



General Assembly

**Amendment**

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LCO No. 10597



Offered by:

SEN. DAUGHERTY ABRAMS, 13<sup>th</sup> Dist.

REP. STEINBERG, 136<sup>th</sup> Dist.

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."**

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

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3 general statutes are repealed and the following is substituted in lieu  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

5 (a) Upon receipt of an application for an initial license, the  
6 Department of Public Health, subject to the provisions of section 19a-  
7 491a, shall issue such license if, upon conducting a scheduled  
8 inspection and investigation, the department finds that the applicant  
9 and facilities meet the requirements established under section 19a-495,  
10 provided a license shall be issued to or renewed for an institution, as  
11 defined in section 19a-490, only if such institution is not otherwise  
12 required to be licensed by the state. If an institution, as defined in  
13 subsections (b), (d), (e) and (f) of section 19a-490, applies for license

14 renewal and has been certified as a provider of services by the United  
15 States Department of Health and Human Services under Medicare or  
16 Medicaid programs within the immediately preceding twelve-month  
17 period, or if an institution, as defined in subsection (b) of section 19a-  
18 490, is currently certified, the commissioner or the commissioner's  
19 designee may waive on renewal the inspection and investigation of  
20 such facility required by this section and, in such event, any such  
21 facility shall be deemed to have satisfied the requirements of section  
22 19a-495 for the purposes of licensure. Such license shall be valid for  
23 two years or a fraction thereof and shall terminate on March thirty-  
24 first, June thirtieth, September thirtieth or December thirty-first of the  
25 appropriate year. A license issued pursuant to this chapter, unless  
26 sooner suspended or revoked, shall be renewable biennially (1) after  
27 an unscheduled inspection is conducted by the department, and (2)  
28 upon the filing by the licensee, and approval by the department, of a  
29 report upon such date and containing such information in such form  
30 as the department prescribes and satisfactory evidence of continuing  
31 compliance with requirements established under section 19a-495. In  
32 the case of an institution, as defined in subsection (d) of section 19a-  
33 490, that is also certified as a provider under the Medicare program,  
34 the license shall be issued for a period not to exceed three years, to run  
35 concurrently with the certification period. In the case of an institution,  
36 as defined in subsection (m) of section 19a-490, that is applying for  
37 renewal, the license shall be issued pursuant to section 19a-491, as  
38 amended by this act. Except in the case of a multicare institution, each  
39 license shall be issued only for the premises and persons named in the  
40 application. Such license shall not be transferable or assignable.  
41 Licenses shall be posted in a conspicuous place in the licensed  
42 premises.

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

48 Health Code and licensing regulations.

49 (2) Any change in the ownership of a facility or institution, as  
50 defined in [subsection (c) of] section 19a-490, owned by an individual,  
51 partnership or association or the change in ownership or beneficial  
52 ownership of ten per cent or more of the stock of a corporation which  
53 owns, conducts, operates or maintains such facility or institution, shall  
54 be subject to prior approval of the department after a scheduled  
55 inspection of such facility or institution is conducted by the  
56 department, provided such approval shall be conditioned upon a  
57 showing by such facility or institution to the commissioner that it has  
58 complied with all requirements of this chapter, the regulations relating  
59 to licensure and all applicable requirements of the Public Health Code.  
60 Any such change in ownership or beneficial ownership resulting in a  
61 transfer to a person related by blood or marriage to such an owner or  
62 beneficial owner shall not be subject to prior approval of the  
63 department unless: (A) Ownership or beneficial ownership of ten per  
64 cent or more of the stock of a corporation, partnership or association  
65 which owns, conducts, operates or maintains more than one facility or  
66 institution is transferred; (B) ownership or beneficial ownership is  
67 transferred in more than one facility or institution; or (C) the facility or  
68 institution is the subject of a pending complaint, investigation or  
69 licensure action. If the facility or institution is not in compliance, the  
70 commissioner may require the new owner to sign a consent order  
71 providing reasonable assurances that the violations shall be corrected  
72 within a specified period of time. Notice of any such proposed change  
73 of ownership shall be given to the department at least [ninety] one  
74 hundred twenty days prior to the effective date of such proposed  
75 change. For the purposes of this subdivision, "a person related by  
76 blood or marriage" means a parent, spouse, child, brother, sister, aunt,  
77 uncle, niece or nephew. For the purposes of this subdivision, a change  
78 in the legal form of the ownership entity, including, but not limited to,  
79 changes from a corporation to a limited liability company, a  
80 partnership to a limited liability partnership, a sole proprietorship to a  
81 corporation and similar changes, shall not be considered a change of

82 ownership if the beneficial ownership remains unchanged and the  
83 owner provides such information regarding the change to the  
84 department as may be required by the department in order to properly  
85 identify the current status of ownership and beneficial ownership of  
86 the facility or institution. For the purposes of this subdivision, a public  
87 offering of the stock of any corporation that owns, conducts, operates  
88 or maintains any such facility or institution shall not be considered a  
89 change in ownership or beneficial ownership of such facility or  
90 institution if the licensee and the officers and directors of such  
91 corporation remain unchanged, such public offering cannot result in  
92 an individual or entity owning ten per cent or more of the stock of  
93 such corporation, and the owner provides such information to the  
94 department as may be required by the department in order to properly  
95 identify the current status of ownership and beneficial ownership of  
96 the facility or institution.

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

107 (2) Any multicare institution that intends to offer services at a  
108 satellite unit or other location outside of its facilities or satellite units  
109 shall submit an application for approval to offer services at such  
110 location to the Department of Public Health. Such application shall be  
111 submitted on a form and in the manner prescribed by the  
112 Commissioner of Public Health. Not later than forty-five days after  
113 receipt of such application, the commissioner shall notify the multicare  
114 institution of the approval or denial of such application. If the satellite  
115 unit or other location is approved, that satellite unit or location shall be

116 deemed to be licensed in accordance with this section and shall comply  
117 with the applicable requirements of this chapter and regulations  
118 adopted under this chapter.

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

123 ~~[(3)]~~ (4) The Commissioner of Public Health may adopt regulations,  
124 in accordance with the provisions of chapter 54, to carry out the  
125 provisions of this subsection. The Commissioner of Public Health may  
126 implement policies and procedures necessary to administer the  
127 provisions of this subsection while in the process of adopting such  
128 policies and procedures as regulation, provided the commissioner  
129 prints notice of intent to adopt regulations in the Connecticut Law  
130 Journal not later than twenty days after the date of implementation.  
131 Policies and procedures implemented pursuant to this section shall be  
132 valid until the time final regulations are adopted."

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

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

137 (a) As used in this section:

138 (1) "Laboratory or firm" means an environmental laboratory  
139 registered by the Department of Public Health pursuant to section 19a-  
140 29a;

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

146 (3) "Public well" means a water supply well that supplies a public  
147 water system;

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

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

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

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

178 well or [well for semipublic use] semipublic well is located.

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

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

205 (f) No regulation may require that a certificate of occupancy for a  
206 dwelling unit on such residential property be withheld or revoked on  
207 the basis of a water quality test performed on a private residential well  
208 pursuant to this section, unless such test results indicate that any  
209 maximum contaminant level applicable to public water supply  
210 systems for any contaminant listed in the public health code has been

211 exceeded. No administrative agency, health district or municipal  
212 health officer may withhold or cause to be withheld such a certificate  
213 of occupancy except as provided in this section.

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

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

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



244 such collection or analysis.

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

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

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

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

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

271 (a) As used in this section:

272 (1) "Nursing home" has the same meaning as provided in section 12-  
273 263p; [and]

274 (2) "Behavioral health facility" has the same meaning as provided in  
275 section 19a-490, as amended by this act; and

276 ~~[(2)]~~ (3) "Reportable event" means an event occurring at a nursing  
277 home or behavioral health facility that is deemed by the department to  
278 require the immediate notification of the department.

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

282 (c) ~~[On and after January 1, 2019, nursing]~~ Nursing homes and  
283 behavioral health facilities shall report reportable events to the  
284 department using the electronic reporting system developed pursuant  
285 to subsection (b) of this section.

286 Sec. 502. Subsection (e) of section 19a-491 of the general statutes is  
287 repealed and the following is substituted in lieu thereof (*Effective July*  
288 *1, 2019*):

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

306 any other legal action against an outpatient clinic that is authorized by  
307 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: [ as  
313 amended by this act:]

314 (1) "Emergency contraception" means one or more prescription  
315 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  
322 treatment provided in a licensed health care facility to a victim of  
323 sexual assault following an alleged sexual assault.

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

328 (4) "Victim of sexual assault" means any person who alleges or is  
329 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  
331 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

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

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

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

360 [(8)] (9) "Health care facility" means (A) a hospital licensed under  
361 chapter 368v that has an emergency department, including any free-  
362 standing emergency department, or (B) an infirmary operated by The  
363 University of Connecticut at Storrs.

364 Sec. 504. Subsection (e) of section 19a-112e of the general statutes, as  
365 amended by section 2 of substitute senate bill 796 of the current  
366 session, as amended by Senate Amendment Schedule "A", is repealed  
367 and the following is substituted in lieu thereof (*Effective July 1, 2019*):

368 (e) No person shall use the title "sexual assault forensic examiner" or  
369 "sexual assault nurse examiner", or any variant of such [title] titles,  
370 without successfully completing the certification requirements  
371 imposed by the Chief Court Administrator pursuant to subsection (c)  
372 of section 19a-112f, [ as amended by this act.]

373 Sec. 505. Subsection (a) of section 17a-450a of the general statutes is  
374 repealed and the following is substituted in lieu thereof (*Effective July*  
375 *1, 2019*):

376 (a) The Department of Mental Health and Addiction Services shall  
377 constitute a successor department to the Department of Mental Health.  
378 Whenever the words "Commissioner of Mental Health" are used or  
379 referred to in the following general statutes, the words "Commissioner  
380 of Mental Health and Addiction Services" shall be substituted in lieu  
381 thereof and whenever the words "Department of Mental Health" are  
382 used or referred to in the following general statutes, the words  
383 "Department of Mental Health and Addiction Services" shall be  
384 substituted in lieu thereof: 4-5, 4-38c, 4-77a, 4a-12, 4a-16, 5-142, 8-206d,  
385 10-19, 10-71, 10-76d, 17a-14, 17a-26, 17a-31, 17a-33, 17a-218, 17a-246,  
386 17a-450, 17a-451, 17a-453, 17a-454, 17a-455, 17a-456, 17a-457, 17a-458,  
387 17a-459, 17a-460, 17a-464, 17a-465, 17a-466, 17a-467, 17a-468, 17a-470,  
388 17a-471, 17a-472, 17a-473, 17a-474, 17a-476, 17a-478, 17a-479, 17a-480,  
389 17a-481, 17a-482, 17a-483, 17a-484, 17a-498, 17a-499, 17a-502, 17a-506,  
390 17a-510, 17a-511, 17a-512, 17a-513, 17a-519, 17a-528, 17a-560, 17a-561,  
391 17a-562, 17a-565, 17a-581, 17a-582, 17a-675, 17b-28, 17b-59a, 17b-222,  
392 17b-223, 17b-225, 17b-359, 17b-694, 19a-82, 19a-495, 19a-498, 19a-507a,  
393 [19a-507c,] 19a-576, 19a-583, 20-14i, 20-14j, 21a-240, 21a-301, 27-122a,  
394 31-222, 38a-514, 46a-28, 51-51o, 52-146h and 54-56d, as amended by this  
395 act.

