JOURNAL OF THE HOUSE

Monday, May 20, 2019

The House of Representatives was called to order at 11:11 o'clock a.m., Speaker Joe Aresimowicz in the Chair.

Prayer was offered by Deputy Chaplain, Reverend Charles E. Jacobs of Hartford, Connecticut.

The following is the prayer:

Let us pray. Lord, bless Your Representatives who continue to convene on behalf of the people of Connecticut. Bestow your wisdom upon them as they discern through prayer, and in consultation with one another, what is just for the people of Connecticut. With Your abiding presence, all things are possible. Amen.

The Pledge of Allegiance was led by Representative Buckbee of the 67th District.

ASSISTANT DEPUTY SPEAKER ALTOBELLO IN THE CHAIR

REPORTS

The following reports were received on the date indicated, read by the Clerk and referred to the Committees indicated:

Report - Auditors of Public Accounts - Auditors' Report - Connecticut Health Insurance Exchange for Fiscal Years Ended June 30, 2014 and 2015. (Pursuant to Section 2-90 of the Connecticut General Statutes.) Date Received: May 7, 2019

Referred to the Committees on Public Health, Insurance and Real Estate and Human Services.

Report - State Board of Education - Annual Report on the Use of Physical Restraint and Seclusion for School Year 2017-2018. (Pursuant to Section 10-236b of the Connecticut General Statutes.) Date Received: May 7, 2019

Referred to the Committees on Education and Children.

Report - Department of Motor Vehicles - Connecticut Emissions Program Statistics for the Period of April 1, 2019 through April 30, 2019. (Pursuant to Executive Directive #3 and Section I4-164h of the Connecticut General Statutes.) Date Received: May 9, 2019

Referred to the Committee on Transportation.

Auditors Monthly Report - Matters Reported Under Section 4-33a - Dated May 9, 2019. (Pursuant to Section 4-33a of the Connecticut General Statutes.) Date Received: May 10, 2019

Referred to the Committees on Appropriations and Finance, Revenue and Bonding.
Report - Department of Transportation - Bureau of Engineering and Construction - Investigation and Identification of Methods to Improve Notification of Height Restrictions on the Merritt Parkway - May 10, 2019. (Pursuant to Section 13a-26a of the Connecticut General Assembly, as amended by Section 10 of Public Act 17-230.) Date Received: May 10, 2019
Referred to the Committee on Transportation.

Report - Auditors of Public Accounts - Auditors’ Report - Military Department for the Fiscal Years Ended June 30, 2014 and 2015. (Pursuant to Section 2-90 of the Connecticut General Statutes.) Date Received: May 15, 2019
Referred to the Committee on Veterans’ Affairs.

Report - Auditors of Public Accounts - Auditors’ Report - Department of Insurance and Office of the Healthcare Advocate for the Fiscal Years Ended June 30, 2016 and 2017. (Pursuant to Section 2-90 of the Connecticut General Statutes.) Date Received: May 16, 2019
Referred to the Committees on Insurance and Real Estate and Public Health.

FAVORABLE REPORTS OF JOINT STANDING COMMITTEES

HOUSE BILLS

The following House Bills were received from the committees indicated, the bills read the second time and tabled for the Calendar and printing:

FINANCE, REVENUE AND BONDING. Substitute for H.B. No. 7373 (RAISED) (File No. 914) AN ACT CONCERNING THE DEPARTMENT OF REVENUE SERVICES' RECOMMENDATIONS FOR TAX ADMINISTRATION AND MINOR REVISIONS TO THE TAX AND RELATED STATUTES.

FINANCE, REVENUE AND BONDING. Substitute for H.B. No. 7408 (RAISED) (File No. 915) AN ACT CONCERNING MUNICIPAL STORMWATER AUTHORITIES, STUDIES OF THE PILOT GRANTS PROGRAM AND A PROPERTY TAX EXEMPTION FOR MACHINERY AND EQUIPMENT, AND ENTERPRISE ZONES.

BUSINESS ON THE CALENDAR
FAVORABLE REPORT OF JOINT STANDING COMMITTEE
HOUSE JOINT RESOLUTION ADOPTED

The following resolution was taken from the table, read the third time, the report of the committee indicated accepted and the resolution adopted.


The resolution was explained by Representative Vargas of the 6th.

The resolution was discussed by Representative Yaccarino of the 87th.

On a roll call vote House Joint Resolution No. 169 was adopted.

BUSINESS ON THE CALENDAR
FAVORABLE REPORT OF JOINT STANDING COMMITTEE
HOUSE BILL PASSED

The following bill was taken from the table, read the third time, the report of the committee indicated accepted and the bill passed.
CHILDREN. Substitute for H.B. No. 7001 (RAISED) (File No. 123) AN ACT CONCERNING THE NOTIFICATION OF CERTAIN EMPLOYERS OF THE PLACEMENT OF AN EMPLOYEE ON THE CHILD ABUSE OR NEGLECT REGISTRY.

The bill was explained by Representative Linehan of the 103rd who offered House Amendment Schedule "A" (LCO 7077) and moved its adoption.

The amendment was discussed by Representatives Green of the 55th and Fishbein of the 90th.

DEPUTY SPEAKER COOK IN THE CHAIR

On a voice vote the amendment was adopted.
The Speaker ruled the amendment was technical.

The following is House Amendment Schedule "A" (LCO 7077):

In line 116, strike "shall" and insert "may" in lieu thereof

The bill was discussed by Representatives Fishbein of the 90th, Green of the 55th, Dubitsky of the 47th, Candelora of the 86th, Perillo of the 113th, Kokoruda of the 101st, Cheeseman of the 37th and Vail of the 52nd.

The Speaker ordered the vote be taken by roll call at 1:11 p.m.

The following is the result of the vote:

Total Number Voting ................................................................. 135
Necessary for Passage ............................................................... 68
Those voting Yea ................................................................. 111
Those voting Nay ................................................................. 24
Those absent and not voting ..................................................... 16

On a roll call vote House Bill No. 7001 as amended by House Amendment Schedule "A" was passed.

The following is the roll call vote:

Y ABERCROMBIE Y LOPES Y ZIOGAS Y MACLACHLAN
Y ALLIE-BRENNAN Y LUXENBERG Y MASTROFRANCO
Y ALTOBELLO Y MCCARTHY VAHEY Y MCCARTY, K.
Y ARCONTI X MCgee N ACKERT N MCGORTY, B.
Y ARNONE Y MESKERS N BETTS Y O'DEA
Y BAKER Y MICHEL Y BOLINSKY N ONEILL
Y BARRY X MILLER Y BUCKBEE N PAVALOCK-D'AMATO
Y BLUMENTHAL Y MUSHINSKY X CAMILLO Y PERILLO
Y BORER Y NAPOLI N CANDELORA, V. Y PETIT
Y BOYD Y NOLAN Y CARNEY N PISCOPO
Y COMEY Y PALM Y CARPINO N POLLETTA
Y CONCEPCION Y PAOLILLO N CASE X REBIMBAS
Y CONLEY Y PERONE Y CHEESEMAN Y RUTIGLIANO
Y CURREY Y Phipps N CUMMINGS N SIMANSKI
X D'AGOSTINO Y PORTER X D'AMELIO X SMITH
Y DATHAN Y REYES N DAUPHINAIS N SREDZINSKI
X DE LA CRUZ Y RILEY Y DAVIS N VAIL
Y DEMICCO Y RITTER Y DELNICKI N WILSON
Y DILLON Y ROCHELLE Y DEVLIN Y WOOD, T.
Y DIMASSA Y ROJAS N DUBITSKY Y YACCARINO
The following bills were taken from the table, read the third time, the reports of the committees indicated accepted and the bills passed.

**APPROPRIATIONS.** Substitute for H.B. No. 7125 (RAISED) (File No. 343) AN ACT CONCERNING MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFITS.

The bill was explained by Representative Scanlon of the 98th who offered House Amendment Schedule "A" (LCO 8773) and moved its adoption.

The amendment was discussed by Representative Pavalock-D'Amato of the 77th.

On a voice vote the amendment was adopted.

The Speaker ruled the amendment was technical.

The following is House Amendment Schedule "A" (LCO 8773):

Strike everything after the enacting clause and substitute the following in lieu thereof:

"Section 1. (NEW) (Effective October 1, 2019) (a) For the purposes of this section:

1) "Health carrier" has the same meaning as provided in section 38a-1080 of the general statutes;

2) "Mental health and substance use disorder benefits" means all benefits for the treatment of a mental health condition or a substance use disorder that (A) falls under one or more of the diagnostic categories listed in the chapter concerning mental disorders in the most recent edition of the International Classification of Diseases, or (B) is a mental disorder, as that term is defined in the most recent edition of the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders"; and

3) "Nonquantitative treatment limitation" means a limitation that cannot be expressed numerically but otherwise limits the scope or duration of a covered benefit.

(b) Not later than March 1, 2021, and annually thereafter, each health carrier shall submit a report to the Insurance Commissioner, in a form and manner prescribed by the commissioner, containing the following information for the calendar year immediately preceding:
(1) A description of the processes that such health carrier used to develop and select criteria to assess the medical necessity of (A) mental health and substance use disorder benefits, and (B) medical and surgical benefits;

(2) A description of all nonquantitative treatment limitations that such health carrier applied to (A) mental health and substance use disorder benefits, and (B) medical and surgical benefits; and

(3) The results of an analysis concerning the processes, strategies, evidentiary standards and other factors that such health carrier used in developing and applying the criteria described in subdivision (1) of this subsection and each nonquantitative treatment limitation described in subdivision (2) of this subsection, provided the commissioner shall not disclose such results in a manner that is likely to compromise the financial, competitive or proprietary nature of such results. The results of such analysis shall, at a minimum:

(A) Disclose each factor that such health carrier considered, regardless of whether such health carrier rejected such factor, in (i) designing each nonquantitative treatment limitation described in subdivision (2) of this subsection, and (ii) determining whether to apply such nonquantitative treatment limitation;

(B) Disclose any and all evidentiary standards, which standards may be qualitative or quantitative in nature, applied under a factor described in subparagraph (A) of this subdivision, and, if no evidentiary standard is applied under such a factor, a clear description of such factor;

(C) Provide the comparative analyses, including the results of such analyses, performed to determine that the processes and strategies used to design each nonquantitative treatment limitation, as written, and the processes and strategies used to apply such nonquantitative treatment limitation, as written, to mental health and substance use disorder benefits are comparable to, and applied no more stringently than, the processes and strategies used to design each nonquantitative treatment limitation, as written, and the processes and strategies used to apply such nonquantitative treatment limitation, as written, to medical and surgical benefits;

(D) Provide the comparative analyses, including the results of such analyses, performed to determine that the processes and strategies used to apply each nonquantitative treatment limitation, in operation, to mental health and substance use disorder benefits are comparable to, and applied no more stringently than, the processes and strategies used to apply each nonquantitative treatment limitation, in operation, to medical and surgical benefits; and

(E) Disclose information that, in the opinion of the Insurance Commissioner, is sufficient to demonstrate that such health carrier, consistent with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, P.L. 110-343, as amended from time to time, and regulations adopted thereunder, (i) applied each nonquantitative treatment limitation described in subdivision (2) of this subsection comparably, and not more stringently, to (I) mental health and substance use disorder benefits, and (II) medical and surgical benefits, and (ii) complied with (I) sections 2 and 3 of this act, (II) sections 38a-488a and 38a-514 of the general statutes, (III) sections 38a-510 and 38a-544 of the general statutes, and (IV) the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, P.L. 110-343, as amended from time to time, and regulations adopted thereunder.

(c) (1) Not later than April 15, 2021, and annually thereafter, the Insurance Commissioner shall submit each report that the commissioner received pursuant to subsection (b) of this section for the calendar year immediately preceding to:

(A) The joint standing committee of the General Assembly having cognizance of matters relating to insurance, in accordance with section 11-4a of the general statutes; and

(B) The Attorney General, Healthcare Advocate and executive director of the Office of Health Strategy.

(2) Notwithstanding subdivision (1) of this subsection, the commissioner shall not submit the name or identity of any health carrier or entity that has contracted with such health carrier, and such name or identity shall be given confidential treatment and not be made public by the commissioner.

(d) Not later than May 15, 2021, and annually thereafter, the joint standing committee of the General Assembly having cognizance of matters relating to insurance may hold a public hearing concerning the reports that such committee received pursuant to subsection (c) of this section for the calendar year immediately preceding. The Insurance Commissioner, or the commissioner's designee, shall attend the public hearing and inform the committee whether, in the commissioner's
opinion, each health carrier, for the calendar year immediately preceding, (1) submitted a report pursuant to subsection (b) of this section that satisfies the requirements established in said subsection, and (2) complied with (A) sections 2 and 3 of this act, (B) sections 38a-488a and 38a-514 of the general statutes, (C) sections 38a-510 and 38a-544 of the general statutes, and (D) the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, P.L. 110-343, as amended from time to time, and regulations adopted thereunder.

(e) Nothing in this section shall be construed to require any disclosure in violation of (1) 42 USC 290dd-2, as amended from time to time, (2) 42 USC 1320d et seq., as amended from time to time, (3) 42 CFR 2, as amended from time to time, and (4) 45 CFR 160.101 to 164.534, inclusive, as amended from time to time.

(f) The Insurance Commissioner may adopt regulations, in accordance with chapter 54 of the general statutes, to implement the provisions of this section.

Sec. 2. (NEW) (Effective January 1, 2020) No individual health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes delivered, issued for delivery, renewed, amended or continued in this state on or after January 1, 2020, shall apply a nonquantitative treatment limitation to mental health and substance use disorder benefits unless such policy applies such limitation to such benefits in a manner that is comparable to, and not more stringent than, the manner in which such policy applies such limitation to medical and surgical benefits. For the purposes of this section, "nonquantitative treatment limitation" and "mental health and substance use disorder benefits" have the same meaning as provided in section 1 of this act.

Sec. 3. (NEW) (Effective January 1, 2020) No group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes delivered, issued for delivery, renewed, amended or continued in this state on or after January 1, 2020, shall apply a nonquantitative treatment limitation to mental health and substance use disorder benefits unless such policy applies such limitation to such benefits in a manner that is comparable to, and not more stringent than, the manner in which such policy applies such limitation to medical and surgical benefits. For the purposes of this section, "nonquantitative treatment limitation" and "mental health and substance use disorder benefits" have the same meaning as provided in section 1 of this act.

Sec. 4. (NEW) (Effective January 1, 2020) No individual health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes that is delivered, issued for delivery, renewed, amended or continued in this state on or after January 1, 2020, shall deny coverage for covered substance abuse services solely because such substance abuse services were provided pursuant to an order issued by a court of competent jurisdiction.

Sec. 5. (NEW) (Effective January 1, 2020) No group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes that is delivered, issued for delivery, renewed, amended or continued in this state on or after January 1, 2020, shall deny coverage for covered substance abuse services solely because such substance abuse services were provided pursuant to an order issued by a court of competent jurisdiction.

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

<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
<th>New section</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sec. 1</td>
<td>October 1, 2019</td>
<td>New section</td>
</tr>
<tr>
<td>Sec. 2</td>
<td>January 1, 2020</td>
<td>New section</td>
</tr>
<tr>
<td>Sec. 3</td>
<td>January 1, 2020</td>
<td>New section</td>
</tr>
<tr>
<td>Sec. 4</td>
<td>January 1, 2020</td>
<td>New section</td>
</tr>
<tr>
<td>Sec. 5</td>
<td>January 1, 2020</td>
<td>New section</td>
</tr>
</tbody>
</table>

The bill was discussed by Representatives Pavalock-D’Amato of the 77th, Kupchick of the 132nd, Cheeseman of the 37th, Yaccarino of the 87th and Petit of the 22nd.

The Speaker ordered the vote be taken by roll call at 1:41 p.m.

The following is the result of the vote:
Total Number Voting ................................................................. 136
Necessary for Passage ............................................................. 69
Those voting Yea ....................................................................... 136
Those voting Nay ....................................................................... 0
Those absent and not voting .......................................................... 15

On a roll call vote House Bill No. 7125 as amended by House Amendment Schedule "A" was passed.

