The Senate was called to order at 12:58 p.m., President in the Chair.

The prayer was offered by Acting Chaplain, Benita Toussaint of Hartford, Connecticut

The following is the prayer:

Please grant our hearts grace as we come together for our deliberations. As we face many needs to address, give us prudence to be judicious.

PLEDGE

Senator Winfield of the 10th led the Senate in the Pledge of Allegiance.

REPORT

The following report was received, read by the Clerk and referred to the Committee indicated:

Report – Auditors of Public Accounts – Connecticut Agricultural Experiment Station for the Fiscal Years ended June 30, 2016 and 2017. (Pursuant to Section 2-90 of the Connecticut General Statutes) Date received: June 5, 2019
Referred to Committees on Appropriations and Environment

BUSINESS FROM THE HOUSE

FAVORABLE REPORT OF THE JOINT STANDING COMMITTEE

HOUSE BILL

The following favorable report of the Joint Standing Committee was received from the House, read the second time and tabled for the calendar.

FINANCE, REVENUE AND BONDING. Substitute for H.B. No. 7201 (File No. 483) AN ACT CONCERNING THE CONVENIENCE OF ACQUIRING MOTOR VEHICLE LICENSES AND REGISTRATIONS. (As amended by House Amendment Schedule "A" (LCO 10312))
BUSINESS ON THE CALENDAR
FAVORABLE REPORTS OF THE JOINT STANDING COMMITTEES
BILLS PLACED ON CONSENT CALENDAR NO. 1

The following bills were taken from the table, read the third time, the reports of the Committees accepted and the bills placed on the Consent Calendar.

PUBLIC HEALTH. Substitute for S.B. No. 920 (RAISED) (File No. 762) AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS FOR VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

Senator Abrams of the 13th explained the bill, offered Senate Amendment Schedule “A” (LCO 10959) and moved adoption.

Remarking was Senator Somers of the 18th.

Senator Abrams of the 13th withdrew Senate Amendment Schedule "A".

Senator Abrams of the 13th offered Senate Amendment Schedule “B” (LCO 10597) and moved adoption.

On a voice vote the amendment was adopted.

The following is the Amendment:

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

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 Subsections (a) to (c), inclusive, of section 19a-493 of the general statutes are repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

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

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

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

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

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

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

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

(a) As used in this section:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 1239 -
"Sec. 501. Section 19a-521e of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

(a) As used in this section:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) "Emergency medical service system" means a system which provides for the arrangement of personnel, facilities and equipment for the efficient, effective and coordinated delivery of health care services under emergency conditions;
(2) "Patient" means an injured or ill person or a person with a physical disability requiring assistance and transportation;
(3) "Ambulance" means a motor vehicle specifically designed to carry patients;
(4) "Ambulance service" means an organization which transports patients;
(5) "Emergency medical technician" means a person who is certified pursuant to chapter 384d;
(6) "Ambulance driver" means a person whose primary function is driving an ambulance;
(7) "Emergency medical services instructor" means a person who is certified pursuant to chapter 384d;
(8) "Communications facility" means any facility housing the personnel and equipment for handling the emergency communications needs of a particular geographic area;

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

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

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

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

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

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

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

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

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

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

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

[(19)] "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] service organization if the primary or designated emergency medical [services provider] service organization is unable to respond because such primary or designated [provider] emergency medical service organization is responding to another call for emergency medical services or the ambulance or nontransport emergency vehicle operated by such primary or designated [provider] emergency medical service organization is out of service. For purposes of this subdivision, "nontransport emergency vehicle" means a vehicle used by emergency medical technicians or paramedics in responding to emergency calls that is not used to carry patients;

[(20)] "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;

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

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

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

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

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

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

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

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

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

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

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

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

(7) Coordinate training of all emergency medical services personnel; [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 this chapter弹性[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 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 or electronic form. The commissioner may conduct an audit of any such licensed ambulance service, certified ambulance service or paramedic intercept service as the commissioner deems necessary in order to verify the accuracy of such reported data.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Each municipality shall establish a local emergency medical services plan. Such plan shall include the written agreements or contracts developed between the municipality, its emergency medical [services providers] service organizations and the public safety answering point, as defined in section 28-25, that covers the municipality. The plan shall also include, but not be limited to, the following:
(1) The identification of levels of emergency medical services, including, but not limited to:
(A) The public safety answering point responsible for receiving emergency calls and notifying and
assigning the appropriate [provider] emergency medical service organization to a call for
emergency medical services; (B) the emergency medical [services provider] service organization
that is notified for initial response; (C) basic ambulance service; (D) advanced life support level;
and (E) mutual aid call arrangements;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(4) "Authorized entity" means any for-profit or nonprofit entity or organization that employs at least one person with training. "Authorized entity" does not include the state or any political subdivision thereof authorized to purchase epinephrine pursuant to subsection (h) of section 21a-70 of the general statutes, a local or regional board of education required to maintain epinephrine cartridge injectors pursuant to subdivision (2) of subsection (d) of section 10-212a of the general statutes or a licensed or a certified ambulance service required to be equipped with epinephrine cartridge injectors pursuant to subsection (b) of section 19a-197a of the general statutes.
Sec. 524. Section 19a-175 of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

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

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

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

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

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

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

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

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

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

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

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

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

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;

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

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

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

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

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

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

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

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

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

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

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

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

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

The commissioner shall:

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

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

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

(4) Review and evaluate all area-wide plans developed by the emergency medical services councils pursuant to section 19a-182 in order to insure conformity with standards issued by the commissioner;
(5) Not later than thirty days after their receipt, review all grant and contract applications for federal or state funds concerning emergency medical services or related activities for conformity to policy guidelines and forward such application to the appropriate agency, when required;

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

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

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

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

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

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

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

(9) (A) Establish rates for the conveyance and treatment of patients by licensed ambulance services and invalid coaches and establish emergency service rates for certified ambulance services and paramedic intercept services, provided (i) the present rates established for such services and vehicles shall remain in effect until such time as the commissioner establishes a new rate schedule as provided in this subdivision, and (ii) any rate increase not in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, filed in accordance with subparagraph (B)(iii) of this subdivision shall be deemed approved by the commissioner. For purposes of this subdivision, licensed ambulance [service] 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, and do not accept the maximum allowable rates contained in any voluntary state-wide rate schedule established by the commissioner for the rate application year shall be required to file detailed financial information with the commissioner, provided any hearing that the commissioner may hold concerning such application shall be conducted as a contested case in accordance with chapter 54; (iii) licensed ambulance services, certified ambulance services and paramedic intercept services that do not apply for a rate increase in any year in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, or that accept the
maximum allowable rates contained in any voluntary state-wide rate schedule established by the commissioner for the rate application year shall, not later than the last business day in August of such year, file with the commissioner a statement of emergency and nonemergency call volume, and, in the case of a licensed ambulance service, certified ambulance service or paramedic intercept service that is not applying for a rate increase, a written declaration by such licensed ambulance service, certified ambulance service or paramedic intercept service that no change in its currently approved maximum allowable rates will occur for the rate application year; and (iv) detailed financial and operational information filed by licensed ambulance services, certified ambulance services and paramedic intercept services to support a request for a rate increase in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, shall cover the time period pertaining to the most recently completed fiscal year and the rate application year of the licensed ambulance service, certified ambulance service or paramedic intercept service.

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

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

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

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

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

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

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

(b) Any ambulance used for transport to an alternate destination under subsection (a) of this section shall meet the requirements for a basic level ambulance, as prescribed in regulations adopted pursuant to section 19a-179 of the general statutes, including requirements concerning medically necessary supplies and services.
Sec. 527. Subdivision (12) of subsection (a) of section 19a-906 of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

(12) "Telehealth provider" means any physician licensed under chapter 370, physical therapist licensed under chapter 376, chiropractor licensed under chapter 372, naturopath licensed under chapter 373, podiatrist licensed under chapter 375, occupational therapist licensed under chapter 376a, optometrist licensed under chapter 380, registered nurse or advanced practice registered nurse licensed under chapter 378, physician assistant licensed under chapter 370, psychologist licensed under chapter 383, marital and family therapist licensed under chapter 383a, clinical social worker or master social worker licensed under chapter 383b, alcohol and drug counselor licensed under chapter 383c, dietitian-nutritionist certified under chapter 384b, speech and language pathologist licensed under chapter 389, 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. 528. Section 19a-180 of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sec. 529. 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)] (c) of this section and subject to the provisions of sections 19a-177, as amended by this act, 38a-498 and 38a-525, any person who receives emergency medical treatment services or transportation services from a licensed ambulance service, certified ambulance service or paramedic intercept service shall be liable to such ambulance service for the reasonable and necessary costs of providing such services, irrespective of whether such person agreed or consented to such liability.