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

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

399 (1) "Emergency medical service system" means a system which

400 provides for the arrangement of personnel, facilities and equipment for  
401 the efficient, effective and coordinated delivery of health care services  
402 under emergency conditions;

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

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

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

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

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

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

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

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

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

424 (11) "Invalid coach" means a vehicle used exclusively for the  
425 transportation of nonambulatory patients, who are not confined to  
426 stretchers, to or from either a medical facility or the patient's home in  
427 nonemergency situations or utilized in emergency situations as a

428 backup vehicle when insufficient emergency vehicles exist;

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

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

437 [(14) (13) "Commissioner" means the Commissioner of Public  
438 Health;

439 [(15) (14) "Paramedic" means a person licensed pursuant to chapter  
440 384d;

441 [(16) (15) "Commercial ambulance service" means an ambulance  
442 service which primarily operates for profit;

443 [(17) (16) "Licensed ambulance service" means a commercial  
444 ambulance service or a volunteer or municipal ambulance service  
445 issued a license by the commissioner;

446 [(18) (17) "Certified ambulance service" means a municipal,  
447 volunteer or nonprofit ambulance service issued a certificate by the  
448 commissioner;

449 [(19) (18) "Automatic external defibrillator" means a device that: (A)  
450 Is used to administer an electric shock through the chest wall to the  
451 heart; (B) contains internal decision-making electronics,  
452 microcomputers or special software that allows it to interpret  
453 physiologic signals, make medical diagnosis and, if necessary, apply  
454 therapy; (C) guides the user through the process of using the device by  
455 audible or visual prompts; and (D) does not require the user to employ  
456 any discretion or judgment in its use;

457 [(20)] (19) "Mutual aid call" means a call for emergency medical  
458 services that, pursuant to the terms of a written agreement, is  
459 responded to by a secondary or alternate emergency medical [services  
460 provider] service organization if the primary or designated emergency  
461 medical [services provider] service organization is unable to respond  
462 because such primary or designated [provider] emergency medical  
463 service organization is responding to another call for emergency  
464 medical services or the ambulance or nontransport emergency vehicle  
465 operated by such primary or designated [provider] emergency medical  
466 service organization is out of service. For purposes of this subdivision,  
467 "nontransport emergency vehicle" means a vehicle used by emergency  
468 medical technicians or paramedics in responding to emergency calls  
469 that is not used to carry patients;

470 [(21)] (20) "Municipality" means the legislative body of a  
471 municipality or the board of selectmen in the case of a municipality in  
472 which the legislative body is a town meeting;

473 [(22)] (21) "Primary service area" means a specific geographic area to  
474 which one designated emergency medical [services provider] service  
475 organization is assigned for each category of emergency medical  
476 response services;

477 [(23)] (22) "Primary service area responder" means an emergency  
478 medical [services provider] service organization who is designated to  
479 respond to a victim of sudden illness or injury in a primary service  
480 area;

481 [(24)] (23) "Interfacility critical care transport" means the interfacility  
482 transport of a patient between licensed health care institutions;

483 [(25)] (24) "Advanced emergency medical technician" means an  
484 individual who is certified as an advanced emergency medical  
485 technician pursuant to chapter 384d;

486 [(26)] (25) "Emergency medical responder" means an individual who  
487 is certified pursuant to chapter 384d;



488        [(27)] (26) "Medical oversight" means the active surveillance by  
489 physicians of the provision of emergency medical services sufficient  
490 for the assessment of overall emergency medical service practice levels,  
491 as defined by state-wide protocols;

492        [(28)] (27) "Office of Emergency Medical Services" means the office  
493 established within the Department of Public Health pursuant to  
494 section 19a-178, as amended by this act;

495        [(29)] (28) "Sponsor hospital" means a hospital that has agreed to  
496 maintain staff for the provision of medical oversight, supervision and  
497 direction to an emergency medical service organization and its  
498 personnel and has been approved for such activity by the Department  
499 of Public Health;

500        [(30)] (29) "Paramedic intercept service" means paramedic treatment  
501 services provided by an entity that does not provide the ground  
502 ambulance transport; [and]

503        [(31)] (30) "Authorized emergency medical services vehicle" means  
504 an ambulance, invalid coach or advanced emergency technician-  
505 staffed intercept vehicle or a paramedic-staffed intercept vehicle  
506 licensed or certified by the Department of Public Health for purposes  
507 of providing emergency medical care to patients; [.] and

508        (31) "Emergency medical services personnel" means an individual  
509 certified to practice as an emergency medical responder, emergency  
510 medical technician, advanced emergency medical technician,  
511 emergency medical services instructor or an individual licensed as a  
512 paramedic.

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

516        (6) Establish such minimum standards and adopt such regulations  
517 in accordance with the provisions of chapter 54, as may be necessary to

518 develop the following components of an emergency medical service  
519 system: (A) Communications, which shall include, but not be limited  
520 to, equipment, radio frequencies and operational procedures; (B)  
521 transportation services, which shall include, but not be limited to,  
522 vehicle type, design, condition and maintenance, and operational  
523 procedures; (C) training, which shall include, but not be limited to,  
524 emergency medical [technicians] services personnel, communications  
525 personnel, paraprofessionals associated with emergency medical  
526 services, firefighters and state and local police; and (D) emergency  
527 medical service facilities, which shall include, but not be limited to,  
528 categorization of emergency departments as to their treatment  
529 capabilities and ancillary services;

530 (7) Coordinate training of all emergency medical services personnel;  
531 [related to emergency medical services;]

532 (8) (A) Develop an emergency medical services data collection  
533 system. Each emergency medical service organization licensed or  
534 certified pursuant to this chapter [386d] shall submit data to the  
535 commissioner, on a quarterly basis, from each licensed ambulance  
536 service, certified ambulance service or paramedic intercept service that  
537 provides emergency medical services. Such submitted data shall  
538 include, but not be limited to: (i) The total number of calls for  
539 emergency medical services received by such licensed ambulance  
540 service, certified ambulance service or paramedic intercept service  
541 through the 9-1-1 system during the reporting period; (ii) each level of  
542 emergency medical services, as defined in regulations adopted  
543 pursuant to section 19a-179, required for each such call; (iii) the  
544 response time for each licensed ambulance service, certified ambulance  
545 service or paramedic intercept service during the reporting period; (iv)  
546 the number of passed calls, cancelled calls and mutual aid calls, both  
547 made and received, during the reporting period; and (v) for the  
548 reporting period, the prehospital data for the nonscheduled transport  
549 of patients required by regulations adopted pursuant to subdivision  
550 (6) of this section. The data required under this subdivision may be  
551 submitted in any [written or] electronic form selected by such licensed

552 ambulance service, certified ambulance service or paramedic intercept  
553 service and approved by the commissioner, provided the  
554 commissioner shall take into consideration the needs of such licensed  
555 ambulance service, certified ambulance service or paramedic intercept  
556 service in approving such [written or] electronic form. The  
557 commissioner may conduct an audit of any such licensed ambulance  
558 service, certified ambulance service or paramedic intercept service as  
559 the commissioner deems necessary in order to verify the accuracy of  
560 such reported data.

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

581 (C) If any licensed ambulance service, certified ambulance service or  
582 paramedic intercept service does not submit the data required under  
583 subparagraph (A) of this subdivision for a period of six consecutive  
584 months, or if the commissioner believes that such licensed ambulance  
585 service, certified ambulance service or paramedic intercept service

586 knowingly or intentionally submitted incomplete or false data, the  
587 commissioner shall issue a written order directing such licensed  
588 ambulance service, certified ambulance service or paramedic intercept  
589 service to comply with the provisions of subparagraph (A) of this  
590 subdivision and submit all missing data or such corrected data as the  
591 commissioner may require. If such licensed ambulance service,  
592 certified ambulance service or paramedic intercept service fails to fully  
593 comply with such order not later than three months from the date such  
594 order is issued, the commissioner (i) shall conduct a hearing, in  
595 accordance with chapter 54, at which such licensed ambulance service,  
596 certified ambulance service or paramedic intercept service shall be  
597 required to show cause why the primary service area assignment of  
598 such licensed ambulance service, certified ambulance service or  
599 paramedic intercept service should not be revoked, and (ii) may take  
600 such disciplinary action under section 19a-17 as the commissioner  
601 deems appropriate.

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

620 from the civil penalties set forth in this subparagraph;

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

627 Sec. 508. Subsection (b) of section 19a-178a of the general statutes is  
628 repealed and the following is substituted in lieu thereof (*Effective July*  
629 *1, 2019*):

630 (b) The advisory board shall consist of members appointed in  
631 accordance with the provisions of this subsection and shall include the  
632 Commissioner of Public Health, the department's emergency medical  
633 services medical director and the president of each of the regional  
634 emergency medical services councils, or their designees. The Governor  
635 shall appoint the following members: (1) One person from the  
636 Connecticut Association of Directors of Health; (2) three persons from  
637 the Connecticut College of Emergency Physicians; (3) one person from  
638 the Connecticut Committee on Trauma of the American College of  
639 Surgeons; (4) one person from the Connecticut Medical Advisory  
640 Committee; (5) one person from the Emergency Nurses Association; (6)  
641 one person from the Connecticut Association of Emergency Medical  
642 Services Instructors; (7) one person from the Connecticut Hospital  
643 Association; (8) two persons representing commercial ambulance  
644 [providers] services; (9) one person from the Connecticut State  
645 Firefighters Association; (10) one person from the Connecticut Fire  
646 Chiefs Association; (11) one person from the Connecticut Police Chiefs  
647 Association; (12) one person from the Connecticut State Police; and (13)  
648 one person from the Connecticut Commission on Fire Prevention and  
649 Control. An additional eighteen members shall be appointed as  
650 follows: (A) Three by the president pro tempore of the Senate; (B) three  
651 by the majority leader of the Senate; (C) four by the minority leader of  
652 the Senate; (D) three by the speaker of the House of Representatives;

653 (E) two by the majority leader of the House of Representatives; and (F)  
654 three by the minority leader of the House of Representatives. The  
655 appointees shall include a person with experience in municipal  
656 ambulance services; a person with experience in for-profit ambulance  
657 services; three persons with experience in volunteer ambulance  
658 services; a paramedic; an emergency medical technician; an advanced  
659 emergency medical technician; three consumers and four persons from  
660 state-wide organizations with interests in emergency medical services  
661 as well as any other areas of expertise that may be deemed necessary  
662 for the proper functioning of the advisory board.

663 Sec. 509. Subsection (a) of section 19a-180 of the general statutes is  
664 repealed and the following is substituted in lieu thereof (*Effective July*  
665 *1, 2019*):

666 (a) No person shall operate any ambulance service, paramedic  
667 intercept service or rescue service without either a license or a  
668 certificate issued by the commissioner. No person shall operate a  
669 commercial ambulance service or commercial rescue service without a  
670 license issued by the commissioner. A certificate shall be issued to any  
671 volunteer or municipal ambulance service or any ambulance service or  
672 paramedic intercept service that is operated and maintained by a state  
673 agency and that shows proof satisfactory to the commissioner that it  
674 meets the minimum standards of the commissioner in the areas of  
675 training, equipment and personnel. No license or certificate shall be  
676 issued to any volunteer, municipal or commercial ambulance service,  
677 paramedic intercept service or rescue service or any ambulance service  
678 or paramedic intercept service that is operated and maintained by a  
679 state agency, unless it meets the requirements of subsection (e) of  
680 section 14-100a. Applicants for a license shall use the forms prescribed  
681 by the commissioner and shall submit such application to the  
682 commissioner accompanied by an annual fee of two hundred dollars.  
683 In considering requests for approval of permits for new or expanded  
684 emergency medical services in any region, the commissioner shall  
685 consult with the Office of Emergency Medical Services and the  
686 emergency medical services council of such region and shall hold a

687 public hearing to determine the necessity for such services. Written  
688 notice of such hearing shall be given to current [providers] emergency  
689 medical service organizations in the geographic region where such  
690 new or expanded services would be implemented, provided, any  
691 volunteer ambulance service which elects not to levy charges for  
692 services rendered under this chapter shall be exempt from the  
693 provisions concerning requests for approval of permits for new or  
694 expanded emergency medical services set forth in this subsection. A  
695 primary service area responder that operates in the service area  
696 identified in the application shall, upon request, be granted intervenor  
697 status with opportunity for cross-examination. Each applicant for  
698 licensure shall furnish proof of financial responsibility which the  
699 commissioner deems sufficient to satisfy any claim. The commissioner  
700 may adopt regulations, in accordance with the provisions of chapter  
701 54, to establish satisfactory kinds of coverage and limits of insurance  
702 for each applicant for either licensure or certification. Until such  
703 regulations are adopted, the following shall be the required limits for  
704 licensure: (1) For damages by reason of personal injury to, or the death  
705 of, one person on account of any accident, at least five hundred  
706 thousand dollars, and more than one person on account of any  
707 accident, at least one million dollars, (2) for damage to property at least  
708 fifty thousand dollars, and (3) for malpractice in the care of one  
709 passenger at least two hundred fifty thousand dollars, and for more  
710 than one passenger at least five hundred thousand dollars. In lieu of  
711 the limits set forth in subdivisions (1) to (3), inclusive, of this  
712 subsection, a single limit of liability shall be allowed as follows: (A) For  
713 damages by reason of personal injury to, or death of, one or more  
714 persons and damage to property, at least one million dollars; and (B)  
715 for malpractice in the care of one or more passengers, at least five  
716 hundred thousand dollars. A certificate of such proof shall be filed  
717 with the commissioner. Upon determination by the commissioner that  
718 an applicant is financially responsible, properly certified and otherwise  
719 qualified to operate a commercial ambulance service, paramedic  
720 intercept service or rescue service, the commissioner shall issue the  
721 appropriate license effective for one year to such applicant. If the

722 commissioner determines that an applicant for either a certificate or  
723 license is not so qualified, the commissioner shall notify such applicant  
724 of the denial of the application with a statement of the reasons for such  
725 denial. Such applicant shall have thirty days to request a hearing on  
726 the denial of the application.

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

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

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



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

774 (l) (1) The commissioner shall develop a short form application  
775 pursuant to subsection (k) of this section for primary service area  
776 responders seeking to (A) change the address of a principal [or]  
777 location or the branch location, [pursuant to subsection (k) of this  
778 section.] or (B) to add a branch location. (2) The application shall  
779 require an applicant to provide such information as the commissioner  
780 deems necessary, including, but not limited to, [(1)] (A) the applicant's  
781 name and address, [(2)] (B) the new address where the principal or  
782 branch is to be located, [(3)] (C) an explanation as to why the principal  
783 or branch location is being moved, (D) an explanation as to the need  
784 for the addition of a branch location, and [(4)] (E) a list of the  
785 [providers] emergency medical service organizations to whom notice  
786 was sent pursuant to subsection (k) of this section and proof of such  
787 notification.