The following is the roll call vote:

Y ABERCROMBIE Y LOPES Y ZIOGAS Y MACLACHLAN
Y ALLIE-BRENNAN Y LUXENBERG Y MASTROFRANCESCO
Y ALTObELLO Y MCCarthy VAHEY Y MccARTY, K.
Y ARCONTI X MCcEE Y ACKERT Y MccGORTY, B.
Y ARNONE Y MESKERS Y BETTS Y O’DEA
Y BAKER Y MICHEL Y BOLINSKY Y ONEILL
Y BARRY X MILLER Y BUCKBEE Y PAVALOCK-D’AMATO
Y BLUMENTHAL Y MUSHiNSKY X CAMILO Y PERILLO
Y BORER Y NAPOLI Y CANDELORA, V. Y PETIT
Y BOYD Y NOLAN Y CARNEY Y PISCOPO
Y COMEY Y PALM Y CARPINO Y POLLETTA
Y CONCEPCION Y PAOLILLO Y CASE X REBIMBAS
Y CONLEY Y PERONE Y CHEESEMAN Y RUTIGLIANO
Y CURREY Y Phipps Y Cummings Y SIMANSKI
Y D’AGOSTINO Y PORTER X D’AMELIO X SMITH
Y DATHAN Y REYES Y DAUPHINAIS Y SREDZINSKI
X DE LA CRUZ Y RILEY Y DAVis Y VAIL
Y DEMICCO Y RITTER Y DELNiCKI Y WILSON
Y DILLON Y ROCHELLE Y DEVLIN Y WOOD, T.
Y DIMASSA Y ROJAS Y DUBITSKY Y YACCARINO
Y DOUCETTE X ROSE Y FERRARO Y ZAWISTOWSKI
Y ELLIOTT Y ROTELLA Y FISHBEIN Y ZULLO
Y EXUM Y SANCHEZ Y FLOREN Y ZUPKUS
Y FELIPE Y SANTIAGO, H. Y FRANCE
Y FOX Y SCANLON Y FREY
Y GARIBAY Y SERRA Y FUSCO
Y GENGA X SIMMONS, C. Y GREEN Y ARESIMOWICZ
Y GIBSON Y SIMMS, T. Y HAINES
Y GILCHREST X STAFSTROM Y HALL, C.
Y GONzALEZ X STALLWORTH Y HARDING Y GODFREy
Y GRESKO Y STEINBERG Y HAYES
Y GUCKER Y TERCYAK Y HILL
Y HADDAD Y TURCO Y KENNEDY X BUTLER
Y HALL, J. Y VARGAS Y KLANIDES Y CANDELARIA, J.
Y HAMPTON X VERRENGIA Y KLANIDES-DITRIA Y COOK
Y HORN Y WALKER Y KOKORUDA Y HENNESSY
Y HUGHES Y WILSON PHEANIOUS Y KUPCHICK Y MORIN
Y JOHNSON Y WINKLER Y LABRIOLA X ORANGE
Y LEMAR X WOOD, K. Y LANOUE Y ROSARIO
Y LINEHAN Y YOUNG Y LAVIELLE Y RYAN

APPROPRIATIONS. Substitute for H.B. No. 7094 (RAISED) (File No. 70) AN ACT CONCERNING A DIAPER STIPEND FOR CERTAIN RECIPIENTS OF TEMPORARY FAMILY ASSISTANCE.

The bill was explained by Representative Abercrombie of the 83rd who offered House Amendment Schedule "A" (LCO 8643) and moved its adoption.
The amendment was discussed by Representative Case of the 63rd.

**On a voice vote the amendment was adopted.**

The Speaker ruled the amendment was technical.

The following is House Amendment Schedule "A" (LCO 8643):

Strike everything after the enacting clause and substitute the following in lieu thereof:

"Section 1. (Effective July 1, 2019) The Department of Social Services, within available appropriations, shall distribute grants-in-aid to the Diaper Bank of Connecticut for the purpose of making free or reduced cost diapers available to parents who (1) qualify for assistance pursuant to section 17b-112 of the general statutes, and (2) have children under three years of age."

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

Section 1 July 1, 2019 New section

The bill was discussed by Representative Davis of the 57th.

**DEPUTY SPEAKER COOK IN THE CHAIR**

The bill was further discussed by Representatives Ackert of the 8th, Mastrofrancesco of the 80th, Kokoruda of the 101st, Case of the 63rd and Fishbein of the 90th.

The Speaker ordered the vote be taken by roll call at 2:29 p.m.

The following is the result of the vote:

<table>
<thead>
<tr>
<th>Total Number Voting</th>
<th>Necessary for Passage</th>
<th>Those voting Yea</th>
<th>Those voting Nay</th>
<th>Those absent and not voting</th>
</tr>
</thead>
<tbody>
<tr>
<td>135</td>
<td>68</td>
<td>121</td>
<td>14</td>
<td>16</td>
</tr>
</tbody>
</table>

On a roll call vote House Bill No. 7094 as amended by House Amendment Schedule "A" was passed.

The following is the roll call vote:

Y ABERCROMBIE X LOPES Y ZIOGAS Y MACLACHLAN
Y ALLIE-BRENNAN Y LUXENBERG N MASTROFRANCESCO
Y ALTObELLO Y MCCARTHY VAHEY Y MCCARTY, K.
Y ARCONTI X MCGEE Y ACKERT Y MCGORTY, B.
Y ARNONE Y MESKERS N BETTS Y O'DEA
Y BAKER Y MICHEL Y BOLINSKY Y O'NEILL
Y BARRY X MILLER Y BUCKBEE N PAVALOCK-D'AMATO
Y BLUMENTHAL Y MUSHINSKY Y CAMILLO Y PERILLO
Y BORER Y NAPOLI Y CANDELORA, V. Y PETIT
Y BOYD Y NOLAN Y CARNEY N PISCOPO
Y COMEY Y PALM Y CARPINO N POLLETTA
Y CONCEPCION Y PAOLILLO Y CASE X REBIMBAS
Y CONLEY Y PERONE Y CHEESEMAN Y RUTIGLIANO
Y CURREY Y PHIPPS Y CUMMINGS Y SIMANSKI
Y D'AGOSTINO Y PORTER X D'AMELIO X SMITH
Y DATHAN Y REYES N DAUPHINAIS Y SREDZINSKI
X DE LA CRUZ Y RILEY Y DAVIS N VAIL
Y DEMICCO Y RITTER Y DELNICKI N WILSON
Y DILLON Y ROCHELLE Y DEVLIN Y WOOD, T.
Y DIMASSA Y ROJAS N DUBITSKY Y YACCARINO
BUSINESS ON THE CALENDAR
MATTER PLACED AT THE FOOT OF THE CALENDAR

On motion of Representative Ritter of the 1st District, the following bill was placed at the Foot of the Calendar:

GOVERNMENT ADMINISTRATION AND ELECTIONS. H.B. No. 7212 (RAISED) (File No. 98) AN ACT CONCERNING PRIMARY PETITIONS FOR CANDIDATES FOR STATE LEGISLATIVE OFFICES.

BUSINESS ON THE CALENDAR
FAVORABLE REPORT OF JOINT STANDING COMMITTEE
HOUSE BILL PASSED

The following bill was taken from the table, read the third time, the report of the committee indicated accepted and the bill passed.

PUBLIC HEALTH. H.B. No. 7278 (RAISED) (File No. 580) AN ACT CONCERNING MOBILE INTEGRATED HEALTH CARE.

The bill was explained by Representative Steinberg of the 136th who offered House Amendment Schedule "A" (LCO 7907) and moved its adoption.

On a voice vote the amendment was adopted.
The Speaker ruled the amendment was technical.

The following is House Amendment Schedule "A" (LCO 7907):

Strike everything after the enacting clause and substitute the following in lieu thereof:

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

As used in this chapter, section 3 of this act and sections 19a-177, 19a-180, 19a-193a and 19a-906, as amended by this act, unless the context otherwise requires:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(21) "Municipality" means the legislative body of a municipality or the board of selectmen in the case of a municipality in which the legislative body is a town meeting;
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"Primary service area" means a specific geographic area to which one designated emergency medical services provider is assigned for each category of emergency medical response services;

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

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

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

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

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

"Office of Emergency Medical Services" means the office established within the Department of Public Health pursuant to section 19a-178;

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

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

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

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

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

Sec. 2. Section 19a-177 of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

The commissioner shall:

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

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

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

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

(5) Not later than thirty days after their receipt, review all grant and contract applications for federal or state funds concerning emergency medical services or related activities for conformity to policy guidelines and forward such application to the appropriate agency, when required;
(6) Establish such minimum standards and adopt such regulations in accordance with the provisions of chapter 54, as may be necessary to develop the following components of an emergency medical service system: (A) Communications, which shall include, but not be limited to, equipment, radio frequencies and operational procedures; (B) transportation services, which shall include, but not be limited to, vehicle type, design, condition and maintenance, and operational procedures; (C) training, which shall include, but not be limited to, emergency medical technicians, communications personnel, paraprofessionals associated with emergency medical services, firefighters and state and local police; [and] (D) emergency medical service facilities, which shall include, but not be limited to, categorization of emergency departments as to their treatment capabilities and ancillary services; and (E) mobile integrated health care programs, which shall include, but not be limited to, the standards to ensure the health, safety and welfare of the patients being served by such programs and data collection and reporting requirements to ensure and measure quality outcomes of such programs;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sec. 3. (NEW) (Effective July 1, 2019) (a) A licensed or certified emergency medical services organization or provider may transport a patient by ambulance to an alternate destination, in consultation with the medical director of a sponsor hospital.

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

Sec. 4. Subdivision (12) of subsection (a) of section 19a-906 of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

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

Sec. 5. Section 19a-180 of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

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

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

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

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

[(d)] (e) Any person who commits any of the following acts shall be guilty of a class C misdemeanor: (1) In any application to the commissioner or in any proceeding before or investigation made by the commissioner, knowingly making any false statement or representation, or, with knowledge of its falsity, filing or causing to be filed any false statement or representation in a required application or statement; (2) issuing, circulating or publishing or causing to be issued, circulated or published any form of advertisement or circular for the purpose of soliciting business which contains any statement that is false or misleading, or otherwise likely to deceive a reader thereof, with knowledge that it contains such false, misleading or deceptive statement; (3) giving or offering to give anything of value to any person for the purpose of promoting or securing ambulance, invalid coach, paramedic intercept vehicle or rescue service business or obtaining favors relating thereto; (4) administering or causing to be administered, while serving in the capacity of an employee of any licensed ambulance or rescue service, any alcoholic liquor to any patient in such employee's care, except under the supervision and direction of a licensed physician; (5) in any respect willfully violating or failing to comply with any provision of this chapter or willfully violating, failing, omitting or neglecting to obey or comply with any regulation, order, decision or license, or any part or provisions thereof; or (6) with one or more other persons, conspiring to violate any license or order issued by the commissioner or any provision of this chapter.
[(e) (f)] No person shall place any advertisement or produce any printed matter that holds that person out to be an ambulance service or a mobile integrated health care program provider unless such person is licensed or certified pursuant to this section. Any such advertisement or printed matter shall include the license or certificate number issued by the commissioner.

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

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

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

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

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

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

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

Sec. 6. Section 19a-193a of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

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

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

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

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<tr>
<th>Section</th>
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<th>Section References</th>
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<tbody>
<tr>
<td>1</td>
<td>July 1, 2019</td>
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<td>2</td>
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<td>3</td>
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<td>4</td>
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<td>19a-906(a)(12)</td>
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<tr>
<td>6</td>
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<td>19a-193a</td>
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The bill was discussed by Representatives Petit of the 22nd, Cheeseman of the 37th, Wood of the 141st and O’Neill of the 69th.

The Speaker ordered the vote be taken by roll call at 2:49 p.m.
The following is the result of the vote:

Total Number Voting ................................................................. 136
Necessary for Passage ............................................................... 69
Those voting Yea ................................................................. 136
Those voting Nay ................................................................. 0
Those absent and not voting .................................................... 15

On a roll call vote House Bill No. 7278 as amended by House Amendment Schedule "A" was passed.

The following is the roll call vote:

Y ABERCROMBIE 
X LOPES 
Y ZIOGAS 
Y MACLACHLAN
Y ALLIE-BRENNAN 
Y LUXENBERG 
Y MASTROFRANCESCO 
Y MCCARTY, K.
Y ARCONTI 
X MCgee 
Y ACKERT 
Y MCGORTY, B.
Y ARNONE 
Y MESKERS 
Y BETTS 
Y O'DEA
Y BAKER 
Y MICHEL 
Y BOLINSKY 
Y O'NEILL
Y BARRY 
Y MILLER 
Y BUCKBEE 
Y PAYALOCK-D'AMATO
Y BLUMENTHAL 
Y MUSHINSKY 
Y CAMILLO 
Y PERILLO
Y BORER 
Y NAPOLI 
Y CANDELORA, V. 
Y PETIT
Y BOYD 
Y NOLAN 
Y CARNEY 
Y PISCOPO
Y COMEY 
Y PALM 
Y CARPINO 
Y POLLETTA
Y CONCEPCION 
Y PAOLILLO 
Y CASE 
X REBBINAS
Y CONLEY 
Y PERONE 
Y CHEESEMAN 
Y RUTIGLIANO
Y CURREY 
Y PHIPPS 
Y CUMMINGS 
Y SIMANSKI
Y D'AGOSTINO 
Y PORTER 
X D'AMELIO 
X SMITH
Y DATHAN 
Y REYES 
Y DAUPHINAIS 
Y SREDZINSKI
X DE LA CRUZ 
Y RILEY 
Y DAVIS 
Y VAIL
Y DEMICCO 
Y RITTER 
Y DELNICKI 
Y WILSON
Y DILLON 
Y ROCHELLE 
Y DEVLIN 
Y WOOD, T.
Y DIMASSA 
Y ROJAS 
Y DUBITSKY 
Y YACCARINO
Y DOUCETTE 
X ROSE 
Y FERRARO 
Y ZAWISTOWSKI
Y ELLIOTT 
Y RETELLA 
Y FISHBEIN 
Y ZULLO
Y EXUM 
Y SANCHEZ 
Y FLOREN 
Y ZUPKUS
Y FELIPE 
Y SANTIAGO, H. 
Y FRANCE
Y FOX 
Y SCANLON 
Y FREY
Y GARIBAY 
Y SERRA 
Y FUSCO
Y GENGA 
X SIMMONS, C. 
Y GREEN 
Y ARESIMOWICZ
Y GIBSON 
Y SIMMS, T. 
Y HAINES
Y GILCHREST 
X STAFSTROM 
Y HALL, C.
Y GONZALEZ 
X STALLWORTH 
Y HARDING 
Y GODFREY
Y GRESKO 
Y STEINBERG 
Y HAYES
Y GUCKER 
Y TERCYAK 
Y HILL
Y HADDAD 
Y TURCO 
Y KENNEDY 
X BUTLER
Y HALL, J. 
Y VARGAS 
Y KLARIDES 
Y CANDELARIA, J.
Y HAMPTON 
X VERRENGIA 
Y KLARIDES-DITRIA 
Y COOK
Y HORN 
Y WALKER 
Y KOKORUDA 
Y HENNESSY
Y HUGHES 
Y WILSON PHEANIOUS 
Y KUPCHICK 
Y MORIN
Y JOHNSON 
Y WINKLER 
Y LABRIOLA 
X ORANGE
Y LEMAR 
X WOOD, K. 
Y LANOUZ 
Y ROSARIO
Y LINEHAN 
Y YOUNG 
Y LAVIELLE 
Y RYAN

BUSINESS ON THE CALENDAR

MATTER RETURNED FROM COMMITTEE

HOUSE BILL PASSED
The following bill was taken from the table, read the third time, the report of the committee indicated accepted and the bill passed.

JUDICIARY. Substitute for H.B. No. 5575 (File No. 51) AN ACT CONCERNING THE SUSPENSION OF DELINQUENCY PROCEEDINGS FOR FIRE STARTING BEHAVIOR TREATMENT.

The bill was explained by Representative Comey of the 102nd.

The bill was discussed by Representatives Green of the 55th and McGorty of the 122nd.