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

[[b]] (c) 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.

Sec. 530. Subdivision (75) of section 12-81 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

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

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

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

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

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

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

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

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

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

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

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

Sec. 536. Section 20-205 of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):
The provisions of this chapter shall not apply to any (1) person in governmental employ while acting in the scope of his or her employment, [or to any] (2) person who furnishes medical or surgical assistance without compensation in an emergency, [or to any] (3) veterinarian, licensed in another state, who is employed as a direct consultant for not more than ten days during any calendar year with any practitioner licensed in conformity with the provisions of section 20-197, [4] hospital, [educational] institution [or] of higher education, laboratory, [or any] state or federal institution, or [any] employee, [of,] student [in] or person associated with any such hospital, [educational] institution [or] of higher education, laboratory or state or federal institution, while engaged in research or studies involving the [use] administration of medical, surgical or dental procedures to an animal or livestock within such hospital, institution of higher education, laboratory or state or federal institution, (5) faculty member, resident, student or intern employed by a school of veterinary medicine, surgery or dentistry accredited by the American Veterinary Medical Association, while engaged in clinical practice, research or studies involving the use of veterinary medical, surgical or dental procedures within a hospital, clinic or laboratory owned by such school of veterinary medicine, surgery or dentistry, or [to the] (6) owner of any animal or livestock or his or her employee while administering to such animal or livestock.

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

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

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

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

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<thead>
<tr>
<th>Section</th>
<th>Date</th>
<th>Amendment</th>
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<tbody>
<tr>
<td>Sec. 5</td>
<td>July 1, 2019</td>
<td>19a-493(a) to (c)</td>
</tr>
<tr>
<td>Sec. 22</td>
<td>July 1, 2019</td>
<td>19a-37</td>
</tr>
<tr>
<td>Sec. 501</td>
<td>July 1, 2019</td>
<td>19a-521e</td>
</tr>
<tr>
<td>Sec. 502</td>
<td>July 1, 2019</td>
<td>19a-491(e)</td>
</tr>
<tr>
<td>Sec. 503</td>
<td>July 1, 2019</td>
<td>19a-112e(a)</td>
</tr>
<tr>
<td>Sec. 504</td>
<td>July 1, 2019</td>
<td>19a-112e(e)</td>
</tr>
<tr>
<td>Sec. 505</td>
<td>July 1, 2019</td>
<td>17a-450a(a)</td>
</tr>
<tr>
<td>Sec. 506</td>
<td>July 1, 2019</td>
<td>19a-175</td>
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<tr>
<td>Sec. 507</td>
<td>July 1, 2019</td>
<td>19a-177(6) to (8)</td>
</tr>
<tr>
<td>Sec. 508</td>
<td>July 1, 2019</td>
<td>19a-178a(b)</td>
</tr>
<tr>
<td>Sec. 509</td>
<td>July 1, 2019</td>
<td>19a-180(a)</td>
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<td>Sec.</td>
<td>Date</td>
<td>Amendment</td>
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<td>510</td>
<td>July 1, 2019</td>
<td>19a-180(i) to (l)</td>
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<tr>
<td>511</td>
<td>July 1, 2019</td>
<td>19a-180b(a) and (b)</td>
</tr>
<tr>
<td>512</td>
<td>July 1, 2019</td>
<td>19a-180d</td>
</tr>
<tr>
<td>513</td>
<td>July 1, 2019</td>
<td>19a-181b(a)</td>
</tr>
<tr>
<td>514</td>
<td>July 1, 2019</td>
<td>19a-182(b)</td>
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<tr>
<td>515</td>
<td>July 1, 2019</td>
<td>19a-183</td>
</tr>
<tr>
<td>516</td>
<td>July 1, 2019</td>
<td>20-206kk(c)</td>
</tr>
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<td>517</td>
<td>July 1, 2019</td>
<td>20-206jj</td>
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<td>518</td>
<td>July 1, 2019</td>
<td>20-206mm</td>
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<td>519</td>
<td>July 1, 2019</td>
<td>20-195ff</td>
</tr>
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<td>520</td>
<td>July 1, 2019</td>
<td>20-9(14)</td>
</tr>
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<td>521</td>
<td>July 1, 2019</td>
<td>19a-88(e)(1) and (2)</td>
</tr>
<tr>
<td>522</td>
<td>July 1, 2019</td>
<td>20-67</td>
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<tr>
<td>523</td>
<td>from passage</td>
<td>SB 706 (current session), Sec. 1(a)</td>
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<td>524</td>
<td>July 1, 2019</td>
<td>19a-175</td>
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<td>525</td>
<td>July 1, 2019</td>
<td>19a-177</td>
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<td>526</td>
<td>July 1, 2019</td>
<td>New section</td>
</tr>
<tr>
<td>527</td>
<td>July 1, 2019</td>
<td>19a-906(a)(12)</td>
</tr>
<tr>
<td>528</td>
<td>July 1, 2019</td>
<td>19a-180</td>
</tr>
<tr>
<td>529</td>
<td>July 1, 2019</td>
<td>19a-193a</td>
</tr>
<tr>
<td>530</td>
<td>from passage</td>
<td>12-81(75)</td>
</tr>
<tr>
<td>531</td>
<td>from passage</td>
<td>17b-520(5)</td>
</tr>
<tr>
<td>532</td>
<td>from passage</td>
<td>19a-123</td>
</tr>
<tr>
<td>533</td>
<td>from passage</td>
<td>19a-491(b)</td>
</tr>
<tr>
<td>534</td>
<td>from passage</td>
<td>19a-638(b)(4)</td>
</tr>
<tr>
<td>535</td>
<td>from passage</td>
<td>32-23d(b)</td>
</tr>
<tr>
<td>536</td>
<td>July 1, 2019</td>
<td>20-205</td>
</tr>
<tr>
<td>537</td>
<td>from passage</td>
<td>19a-654(d)</td>
</tr>
<tr>
<td>538</td>
<td>July 1, 2019</td>
<td>Repealer section</td>
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</tbody>
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On motion of Senator Abrams of the 13th, the bill as amended by Senate Amendment Schedule “B” (LCO 10597) was placed on the Consent Calendar.

INSURANCE AND REAL ESTATE. Substitute for S.B. No. **906 (RAISED)** (File No. 266) AN ACT CONCERNING THE INSURANCE DEPARTMENT'S RECOMMENDED CHANGES TO THE INSURANCE STATUTES AND INSURANCE PLANS PROCURED BY THE COMPTROLLER.

Senator Lesser of the 9th explained the bill, offered Senate Amendment Schedule “A” (LCO 10924) and moved adoption.

On a voice vote the amendment was adopted.

The following is the Amendment:

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

"Section 1. Section 38a-8 of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

(a) The commissioner shall see that all laws respecting insurance companies and health care centers are faithfully executed and shall administer and enforce the provisions of this title. The commissioner shall have all powers specifically granted, and all further powers that are reasonable and necessary to enable the commissioner to protect the public interest in accordance with the duties imposed by this title. The commissioner shall pay to the Treasurer all the fees that the
commissioner receives. The commissioner may administer oaths in the discharge of the commissioner's duties.

(b) The commissioner shall recommend to the General Assembly changes that, in the commissioner's opinion, should be made in the laws relating to insurance.

(c) In addition to the specific regulations that the commissioner is required to adopt, the commissioner may adopt such further regulations, in accordance with the provisions of chapter 54, as are reasonable and necessary to implement the provisions of this title.