788 Sec. 511. Subsections (a) and (b) of section 19a-180b of the general  
789 statutes are repealed and the following is substituted in lieu thereof  
790 (*Effective July 1, 2019*):

791 (a) For the purposes of this section, "supplemental first responder"  
792 means an emergency medical [services provider] service organization  
793 who holds a certificate of authorization by the Commissioner of Public  
794 Health and responds to a victim of sudden illness or injury when  
795 available and only when called upon, but does not offer transportation  
796 to patients or operate an ambulance service or paramedic intercept  
797 service, "emergency medical services personnel" means an individual  
798 certified pursuant to chapter 384d to practice as an emergency medical  
799 responder, emergency medical technician, advanced emergency  
800 medical technician or emergency medical services instructor or an  
801 individual licensed pursuant to chapter 384d as a paramedic, and  
802 "patient", "ambulance service", ["provider"] "emergency medical  
803 service organization", "paramedic intercept service" and "emergency  
804 medical technician" have the same meanings as provided in section  
805 19a-175, as amended by this act.

806 (b) Notwithstanding the provisions of subsection (a) of section 19a-  
807 180, as amended by this act, the Commissioner of Public Health may  
808 issue a certificate of authorization for a supplemental first responder to  
809 an emergency medical [services provider] service organization who  
810 operates only in a municipality with a population of at least one  
811 hundred five thousand, but not more than one hundred fifteen  
812 thousand, as determined by the most recent population estimate by the  
813 Department of Public Health. A certificate of authorization shall be  
814 issued to an emergency medical [services provider] service  
815 organization that shows proof satisfactory to the commissioner that  
816 such emergency medical [services provider] service organization (1)  
817 meets the minimum standards of the commissioner in the areas of  
818 training, equipment and emergency medical services personnel, and  
819 (2) maintains liability insurance in an amount not less than one million  
820 dollars. Applications for such certificate of authorization shall be made  
821 in the form and manner prescribed by the commissioner. Upon

822 determination by the commissioner that an applicant is qualified to be  
823 a supplemental first responder, the commissioner shall issue a  
824 certificate of authorization effective for two years to such applicant.  
825 Such certificate of authorization shall be renewable biennially. If the  
826 commissioner determines that an applicant for such license is not so  
827 qualified, the commissioner shall provide such applicant with written  
828 notice of the denial of the application with a statement of the reasons  
829 for such denial. Such applicant shall have thirty days to request a  
830 hearing concerning the denial of the application. Any hearing  
831 conducted pursuant to this subsection shall be conducted in  
832 accordance with the provisions of chapter 54. If the commissioner's  
833 denial of a certificate of authorization is sustained after such hearing,  
834 an applicant may make new application not less than one year after the  
835 date on which such denial was sustained.

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

838 [A provider] Emergency medical services personnel, as defined in  
839 section 19a-175, as amended by this act, who holds the highest  
840 classification of licensure or certification from the Department of  
841 Public Health under this chapter and chapter 384d shall be responsible  
842 for making decisions concerning patient care on the scene of an  
843 emergency medical call. If two or more [providers] emergency medical  
844 service organizations on such scene hold the same licensure or  
845 certification classification, the [provider] emergency medical service  
846 organization for the primary service area responder, as defined in said  
847 section, shall be responsible for making such decisions. If all  
848 [providers] emergency medicine services personnel on such scene are  
849 emergency medical technicians or emergency medical responders, as  
850 defined in said section, the emergency medical service organization  
851 providing transportation services shall be responsible for making such  
852 decisions. [A provider] An emergency medical service organization on  
853 the scene of an emergency medical call who has undertaken decision-  
854 making responsibility for patient care shall transfer patient care to a  
855 provider with a higher classification of licensure or certification upon

856 such provider's arrival on the scene. All [providers] emergency  
857 medical services personnel with patient care responsibilities on the  
858 scene shall ensure such transfer takes place in a timely and orderly  
859 manner. For purposes of this section, the classification of licensure or  
860 certification from highest to lowest is: Paramedic, advanced emergency  
861 medical technician, emergency medical technician and emergency  
862 medical responder. Nothing in this section shall be construed to limit  
863 the authority of a fire chief or fire officer-in-charge under section 7-  
864 313e to control and direct emergency activities at the scene of an  
865 emergency.

866 Sec. 513. Subsection (a) of section 19a-181b of the general statutes is  
867 repealed and the following is substituted in lieu thereof (*Effective July*  
868 *1, 2019*):

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

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

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

886 (3) The establishment of performance standards, including, but not  
887 limited to, standards for responding to a certain percentage of initial

888 response notifications, response times, quality assurance and service  
889 area coverage patterns, for each segment of the municipality's  
890 emergency medical services system; and

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

895 Sec. 514. Subsection (b) of section 19a-182 of the general statutes is  
896 repealed and the following is substituted in lieu thereof (*Effective July*  
897 *1, 2019*):

898 (b) Each emergency medical services council shall develop and  
899 revise every five years a plan for the delivery of emergency medical  
900 services in its area, using a format established by the Office of  
901 Emergency Medical Services. Each council shall submit an annual  
902 update for each regional plan to the Office of Emergency Medical  
903 Services detailing accomplishments made toward plan  
904 implementation. Such plan shall include an evaluation of the current  
905 effectiveness of emergency medical services and detail the needs for  
906 the future, and shall contain specific goals for the delivery of  
907 emergency medical services within their respective geographic areas, a  
908 time frame for achievement of such goals, cost data for the  
909 development of such goals, and performance standards for the  
910 evaluation of such goals. Special emphasis in such plan shall be placed  
911 upon coordinating the existing services into a comprehensive system.  
912 Such plan shall contain provisions for, but shall not be limited to, the  
913 following: (1) Clearly defined geographic regions to be serviced by  
914 each [provider] emergency medical service organization including  
915 cooperative arrangements with other [providers] organizations,  
916 personnel and backup services; (2) an adequate number of trained  
917 personnel for staffing of ambulances, communications facilities and  
918 hospital emergency rooms, with emphasis on former military  
919 personnel trained in allied health fields; (3) a communications system  
920 that includes a central dispatch center, two-way radio communication

921 between the ambulance and the receiving hospital and a universal  
922 emergency telephone number; and (4) a public education program that  
923 stresses the need for adequate training in basic lifesaving techniques  
924 and cardiopulmonary resuscitation. Such plan shall be submitted to  
925 the Commissioner of Public Health no later than June thirtieth each  
926 year the plan is due.

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

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

947 Sec. 516. Subsection (c) of section 20-206kk of the general statutes is  
948 repealed and the following is substituted in lieu thereof (*Effective July*  
949 *1, 2019*):

950 (c) No license as a paramedic or certificate as an emergency medical  
951 responder, emergency medical technician, advanced emergency  
952 medical technician or emergency medical services instructor shall be

953 required of (1) a person performing services within the scope of  
954 practice for which he or she is licensed or certified by any agency of  
955 this state, or (2) a student, intern or trainee pursuing a course of study  
956 in emergency medical services in an accredited institution of education  
957 or within an emergency medical services program approved by the  
958 commissioner, provided the activities that would otherwise require a  
959 license or certificate as an emergency medical services [provider]  
960 personnel are performed under supervision and constitute a part of a  
961 supervised course of study.

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

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

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

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

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

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

978 (5) "Emergency medical services personnel" means an individual  
979 certified to practice as an emergency medical responder, emergency  
980 medical technician, advanced emergency medical technician,  
981 emergency medical services instructor or an individual licensed as a  
982 paramedic;

983 (6) "Emergency medical technician" means a person who is certified  
984 to practice as an emergency medical technician under the provisions of  
985 section 20-206ll or 20-206mm, as amended by this act;

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

992 [(7)] (8) "Office of Emergency Medical Services" means the office  
993 established within the Department of Public Health pursuant to  
994 section 19a-178, as amended by this act;

995 [(8)] (9) "Paramedicine" means the carrying out of (A) all phases of  
996 cardiopulmonary resuscitation and defibrillation, (B) the  
997 administration of drugs and intravenous solutions under written or  
998 oral authorization from a licensed physician or a licensed advanced  
999 practice registered nurse, and (C) the administration of controlled  
1000 substances, as defined in section 21a-240, in accordance with written  
1001 protocols or standing orders of a licensed physician or a licensed  
1002 advanced practice registered nurse; [and]

1003 [(9)] (10) "Paramedic" means a person licensed to practice as a  
1004 paramedic under the provisions of section 20-206ll; [.] and

1005 (11) "Continuing education platform Internet web site" means an  
1006 online database, approved by the Commissioner of Public Health, for  
1007 emergency medical services personnel to enter, track and reconcile the  
1008 hours and topics of continuing education completed by such  
1009 personnel.

1010 Sec. 518. Section 20-206mm of the general statutes is repealed and  
1011 the following is substituted in lieu thereof (*Effective July 1, 2019*):

1012 (a) Except as provided in subsections (b) and (c) of this section, an



1013 applicant for a license as a paramedic shall submit evidence  
1014 satisfactory to the Commissioner of Public Health that the applicant  
1015 has successfully (1) completed a paramedic training program  
1016 approved by the commissioner, and (2) passed an examination  
1017 prescribed by the commissioner.

1018 (b) An applicant for licensure by endorsement shall present  
1019 evidence satisfactory to the commissioner that the applicant (1) is  
1020 licensed or certified as a paramedic in another state or jurisdiction  
1021 whose requirements for practicing in such capacity are substantially  
1022 similar to or higher than those of this state and that the applicant has  
1023 no pending disciplinary action or unresolved complaint against him or  
1024 her, or (2) (A) is currently licensed or certified as a paramedic in good  
1025 standing in any New England state, New York or New Jersey, (B) has  
1026 completed an initial training program consistent with the National  
1027 Emergency Medical Services Education Standards, as promulgated by  
1028 the National Highway Traffic Safety Administration for the paramedic  
1029 scope of practice model conducted by an organization offering a  
1030 program that is recognized by the national emergency medical services  
1031 program accrediting organization, and (C) has no pending disciplinary  
1032 action or unresolved complaint against him or her.

1033 (c) Any person who is certified as an emergency medical technician-  
1034 paramedic by the Department of Public Health on October 1, 1997,  
1035 shall be deemed a licensed paramedic. Any person so deemed shall  
1036 renew his license pursuant to section 19a-88, as amended by this act,  
1037 for a fee of one hundred [fifty] fifty-five dollars.

1038 (d) [The commissioner may issue an emergency medical technician  
1039 certificate,] On or after January 1, 2020, each person seeking  
1040 certification as an emergency medical responder, [certificate]  
1041 emergency medical technician or advanced emergency medical  
1042 technician [certificate to an applicant who presents] shall apply to the  
1043 department on forms prescribed by the commissioner. Applicants for  
1044 certification shall comply with the following requirements: (1) For  
1045 initial certification, an applicant shall present evidence satisfactory to

1046 the commissioner that the applicant [(1) is currently certified as an  
1047 emergency medical technician, emergency medical responder, or  
1048 advanced emergency medical technician in good standing in any New  
1049 England state, New York or New Jersey, (2)] (A) has completed an  
1050 initial training program consistent with the National Emergency  
1051 Medical Services Education Standards, as promulgated by the National  
1052 Highway Traffic Safety Administration for the [emergency medical  
1053 technician,] emergency medical responder, emergency medical  
1054 technician or advanced emergency medical technician curriculum, [or  
1055 advanced emergency medical technician, and (3) has no pending  
1056 disciplinary action or unresolved complaint against him or her] (B) has  
1057 passed the examination administered by the national organization for  
1058 emergency medical certification for an emergency medical responder,  
1059 emergency medical technician or advanced emergency medical  
1060 technician as necessary for the type of certification sought by the  
1061 applicant or an examination approved by the department, and (C) has  
1062 no pending disciplinary action or unresolved complaints against such  
1063 applicant, (2) a certificate issued under this subsection shall be  
1064 renewed once every two years in accordance with the provisions of  
1065 section 19a-88, as amended by this act, upon presentation of evidence  
1066 satisfactory to the commissioner that the applicant (A) has successfully  
1067 completed continuing education for an emergency medical responder,  
1068 emergency medical technician or advanced emergency medical  
1069 technician as required by the national organization for emergency  
1070 medical certification or as approved by the department, or (B) presents  
1071 a current certification as an emergency medical responder, emergency  
1072 medical technician or advanced emergency medical technician from  
1073 the national organization for emergency medical certification, or (3) for  
1074 certification by endorsement from another state, an applicant shall  
1075 present evidence satisfactory to the commissioner that the applicant  
1076 (A) is currently certified as an emergency medical responder,  
1077 emergency medical technician or advanced emergency medical  
1078 technician in good standing by a state that maintains certification or  
1079 licensing requirements that the commissioner determines are equal to  
1080 or greater than those in this state, or (B) holds a current certification as

1081 an emergency medical responder, emergency medical technician or  
1082 advanced emergency medical technician from the national  
1083 organization for emergency medical certification.