The Speaker ordered the vote be taken by roll call at 2:57 p.m.

The following is the result of the vote:

Total Number Voting .................................................. 137
Necessary for Passage .................................................. 69
Those voting Yea.................................................. 137
Those voting Nay.................................................. 0
Those absent and not voting ........................................ 14

On a roll call vote House Bill No. 5575 was passed.

The following is the roll call vote:

Y ABERCROMBIE Y LOPES Y ZIOGAS Y MACLACHLAN
Y ALLIE-BRENAN Y LUXENBERG ........................................ Y MASTROFRANCESCO
Y ALTOBELLO Y MCCARTHY VAHEY ................................ Y MCCARTY, K.
Y ARCONTI X MCGEE Y ACKERT Y MCGORTY, B.
Y ARNONE Y MESKERS Y BETTS Y ODEA
Y BAKER Y MICHEL Y BOLINSKY Y ONEILL
Y BARRY X MILLER Y BUCKBEE Y PAVALOCK-D'AMATO
Y BLUMENTHAL Y MUSHINSKY Y CAMILLO Y PERILLO
Y BORER Y NAPOLI ............................................... Y PETIT
Y BOYD Y NOLAN Y CARNEY Y PISCOPO
Y COMEY Y PALM .................................................. Y POLLETTA
Y CONCEPCION Y PAOLILLO ........................................ Y REBIMBAS
Y CONLEY Y PERONE ............................................... Y RUTIGLIANO
Y CURREY Y PHYPPS ............................................... Y SIMANSKI
Y D'AGOSTINO Y PORTER X D'AMELIO X SMITH
Y DEATHAN Y REYES Y DAUPHINAIS Y SREDZINSKI
X DE LA CRUZ X RILEY ............................................... Y VAIL
Y DEMICCO Y RITTER ............................................... Y WILSON
Y DILLON Y ROCHELLE ............................................... Y WOOD, T.
Y DIMASSA .......................................................... Y YACCARINO
Y DOUCETTE X ROSE ............................................... Y ZAFI RRO
Y ELLIOTT Y ROTELLA ............................................... Y ZIBBALLO
Y EXUM Y SANCHEZ ............................................... Y ZUPKUS
Y FELIPE Y SANTIAGO, H. ........................................ Y FRANCE
Y FOX Y SCANLON .................................................. Y FREY
Y GARIBAY Y SERRA ................................................ Y FUSCO
Y GENG A X SIMMONS, C. ........................................ Y GREEN Y ARESIMOWICZ
Y GIBSON Y SIMMS, T. ............................................... Y HAINES
Y GILCHREST X STAFSTROM ....................................... Y HALL, C.
Y GONZALEZ X STALLWORTH ..................................... Y HARDING Y GODFREY
Y GRESKO Y STEINBERG ............................................... Y HAYES
Y GUCKER Y TERCYAK ............................................... Y HILL
Y HADDAD Y TURCO ................................................ Y KENNEDY X BUTLER
Y HALL, J. Y VARGAS ............................................... Y KLARIDES Y CANDELARIA, J.
Y HAMPTON X VERRENGIA ........................................ Y KLARIDES-DITRIA Y COOK
BUSINESS ON THE CALENDAR
FAVORABLE REPORTS OF JOINT STANDING COMMITTEES

HOUSE BILLS PASSED

The following bills were taken from the table, read the third time, the reports of the committees indicated accepted and the bills passed.

HUMAN SERVICES. Substitute for H.B. No. 7163 (File No. 264) AN ACT CONCERNING THE DEPARTMENT OF AGING AND DISABILITY SERVICES.

The bill was explained by Representative Abercrombie of the 83rd who offered House Amendment Schedule "A" (LCO 9061) and moved its adoption.

The amendment was discussed by Representative Case of the 63rd.

On a voice vote the amendment was adopted.

The Speaker ruled the amendment was technical.

The following is House Amendment Schedule "A" (LCO 9061):

In line 1480, bracket "Bureau of Rehabilitative" and after the closing bracket insert "Department of Rehabilitation" in lieu thereof.

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

"Sec. 501. Section 17b-343 of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

The Commissioner of Social Services shall establish annually the maximum allowable rate to be paid by agencies for homemaker services, chore person services, companion services, respite care, meals on wheels, adult day care services, case management and assessment services, transportation, mental health counseling and elderly foster care, [, except that the maximum allowable rates in effect July 1, 1990, shall remain in effect during the fiscal years ending June 30, 1992, and June 30, 1993.] The Commissioner of Social Services shall prescribe uniform forms on which agencies providing such services shall report their costs for such services. Such rates shall be determined on the basis of a reasonable payment for necessary services rendered. The maximum allowable rates established by the Commissioner of Social Services for the Connecticut home-care program for the elderly established under section 17b-342 shall constitute the rates required under this section until revised in accordance with this section. The Commissioner of Social Services shall establish a fee schedule, to be effective on and after July 1, 1994, for homemaker services, chore person services, companion services, respite care, meals on wheels, adult day care services, case management and assessment services, transportation, mental health counseling and elderly foster care. The commissioner may annually increase [any fee in] the fee schedule based on an increase in the cost of services. The commissioner shall increase the fee schedule effective July 1, 2000, by at least five per cent, for adult day care services. The commissioner shall increase the fee schedule effective July 1, 2011, by four dollars per person, per day for adult day care services. Effective July 1, 2020, and annually thereafter, the commissioner may increase the fee schedule for meals on wheels providers serving participants in the Connecticut home-care program for the elderly by, at a minimum, the cost-of-living adjustment as measured by the consumer price index. The commissioner may increase any fee payable to a meals on wheels provider upon the application of such provider evidencing extraordinary costs related to delivery of meals on wheels in sparsely populated rural regions of the state. Nothing
contained in this section shall authorize a payment by the state to any agency for such services in excess of the amount charged by such agency for such services to the general public.

Sec. 502. Subsection (c) of section 17a-305 of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

(c) The Department of Rehabilitation Services, in consultation with the five area agencies on aging, shall review the method of allocation set forth in subsection (a) of this section and shall report any findings or recommendations, as well as data on service levels and costs, to the joint standing committees of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies and human services. Providers of meals under the department’s elderly nutrition program shall annually provide the department with data on service levels and costs.

Sec. 503. Subsection (b) of section 19a-127l of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

(b) In carrying out its responsibilities under subsection (a) of this section, the department shall develop the following for the quality of care program:

1. Comparable performance measures to be reported;
2. Selection of patient satisfaction survey measures and instruments;
3. Methods and format of standardized data collection;
4. Format for a public quality performance measurement report;
5. Human resources and quality measurements;
6. Medical error reduction methods;
7. Systems for sharing and implementing universally accepted best practices;
8. Systems for reporting outcome data;
9. Systems for continuum of care;
10. Recommendations concerning the use of an ISO 9000 quality auditing program;
11. Recommendations concerning the types of statutory protection needed prior to collecting any data or information under this section and sections 19a-127m and 19a-127n; and
12. Recommendations concerning the collection and analysis of data on patient malnutrition for the purposes of improving quality of care; and

[(12)] (13) Any other issues that the department deems appropriate."

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

Sec. 501 July 1, 2019 17b-343
Sec. 502 July 1, 2019 17a-305(c)
Sec. 503 July 1, 2019 19a-127l(b)

The bill was discussed by Representative Case of the 63rd.

The Speaker ordered the vote be taken by roll call at 3:07 p.m.

The following is the result of the vote:

Total Number Voting ................................................................. 136
Necessary for Passage ............................................................... 69
Those voting Yea ................................................................. 136
Those voting Nay ................................................................. 0
Those absent and not voting .................................................... 15

**On a roll call vote House Bill No. 7163 as amended by House Amendment Schedule "A" was passed.**

The following is the roll call vote:

Y ABERCROMBIE X LOPES Y ZIOGAS Y MACLACHLAN
Y ALLIE-BRENNAN Y LUXENBERG Y MASTROFRANCESCO
Y ALTOBELLO Y MCCARTHY VAHEY Y MCCARTY, K.
PUBLIC HEALTH. H.B. No. 7301 (RAISED) (File No. 581) AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING REMOTE ACCESS TO ELECTRONIC MEDICAL RECORDS BY THE DEPARTMENT OF PUBLIC HEALTH.

The bill was explained by Representative Steinberg of the 136th.

The bill was discussed by Representative Petit of the 22nd.

The bill was further discussed by Representative Steinberg of the 136th who offered House Amendment Schedule "A" (LCO 7411) and moved its adoption.

On a voice vote the amendment was adopted.

The Speaker ruled the amendment was technical.

The following is House Amendment Schedule "A" (LCO 7411):

In line 64, strike "The" and insert in lieu thereof "A hospital, as defined in section 19a-490 and licensed pursuant to chapter 368v, shall provide the".

In line 64, strike "shall have" and insert in lieu thereof "with"

In line 65, after "access" insert "if technically feasible"

In line 66, before "each" insert "the entirety of"
In line 69, strike "a" and insert in lieu thereof "such"
In line 69, strike ", as defined in section 19a-490, licensed pursuant to"
In line 70, strike "chapter 368v"
Strike section 2 in its entirety and insert the following in lieu thereof:
"Sec. 2. Subsection (c) of section 19a-72 of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2019):

(c) [The] (1) A health care provider shall provide the Department of Public Health, [shall be provided such] at the request of the department, with access to the clinical records of any [health care provider] patient, as the department deems necessary, to perform case finding or other quality improvement audits to ensure completeness of reporting and data accuracy consistent with the purposes of this section.

(2) A hospital shall provide the Department of Public Health with access, including remote access if technically feasible, to the entirety of a patient’s medical record, as the department deems necessary, to perform case finding or other quality improvement audits to ensure completeness of reporting and data accuracy consistent with the purposes of this section."

The bill was discussed by Representative Candelora of the 86th.

The Speaker ordered the vote be taken by roll call at 3:29 p.m.

The following is the result of the vote:

Total Number Voting ................................................................. 137
Necessary for Passage ................................................................. 69
Those voting Yea ................................................................. 87
Those voting Nay ................................................................. 50
Those absent and not voting .............................................................. 14

On a roll call vote House Bill No. 7301 as amended by House Amendment Schedule "A" was passed.

The following is the roll call vote:

Y ABERCROMBIE X LOPES Y ZIOGAS Y MACLACHLAN
Y ALLIE-BRENNAN Y LUXENBERG
Y ALTOBELLO Y MCCARTHY VAHEY
Y ARCONTI X MCGEE N ACKERT N MASTROFRANCESCO
Y ARNONE Y MESKERS N BETTS Y MCCARTY, K.
Y BAKER Y MICHEL N BOLINSKY N MCGORTY, B.
Y BARRY X MILLER N BUCKBEE N ODEA
Y BLUMENTHAL Y MUSHINSKY Y CAMILLO Y PAVALOCK-D'AMATO
Y BORER Y NAPOLI N CANDELORA, V.
Y BOYD Y NOLAN N CARNEY N MCCARTY, K.
Y COMEY Y PALM N CARPINO N ODEA
Y CONCEPCION Y PAOLILLO N CASE N PAVALOCK-D'AMATO
Y CONLEY Y PERONE N CHEESEMAN Y PETIT
Y CURREY Y PHIPPS N CUMMINGS N PERILLO
Y D'AGOSTINO Y PORTER X D'AMELIO N PETIT
Y DATHAN Y REYES N DAUPHINAIS N PAVALOCK-D'AMATO
X DE LA CRUZ Y RILEY N DAVIS N PERILLO
Y DEMICCO Y RITTER N DELNICKI N PAVALOCK-D'AMATO
Y DILLON Y ROCHELLE Y DEVLIN Y PAVALOCK-D'AMATO
Y DIMASSA Y ROJAS N DUBITSKY N PETIT
Y DOUCETTE X ROSE N FERRARO N PERILLO
Y ELLIOTT Y ROTELLA N FISHEBN N PETIT
Y EXUM Y SANCHEZ Y FLOREN N PETIT
Y FELIPE Y SANTIAGO, H. N FRANCE N PETIT
Y FOX Y SCANLON N FREY N PETIT
Y GARIBAY Y SERRA N FUSCO
GOVERNMENT ADMINISTRATION AND ELECTIONS. Substitute for H.B. No. 7385 (RAISED) (File No. 756) AN ACT CONCERNING THE DEPARTMENT OF ADMINISTRATIVE SERVICES AND CHANGES TO AFFIRMATION, AFFIDAVIT AND CERTIFICATION REQUIREMENTS FOR LARGE STATE CONTRACTS.

The bill was explained by Representative Fox of the 148th who offered House Amendment Schedule "A" (LCO 7656) and moved its adoption.

The amendment was discussed by Representative France of the 42nd.

On a voice vote the amendment was adopted.
The Speaker ruled the amendment was technical.

The following is House Amendment Schedule "A" (LCO 7656):

In line 37, after "contract" insert "entered into"
In line 38, after "consultant" insert "on or after July 1, 2019,"

The bill was discussed by Representative France of the 42nd.

The Speaker ordered the vote be taken by roll call at 3:41 p.m.

The following is the result of the vote:

Total Number Voting .................................................... 138
Necessary for Passage ................................................... 70
Those voting Yea .......................................................... 138
Those voting Nay .......................................................... 0
Those absent and not voting .............................................. 13

On a roll call vote House Bill No. 7385 as amended by House Amendment Schedule "A" was passed.

The following is the roll call vote:

Y ABERCROMBIE Y LOPES Y ZIOGAS Y MACLACHLAN
Y ALLIE-BRENNAN Y LUXENBERG Y MASTROFRANCESCO
Y ALTObELLO Y MCCARTHY-VAHEY Y MCCARTY, K.
Y ARCONI X MCgee Y ACKERT Y MCGORTY, B.
Y ARNONE Y MESKERS Y BETTS Y O'DEA
Y BAKER Y MICHEL Y BOLINSKY Y O'NEILL
Y BARRY X MILLER Y BUCKBEE Y PAYALOCK-D'AMATO
Y BLUMENTHAL Y MUSHLINSKY Y CAMILLO Y PERILLO
PLANNING AND DEVELOPMENT. Substitute for H.B. No. 7277 (RAISED) (File No. 616) AN ACT CONCERNING THE CREATION OF LAND BANK AUTHORITIES.

The bill was explained by Representative McCarthy Vahey of the 133rd who offered House Amendment Schedule "A" (LCO 9096) and moved its adoption.

The amendment was discussed by Representatives Zawistowski of the 61st and Reyes of the 75th.

On a voice vote the amendment was adopted.
The Speaker ruled the amendment was technical.

The following is House Amendment Schedule "A" (LCO 9096):

In line 13, after "therein" insert ", but does not include any brownfield, as defined in section 32-760 of the general statutes"
In line 174, strike "or the state"
In line 176, strike "or the state"
Strike lines 177 to 183, inclusive, in their entirety
Strike lines 218 to 220, inclusive, in their entirety

The bill was discussed by Representatives Zawistowski of the 61st, Cummings of the 74th, Reyes of the 75th, Napoli of the 73rd and Dubitsky of the 47th.
The Speaker ordered the vote be taken by roll call at 3:55 p.m.

The following is the result of the vote:

Total Number Voting ........................................................................................................ 139
Necessary for Passage ....................................................................................................... 70
Those voting Yea ................................................................................................................ 139
Those voting Nay ............................................................................................................... 0
Those absent and not voting ............................................................................................... 12

On a roll call vote House Bill No. 7277 as amended by House Amendment Schedule "A" was passed.