(d) The commissioner shall develop a program of periodic review to ensure compliance by the Insurance Department with the minimum standards established by the National Association of Insurance Commissioners for effective financial surveillance and regulation of insurance companies operating in this state. The commissioner shall adopt regulations, in accordance with the provisions of chapter 54, pertaining to the financial surveillance and solvency regulation of insurance companies and health care centers as are reasonable and necessary to obtain or maintain the accreditation of the Insurance Department by the National Association of Insurance Commissioners. The commissioner shall maintain as confidential any confidential documents or information received from the National Association of Insurance Commissioners, or the International Association of Insurance Supervisors, or any documents or information received from state or federal insurance, banking or securities regulators or similar regulators in a foreign country that are confidential in such jurisdictions. The commissioner may share any information, including confidential information, with the National Association of Insurance Commissioners, the International Association of Insurance Supervisors, or state or federal insurance, banking or securities regulators or similar regulators in a foreign country, provided the commissioner determines that such entities agree to maintain the same level of confidentiality in their jurisdictions as is available in this state. At the expense of a domestic, alien or foreign insurer, the commissioner may engage the services of attorneys, actuaries, accountants and other experts not otherwise part of the commissioner's staff as may be necessary to assist the commissioner in the financial analysis of the insurer, the review of the insurer's license applications, and the review of transactions within a holding company system involving an insurer domiciled in this state. No duties of a person employed by the Insurance Department on November 1, 2002, shall be performed by such attorney, actuary, accountant or expert.

(e) The commissioner shall establish a program to reduce costs and increase efficiency through the use of electronic methods to transmit documents, including policy form and rate filings, to and from insurers and the Insurance Department. The commissioner may sit as a member of the board of a consortium organized by or in association with the National Association of Insurance Commissioners for the purpose of coordinating a system for electronic rate and form filing among state insurance departments and insurers.

(f) The commissioner shall maintain as confidential information obtained, collected or prepared in connection with examinations, inspections or investigations, and complaints from the public received by the Insurance Department, if such records are protected from disclosure under federal law or state statute or, in the opinion of the commissioner, such records would disclose, or would reasonably lead to the disclosure of: (1) Investigative information the disclosure of which would be prejudicial to such investigation, until such time as the investigation is concluded; or (2) personal, financial or medical information concerning a person who has filed a complaint or inquiry with the Insurance Department, without the written consent of the person or persons to whom the information pertains.

(g) The commissioner may, in the commissioner's discretion, engage the services of such third-party actuaries, professionals and specialists that the commissioner deems necessary to assist the commissioner in reviewing any rate, form or similar filing submitted to the commissioner pursuant to this title. The cost of such services shall be borne by the person who submitted such rate, form or similar filing to the commissioner.

Sec. 2. Section 38a-37 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

Pursuant to terms and conditions of this compact, the state of Connecticut seeks to join with other states and establish the Interstate Insurance Product Regulation Compact, and thus become a member of the Interstate Insurance Product Regulation Commission. The Insurance Commissioner is hereby designated to serve as the representative of this state to the commission.
ARTICLE I
PURPOSES
The purposes of this compact are, through means of joint and cooperative action among the
compacting states:
1. To promote and protect the interest of consumers of individual and group annuity, life
   insurance, disability income and long-term care insurance products;
2. To develop uniform standards for insurance products covered under the compact;
3. To establish a central clearinghouse to receive and provide prompt review of insurance
   products covered under the compact and, in certain cases, advertisements related thereto,
   submitted by insurers authorized to do business in one or more compacting states;
4. To give appropriate regulatory approval to those product filings and advertisements
   satisfying the applicable uniform standard;
5. To improve coordination of regulatory resources and expertise between state insurance
   departments regarding the setting of uniform standards and review of insurance products covered
   under the compact;
6. To create the Interstate Insurance Product Regulation Commission; and
7. To perform these and such other related functions as may be consistent with the state
   regulation of the business of insurance.

ARTICLE II
DEFINITIONS
For purposes of this compact:
1. "Advertisement" means any material designed to create public interest in a product, or
   induce the public to purchase, increase, modify, reinstate, borrow on, surrender, replace or retain a
   policy, as more specifically defined in the rules and operating procedures of the commission.
2. "Bylaws" mean those bylaws established by the commission for its governance, or for
   directing or controlling the commission's actions or conduct.
3. "Compacting state" means any state which has enacted this compact legislation and which
   has not withdrawn pursuant to Article XIV, section 1 of this compact, or been terminated pursuant
   to Article XIV, section 2 of this compact.
4. "Commission" means the Interstate Insurance Product Regulation Commission established
   by this compact.
5. "Commissioner" means the chief insurance regulatory official of a state including, but not
   limited to, commissioner, superintendent, director or administrator.
6. "Domiciliary state" means the state in which an insurer is incorporated or organized; or, in
   the case of an alien insurer, its state of entry.
7. "Insurer" means any entity licensed by a state to issue contracts of
   insurance for any of the
   lines of insurance covered by this compact.
8. "Member" means the person chosen by a compacting state as its representative to the
   commission, or the member's designee.
9. "Non-compacting state" means any state which is not at the time a compacting state.
10. "Operating procedures" mean procedures promulgated by the commission implementing a
    rule, uniform standard or a provision of this compact.
11. "Product" means the form of a policy or contract, including any application, endorsement,
    or related form which is attached to and made a part of the policy or contract, and any evidence of
    coverage or certificate, for an individual or group annuity, life insurance, disability income or
    long-term care insurance product that an insurer is authorized to issue.
12. "Rule" means a statement of general or particular applicability and future effect
    promulgated by the commission, including a uniform standard developed pursuant to Article VII
    of this compact, designed to implement, interpret, or prescribe law or policy or describing the
    organization, procedure, or practice requirements of the commission, which shall have the force
    and effect of law in the compacting states.
13. "State" means any state, district or territory of the United States of America.
14. "Third-party filer" means an entity that submits a product filing to the commission on
    behalf of an Insurer.
15. "Uniform standard" means a standard adopted by the commission for a product line,
    pursuant to Article VII of this compact, and shall include all of the product requirements in
aggregate; provided, that each uniform standard shall be construed, whether express or implied, to prohibit the use of any inconsistent, misleading or ambiguous provisions in a product and the form of the product made available to the public shall not be unfair, inequitable or against public policy as determined by the commission.

ARTICLE III
ESTABLISHMENT OF THE COMMISSION AND VENUE

1. The compacting states hereby create and establish a joint public agency known as the Interstate Insurance Product Regulation Commission. Pursuant to Article IV of this compact, the commission will have the power to develop uniform standards for product lines, receive and provide prompt review of products filed therewith, and give approval to those product filings satisfying applicable uniform standards; provided, it is not intended for the commission to be the exclusive entity for receipt and review of insurance product filings. Nothing herein shall prohibit any insurer from filing its product in any state wherein the insurer is licensed to conduct the business of insurance; and any such filing shall be subject to the laws of the state where filed.

2. The Interstate Insurance Product Regulation Commission is a body corporate and politic, and an instrumentality of the compacting states.

3. The commission is solely responsible for its liabilities except as otherwise specifically provided in this compact.

4. Venue is proper and judicial proceedings by or against the commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the commission is located.

ARTICLE IV
POWERS OF THE COMMISSION

The commission shall have the following powers:

1. To promulgate rules, pursuant to Article VII of this compact, which shall have the force and effect of law and shall be binding in the compacting states to the extent and in the manner provided in this compact;

2. To exercise its rulemaking authority and establish reasonable uniform standards for products covered under the compact, and advertisement related thereto, which shall have the force and effect of law and shall be binding in the compacting states, but only for those products filed with the commission, provided, that a compacting state shall have the right to opt out of such uniform standard pursuant to Article VII of this compact, to the extent and in the manner provided in this compact, and, provided further, that any uniform standard established by the commission for long-term care insurance products may provide the same or greater protections for consumers as, but shall not provide less than, those protections set forth in the National Association of Insurance Commissioners’ Long-Term Care Insurance Model Act and Long-Term Care Insurance Model Regulation, respectively, adopted as of 2001. The commission shall consider whether any subsequent amendments to the National Association of Insurance Commissioners’ Long-Term Care Insurance Model Act or Long-Term Care Insurance Model Regulation adopted by the National Association of Insurance Commissioners require amending of the uniform standards established by the commission for long-term care insurance products;

3. To receive and review in an expeditious manner products filed with the commission, and rate filings for disability income and long-term care insurance products, and give approval of those products and rate filings that satisfy the applicable uniform standard, where such approval shall have the force and effect of law and be binding on the compacting states to the extent and in the manner provided in the compact;

4. To receive and review in an expeditious manner advertisement relating to long-term care insurance products for which uniform standards have been adopted by the commission, and give approval to all advertisement that satisfies the applicable uniform standard. For any product covered under this compact, other than long-term care insurance products, the commission shall have the authority to require an insurer to submit all or any part of its advertisement with respect to that product for review or approval prior to use, if the commission determines that the nature of the product is such that an advertisement of the product could have the capacity or tendency to mislead the public. The actions of the commission as provided in this section shall have the force and effect of law and shall be binding in the compacting states to the extent and in the manner provided in the compact;
5. To exercise its rulemaking authority and designate products and advertisement that may be subject to a self-certification process without the need for prior approval by the commission;

