assault following an alleged sexual assault.

323 (3) "Medically and factually accurate and objective" means verified
or supported by the weight of research conducted in compliance with
accepted scientific methods and published in peer-reviewed journals,
where applicable.

328 (4) "Victim of sexual assault" means any person who alleges or is
alleged to have suffered an injury as a result of a sexual offense.

330 (5) "Sexual offense" means a violation of subsection (a) of section
53a-70, section 53a-70a or 53a-70b, subsection (a) of section 53a-71,
332 section 53a-72a or 53a-72b, subdivision (2) of subsection (a) of section
333 53a-86, subdivision (2) of subsection (a) of section 53a-87 or section
334 53a-90a, 53a-196a or 53a-196b.

335 (6) "Independent provider" means a physician licensed under
chapter 370, a physician assistant licensed under chapter 370, an advanced practice registered nurse or registered nurse licensed under chapter 378, or a nurse-midwife licensed under chapter 377, all of whom are trained and certified pursuant to the certification process implemented by the Chief Court Administrator pursuant to subsection (c) of section 19a-112f, as amended by this act, to conduct a forensic exam in accordance with the state of Connecticut Technical Guidelines for Health Care Response to Victims of Sexual Assault, published by the Commission on the Standardization of the Collection of Evidence in Sexual Assault Investigations pursuant to section 19a-112a.

(7) "Sexual assault forensic examiner" means a physician or physician assistant licensed pursuant to chapter 370, a registered nurse or advanced practice registered nurse licensed pursuant to chapter 378 or nurse midwife licensed pursuant to chapter 377 who has successfully completed the certification process and met all continuing education and recertification requirements implemented by the Chief Court Administrator pursuant to subsection (c) of section 19a-112f, as amended by this act.

(8) "Sexual assault nurse examiner" means a registered nurse or an advanced practice registered nurse licensed pursuant to chapter 378 who has provided care and treatment to a victim of sexual assault and collected evidence from said victim without successfully completing the training and certification process implemented by the Chief Court Administrator pursuant to subsection (c) of section 19a-112f.

[(8)] (9) "Health care facility" means (A) a hospital licensed under chapter 368v that has an emergency department, including any free-standing emergency department, or (B) an infirmary operated by The University of Connecticut at Storrs.

Sec. 504. Subsection (e) of section 19a-112e of the general statutes, as amended by section 2 of substitute senate bill 796 of the current session, as amended by Senate Amendment Schedule "A", is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):
(e) No person shall use the title "sexual assault forensic examiner" or "sexual assault nurse examiner", or any variant of such titles, without successfully completing the certification requirements imposed by the Chief Court Administrator pursuant to subsection (c) of section 19a-112f, as amended by this act.

Sec. 505. Subsection (a) of section 17a-450a of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

(a) The Department of Mental Health and Addiction Services shall constitute a successor department to the Department of Mental Health. Whenever the words "Commissioner of Mental Health" are used or referred to in the following general statutes, the words "Commissioner of Mental Health and Addiction Services" shall be substituted in lieu thereof and whenever the words "Department of Mental Health" are used or referred to in the following general statutes, the words "Department of Mental Health and Addiction Services" shall be substituted in lieu thereof: 4-5, 4-38c, 4-77a, 4a-12, 4a-16, 5-142, 8-206d, 10-19, 10-71, 10-76d, 17a-14, 17a-26, 17a-31, 17a-33, 17a-218, 17a-246, 17a-450, 17a-451, 17a-453, 17a-454, 17a-455, 17a-456, 17a-457, 17a-458, 17a-459, 17a-460, 17a-464, 17a-465, 17a-466, 17a-467, 17a-468, 17a-470, 17a-471, 17a-472, 17a-473, 17a-474, 17a-476, 17a-478, 17a-479, 17a-480, 17a-481, 17a-482, 17a-483, 17a-484, 17a-498, 17a-499, 17a-502, 17a-506, 17a-510, 17a-511, 17a-512, 17a-513, 17a-519, 17a-528, 17a-560, 17a-561, 17a-562, 17a-565, 17a-581, 17a-582, 17a-675, 17b-28, 17b-59a, 17b-222, 17b-223, 17b-225, 17b-359, 17b-694, 19a-82, 19a-495, 19a-498, 19a-507a, [19a-507c,] 19a-576, 19a-583, 20-14i, 20-14j, 21a-240, 21a-301, 27-122a, 31-222, 38a-514, 46a-28, 51-51o, 52-146h and 54-56d, as amended by this act.

Sec. 506. Section 19a-175 of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

As used in this chapter, unless the context otherwise requires:

(1) "Emergency medical service system" means a system which
provides for the arrangement of personnel, facilities and equipment for
the efficient, effective and coordinated delivery of health care services
under emergency conditions;

(2) "Patient" means an injured or ill person or a person with a
physical disability requiring assistance and transportation;

(3) "Ambulance" means a motor vehicle specifically designed to
carry patients;

(4) "Ambulance service" means an organization which transports
patients;

(5) "Emergency medical technician" means a person who is certified
pursuant to chapter 384d;

(6) "Ambulance driver" means a person whose primary function is
driving an ambulance;

(7) "Emergency medical services instructor" means a person who is
certified pursuant to chapter 384d;

(8) "Communications facility" means any facility housing the
personnel and equipment for handling the emergency communications
needs of a particular geographic area;

(9) "Life saving equipment" means equipment used by emergency
medical personnel for the stabilization and treatment of patients;

(10) "Emergency medical service organization" means any
corporation or organization whether public, private or voluntary that
offers transportation or treatment services to patients primarily under
emergency conditions;

(11) "Invalid coach" means a vehicle used exclusively for the
transportation of nonambulatory patients, who are not confined to
stretchers, to or from either a medical facility or the patient's home in
nonemergency situations or utilized in emergency situations as a
backup vehicle when insufficient emergency vehicles exist;

(12) "Rescue service" means any organization, whether for-profit or
nonprofit, whose primary purpose is to search for persons who have
become lost or to render emergency service to persons who are in
dangerous or perilous circumstances;

[(13) "Provider" means any person, corporation or organization,
whether profit or nonprofit, whose primary purpose is to deliver
medical care or services, including such related medical care services
as ambulance transportation;]

[(14)] (13) "Commissioner" means the Commissioner of Public
Health;

[(15)] (14) "Paramedic" means a person licensed pursuant to chapter
384d;

[(16)] (15) "Commercial ambulance service" means an ambulance
service which primarily operates for profit;

[(17)] (16) "Licensed ambulance service" means a commercial
ambulance service or a volunteer or municipal ambulance service
issued a license by the commissioner;

[(18)] (17) "Certified ambulance service" means a municipal,
volunteer or nonprofit ambulance service issued a certificate by the
commissioner;

[(19)] (18) "Automatic external defibrillator" means a device that: (A)
Is used to administer an electric shock through the chest wall to the
heart; (B) contains internal decision-making electronics,
microcomputers or special software that allows it to interpret
physiologic signals, make medical diagnosis and, if necessary, apply
therapy; (C) guides the user through the process of using the device by
audible or visual prompts; and (D) does not require the user to employ
any discretion or judgment in its use;
"Mutual aid call" means a call for emergency medical services that, pursuant to the terms of a written agreement, is responded to by a secondary or alternate emergency medical service organization if the primary or designated emergency medical service organization is unable to respond because such primary or designated emergency medical service organization is responding to another call for emergency medical services or the ambulance or nontransport emergency vehicle operated by such primary or designated emergency medical service organization is out of service. For purposes of this subdivision, "nontransport emergency vehicle" means a vehicle used by emergency medical technicians or paramedics in responding to emergency calls that is not used to carry patients;

"Municipality" means the legislative body of a municipality or the board of selectmen in the case of a municipality in which the legislative body is a town meeting;

"Primary service area" means a specific geographic area to which one designated emergency medical service organization is assigned for each category of emergency medical response services;

"Primary service area responder" means an emergency medical services provider service organization who is designated to respond to a victim of sudden illness or injury in a primary service area;

"Interfacility critical care transport" means the interfacility transport of a patient between licensed health care institutions;

"Advanced emergency medical technician" means an individual who is certified as an advanced emergency medical technician pursuant to chapter 384d;

"Emergency medical responder" means an individual who is certified pursuant to chapter 384d;
"Medical oversight" means the active surveillance by physicians of the provision of emergency medical services sufficient for the assessment of overall emergency medical service practice levels, as defined by state-wide protocols;

"Office of Emergency Medical Services" means the office established within the Department of Public Health pursuant to section 19a-178, as amended by this act;

"Sponsor hospital" means a hospital that has agreed to maintain staff for the provision of medical oversight, supervision and direction to an emergency medical service organization and its personnel and has been approved for such activity by the Department of Public Health;

"Paramedic intercept service" means paramedic treatment services provided by an entity that does not provide the ground ambulance transport; [and]

"Authorized emergency medical services vehicle" means an ambulance, invalid coach or advanced emergency technician-staffed intercept vehicle or a paramedic-staffed intercept vehicle licensed or certified by the Department of Public Health for purposes of providing emergency medical care to patients; [. and]

"Emergency medical services personnel" means an individual certified to practice as an emergency medical responder, emergency medical technician, advanced emergency medical technician, emergency medical services instructor or an individual licensed as a paramedic.

Sec. 507. Subdivisions (6) to (8), inclusive, of section 19a-177 of the general statutes are repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

(6) Establish such minimum standards and adopt such regulations in accordance with the provisions of chapter 54, as may be necessary to
develop the following components of an emergency medical service system: (A) Communications, which shall include, but not be limited to, equipment, radio frequencies and operational procedures; (B) transportation services, which shall include, but not be limited to, vehicle type, design, condition and maintenance, and operational procedures; (C) training, which shall include, but not be limited to, emergency medical [technicians] services personnel, communications personnel, paraprofessionals associated with emergency medical services, firefighters and state and local police; and (D) emergency medical service facilities, which shall include, but not be limited to, categorization of emergency departments as to their treatment capabilities and ancillary services;

(7) Coordinate training of all emergency medical services personnel;

(8) (A) Develop an emergency medical services data collection system. Each emergency medical service organization licensed or certified pursuant to this chapter [386d] shall submit data to the commissioner, on a quarterly basis, from each licensed ambulance service, certified ambulance service or paramedic intercept service that provides emergency medical services. Such submitted data shall include, but not be limited to: (i) The total number of calls for emergency medical services received by such licensed ambulance service, certified ambulance service or paramedic intercept service through the 9-1-1 system during the reporting period; (ii) each level of emergency medical services, as defined in regulations adopted pursuant to section 19a-179, required for each such call; (iii) the response time for each licensed ambulance service, certified ambulance service or paramedic intercept service during the reporting period; (iv) the number of passed calls, cancelled calls and mutual aid calls, both made and received, during the reporting period; and (v) for the reporting period, the prehospital data for the nonscheduled transport of patients required by regulations adopted pursuant to subdivision (6) of this section. The data required under this subdivision may be submitted in any [written or] electronic form selected by such licensed
ambulance service, certified ambulance service or paramedic intercept service and approved by the commissioner, provided the commissioner shall take into consideration the needs of such licensed ambulance service, certified ambulance service or paramedic intercept service in approving such [written or] electronic form. The commissioner may conduct an audit of any such licensed ambulance service, certified ambulance service or paramedic intercept service as the commissioner deems necessary in order to verify the accuracy of such reported data.