1084 [(e) An emergency medical responder, emergency medical  
1085 technician, advanced emergency medical technician or emergency  
1086 medical services instructor shall be recertified every three years. For  
1087 the purpose of maintaining an acceptable level of proficiency, each  
1088 emergency medical technician who is recertified for a three-year  
1089 period shall complete thirty hours of refresher training approved by  
1090 the commissioner or meet such other requirements as may be  
1091 prescribed by the commissioner. The refresher training or other  
1092 requirements shall include, but not be limited to, training in  
1093 Alzheimer's disease and dementia symptoms and care.]

1094 (e) On or after January 1, 2020, each person seeking certification as  
1095 an emergency medical services instructor shall apply to the  
1096 department on forms prescribed by the commissioner. Applicants for  
1097 certification shall comply with the following requirements: (1) For  
1098 initial certification, an applicant shall present evidence satisfactory to  
1099 the commissioner that the applicant (A) is currently certified by the  
1100 department as an emergency medical technician or advanced  
1101 emergency medical technician or licensed by the department as a  
1102 paramedic, (B) has completed a program of training as an emergency  
1103 medical instructor based on current national education standards  
1104 within the prior two years, (C) has completed twenty-five hours of  
1105 teaching activity under the supervision of a currently certified  
1106 emergency medical services instructor, (D) has completed written and  
1107 practical examinations as prescribed by the commissioner, (E) has no  
1108 pending disciplinary action or unresolved complaints against the  
1109 applicant, and (F) effective on a date prescribed by the commissioner,  
1110 presents documentation satisfactory to the commissioner that the  
1111 applicant is currently certified as an emergency medical technician,  
1112 advanced emergency medical technician or paramedic by the national  
1113 organization for emergency medical certification, or (2) for renewal  
1114 certification, an applicant shall present evidence satisfactory to the

1115 commissioner that the applicant (A) has successfully completed  
1116 continuing education and teaching activity as required by the  
1117 department, (B) maintains current certification by the department as an  
1118 emergency medical technician, advanced emergency medical  
1119 technician or licensure by the department as a paramedic, and (C)  
1120 effective on a date as prescribed by the commissioner, presents  
1121 documentation satisfactory to the commissioner that the applicant is  
1122 currently certified as an emergency medical technician, advanced  
1123 emergency medical technician or paramedic by the national  
1124 organization for emergency medical certification.

1125 (f) A certified emergency medical responder, emergency medical  
1126 technician, advanced emergency medical technician or emergency  
1127 medical services instructor shall document the completion of his or her  
1128 continuing educational requirements through the continuing  
1129 education platform Internet web site. A certified emergency medical  
1130 responder, emergency medical technician, advanced emergency  
1131 medical technician or emergency medical services instructor who is  
1132 not engaged in active professional practice in any form during a  
1133 certification period shall be exempt from the continuing education  
1134 requirements of this section, provided the emergency medical  
1135 responder, emergency medical technician, advanced emergency  
1136 medical technician or emergency medical services instructor submits  
1137 to the department, prior to the expiration of the certification period, an  
1138 application for inactive status on a form prescribed by the department  
1139 and such other documentation as may be required by the department.  
1140 The application for inactive status pursuant to this subsection shall  
1141 contain a statement that the emergency medical responder, emergency  
1142 medical technician, advanced emergency medical technician or  
1143 emergency medical services instructor may not engage in professional  
1144 practice until the continuing education requirements of this section  
1145 have been met.

1146 [(f)] (g) The commissioner may issue a temporary emergency  
1147 medical technician certificate to an applicant who presents evidence  
1148 satisfactory to the commissioner that (1) the applicant was certified by

1149 the department as an emergency medical technician prior to becoming  
1150 licensed as a paramedic pursuant to section 20-206ll, or (2) the  
1151 applicant's certification as an emergency medical technician has  
1152 expired and the applicant's license as a paramedic has become void  
1153 pursuant to section 19a-88, as amended by this act. Such temporary  
1154 certificate shall be valid for a period not to exceed one year and shall  
1155 not be renewable.

1156 [(g)] (h) An applicant who is issued a temporary emergency medical  
1157 technician certificate pursuant to subsection [(f)] (g) of this section  
1158 may, prior to the expiration of such temporary certificate, apply to the  
1159 department for: (1) Renewal of such person's paramedic license, giving  
1160 such person's name in full, such person's residence and business  
1161 address and such other information as the department requests,  
1162 provided the application for license renewal is accompanied by  
1163 evidence satisfactory to the commissioner that the applicant was under  
1164 the medical oversight of a sponsor hospital, as those terms are defined  
1165 in section 19a-175, as amended by this act, on the date the applicant's  
1166 paramedic license became void for nonrenewal; or (2) recertification as  
1167 an emergency medical technician, provided the application for  
1168 recertification is accompanied by evidence satisfactory to the  
1169 commissioner that the applicant completed emergency medical  
1170 technician refresher training approved by the commissioner not later  
1171 than one year after issuance of the temporary emergency medical  
1172 technician certificate. The department shall recertify such person as an  
1173 emergency medical technician without the examination required for  
1174 initial certification specified in regulations adopted by the  
1175 commissioner pursuant to section 20-206oo.

1176 [(h)] (i) The commissioner may issue an emergency medical responder,  
1177 emergency medical technician or advanced emergency medical  
1178 technician certificate to an applicant for certification by endorsement  
1179 who presents evidence satisfactory to the commissioner that the  
1180 applicant (1) is currently certified as an emergency medical responder,  
1181 emergency medical technician or advanced emergency medical  
1182 technician in good standing by a state that maintains licensing

1183 requirements that the commissioner determines are equal to, or greater  
1184 than, those in this state, (2) has completed an initial department-  
1185 approved emergency medical responder, emergency medical  
1186 technician or advanced emergency medical technician training  
1187 program that includes written and practical examinations at the  
1188 completion of the course, or a program outside the state that adheres  
1189 to national education standards for the emergency medical responder,  
1190 emergency medical technician or advanced emergency medical  
1191 technician scope of practice and that includes an examination, and (3)  
1192 has no pending disciplinary action or unresolved complaint against  
1193 him or her.

1194 (i) The commissioner may issue an emergency medical service  
1195 instructor certificate to an applicant who presents (1) evidence  
1196 satisfactory to the commissioner that the applicant is currently certified  
1197 as an emergency medical technician in good standing, (2)  
1198 documentation satisfactory to the commissioner, with reference to  
1199 national education standards, regarding qualifications as an  
1200 emergency medical service instructor, (3) a letter of endorsement  
1201 signed by two instructors holding current emergency medical service  
1202 instructor certification, (4) documentation of having completed written  
1203 and practical examinations as prescribed by the commissioner, and (5)  
1204 evidence satisfactory to the commissioner that the applicant has no  
1205 pending disciplinary action or unresolved complaints against him or  
1206 her.]

1207 [(j)] (i) Any person certified as an emergency medical responder,  
1208 emergency medical technician, advanced emergency medical  
1209 technician or emergency medical services instructor pursuant to this  
1210 chapter and the regulations adopted pursuant to section 20-20600  
1211 whose certification has expired may apply to the Department of Public  
1212 Health for reinstatement of such certification [as follows: (1) If such  
1213 certification expired one year or less from the date of the application  
1214 for reinstatement,] provided such person [shall complete] completes  
1215 the requirements for [recertification] renewal certification specified in  
1216 [regulations adopted pursuant to section 20-20600; (2) if such

1217 recertification expired more than one year but less than three years  
1218 from the date of application for reinstatement, such person shall  
1219 complete the training required for recertification and the examination  
1220 required for initial certification specified in regulations adopted  
1221 pursuant to section 20-206oo; or (3) if such certification expired three  
1222 or more years from the date of application for reinstatement, such  
1223 person shall complete the requirements for initial certification set forth  
1224 in] this section. Any certificate issued pursuant to this section shall  
1225 remain valid for ninety days after the expiration date of such certificate  
1226 and become void upon the expiration of such ninety-day period.

1227 [(k)] (j) The Commissioner of Public Health shall issue an  
1228 emergency medical technician certification to an applicant who is a  
1229 member of the armed forces or the National Guard or a veteran and  
1230 who (1) presents evidence satisfactory to the commissioner that such  
1231 applicant holds a current certification as a person entitled to perform  
1232 similar services under a different designation by the National Registry  
1233 of Emergency Medical Technicians, or (2) satisfies the regulations  
1234 promulgated pursuant to subdivision [(4)] (3) of subsection (a) of  
1235 section 19a-179. Such applicant shall be exempt from any written or  
1236 practical examination requirement for certification.

1237 [(l)] (k) For the purposes of this section, "veteran" means any person  
1238 who was discharged or released under conditions other than  
1239 dishonorable from active service in the armed forces and "armed  
1240 forces" has the same meaning as provided in section 27-103.

1241 Sec. 519. Section 20-195ff of the general statutes is repealed and the  
1242 following is substituted in lieu thereof (*Effective July 1, 2019*):

1243 The Commissioner of Public Health may adopt regulations, in  
1244 accordance with the provisions of chapter 54, to further the purposes  
1245 of subdivision (18) of subsection (c) of section 19a-14, subsection (e) of  
1246 section 19a-88, as amended by this act, subdivision [(15)] (14) of section  
1247 19a-175, as amended by this act, subsection (b) of section 20-9, sections  
1248 20-195aa to 20-195ff, inclusive, and sections 20-206jj to 20-206oo,

1249 inclusive, as amended by this act.

1250 Sec. 520. Subdivision (14) of section 20-9 of the general statutes is  
1251 repealed and the following is substituted in lieu thereof (*Effective July*  
1252 *1, 2019*):

1253 (14) Any person rendering service as a physician assistant licensed  
1254 pursuant to section 20-12b, a registered nurse, a licensed practical  
1255 nurse or a paramedic, as defined in subdivision [(15)] (14) of section  
1256 19a-175, as amended by this act, acting within the scope of regulations  
1257 adopted pursuant to section 19a-179, if such service is rendered under  
1258 the supervision, control and responsibility of a licensed physician;

1259 Sec. 521. Subdivisions (1) and (2) of subsection (e) of section 19a-88  
1260 of the general statutes are repealed and the following is substituted in  
1261 lieu thereof (*Effective July 1, 2019*):

1262 (e) (1) Each person holding a license or certificate issued under  
1263 section 19a-514, 20-65k, 20-74s, 20-185k, 20-185l, 20-195cc or 20-206ll  
1264 and chapters 370 to 373, inclusive, 375, 378 to 381a, inclusive, 383 to  
1265 383c, inclusive, 384, 384a, 384b, [384d,] 385, 393a, 395, 399 or 400a and  
1266 section 20-206n or 20-206o shall, annually, during the month of such  
1267 person's birth, apply for renewal of such license or certificate to the  
1268 Department of Public Health, giving such person's name in full, such  
1269 person's residence and business address and such other information as  
1270 the department requests.

1271 (2) Each person holding a license or certificate issued under section  
1272 19a-514, section 20-266o and chapters 384a, 384c, 384d, 386, 387, 388  
1273 and 398 shall apply for renewal of such license or certificate once every  
1274 two years, during the month of such person's birth, giving such  
1275 person's name in full, such person's residence and business address  
1276 and such other information as the department requests.

1277 Sec. 522. Section 20-67 of the general statutes is repealed and the  
1278 following is substituted in lieu thereof (*Effective July 1, 2019*):



1279 The Connecticut State Board of Examiners for Physical Therapists  
1280 shall consist of [one physician, two] three physical therapists and two  
1281 public members, appointed by the Governor, subject to the provisions  
1282 of section 4-9a. The Governor may appoint the physical therapist  
1283 members of said board from a list of [two] three names submitted by  
1284 the Connecticut chapter of the American Physical Therapy Association,  
1285 [and may appoint the physician member from a name submitted by  
1286 the Connecticut State Medical Society.] Vacancies in said board shall be  
1287 filled by the Governor for the unexpired portion of the term. All  
1288 appointments shall be subject to the provisions of section 4-10. No  
1289 member shall serve more than two consecutive full terms, commencing  
1290 on and after July 1, 1981.