6. To promulgate operating procedures, pursuant to Article VII of this compact, which shall be binding in the compacting states to the extent and in the manner provided in this compact;

7. To bring and prosecute legal proceedings or actions in its name as the commission; provided, that the standing of any state insurance department to sue or be sued under applicable law shall not be affected;

8. To issue subpoenas requiring the attendance and testimony of witnesses and the production of evidence;

9. To establish and maintain offices;

10. To purchase and maintain insurance and bonds;

11. To borrow, accept or contract for services of personnel, including, but not limited to, employees of a compacting state;

12. To hire employees, professionals or specialists, and elect or appoint officers, and to fix their compensation, define their duties and give them appropriate authority to carry out the purposes of the compact, and determine their qualifications; and to establish the commission’s personnel policies and programs relating to, among other things, conflicts of interest, rates of compensation and qualifications of personnel;

13. To accept any and all appropriate donations and grants of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same; provided that at all times the commission shall strive to avoid any appearance of impropriety;

14. To lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve or use, any property, real, personal or mixed; provided that at all times the commission shall strive to avoid any appearance of impropriety;

15. To sell, convey, mortgage, pledge, lease, exchange, abandon or otherwise dispose of any property, real, personal or mixed;

16. To remit filing fees to compacting states as may be set forth in the bylaws, rules or operating procedures;

17. To enforce compliance by compacting states with rules, uniform standards, operating procedures and bylaws;

18. To provide for dispute resolution among compacting states;

19. To advise compacting states on issues relating to insurers domiciled or doing business in non-compacting jurisdictions, consistent with the purposes of this compact;

20. To provide advice and training to those personnel in state insurance departments responsible for product review, and to be a resource for state insurance departments;

21. To establish a budget and make expenditures;

22. To borrow money;

23. To appoint committees, including advisory committees comprising members, state insurance regulators, state legislators or their representatives, insurance industry and consumer representatives, and such other interested persons as may be designated in the bylaws;

24. To provide and receive information from, and to cooperate with law enforcement agencies;

25. To adopt and use a corporate seal; and

26. To perform such other functions as may be necessary or appropriate to achieve the purposes of this compact consistent with the state regulation of the business of insurance.

ARTICLE V
ORGANIZATION OF THE COMMISSION
Section 1. Membership, Voting and Bylaws

a. Each compacting state shall have and be limited to one member. Each member shall be qualified to serve in that capacity pursuant to applicable law of the compacting state. Any member may be removed or suspended from office as provided by the law of the state from which he or she shall be appointed. Any vacancy occurring in the commission shall be filled in accordance with the laws of the compacting state wherein the vacancy exists. Nothing herein shall be construed to affect the manner in which a compacting state determines the election or appointment and qualification of its own commissioner.
b. Each member shall be entitled to one vote and shall have an opportunity to participate in the governance of the commission in accordance with the bylaws. Notwithstanding any provision herein to the contrary, no action of the commission with respect to the promulgation of a uniform standard shall be effective unless two-thirds of the members vote in favor thereof.

c. The commission shall, by a majority of the members, prescribe bylaws to govern its conduct as may be necessary or appropriate to carry out the purposes, and exercise the powers, of the compact, including, but not limited to:

(i) Establishing the fiscal year of the commission;
(ii) Providing reasonable procedures for appointing and electing members, as well as holding meetings, of the management committee;
(iii) Providing reasonable standards and procedures: (I) For the establishment and meetings of other committees, and (II) governing any general or specific delegation of any authority or function of the commission;
(iv) Providing reasonable procedures for calling and conducting meetings of the commission that consists of a majority of commission members, ensuring reasonable advance notice of each such meeting and providing for the right of citizens to attend each such meeting with enumerated exceptions designed to protect the public's interest, the privacy of individuals, and insurers' proprietary information, including trade secrets. The commission may meet in camera only after a majority of the entire membership votes to close a meeting in toto or in part. As soon as practicable, the commission must make public (I) a copy of the vote to close the meeting revealing the vote of each member with no proxy votes allowed, and (II) votes taken during such meeting;
(v) Establishing the titles, duties and authority and reasonable procedures for the election of the officers of the commission;
(vi) Providing reasonable standards and procedures for the establishment of the personnel policies and programs of the commission. Notwithstanding any civil service or other similar laws of any compacting state, the bylaws shall exclusively govern the personnel policies and programs of the commission;
(vii) Promulgating a code of ethics to address permissible and prohibited activities of commission members and employees; and
(viii) Providing a mechanism for winding up the operations of the commission and the equitable disposition of any surplus funds that may exist after the termination of the compact after the payment and/or reserving of all of its debts and obligations.

d. The commission shall publish its bylaws in a convenient form and file a copy thereof and a copy of any amendment thereto, with the appropriate agency or officer in each of the compacting states.

Section 2. Management Committee, Officers and Personnel

a. A management committee comprising no more than fourteen members shall be established as follows:

(i) One member from each of the six compacting states with the largest premium volume for individual and group annuities, life, disability income and long-term care insurance products, determined from the records of the National Association of Insurance Commissioners for the prior year;
(ii) Four members from those compacting states with at least two per cent of the market based on the premium volume described above, other than the six compacting states with the largest premium volume, selected on a rotating basis as provided in the bylaws; and
(iii) Four members from those compacting states with less than two per cent of the market, based on the premium volume described above, with one selected from each of the four zone regions of the National Association of Insurance Commissioners as provided in the bylaws.

b. The management committee shall have such authority and duties as may be set forth in the bylaws, including, but not limited to:

(i) Managing the affairs of the commission in a manner consistent with the bylaws and purposes of the commission;
(ii) Establishing and overseeing an organizational structure within, and appropriate procedures for, the commission to provide for the creation of uniform standards and other rules, receipt and review of product filings, administrative and technical support functions, review of decisions regarding the disapproval of a product filing, and the review of elections made by a compacting
state to opt out of a uniform standard; provided that a uniform standard shall not be submitted to
the compacting states for adoption unless approved by two-thirds of the members of the
management committee;
   (iii) Overseeing the offices of the commission; and
   (iv) Planning, implementing, and coordinating communications and activities with other state,
federal and local government organizations in order to advance the goals of the commission.
   c. The commission shall elect annually officers from the management committee, with each
having such authority and duties, as may be specified in the bylaws.
   d. The management committee may, subject to the approval of the commission, appoint or
retain an executive director for such period, upon such terms and conditions and for such
compensation as the commission may deem appropriate. The executive director shall serve as
secretary to the commission, but shall not be a member of the commission. The executive director
shall hire and supervise such other staff as may be authorized by the commission.

Section 3. Legislative and Advisory Committees
   a. A legislative committee comprising state legislators or their designees shall be established
to monitor the operations of, and make recommendations to, the commission, including the
management committee; provided that the manner of selection and term of any legislative
committee member shall be as set forth in the bylaws. Prior to the adoption by the commission
of any uniform standard, revision to the bylaws, annual budget or other significant matter as may be
provided in the bylaws, the management committee shall consult with and report to the legislative
committee.
   b. The commission shall establish two advisory committees, one of which shall comprise
consumer representatives independent of the insurance industry, and the other comprising
insurance industry representatives.
   c. The commission may establish additional advisory committees as its bylaws may provide
for the carrying out of its functions.

Section 4. Corporate Records of the Commission
   The commission shall maintain its corporate books and records in accordance with the
bylaws.