(B) On or before December 31, 2018, and annually thereafter, the commissioner shall prepare a report to the Emergency Medical Services Advisory Board, established pursuant to section 19a-178a, as amended by this act, that shall include, but not be limited to, the following data: (i) The total number of calls for emergency medical services received during the reporting year by each licensed ambulance service, certified ambulance service or paramedic intercept service; (ii) the level of emergency medical services required for each such call; (iii) the name of the provider of emergency medical service, certified ambulance service or paramedic intercept service, using a common definition of response time, as provided in regulations adopted pursuant to section 19a-179; and (v) the number of passed calls, cancelled calls and mutual aid calls during the reporting year. The commissioner shall prepare such report in a format that categorizes such data for each municipality in which the emergency medical services were provided, with each such municipality grouped according to urban, suburban and rural classifications.

(C) If any licensed ambulance service, certified ambulance service or paramedic intercept service does not submit the data required under subparagraph (A) of this subdivision for a period of six consecutive months, or if the commissioner believes that such licensed ambulance service, certified ambulance service or paramedic intercept service
knowingly or intentionally submitted incomplete or false data, the commissioner shall issue a written order directing such licensed ambulance service, certified ambulance service or paramedic intercept service to comply with the provisions of subparagraph (A) of this subdivision and submit all missing data or such corrected data as the commissioner may require. If such licensed ambulance service, certified ambulance service or paramedic intercept service fails to fully comply with such order not later than three months from the date such order is issued, the commissioner (i) shall conduct a hearing, in accordance with chapter 54, at which such licensed ambulance service, certified ambulance service or paramedic intercept service shall be required to show cause why the primary service area assignment of such licensed ambulance service, certified ambulance service or paramedic intercept service should not be revoked, and (ii) may take such disciplinary action under section 19a-17 as the commissioner deems appropriate.

(D) The commissioner shall collect the data required by subparagraph (A) of this subdivision, in the manner provided in said subparagraph, from each emergency medical service organization licensed or certified pursuant to this chapter. Any such emergency medical service organization that fails to comply with the provisions of this section shall be liable for a civil penalty not to exceed one hundred dollars per day for each failure to report the required data regarding emergency medical services provided to a patient, as determined by the commissioner. The civil penalties set forth in this subparagraph shall be assessed only after the department provides a written notice of deficiency and the organization is afforded the opportunity to respond to such notice. An organization shall have not more than fifteen business days after the date of receiving such notice to provide a written response to the department. The commissioner may adopt regulations, in accordance with chapter 54, concerning the development, implementation, monitoring and collection of emergency medical service system data. All state agencies licensed or certified as emergency medical service organizations shall be exempt
from the civil penalties set forth in this subparagraph;

(E) The commissioner shall, with the recommendation of the Connecticut Emergency Medical Services Advisory Board established pursuant to section 19a-178a, as amended by this act, adopt for use in trauma data collection the most recent version of the National Trauma Data Bank's National Trauma Data Standards and Data Dictionary and nationally recognized guidelines for field triage of injured patients.

Sec. 508. Subsection (b) of section 19a-178a of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

(b) The advisory board shall consist of members appointed in accordance with the provisions of this subsection and shall include the Commissioner of Public Health, the department's emergency medical services medical director and the president of each of the regional emergency medical services councils, or their designees. The Governor shall appoint the following members: (1) One person from the Connecticut Association of Directors of Health; (2) three persons from the Connecticut College of Emergency Physicians; (3) one person from the Connecticut Committee on Trauma of the American College of Surgeons; (4) one person from the Connecticut Medical Advisory Committee; (5) one person from the Emergency Nurses Association; (6) one person from the Connecticut Association of Emergency Medical Services Instructors; (7) one person from the Connecticut Hospital Association; (8) two persons representing commercial ambulance [providers] services; (9) one person from the Connecticut State Firefighters Association; (10) one person from the Connecticut Fire Chiefs Association; (11) one person from the Connecticut Police Chiefs Association; (12) one person from the Connecticut State Police; and (13) one person from the Connecticut Commission on Fire Prevention and Control. An additional eighteen members shall be appointed as follows: (A) Three by the president pro tempore of the Senate; (B) three by the majority leader of the Senate; (C) four by the minority leader of the Senate; (D) three by the speaker of the House of Representatives;
(E) two by the majority leader of the House of Representatives; and (F) three by the minority leader of the House of Representatives. The appointees shall include a person with experience in municipal ambulance services; a person with experience in for-profit ambulance services; three persons with experience in volunteer ambulance services; a paramedic; an emergency medical technician; an advanced emergency medical technician; three consumers and four persons from state-wide organizations with interests in emergency medical services as well as any other areas of expertise that may be deemed necessary for the proper functioning of the advisory board.

Sec. 509. Subsection (a) of section 19a-180 of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

(a) No person shall operate any ambulance service, paramedic intercept service or rescue service without either a license or a certificate issued by the commissioner. No person shall operate a commercial ambulance service or commercial rescue service without a license issued by the commissioner. A certificate shall be issued to any volunteer or municipal ambulance service or any ambulance service or paramedic intercept service that is operated and maintained by a state agency and that shows proof satisfactory to the commissioner that it meets the minimum standards of the commissioner in the areas of training, equipment and personnel. No license or certificate shall be issued to any volunteer, municipal or commercial ambulance service, paramedic intercept service or rescue service or any ambulance service or paramedic intercept service that is operated and maintained by a state agency, unless it meets the requirements of subsection (e) of section 14-100a. Applicants for a license shall use the forms prescribed by the commissioner and shall submit such application to the commissioner accompanied by an annual fee of two hundred dollars. In considering requests for approval of permits for new or expanded emergency medical services in any region, the commissioner shall consult with the Office of Emergency Medical Services and the emergency medical services council of such region and shall hold a
public hearing to determine the necessity for such services. Written
notice of such hearing shall be given to current [providers] emergency
medical service organizations in the geographic region where such
new or expanded services would be implemented, provided, any
volunteer ambulance service which elects not to levy charges for
services rendered under this chapter shall be exempt from the
provisions concerning requests for approval of permits for new or
expanded emergency medical services set forth in this subsection. A
primary service area responder that operates in the service area
identified in the application shall, upon request, be granted intervenor
status with opportunity for cross-examination. Each applicant for
licensure shall furnish proof of financial responsibility which the
commissioner deems sufficient to satisfy any claim. The commissioner
may adopt regulations, in accordance with the provisions of chapter
54, to establish satisfactory kinds of coverage and limits of insurance
for each applicant for either licensure or certification. Until such
regulations are adopted, the following shall be the required limits for
licensure: (1) For damages by reason of personal injury to, or the death
of, one person on account of any accident, at least five hundred
thousand dollars, and more than one person on account of any
accident, at least one million dollars, (2) for damage to property at least
fifty thousand dollars, and (3) for malpractice in the care of one
passenger at least two hundred fifty thousand dollars, and for more
than one passenger at least five hundred thousand dollars. In lieu of
the limits set forth in subdivisions (1) to (3), inclusive, of this
subsection, a single limit of liability shall be allowed as follows: (A) For
damages by reason of personal injury to, or death of, one or more
persons and damage to property, at least one million dollars; and (B)
for malpractice in the care of one or more passengers, at least five
hundred thousand dollars. A certificate of such proof shall be filed
with the commissioner. Upon determination by the commissioner that
an applicant is financially responsible, properly certified and otherwise
qualified to operate a commercial ambulance service, paramedic
intercept service or rescue service, the commissioner shall issue the
appropriate license effective for one year to such applicant. If the
commissioner determines that an applicant for either a certificate or license is not so qualified, the commissioner shall notify such applicant of the denial of the application with a statement of the reasons for such denial. Such applicant shall have thirty days to request a hearing on the denial of the application.

Sec. 510. Subsections (i) to (l), inclusive, of section 19a-180 of the general statutes are repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

(i) The commissioner shall develop a short form application for primary service area responders seeking to add an emergency vehicle to their existing fleets pursuant to subsection (h) of this section. The application shall require an applicant to provide such information as the commissioner deems necessary, including, but not limited to, (1) the applicant's name and address, (2) the primary service area where the additional vehicle is proposed to be used, (3) an explanation as to why the additional vehicle is necessary and its proposed use, (4) proof of insurance, (5) a list of the emergency medical service organizations to whom notice was sent pursuant to subsection (h) of this section and proof of such notification, and (6) total call volume, response time and calls passed within the primary service area for the one-year period preceding the date of the application.

(j) Notwithstanding the provisions of subsection (a) of this section, any ambulance service or paramedic intercept service operated and maintained by a state agency on or before October 1, 2014, that notifies the Department of Public Health's Office of Emergency Medical Services, in writing, not later than September 1, 2014, of such operation and attests to the ambulance service or paramedic intercept service being in compliance with all statutes and regulations concerning such operation (1) shall be deemed certified by the Commissioner of Public Health, or (2) shall be deemed licensed by the Commissioner of Public Health if such ambulance service or paramedic intercept service levies charges for emergency and nonemergency services.
(k) Notwithstanding the provisions of subsection (a) of this section, any volunteer, hospital-based or municipal ambulance service that is licensed or certified and a primary service area responder may apply to the commissioner, on a short form application prescribed by the commissioner, to change the address of a principal or branch location or to add a branch location within its primary service area. Upon making such application, the applicant shall notify in writing all other primary service area responders in any municipality or abutting municipality in which the applicant proposes to change principal or branch locations. Unless a primary service area responder entitled to receive notification of such application objects, in writing, to the commissioner and requests a hearing on such application not later than fifteen calendar days after receiving such notice, the application shall be deemed approved thirty calendar days after filing. If any such primary service area responder files an objection with the commissioner within the fifteen-calendar-day time period and requests a hearing, the applicant shall be required to demonstrate need to change the address of a principal or branch location within its primary service area at a public hearing as required under subsection (a) of this section.