1291 Sec. 523. Subsection (a) of section 1 of substitute senate bill 706 of  
1292 the current session, as amended by Senate Amendment Schedule "A",  
1293 is repealed and the following is substituted in lieu thereof (*Effective*  
1294 *from passage*):

1295 (a) As used in this section and sections 2 and 3 of this act:

1296 (1) "Epinephrine cartridge injector" means an automatic prefilled  
1297 cartridge injector or similar automatic injectable equipment used to  
1298 deliver epinephrine in a standard dose for an emergency first aid  
1299 response to allergic reactions;

1300 (2) "Person with training" means a person who (A) (i) has completed  
1301 a course in first aid that includes training in recognizing the signs and  
1302 symptoms of anaphylaxis, administering epinephrine and following  
1303 emergency protocol, approved by a prescribing practitioner pursuant  
1304 to a medical protocol established in accordance with subsection (b) of  
1305 this section, which course may be offered by the American Red Cross,  
1306 the American Heart Association, the National Ski Patrol, the  
1307 Department of Public Health or any director of health, and (ii) is  
1308 certified by said organizations, department or director of health  
1309 offering the course, or (B) who has received training in the recognition  
1310 of the signs and symptoms of anaphylaxis, the use of an epinephrine

1311 cartridge injector and emergency protocol by a licensed physician,  
1312 physician assistant, advanced practice registered nurse or emergency  
1313 medical services personnel;

1314 (3) "Documentation evidencing training" includes a certificate  
1315 issued by the American Red Cross, the American Heart Association,  
1316 the National Ski Patrol, the Department of Public Health or any  
1317 director of health or a written statement of acknowledgment of  
1318 training signed by a licensed physician, physician assistant, advanced  
1319 practice registered nurse or emergency medical services personnel;  
1320 and

1321 (4) "Authorized entity" means any for-profit or nonprofit entity or  
1322 organization that employs at least one person with training.  
1323 "Authorized entity" does not include the state or any political  
1324 subdivision thereof authorized to purchase epinephrine pursuant to  
1325 subsection (h) of section 21a-70 of the general statutes, a local or  
1326 regional board of education required to maintain epinephrine  
1327 cartridge injectors pursuant to subdivision (2) of subsection (d) of  
1328 section 10-212a of the general statutes or a licensed or a certified  
1329 ambulance service required to be equipped with epinephrine cartridge  
1330 injectors pursuant to subsection (b) of section 19a-197a of the general  
1331 statutes.

1332 Sec. 524. Section 19a-175 of the general statutes is repealed and the  
1333 following is substituted in lieu thereof (*Effective July 1, 2019*):

1334 As used in this chapter, section 526 of this act and sections 19a-177,  
1335 19a-180, 19a-193a and 19a-906, as amended by this act, unless the  
1336 context otherwise requires:

1337 (1) "Emergency medical service system" means a system which  
1338 provides for (A) the arrangement of personnel, facilities and  
1339 equipment for the efficient, effective and coordinated delivery of  
1340 health care services under emergency conditions, and (B) mobile  
1341 integrated health care;

- 1342 (2) "Patient" means an injured or ill person or a person with a  
1343 physical disability requiring assistance and transportation;
- 1344 (3) "Ambulance" means a motor vehicle specifically designed to  
1345 carry patients;
- 1346 (4) "Ambulance service" means an organization which transports  
1347 patients;
- 1348 (5) "Emergency medical technician" means a person who is certified  
1349 pursuant to chapter 384d;
- 1350 (6) "Ambulance driver" means a person whose primary function is  
1351 driving an ambulance;
- 1352 (7) "Emergency medical services instructor" means a person who is  
1353 certified pursuant to chapter 384d;
- 1354 (8) "Communications facility" means any facility housing the  
1355 personnel and equipment for handling the emergency communications  
1356 needs of a particular geographic area;
- 1357 (9) "Life saving equipment" means equipment used by emergency  
1358 medical personnel for the stabilization and treatment of patients;
- 1359 (10) "Emergency medical service organization" means any  
1360 corporation or organization whether public, private or voluntary that  
1361 (A) is licensed or certified by the Department of Public Health's Office  
1362 of Emergency Medical Services, and (B) offers ambulance  
1363 transportation or treatment services to patients primarily under  
1364 emergency conditions or a mobile integrated health care program;
- 1365 (11) "Invalid coach" means a vehicle used exclusively for the  
1366 transportation of nonambulatory patients, who are not confined to  
1367 stretchers, to or from either a medical facility or the patient's home in  
1368 nonemergency situations or utilized in emergency situations as a  
1369 backup vehicle when insufficient emergency vehicles exist;

1370 (12) "Rescue service" means any organization, whether for-profit or  
1371 nonprofit, whose primary purpose is to search for persons who have  
1372 become lost or to render emergency service to persons who are in  
1373 dangerous or perilous circumstances;

1374 (13) "Provider" means any person, corporation or organization,  
1375 whether profit or nonprofit, whose primary purpose is to deliver  
1376 medical care or services, including such related medical care services  
1377 as ambulance transportation;

1378 (14) "Commissioner" means the Commissioner of Public Health;

1379 (15) "Paramedic" means a person licensed pursuant to chapter 384d;

1380 (16) "Commercial ambulance service" means an ambulance service  
1381 which primarily operates for profit;

1382 (17) "Licensed ambulance service" means a commercial ambulance  
1383 service or a volunteer or municipal ambulance service issued a license  
1384 by the commissioner;

1385 (18) "Certified ambulance service" means a municipal, volunteer or  
1386 nonprofit ambulance service issued a certificate by the commissioner;

1387 (19) "Automatic external defibrillator" means a device that: (A) Is  
1388 used to administer an electric shock through the chest wall to the heart;  
1389 (B) contains internal decision-making electronics, microcomputers or  
1390 special software that allows it to interpret physiologic signals, make  
1391 medical diagnosis and, if necessary, apply therapy; (C) guides the user  
1392 through the process of using the device by audible or visual prompts;  
1393 and (D) does not require the user to employ any discretion or  
1394 judgment in its use;

1395 (20) "Mutual aid call" means a call for emergency medical services  
1396 that, pursuant to the terms of a written agreement, is responded to by a  
1397 secondary or alternate emergency medical services provider if the  
1398 primary or designated emergency medical services provider is unable  
1399 to respond because such primary or designated provider is responding

1400 to another call for emergency medical services or the ambulance or  
1401 nontransport emergency vehicle operated by such primary or  
1402 designated provider is out of service. For purposes of this subdivision,  
1403 "nontransport emergency vehicle" means a vehicle used by emergency  
1404 medical technicians or paramedics in responding to emergency calls  
1405 that is not used to carry patients;

1406 (21) "Municipality" means the legislative body of a municipality or  
1407 the board of selectmen in the case of a municipality in which the  
1408 legislative body is a town meeting;

1409 (22) "Primary service area" means a specific geographic area to  
1410 which one designated emergency medical services provider is  
1411 assigned for each category of emergency medical response services;

1412 (23) "Primary service area responder" means an emergency medical  
1413 services provider who is designated to respond to a victim of sudden  
1414 illness or injury in a primary service area;

1415 (24) "Interfacility critical care transport" means the interfacility  
1416 transport of a patient between licensed health care institutions;

1417 (25) "Advanced emergency medical technician" means an individual  
1418 who is certified as an advanced emergency medical technician  
1419 pursuant to chapter 384d;

1420 (26) "Emergency medical responder" means an individual who is  
1421 certified pursuant to chapter 384d;

1422 (27) "Medical oversight" means the active surveillance by physicians  
1423 of the provision of emergency medical services sufficient for the  
1424 assessment of overall emergency medical service practice levels, as  
1425 defined by state-wide protocols;

1426 (28) "Office of Emergency Medical Services" means the office  
1427 established within the Department of Public Health pursuant to  
1428 section 19a-178;

1429 (29) "Sponsor hospital" means a hospital that has agreed to maintain  
1430 staff for the provision of medical oversight, supervision and direction  
1431 to an emergency medical service organization and its personnel and  
1432 has been approved for such activity by the Department of Public  
1433 Health;

1434 (30) "Paramedic intercept service" means paramedic treatment  
1435 services provided by an entity that does not provide the ground  
1436 ambulance transport; [and]

1437 (31) "Authorized emergency medical services vehicle" means an  
1438 ambulance, invalid coach or advanced emergency technician-staffed  
1439 intercept vehicle or a paramedic-staffed intercept vehicle licensed or  
1440 certified by the Department of Public Health for purposes of providing  
1441 emergency medical care to patients; [.]

1442 (32) "Mobile integrated health care program" means a program  
1443 approved by the commissioner in which a licensed or certified  
1444 ambulance service or paramedic intercept service provides services,  
1445 including clinically appropriate medical evaluations, treatment,  
1446 transport or referrals to other health care providers under  
1447 nonemergency conditions by a paramedic acting within the scope of  
1448 his or her practice as part of an emergency medical services  
1449 organization within the emergency medical services system; and

1450 (33) "Alternate destination" means a destination other than an  
1451 emergency department that is a medically appropriate facility.

1452 Sec. 525. Section 19a-177 of the general statutes is repealed and the  
1453 following is substituted in lieu thereof (*Effective July 1, 2019*):

1454 The commissioner shall:

1455 (1) With the advice of the Office of Emergency Medical Services  
1456 established pursuant to section 19a-178 and of an advisory committee  
1457 on emergency medical services and with the benefit of meetings held  
1458 pursuant to subsection (b) of section 19a-184, adopt every five years a

1459 state-wide plan for the coordinated delivery of emergency medical  
1460 services;

1461 (2) License or certify the following: (A) Ambulance operations,  
1462 ambulance drivers, emergency medical services personnel and  
1463 communications personnel; (B) emergency room facilities and  
1464 communications facilities; and (C) transportation equipment, including  
1465 land, sea and air vehicles used for transportation of patients to  
1466 emergency facilities and periodically inspect life saving equipment,  
1467 emergency facilities and emergency transportation vehicles to ensure  
1468 state standards are maintained;

1469 (3) Annually inventory emergency medical services resources  
1470 within the state, including facilities, equipment, and personnel, for the  
1471 purposes of determining the need for additional services and the  
1472 effectiveness of existing services;

1473 (4) Review and evaluate all area-wide plans developed by the  
1474 emergency medical services councils pursuant to section 19a-182 in  
1475 order to insure conformity with standards issued by the commissioner;

1476 (5) Not later than thirty days after their receipt, review all grant and  
1477 contract applications for federal or state funds concerning emergency  
1478 medical services or related activities for conformity to policy  
1479 guidelines and forward such application to the appropriate agency,  
1480 when required;

1481 (6) Establish such minimum standards and adopt such regulations  
1482 in accordance with the provisions of chapter 54, as may be necessary to  
1483 develop the following components of an emergency medical service  
1484 system: (A) Communications, which shall include, but not be limited  
1485 to, equipment, radio frequencies and operational procedures; (B)  
1486 transportation services, which shall include, but not be limited to,  
1487 vehicle type, design, condition and maintenance, and operational  
1488 procedures; (C) training, which shall include, but not be limited to,  
1489 emergency medical technicians, communications personnel,  
1490 paraprofessionals associated with emergency medical services,

1491 firefighters and state and local police; [and] (D) emergency medical  
1492 service facilities, which shall include, but not be limited to,  
1493 categorization of emergency departments as to their treatment  
1494 capabilities and ancillary services; and (E) mobile integrated health  
1495 care programs, which shall include, but not be limited to, the  
1496 standards to ensure the health, safety and welfare of the patients being  
1497 served by such programs and data collection and reporting  
1498 requirements to ensure and measure quality outcomes of such  
1499 programs;

1500 (7) Coordinate training of all personnel related to emergency  
1501 medical services;

1502 (8) (A) Develop an emergency medical services data collection  
1503 system. Each emergency medical service organization licensed or  
1504 certified pursuant to chapter 386d shall submit data to the  
1505 commissioner, on a quarterly basis, from each licensed ambulance  
1506 service, certified ambulance service or paramedic intercept service that  
1507 provides emergency medical services. Such submitted data shall  
1508 include, but not be limited to: (i) The total number of calls for  
1509 emergency medical services received by such licensed ambulance  
1510 service, certified ambulance service or paramedic intercept service  
1511 through the 9-1-1 system during the reporting period; (ii) each level of  
1512 emergency medical services, as defined in regulations adopted  
1513 pursuant to section 19a-179, required for each such call; (iii) the  
1514 response time for each licensed ambulance service, certified ambulance  
1515 service or paramedic intercept service during the reporting period; (iv)  
1516 the number of passed calls, cancelled calls and mutual aid calls, both  
1517 made and received, during the reporting period; and (v) for the  
1518 reporting period, the prehospital data for the nonscheduled transport  
1519 of patients required by regulations adopted pursuant to subdivision  
1520 (6) of this section. The data required under this subdivision may be  
1521 submitted in any written or electronic form selected by such licensed  
1522 ambulance service, certified ambulance service or paramedic intercept  
1523 service and approved by the commissioner, provided the  
1524 commissioner shall take into consideration the needs of such licensed



1525 ambulance service, certified ambulance service or paramedic intercept  
1526 service in approving such written or electronic form. The  
1527 commissioner may conduct an audit of any such licensed ambulance  
1528 service, certified ambulance service or paramedic intercept service as  
1529 the commissioner deems necessary in order to verify the accuracy of  
1530 such reported data.