Section 5. Qualified Immunity, Defense and Indemnification
   a. The members, officers, executive director, employees and representatives of the
commission shall be immune from suit and liability, either personally or in their official capacity,
for any claim for damage to or loss of property or personal injury or other civil liability caused by
or arising out of any actual or alleged act, error or omission that occurred, or that the person
against whom the claim is made had a reasonable basis for believing occurred within the scope of
commission employment, duties or responsibilities; provided, that nothing in this paragraph shall
be construed to protect any such person from suit and/or liability for any damage, loss, injury or
liability caused by the intentional or wilful and wanton misconduct of that person.
   b. The commission shall defend any member, officer, executive director, employee or
representative of the commission in any civil action seeking to impose liability arising out of any
actual or alleged act, error or omission that occurred within the scope of commission employment,
duties or responsibilities, or that the person against whom the claim is made had a reasonable basis
for believing occurred within the scope of commission employment, duties or responsibilities;
provided, that nothing herein shall be construed to prohibit that person from retaining counsel; and
provided further, that the actual or alleged act, error or omission did not result from that person's
intentional or wilful and wanton misconduct.
   c. The commission shall indemnify and hold harmless any member, officer, executive
director, employee or representative of the commission for the amount of any settlement or
judgment obtained against that person arising out of any actual or alleged act, error or omission
that occurred within the scope of commission employment, duties or responsibilities, or that such
person had a reasonable basis for believing occurred within the scope of commission employment,
duties or responsibilities, provided, that the actual or alleged act, error or omission did not result
from the intentional or wilful and wanton misconduct of that person.

ARTICLE VI
MEETINGS AND ACTS OF THE COMMISSION
1. The commission shall meet and take such actions as are consistent with the provisions of this compact and the bylaws.

2. Each member of the commission shall have the right and power to cast a vote to which that compacting state is entitled and to participate in the business and affairs of the commission. A member shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for members' participation in meetings by telephone or other means of communication.

3. The commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws.

ARTICLE VII
RULES AND OPERATING PROCEDURES: RULEMAKING FUNCTIONS OF THE COMMISSION AND OPTING OUT OF UNIFORM STANDARDS

1. The commission shall promulgate reasonable rules, including uniform standards, and operating procedures in order to effectively and efficiently achieve the purposes of this compact. Notwithstanding the foregoing, in the event the commission exercises its rulemaking authority in a manner that is beyond the scope of the purposes of this compact, or the powers granted hereunder, then such an action by the commission shall be invalid and have no force and effect.

2. Rules and operating procedures shall be made pursuant to a rulemaking process that conforms to the Model State Administrative Procedure Act of 1981 as amended, as may be appropriate to the operations of the commission. Before the commission adopts a uniform standard, the commission shall give written notice to the relevant state legislative committees in each compacting state responsible for insurance issues of its intention to adopt the uniform standard. The commission in adopting a uniform standard shall consider fully all submitted materials and issue a concise explanation of its decision.

3. A uniform standard shall become effective ninety days after its promulgation by the commission or such later date as the commission may determine; provided, however, that a compacting state may opt out of a uniform standard as provided in this article. "Opt out" shall be defined as any action by a compacting state to decline to adopt or participate in a promulgated uniform standard. All other rules and operating procedures, and amendments thereto, shall become effective as of the date specified in each rule, operating procedure or amendment.

4. A compacting state may opt out of a uniform standard, either by legislation or regulation duly promulgated by the Insurance Department under the compacting state's administrative procedure act. If a compacting state elects to opt out of a uniform standard by regulation, it must:
   a. Give written notice to the commission no later than ten business days after the uniform standard is promulgated, or at the time the state becomes a compacting state; and
   b. Find that the uniform standard does not provide reasonable protections to the citizens of the state, given the conditions in the state. The commissioner shall make specific findings of fact and conclusions of law, based on a preponderance of the evidence, detailing the conditions in the state which warrant a departure from the uniform standard and determining that the uniform standard would not reasonably protect the citizens of the state. The commissioner must consider and balance the following factors and find that the conditions in the state and needs of the citizens of the state outweigh: (i) The intent of the legislature to participate in, and the benefits of, an interstate agreement to establish national uniform consumer protections for the products subject to this compact; and (ii) the presumption that a uniform standard adopted by the commission provides reasonable protections to consumers of the relevant product. Notwithstanding the foregoing, a compacting state may, at the time of its enactment of this compact, prospectively opt out of all uniform standards involving long-term care insurance products by expressly providing for such opt out in the enacted compact, and such an opt out shall not be treated as a material variance in the offer or acceptance of any state to participate in this compact. Such an opt out shall be effective at the time of enactment of this compact by the compacting state and shall apply to all existing uniform standards involving long-term care insurance products and those subsequently promulgated.

5. If a compacting state elects to opt out of a uniform standard, the uniform standard shall remain applicable in the compacting state electing to opt out until such time the opt out legislation is enacted into law or the regulation opting out becomes effective. Once the opt out of a uniform standard by a compacting state becomes effective as provided under the laws of that state, the uniform standard shall have no further force and effect in that state unless and until the legislation
or regulation implementing the opt out is repealed or otherwise becomes ineffective under the laws of the state. If a compacting state opts out of a uniform standard after the uniform standard has been made effective in that state, the opt out shall have the same prospective effect as provided under Article XIV of this compact for withdrawals.

6. If a compacting state has formally initiated the process of opting out of a uniform standard by regulation, and while the regulatory opt out is pending, the compacting state may petition the commission, at least fifteen days before the effective date of the uniform standard, to stay the effectiveness of the uniform standard in that state. The commission may grant a stay if it determines the regulatory opt out is being pursued in a reasonable manner and there is a likelihood of success. If a stay is granted or extended by the commission, the stay or extension thereof may postpone the effective date by up to ninety days, unless affirmatively extended by the commission; provided, a stay may not be permitted to remain in effect for more than one year unless the compacting state can show extraordinary circumstances which warrant a continuance of the stay, including, but not limited to, the existence of a legal challenge which prevents the compacting state from opting out. A stay may be terminated by the commission upon notice that the rulemaking process has been terminated.

7. Not later than thirty days after a rule or operating procedure is promulgated, any person may file a petition for judicial review of the rule or operating procedure; provided, that the filing of such a petition shall not stay or otherwise prevent the rule or operating procedure from becoming effective unless the court finds that the petitioner has a substantial likelihood of success. The court shall give deference to the actions of the commission consistent with applicable law and shall not find the rule or operating procedure to be unlawful if the rule or operating procedure represents a reasonable exercise of the commission's authority.

ARTICLE VIII
COMMISSION RECORDS AND ENFORCEMENT

1. The commission shall promulgate rules establishing conditions and procedures for public inspection and copying of its information and official records, except such information and records involving the privacy of individuals and insurers' trade secrets. The commission may promulgate additional rules under which it may make available to federal and state agencies, including law enforcement agencies, records and information otherwise exempt from disclosure, and may enter into agreements with such agencies to receive or exchange information or records subject to nondisclosure and confidentiality provisions.

2. Except as to privileged records, data and information, the laws of any compacting state pertaining to confidentiality or nondisclosure shall not relieve any compacting state commissioner of the duty to disclose any relevant records, data or information to the commission; provided, that disclosure to the commission shall not be deemed to waive or otherwise affect any confidentiality requirement; and further provided, that, except as otherwise expressly provided in this compact, the commission shall not be subject to the compacting state's laws pertaining to confidentiality and nondisclosure with respect to records, data and information in its possession. Confidential information of the commission shall remain confidential after such information is provided to any commissioner.

3. The commission shall monitor compacting states for compliance with duly adopted bylaws, rules, including uniform standards, and operating procedures. The commission shall notify any non-complying compacting state in writing of its noncompliance with commission bylaws, rules or operating procedures. If a non-complying compacting state fails to remedy its noncompliance within the time specified in the notice of noncompliance, the compacting state shall be deemed to be in default as set forth in Article XIV of this compact.

4. The commissioner of any state in which an insurer is authorized to do business, or is conducting the business of insurance, shall continue to exercise the commissioner's authority to oversee the market regulation of the activities of the insurer in accordance with the provisions of the state's law. The commissioner's enforcement of compliance with the compact is governed by the following provisions:

a. With respect to the commissioner's market regulation of a product or advertisement that is approved or certified to the commission, the content of the product or advertisement shall not constitute a violation of the provisions, standards or requirements of the compact except upon a
final order of the commission, issued at the request of a commissioner after prior notice to the insurer and an opportunity for hearing before the commission.

b. Before a commissioner may bring an action for violation of any provision, standard or requirement of the compact relating to the content of an advertisement not approved or certified to the commission, the commission, or an authorized commission officer or employee, must authorize the action. However, authorization pursuant to this paragraph does not require notice to the insurer, opportunity for hearing or disclosure of requests for authorization or records of the commission's action on such requests.

ARTICLE IX
DISPUTE RESOLUTION
The commission shall attempt, upon the request of a member, to resolve any disputes or other issues that are subject to this compact and which may arise between two or more compacting states, or between compacting states and non-compacting states, and the commission shall promulgate an operating procedure providing for resolution of such disputes.