(l) (1) The commissioner shall develop a short form application pursuant to subsection (k) of this section for primary service area responders seeking to (A) change the address of a principal [or] location or the branch location, [pursuant to subsection (k) of this section.] or (B) to add a branch location. (2) The application shall require an applicant to provide such information as the commissioner deems necessary, including, but not limited to, [(1)] (A) the applicant's name and address, [(2)] (B) the new address where the principal or branch is to be located, [(3)] (C) an explanation as to why the principal or branch location is being moved, (D) an explanation as to the need for the addition of a branch location, and [(4)] (E) a list of the [providers] emergency medical service organizations to whom notice was sent pursuant to subsection (k) of this section and proof of such notification.
Sec. 511. Subsections (a) and (b) of section 19a-180 of the general statutes are repealed and the following is substituted in lieu thereof
(Effective July 1, 2019):

(a) For the purposes of this section, "supplemental first responder" means an emergency medical [services provider] service organization who holds a certificate of authorization by the Commissioner of Public Health and responds to a victim of sudden illness or injury when available and only when called upon, but does not offer transportation to patients or operate an ambulance service or paramedic intercept service, "emergency medical services personnel" means an individual certified pursuant to chapter 384d to practice as an emergency medical responder, emergency medical technician, advanced emergency medical technician or emergency medical services instructor or an individual licensed pursuant to chapter 384d as a paramedic, and "patient", "ambulance service", ["provider"] "emergency medical service organization", "paramedic intercept service" and "emergency medical technician" have the same meanings as provided in section 19a-175, as amended by this act.

(b) Notwithstanding the provisions of subsection (a) of section 19a-180, as amended by this act, the Commissioner of Public Health may issue a certificate of authorization for a supplemental first responder to an emergency medical [services provider] service organization who operates only in a municipality with a population of at least one hundred five thousand, but not more than one hundred fifteen thousand, as determined by the most recent population estimate by the Department of Public Health. A certificate of authorization shall be issued to an emergency medical [services provider] service organization that shows proof satisfactory to the commissioner that such emergency medical [services provider] service organization (1) meets the minimum standards of the commissioner in the areas of training, equipment and emergency medical services personnel, and (2) maintains liability insurance in an amount not less than one million dollars. Applications for such certificate of authorization shall be made in the form and manner prescribed by the commissioner. Upon
determination by the commissioner that an applicant is qualified to be a supplemental first responder, the commissioner shall issue a certificate of authorization effective for two years to such applicant. Such certificate of authorization shall be renewable biennially. If the commissioner determines that an applicant for such license is not so qualified, the commissioner shall provide such applicant with written notice of the denial of the application with a statement of the reasons for such denial. Such applicant shall have thirty days to request a hearing concerning the denial of the application. Any hearing conducted pursuant to this subsection shall be conducted in accordance with the provisions of chapter 54. If the commissioner's denial of a certificate of authorization is sustained after such hearing, an applicant may make new application not less than one year after the date on which such denial was sustained.

Sec. 512. Section 19a-180d of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

[A provider] Emergency medical services personnel, as defined in section 19a-175, as amended by this act, who holds the highest classification of licensure or certification from the Department of Public Health under this chapter and chapter 384d shall be responsible for making decisions concerning patient care on the scene of an emergency medical call. If two or more [providers] emergency medical service organizations on such scene hold the same licensure or certification classification, the [provider] emergency medical service organization for the primary service area responder, as defined in said section, shall be responsible for making such decisions. If all [providers] emergency medicine services personnel on such scene are emergency medical technicians or emergency medical responders, as defined in said section, the emergency medical service organization providing transportation services shall be responsible for making such decisions. [A provider] An emergency medical service organization on the scene of an emergency medical call who has undertaken decision-making responsibility for patient care shall transfer patient care to a provider with a higher classification of licensure or certification upon
such provider's arrival on the scene. All [providers] emergency medical services personnel with patient care responsibilities on the scene shall ensure such transfer takes place in a timely and orderly manner. For purposes of this section, the classification of licensure or certification from highest to lowest is: Paramedic, advanced emergency medical technician, emergency medical technician and emergency medical responder. Nothing in this section shall be construed to limit the authority of a fire chief or fire officer-in-charge under section 7-313e to control and direct emergency activities at the scene of an emergency.

Sec. 513. Subsection (a) of section 19a-181b of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

(a) Each municipality shall establish a local emergency medical services plan. Such plan shall include the written agreements or contracts developed between the municipality, its emergency medical [services providers] service organizations and the public safety answering point, as defined in section 28-25, that covers the municipality. The plan shall also include, but not be limited to, the following:

(1) The identification of levels of emergency medical services, including, but not limited to: (A) The public safety answering point responsible for receiving emergency calls and notifying and assigning the appropriate [provider] emergency medical service organization to a call for emergency medical services; (B) the emergency medical [services provider] service organization that is notified for initial response; (C) basic ambulance service; (D) advanced life support level; and (E) mutual aid call arrangements;

(2) The name of the person or entity responsible for carrying out each level of emergency medical services that the plan identifies;

(3) The establishment of performance standards, including, but not limited to, standards for responding to a certain percentage of initial
response notifications, response times, quality assurance and service
area coverage patterns, for each segment of the municipality's
emergency medical services system; and

(4) Any subcontracts, written agreements or mutual aid call
agreements that emergency medical [services providers] service
organizations may have with other entities to provide services
identified in the plan.

Sec. 514. Subsection (b) of section 19a-182 of the general statutes is
repealed and the following is substituted in lieu thereof (Effective July
1, 2019):

(b) Each emergency medical services council shall develop and
revise every five years a plan for the delivery of emergency medical
services in its area, using a format established by the Office of
Emergency Medical Services. Each council shall submit an annual
update for each regional plan to the Office of Emergency Medical
Services detailing accomplishments made toward plan
implementation. Such plan shall include an evaluation of the current
effectiveness of emergency medical services and detail the needs for
the future, and shall contain specific goals for the delivery of
evacuation medical services within their respective geographic areas, a
time frame for achievement of such goals, cost data for the
development of such goals, and performance standards for the
evaluation of such goals. Special emphasis in such plan shall be placed
upon coordinating the existing services into a comprehensive system.
Such plan shall contain provisions for, but shall not be limited to, the
following: (1) Clearly defined geographic regions to be serviced by
each [provider] emergency medical service organization including
cooperative arrangements with other [providers] organizations,
personnel and backup services; (2) an adequate number of trained
personnel for staffing of ambulances, communications facilities and
hospital emergency rooms, with emphasis on former military
personnel trained in allied health fields; (3) a communications system
that includes a central dispatch center, two-way radio communication
between the ambulance and the receiving hospital and a universal
emergency telephone number; and (4) a public education program that
stresses the need for adequate training in basic lifesaving techniques
and cardiopulmonary resuscitation. Such plan shall be submitted to
the Commissioner of Public Health no later than June thirtieth each
year the plan is due.

Sec. 515. Section 19a-183 of the general statutes is repealed and the
following is substituted in lieu thereof (Effective July 1, 2019):

There shall be established an emergency medical services council in
each region. A region shall be composed of the towns so designated by
the commissioner. Opportunity for membership shall be available to
all appropriate representatives of emergency medical services
including, but not limited to, one representative from each of the
following: (1) Local governments; (2) fire and law enforcement
officials; (3) medical and nursing professions, including mental health,
paraprofessional and other allied health professionals; (4) [providers
of] emergency medical service organizations that provide ambulance
services, at least one of which shall be a member of a volunteer
ambulance association; (5) institutions of higher education; (6) federal
agencies involved in the delivery of health care; and (7) consumers. All
emergency medical services councils [including those in existence on
July 1, 1974,] shall submit to the commissioner information concerning
the organizational structure and council bylaws for the commissioner's
approval. Such bylaws shall include the process by which each council
shall elect a president. The commissioner shall foster the development
of emergency medical services councils in each region.

Sec. 516. Subsection (c) of section 20-206kk of the general statutes is
repealed and the following is substituted in lieu thereof (Effective July
1, 2019):

(c) No license as a paramedic or certificate as an emergency medical
responder, emergency medical technician, advanced emergency
medical technician or emergency medical services instructor shall be
required of (1) a person performing services within the scope of practice for which he or she is licensed or certified by any agency of this state, or (2) a student, intern or trainee pursuing a course of study in emergency medical services in an accredited institution of education or within an emergency medical services program approved by the commissioner, provided the activities that would otherwise require a license or certificate as an emergency medical services [provider] personnel are performed under supervision and constitute a part of a supervised course of study.

Sec. 517. Section 20-206jj of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

As used in this section and sections 20-206kk to 20-206oo, inclusive, as amended by this act:

(1) "Advanced emergency medical technician" means an individual who is certified as an advanced emergency medical technician by the Department of Public Health;

(2) "Commissioner" means the Commissioner of Public Health;

(3) "Emergency medical services instructor" means a person who is certified under the provisions of section 20-206ll or 20-206mm, as amended by this act, by the Department of Public Health to teach courses, the completion of which is required in order to become an emergency medical technician;

(4) "Emergency medical responder" means an individual who is certified to practice as an emergency medical responder under the provisions of section 20-206ll or 20-206mm, as amended by this act;

(5) "Emergency medical services personnel" means an individual certified to practice as an emergency medical responder, emergency medical technician, advanced emergency medical technician, emergency medical services instructor or an individual licensed as a paramedic;
"Emergency medical technician" means a person who is certified to practice as an emergency medical technician under the provisions of section 20-206ll or 20-206mm, as amended by this act;

"National organization for emergency medical certification" means a national organization approved by the Department of Public Health and identified on the department's Internet web site, or such national organization's successor organization, that tests and provides certification to emergency medical responders, emergency medical technicians, advanced medical technicians and paramedics;

"Office of Emergency Medical Services" means the office established within the Department of Public Health pursuant to section 19a-178, as amended by this act;

"Paramedicine" means the carrying out of (A) all phases of cardiopulmonary resuscitation and defibrillation, (B) the administration of drugs and intravenous solutions under written or oral authorization from a licensed physician or a licensed advanced practice registered nurse, and (C) the administration of controlled substances, as defined in section 21a-240, in accordance with written protocols or standing orders of a licensed physician or a licensed advanced practice registered nurse; [and]

"Paramedic" means a person licensed to practice as a paramedic under the provisions of section 20-206ll; [I and]

"Continuing education platform Internet web site" means an online database, approved by the Commissioner of Public Health, for emergency medical services personnel to enter, track and reconcile the hours and topics of continuing education completed by such personnel.