1531 (B) On or before December 31, 2018, and annually thereafter, the  
1532 commissioner shall prepare a report to the Emergency Medical  
1533 Services Advisory Board, established pursuant to section 19a-178a, that  
1534 shall include, but not be limited to, the following data: (i) The total  
1535 number of calls for emergency medical services received during the  
1536 reporting year by each licensed ambulance service, certified ambulance  
1537 service or paramedic intercept service; (ii) the level of emergency  
1538 medical services required for each such call; (iii) the name of the  
1539 provider of each such level of emergency medical services furnished  
1540 during the reporting year; (iv) the response time, by time ranges or  
1541 fractile response times, for each licensed ambulance service, certified  
1542 ambulance service or paramedic intercept service, using a common  
1543 definition of response time, as provided in regulations adopted  
1544 pursuant to section 19a-179; and (v) the number of passed calls,  
1545 cancelled calls and mutual aid calls during the reporting year. The  
1546 commissioner shall prepare such report in a format that categorizes  
1547 such data for each municipality in which the emergency medical  
1548 services were provided, with each such municipality grouped  
1549 according to urban, suburban and rural classifications.

1550 (C) If any licensed ambulance service, certified ambulance service or  
1551 paramedic intercept service does not submit the data required under  
1552 subparagraph (A) of this subdivision for a period of six consecutive  
1553 months, or if the commissioner believes that such licensed ambulance  
1554 service, certified ambulance service or paramedic intercept service  
1555 knowingly or intentionally submitted incomplete or false data, the  
1556 commissioner shall issue a written order directing such licensed  
1557 ambulance service, certified ambulance service or paramedic intercept  
1558 service to comply with the provisions of subparagraph (A) of this

1559 subdivision and submit all missing data or such corrected data as the  
1560 commissioner may require. If such licensed ambulance service,  
1561 certified ambulance service or paramedic intercept service fails to fully  
1562 comply with such order not later than three months from the date such  
1563 order is issued, the commissioner (i) shall conduct a hearing, in  
1564 accordance with chapter 54, at which such licensed ambulance service,  
1565 certified ambulance service or paramedic intercept service shall be  
1566 required to show cause why the primary service area assignment of  
1567 such licensed ambulance service, certified ambulance service or  
1568 paramedic intercept service should not be revoked, and (ii) may take  
1569 such disciplinary action under section 19a-17 as the commissioner  
1570 deems appropriate.

1571 (D) The commissioner shall collect the data required by  
1572 subparagraph (A) of this subdivision, in the manner provided in said  
1573 subparagraph, from each emergency medical service organization  
1574 licensed or certified pursuant to this chapter. Any such emergency  
1575 medical service organization that fails to comply with the provisions of  
1576 this section shall be liable for a civil penalty not to exceed one hundred  
1577 dollars per day for each failure to report the required data regarding  
1578 emergency medical services provided to a patient, as determined by  
1579 the commissioner. The civil penalties set forth in this subparagraph  
1580 shall be assessed only after the department provides a written notice of  
1581 deficiency and the organization is afforded the opportunity to respond  
1582 to such notice. An organization shall have not more than fifteen  
1583 business days after the date of receiving such notice to provide a  
1584 written response to the department. The commissioner may adopt  
1585 regulations, in accordance with chapter 54, concerning the  
1586 development, implementation, monitoring and collection of  
1587 emergency medical service system data. All state agencies licensed or  
1588 certified as emergency medical service organizations shall be exempt  
1589 from the civil penalties set forth in this subparagraph;

1590 (E) The commissioner shall, with the recommendation of the  
1591 Connecticut Emergency Medical Services Advisory Board established  
1592 pursuant to section 19a-178a, as amended by this act, adopt for use in

1593 trauma data collection the most recent version of the National Trauma  
1594 Data Bank's National Trauma Data Standards and Data Dictionary and  
1595 nationally recognized guidelines for field triage of injured patients.

1596 (9) (A) Establish rates for the conveyance and treatment of patients  
1597 by licensed ambulance services and invalid coaches and establish  
1598 emergency service rates for certified ambulance services and  
1599 paramedic intercept services, provided (i) the present rates established  
1600 for such services and vehicles shall remain in effect until such time as  
1601 the commissioner establishes a new rate schedule as provided in this  
1602 subdivision, and (ii) any rate increase not in excess of the Medical Care  
1603 Services Consumer Price Index, as published by the Bureau of Labor  
1604 Statistics of the United States Department of Labor, for the prior year,  
1605 filed in accordance with subparagraph (B)(iii) of this subdivision shall  
1606 be deemed approved by the commissioner. For purposes of this  
1607 subdivision, licensed ambulance [service] services and paramedic  
1608 intercept services shall not include emergency air transport services or  
1609 mobile integrated health care programs.

1610 (B) Adopt regulations, in accordance with the provisions of chapter  
1611 54, establishing methods for setting rates and conditions for charging  
1612 such rates. Such regulations shall include, but not be limited to,  
1613 provisions requiring that on and after July 1, 2000: (i) Requests for rate  
1614 increases may be filed no more frequently than once a year, except  
1615 that, in any case where an agency's schedule of maximum allowable  
1616 rates falls below that of the Medicare allowable rates for that agency,  
1617 the commissioner shall immediately amend such schedule so that the  
1618 rates are at or above the Medicare allowable rates; (ii) only licensed  
1619 ambulance services, certified ambulance services and paramedic  
1620 intercept services that apply for a rate increase in excess of the Medical  
1621 Care Services Consumer Price Index, as published by the Bureau of  
1622 Labor Statistics of the United States Department of Labor, for the prior  
1623 year, and do not accept the maximum allowable rates contained in any  
1624 voluntary state-wide rate schedule established by the commissioner for  
1625 the rate application year shall be required to file detailed financial  
1626 information with the commissioner, provided any hearing that the

1627 commissioner may hold concerning such application shall be  
1628 conducted as a contested case in accordance with chapter 54; (iii)  
1629 licensed ambulance services, certified ambulance services and  
1630 paramedic intercept services that do not apply for a rate increase in  
1631 any year in excess of the Medical Care Services Consumer Price Index,  
1632 as published by the Bureau of Labor Statistics of the United States  
1633 Department of Labor, for the prior year, or that accept the maximum  
1634 allowable rates contained in any voluntary state-wide rate schedule  
1635 established by the commissioner for the rate application year shall, not  
1636 later than the last business day in August of such year, file with the  
1637 commissioner a statement of emergency and nonemergency call  
1638 volume, and, in the case of a licensed ambulance service, certified  
1639 ambulance service or paramedic intercept service that is not applying  
1640 for a rate increase, a written declaration by such licensed ambulance  
1641 service, certified ambulance service or paramedic intercept service that  
1642 no change in its currently approved maximum allowable rates will  
1643 occur for the rate application year; and (iv) detailed financial and  
1644 operational information filed by licensed ambulance services, certified  
1645 ambulance services and paramedic intercept services to support a  
1646 request for a rate increase in excess of the Medical Care Services  
1647 Consumer Price Index, as published by the Bureau of Labor Statistics  
1648 of the United States Department of Labor, for the prior year, shall  
1649 cover the time period pertaining to the most recently completed fiscal  
1650 year and the rate application year of the licensed ambulance service,  
1651 certified ambulance service or paramedic intercept service.

1652 (C) Establish rates for licensed ambulance services, certified  
1653 ambulance services or paramedic intercept services for the following  
1654 services and conditions: (i) "Advanced life support assessment" and  
1655 "specialty care transports", which terms have the meanings provided  
1656 in 42 CFR 414.605; and (ii) mileage, which may include mileage for an  
1657 ambulance transport when the point of origin and final destination for  
1658 a transport is within the boundaries of the same municipality. The  
1659 rates established by the commissioner for each such service or  
1660 condition shall be equal to (I) the ambulance service's base rate plus its

1661 established advanced life support/paramedic surcharge when  
1662 advanced life support assessment services are performed; (II) two  
1663 hundred twenty-five per cent of the ambulance service's established  
1664 base rate for specialty care transports; and (III) "loaded mileage", as the  
1665 term is defined in 42 CFR 414.605, multiplied by the ambulance  
1666 service's established rate for mileage. Such rates shall remain in effect  
1667 until such time as the commissioner establishes a new rate schedule as  
1668 provided in this subdivision;

1669 (D) Establish rates for the treatment and release of patients by a  
1670 licensed or certified emergency medical services organization or a  
1671 provider who does not transport such patients to an emergency  
1672 department and who is operating within the scope of such  
1673 organization's or provider's practice and following protocols approved  
1674 by the sponsor hospital. The rates established pursuant to this  
1675 subparagraph shall not apply to the treatment provided to patients  
1676 through mobile integrated health care programs;

1677 (10) Research, develop, track and report on appropriate quantifiable  
1678 outcome measures for the state's emergency medical service system  
1679 and submit to the joint standing committee of the General Assembly  
1680 having cognizance of matters relating to public health, in accordance  
1681 with the provisions of section 11-4a, on or before July 1, 2002, and  
1682 annually thereafter, a report on the progress toward the development  
1683 of such outcome measures and, after such outcome measures are  
1684 developed, an analysis of emergency medical services system  
1685 outcomes;

1686 (11) Establish primary service areas and assign in writing a primary  
1687 service area responder for each primary service area. Each state-owned  
1688 campus having an acute care hospital on the premises shall be  
1689 designated as the primary service area responder for that campus;

1690 (12) Revoke primary service area assignments upon determination  
1691 by the commissioner that it is in the best interests of patient care to do  
1692 so; and

1693 (13) Annually issue a list of minimum equipment requirements for  
1694 ambulances and rescue vehicles based upon current national  
1695 standards. The commissioner shall distribute such list to all emergency  
1696 medical service organizations and sponsor hospital medical directors  
1697 and make such list available to other interested stakeholders.  
1698 Emergency medical service organizations shall have one year from the  
1699 date of issuance of such list to comply with the minimum equipment  
1700 requirements.

1701 Sec. 526. (NEW) (*Effective July 1, 2019*) (a) A licensed or certified  
1702 emergency medical services organization or provider may transport a  
1703 patient by ambulance to an alternate destination, in consultation with  
1704 the medical director of a sponsor hospital.

1705 (b) Any ambulance used for transport to an alternate destination  
1706 under subsection (a) of this section shall meet the requirements for a  
1707 basic level ambulance, as prescribed in regulations adopted pursuant  
1708 to section 19a-179 of the general statutes, including requirements  
1709 concerning medically necessary supplies and services.

1710 Sec. 527. Subdivision (12) of subsection (a) of section 19a-906 of the  
1711 general statutes is repealed and the following is substituted in lieu  
1712 thereof (*Effective July 1, 2019*):

1713 (12) "Telehealth provider" means any physician licensed under  
1714 chapter 370, physical therapist licensed under chapter 376,  
1715 chiropractor licensed under chapter 372, naturopath licensed under  
1716 chapter 373, podiatrist licensed under chapter 375, occupational  
1717 therapist licensed under chapter 376a, optometrist licensed under  
1718 chapter 380, registered nurse or advanced practice registered nurse  
1719 licensed under chapter 378, physician assistant licensed under chapter  
1720 370, psychologist licensed under chapter 383, marital and family  
1721 therapist licensed under chapter 383a, clinical social worker or master  
1722 social worker licensed under chapter 383b, alcohol and drug counselor  
1723 licensed under chapter 376b, professional counselor licensed under  
1724 chapter 383c, dietitian-nutritionist certified under chapter 384b, speech

1725 and language pathologist licensed under chapter 399, respiratory care  
1726 practitioner licensed under chapter 381a, audiologist licensed under  
1727 chapter 397a, [or] pharmacist licensed under chapter 400j [ ] or  
1728 paramedic licensed pursuant to chapter 384d who is providing health  
1729 care or other health services through the use of telehealth within such  
1730 person's scope of practice and in accordance with the standard of care  
1731 applicable to the profession.