ARTICLE X
PRODUCT FILING AND APPROVAL
1. Insurers and third-party filers seeking to have a product approved by the commission shall file the product with, and pay applicable filing fees to, the commission. Nothing in this compact shall be construed to restrict or otherwise prevent an insurer from filing its product with the insurance department in any state wherein the insurer is licensed to conduct the business of insurance, and such filing shall be subject to the laws of the states where filed.

2. The commission shall establish appropriate filing and review processes and procedures pursuant to commission rules and operating procedures. Notwithstanding any provision herein to the contrary, the commission shall promulgate rules to establish conditions and procedures under which the commission will provide public access to product filing information. In establishing such rules, the commission shall consider the interests of the public in having access to such information, as well as protection of personal medical and financial information and trade secrets, that may be contained in a product filing or supporting information.

3. Any product approved by the commission may be sold or otherwise issued in those compacting states for which the insurer is legally authorized to do business.

ARTICLE XI
REVIEW OF COMMISSION DECISIONS REGARDING FILINGS
1. Not later than thirty days after the commission has given notice of a disapproved product or advertisement filed with the commission, the insurer or third-party filer whose filing was disapproved may appeal the determination to a review panel appointed by the commission. The commission shall promulgate rules to establish procedures for appointing such review panels and provide for notice and hearing. An allegation that the commission, in disapproving a product or advertisement filed with the commission, acted arbitrarily, capriciously, or in a manner that is an abuse of discretion or otherwise not in accordance with the law, is subject to judicial review in accordance with Article III, section 4 of this compact.

2. The commission shall have authority to monitor, review and reconsider products and advertisement subsequent to their filing or approval upon a finding that the product does not meet the relevant uniform standard. Where appropriate, the commission may withdraw or modify its approval after proper notice and hearing, subject to the appeal process in section 1 of this article.

ARTICLE XII
FINANCE
1. The commission shall pay or provide for the payment of the reasonable expenses of its establishment and organization. To fund the cost of its initial operations, the commission may accept contributions and other forms of funding from the National Association of Insurance Commissioners, compacting states and other sources. Contributions and other forms of funding from other sources shall be of such a nature that the independence of the commission concerning the performance of its duties shall not be compromised.

2. The commission shall collect a filing fee from each insurer and third-party filer filing a product with the commission to cover the cost of the operations and activities of the commission and its staff in a total amount sufficient to cover the commission's annual budget.
3. The commission's budget for a fiscal year shall not be approved until it has been subject to notice and comment as set forth in Article VII of this compact.

4. The commission shall be exempt from all taxation in and by the compacting states.

5. The commission shall not pledge the credit of any compacting state, except by and with the appropriate legal authority of that compacting state.

6. The commission shall keep complete and accurate accounts of all its internal receipts, including grants and donations, and disbursements of all funds under its control. The internal financial accounts of the commission shall be subject to the accounting procedures established under its bylaws. The financial accounts and reports including the system of internal controls and procedures of the commission shall be audited annually by an independent certified public accountant. Upon the determination of the commission, but no less frequently than every three years, the review of the independent auditor shall include a management and performance audit of the commission. The commission shall make an annual report to the governor and legislature of the compacting states, which shall include a report of the independent audit. The commission's internal accounts shall not be confidential and such materials may be shared with the commissioner of any compacting state upon request provided, however, that any work papers related to any internal or independent audit and any information regarding the privacy of individuals and insurers' proprietary information, including trade secrets, shall remain confidential.

7. No compacting state shall have any claim to or ownership of any property held by or vested in the commission or to any commission funds held pursuant to the provisions of this compact.

ARTICLE XIII
COMPACTING STATES, EFFECTIVE DATE AND AMENDMENT

1. Any state is eligible to become a compacting state.

2. The compact shall become effective and binding upon legislative enactment of the compact into law by two compacting states; provided, the commission shall become effective for purposes of adopting uniform standards for, reviewing, and giving approval or disapproval of, products filed with the commission that satisfy applicable uniform standards only after twenty-six states are compacting states or, alternatively, by states representing greater than forty per cent of the premium volume for life insurance, annuity, disability income and long-term care insurance products, based on records of the National Association of Insurance Commissioners for the prior year. Thereafter, it shall become effective and binding as to any other compacting state upon enactment of the compact into law by that state.

3. Amendments to the compact may be proposed by the commission for enactment by the compacting states. No amendment shall become effective and binding upon the commission and the compacting states unless and until all compacting states enact the amendment into law.

ARTICLE XIV
WITHDRAWAL, DEFAULT AND TERMINATION

Section 1. Withdrawal
a. Once effective, the compact shall continue in force and remain binding upon each and every compacting state; provided, that a compacting state may withdraw from the compact ("withdrawing state") by enacting a statute specifically repealing the statute which enacted the compact into law.

b. The effective date of withdrawal is the effective date of the repealing statute. However, the withdrawal shall not apply to any product filings approved or self-certified, or any advertisement of such products, on the date the repealing statute becomes effective, except by mutual agreement of the commission and the withdrawing state unless the approval is rescinded by the withdrawing state as provided in paragraph e. of this section.

c. The commissioner of the withdrawing state shall immediately notify the management committee in writing upon the introduction of legislation repealing this compact in the withdrawing state.

d. The commission shall notify the other compacting states of the introduction of such legislation within ten days after its receipt of notice thereof.

e. The withdrawing state is responsible for all obligations, duties and liabilities incurred through the effective date of withdrawal, including any obligations, the performance of which extend beyond the effective date of withdrawal, except to the extent those obligations may have been released or relinquished by mutual agreement of the commission and the withdrawing state.

- 1275 -
The commission's approval of products and advertisement prior to the effective date of withdrawal shall continue to be effective and be given full force and effect in the withdrawing state, unless formally rescinded by the withdrawing state in the same manner as provided by the laws of the withdrawing state for the prospective disapproval of products or advertisement previously approved under state law.

f. Reinstatement following withdrawal of any compacting state shall occur upon the effective date of the withdrawing state reenacting the compact.

Section 2. Default

a. If the commission determines that any compacting state has at any time defaulted ("defaulting state") in the performance of any of its obligations or responsibilities under this compact, the bylaws or duly promulgated rules or operating procedures, then, after notice and hearing as set forth in the bylaws, all rights, privileges and benefits conferred by this compact on the defaulting state shall be suspended from the effective date of default as fixed by the commission. The grounds for default include, but are not limited to, failure of a compacting state to perform its obligations or responsibilities, and any other grounds designated in commission rules. The commission shall immediately notify the defaulting state in writing of the defaulting state's suspension pending a cure of the default. The commission shall stipulate the conditions and the time period within which the defaulting state must cure its default. If the defaulting state fails to cure the default within the time period specified by the commission, the defaulting state shall be terminated from the compact and all rights, privileges and benefits conferred by this compact shall be terminated from the effective date of termination.

b. Product approvals by the commission or product self-certifications, or any advertisement in connection with such product, that are in force on the effective date of termination shall remain in force in the defaulting state in the same manner as if the defaulting state had withdrawn voluntarily pursuant to section 1 of this article.

c. Reinstatement following termination of any compacting state requires a reenactment of the compact.

Section 3. Dissolution of Compact

a. The compact dissolves effective upon the date of the withdrawal or default of the compacting state which reduces membership in the compact to one compacting state.

b. Upon the dissolution of this compact, the compact becomes null and void and shall be of no further force or effect, and the business and affairs of the commission shall be wound up and any surplus funds shall be distributed in accordance with the bylaws.

ARTICLE XV
SEVERABILITY AND CONSTRUCTION

1. The provisions of this compact shall be severable; and if any phrase, clause, sentence or provision is deemed unenforceable, the remaining provisions of the compact shall be enforceable.

2. The provisions of this compact shall be liberally construed to effectuate its purposes.

ARTICLE XVI
BINDING EFFECT OF COMPACT AND OTHER LAWS

Section 1. Other Laws

a. Nothing herein prevents the enforcement of any other law of a compacting state, except as provided in paragraph b. of this section.

b. For any product approved or certified to the commission, the rules, uniform standards and any other requirements of the commission shall constitute the exclusive provisions applicable to the content, approval and certification of such products. For advertisement that is subject to the commission's authority, any rule, uniform standard or other requirement of the commission which governs the content of the advertisement shall constitute the exclusive provision that a commissioner may apply to the content of the advertisement. Notwithstanding the foregoing, no action taken by the commission shall abrogate or restrict:

(i) The access of any person to state courts;

(ii) Remedies available under state law related to breach of contract, tort, or other laws not specifically directed to the content of the product;

(iii) State law relating to the construction of insurance contracts; or

(iv) The authority of the attorney general of the state, including, but not limited to, maintaining any actions or proceedings, as authorized by law.
c. All insurance products filed with individual states shall be subject to the laws of those states.