The following is the roll call vote:

Y ABERCROMBIE Y LOPES Y ZIOGAS Y MACLACHLAN
Y ALLIE-BRENNAN Y LUXENBERG Y MASTROFRANCESCO
Y ALTObELLO Y MCCARTHY VAHEY Y MCCARTY, K.
Y ARCONTI X MGEE Y ACKERT Y MCCORTY, B.
Y ARNONE Y MESKERS Y BETTS Y O'DEA
Y BAKER Y MICHEL Y BOLINSKY Y O'NEILL
Y BARRY X MILLER Y BUCKBEE Y PAVALOCK-D'AMATO
Y BLUMENTHAL Y MUSHINSKY Y CAMILLO Y PERILLO
Y BORER Y NAPOLI Y CANDELORA, V. Y PETTIT
Y BOYD Y NOLAN Y CARNEY Y PISCOPO
Y CAMEY Y PALM Y CARPINO Y POLLETTA
Y CONCEPCION Y PAOLILLO Y CASE Y REBIMBAS
Y CONLEY Y PERONE Y CHEESEMAN Y RUTIGLIANO
Y CUREY Y PIPPS Y CUMMINGS Y SIMANSKI
Y D'AGOSTINO Y PORTER X DAMELIO X SMITH
Y DATHAN Y REYES Y DAUPHINAIS Y REDZINKI
X DE LA CRUZ X RILEY X DAVIS Y VAIL
Y DEMICCO Y RITTER Y DELNICKI Y WILSON
Y DILLON Y ROCHELLE Y DEVLIN Y WOOD, T.
Y DIMASSA Y ROJAS Y DUBITSKY Y YACCARINO
Y DOUCETTE X ROSE Y FERRARO Y ZAWISTOWSKI
Y ELLIOTT Y ROTELLA Y FISHEIN Y ZULLO
Y EXUM Y SANCHEZ Y FLOREN Y ZUPKUS
Y FELIPE Y SANTIAGO, H. Y FRANCE
Y FOX Y SCANLON Y FREY
Y GARIBAY Y SERRA Y FUSCO
Y GENG A X SIMMONS, C. Y GREEN Y ARESIMOWICZ
Y GIBSON Y SIMMS, T. Y HAINES
Y GILCHREST Y STAFSTROM Y HALL, C.
Y GONZALEZ X STALLWORTH Y HARDING Y GODFREY
Y GRESKO Y STEINBERG Y HAYES
Y GUCKER Y TERCYAK Y HILL
Y HADDAD Y TURCO Y KENNEDY X BUTLER
Y HALL, J. Y VARGAS Y KLARIDES Y CANDELARIA, J.
Y HAMPTON X VERRENGIA Y KLARIDES-DITRIA Y COOK
Y HORN Y WALKER Y KOKORUDA Y HENNESSY
Y HUGHES Y WILSON PHEANIOUS Y KUPCHICK Y MORIN
Y JOHNSON Y WINKLER Y LABROLO Y ORANGE
Y LEMAR X WOOD, K. Y LANOUE Y ROSARIO
Y LINEHAN Y YOUNG Y LAVIELLE Y RYAN

BUSINESS ON THE CALENDAR
MATTERS RETURNED FROM COMMITTEES
HOUSE BILLS PASSED
The following bills were taken from the table, read the third time, the reports of the committees indicated accepted and the bills passed.

**APPROPRIATIONS. H.B. No. 6530 (File No. 572) AN ACT CONCERNING THE PRESENCE OF AUTOMATED EXTERNAL DEFIBRILLATORS IN ALL STATE-OWNED OR LEASED BUILDINGS.**

The bill was explained by Representative Steinberg of the 136th who offered House Amendment Schedule "A" (LCO 8166) and moved its adoption.

**On a voice vote the amendment was adopted.**

The Speaker ruled the amendment was technical.

**The following is House Amendment Schedule "A" (LCO 8166):**

- In line 1, after "2020," insert "within available resources,"
- In line 2, after "leased" insert "office"
- In line 2, after "building" insert "that is occupied on a full-time basis by state employees during normal business hours"
- In line 8, strike the first "or" and insert a comma in lieu thereof
- In line 8, strike "or similar"
- In line 9, strike "standards set forth by another organization approved by the" and insert "or the International Liaison Committee on Resuscitation"
- In line 10, strike "Department of Public Health"

The bill was discussed by Representatives Petit of the 22nd, Lavielle of the 143rd, Ferraro of the 117th, Klarides-Ditria of the 105th, Case of the 63rd, Mastrofrancesco of the 80th, Wilson of the 66th, Cheeseman of the 37th and Buckbee of the 67th.

The Speaker ordered the vote be taken by roll call at 4:35 p.m.

The following is the result of the vote:

<table>
<thead>
<tr>
<th>Total Number Voting</th>
<th>136</th>
</tr>
</thead>
<tbody>
<tr>
<td>Necessary for Passage</td>
<td>69</td>
</tr>
<tr>
<td>Those voting Yea</td>
<td>132</td>
</tr>
<tr>
<td>Those voting Nay</td>
<td>4</td>
</tr>
<tr>
<td>Those absent and not voting</td>
<td>15</td>
</tr>
</tbody>
</table>

**On a roll call vote House Bill No. 6530 as amended by House Amendment Schedule "A" was passed.**

The following is the roll call vote:
The bill was explained by Representative Doucette of the 13th who offered House Amendment Schedule "A" (LCO 9106) and moved its adoption.

The amendment was discussed by Representative Delnicki of the 14th.

On a voice vote the amendment was adopted.

The Speaker ruled the amendment was technical.

The following is House Amendment Schedule "A" (LCO 9106):

Appropriations. H.B. No. 6996 (Raised) (File No. 85) An Act Extending the Foreclosure Mediation Program.

Sec. 1. Subdivision (9) of section 8-265cc of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

(9) "Foreclosure mediation program" means the Ezequiel Santiago Foreclosure Mediation Program established [by] pursuant to section 49-31m, as amended by this act; and

Sec. 2. Section 49-24f of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

A mortgagee may file a motion for judgment of foreclosure by market sale on or after the ten days following the return date specified in the complaint filed in accordance with subsection (b) of section 49-24e. Upon motion of the mortgagee and with the consent of the mortgagor, the court, after notice and hearing, may render a judgment of foreclosure by market sale approving the purchase and sale contract, which judgment shall be a final judgment for purposes of appeal, and appoint a person to make the sale. The only issues at such hearing shall be a finding of the fair market value of the residential real property and of any priority liens on such property and a determination of the amount of the fees and expenses of sale, including any real estate broker commissions, the person appointed to make the sale, the reasonable costs and expenses incurred by the purchaser of such property in connection with the purchase and sale contract, the
mortgagee's debt and whether the mortgagee's debt together with any priority liens exceeds the fair market value of such property. Following such hearing, the court may render a supplemental judgment that specifies the persons who are entitled to proceeds from the market sale and the amount of such proceeds to which each such person is entitled. If the court denies the mortgagee's motion for the judgment of foreclosure by market sale contemplated by this section or if circumstances develop that make it reasonably likely that a sale will not be consummated in accordance with the judgment of foreclosure by market sale entered pursuant to this section, then, subject to the provisions of sections 49-31k to 49-31o, inclusive, (1) the mortgagor may, if eligible, petition for inclusion in the [foreclosure mediation program] Ezequiel Santiago Foreclosure Mediation Program set forth in sections 49-31k to 49-31o, inclusive, provided the mortgagor did not substantially contribute to the events leading to such denial or circumstances and, in order to grant such petition, the court shall (A) give consideration to any testimony or affidavits the parties may submit in support of or in opposition to such petition, and (B) find that (i) such petition is not motivated primarily by a desire to delay the entry of a judgment of a foreclosure, and (ii) it is highly probable the parties will reach an agreement through mediation, and (2) the mortgagee shall have the right to request the entry of a judgment of foreclosure in accordance with the other provisions of law, including the provisions governing strict foreclosure.

Sec. 3. Section 49-30v of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

If the court does not enter a judgment of loss mitigation, then the modification or conveyance contemplated by the mortgagor and mortgagee under section 49-30q, 49-30r or 49-30s shall not be consummated. Nothing in this section shall be construed as prohibiting a consensual modification of a mortgage or conveyance from being consummated outside of the judicial process. In the event of such nonentry:

(1) The mortgagor may, if eligible, petition for inclusion in the [foreclosure mediation program] Ezequiel Santiago Foreclosure Mediation Program established pursuant to section 49-31m, as amended by this act, provided the mortgagor did not substantially contribute to the events leading to the nonentry or other circumstances resulting in the nonentry. In determining whether to grant such petition, the court shall give consideration to any testimony or affidavits the parties may submit in support of or in opposition to such petition. The court may grant such petition upon a determination that (A) such petition is not motivated primarily by a desire to delay entry of a judgment of foreclosure, and (B) it is highly probable the parties will reach an agreement through mediation; and

(2) The mortgagee shall have the right to request the entry of a judgment of foreclosure in accordance with the other provisions of law, including the provisions governing strict foreclosure.

Sec. 4. Section 49-31l of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

(a) Prior to July 1, [2019] 2023: (1) Any action for the foreclosure of a mortgage on residential real property with a return date during the period from July 1, 2008, to June 30, 2009, inclusive, shall be subject to the provisions of subsection (b) of this section, and (2) any action for the foreclosure of a mortgage on (A) residential real property with a return date during the period from July 1, 2009, to June 30, [2019] 2023, inclusive, or (B) real property owned by a religious organization with a return date during the period from October 1, 2011, to June 30, [2019] 2023, inclusive, shall be subject to the provisions of subsection (c) of this section.

(b) (1) Prior to July 1, [2019] 2023, when a mortgagee commences an action for the foreclosure of a mortgage on residential real property with a return date during the period from July 1, 2008, to June 30, 2009, inclusive, the mortgagee shall give notice to the mortgagor of the [foreclosure mediation program] Ezequiel Santiago Foreclosure Mediation Program established [in] pursuant to section 49-31m, as amended by this act, by attaching to the front of the foreclosure complaint that is served on the mortgagor: (A) A copy of the notice of the availability of foreclosure mediation, in such form as the Chief Court Administrator prescribes, and (B) a foreclosure mediation request form, in such form as the Chief Court Administrator prescribes.

(2) Except as provided in subdivision (3) of this subsection, a mortgagor may request foreclosure mediation by submitting the foreclosure mediation request form to the court and filing an appearance not more than fifteen days after the return date for the foreclosure action. Upon
receipt of the foreclosure mediation request form, the court shall notify each appearing party that a foreclosure mediation request form has been submitted by the mortgagor.

(3) The court may grant a mortgagor permission to submit a foreclosure mediation request form and file an appearance after the fifteen-day period established in subdivision (2) of this subsection, for good cause shown.

(4) No foreclosure mediation request form may be submitted to the court under this subsection on or after July 1, [2019] 2023.

(5) If at any time on or after July 1, 2008, but prior to July 1, [2019] 2023, the court determines that the notice requirement of subdivision (1) of this subsection has not been met, the court may, upon its own motion or upon the written motion of the mortgagor, issue an order that no judgment may enter for fifteen days during which period the mortgagor may submit a foreclosure mediation request form to the court.

(6) Notwithstanding any provision of the general statutes or any rule of law to the contrary, prior to July 1, [2019] 2023, no judgment of strict foreclosure nor any judgment ordering a foreclosure sale shall be entered in any action subject to the provisions of this subsection and instituted by the mortgagee to foreclose a mortgage on residential real property unless: (A) Notice to the mortgagor has been given by the mortgagee in accordance with subdivision (1) of this subsection and the time for submitting a foreclosure mediation request form has expired and no foreclosure mediation request form has been submitted, or if such notice has not been given, the time for submitting a foreclosure mediation request form pursuant to subdivision (2) or (3) of this subsection has expired and no foreclosure mediation request form has been submitted, or (B) the mediation period set forth in subsection (b) of section 49-31n, as amended by this act, has expired or has otherwise terminated, whichever is earlier.

(7) None of the mortgagor's or mortgagee's rights in the foreclosure action shall be waived by the mortgagor's submission of a foreclosure mediation request form to the court.

(c) (1) Prior to July 1, [2019] 2023, when a mortgagee commences an action for the foreclosure of a mortgage on residential real property with a return date on or after July 1, 2009, or, with respect to real property owned by a religious organization, a return date on or after October 1, 2011, the mortgagee shall give notice to the mortgagor of the [foreclosure mediation program] Ezequiel Santiago Foreclosure Mediation Program established [in] pursuant to section 49-31n, as amended by this act, by attaching to the front of the writ, summons and complaint that is served on the mortgagor: (A) A copy of the notice of foreclosure mediation, in such form as the Chief Court Administrator prescribes, (B) a copy of the foreclosure mediation certificate form described in subdivision (3) of this subsection, in such form as the Chief Court Administrator prescribes, (C) a blank appearance form, in such form as the Chief Court Administrator prescribes, (D) with respect to an action for the foreclosure of a mortgage on residential real property with a return date on or after October 1, 2011, to September 30, 2013, inclusive, a mediation information form and a notice containing contact information for authority-approved consumer credit counseling agencies, which form and notice shall be in such form as the Chief Court Administrator prescribes, and which form shall be designed to elicit current financial information and such other nonfinancial information from the mortgagor as the Chief Court Administrator, in consultation with representatives from the banking industry and consumer advocates, determines will further the objectives of the mediation program. The Chief Court Administrator shall develop a premediation review protocol pursuant to which the mediator shall request that any documents submitted to the mediator for initial review that are incomplete, contain errors or are likely to be found unacceptable by the mortgagee be completed or corrected and that the completed or corrected documents be resubmitted to the mediator for review. Such premediation review, including any recommendations to complete or correct documents, shall not be construed to be the practice of law on behalf of any party to the mediation or the provision of legal advice by the mediator. The instructions to the mediation information form shall explain that the completed mediation information form, along with accompanying documentation reasonably requested from the mortgagor by way of such instructions, shall be delivered to the mortgagee's counsel not later than fifteen business days prior to the date of the initial mediation session, as identified in the notice provided pursuant to subdivision (2) of subsection (c) of section 49-31n, as amended by this act, and (E) for an action to foreclose a mortgage on residential real property with a return date on or after October 1, 2013, the mediation information form shall instruct the mortgagor as to the
objectives of the mediation program, explain the preliminary process of meeting with the mediator as described in subdivision (4) of this subsection, instruct the mortgagor to begin gathering financial documentation commonly used in foreclosure mediation for use in meeting with the mediator and in mediation, and include a notice containing contact information for authority-approved consumer counseling agencies, which shall be in such form as the Chief Court Administrator prescribes. The content of the mediation information form shall be designed by the Chief Court Administrator in consultation with representatives from the banking industry and consumer advocates.

(2) The court shall issue a notice of foreclosure mediation described in subdivision (3) of this subsection to the mortgagor not later than the date three business days after the date the mortgagee returns the writ to the court.

(3) The notice of foreclosure mediation shall instruct the mortgagor to file the appearance and foreclosure mediation certificate forms with the court not later than the date fifteen days from the return date for the foreclosure action. With respect to actions with a return date during the period from October 1, 2011, to September 30, 2013, inclusive, such notice shall instruct the mortgagor to deliver the completed mediation information form and the accompanying documentation described in subdivision (1) of this subsection and encourage such delivery in advance of the required date. With respect to actions with a return date during the period from October 1, 2013, to June 30, 2019, inclusive, such notice shall instruct the mortgagor to begin gathering financial information commonly used in foreclosure mediation for use in meeting with the mediator and in mediation. The mediation information form and accompanying documentation shall not, without the explicit written instruction of the mortgagor, be publicly available. Such notice of foreclosure mediation shall be accompanied by materials from the Department of Banking, as prescribed by the Chief Court Administrator, which shall describe the community-based resources available to the mortgagor, including authority-approved housing counseling agencies that may assist with preparation for mediation and application for mortgage assistance programs. The foreclosure mediation certificate form shall require the mortgagor to provide sufficient information to permit the court to confirm that the defendant in the foreclosure action is a mortgagor, and to certify that said mortgagor has sent a copy of the mediation certificate form to the plaintiff in the action. With respect to actions with a return date on or after October 1, 2015, in order to ensure that all necessary consents to the disclosure of nonpublic personal financial information have been provided to the mortgagee, such that a spouse may be considered a permitted successor-in-interest, the court shall confirm that the foreclosure mediation certificate submitted by (A) the spouse or former spouse provides consent to the full disclosure by the mortgagee of such spouse's or former spouse's nonpublic personal financial information to any other person who is obligated as a borrower on the note, to the extent the mortgagee has such information, and (B) any other person who is a mortgagor provides consent to the full disclosure by the mortgagee of such person's nonpublic personal financial information to such spouse or former spouse, to the extent the mortgagee has such information. If a foreclosure mediation certificate is not submitted by a mortgagor, other than a spouse or former spouse claiming to be a permitted successor-in-interest, the court shall confirm, in lieu of the requirements of subparagraph (B) of this subdivision, that the foreclosure mediation certificate submitted by the spouse or former spouse contains a statement, signed by the spouse or former spouse, certifying that all persons who are obligated on the note have otherwise given documentation to the mortgagee which allows for the full disclosure by the mortgagee of such person's nonpublic personal information to the spouse or former spouse, to the extent the mortgagee has such information. Such a certification may be rebutted conclusively by the mortgagee if the mortgagee submits a written statement to the court in which the mortgagee certifies that, based upon reasonable belief, the mortgagee does not possess such documentation.