1732 Sec. 528. Section 19a-180 of the general statutes is repealed and the  
1733 following is substituted in lieu thereof (*Effective July 1, 2019*):

1734 (a) No person shall operate any ambulance service, paramedic  
1735 intercept service or rescue service without either a license or a  
1736 certificate issued by the commissioner. No person shall operate a  
1737 commercial ambulance service or commercial rescue service without a  
1738 license issued by the commissioner. A certificate shall be issued to any  
1739 volunteer or municipal ambulance service or any ambulance service or  
1740 paramedic intercept service that is operated and maintained by a state  
1741 agency and that shows proof satisfactory to the commissioner that it  
1742 meets the minimum standards of the commissioner in the areas of  
1743 training, equipment and personnel. No license or certificate shall be  
1744 issued to any volunteer, municipal or commercial ambulance service,  
1745 paramedic intercept service or rescue service or any ambulance service  
1746 or paramedic intercept service that is operated and maintained by a  
1747 state agency, unless it meets the requirements of subsection (e) of  
1748 section 14-100a. Applicants for a license shall use the forms prescribed  
1749 by the commissioner and shall submit such application to the  
1750 commissioner accompanied by an annual fee of two hundred dollars.  
1751 In considering requests for approval of permits for new or expanded  
1752 emergency medical services or the establishment of mobile integrated  
1753 health care programs in any region, the commissioner shall consult  
1754 with the Office of Emergency Medical Services and the emergency  
1755 medical services council of such region and shall hold a public hearing  
1756 to determine the necessity for such services. Written notice of such  
1757 hearing shall be given to current providers in the geographic region  
1758 where such new or expanded services or mobile integrated health care

1759 programs would be implemented, provided, any volunteer ambulance  
1760 service which elects not to levy charges for services rendered under  
1761 this chapter shall be exempt from the provisions concerning requests  
1762 for approval of permits for new or expanded emergency medical  
1763 services set forth in this subsection. A primary service area responder  
1764 that operates in the service area identified in the application shall,  
1765 upon request, be granted intervenor status with opportunity for cross-  
1766 examination. Each applicant for licensure shall furnish proof of  
1767 financial responsibility which the commissioner deems sufficient to  
1768 satisfy any claim. The commissioner may adopt regulations, in  
1769 accordance with the provisions of chapter 54, to establish satisfactory  
1770 kinds of coverage and limits of insurance for each applicant for either  
1771 licensure or certification. Until such regulations are adopted, the  
1772 following shall be the required limits for licensure: (1) For damages by  
1773 reason of personal injury to, or the death of, one person on account of  
1774 any accident, at least five hundred thousand dollars, and more than  
1775 one person on account of any accident, at least one million dollars, (2)  
1776 for damage to property at least fifty thousand dollars, and (3) for  
1777 malpractice in the care of one passenger at least two hundred fifty  
1778 thousand dollars, and for more than one passenger at least five  
1779 hundred thousand dollars. In lieu of the limits set forth in subdivisions  
1780 (1) to (3), inclusive, of this subsection, a single limit of liability shall be  
1781 allowed as follows: (A) For damages by reason of personal injury to, or  
1782 death of, one or more persons and damage to property, at least one  
1783 million dollars; and (B) for malpractice in the care of one or more  
1784 passengers, at least five hundred thousand dollars. A certificate of such  
1785 proof shall be filed with the commissioner. Upon determination by the  
1786 commissioner that an applicant is financially responsible, properly  
1787 certified and otherwise qualified to operate a commercial ambulance  
1788 service, paramedic intercept service, [or] rescue service or mobile  
1789 integrated health care program, the commissioner shall issue the  
1790 appropriate license effective for one year to such applicant or authorize  
1791 the establishment of a mobile integrated health care program. If the  
1792 commissioner determines that an applicant for either a certificate or  
1793 license is not so qualified, the commissioner shall notify such applicant



1794 of the denial of the application with a statement of the reasons for such  
1795 denial. Such applicant shall have thirty days to request a hearing on  
1796 the denial of the application.

1797 (b) On or after January 1, 2020, within available appropriations, the  
1798 commissioner may authorize an emergency medical services  
1799 organization that furnishes evidence satisfactory to the commissioner  
1800 that such organization has met the requirements of this section to  
1801 establish a mobile integrated health care program under the provisions  
1802 of such organization's current license or certification. Emergency  
1803 medical services organizations requesting approval to establish such  
1804 mobile integrated health care program shall use the forms prescribed  
1805 by the commissioner and shall submit such application to the  
1806 commissioner. No emergency medical services organization shall  
1807 provide a mobile integrated health care program unless authorized by  
1808 the commissioner to provide such program. The commissioner may  
1809 implement policies and procedures to administer the mobile integrated  
1810 health care programs established in accordance with this section. The  
1811 commissioner shall post such policies and procedures to the  
1812 department's Internet web site and the eRegulations System not later  
1813 than twenty days after the date of implementation.

1814 [(b)] (c) Any person or emergency medical service organization that  
1815 does not maintain standards or violates regulations adopted under any  
1816 section of this chapter applicable to such person or organization may  
1817 have such person's or organization's license or certification suspended  
1818 or revoked or may be subject to any other disciplinary action specified  
1819 in section 19a-17 after notice by certified mail to such person or  
1820 organization of the facts or conduct that warrant the intended action.  
1821 Such person or emergency medical service organization shall have an  
1822 opportunity to show compliance with all requirements for the  
1823 retention of such certificate or license. In the conduct of any  
1824 investigation by the commissioner of alleged violations of the  
1825 standards or regulations adopted under the provisions of this chapter,  
1826 the commissioner may issue subpoenas requiring the attendance of  
1827 witnesses and the production by any medical service organization or

1828 person of reports, records, tapes or other documents that concern the  
1829 allegations under investigation. All records obtained by the  
1830 commissioner in connection with any such investigation shall not be  
1831 subject to the provisions of section 1-210 for a period of six months  
1832 from the date of the petition or other event initiating such  
1833 investigation, or until such time as the investigation is terminated  
1834 pursuant to a withdrawal or other informal disposition or until a  
1835 hearing is convened pursuant to chapter 54, whichever is earlier. A  
1836 complaint, as defined in subdivision (6) of section 19a-13, shall be  
1837 subject to the provisions of section 1-210 from the time that it is served  
1838 or mailed to the respondent. Records that are otherwise public records  
1839 shall not be deemed confidential merely because they have been  
1840 obtained in connection with an investigation under this chapter.

1841 [(c)] (d) Any person or emergency medical service organization  
1842 aggrieved by an act or decision of the commissioner regarding  
1843 certification or licensure may appeal in the manner provided by  
1844 chapter 54.

1845 [(d)] (e) Any person who commits any of the following acts shall be  
1846 guilty of a class C misdemeanor: (1) In any application to the  
1847 commissioner or in any proceeding before or investigation made by  
1848 the commissioner, knowingly making any false statement or  
1849 representation, or, with knowledge of its falsity, filing or causing to be  
1850 filed any false statement or representation in a required application or  
1851 statement; (2) issuing, circulating or publishing or causing to be issued,  
1852 circulated or published any form of advertisement or circular for the  
1853 purpose of soliciting business which contains any statement that is  
1854 false or misleading, or otherwise likely to deceive a reader thereof,  
1855 with knowledge that it contains such false, misleading or deceptive  
1856 statement; (3) giving or offering to give anything of value to any  
1857 person for the purpose of promoting or securing ambulance, invalid  
1858 coach, paramedic intercept vehicle or rescue service business or  
1859 obtaining favors relating thereto; (4) administering or causing to be  
1860 administered, while serving in the capacity of an employee of any  
1861 licensed ambulance or rescue service, any alcoholic liquor to any

1862 patient in such employee's care, except under the supervision and  
1863 direction of a licensed physician; (5) in any respect wilfully violating or  
1864 failing to comply with any provision of this chapter or wilfully  
1865 violating, failing, omitting or neglecting to obey or comply with any  
1866 regulation, order, decision or license, or any part or provisions thereof;  
1867 or (6) with one or more other persons, conspiring to violate any license  
1868 or order issued by the commissioner or any provision of this chapter.

1869 [(e)] (f) No person shall place any advertisement or produce any  
1870 printed matter that holds that person out to be an ambulance service or  
1871 a mobile integrated health care program provider unless such person  
1872 is licensed, [or] certified or authorized pursuant to this section. Any  
1873 such advertisement or printed matter shall include the license or  
1874 certificate number issued by the commissioner.

1875 [(f)] (g) Each licensed or certified emergency medical service  
1876 organization shall: (1) Ensure that its emergency medical personnel,  
1877 whether such personnel are employees or contracted through an  
1878 employment agency or personnel pool, are appropriately licensed or  
1879 certified by the Department of Public Health to perform their job  
1880 duties and that such licenses or certifications remain valid; (2) ensure  
1881 that any employment agency or personnel pool, from which the  
1882 emergency medical service organization obtains personnel meets the  
1883 required general liability and professional liability insurance limits  
1884 described in subsection (a) of this section and that all persons  
1885 performing work or volunteering for the medical service organization  
1886 are covered by such insurance; and (3) secure and maintain medical  
1887 oversight, as defined in section 19a-175, as amended by this act, by a  
1888 sponsor hospital, as defined in section 19a-175, as amended by this act.

1889 [(g)] (h) Each applicant whose request for new or expanded  
1890 emergency medical services or the establishment of a mobile  
1891 integrated health care program is approved shall, not later than six  
1892 months after the date of such approval, acquire the necessary  
1893 resources, equipment and other material necessary to comply with the  
1894 terms of the approval and operate in the service area identified in the

1895 application. If the applicant fails to do so, the approval for new or  
1896 expanded medical services or the establishment of a mobile integrated  
1897 health care program shall be void and the commissioner shall rescind  
1898 the approval.

1899 [(h)] (i) Notwithstanding the provisions of subsection (a) of this  
1900 section, any volunteer, hospital-based or municipal ambulance service  
1901 or any ambulance service or paramedic intercept service operated and  
1902 maintained by a state agency that is licensed or certified and is a  
1903 primary service area responder may apply to the commissioner to add  
1904 one emergency vehicle to its existing fleet every three years, on a short  
1905 form application prescribed by the commissioner. No such volunteer,  
1906 hospital-based or municipal ambulance service or any ambulance  
1907 service or paramedic intercept service operated and maintained by a  
1908 state agency may add more than one emergency vehicle to its existing  
1909 fleet pursuant to this subsection regardless of the number of  
1910 municipalities served by such volunteer, hospital-based or municipal  
1911 ambulance service. Upon making such application, the applicant shall  
1912 notify in writing all other primary service area responders in any  
1913 municipality or abutting municipality in which the applicant proposes  
1914 to add the additional emergency vehicle. Except in the case where a  
1915 primary service area responder entitled to receive notification of such  
1916 application objects, in writing, to the commissioner not later than  
1917 fifteen calendar days after receiving such notice, the application shall  
1918 be deemed approved thirty calendar days after filing. If any such  
1919 primary service area responder files an objection with the  
1920 commissioner within the fifteen-calendar-day time period and requests  
1921 a hearing, the applicant shall be required to demonstrate need at a  
1922 public hearing as required under subsection (a) of this section.

1923 [(i)] (j) The commissioner shall develop a short form application for  
1924 primary service area responders seeking to add an emergency vehicle  
1925 to their existing fleets pursuant to subsection [(h)] (i) of this section.  
1926 The application shall require an applicant to provide such information  
1927 as the commissioner deems necessary, including, but not limited to, (1)  
1928 the applicant's name and address, (2) the primary service area where

1929 the additional vehicle is proposed to be used, (3) an explanation as to  
1930 why the additional vehicle is necessary and its proposed use, (4) proof  
1931 of insurance, (5) a list of the providers to whom notice was sent  
1932 pursuant to subsection [(h)] (i) of this section and proof of such  
1933 notification, and (6) total call volume, response time and calls passed  
1934 within the primary service area for the one-year period preceding the  
1935 date of the application.

1936 [(j) Notwithstanding the provisions of subsection (a) of this section,  
1937 any ambulance service or paramedic intercept service operated and  
1938 maintained by a state agency on or before October 1, 2014, that notifies  
1939 the Department of Public Health's Office of Emergency Medical  
1940 Services, in writing, not later than September 1, 2014, of such operation  
1941 and attests to the ambulance service or paramedic intercept service  
1942 being in compliance with all statutes and regulations concerning such  
1943 operation (1) shall be deemed certified by the Commissioner of Public  
1944 Health, or (2) shall be deemed licensed by the Commissioner of Public  
1945 Health if such ambulance service or paramedic intercept service levies  
1946 charges for emergency and nonemergency services.]

1947 (k) Notwithstanding the provisions of subsection (a) of this section,  
1948 any volunteer, hospital-based or municipal ambulance service that is  
1949 licensed or certified and a primary service area responder may apply  
1950 to the commissioner, on a short form application prescribed by the  
1951 commissioner, to change the address of a principal or branch location  
1952 within its primary service area. Upon making such application, the  
1953 applicant shall notify in writing all other primary service area  
1954 responders in any municipality or abutting municipality in which the  
1955 applicant proposes to change principal or branch locations. Unless a  
1956 primary service area responder entitled to receive notification of such  
1957 application objects, in writing, to the commissioner and requests a  
1958 hearing on such application not later than fifteen calendar days after  
1959 receiving such notice, the application shall be deemed approved thirty  
1960 calendar days after filing. If any such primary service area responder  
1961 files an objection with the commissioner within the fifteen-calendar-  
1962 day time period and requests a hearing, the applicant shall be required

1963 to demonstrate need to change the address of a principal or branch  
1964 location within its primary service area at a public hearing as required  
1965 under subsection (a) of this section.

1966 (l) The commissioner shall develop a short form application for  
1967 primary service area responders seeking to change the address of a  
1968 principal or branch location pursuant to subsection (k) of this section.  
1969 The application shall require an applicant to provide such information  
1970 as the commissioner deems necessary, including, but not limited to, (1)  
1971 the applicant's name and address, (2) the new address where the  
1972 principal or branch is to be located, (3) an explanation as to why the  
1973 principal or branch location is being moved, and (4) a list of the  
1974 providers to whom notice was sent pursuant to subsection (k) of this  
1975 section and proof of such notification.