Section 2. Binding Effect of this Compact  
  a. All lawful actions of the commission, including all rules and operating procedures promulgated by the commission, are binding upon the compacting states.
  
  b. All agreements between the commission and the compacting states are binding in accordance with their terms.
  
  c. Upon the request of a party to a conflict over the meaning or interpretation of commission actions, and upon a majority vote of the compacting states, the commission may issue advisory opinions regarding the meaning or interpretation in dispute.
  
  d. In the event any provision of this compact exceeds the constitutional limits imposed on the legislature of any compacting state, the obligations, duties, powers or jurisdiction sought to be conferred by that provision upon the commission shall be ineffective as to that compacting state, and those obligations, duties, powers or jurisdiction shall remain in the compacting state and shall be exercised by the agency thereof to which those obligations, duties, powers or jurisdiction are delegated by law in effect at the time this compact becomes effective.

ARTICLE XVII
STATE OF CONNECTICUT OPT OUT

In accordance with the provisions of Article VII, section 4 of this compact, the state of Connecticut opts out of all existing and prospective uniform standards involving long-term care insurance products [and all existing uniform standards involving disability income insurance products] in order to preserve the state's statutory requirements governing these insurance products.

Sec. 3. Subdivision (1) of subsection (d) of section 38a-156a of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

(d) (1) Upon approval by the commissioner of the proposed plan of reorganization, the board of directors, the chairperson of the board of directors or the president of the reorganizing insurer shall call a members' meeting to present and hold a vote on the plan of reorganization. Such meeting shall be held not earlier than thirty days after the date of the public hearing held under subsection (c) of this section. The plan shall be approved by an affirmative vote of two-thirds of the members of the reorganizing insurer voting.

Sec. 4. Section 38a-323a of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

(a) Each insurer that issues, renews, amends or endorses an automobile or homeowners insurance policy in this state on or after [October 1, 2017] July 1, 2019, shall include with the policy a conspicuous statement specifying that any individual may designate a third party to receive notice of cancellation or nonrenewal of the policy. The statement shall include a designation form, and a mailing address and an electronic mail address the individual may use to designate a third party. Such statement shall be in a form approved by the Insurance Commissioner.

(b) No designation form shall be effective unless it contains a written acceptance by the third party designee to receive copies of notices of cancellation or nonrenewal from the insurer on behalf of the individual. The third party designation shall be effective not later than ten business days after the date the insurer receives the designation form and the acceptance of the third party. The third party may terminate the status as a third party designee by providing written notice to both the insurer and the insured individual. The individual may terminate the third party designation by providing written notice to the insurer and the third party designee. The insurer may require the individual and the third party to send the notices to the insurer by certified mail, return receipt requested, or, if agreed between the insurer and the individual or the insurer and the third party, by electronic means.

(c) The insurer's transmission to the third party designee of a copy of any notice of cancellation or nonrenewal shall be in addition to the transmission of the original document to the insured individual. When a third party is so designated, all such notices and copies shall be mailed in an envelope clearly marked on its face with, or, if agreed between the insurer and the third party, delivered by electronic means stating, the following: "IMPORTANT INSURANCE POLICY INFORMATION: OPEN IMMEDIATELY". The copy of the notice of cancellation or
nonrenewal transmitted to the third party shall be governed by the same law and policy provisions that govern the notice being transmitted to the insured individual. The designation of a third party shall not constitute acceptance of any liability on the part of the third party or insurer for services provided to the insured individual.

Sec. 5. Subsection (a) of section 38a-324 of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

(a) After a policy of commercial risk insurance, other than workers' compensation insurance and automobile insurance issued under a residual market mechanism as described in section 38a-329, has been in effect for more than sixty days, or after the effective date of a renewal policy, no insurer may cancel any policy unless the cancellation is based on the occurrence, after the effective date of the policy or renewal, of one or more of the following conditions: (1) Nonpayment of premium; (2) conviction of a crime arising out of acts increasing the hazard insured against; (3) discovery of fraud or material misrepresentation by the insured in obtaining the policy or in perfecting any claim thereunder; (4) discovery of any wilful or reckless act or omission by the insured increasing the hazard insured against; (5) physical changes in the property which increase the hazard insured against; (6) a determination by the commissioner that continuation of the policy would violate or place the insurer in violation of the law; (7) a material increase in the hazard insured against; or (8) a substantial loss of reinsurance by the insurer affecting this particular line of insurance. If the basis for cancellation is nonpayment of premium, at least ten days' advance notice shall be given and the insured may continue the coverage and avoid the effect of the cancellation by payment in full at any time prior to the effective date of cancellation. If the basis for cancellation is conviction of a crime arising out of acts increasing the hazard insured against, discovery of fraud or material misrepresentation by the insured in obtaining the policy or in perfecting any claim thereunder, discovery of any wilful or reckless act or omission by the insured increasing the hazard insured against or a determination by the commissioner that continuation of the policy would violate or place the insurer in violation of the law, at least ten days' advance notice shall be given. In all other cases, at least sixty days' advance notice shall be given. Notwithstanding the provisions of this section, the advance notice period for cancellation of any professional liability policy, as defined in section 38a-393, shall be at least ninety days. No notice of cancellation shall be required if such policy is transferred from an insurer to an affiliate of such insurer for another policy with no interruption of coverage and contains the same terms, conditions and provisions, including policy limits, as the transferred policy, except that the insurer to which the policy is transferred shall not be prohibited from applying its rates and rating plans at the time of renewal. No notice of cancellation shall be effective unless it is sent, by registered or certified mail, or by electronic means evidenced by a delivery receipt, or delivered by the insurer to the named insured by the required date.

Sec. 6. Subsection (a) of section 38a-724 of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

(a) The use of an employment contract between a public adjuster and the insured shall be mandatory.

(1) Any such contract signed on or after [October 1, 2013] July 1, 2019, shall contain a provision, prominently displayed on the first page of such contract in not less than twelve-point boldface type, specifying that the insured may cancel the contract, provided such insured notifies the public adjuster at such public adjuster's main office or branch office at the address shown in the contract, by certified mail, return receipt requested, or, if agreed between the insurer and the public adjuster, by electronic means with proof of a delivery receipt, posted or delivered not later than midnight of the fourth calendar day after the day on which the insured signs the contract, except that if the signing is on a Friday, Saturday or Sunday, the cancellation shall be posted not later than midnight of the Thursday immediately following, and thereafter the contract shall be void ab initio.

(2) Any such contract signed on or after [October 1, 2013] July 1, 2019, that does not display the provision as specified in subdivision (1) of this subsection shall be void ab initio.

Sec. 7. Subsection (a) of section 38a-771 of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2019):
(a) Any person, firm, partnership, association or corporation holding a license issued pursuant to sections 38a-702b, 38a-702j, 38a-703 to 38a-716, inclusive, 38a-731 to 38a-735, inclusive, 38a-769 to 38a-776, inclusive, 38a-786, 38a-790, 38a-792 and 38a-794 or holding a license in the name of a trade name shall notify the Insurance Commissioner, in writing, not later than thirty days after any: (1) Change in business [or] address, residence address or electronic mail address; (2) change in employer; (3) change in name; or (4) change in licensed [members of a firm, partnership, association or officers of a corporation] insurance producer responsible for ensuring compliance by such person, firm, partnership, association or corporation with the insurance laws, rules and regulations of this state, as stated in the application for license filed in this state by such person, firm, partnership, association or corporation.

Sec. 8. Section 38a-193 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

(a) (1) Before issuing any certificate of authority to any health care center on or after July 1, 1990, the commissioner shall require that a health care center have: (A) An initial net worth of one million five hundred thousand dollars, and (B) agree to thereafter maintain the minimum net worth required under subdivision (4) of this subsection.