(4) Upon receipt of the mortgagor's appearance and foreclosure mediation certificate forms, and provided the court confirms the defendant in the foreclosure action is a mortgagor and that said mortgagor has sent a copy of the mediation certificate form to the plaintiff, the court shall assign the case to mediation and issue notice of such assignment to all appearing parties, which notice shall include an electronic mail address for all communications related to the mediation. The court shall issue such notice not earlier than the date five business days after the return date or by the date three business days after the date on which the court receives the mortgagor's appearance and foreclosure mediation certificate forms, whichever is later, except that if the court
does not receive the appearance and foreclosure mediation certificate forms from the mortgagor by the date fifteen days after the return date for the foreclosure action, the court shall not assign the case to mediation. Promptly upon receipt of the notice of assignment, but not later than the thirty-fifth day following the return date, the mortgagee or its counsel shall deliver to the mediator, via the electronic mail address provided for communications related to the mediation, and to the mortgagor, via first class, priority or overnight mail, (A) an account history identifying all credits and debits assessed to the loan account and any related escrow account in the immediately preceding twelve-month period and an itemized statement of the amount required to reinstate the mortgage loan with accompanying information, written in plain language, to explain any codes used in the history and statement which are not otherwise self-explanatory, (B) the name, business mailing address, electronic mail address, facsimile number and direct telephone number of an individual able to respond with reasonable adequacy and promptness to questions relative to the information submitted to the mediator pursuant to this subdivision, and any subsequent updates to such contact information, which shall be provided reasonably promptly to the mediator via the electronic mail address provided for communication related to the mediation, (C) current versions of all reasonably necessary forms and a list of all documentation reasonably necessary for the mortgagee to evaluate the mortgagor for common alternatives to foreclosure that are available through the mortgagee, if any, (D) a copy of the note and mortgage, including any agreements modifying such documents, (E) summary information regarding the status of any pending foreclosure avoidance efforts being undertaken by the mortgagor, (F) a copy of any loss mitigation affidavit filed with the court, and (G) at the mortgagee's option, (i) the history of foreclosure avoidance efforts with respect to the mortgagor, (ii) information regarding the condition of mortgaged property, and (iii) such other information as the mortgagee may determine is relevant to meeting the objectives of the mediation program. Following the mediator's receipt of such information, the court shall assign a mediator to the mediation and schedule a meeting with the mediator and all mortgagors who are relevant and necessary to the mediation and to any agreement being contemplated in connection with the mediation and shall endeavor to hold such meeting on or prior to the forty-ninth day following the return date. The notice of such meeting shall instruct the mortgagor to complete the forms prior to the meeting and to furnish such forms together with the documentation contained in the list, as provided by the mortgagee following the filing of the foreclosure mediation certificate, at the meeting. At such meeting, the mediator shall review such forms and documentation with the mortgagor, along with the information supplied by the mortgagee, in order to discuss the options that may be available to the mortgagor, including any community-based resources, and assist the mortgagor in completing the forms and furnishing the documentation necessary for the mortgagee to evaluate the mortgagor for alternatives to foreclosure. The mediator may elect to schedule subsequent meetings with the mortgagor and determine whether any mortgagor may be excused from an in-person appearance at such subsequent meeting. The mediator may excuse any mortgagor from attending such meeting or any subsequent meetings, provided the mortgagor shows good cause for nonattendance. Such good cause may include, but is not limited to, the mortgagor no longer owning the home pursuant to a judgment of marital dissolution and related transfer via deed, or no longer residing in the home and not being a necessary party to any agreement being contemplated in connection with the mediation. As soon as practicable, but in no case later than the eighty-fourth day following the return date, or the extended deadline if such an extended deadline is established pursuant to this subdivision, the mediator shall facilitate and confirm the submission by the mortgagor of the forms and documentation to the mortgagee's counsel via electronic means and, at the mortgagee's election, directly to the mortgagee per the mortgagee's instruction, and determine, based on the participating mortgagor's attendance at the meetings and the extent the mortgagor completed the forms and furnished the documentation contemplated in this subdivision, or failed to perform such tasks through no material fault of the mortgagor, and file a report with the court indicating, (I) whether mediation shall be scheduled with the mortgagor, (II) whether the mortgagor attended scheduled meetings with the mediator, (III) whether the mortgagor fully or substantially completed the forms and furnished the documentation requested by the mortgagee, (IV) the date on which the mortgagee supplied the forms and documentation, and (V) any other information the mediator determines to be relevant to the objectives of the mediation program. The mediator may file, and the court may grant, a motion for extension of the premediation period beyond the eighty-
fourth day following the return date if good cause can be shown for such an extension. Any such motion shall be filed, with a copy simultaneously sent to the mortgagee and as soon as practicable to the mortgagor, not later than the eighty-fourth day following the return date. The mortgagee and mortgagor shall each have five business days from the day the motion was filed to file an objection or supplemental papers, and the court shall issue its ruling, without a hearing, not later than ten business days from the date the motion was filed. If the court determines that good cause exists for an extension, the court shall therewith establish an extended deadline so that the premediation period shall end as soon thereafter as may be practicable, but not later than thirty-five days from the date of the ruling, taking into account the complexity of the mortgagor's financial circumstances, the mortgagee's documentation requirements, and the timeliness of the mortgagee's and mortgagor's compliance with their respective premediation obligations. If the court denies the mediator's motion, the extended deadline for purposes of this subdivision shall be three days after the court rules on the motion. No meeting or communication between the mediator and mortgagor under this subdivision shall be treated as an impermissible ex parte communication. If the mediator determines that the mortgagee shall participate in mediation, the court shall promptly issue notice to all parties of such determination and schedule a mediation session between the mortgagee and all mortgagors who are relevant and necessary to the mediation and to any agreement being contemplated in connection with the mediation, in accordance with subsection (c) of section 49-31n, as amended by this act, to be held not later than five weeks following the submission to the mortgagee of the forms and documentation contemplated in this subdivision. The mediator may excuse any mortgagor from attending the mediation session or subsequent meetings, provided good cause is shown for nonattendance. Such good cause may include, but is not limited to, the mortgagor no longer owning the home pursuant to a judgment of marital dissolution and related transfer via deed, no longer residing in the home or not being a necessary party to any agreement being contemplated in connection with the mediation. If the mediator determines that no sessions between the mortgagee and mortgagor shall be scheduled, the court shall promptly issue notice to all parties regarding such determination and mediation shall be terminated. Any mortgagor wishing to contest such determination shall petition the court and show good cause for reinclusion in the mediation program, including, but not limited to, a material change in financial circumstances or a mistake or misunderstanding of the facts by the mediator.

(5) Notwithstanding the provisions of this subsection, the court may refer a foreclosure action brought by a mortgagee to the [foreclosure mediation program] Ezequiel Santiago Foreclosure Mediation Program established pursuant to section 49-31m, as amended by this act, at any time, for good cause shown, provided the mortgagee has filed an appearance in said action and further provided the court shall, not later than the date three business days after the date on which it makes such referral, send a notice to each appearing party assigning the case to mediation and requiring the parties to participate in the premediation process described in subdivision (4) of this subsection, with the court establishing deadlines to ensure that the premediation process is to be completed by the parties as expeditiously as the circumstances warrant and permit. When determining whether good cause exists, the court shall consider whether the parties are likely to benefit from mediation and, in the case of a referral after prior attempts at mediation have been terminated, whether there has been a material change in circumstances.

(6) Notwithstanding any provision of the general statutes or any rule of law, prior to July 1, [2019] 2023, (A) for the period of time which shall not exceed eight months from the return date, the mortgagor shall be permitted to file an answer, special defenses or counterclaims, but no mortgagee or mortgagor shall make any motion, request or demand with respect to the other, except those motions, requests or demands that relate to the mediation program described in section 49-31m, as amended by this act, and the mediation sessions held pursuant to such program, provided (i) a mortgagor seeking to contest the court's jurisdiction may file a motion to dismiss and the mortgagee may object to such motion to dismiss in accordance with applicable law and the rules of the courts, and (ii) if the mortgagor elects to make any other motion, request or demand with respect to the mortgagee, the eight-month limit shall no longer apply to either party; and (B) no judgment of strict foreclosure nor any judgment ordering a foreclosure sale shall be entered in any action subject to the provisions of this subsection and instituted by the mortgagee to foreclose a mortgage on residential real property or real property owned by a
religious organization unless: (i) The mediation period set forth in subsection (c) of section 49-31n, as amended by this act, has expired or has otherwise terminated, whichever is earlier, and, if fewer than eight months has elapsed from the return date at the time of termination, fifteen days have elapsed since such termination and any pending motion or request to extend the mediation period has been heard and denied by the court, or (ii) the mediation program is not otherwise required or available. Nothing in this subdivision shall affect any motion made or any default or judgment entered on or before June 30, 2011.

(7) With respect to foreclosure actions with a return date during the period from July 1, 2011, to June 30, [2019] 2023, inclusive, notwithstanding any provision of the general statutes or any rule of law to the contrary, the mortgagor shall be permitted following the eight-month or fifteen-day period described in subdivision (6) of this subsection, to simultaneously file, as applicable, (A) a motion for default, and (B) a motion for judgment of strict foreclosure or a motion for judgment of foreclosure by sale with respect to the mortgagor in the foreclosure action.

(8) None of the mortgagor's or mortgagee's rights in the foreclosure action shall be waived by participation in the [foreclosure mediation program] Ezequiel Santiago Foreclosure Mediation Program.

Sec. 5. Section 49-31n of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

The Chief Court Administrator shall establish in each judicial district a foreclosure mediation program in actions to foreclose mortgages on residential real property or real property owned by a religious organization. On and after the effective date of this section, said program shall be known as the "Ezequiel Santiago Foreclosure Mediation Program". Such foreclosure mediation shall (1) address all issues of foreclosure, including, but not limited to, reinstatement of the mortgage, disposition of the property through means other than the foreclosure process, including short sales and deeds in lieu of foreclosure, assignment of law days, assignment of sale date, restructuring of the mortgage debt and foreclosure by decree of sale, and (2) be conducted by foreclosure mediators who (A) have a duty to be unbiased and are employed by the Judicial Branch, (B) are trained in mediation and all relevant aspects of the law, as determined by the Chief Court Administrator, (C) have knowledge of the community-based resources that are available in the judicial district in which they serve, and (D) have knowledge of the mortgage assistance programs. Such mediators may refer mortgagors who participate in the [foreclosure mediation program] Ezequiel Santiago Foreclosure Mediation Program to community-based resources when appropriate and to the mortgage assistance programs. Such mediators shall not give legal advice to any party in mediation.

Sec. 6. Section 49-31n of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

(a) Prior to July 1, [2019] 2023: (1) Any action for the foreclosure of a mortgage on residential real property with a return date during the period from July 1, 2008, to June 30, 2009, inclusive, shall be subject to the provisions of subsection (b) of this section, and (2) any action for the foreclosure of a mortgage on (A) residential real property with a return date during the period from July 1, 2009, to June 30, [2019] 2023, inclusive, or (B) real property owned by a religious organization with a return date during the period from October 1, 2011, to June 30, [2019] 2023, inclusive, shall be subject to the provisions of subsection (c) of this section.

(b) (1) For any action for the foreclosure of a mortgage on residential real property with a return date during the period from July 1, 2008, to June 30, 2009, inclusive, the mediation period under the [foreclosure mediation program] Ezequiel Santiago Foreclosure Mediation Program established in pursuant to section 49-31n, as amended by this act, shall commence when the court sends notice to each appearing party that a foreclosure mediation request form has been submitted by a mortgagor to the court, which notice shall be sent not later than three business days after the court receives a completed foreclosure mediation request form. The mediation period shall conclude not later than the conclusion of the third mediation session between the mortgagor and mortgagee or seven months after the return date, whichever is earlier, except that the court may, in its discretion, for good cause shown, upon the motion of any party or the mediator, extend the mediation period subject to the provisions of subdivision (9) of this subsection or shorten the mediation period.
The first mediation session shall be held not later than fifteen business days after the court sends notice to all parties that a foreclosure mediation request form has been submitted to the court. The mortgagor and mortgagee shall appear in person at each mediation session and shall have the ability to mediate, except that (A) if a party is represented by counsel, the party's counsel may appear in lieu of the party to represent the party's interests at the mediation, provided the party has the ability to mediate, and the party is available (i) during the mediation session by telephone, and (ii) to participate in the mediation session by speakerphone, provided an opportunity is afforded for confidential discussions between the party and party's counsel, (B) following the initial mediation session, if there are two or more mortgagors who are self-represented, only one mortgagor shall be required to appear in person at each subsequent mediation session unless good cause is shown, provided the other mortgagors are available (i) during the mediation session, and (ii) to participate in the mediation session by speakerphone, (C) if a party suffers from a disability or other significant hardship that imposes an undue burden on such party to appear in person, the mediator may grant permission to such party to participate in the mediation session by telephone, and (D) a mortgagor may be excused from appearing at the mediation session if good cause is shown that the presence of such mortgagor is not needed to further the interests of mediation. Such good cause may include, but is not limited to, the mortgagor no longer owning the home pursuant to a judgment of marital dissolution and related transfer via deed, no longer residing in the home or not being a necessary party to any agreement being contemplated in connection with the mediation. A mortgagor's spouse, who is not a mortgagor but who lives in the subject property, may appear at each mediation session, provided all appearing mortgagors consent, in writing, to such spouse's appearance or such spouse shows good cause for his or her appearance and the mortgagors consent in writing to the disclosure of nonpublic personal information to such spouse. If the mortgagor has submitted a complete package of financial documentation in connection with a request for a particular foreclosure alternative, the mortgagee shall have thirty-five days from the receipt of the completed package to respond with a decision and, if the decision is a denial of the request, provide the reasons for such denial. If the mortgagee has, in connection with a request for a foreclosure alternative, submitted a financial package that is not complete, or if the mortgagee's evaluation of a complete package reveals that additional information is necessary to underwrite the request, the mortgagee shall request the missing or additional information within a reasonable period of time of such evaluation. If the mortgagee's evaluation of a complete package reveals that additional information is necessary to underwrite the request, the thirty-five-day deadline for a response shall be extended but only for so long as is reasonable given the timing of the mortgagee's submission of such additional information and the nature and context of the required underwriting. Not later than the third business day after each mediation session held on or after June 18, 2013, the mediator shall file with the court a report indicating, to the extent applicable, (i) the extent to which each of the parties complied with the requirements set forth in this subdivision, including the requirement to engage in conduct that is consistent with the objectives of the mediation program and to possess the ability to mediate, (ii) whether the mortgagee submitted a complete package of financial documentation to the mortgagee, (iii) a general description of the foreclosure alternative being requested by the mortgagor, (iv) whether the mortgagor has previously been evaluated for similar requests, whether prior to mediation or in mediation, and, if so, whether there has been any apparent change in circumstances since a decision was made with respect to that prior evaluation, (v) whether the mortgagor has responded to the mortgagee's request for a foreclosure alternative and, if so, a description of the response and whether the mediator is aware of any material reason not to agree with the response, (vi) whether the mortgagor has responded to an offer made by the mortgagee on a reasonably timely basis, and if so, an explanation of the response, (vii) whether the mortgagee has requested additional information from the mortgagor and, if so, the stated reasons for the request and the date by which such additional information shall be submitted so that information previously submitted by the mortgagor, to the extent possible, may still be used by the mortgagee in conducting its review, (viii) whether the mortgagor has supplied, on a reasonably timely basis, any additional information that was reasonably requested by the mortgagee, and, if not, the stated reason for not doing so, (ix) if information provided by the mortgagor is no longer current for purposes of evaluating a foreclosure alternative, a description of the out-of-date information and an explanation as to how and why such information is no longer current, (x)
whether the mortgagee has provided a reasonable explanation of the basis for a decision to deny a request for a loss mitigation option or foreclosure alternative and whether the mediator is aware of any material reason not to agree with that decision, (xi) whether the mortgagee has complied with the time frames set forth in this subdivision for responding to requests for decisions, (xii) if a subsequent mediation session is expected to occur, a general description of the expectations for such subsequent session and for the parties prior to such subsequent session and, if not otherwise addressed in the report, whether the parties satisfied the expectations set forth in previous reports, and (xiii) a determination of whether the parties will benefit from further mediation. The mediator shall deliver a copy of such report to each party to the mediation when the mediator files the report. The parties shall have the opportunity to submit their own supplemental information following the filing of the report, provided such supplemental information shall be submitted not later than five business days following the receipt of the mediator's report. Any request by the mortgagee to the mortgagor for additional or updated financial documentation shall be made in writing. The court may impose sanctions on any party or on counsel to a party if such party or such counsel engages in intentional or a pattern or practice of conduct during the mediation process that is contrary to the objectives of the mediation program. Any sanction that is imposed shall be proportional to the conduct and consistent with the objectives of the mediation program. Available sanctions shall include, but not be limited to, terminating mediation, ordering the mortgagor or mortgagee to mediate in person, forbidding the mortgagee from charging the mortgagor for the mortgagee's attorney's fees, awarding attorney's fees, and imposing fines. In the case of egregious misconduct, the sanctions shall be heightened. The court shall not award attorney's fees to any mortgagee for time spent in any mediation session if the court finds that such mortgagee has failed to comply with this subdivision, unless the court finds reasonable cause for such failure.