Sec. 518. Section 20-206mm of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

(a) Except as provided in subsections (b) and (c) of this section, an
applicant for a license as a paramedic shall submit evidence satisfactory to the Commissioner of Public Health that the applicant has successfully (1) completed a paramedic training program approved by the commissioner, and (2) passed an examination prescribed by the commissioner.

(b) An applicant for licensure by endorsement shall present evidence satisfactory to the commissioner that the applicant (1) is licensed or certified as a paramedic in another state or jurisdiction whose requirements for practicing in such capacity are substantially similar to or higher than those of this state and that the applicant has no pending disciplinary action or unresolved complaint against him or her, or (2) (A) is currently licensed or certified as a paramedic in good standing in any New England state, New York or New Jersey, (B) has completed an initial training program consistent with the National Emergency Medical Services Education Standards, as promulgated by the National Highway Traffic Safety Administration for the paramedic scope of practice model conducted by an organization offering a program that is recognized by the national emergency medical services program accrediting organization, and (C) has no pending disciplinary action or unresolved complaint against him or her.

(c) Any person who is certified as an emergency medical technician-paramedic by the Department of Public Health on October 1, 1997, shall be deemed a licensed paramedic. Any person so deemed shall renew his license pursuant to section 19a-88, as amended by this act, for a fee of one hundred [fifty] fifty-five dollars.

(d) [The commissioner may issue an emergency medical technician certificate.] On or after January 1, 2020, each person seeking certification as an emergency medical responder [certificate] emergency medical technician or advanced emergency medical technician [certificate to an applicant who presents] shall apply to the department on forms prescribed by the commissioner. Applicants for certification shall comply with the following requirements: (1) For initial certification, an applicant shall present evidence satisfactory to
the commissioner that the applicant [(1) is currently certified as an emergency medical technician, emergency medical responder, or advanced emergency medical technician in good standing in any New England state, New York or New Jersey, (2)] (A) has completed an initial training program consistent with the National Emergency Medical Services Education Standards, as promulgated by the National Highway Traffic Safety Administration for the [emergency medical technician,] emergency medical responder, emergency medical technician or advanced emergency medical technician curriculum, [or advanced emergency medical technician, and (3) has no pending disciplinary action or unresolved complaint against him or her] (B) has passed the examination administered by the national organization for emergency medical certification for an emergency medical responder, emergency medical technician or advanced emergency medical technician as necessary for the type of certification sought by the applicant or an examination approved by the department, and (C) has no pending disciplinary action or unresolved complaints against such applicant, (2) a certificate issued under this subsection shall be renewed once every two years in accordance with the provisions of section 19a-88, as amended by this act, upon presentation of evidence satisfactory to the commissioner that the applicant (A) has successfully completed continuing education for an emergency medical responder, emergency medical technician or advanced emergency medical technician as required by the national organization for emergency medical certification or as approved by the department, or (B) presents a current certification as an emergency medical responder, emergency medical technician or advanced emergency medical technician from the national organization for emergency medical certification, or (3) for certification by endorsement from another state, an applicant shall present evidence satisfactory to the commissioner that the applicant (A) is currently certified as an emergency medical responder, emergency medical technician or advanced emergency medical technician in good standing by a state that maintains certification or licensing requirements that the commissioner determines are equal to or greater than those in this state, or (B) holds a current certification as
an emergency medical responder, emergency medical technician or advanced emergency medical technician from the national organization for emergency medical certification.

[(e) An emergency medical responder, emergency medical technician, advanced emergency medical technician or emergency medical services instructor shall be recertified every three years. For the purpose of maintaining an acceptable level of proficiency, each emergency medical technician who is recertified for a three-year period shall complete thirty hours of refresher training approved by the commissioner or meet such other requirements as may be prescribed by the commissioner. The refresher training or other requirements shall include, but not be limited to, training in Alzheimer's disease and dementia symptoms and care.]

(e) On or after January 1, 2020, each person seeking certification as an emergency medical services instructor shall apply to the department on forms prescribed by the commissioner. Applicants for certification shall comply with the following requirements: (1) For initial certification, an applicant shall present evidence satisfactory to the commissioner that the applicant (A) is currently certified by the department as an emergency medical technician or advanced emergency medical technician or licensed by the department as a paramedic, (B) has completed a program of training as an emergency medical instructor based on current national education standards within the prior two years, (C) has completed twenty-five hours of teaching activity under the supervision of a currently certified emergency medical services instructor, (D) has completed written and practical examinations as prescribed by the commissioner, (E) has no pending disciplinary action or unresolved complaints against the applicant, and (F) effective on a date prescribed by the commissioner, presents documentation satisfactory to the commissioner that the applicant is currently certified as an emergency medical technician, advanced emergency medical technician or paramedic by the national organization for emergency medical certification, or (2) for renewal certification, an applicant shall present evidence satisfactory to the
commissioner that the applicant (A) has successfully completed continuing education and teaching activity as required by the department, (B) maintains current certification by the department as an emergency medical technician, advanced emergency medical technician or licensure by the department as a paramedic, and (C) effective on a date as prescribed by the commissioner, presents documentation satisfactory to the commissioner that the applicant is currently certified as an emergency medical technician, advanced emergency medical technician or paramedic by the national organization for emergency medical certification.

(f) A certified emergency medical responder, emergency medical technician, advanced emergency medical technician or emergency medical services instructor shall document the completion of his or her continuing educational requirements through the continuing education platform Internet web site. A certified emergency medical responder, emergency medical technician, advanced emergency medical technician or emergency medical services instructor who is not engaged in active professional practice in any form during a certification period shall be exempt from the continuing education requirements of this section, provided the emergency medical responder, emergency medical technician, advanced emergency medical technician or emergency medical services instructor submits to the department, prior to the expiration of the certification period, an application for inactive status on a form prescribed by the department and such other documentation as may be required by the department. The application for inactive status pursuant to this subsection shall contain a statement that the emergency medical responder, emergency medical technician, advanced emergency medical technician or emergency medical services instructor may not engage in professional practice until the continuing education requirements of this section have been met.

[(f)] (g) The commissioner may issue a temporary emergency medical technician certificate to an applicant who presents evidence satisfactory to the commissioner that (1) the applicant was certified by
the department as an emergency medical technician prior to becoming licensed as a paramedic pursuant to section 20-206ll, or (2) the applicant's certification as an emergency medical technician has expired and the applicant's license as a paramedic has become void pursuant to section 19a-88, as amended by this act. Such temporary certificate shall be valid for a period not to exceed one year and shall not be renewable.

[(g)] (h) An applicant who is issued a temporary emergency medical technician certificate pursuant to subsection [(f)] (g) of this section may, prior to the expiration of such temporary certificate, apply to the department for: (1) Renewal of such person's paramedic license, giving such person's name in full, such person's residence and business address and such other information as the department requests, provided the application for license renewal is accompanied by evidence satisfactory to the commissioner that the applicant was under the medical oversight of a sponsor hospital, as those terms are defined in section 19a-175, as amended by this act, on the date the applicant's paramedic license became void for nonrenewal; or (2) recertification as an emergency medical technician, provided the application for recertification is accompanied by evidence satisfactory to the commissioner that the applicant completed emergency medical technician refresher training approved by the commissioner not later than one year after issuance of the temporary emergency medical technician certificate. The department shall recertify such person as an emergency medical technician without the examination required for initial certification specified in regulations adopted by the commissioner pursuant to section 20-2060.

[(h)] The commissioner may issue an emergency medical responder, emergency medical technician or advanced emergency medical technician certificate to an applicant for certification by endorsement who presents evidence satisfactory to the commissioner that the applicant (1) is currently certified as an emergency medical responder, emergency medical technician or advanced emergency medical technician in good standing by a state that maintains licensing...
requirements that the commissioner determines are equal to, or greater than, those in this state, (2) has completed an initial department-approved emergency medical responder, emergency medical technician or advanced emergency medical technician training program that includes written and practical examinations at the completion of the course, or a program outside the state that adheres to national education standards for the emergency medical responder, emergency medical technician or advanced emergency medical technician scope of practice and that includes an examination, and (3) has no pending disciplinary action or unresolved complaint against him or her.

(i) The commissioner may issue an emergency medical service instructor certificate to an applicant who presents (1) evidence satisfactory to the commissioner that the applicant is currently certified as an emergency medical technician in good standing, (2) documentation satisfactory to the commissioner, with reference to national education standards, regarding qualifications as an emergency medical service instructor, (3) a letter of endorsement signed by two instructors holding current emergency medical service instructor certification, (4) documentation of having completed written and practical examinations as prescribed by the commissioner, and (5) evidence satisfactory to the commissioner that the applicant has no pending disciplinary action or unresolved complaints against him or her.

[(j) (i)] Any person certified as an emergency medical responder, emergency medical technician, advanced emergency medical technician or emergency medical services instructor pursuant to this chapter and the regulations adopted pursuant to section 20-20600 whose certification has expired may apply to the Department of Public Health for reinstatement of such certification [as follows: (1) If such certification expired one year or less from the date of the application for reinstatement, provided such person [shall complete] completes the requirements for [recertification] renewal certification specified in regulations adopted pursuant to section 20-20600; (2) if such
recertification expired more than one year but less than three years
from the date of application for reinstatement, such person shall
complete the training required for recertification and the examination
required for initial certification specified in regulations adopted
pursuant to section 20-206oo; or (3) if such certification expired three
or more years from the date of application for reinstatement, such
person shall complete the requirements for initial certification set forth
in this section. Any certificate issued pursuant to this section shall
remain valid for ninety days after the expiration date of such certificate
and become void upon the expiration of such ninety-day period.