1976 (m) Notwithstanding the provisions of subsection (b) of this section,  
1977 any ambulance service assigned as the primary service area responder  
1978 for a primary service area on or before September 1, 2019, that notifies  
1979 the Department of Public Health's Office of Emergency Medical  
1980 Services, in writing, not later than October 1, 2019, of such assignment  
1981 and attests to the ambulance service being in compliance with all  
1982 statutes and regulations concerning the operation of such ambulance  
1983 service shall be deemed authorized by the Commissioner of Public  
1984 Health as the authorized mobile integrated health care program for the  
1985 primary service area within which the ambulance service is the  
1986 primary service area responder.

1987 Sec. 529. Section 19a-193a of the general statutes is repealed and the  
1988 following is substituted in lieu thereof (*Effective July 1, 2019*):

1989 (a) Except as provided in subsection [(b)] (c) of this section and  
1990 subject to the provisions of sections 19a-177, as amended by this act,  
1991 38a-498 and 38a-525, any person who receives emergency medical  
1992 treatment services or transportation services from a licensed  
1993 ambulance service, certified ambulance service or paramedic intercept  
1994 service shall be liable to such ambulance service for the reasonable and

1995 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 (75) of section 12-81 of the general statutes is  
2009 repealed and the following is substituted in lieu thereof (*Effective from*  
2010 *passage*):

2011 (75) Any real or personal property which (1) is owned or leased by  
2012 an entity considered to be a nonprofit organization for purposes of  
2013 Section 501(c)(3) of the Internal Revenue Service of 1986, or any  
2014 subsequent corresponding internal revenue code of the United States,  
2015 as from time to time amended, and (2) is the location of or located at an  
2016 institution licensed by the state pursuant to chapter 368v and  
2017 described in subsection (c) or (o) of section 19a-490. This subdivision  
2018 shall not affect (1) the taxability in assessment years commencing on or  
2019 after October 1, 2000, of any such property that was taxable on the net  
2020 grand list, as adjusted by the board of assessment appeals, next  
2021 preceding June 1, 2000, or (2) any time-limited written agreement in  
2022 existence on June 1, 2000, with any municipality regarding the  
2023 taxability of any such property;

2024 Sec. 531. Subdivision (5) of section 17b-520 of the general statutes is  
2025 repealed and the following is substituted in lieu thereof (*Effective from*  
2026 *passage*):

2027 (5) "Resident" means any person entitled to receive present or future  
2028 shelter, care and medical or nursing services or other health-related  
2029 benefits pursuant to a continuing-care contract, provided nothing in  
2030 this section and sections 17b-521 to 17b-535, inclusive, shall affect  
2031 rights otherwise afforded to residents while they are patients in health  
2032 care facilities as defined in subsections (a), (b), [and] (c) and (o) of  
2033 section 19a-490;

2034 Sec. 532. Section 19a-123 of the general statutes is repealed and the  
2035 following is substituted in lieu thereof (*Effective from passage*):

2036 For purposes of this section and sections 19a-123b to 19a-123d,  
2037 inclusive: "Nursing pool" means any person, firm, corporation, limited  
2038 liability company, partnership or association engaged for a fee in the  
2039 business of employing and providing health care personnel on a  
2040 temporary basis to one or more health care institutions, as defined in  
2041 [subsection] subsections (c) and (o) of section 19a-490, and does not  
2042 include: (1) A licensed health care institution or subsidiary thereof  
2043 which supplies temporary health care personnel to its own institution  
2044 only and does not charge a fee to such institution or (2) an individual  
2045 who offers only his own personal services on a temporary basis.

2046 Sec. 533. Subsection (b) of section 19a-491 of the general statutes is  
2047 repealed and the following is substituted in lieu thereof (*Effective from*  
2048 *passage*):

2049 (b) If any person acting individually or jointly with any other person  
2050 owns real property or any improvements thereon, upon or within  
2051 which an institution, as defined in [subsection] subsections (c) and (o)  
2052 of section 19a-490, is established, conducted, operated or maintained  
2053 and is not the licensee of the institution, such person shall submit a  
2054 copy of the lease agreement to the department at the time of any  
2055 change of ownership and with each license renewal application. The  
2056 lease agreement shall, at a minimum, identify the person or entity  
2057 responsible for the maintenance and repair of all buildings and  
2058 structures within which such an institution is established, conducted



2059 or operated. If a violation is found as a result of an inspection or  
2060 investigation, the commissioner may require the owner to sign a  
2061 consent order providing assurances that repairs or improvements  
2062 necessary for compliance with the provisions of the Public Health  
2063 Code shall be completed within a specified period of time or may  
2064 assess a civil penalty of not more than one thousand dollars for each  
2065 day that such owner is in violation of the Public Health Code or a  
2066 consent order. A consent order may include a provision for the  
2067 establishment of a temporary manager of such real property who has  
2068 the authority to complete any repairs or improvements required by  
2069 such order. Upon request of the Commissioner of Public Health, the  
2070 Attorney General may petition the Superior Court for such equitable  
2071 and injunctive relief as such court deems appropriate to ensure  
2072 compliance with the provisions of a consent order. The provisions of  
2073 this subsection shall not apply to any property or improvements  
2074 owned by a person licensed in accordance with the provisions of  
2075 subsection (a) of this section to establish, conduct, operate or maintain  
2076 an institution on or within such property or improvements.

2077 Sec. 534. Subdivision (4) of subsection (b) of section 19a-638 of the  
2078 general statutes is repealed and the following is substituted in lieu  
2079 thereof (*Effective from passage*):

2080 (4) Residential care homes, as defined in subsection (c) of section  
2081 19a-490, and nursing homes and rest homes, as defined in subsection  
2082 [(c)] (o) of section 19a-490;

2083 Sec. 535. Subsection (bb) of section 32-23d of the general statutes is  
2084 repealed and the following is substituted in lieu thereof (*Effective from*  
2085 *passage*):

2086 (bb) "Health care project" means any project which is to be used or  
2087 occupied by any person for the providing of services in any residential  
2088 care home, nursing home or rest home, as defined in [subsection]  
2089 subsections (c) and (o) of section 19a-490, or for the providing of living  
2090 space for physically handicapped persons or persons sixty years of age

2091 or older.

2092 Sec. 536. Section 20-205 of the general statutes is repealed and the  
2093 following is substituted in lieu thereof (*Effective July 1, 2019*):

2094 The provisions of this chapter shall not apply to any (1) person in  
2095 governmental employ while acting in the scope of his or her  
2096 employment, [or to any] (2) person who furnishes medical or surgical  
2097 assistance without compensation in an emergency, [or to any] (3)  
2098 veterinarian, licensed in another state, who is employed as a direct  
2099 consultant for not more than ten days during any calendar year with  
2100 any practitioner licensed in conformity with the provisions of section  
2101 20-197, [. The provisions of this chapter shall not apply to any] (4)  
2102 hospital, [educational] institution [or] of higher education, laboratory,  
2103 [or any] state or federal institution, or [any] employee, [of,] student [in]  
2104 or person associated with any such hospital, [educational] institution  
2105 [or] of higher education, laboratory or state or federal institution, while  
2106 engaged in research or studies involving the [use] administration of  
2107 medical, surgical or dental procedures to an animal or livestock within  
2108 such hospital, institution of higher education, laboratory or state or  
2109 federal institution, (5) faculty member, resident, student or intern  
2110 employed by a school of veterinary medicine, surgery or dentistry  
2111 accredited by the American Veterinary Medical Association, while  
2112 engaged in clinical practice, research or studies involving the use of  
2113 veterinary medical, surgical or dental procedures within a hospital,  
2114 clinic or laboratory owned by such school of veterinary medicine,  
2115 surgery or dentistry, or [to the] (6) owner of any animal or livestock or  
2116 his or her employee while administering to such animal or livestock.

2117 Sec. 537. Subsection (d) of section 19a-654 of the general statutes is  
2118 repealed and the following is substituted in lieu thereof (*Effective from*  
2119 *passage*):

2120 (d) Except as provided in this subsection, patient-identifiable data  
2121 received by the unit shall be kept confidential and shall not be  
2122 considered public records or files subject to disclosure under the

2123 Freedom of Information Act, as defined in section 1-200. The unit may  
 2124 release de-identified patient data or aggregate patient data to the  
 2125 public in a manner consistent with the provisions of 45 CFR 164.514.  
 2126 Any de-identified patient data released by the unit shall exclude  
 2127 provider, physician and payer organization names or codes and shall  
 2128 be kept confidential by the recipient. The unit may release patient-  
 2129 identifiable data (1) for medical and scientific research as provided for  
 2130 in section 19a-25-3 of the regulations of Connecticut state agencies, and  
 2131 (2) to (A) a state agency for the purpose of improving health care  
 2132 service delivery, (B) a federal agency or the office of the Attorney  
 2133 General for the purpose of investigating hospital mergers and  
 2134 acquisitions, [or] (C) another state's health data collection agency with  
 2135 which the unit has entered into a reciprocal data-sharing agreement for  
 2136 the purpose of certificate of need review or evaluation of health care  
 2137 services, upon receipt of a request from such agency, provided, prior  
 2138 to the release of such patient-identifiable data, such agency enters into  
 2139 a written agreement with the unit pursuant to which such agency  
 2140 agrees to protect the confidentiality of such patient-identifiable data  
 2141 and not to use such patient-identifiable data as a basis for any decision  
 2142 concerning a patient, or (D) a consultant or independent professional  
 2143 contracted by the Office of Health Strategy pursuant to section 19a-614  
 2144 to carry out the functions of the unit, including collecting, managing or  
 2145 organizing such patient-identifiable data. No individual or entity  
 2146 receiving patient-identifiable data may release such data in any  
 2147 manner that may result in an individual patient, physician, provider or  
 2148 payer being identified. The unit shall impose a reasonable, cost-based  
 2149 fee for any patient data provided to a nongovernmental entity.

2150 Sec. 538. Section 19a-507c of the general statutes is repealed.  
 2151 (*Effective July 1, 2019*)"

This act shall take effect as follows and shall amend the following sections:		
Sec. 5	<i>July 1, 2019</i>	19a-493(a) to (c)
Sec. 22	<i>July 1, 2019</i>	19a-37

Sec. 501	<i>July 1, 2019</i>	19a-521e
Sec. 502	<i>July 1, 2019</i>	19a-491(e)
Sec. 503	<i>July 1, 2019</i>	19a-112e(a)
Sec. 504	<i>July 1, 2019</i>	19a-112e(e)
Sec. 505	<i>July 1, 2019</i>	17a-450a(a)
Sec. 506	<i>July 1, 2019</i>	19a-175
Sec. 507	<i>July 1, 2019</i>	19a-177(6) to (8)
Sec. 508	<i>July 1, 2019</i>	19a-178a(b)
Sec. 509	<i>July 1, 2019</i>	19a-180(a)
Sec. 510	<i>July 1, 2019</i>	19a-180(i) to (l)
Sec. 511	<i>July 1, 2019</i>	19a-180b(a) and (b)
Sec. 512	<i>July 1, 2019</i>	19a-180d
Sec. 513	<i>July 1, 2019</i>	19a-181b(a)
Sec. 514	<i>July 1, 2019</i>	19a-182(b)
Sec. 515	<i>July 1, 2019</i>	19a-183
Sec. 516	<i>July 1, 2019</i>	20-206kk(c)
Sec. 517	<i>July 1, 2019</i>	20-206jj
Sec. 518	<i>July 1, 2019</i>	20-206mm
Sec. 519	<i>July 1, 2019</i>	20-195ff
Sec. 520	<i>July 1, 2019</i>	20-9(14)
Sec. 521	<i>July 1, 2019</i>	19a-88(e)(1) and (2)
Sec. 522	<i>July 1, 2019</i>	20-67
Sec. 523	<i>from passage</i>	SB 706 (current session), Sec. 1(a)
Sec. 524	<i>July 1, 2019</i>	19a-175
Sec. 525	<i>July 1, 2019</i>	19a-177
Sec. 526	<i>July 1, 2019</i>	New section
Sec. 527	<i>July 1, 2019</i>	19a-906(a)(12)
Sec. 528	<i>July 1, 2019</i>	19a-180
Sec. 529	<i>July 1, 2019</i>	19a-193a
Sec. 530	<i>from passage</i>	12-81(75)
Sec. 531	<i>from passage</i>	17b-520(5)
Sec. 532	<i>from passage</i>	19a-123
Sec. 533	<i>from passage</i>	19a-491(b)
Sec. 534	<i>from passage</i>	19a-638(b)(4)
Sec. 535	<i>from passage</i>	32-23d(bb)
Sec. 536	<i>July 1, 2019</i>	20-205
Sec. 537	<i>from passage</i>	19a-654(d)
Sec. 538	<i>July 1, 2019</i>	Repealer section