(3) If the mediator reports to the court that the parties will not benefit from further mediation, the mediation period shall terminate automatically. If the mediator reports to the court after the first or second mediation session that the parties may benefit from further mediation, the mediation period shall continue.

(4) If the mediation period concludes and certain issues have not been resolved pursuant to the mediation, the mediator may refer the mortgagor to any appropriate community-based services that are available.

(5) The Chief Court Administrator shall establish policies and procedures to implement this subsection. Such policies and procedures shall, at a minimum, provide that the mediator shall advise the mortgagor at the first meeting required by subdivision (4) of subsection (c) of section 49.311, as amended by this act, that a judgment of strict foreclosure or foreclosure by sale may cause the mortgagor to lose the residential real property to foreclosure.

(6) In no event shall any determination issued by a mediator under this program form the basis of an appeal of any foreclosure judgment.

(7) Foreclosure mediation request forms shall not be accepted by the court under this subsection on or after July 1, [2019] 2023, and the [foreclosure mediation program] Ezequiel Santiago Foreclosure Mediation Program shall terminate when all mediation has concluded with respect to any applications submitted to the court prior to July 1, [2019] 2023.

(8) At any time during the mediation period, the mediator may refer a mortgagor who is the owner-occupant of one-to-four family residential real property to the mortgage assistance programs, except that any such referral shall not prevent a mortgagee from proceeding to judgment when the conditions specified in subdivision (6) of subsection (b) of section 49.311, as amended by this act, have been satisfied.

(9) (A) The mediation period shall conclude following the third mediation session or if more than seven months have elapsed since the return date. Not later than fifteen days following the conclusion of the mediation period, and any extended mediation sessions held in accordance with this subdivision, any party may move for, or the mediator may request, an extension of the mediation period. The court shall grant only one additional mediation session per motion or request upon a finding that it is highly probable the parties will reach an agreement through mediation. The court may also grant one additional mediation session per motion or request upon a finding that any party has engaged, either intentionally or by a pattern or practice, in conduct that is contrary to the objectives of the mediation program. The court shall make its ruling not later
than twenty days after the filing of such motion or request, and no judgment of strict foreclosure or any judgment ordering a foreclosure sale shall be entered until (i) the court denies the motion or request, or (ii) the conclusion of the extended mediation session, except as provided in subparagraph (B) of this subdivision. Upon the grant of an additional mediation session following the proper finding, the court shall establish an expeditious deadline for such extended mediation session to occur. Such extended mediation period shall conclude following such extended mediation session.

(B) The mediation period may be extended for one additional mediation session without a hearing held pursuant to this subdivision provided all parties to the mediation agree that such parties would benefit from such a session and, in consultation with the mediator, establish an expeditious deadline for such session to take place.

(C) To determine whether to extend mediation, the court may consider all matters that have arisen in the mediation, including, but not limited to, the number of motions to extend mediation, the reasons for which an agreement has not been reached, the objectives of the mediation program, the extent to which the parties will benefit from further mediation, the reports submitted by the mediator, papers submitted in connection with any motion, and any supplemental reports submitted by a party. The court shall articulate its reasons in the order granting or denying any such motion or request to extend mediation.

(10) For any case pending as of October 1, 2013, in which mediation is ongoing, (A) if three or fewer sessions have been held, such case shall be treated as if no sessions have been held as of said date for purposes of subdivision (9) of this subsection, and (B) if four or more sessions have been held, then any party or the mediator may move to terminate the mediation period or extend such period in accordance with subdivision (9) of this subsection and, if no such motion to extend is made, the mediation period shall conclude after the third mediation session occurring after October 1, 2013.

(c) (1) For any action for the foreclosure of a mortgage on residential real property with a return date during the period from July 1, 2009, to June 30, [2019] 2023, inclusive, or for any action for the foreclosure of a mortgage on real property owned by a religious organization with a return date during the period from October 1, 2011, to June 30, [2019] 2023, inclusive, the mediation period under the [foreclosure mediation program] Ezequiel Santiago Foreclosure Mediation Program established [in] pursuant to section 49-31m, as amended by this act, shall commence when the court sends notice to each appearing party scheduling the first foreclosure mediation session. The mediation period shall conclude not later than the conclusion of the third mediation session between the mortgagor and mortgagee or seven months after the return date, whichever is earlier, except that the court may, in its discretion, for good cause shown, upon the motion of any party or request by the mediator, extend the mediation period subject to the provisions of subdivision (9) of this subsection or shorten the mediation period.

(2) The mortgagor and mortgagee shall appear in person at each mediation session and shall have the ability to mediate, except that (A) if a party is represented by counsel, the party's counsel may appear in lieu of the party to represent the party's interests at the mediation, provided the party has the ability to mediate and the party is available (i) during the mediation session by telephone, and (ii) to participate in the mediation session by speakerphone, provided an opportunity is afforded for confidential discussions between the party and party's counsel, (B) following the initial mediation session, if there are two or more mortgagors who are self-represented, only one mortgagor shall be required to appear in person at each subsequent mediation session unless good cause is shown, provided the other mortgagors are available (i) during the mediation session, and (ii) to participate in the mediation session by speakerphone, (C) if a party suffers from a disability or other significant hardship that imposes an undue burden on such party to appear in person, the mediator may grant permission to such party to participate in the mediation session by telephone, and (D) a mortgagor may be excused from appearing at the mediation session if cause is shown that the presence of such mortgagor is not needed to further the interests of mediation. Such cause may include, but is not limited to, the mortgagor no longer owning the home pursuant to a judgment of marital dissolution and related transfer via deed or no longer residing in the home or not being a necessary party to any agreement being contemplated in connection with the mediation. A mortgagor's spouse, who is not a mortgagor but who lives in the subject property, may appear at each mediation session, provided all appearing mortgagors
consent, in writing, to such spouse's appearance or such spouse shows good cause for his or her appearance and the mortgagors consent, in writing, to the disclosure of nonpublic personal information to such spouse. If the mortgagor has submitted a complete package of financial documentation in connection with a request for a particular foreclosure alternative, the mortgagee shall have thirty-five days from the receipt of the completed package to respond with a decision and, if the decision is a denial of the request, provide the reasons for such denial. If the mortgagor has, in connection with a request for a foreclosure alternative, submitted a financial package that is not complete, or if the mortgagee's evaluation of a complete package reveals that additional information is necessary to underwrite the request, the mortgagee shall request the missing or additional information within a reasonable period of time of such evaluation. If the mortgagee's evaluation of a complete package reveals that additional information is necessary to underwrite the request, the thirty-five-day deadline for a response shall be extended but only for so long as is reasonable given the timing of the mortgagor's submission of such additional information and the nature and context of the required underwriting. Not later than the third business day after each mediation session, the mediator shall file with the court a report indicating, to the extent applicable, (i) the extent to which each of the parties complied with the requirements set forth in this subdivision, including the requirement to engage in conduct that is consistent with the objectives of the mediation program and to possess the ability to mediate, (ii) whether the mortgagor submitted a complete package of financial documentation to the mortgagee, (iii) a general description of the foreclosure alternative being requested by the mortgagor, (iv) whether the mortgagor has previously been evaluated for similar requests, whether prior to mediation or in mediation, and, if so, whether there has been any apparent change in circumstances since a decision was made with respect to that prior evaluation, (v) whether the mortgagee has responded to the mortgagor's request for a foreclosure alternative and, if so, a description of the response and whether the mediator is aware of any material reason not to agree with the response, (vi) whether the mortgagor has responded to an offer made by the mortgagee on a reasonably timely basis, and if so, an explanation of the response, (vii) whether the mortgagee has requested additional information from the mortgagor and, if so, the stated reasons for the request and the date by which such additional information shall be submitted so that information previously submitted by the mortgagor, to the extent possible, may still be used by the mortgagee in conducting its review, (viii) whether the mortgagor has supplied, on a reasonably timely basis, any additional information that was reasonably requested by the mortgagee, and, if not, the stated reason for not doing so, (ix) if information provided by the mortgagor is no longer current for purposes of evaluating a foreclosure alternative, a description of the out-of-date information and an explanation as to how and why such information is no longer current, (x) whether the mortgagee has provided a reasonable explanation of the basis for a decision to deny a request for a loss mitigation option or foreclosure alternative and whether the mediator is aware of any material reason not to agree with that decision, (xi) whether the mortgagee has complied with the time frames set forth in this subdivision for responding to requests for decisions, (xii) if a subsequent mediation session is expected to occur, a general description of the expectations for such subsequent session and for the parties prior to such subsequent session and, if not otherwise addressed in the report, whether the parties satisfied the expectations set forth in previous reports, and (xiii) a determination of whether the parties will benefit from further mediation. The mediator shall deliver a copy of such report to each party to the mediation when the mediator files the report. The parties shall have the opportunity to submit their own supplemental information following the filing of the report, provided such supplemental information shall be submitted not later than five business days following the receipt of the mediator's report. Any request by the mortgagee to the mortgagor for additional or updated financial documentation shall be made in writing. The court may impose sanctions on any party or on counsel to a party if such party or such counsel engages in intentional or a pattern or practice of conduct during the mediation process that is contrary to the objectives of the mediation program. Any sanction that is imposed shall be proportional to the conduct and consistent with the objectives of the mediation program. Available sanctions shall include, but not be limited to, terminating mediation, ordering the mortgagor or mortgagee to mediate in person, forbidding the mortgagee from charging the mortgagor for the mortgagee's attorney's fees, awarding attorney's fees, and imposing fines. In the case of egregious misconduct, the sanctions shall be heightened. The court shall not award attorney's fees to any mortgagee for time spent in
any mediation session if the court finds that such mortgagee has failed to comply with this subdivision, unless the court finds reasonable cause for such failure.

(3) If the mediator reports to the court that the parties will not benefit from further mediation, the mediation period shall terminate automatically. If the mediator reports to the court after the first or second mediation session that the parties may benefit from further mediation, the mediation period shall continue.

(4) If the mediation period concludes and certain issues have not been resolved pursuant to the mediation, the mediator may refer the mortgagor to any appropriate community-based services that are available in the judicial district, but any such referral shall not cause a delay in the mediation process.

(5) The Chief Court Administrator shall establish policies and procedures to implement this subsection. Such policies and procedures shall, at a minimum, provide that the mediator shall advise the mortgagor at the first meeting required by subdivision (4) of subsection (c) of section 49-31/ as amended by this act, that: (A) Such mediation does not suspend the mortgagor's obligation to respond to the foreclosure action beyond the limited time frame described in subdivision (6) of subsection (c) of section 49-31/ as amended by this act; and (B) a judgment of strict foreclosure or foreclosure by sale may cause the mortgagor to lose the residential real property or real property owned by a religious organization to foreclosure.

(6) In no event shall any determination issued by a mediator under this program form the basis of an appeal of any foreclosure judgment.

(7) The foreclosure mediation program shall terminate when all mediation has concluded with respect to any foreclosure action with a return date during the period from July 1, 2009, to June 30, 2023, inclusive.

(8) At any time during the mediation period, the mediator may refer a mortgagor who is the owner-occupant of one-to-four family residential real property to the mortgage assistance programs, except that any such referral shall not prevent a mortgagee from proceeding to judgment when the conditions specified in subdivision (6) of subsection (c) of section 49-31/ as amended by this act have been satisfied.

(9) (A) The mediation period shall conclude following the third mediation session or if more than seven months have elapsed since the return date. Not later than fifteen days following the conclusion of the mediation period, and any subsequent extended mediation sessions held in accordance with this subdivision, any party may move for, or the mediator may request, an extension of the mediation period. The court shall grant only one additional mediation session per motion or request upon a finding that it is highly probable the parties will reach an agreement through mediation. The court may also grant one additional mediation session per motion or request upon a finding that any party has engaged, either intentionally or by a pattern or practice, in conduct that is contrary to the objectives of the mediation program. The court shall make its ruling not later than twenty days after the filing of such motion or request, and no judgment of strict foreclosure or any judgment ordering a foreclosure sale shall be entered until (i) the court denies the motion or request, or (ii) the conclusion of the subsequent extended mediation session, except as provided in subparagraph (B) of this subdivision. Upon the grant of an additional mediation session following the proper finding, the court shall establish a reasonably expeditious deadline for such subsequent extended mediation session to occur. Such extended mediation period shall conclude following such subsequent extended mediation session.

(B) The mediation period may be extended for one additional mediation session without a hearing held pursuant to this subdivision provided all parties to the mediation agree that such parties would benefit from such a session and, in consultation with the mediator, establish a reasonably expeditious deadline for such session to take place.

(C) To determine whether to extend mediation, the court may consider all matters that have arisen in the mediation, including, but not limited to, the number of motions to extend mediation, the reasons for which an agreement has not been reached, the objectives of the mediation program, the extent to which the parties will benefit from further mediation, the reports submitted by the mediator, papers submitted in connection with any motion, and any supplemental reports submitted by a party. The court shall articulate its reasons in the order granting or denying any such motion or request to extend mediation.
(10) For any case pending as of October 1, 2013, in which mediation is ongoing, (A) if three or fewer sessions have been held, such case shall be treated as if no sessions have been held as of said date for purposes of subdivision (9) of this subsection, and (B) if four or more sessions have been held, then any party or the mediator may move to terminate the mediation period or extend such period in accordance with subdivision (9) of this subsection and, if no such motion to extend is made, the mediation period shall conclude after the third mediation session occurring after October 1, 2013.

(d) (1) Not later than February 14, 2014, the Chief Court Administrator shall submit, in accordance with the provisions of section 11-4a, to the joint standing committee of the General Assembly having cognizance of matters relating to banking, a summary regarding the mediation program and a general summary of the data collected in the reports submitted pursuant to subdivision (2) of subsections (b) and (c) of this section from July 1, 2013, to December 31, 2013, inclusive. Such summaries shall include, but not be limited to, the aggregate data regarding the number of cases in mediation, the number of mediation sessions held, the number of agreements reached before the conclusion of the mediation period, the number of motions or requests for an extension or continuance and the identity of the party that made such a motion or request, whether the loan at issue was serviced by a third party, the judicial district in which the mediation took place and whether the mortgagor was self-represented.