[(k)] (j) The Commissioner of Public Health shall issue an
emergency medical technician certification to an applicant who is a
member of the armed forces or the National Guard or a veteran and
who (1) presents evidence satisfactory to the commissioner that such
applicant holds a current certification as a person entitled to perform
similar services under a different designation by the National Registry
of Emergency Medical Technicians, or (2) satisfies the regulations
promulgated pursuant to subdivision [(4)] (3) of subsection (a) of
section 19a-179. Such applicant shall be exempt from any written or
practical examination requirement for certification.

[(l)] (k) For the purposes of this section, "veteran" means any person
who was discharged or released under conditions other than
dishonorable from active service in the armed forces and "armed
forces" has the same meaning as provided in section 27-103.

Sec. 519. Section 20-195ff of the general statutes is repealed and the
following is substituted in lieu thereof (Effective July 1, 2019):

The Commissioner of Public Health may adopt regulations, in
accordance with the provisions of chapter 54, to further the purposes
of subdivision (18) of subsection (c) of section 19a-14, subsection (e) of
section 19a-88, as amended by this act, subdivision [(15)] (14) of section
19a-175, as amended by this act, subsection (b) of section 20-9, sections
20-195aa to 20-195ff, inclusive, and sections 20-206jj to 20-206oo,
Sec. 520. Subdivision (14) of section 20-9 of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

(14) Any person rendering service as a physician assistant licensed pursuant to section 20-12b, a registered nurse, a licensed practical nurse or a paramedic, as defined in subdivision [(15)] (14) of section 19a-175, as amended by this act, acting within the scope of regulations adopted pursuant to section 19a-179, if such service is rendered under the supervision, control and responsibility of a licensed physician;

Sec. 521. Subdivisions (1) and (2) of subsection (e) of section 19a-88 of the general statutes are repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

(e) (1) Each person holding a license or certificate issued under section 19a-514, 20-65k, 20-74s, 20-185k, 20-185l, 20-195cc or 20-206ll and chapters 370 to 373, inclusive, 375, 378 to 381a, inclusive, 383 to 383c, inclusive, 384, 384a, 384b, [384d,] 385, 393a, 395, 399 or 400a and section 20-206n or 20-206o shall, annually, during the month of such person's birth, apply for renewal of such license or certificate to the Department of Public Health, giving such person's name in full, such person's residence and business address and such other information as the department requests.

(2) Each person holding a license or certificate issued under section 19a-514, section 20-266o and chapters 384a, 384c, 384d, 386, 387, 388 and 398 shall apply for renewal of such license or certificate once every two years, during the month of such person's birth, giving such person's name in full, such person's residence and business address and such other information as the department requests.

Sec. 522. Section 20-67 of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):
The Connecticut State Board of Examiners for Physical Therapists shall consist of [one physician, two] three physical therapists and two public members, appointed by the Governor, subject to the provisions of section 4-9a. The Governor may appoint the physical therapist members of said board from a list of [two] three names submitted by the Connecticut chapter of the American Physical Therapy Association, and may appoint the physician member from a name submitted by the Connecticut State Medical Society. Vacancies in said board shall be filled by the Governor for the unexpired portion of the term. All appointments shall be subject to the provisions of section 4-10. No member shall serve more than two consecutive full terms, commencing on and after July 1, 1981.

Sec. 523. Subsection (a) of section 1 of substitute senate bill 706 of the current session, as amended by Senate Amendment Schedule "A", is repealed and the following is substituted in lieu thereof (Effective from passage):

(a) As used in this section and sections 2 and 3 of this act:

(1) "Epinephrine cartridge injector" means an automatic prefilled cartridge injector or similar automatic injectable equipment used to deliver epinephrine in a standard dose for an emergency first aid response to allergic reactions;

(2) "Person with training" means a person who (A) (i) has completed a course in first aid that includes training in recognizing the signs and symptoms of anaphylaxis, administering epinephrine and following emergency protocol, approved by a prescribing practitioner pursuant to a medical protocol established in accordance with subsection (b) of this section, which course may be offered by the American Red Cross, the American Heart Association, the National Ski Patrol, the Department of Public Health or any director of health, and (ii) is certified by said organizations, department or director of health offering the course, or (B) who has received training in the recognition of the signs and symptoms of anaphylaxis, the use of an epinephrine
cartridge injector and emergency protocol by a licensed physician, physician assistant, advanced practice registered nurse or emergency medical services personnel;

(3) "Documentation evidencing training" includes a certificate issued by the American Red Cross, the American Heart Association, the National Ski Patrol, the Department of Public Health or any director of health or a written statement of acknowledgment of training signed by a licensed physician, physician assistant, advanced practice registered nurse or emergency medical services personnel; and

(4) "Authorized entity" means any for-profit or nonprofit entity or organization that employs at least one person with training. "Authorized entity" does not include the state or any political subdivision thereof authorized to purchase epinephrine pursuant to subsection (h) of section 21a-70 of the general statutes, a local or regional board of education required to maintain epinephrine cartridge injectors pursuant to subdivision (2) of subsection (d) of section 10-212a of the general statutes or a licensed or a certified ambulance service required to be equipped with epinephrine cartridge injectors pursuant to subsection (b) of section 19a-197a of the general statutes.

Sec. 524. Section 19a-175 of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

As used in this chapter, section 526 of this act and sections 19a-177, 19a-180, 19a-193a and 19a-906, as amended by this act, unless the context otherwise requires:

1. "Emergency medical service system" means a system which provides for (A) the arrangement of personnel, facilities and equipment for the efficient, effective and coordinated delivery of health care services under emergency conditions, and (B) mobile integrated health care;
(2) "Patient" means an injured or ill person or a person with a physical disability requiring assistance and transportation;

(3) "Ambulance" means a motor vehicle specifically designed to carry patients;

(4) "Ambulance service" means an organization which transports patients;

(5) "Emergency medical technician" means a person who is certified pursuant to chapter 384d;

(6) "Ambulance driver" means a person whose primary function is driving an ambulance;

(7) "Emergency medical services instructor" means a person who is certified pursuant to chapter 384d;

(8) "Communications facility" means any facility housing the personnel and equipment for handling the emergency communications needs of a particular geographic area;

(9) "Life saving equipment" means equipment used by emergency medical personnel for the stabilization and treatment of patients;

(10) "Emergency medical service organization" means any corporation or organization whether public, private or voluntary that (A) is licensed or certified by the Department of Public Health's Office of Emergency Medical Services, and (B) offers ambulance transportation or treatment services to patients primarily under emergency conditions or a mobile integrated health care program;

(11) "Invalid coach" means a vehicle used exclusively for the transportation of nonambulatory patients, who are not confined to stretchers, to or from either a medical facility or the patient's home in nonemergency situations or utilized in emergency situations as a backup vehicle when insufficient emergency vehicles exist;
"Rescue service" means any organization, whether for-profit or nonprofit, whose primary purpose is to search for persons who have become lost or to render emergency service to persons who are in dangerous or perilous circumstances;

"Provider" means any person, corporation or organization, whether profit or nonprofit, whose primary purpose is to deliver medical care or services, including such related medical care services as ambulance transportation;

"Commissioner" means the Commissioner of Public Health;

"Paramedic" means a person licensed pursuant to chapter 384d;

"Commercial ambulance service" means an ambulance service which primarily operates for profit;

"Licensed ambulance service" means a commercial ambulance service or a volunteer or municipal ambulance service issued a license by the commissioner;

"Certified ambulance service" means a municipal, volunteer or nonprofit ambulance service issued a certificate by the commissioner;

"Automatic external defibrillator" means a device that: (A) Is used to administer an electric shock through the chest wall to the heart; (B) contains internal decision-making electronics, microcomputers or special software that allows it to interpret physiologic signals, make medical diagnosis and, if necessary, apply therapy; (C) guides the user through the process of using the device by audible or visual prompts; and (D) does not require the user to employ any discretion or judgment in its use;

"Mutual aid call" means a call for emergency medical services that, pursuant to the terms of a written agreement, is responded to by a secondary or alternate emergency medical services provider if the primary or designated emergency medical services provider is unable to respond because such primary or designated provider is responding
to another call for emergency medical services or the ambulance or nontransport emergency vehicle operated by such primary or designated provider is out of service. For purposes of this subdivision, "nontransport emergency vehicle" means a vehicle used by emergency medical technicians or paramedics in responding to emergency calls that is not used to carry patients;

(21) "Municipality" means the legislative body of a municipality or the board of selectmen in the case of a municipality in which the legislative body is a town meeting;

(22) "Primary service area" means a specific geographic area to which one designated emergency medical services provider is assigned for each category of emergency medical response services;

(23) "Primary service area responder" means an emergency medical services provider who is designated to respond to a victim of sudden illness or injury in a primary service area;

(24) "Interfacility critical care transport" means the interfacility transport of a patient between licensed health care institutions;

(25) "Advanced emergency medical technician" means an individual who is certified as an advanced emergency medical technician pursuant to chapter 384d;

(26) "Emergency medical responder" means an individual who is certified pursuant to chapter 384d;

(27) "Medical oversight" means the active surveillance by physicians of the provision of emergency medical services sufficient for the assessment of overall emergency medical service practice levels, as defined by state-wide protocols;

(28) "Office of Emergency Medical Services" means the office established within the Department of Public Health pursuant to section 19a-178;
(29) "Sponsor hospital" means a hospital that has agreed to maintain staff for the provision of medical oversight, supervision and direction to an emergency medical service organization and its personnel and has been approved for such activity by the Department of Public Health;

(30) "Paramedic intercept service" means paramedic treatment services provided by an entity that does not provide the ground ambulance transport; [and]

(31) "Authorized emergency medical services vehicle" means an ambulance, invalid coach or advanced emergency technician-staffed intercept vehicle or a paramedic-staffed intercept vehicle licensed or certified by the Department of Public Health for purposes of providing emergency medical care to patients;

(32) "Mobile integrated health care program" means a program approved by the commissioner in which a licensed or certified ambulance service or paramedic intercept service provides services, including clinically appropriate medical evaluations, treatment, transport or referrals to other health care providers under nonemergency conditions by a paramedic acting within the scope of his or her practice as part of an emergency medical services organization within the emergency medical services system; and

(33) "Alternate destination" means a destination other than an emergency department that is a medically appropriate facility.

Sec. 52. Section 19a-177 of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

The commissioner shall:

(1) With the advice of the Office of Emergency Medical Services established pursuant to section 19a-178 and of an advisory committee on emergency medical services and with the benefit of meetings held pursuant to subsection (b) of section 19a-184, adopt every five years a
state-wide plan for the coordinated delivery of emergency medical services;

(2) License or certify the following: (A) Ambulance operations, ambulance drivers, emergency medical services personnel and communications personnel; (B) emergency room facilities and communications facilities; and (C) transportation equipment, including land, sea and air vehicles used for transportation of patients to emergency facilities and periodically inspect life saving equipment, emergency facilities and emergency transportation vehicles to ensure state standards are maintained;

(3) Annually inventory emergency medical services resources within the state, including facilities, equipment, and personnel, for the purposes of determining the need for additional services and the effectiveness of existing services;

(4) Review and evaluate all area-wide plans developed by the emergency medical services councils pursuant to section 19a-182 in order to insure conformity with standards issued by the commissioner;

(5) Not later than thirty days after their receipt, review all grant and contract applications for federal or state funds concerning emergency medical services or related activities for conformity to policy guidelines and forward such application to the appropriate agency, when required;

(6) Establish such minimum standards and adopt such regulations in accordance with the provisions of chapter 54, as may be necessary to develop the following components of an emergency medical service system: (A) Communications, which shall include, but not be limited to, equipment, radio frequencies and operational procedures; (B) transportation services, which shall include, but not be limited to, vehicle type, design, condition and maintenance, and operational procedures; (C) training, which shall include, but not be limited to, emergency medical technicians, communications personnel, paraprofessionals associated with emergency medical services,
firefighters and state and local police; [and] (D) emergency medical
service facilities, which shall include, but not be limited to,
categorization of emergency departments as to their treatment
capabilities and ancillary services; and (E) mobile integrated health
care programs, which shall include, but not be limited to, the
standards to ensure the health, safety and welfare of the patients being
served by such programs and data collection and reporting
requirements to ensure and measure quality outcomes of such
programs;

(7) Coordinate training of all personnel related to emergency
medical services;

(8) (A) Develop an emergency medical services data collection
system. Each emergency medical service organization licensed or
certified pursuant to chapter 386d shall submit data to the
commissioner, on a quarterly basis, from each licensed ambulance
service, certified ambulance service or paramedic intercept service that
provides emergency medical services. Such submitted data shall
include, but not be limited to: (i) The total number of calls for
emergency medical services received by such licensed ambulance
service, certified ambulance service or paramedic intercept service
through the 9-1-1 system during the reporting period; (ii) each level of
emergency medical services, as defined in regulations adopted
pursuant to section 19a-179, required for each such call; (iii) the
response time for each licensed ambulance service, certified ambulance
service or paramedic intercept service during the reporting period; (iv)
the number of passed calls, cancelled calls and mutual aid calls, both
made and received, during the reporting period; and (v) for the
reporting period, the prehospital data for the nonscheduled transport
of patients required by regulations adopted pursuant to subdivision
(6) of this section. The data required under this subdivision may be
submitted in any written or electronic form selected by such licensed
ambulance service, certified ambulance service or paramedic intercept
service and approved by the commissioner, provided the
commissioner shall take into consideration the needs of such licensed
ambulance service, certified ambulance service or paramedic intercept
service in approving such written or electronic form. The
commissioner may conduct an audit of any such licensed ambulance
service, certified ambulance service or paramedic intercept service as
the commissioner deems necessary in order to verify the accuracy of
such reported data.

(B) On or before December 31, 2018, and annually thereafter, the
commissioner shall prepare a report to the Emergency Medical
Services Advisory Board, established pursuant to section 19a-178a, that
shall include, but not be limited to, the following data: (i) The total
number of calls for emergency medical services received during the
reporting year by each licensed ambulance service, certified ambulance
service or paramedic intercept service; (ii) the level of emergency
medical services required for each such call; (iii) the name of the
provider of each such level of emergency medical services furnished
during the reporting year; (iv) the response time, by time ranges or
fractile response times, for each licensed ambulance service, certified
ambulance service or paramedic intercept service, using a common
definition of response time, as provided in regulations adopted
pursuant to section 19a-179; and (v) the number of passed calls,
cancelled calls and mutual aid calls during the reporting year. The
commissioner shall prepare such report in a format that categorizes
such data for each municipality in which the emergency medical
services were provided, with each such municipality grouped
according to urban, suburban and rural classifications.

(C) If any licensed ambulance service, certified ambulance service or
paramedic intercept service does not submit the data required under
subparagraph (A) of this subdivision for a period of six consecutive
months, or if the commissioner believes that such licensed ambulance
service, certified ambulance service or paramedic intercept service
knowingly or intentionally submitted incomplete or false data, the
commissioner shall issue a written order directing such licensed
ambulance service, certified ambulance service or paramedic intercept
service to comply with the provisions of subparagraph (A) of this
subdivision and submit all missing data or such corrected data as the commissioner may require. If such licensed ambulance service, certified ambulance service or paramedic intercept service fails to fully comply with such order not later than three months from the date such order is issued, the commissioner (i) shall conduct a hearing, in accordance with chapter 54, at which such licensed ambulance service, certified ambulance service or paramedic intercept service shall be required to show cause why the primary service area assignment of such licensed ambulance service, certified ambulance service or paramedic intercept service should not be revoked, and (ii) may take such disciplinary action under section 19a-17 as the commissioner deems appropriate.

(D) The commissioner shall collect the data required by subparagraph (A) of this subdivision, in the manner provided in said subparagraph, from each emergency medical service organization licensed or certified pursuant to this chapter. Any such emergency medical service organization that fails to comply with the provisions of this section shall be liable for a civil penalty not to exceed one hundred dollars per day for each failure to report the required data regarding emergency medical services provided to a patient, as determined by the commissioner. The civil penalties set forth in this subparagraph shall be assessed only after the department provides a written notice of deficiency and the organization is afforded the opportunity to respond to such notice. An organization shall have not more than fifteen business days after the date of receiving such notice to provide a written response to the department. The commissioner may adopt regulations, in accordance with chapter 54, concerning the development, implementation, monitoring and collection of emergency medical service system data. All state agencies licensed or certified as emergency medical service organizations shall be exempt from the civil penalties set forth in this subparagraph;

(E) The commissioner shall, with the recommendation of the Connecticut Emergency Medical Services Advisory Board established pursuant to section 19a-178a, as amended by this act, adopt for use in
trauma data collection the most recent version of the National Trauma Data Bank's National Trauma Data Standards and Data Dictionary and nationally recognized guidelines for field triage of injured patients.

(9) (A) Establish rates for the conveyance and treatment of patients by licensed ambulance services and invalid coaches and establish emergency service rates for certified ambulance services and paramedic intercept services, provided (i) the present rates established for such services and vehicles shall remain in effect until such time as the commissioner establishes a new rate schedule as provided in this subdivision, and (ii) any rate increase not in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, filed in accordance with subparagraph (B)(iii) of this subdivision shall be deemed approved by the commissioner. For purposes of this subdivision, licensed ambulance service and paramedic intercept services shall not include emergency air transport services or mobile integrated health care programs.

(B) Adopt regulations, in accordance with the provisions of chapter 54, establishing methods for setting rates and conditions for charging such rates. Such regulations shall include, but not be limited to, provisions requiring that on and after July 1, 2000: (i) Requests for rate increases may be filed no more frequently than once a year, except that, in any case where an agency's schedule of maximum allowable rates falls below that of the Medicare allowable rates for that agency, the commissioner shall immediately amend such schedule so that the rates are at or above the Medicare allowable rates; (ii) only licensed ambulance services, certified ambulance services and paramedic intercept services that apply for a rate increase in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, and do not accept the maximum allowable rates contained in any voluntary state-wide rate schedule established by the commissioner for the rate application year shall be required to file detailed financial information with the commissioner, provided any hearing that the
commissioner may hold concerning such application shall be
conducted as a contested case in accordance with chapter 54; (iii)
licensed ambulance services, certified ambulance services and
paramedic intercept services that do not apply for a rate increase in
any year in excess of the Medical Care Services Consumer Price Index,
as published by the Bureau of Labor Statistics of the United States
Department of Labor, for the prior year, or that accept the maximum
allowable rates contained in any voluntary state-wide rate schedule
established by the commissioner for the rate application year shall, not
later than the last business day in August of such year, file with the
commissioner a statement of emergency and nonemergency call
volume, and, in the case of a licensed ambulance service, certified
ambulance service or paramedic intercept service that is not applying
for a rate increase, a written declaration by such licensed ambulance
service, certified ambulance service or paramedic intercept service that
no change in its currently approved maximum allowable rates will
occur for the rate application year; and (iv) detailed financial and
operational information filed by licensed ambulance services, certified
ambulance services and paramedic intercept services to support a
request for a rate increase in excess of the Medical Care Services
Consumer Price Index, as published by the Bureau of Labor Statistics
of the United States Department of Labor, for the prior year, shall
cover the time period pertaining to the most recently completed fiscal
year and the rate application year of the licensed ambulance service,
certified ambulance service or paramedic intercept service.

(C) Establish rates for licensed ambulance services, certified
ambulance services or paramedic intercept services for the following
services and conditions: (i) "Advanced life support assessment" and
"specialty care transports", which terms have the meanings provided
in 42 CFR 414.605; and (ii) mileage, which may include mileage for an
ambulance transport when the point of origin and final destination for
a transport is within the boundaries of the same municipality. The
rates established by the commissioner for each such service or
condition shall be equal to (i) the ambulance service's base rate plus its
established advanced life support/paramedic surcharge when 
advanced life support assessment services are performed; (II) two 
hundred twenty-five per cent of the ambulance service's established 
base rate for specialty care transports; and (III) "loaded mileage", as the 
term is defined in 42 CFR 414.605, multiplied by the ambulance 
service's established rate for mileage. Such rates shall remain in effect 
until such time as the commissioner establishes a new rate schedule as 
provided in this subdivision;

(D) Establish rates for the treatment and release of patients by a 
licensed or certified emergency medical services organization or a 
provider who does not transport such patients to an emergency 
department and who is operating within the scope of such 
organization's or provider's practice and following protocols approved 
by the sponsor hospital. The rates established pursuant to this 
subparagraph shall not apply to the treatment provided to patients 
through mobile integrated health care programs;

(10) Research, develop, track and report on appropriate quantifiable 
outcome measures for the state's emergency medical service system 
and submit to the joint standing committee of the General Assembly 
having cognizance of matters relating to public health, in accordance 
with the provisions of section 11-4a, on or before July 1, 2002, and 
annually thereafter, a report on the progress toward the development 
of such outcome measures and, after such outcome measures are 
developed, an analysis of emergency medical services system 
outcomes;

(11) Establish primary service areas and assign in writing a primary 
service area responder for each primary service area. Each state-owned 
campus having an acute care hospital on the premises shall be 
designated as the primary service area responder for that campus;

(12) Revoke primary service area assignments upon determination 
by the commissioner that it is in the best interests of patient care to do 
so; and
(13) Annually issue a list of minimum equipment requirements for
ambulances and rescue vehicles based upon current national
standards. The commissioner shall distribute such list to all emergency
medical service organizations and sponsor hospital medical directors
and make such list available to other interested stakeholders.
Emergency medical service organizations shall have one year from the
date of issuance of such list to comply with the minimum equipment
requirements.