(2) Not later than March 1, [2016, and by March first each year thereafter until] 2021, and March 1, [2019, inclusive] 2023, the Chief Court Administrator shall submit, in accordance with the provisions of section 11-4a, to the joint standing committee of the General Assembly having cognizance of matters relating to banking, a summary of the reports submitted from July 1, 2013, to December thirty-first of the immediately preceding year, inclusive, pursuant to subdivision (2) of subsections (b) and (c) of this section. The detailed data points for such summary, including data to be collected but not reported, shall be developed by the Chief Court Administrator in consultation with representatives from the Governor's office, the Department of Banking, the banking industry and consumer advocates.

Sec. 7. Section 49-31v of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

The [foreclosure mediation program] Ezequiel Santiago Foreclosure Mediation Program established pursuant to section 49-31m, as amended by this act, shall be funded within available appropriations and available until June 30, [2019] 2023. The size of such program shall be determined by available funding and the number and need of participants in such program."

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

Section 1 from passage 8-265cc(9)
Sec. 2 from passage 49-24f
Sec. 3 from passage 49-30v
Sec. 4 from passage 49-31l
Sec. 5 from passage 49-31m
Sec. 6 from passage 49-31n
Sec. 7 from passage 49-31v

The bill was discussed by Representatives Delnicki of the 14th, Felipe of the 130th, Lavielle of the 143rd, Simanski of the 62nd, Kokoruda of the 101st, Butler of the 72nd and Wilson of the 66th.

The Speaker ordered the vote be taken by roll call at 5:22 p.m.

The following is the result of the vote:

<table>
<thead>
<tr>
<th>Description</th>
<th>Votes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number Voting</td>
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</tr>
<tr>
<td>Necessary for Passage</td>
<td>70</td>
</tr>
<tr>
<td>Those voting Yea</td>
<td>95</td>
</tr>
<tr>
<td>Those voting Nay</td>
<td>43</td>
</tr>
<tr>
<td>Those absent and not voting</td>
<td>13</td>
</tr>
</tbody>
</table>
On a roll call vote House Bill No. 6996 as amended by House Amendment Schedule "A" was passed.

The following is the roll call vote:

Y ABERCROMBIE  Y LOPES  Y ZIOGAS  N MACLACHLAN
Y ALLIE-BRENNAN  Y LUXENBERG  N MASTROFRANESCO
Y ALTOBELLO  Y MCCARTHY VAHEY  Y MCCARTY, K.
Y ARCONTI  X MCLEE  N ACKERT  N MCCORTY, B.
Y ARNONE  Y MESKERS  N BETTS  N ODEA
Y BAKER  Y MICHEL  N BOLINSKY  N ONEILL
Y BARRY  X MILLER  N BUCKBEE  Y PAVALOCK-D'AMATO
Y BLUMENTHAL  Y MUSHINSKY  Y CAMILLO  N PERILLO
Y BORE  Y NAPOLEY  N CANDELORA, V.  N PETIT
Y BOYD  Y NOLAN  Y CARNEY  N PISCOPO
Y COMEY  Y PALM  N CARPINO  N POLLETTA
Y CONCEPCION  Y PAOLILLO  N CASE  Y REBIMBAS
Y CONLEY  Y PERONE  N CHEESEMAN  N RUTIGLIANO
Y CURREY  Y PIPPS  Y CUMMINGS  N SIMANSKI
Y D'AGOSTINO  Y PORTER  X D'AMELIO  X SMITH
Y DATHAN  Y REYES  N DAUPHINAIS  N SREDZINSKI
X DE LA CRUZ  Y RILEY  Y DAVIS  N VAIL
Y DEMICCO  Y RITTER  Y DELNICKI  N WILSON
Y DILLON  Y ROCHELLE  N DEVLIN  N WOOD, T.
Y DIAMASSA  Y ROJAS  N DUBITSKY  Y YACCARINO
Y DOUCETTE  X ROSE  N FERRARO  N ZAWISTOWSKI
Y ELLIOTT  Y ROTELLA  N FISHBEIN  N Zullo
Y EXUM  Y SANCHEZ  Y FLOREN  N ZUPKUS
Y FELICE  Y SANTIAGO, H.  N FRANCE
Y FOX  Y SCANLON  Y FREY
Y GARIBAY  Y SERRA  N FUSCO
Y GENG  X SIMMONS, C.  Y GREEN  Y ARESIMOWICZ
Y GIBSON  Y SIMMS, T.  N HAINES
Y GILCHREST  Y STAFSTROM  N HALL, C.
Y GONZALEZ  X STALLWORTH  Y HARDING  Y GODFREY
Y GRESKO  Y STEINBERG  N HAYES
Y GUCKER  Y TERCYAK  X HILL
Y HADDAD  Y TURCO  N KENNEDY  Y BUTLER
Y HALL, J.  Y VARGAS  N KLARIDES  Y CANDELARIA, J.
Y HAMPTON  X VERRENGIA  N KLARIDES-DITRIA  Y COOK
Y HORN  Y WALKER  N KOKORUDA  Y HENNESSY
Y HUGHES  Y WILSON PHEANIOUS  Y KUPCHICK  Y MORIN
Y JOHNSON  Y WINKLER  N LABRIOLA  X ORANGE
X LEMAR  X WOOD, K.  N LANUDE  Y ROSARIO
Y LINEHAN  Y YOUNG  N LAVIELLE  Y RYAN

APPROPRIATIONS. Substitute for H.B. No. 7359 (RAISED) (File No. 627) AN ACT CONCERNING A LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUEER HEALTH AND HUMAN SERVICES NETWORK.

The bill was explained by Representative Allie-Brennan of the 2nd who offered House Amendment Schedule "A" (LCO 9091) and moved its adoption.

The amendment was discussed by Representative Case of the 63rd.

On a voice vote the amendment was adopted.
The Speaker ruled the amendment was technical.

The following is House Amendment Schedule "A" (LCO 9091):
Strike lines 17 to 19, inclusive, and substitute the following in lieu thereof:
"the Chief Court Administrator, and (4) building organizational member"
In line 54, strike "and"
In line 56, after "Governor" strike the period and insert "; and"
After line 56, insert:
" (18) The president of Connecticut Community Care."
In line 61, after "section." Insert "Members shall choose chairpersons."
Strike lines 74 to 77, inclusive, and insert the following in lieu thereof:
"that assist in the mission of the network."

The bill was discussed by Representative Case of the 63rd who offered House Amendment Schedule "B" (LCO 9116) and moved its adoption.

Representative Case of the 63rd then withdrew House Amendment Schedule "B" (LCO 9116).

The bill was further discussed by Representative Case of the 63rd who offered House Amendment Schedule "C" (LCO 9117) and moved its adoption.

The amendment was discussed by Representative Allie-Brennan of the 2nd.

**On a voice vote the amendment was adopted.**

The Speaker ruled the amendment was technical.

**The following is House Amendment Schedule "C" (LCO 9117):**

In line 67, after "dollars", insert ", within available appropriations,"

The bill was further discussed by Representatives Wood of the 141st, Mastrofrancesco of the 80th, Dubitsky of the 47th and Currey of the 11th.

The Speaker ordered the vote be taken by roll call at 5:55 p.m.

The following is the result of the vote:

<table>
<thead>
<tr>
<th>Total Number Voting</th>
<th>136</th>
</tr>
</thead>
<tbody>
<tr>
<td>Necessary for Passage</td>
<td>69</td>
</tr>
<tr>
<td>Those voting Yea</td>
<td>130</td>
</tr>
<tr>
<td>Those voting Nay</td>
<td>6</td>
</tr>
<tr>
<td>Those absent and not voting</td>
<td>15</td>
</tr>
</tbody>
</table>

**On a roll call vote House Bill No. 7359 as amended by House Amendment Schedules "A" and "C" was passed.**

The following is the roll call vote:

Y ABERCROMBIE Y LOPES Y ZIOGAS Y MACLACHLAN
Y ALLIE-BRENNAN Y LUXENBERG N MASTROFRANESCO
Y ALTOBELLO Y MCCARTHY VAHEY Y MCCARTY, K.
Y ARCONTI X MCGEE Y ACKERT Y MCGORTY, B.
Y ARNONE Y MESKERS Y BETTS X O'DEA
Y BAKER Y MICHEL Y BOLINSKY Y ONEILL
Y BARRY X MILLER Y BUCKBEE Y PAVALOCK-D'AMATO
Y BLUMENTHAL Y MUSHINSKY Y CAMILLO Y PERILLO
Y BORER Y NAPOLI Y CANDELORA, V. Y PETIT
Y BOYD Y NOLAN Y CARNEY N PISCOPO

- 1147 -
The following bill was taken from the table, read the third time, the report of the committee indicated accepted and the bill passed.

**PUBLIC HEALTH. Substitute for H.B. No. 7198 (RAISED) (File No. 559) AN ACT CONCERNING SOCIAL WORKERS.**

The bill was explained by Representative Steinberg of the 136th who offered House Amendment Schedule "A" (LCO 9085) and moved its adoption.

The amendment was discussed by Representatives Petit of the 22nd, Fishbein of the 90th, O'Neill of the 69th and Ackert of the 8th.

On a voice vote the amendment was adopted.

The Speaker ruled the amendment was technical.

The following is House Amendment Schedule "A" (LCO 9085):

Strike everything after the enacting clause and substitute the following in lieu thereof:

"Section 1. Section 20-195q of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2019):

(a) No person shall (1) use the title "licensed master social worker" or any initials associated with such title, or (2) advertise services under the description of a licensed master social worker, as defined in section 20-195m, unless such person is licensed as a master social worker pursuant to this chapter."
(b) No person shall (1) use the title "licensed clinical social worker" or any initials associated with such title, or (2) advertise services under the description of a licensed clinical social worker, as defined in section 20-195m, unless such person is licensed as a clinical social worker pursuant to this chapter.

(c) No person shall (1) use the title "social worker" or any initials associated with such title, or (2) advertise services under the description of "social worker", unless such person has earned a baccalaureate or master's degree in social work from a social work program accredited by the Council on Social Work Education, a doctoral degree in social work or, if educated outside of the United States or its territories, has completed an educational program deemed equivalent by said council.

[(c)] (d) Nothing in this chapter shall prohibit: (1) A student enrolled in a doctoral or master's degree program accredited by the Council on Social Work Education from performing such work as is incidental to his course of study, provided such person is designated by a title which clearly indicates his status as a student; (2) a person licensed or certified in this state in a field other than clinical social work from practicing within the scope of such license or certification; (3) a person enrolled in an educational program or fulfilling other state requirements leading to licensure or certification in a field other than social work from engaging in work in such other field; (4) a person who is employed or retained as a social work designee, social worker, or social work consultant by a nursing home or rest home licensed under section 19a-490 and who meets the qualifications prescribed by the department in its regulations from performing the duties required of them in accordance with state and federal laws governing those duties; [(5) for the period from October 1, 2010, to October 1, 2013, inclusive, a master social worker from engaging in independent practice; (6)] (5) a social worker from practicing community organization, policy and planning, research or administration that does not include engaging in clinical social work or supervising a social worker engaged in clinical treatment with clients; [(7)] (6) individuals with a baccalaureate degree in social work from a Council on Social Work Education accredited program from performing nonclinical social work functions; [and (8)] (7) a person who holds a professional educator certificate issued by the State Board of Education pursuant to section 10-145b, with a school social worker endorsement, from using the title of school social worker to describe such person's activities while working in a public or nonpublic school in the state; (8) any person employed by a municipality prior to July 1, 2019, under the title social worker from using such title to describe or perform duties in the course of such employment with the municipality; and (9) a state employee with the title social worker from using such title to describe or perform duties in the course of such employment with the state. On and after October 1, 2019, the state shall specify on any job posting for a title in the social work series of classified service, in which a license pursuant to this chapter is not required, that a preferred qualification for employment in such title is completion of a baccalaureate or master's degree in social work from a social work program accredited by the Council on Social Work Education or a doctoral degree in social work.

Sec. 2. Subsection (a) of section 20-195s of the general statutes is repealed and the following is substituted in lieu thereof [Effective October 1, 2019]:

(a) An individual licensed as a master social worker pursuant to section 20-195n may: (1) Practice clinical social work under professional supervision; and (2) offer a mental health diagnosis provided such diagnosis is offered in consultation with a physician licensed pursuant to chapter 370, an advanced practice registered nurse licensed pursuant to chapter 378, a psychologist licensed pursuant to chapter 383, a marital and family therapist licensed pursuant to chapter 383a, a professional counselor licensed pursuant to chapter 383c or a clinical social worker licensed pursuant to this chapter. [Except as provided in subsection (c) of section 20-195q, an] A licensed master social worker may not engage in independent practice."

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

<table>
<thead>
<tr>
<th>Section</th>
<th>Effective Date</th>
<th>Section(s) Amended</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>October 1, 2019</td>
<td>20-195q</td>
</tr>
<tr>
<td>2</td>
<td>October 1, 2019</td>
<td>20-195s(a)</td>
</tr>
</tbody>
</table>

The bill was discussed by Representatives Fishbein of the 90th, Gilchrest of the 18th, Abercrombie of the 83rd, Hughes of the 135th and Wilson Pheanious of the 53rd.
The bill was further discussed by Representative Ackert of the 8th.

The Speaker ordered the vote be taken by roll call at 6:36 p.m.

The following is the result of the vote:

Total Number Voting ................................................................. 136
Necessary for Passage .............................................................. 69
Those voting Yea ................................................................. 111
Those voting Nay ................................................................. 25
Those absent and not voting .................................................. 15

On a roll call vote House Bill No. 7198 as amended by House Amendment Schedule "A" was passed.

The following is the roll call vote:

Y  ABERCROMBIE  Y  LOPES  Y  ZIOGAS  Y  MACLACHLAN
Y  ALLIE-BRENNAN  Y  LUXENBERG  N  MASTROFRANESCO
Y  ALTIBELLO  Y  MCCARTHY VAHEY  Y  MCCARTY, K.
Y  ARCONI  X  MCGEE  N  ACKERT  N  MCGORTY, B.
Y  ARNONE  Y  MESKERS  Y  BETTS  X  ODEA
Y  BAKER  Y  MICHEL  N  BOLINSKY  Y  O'NEILL
Y  BARRY  X  MILLER  N  BUCKBEE  N  PAVALOCK-D'AMATO
Y  BLUMENTHAL  Y  MUSINSKY  N  CAMILLO  Y  PERILLO
Y  BORER  Y  NAPOLEI  Y  CANDELORA, V.  Y  PETIT
Y  BOYD  Y  NOLAN  Y  CARNEY  N  PISCOPO
Y  COMEY  Y  PALM  Y  CARPINO  N  POLLETA
Y  CONCEPCION  Y  PAOLILLO  Y  CASE  Y  REBIMBAS
Y  CONLEY  Y  PERONE  N  CHEESEMAN  N  RUTIGLIANO
Y  CURREY  Y  PHIPPIS  Y  CUMMINGS  N  SIMANSKI
Y  D'AGOSTINO  Y  PORTER  X  D'AMELO  X  SMITH
Y  DATHAN  Y  REYES  N  DAUPHINAIS  Y  SREDZINSKI
X  DE LA CRUZ  Y  RILEY  Y  DAVIS  N  VAIL
Y  DEMICCO  Y  RITTER  Y  DELNICKI  N  WILSON
Y  DILLON  Y  ROCHELLE  Y  DEVLIN  Y  WOOD, T.
Y  DIMASSA  Y  ROJAS  N  DUBITSKY  Y  YACCARINO
Y  DOUCETTE  X  ROSE  N  FERRARO  N  ZAWISTOWSKI
Y  ELLIOTT  Y  ROTELLA  N  FISHEIN  Y  ZULLO
Y  EXUM  Y  SANCHEZ  Y  FLOREN  Y  ZUPKUS
Y  FELIPE  Y  SANTIAGO, H.  N  FRANCE
Y  FOX  Y  SCANLON  Y  FREY
Y  GARIBAY  Y  SERRA  N  FUSCO
Y  GENGIA  X  SIMMONS, C.  Y  GREEN  Y  ARESIMOWICZ
Y  GIBSON  Y  SIMMS, T.  N  HAINES
Y  GILCHREST  Y  STAFSTROM  N  HALL, C.
Y  GONZALEZ  X  STALLWORTH  Y  HARDING  Y  GODFREY
Y  GRESKO  Y  STEINBERG  N  HAYES
Y  GUERKON  Y  TERCYAK  X  HAYES
Y  HADDAD  Y  TURCO  Y  KENNEDY  Y  BUTLER
Y  HALL, J.  Y  VARGAS  Y  KLARIDES  Y  KONRADARIA, J.
Y  HAMPTON  X  VERRENGIA  Y  KLARIDES-DITRIA  Y  COOK
Y  HORN  Y  WALKER  Y  KOKORUDA  Y  HENESSY
Y  HUGHES  Y  WILSON PHEANIOUS  Y  KUPCHICK  Y  MORIN
Y  JOHNSON  Y  WINKLER  X  LABRIOLA  X  ORANGE
X  LEMAR  X  WOOD, K.  N  LANOUCE  Y  ROSARIO
Y  LINEHAN  Y  YOUNG  Y  LAVIELLE  Y  RYAN
The following bill was taken from the table, read the third time, the report of the committee indicated accepted and the bill passed.