Sec. 526. (NEW) (Effective July 1, 2019) (a) A licensed or certified
emergency medical services organization or provider may transport a
patient by ambulance to an alternate destination, in consultation with
the medical director of a sponsor hospital.

(b) Any ambulance used for transport to an alternate destination
under subsection (a) of this section shall meet the requirements for a
basic level ambulance, as prescribed in regulations adopted pursuant
to section 19a-179 of the general statutes, including requirements
concerning medically necessary supplies and services.

Sec. 527. Subdivision (12) of subsection (a) of section 19a-906 of the
general statutes is repealed and the following is substituted in lieu
thereof (Effective July 1, 2019):

(12) "Telehealth provider" means any physician licensed under
chapter 370, physical therapist licensed under chapter 376,
chiropractor licensed under chapter 372, naturopath licensed under
chapter 373, podiatrist licensed under chapter 375, occupational
therapist licensed under chapter 376a, optometrist licensed under
chapter 380, registered nurse or advanced practice registered nurse
licensed under chapter 378, physician assistant licensed under chapter
370, psychologist licensed under chapter 383, marital and family
therapist licensed under chapter 383a, clinical social worker or master
social worker licensed under chapter 383b, alcohol and drug counselor
licensed under chapter 386b, professional counselor licensed under
chapter 383c, dietitian-nutritionist certified under chapter 384b, speech
and language pathologist licensed under chapter 399, respiratory care
practitioner licensed under chapter 381a, audiologist licensed under
chapter 397a, pharmacist licensed under chapter 400j, or
paramedic licensed pursuant to chapter 384d who is providing health
care or other health services through the use of telehealth within such
person's scope of practice and in accordance with the standard of care
applicable to the profession.

Sec. 528. Section 19a-180 of the general statutes is repealed and the
following is substituted in lieu thereof (Effective July 1, 2019):

(a) No person shall operate any ambulance service, paramedic
intercept service or rescue service without either a license or a
certificate issued by the commissioner. No person shall operate a
commercial ambulance service or commercial rescue service without a
license issued by the commissioner. A certificate shall be issued to any
volunteer or municipal ambulance service or any ambulance service or
paramedic intercept service that is operated and maintained by a state
agency and that shows proof satisfactory to the commissioner that it
meets the minimum standards of the commissioner in the areas of
training, equipment and personnel. No license or certificate shall be
issued to any volunteer, municipal or commercial ambulance service,
paramedic intercept service or rescue service or any ambulance service
or paramedic intercept service that is operated and maintained by a
state agency, unless it meets the requirements of subsection (e) of
section 14-100a. Applicants for a license shall use the forms prescribed
by the commissioner and shall submit such application to the
commissioner accompanied by an annual fee of two hundred dollars.
In considering requests for approval of permits for new or expanded
emergency medical services or the establishment of mobile integrated
health care programs in any region, the commissioner shall consult
with the Office of Emergency Medical Services and the emergency
medical services council of such region and shall hold a public hearing
to determine the necessity for such services. Written notice of such
hearing shall be given to current providers in the geographic region
where such new or expanded services or mobile integrated health care
programs would be implemented, provided, any volunteer ambulance
service which elects not to levy charges for services rendered under
this chapter shall be exempt from the provisions concerning requests
for approval of permits for new or expanded emergency medical
services set forth in this subsection. A primary service area responder
that operates in the service area identified in the application shall,
upon request, be granted intervenor status with opportunity for cross-
examination. Each applicant for licensure shall furnish proof of
financial responsibility which the commissioner deems sufficient to
satisfy any claim. The commissioner may adopt regulations, in
accordance with the provisions of chapter 54, to establish satisfactory
kinds of coverage and limits of insurance for each applicant for either
licensure or certification. Until such regulations are adopted, the
following shall be the required limits for licensure: (1) For damages by
reason of personal injury to, or the death of, one person on account of
any accident, at least five hundred thousand dollars, and more than
one person on account of any accident, at least one million dollars, (2)
for damage to property at least fifty thousand dollars, and (3) for
malpractice in the care of one passenger at least two hundred fifty
thousand dollars, and for more than one passenger at least five
hundred thousand dollars. In lieu of the limits set forth in subdivisions
(1) to (3), inclusive, of this subsection, a single limit of liability shall be
allowed as follows: (A) For damages by reason of personal injury to, or
death of, one or more persons and damage to property, at least one
million dollars; and (B) for malpractice in the care of one or more
passengers, at least five hundred thousand dollars. A certificate of such
proof shall be filed with the commissioner. Upon determination by the
commissioner that an applicant is financially responsible, properly
certified and otherwise qualified to operate a commercial ambulance
service, paramedic intercept service, rescue service or mobile
integrated health care program, the commissioner shall issue the
appropriate license effective for one year to such applicant or authorize
the establishment of a mobile integrated health care program. If the
commissioner determines that an applicant for either a certificate or
license is not so qualified, the commissioner shall notify such applicant
of the denial of the application with a statement of the reasons for such
denial. Such applicant shall have thirty days to request a hearing on
the denial of the application.

(b) On or after January 1, 2020, within available appropriations, the
commissioner may authorize an emergency medical services
organization that furnishes evidence satisfactory to the commissioner
that such organization has met the requirements of this section to
establish a mobile integrated health care program under the provisions
of such organization’s current license or certification. Emergency
medical services organizations requesting approval to establish such
mobile integrated health care program shall use the forms prescribed
by the commissioner and shall submit such application to the
commissioner. No emergency medical services organization shall
provide a mobile integrated health care program unless authorized by
the commissioner to provide such program. The commissioner may
implement policies and procedures to administer the mobile integrated
health care programs established in accordance with this section. The
commissioner shall post such policies and procedures to the
department’s Internet web site and the eRegulations System not later
than twenty days after the date of implementation.

[(b)] (c) Any person or emergency medical service organization that
does not maintain standards or violates regulations adopted under any
section of this chapter applicable to such person or organization may
have such person's or organization's license or certification suspended
or revoked or may be subject to any other disciplinary action specified
in section 19a-17 after notice by certified mail to such person or
organization of the facts or conduct that warrant the intended action.
Such person or emergency medical service organization shall have an
opportunity to show compliance with all requirements for the
retention of such certificate or license. In the conduct of any
investigation by the commissioner of alleged violations of the
standards or regulations adopted under the provisions of this chapter,
the commissioner may issue subpoenas requiring the attendance of
witnesses and the production by any medical service organization or
person of reports, records, tapes or other documents that concern the
allegations under investigation. All records obtained by the
commissioner in connection with any such investigation shall not be
subject to the provisions of section 1-210 for a period of six months
from the date of the petition or other event initiating such
investigation, or until such time as the investigation is terminated
pursuant to a withdrawal or other informal disposition or until a
hearing is convened pursuant to chapter 54, whichever is earlier. A
complaint, as defined in subdivision (6) of section 19a-13, shall be
subject to the provisions of section 1-210 from the time that it is served
or mailed to the respondent. Records that are otherwise public records
shall not be deemed confidential merely because they have been
obtained in connection with an investigation under this chapter.

[(c) (d) Any person or emergency medical service organization
aggrieved by an act or decision of the commissioner regarding
certification or licensure may appeal in the manner provided by
chapter 54.

[(d) (e) Any person who commits any of the following acts shall be
guilty of a class C misdemeanor: (1) In any application to the
commissioner or in any proceeding before or investigation made by
the commissioner, knowingly making any false statement or
representation, or, with knowledge of its falsity, filing or causing to be
filed any false statement or representation in a required application or
statement; (2) issuing, circulating or publishing or causing to be issued,
circulated or published any form of advertisement or circular for the
purpose of soliciting business which contains any statement that is
false or misleading, or otherwise likely to deceive a reader thereof,
with knowledge that it contains such false, misleading or deceptive
statement; (3) giving or offering to give anything of value to any
person for the purpose of promoting or securing ambulance, invalid
coach, paramedic intercept vehicle or rescue service business or
obtaining favors relating thereto; (4) administering or causing to be
administered, while serving in the capacity of an employee of any
licensed ambulance or rescue service, any alcoholic liquor to any
patient in such employee's care, except under the supervision and
direction of a licensed physician; (5) in any respect wilfully violating or
failing to comply with any provision of this chapter or wilfully
violating, failing, omitting or neglecting to obey or comply with any
regulation, order, decision or license, or any part or provisions thereof;
or (6) with one or more other persons, conspiring to violate any license
or order issued by the commissioner or any provision of this chapter.

[(e)] (f) No person shall place any advertisement or produce any
printed matter that holds that person out to be an ambulance service or
a mobile integrated health care program provider unless such person
is licensed [or] certified or authorized pursuant to this section. Any
such advertisement or printed matter shall include the license or
certificate number issued by the commissioner.

[(f)] (g) Each licensed or certified emergency medical service
organization shall: (1) Ensure that its emergency medical personnel,
whether such personnel are employees or contracted through an
employment agency or personnel pool, are appropriately licensed or
certified by the Department of Public Health to perform their job
duties and that such licenses or certifications remain valid; (2) ensure
that any employment agency or personnel pool, from which the
emergency medical service organization obtains personnel meets the
required general liability and professional liability insurance limits
described in subsection (a) of this section and that all persons
performing work or volunteering for the medical service organization
are covered by such insurance; and (3) secure and maintain medical
oversight, as defined in section 19a-175, as amended by this act, by a
sponsor hospital, as defined in section 19a-175, as amended by this act.

[(g)] (h) Each applicant whose request for new or expanded
emergency medical services or the establishment of a mobile
integrated health care program is approved shall, not later than six
months after the date of such approval, acquire the necessary
resources, equipment and other material necessary to comply with the
terms of the approval and operate in the service area identified in the
application. If the applicant fails to do so, the approval for new or
expanded medical services or the establishment of a mobile integrated
health care program shall be void and the commissioner shall rescind
the approval.