**APPROPRIATIONS. Substitute for H.B. No. 7122 (RAISED) (File No. 91) AN ACT CONCERNING MOBILE DENTAL CLINICS.**

The bill was explained by Representative Wilson Pheanious of the 53rd.

The bill was discussed by Representatives Case of the 63rd and Ryan of the 139th.

The Speaker ordered the vote be taken by roll call at 6:45 p.m.

The following is the result of the vote:

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<th>Necessary for Passage</th>
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<th>Those voting Nay</th>
<th>Those absent and not voting</th>
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<tbody>
<tr>
<td>..............................</td>
<td>..............................</td>
<td>..............................</td>
<td>..............................</td>
<td>..............................</td>
</tr>
</tbody>
</table>

Those voting Yea: ..............................

Those voting Nay: ..............................

Those absent and not voting: ..............................

On a roll call vote House Bill No. 7122 was passed.

The following is the roll call vote:

Y ABERCROMBIE Y LOPES Y ZIOGAS Y MACLACHLAN
Y ALLIE-BRENNAN Y LUXENBERG Y MASTROFRANCESCO
Y ALTobelLO Y MCCARTHY VAHEY Y MCCARTY, K.
Y ARCONTI X MCgee Y ACKERT Y MCGORTY, B.
Y ARNONE Y MESKERS Y BETTS X O'DEA
Y BAKER Y MICHEL Y BOLINSKY Y ONEILL
Y BARRY X MILLER Y BUCKBEE Y PAVALOCK-D'AMATO
Y BLUMENTHAL Y MUSHINSKY Y CAMILLO Y PERILLO
Y BORER Y NAPOLI Y CANDELORA, V. Y PETIT
X BOYD Y NOLAN Y CARNEY Y PISCOPO
Y COMEY Y PALM Y CARPINO Y POLLETTA
Y CONCEPCION Y PAOLILLO Y CASE Y REBIMBAS
Y CONLEY Y PERONE Y CHEESEMAN Y RUTIGLIANO
Y CURREY Y PHIPPS Y CUMMINGS Y SIMANSKI
Y D'AGOSTINO Y PORTER X D'AMELIO X SMITH
Y DATHAN Y REYES Y DAUPHINAIS Y SREDZINSKI
X DE LA CRUZ Y RILEY Y DAVIS Y VAIL
Y DEMICCO Y RITTER Y DELNICKI Y WILSON
Y DILLON Y ROCHELLE Y DEVLIN Y WOOD, T.
Y DIMASSA Y ROJAS Y DUBITSKY Y YACCARINO
Y DOUCETTE X ROSE Y FERRARO Y ZAWISTOWSKI
Y ELLIOTT Y ROTELLA Y FISHBEN Y ZULLO
Y EXUM Y SANCHEZ Y FLOREN Y ZUPKUS
Y FELIPE Y SANTIAGO, H. Y FRANCE
Y FOX Y SCANLON Y FREY
Y GARBAY Y SERRA Y FUSCO
Y GENGA X SIMMONS, C. Y GREEN Y ARESIMOWICZ
Y GIBSON Y SIMMS, T. Y HAINES
Y GILCHREST Y STAFSTROM Y HALL, C.
The following bills were taken from the table, read the third time, the reports of the committees indicated accepted and the bills passed.

**JUDICIARY. Substitute for H.B. No. 7104 (RAISED) (File No. 820) AN ACT CONCERNING ADOPTION OF THE CONNECTICUT UNIFORM TRUST CODE.**

The bill was explained by Representative Blumenthal of the 147th.

The bill was discussed by Representative Rebimbas of the 70th.

The Speaker ordered the vote be taken by roll call at 6:50 p.m.

The following is the result of the vote:

Total Number Voting ................................................................. 133
Necessary for Passage ............................................................... 67
Those voting Yea ............................................................. 133
Those voting Nay .............................................................. 0
Those absent and not voting ..................................................... 18

**On a roll call vote House Bill No. 7104 was passed.**

The following is the roll call vote:
CHILDREN, H.B. No. 7000 (RAISED) (File No. 122) AN ACT CONCERNING CHILDREN’S SERVICES.

The bill was explained by Representative Linehan of the 103rd who offered House Amendment Schedule "A" (LCO 9092) and moved its adoption.

The amendment was discussed by Representative Fishbein of the 90th.

On a voice vote the amendment was adopted.
The Speaker ruled the amendment was technical.

The following is House Amendment Schedule "A" (LCO 9092):

Strike everything after the enacting clause and substitute the following in lieu thereof:
"Section 1. Section 7-294h of the general statutes is repealed and the following is substituted in lieu thereof (Effective January 1, 2020):

On and after January 1, 2017: (1) Each police basic or field training program conducted or administered by the Division of State Police within the Department of Emergency Services and Public Protection shall provide a minimum of twenty-seven hours of training relative to the handling of juvenile matters which includes, but is not limited to, the following: (A) Techniques for handling incidents involving juveniles; (B) information relative to the processing and disposition of juvenile matters; (C) applicable procedures in the prosecution of cases involving juveniles; (D) information regarding resources of the juvenile justice system in the state; (E) the use of graduated sanctions; (F) techniques for handling trauma; (G) restorative justice practices; (H) adolescent development; (I) risk-assessment and screening tools; (J) emergency mobile psychiatric services; and (K) on and after January 1, [2018] 2020, techniques for handling incidents, such as wandering, that involve juveniles and adults with autism spectrum disorder, cognitive impairment or nonverbal learning disorder, provided the curriculum for such techniques is available at no cost to the division from (i) institutions of higher education, health care professionals or advocacy organizations that are concerned with juveniles and adults with autism spectrum disorder, cognitive impairment or nonverbal learning disorder, or (ii) a collaboration of such institutions, professionals or organizations; (2) each police basic or field training program conducted or administered by the Police Officer Standards and Training Council established under section 7-294b or by a municipal police department in the state shall provide a minimum of fourteen hours of training relative to the handling of juvenile matters as provided in subdivision (1) of this section; and (3) each police review training program conducted or administered by the
Division of State Police within the Department of Emergency Services and Public Protection, by
the Police Officer Standards and Training Council established under section 7-294b or by a
municipal police department in the state shall provide a minimum of one hour of training relative
to the handling of juvenile matters as provided in subdivision (1) of this section.

Sec. 2. Section 7-323l of the general statutes is repealed and the following is substituted in
lieu thereof (Effective July 1, 2019):

(a) The commission shall:
(1) Recommend minimum standards of education and physical condition required of each
candidate for any firefighter position;
(2) Establish standards for a fire service training and education program, on a voluntary basis,
and develop and conduct an examination program to certify those fire service personnel who
satisfactorily demonstrate their ability to meet the requirements of the fire service training and
education program standards;
(3) Establish an optional fire service training and education program in the handling of
incidents, such as wandering, that involve juveniles and adults with autism spectrum disorder,
cognitive impairment or nonverbal learning disorder, provided the curriculum for such techniques
is made available at no cost from (A) institutions of higher education, health care professionals or
advocacy organizations that are concerned with juveniles and adults with autism spectrum
disorder, cognitive impairment or nonverbal learning disorder, or (B) collaborations of such
institutions, professionals or organizations.

[[3]](4) Conduct firefighting training and education programs designed to assist firefighters
in developing and maintaining their skills and keeping abreast of technological advances in fire
suppression, fire protection, fire prevention and related fields;
[[4]](5) Recommend standards for promotion to the various ranks of fire departments;
[[5]](6) Be authorized, with the approval of the Commissioner of Emergency Services and
Public Protection, to apply for, receive and distribute any state, federal or private funds or
contributions available for training and education of fire fighting personnel;
[[6]](7) Recommend that the Commissioner of Emergency Services and Public Protection
approve or reject the establishment of, or, when appropriate, suspend or revoke the approval of,
regional fire schools in accordance with section 7-323u; and

[[7]](8) Submit to the Governor, the Joint Legislative Management Committee of the General
Assembly and the Commissioner of Emergency Services and Public Protection an annual report
relating to the activities, recommendations and accomplishments of the commission.

(b) The commission may recommend, and the Commissioner of Emergency Services and
Public Protection may adopt, regulations in accordance with the provisions of chapter 54 as
necessary to implement the provisions of this section.

Sec. 3. (NEW) (Effective July 1, 2019) (a) Not later than June 30, 2020, and annually
thereafter, the Department of Public Health shall, within available appropriations, compile a list of
training programs that are available to members of commercial ambulance services, commercial
rescue services, volunteer and municipal ambulance services, ambulance services and paramedic
intercept services operated and maintained by a state agency and emergency medical services
personnel, as defined in section 20-206jj of the general statutes. Such training programs shall be
approved by the Commissioner of Public Health and include techniques for handling incidents,
such as wandering, that involve juveniles and adults with autism spectrum disorder, cognitive
impairment and nonverbal learning disorder. Such training programs may be offered by
institutions of higher education, health care professionals and advocacy organizations that are
concerned with juveniles and adults with autism spectrum disorder, cognitive impairment or
nonverbal learning disorder, and collaborations of such institutions, professionals or organizations.
The department may accept private donations for the purposes of this section.

(b) Not later than July 1, 2020, and annually thereafter, the Department of Public Health shall
make the list compiled pursuant to subsection (a) of this section available to members of
commercial ambulance services, commercial rescue services, volunteer and municipal ambulance
services, ambulance services and paramedic intercept services operated and maintained by any
state agency and emergency medical services personnel, as defined in section 20-206jj of the
general statutes.

Sec. 4. (NEW) (Effective July 1, 2019) (a) As used in this section:
(1) "Emergency medical services personnel" has the same meaning as provided in section 20-206jj of the general statutes;
(2) "Firefighter" means a uniformed member of a paid or volunteer fire department; and
(3) "Police officer" has the same meaning as provided in section 46b-15 of the general statutes.

(b) The University of Connecticut Center for Excellence in Developmental Disabilities shall develop a communication aid for use by emergency medical services personnel, firefighters, police officers, active members of ambulance services licensed or certified in accordance with section 19a-180 of the general statutes, emergency mobile psychiatric services personnel and mental health crisis intervention services personnel. Such communication aid shall describe techniques for serving and interacting with juveniles and adults with autism spectrum disorder, cognitive impairment and nonverbal learning disorder and contain communication aids for use during emergencies when verbal communication may be hindered or impossible. Not later than December 1, 2019, the center shall publish such communication aid on its Internet web site.

(c) On and after January 1, 2020, each emergency medical services personnel, firefighter, police officer, active member of an ambulance service licensed or certified in accordance with section 19a-180 of the general statutes, emergency mobile psychiatric services personnel and mental health crisis intervention services personnel shall maintain a paper or electronic copy of the communication aid developed pursuant to subsection (b) of this section in any vehicle used by such personnel, officer or member in the course of his or her duties.

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

Section 1 January 1, 2020 7-294h
Sec. 2 July 1, 2019 7-323i
Sec. 3 July 1, 2019 New section
Sec. 4 July 1, 2019 New section

The bill was discussed by Representatives Green of the 55th and Zawistowski of the 61st.

The Speaker ordered the vote be taken by roll call at 7:04 p.m.

The following is the result of the vote:

Total Number Voting ................................................................. 133
Necessary for Passage ............................................................. 67
Those voting Yea ................................................................. 133
Those voting Nay ................................................................. 0
Those absent and not voting .................................................. 18

On a roll call vote House Bill No. 7000 as amended by House Amendment Schedule "A" was passed.

The following is the roll call vote:

Y ABERCROMBIE Y LOPES Y ZIOGAS Y MACLACHLAN
Y ALLIE-BRENNAN Y LUXENBERG Y MASTROFRANCESCO
Y ALTOBELLO Y MCCARTHY VAHEY Y MCCARTY, K.
Y ARCONTI X MCGEE Y ACKERT Y MCGORTY, B.
Y ARNONE Y MESKERS Y BETTS X O'DEA
Y BAKER Y MICHEL Y BOLINSKY Y ONEILL
Y BARRY X MILLER Y BUCKBEE Y PAVALOCK-D'AMATO
Y BLUMENTHAL Y MUSHINSKY Y CAMILLO Y PERILLO
Y BORER Y NAPOLI Y CANDELORA, V. Y PETIT
X BOYD Y NORAN Y CARNEY Y PISCOPO
Y COMEY Y PALM Y CARPINO Y POLLETTA
Y CONCEPCION Y PAOLILLO Y CASE Y REBIMBAS
Y CONLEY Y PERONE Y CHEESEMAN Y RUTIGLIANO

- 1155 -
Y CURREY Y PHIPPS Y CUMMINGS Y SIMANSKI
Y D'AGOSTINO Y PORTER X D'AMELIO X SMITH
Y DATHAN Y REYES Y DAUPHINAIS Y SREDZINSKI
X DE LA CRUZ Y RILEY Y DAVIS Y VAIL
Y DEMICCO Y RITTER Y DELNICKI Y WILSON
Y DILLON Y ROCHELLE Y DEVLIN Y WOOD, T.
Y DIMASSA Y ROJAS Y DUBITSKY Y YACCARINO
Y DOUCETTE X ROSE Y FERRARO Y ZAWISTOWSKI
Y ELLIOTT Y ROTELLA Y FISHBIEIN Y ZULLO
Y EXUM Y SANCHEZ Y FLOREN Y ZUPKUS
Y FELIPE Y SANTIAGO, H. Y FRANCE
Y FOX Y SCANLON Y FREY
Y GARIBAY Y SERRA Y FUSCO
Y GENG A X SIMMONS, C. Y GREEN Y ARESIMOWICZ
Y GIBSON Y SIMMS, T. Y HAINES
Y GILCHREST Y STAFSTROM Y HALL, C.
Y GONZALEZ X STALLWORTH Y HARDING Y GODFREY
Y GRESKO Y STEINBERG Y HAYES
Y GUCKER Y TERCYAK X HILL
X HADDAD Y TURCO Y KENNEDY Y BUTLER
Y HALL, J. Y VARGAS Y KLARIDES Y CANDELARIA, J.
Y HAMPTON X VERRENGIA Y KLARIDES-DITRIA Y COOK
Y HORN Y WALKER Y KOKORUDA Y HENNESSY
Y HUGHES Y WILSON PHEANIOUS Y KUPCHICK Y MORIN
Y JOHNSON Y WINKLER X LABIROLA X ORANGE
X LEMAR X WOOD, K. Y LANOUE Y ROSARIO
Y LINEHAN Y YOUNG Y LAVIELLE Y RYAN

REPRESENTATIVES ABSENT

The following Representatives were absent today or may have missed some votes due to the following:

Representative D’Amelio of the 71st District - out of state - legislative business
Representative Haddad of the 54th District - personal business
Representative McGee of the 5th District - personal business
Representative Miller of the 145th District - personal business
Representative Orange of the 48th District - illness
Representative Rebimbas of the 70th District - business
Representative Rose of the 118th District - illness
Representative Simmons of the 144th District - personal business
Representative Smith of the 108th District - out of state
Representative Stallworth of the 126th District - personal business
Representative Verrengia of the 20th District - illness
Representative Wood of the 29th District - personal business

ADJOURNMENT

On motion of Representative Currey of the 11th District, the House adjourned at 7:07 o’clock p.m., to meet again at the Call of the Chair.