[(h)] (i) Notwithstanding the provisions of subsection (a) of this
section, any volunteer, hospital-based or municipal ambulance service
or any ambulance service or paramedic intercept service operated and
maintained by a state agency that is licensed or certified and is a
primary service area responder may apply to the commissioner to add
one emergency vehicle to its existing fleet every three years, on a short
form application prescribed by the commissioner. No such volunteer,
hospital-based or municipal ambulance service or any ambulance
service or paramedic intercept service operated and maintained by a
state agency may add more than one emergency vehicle to its existing
fleet pursuant to this subsection regardless of the number of
municipalities served by such volunteer, hospital-based or municipal
ambulance service. Upon making such application, the applicant shall
notify in writing all other primary service area responders in any
municipality or abutting municipality in which the applicant proposes
to add the additional emergency vehicle. Except in the case where a
primary service area responder entitled to receive notification of such
application objects, in writing, to the commissioner not later than
fifteen calendar days after receiving such notice, the application shall
be deemed approved thirty calendar days after filing. If any such
primary service area responder files an objection with the
commissioner within the fifteen-calendar-day time period and requests
a hearing, the applicant shall be required to demonstrate need at a
public hearing as required under subsection (a) of this section.

[(i)] (j) The commissioner shall develop a short form application for
primary service area responders seeking to add an emergency vehicle
to their existing fleets pursuant to subsection [(h)] (i) of this section.
The application shall require an applicant to provide such information
as the commissioner deems necessary, including, but not limited to, (1)
the applicant's name and address, (2) the primary service area where
the additional vehicle is proposed to be used, (3) an explanation as to
why the additional vehicle is necessary and its proposed use, (4) proof
of insurance, (5) a list of the providers to whom notice was sent
pursuant to subsection [(h)] (i) of this section and proof of such
notification, and (6) total call volume, response time and calls passed
within the primary service area for the one-year period preceding the
date of the application.

[(j) Notwithstanding the provisions of subsection (a) of this section,
any ambulance service or paramedic intercept service operated and
maintained by a state agency on or before October 1, 2014, that notifies
the Department of Public Health’s Office of Emergency Medical
Services, in writing, not later than September 1, 2014, of such operation
and attests to the ambulance service or paramedic intercept service
being in compliance with all statutes and regulations concerning such
operation (1) shall be deemed certified by the Commissioner of Public
Health, or (2) shall be deemed licensed by the Commissioner of Public
Health if such ambulance service or paramedic intercept service levies
charges for emergency and nonemergency services.]

(k) Notwithstanding the provisions of subsection (a) of this section,
any volunteer, hospital-based or municipal ambulance service that is
licensed or certified and a primary service area responder may apply
to the commissioner, on a short form application prescribed by the
commissioner, to change the address of a principal or branch location
within its primary service area. Upon making such application, the
applicant shall notify in writing all other primary service area
responders in any municipality or abutting municipality in which the
applicant proposes to change principal or branch locations. Unless a
primary service area responder entitled to receive notification of such
application objects, in writing, to the commissioner and requests a
hearing on such application not later than fifteen calendar days after
receiving such notice, the application shall be deemed approved thirty
calendar days after filing. If any such primary service area responder
files an objection with the commissioner within the fifteen-calendar-
day time period and requests a hearing, the applicant shall be required
to demonstrate need to change the address of a principal or branch location within its primary service area at a public hearing as required under subsection (a) of this section.

(l) The commissioner shall develop a short form application for primary service area responders seeking to change the address of a principal or branch location pursuant to subsection (k) of this section. The application shall require an applicant to provide such information as the commissioner deems necessary, including, but not limited to, (1) the applicant's name and address, (2) the new address where the principal or branch is to be located, (3) an explanation as to why the principal or branch location is being moved, and (4) a list of the providers to whom notice was sent pursuant to subsection (k) of this section and proof of such notification.

(m) Notwithstanding the provisions of subsection (b) of this section, any ambulance service assigned as the primary service area responder for a primary service area on or before September 1, 2019, that notifies the Department of Public Health's Office of Emergency Medical Services, in writing, not later than October 1, 2019, of such assignment and attests to the ambulance service being in compliance with all statutes and regulations concerning the operation of such ambulance service shall be deemed authorized by the Commissioner of Public Health as the authorized mobile integrated health care program for the primary service area within which the ambulance service is the primary service area responder.

Sec. 5. Section 19a-193a of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

(a) Except as provided in subsection (b) of this section and subject to the provisions of sections 19a-177, as amended by this act, 38a-498 and 38a-525, any person who receives emergency medical treatment services or transportation services from a licensed ambulance service, certified ambulance service or paramedic intercept service shall be liable to such ambulance service for the reasonable and
necessary costs of providing such services, irrespective of whether
1996 such person agreed or consented to such liability.

1997 (b) Except as provided in subsection (c) of this section, any person
1998 who receives medical services or transport services under
1999 nonemergency conditions from a mobile integrated health care
2000 program shall be liable to such mobile health care integrated program
2001 for the reasonable and necessary costs of providing such services.

2002 [(b)] (c) The provisions of this section shall not apply to any person
2003 who receives emergency medical treatment services or transportation
2004 services from a licensed ambulance service, certified ambulance
2005 service, [or] paramedic intercept service or mobile integrated health
2006 care program for an injury arising out of and in the course of [his] such
2007 person's employment as defined in section 31-275.

2008 Sec. 530. Subdivision (5) of section 17b-520 of the general statutes is
2009 repealed and the following is substituted in lieu thereof (Effective from
2010 passage):

2011 (5) "Resident" means any person entitled to receive present or future
2012 shelter, care and medical or nursing services or other health-related
2013 benefits pursuant to a continuing-care contract, provided nothing in
2014 this section and sections 17b-521 to 17b-535, inclusive, shall affect
2015 rights otherwise afforded to residents while they are patients in health
2016 care facilities as defined in subsections (a), (b), [and] (c) and (o) of
2017 section 19a-490;

2018 Sec. 531. Section 19a-123 of the general statutes is repealed and the
2019 following is substituted in lieu thereof (Effective from passage):

2020 For purposes of this section and sections 19a-123b to 19a-123d,
2021 inclusive: "Nursing pool" means any person, firm, corporation, limited
2022 liability company, partnership or association engaged for a fee in the
2023 business of employing and providing health care personnel on a
2024 temporary basis to one or more health care institutions, as defined in
2025 [subsection] subsections (c) and (o) of section 19a-490, and does not
include: (1) A licensed health care institution or subsidiary thereof
which supplies temporary health care personnel to its own institution
only and does not charge a fee to such institution or (2) an individual
who offers only his own personal services on a temporary basis.

Sec. 532. Subsection (b) of section 19a-491 of the general statutes is
repealed and the following is substituted in lieu thereof (Effective from
passage):

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

Sec. 533. Subdivision (4) of subsection (b) of section 19a-638 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

(4) Residential care homes, as defined in subsection (c) of section 19a-490, and nursing homes and rest homes, as defined in subsection [(c)] (o) of section 19a-490;

Sec. 534. Subsection (bb) of section 32-23d of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

(bb) "Health care project" means any project which is to be used or occupied by any person for the providing of services in any residential care home, nursing home or rest home, as defined in [subsection] subsections (c) and (o) of section 19a-490, or for the providing of living space for physically handicapped persons or persons sixty years of age or older.

Sec. 535. Section 20-205 of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

The provisions of this chapter shall not apply to any (1) person in governmental employ while acting in the scope of his or her employment, [or to any] (2) person who furnishes medical or surgical assistance without compensation in an emergency, [or to any] (3) veterinarian, licensed in another state, who is employed as a direct consultant for not more than ten days during any calendar year with any practitioner licensed in conformity with the provisions of section 20-197, [. The provisions of this chapter shall not apply to any] (4) hospital, [educational] institution [or] of higher education, laboratory, [or any] state or federal institution, or [any] employee, [of] student [in] or person associated with any such hospital, [educational] institution [or] of higher education, laboratory or state or federal institution, while engaged in research or studies involving the [use] administration of
medical, surgical or dental procedures to an animal or livestock within such hospital, institution of higher education, laboratory or state or federal institution, (5) faculty member, resident, student or intern employed by a school of veterinary medicine, surgery or dentistry accredited by the American Veterinary Medical Association, while engaged in clinical practice, research or studies involving the use of veterinary medical, surgical or dental procedures within a hospital, clinic or laboratory owned by such school of veterinary medicine, surgery or dentistry, or [to the] (6) owner of any animal or livestock or his or her employee while administering to such animal or livestock.

Sec. 536. Subsection (d) of section 19a-654 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

(d) Except as provided in this subsection, patient-identifiable data received by the unit shall be kept confidential and shall not be considered public records or files subject to disclosure under the Freedom of Information Act, as defined in section 1-200. The unit may release de-identified patient data or aggregate patient data to the public in a manner consistent with the provisions of 45 CFR 164.514. Any de-identified patient data released by the unit shall exclude provider, physician and payer organization names or codes and shall be kept confidential by the recipient. The unit may release patient-identifiable data (1) for medical and scientific research as provided for in section 19a-25-3 of the regulations of Connecticut state agencies, and (2) to (A) a state agency for the purpose of improving health care service delivery, (B) a federal agency or the office of the Attorney General for the purpose of investigating hospital mergers and acquisitions, [or] (C) another state's health data collection agency with which the unit has entered into a reciprocal data-sharing agreement for the purpose of certificate of need review or evaluation of health care services, upon receipt of a request from such agency, provided, prior to the release of such patient-identifiable data, such agency enters into a written agreement with the unit pursuant to which such agency agrees to protect the confidentiality of such patient-identifiable data
and not to use such patient-identifiable data as a basis for any decision concerning a patient, or (D) a consultant or independent professional contracted by the Office of Health Strategy pursuant to section 19a-614 to carry out the functions of the unit, including collecting, managing or organizing such patient-identifiable data. No individual or entity receiving patient-identifiable data may release such data in any manner that may result in an individual patient, physician, provider or payer being identified. The unit shall impose a reasonable, cost-based fee for any patient data provided to a nongovernmental entity.

Sec. 537. Section 19a-507c of the general statutes is repealed. (Effective July 1, 2019)"

This act shall take effect as follows and shall amend the following sections:

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