(2) No health care center shall be licensed to transact business in this state or remain so licensed unless, (A) its net worth bears a reasonable relationship to its liabilities based upon the type, volume and nature of business transacted, and (B) its risk-based capital related to its total adjusted capital is adequate for the type of business transacted. As used in this subsection, "total adjusted capital" means the sum of a health care center's net worth and any other item in the nature of capital as deemed appropriate by the commissioner; and "risk-based capital" means the net worth of the health care center adjusted to recognize the level of risk inherent in its business, including (i) risk with respect to the health care center's assets, (ii) the risk of adverse underwriting experience with respect to the health care center's liabilities and obligations, (iii) the credit risk with respect to the health care center's business, and (iv) all other business risks and such other relevant risks as the commissioner may determine.

(3) (A) In determining net worth, no debt shall be considered fully subordinated unless the subordination clause is in a form acceptable to the commissioner. Any interest obligation relating to the repayment of any subordinated debt shall be similarly subordinated. (B) The interest expenses relating to the repayment of any fully subordinated debt shall not be considered uncovered expenditures. (C) Any debt incurred by a note meeting the requirements of this section, and otherwise acceptable to the commissioner, shall not be considered a liability and shall be recorded as equity.

(4) Except as provided in subdivision (3) and subdivisions (5) to (7), inclusive, of this subsection, each health care center shall maintain a minimum net worth equal to the greater of: (A) One million dollars; or (B) two per cent of its annual premium revenues as reported on the most recent annual financial statement filed with the commissioner on the first one hundred fifty million dollars of premium revenues plus one per cent of annual premium revenues in excess of one hundred fifty million dollars. No health care center authorized by the commissioner to do business in this state, on July 1, 1990, shall be required to comply with the provisions of subparagraph (B) of this subdivision until January 1, 1995.

(5) Each health care center that offers or proposes to offer out-of-network benefits shall either:

(A) Enter into an agreement with a duly licensed insurance company to provide coverage to subscribers and enrollees outside of the health care center's established network, subject to approval by the commissioner; or

(B) Implement an out-of-network benefit system to be operated by the health care center, subject to approval by the commissioner, provided the health care center establishes and maintains its net worth at an amount equal to the greater of (i) three million dollars, (ii) two per cent of its annual premium revenues as reported on the most recent annual financial statement filed with the commissioner on the first one hundred fifty million dollars of premium revenues plus one per cent of annual premium revenues in excess of one hundred fifty million dollars, or (iii) two months of its cost of uncovered expenditures. For purposes of this subsection, "annual premium revenues" does not include revenue earned as a result of an arrangement between a health care center and the federal Centers for Medicare and Medicaid Services, on a cost or risk basis, for services to a
Medicare beneficiary, or revenue earned as a result of an arrangement between a health care center and a Medicaid state agency, for services to a Medicaid beneficiary. For the purposes of this subsection, the uncovered expenditures of the health care center for the requisite two-month period shall be calculated as follows:

\[
UE = \frac{(X + Y - Z)}{6}
\]

Where:

- \(UE\) = Uncovered expenditures of the health care center for the requisite two-month period.
- \(X\) = Total year-to-date uncovered expenditures reported in the health care center’s most recent statutory quarterly or annual statement.
- \(Y\) = Total year-to-date uncovered expenditures reported in the health care center’s annual statement for the prior calendar year.
- \(Z\) = Total year-to-date uncovered expenditures reported in the health care center’s statutory quarterly or annual statement for the current calendar quarter of the prior calendar year.

(6) The total cost of the out-of-network benefits of a health care center shall not exceed ten per cent of the total cost of the health care center’s claims and expenses on a quarterly basis without the prior approval of the commissioner, [and the effectuation of an uncovered expenditures insolvency deposit established with the commissioner pursuant to section 38a-193a.]

(7) Any health care center that provides out-of-network benefits pursuant to this subsection shall provide a quarterly report concurrent with filing of the required quarterly and annual financial statements which shall demonstrate compliance with the provisions of this subsection.

(8) The commissioner may adopt regulations, in accordance with chapter 54, to implement the purposes of this subsection, including, but not limited to, provisions concerning: (A) The preparation and filing of reports by health care centers relating to risk-based capital levels and the calculation thereof; (B) the preparation and filing of comprehensive financial plans when such capital levels are reduced below minimum threshold levels; (C) the confidentiality of such reports and plans; and (D) the regulatory corrective actions the commissioner may take in the event minimum risk-based capital levels are not maintained, or the health care center’s financial plans filed with the commissioner are deficient, or the health care center fails to otherwise comply with the provisions of the regulations.

(b) Every health care center shall, when determining liabilities, include an amount estimated in the aggregate to provide for any unearned premium and for the payment of all claims for health care expenditures which have been incurred, whether reported or unreported, which are unpaid and for which such organization is or may be liable, and to provide for the expense of adjustment or settlement of such claims. Such liabilities shall be calculated in accordance with those accounting procedures and practices prescribed by the National Association of Insurance Commissioners Accounting Practices and Procedures Manual, version effective January 1, 2001, and subsequent revisions and the National Association of Insurance Commissioners Annual Statement Instructions, subject to any deviations prescribed by the commissioner.

(c) (1) Every contract between a health care center and a participating provider of health care services shall be in writing and shall contain the following provisions or variations approved by the commissioner:

"(A) (Name of provider or facility) hereby agrees that in no event, including, but not limited to, nonpayment by (name of health care center), .... (name of health care center's) insolvency, or breach of this contract shall (name of provider or facility) bill, charge, collect a deposit from, seek compensation, remuneration, or reimbursement from, or have any recourse against a covered person or person acting on their behalf, other than (name of health care center), for services provided pursuant to this contract. This provision shall not prohibit collection of cost-sharing amounts, or costs for noncovered services, which have not otherwise been paid by a primary or secondary carrier in accordance with regulatory standards for coordination of benefits, from covered persons in accordance with the terms of the covered person's health plan.

(B) (Name of provider or facility) agrees, in the event of (name of health care center's) insolvency, to continue to provide the services promised in this contract to covered persons of (name of health care center) for the duration of the period for which premiums on behalf of the
covered person were paid to (name of health care center) .... or until the covered person's discharge from inpatient facilities, whichever time is greater.

(C) Notwithstanding any other provision in this contract, nothing in this contract shall be construed to modify the rights and benefits contained in the covered person's health plan.

(D) (Name of provider or facility) .... may not bill the covered person for covered services, except for cost-sharing amounts, where (name of health care center) .... denies payment because the provider or facility has failed to comply with the terms or conditions of this contract.

(E) (Name of provider or facility) .... further agrees (i) that the provisions of subparagraphs (A), (B), (C) and (D) of this subdivision (or citations appropriate to the contract form) .... shall survive termination of this contract regardless of the cause giving rise to termination and shall be construed to be for the benefit of (name of health care center's) .... covered persons, and (ii) that this provision supersedes any oral or written contrary agreement now existing or hereafter entered into between (name of provider or facility) .... and covered persons or persons acting on their behalf.

(F) If (name of provider or facility) .... contracts with other providers or facilities who agree to provide covered services to covered persons of (name of health care center) .... with the expectation of receiving payment directly or indirectly from (name of health care center) ...., such providers or facilities shall agree to abide by the provisions of subparagraphs (A), (B), (C), (D) and (E) of this subsection (or citations appropriate to the contract form) ....

(2) In the event that the participating provider contract has not been reduced to writing as required by this subsection or that the contract fails to contain the provisions required by subdivision (1) of this subsection, the participating provider shall not collect or attempt to collect from the subscriber or enrollee sums owed by the health care center.

(3) No participating provider, or agent, trustee or assignee thereof, may: (A) Maintain any action at law against a subscriber or enrollee to collect sums owed by the health care center; (B) request payment from a subscriber or enrollee for such sums; (C) request payment from a subscriber or enrollee for covered emergency services that are provided by an out-of-network provider; or (D) request payment from a subscriber or enrollee for a surprise bill, as defined in section 38a-477aa. For purposes of this subdivision "request payment" includes, but is not limited to, submitting a bill for services not actually owed or submitting for such services an invoice or other communication detailing the cost of the services that is not clearly marked with the phrase "THIS IS NOT A BILL". The contract between a health care center and a participating provider shall inform the participating provider that pursuant to section 20-7f, it is an unfair trade practice in violation of chapter 735a for any health care provider to request payment from a subscriber or an enrollee, other than a coinsurance, copayment, deductible or other out-of-pocket expense, for covered medical or emergency services or facility fees, as defined in section 19a-508c, or surprise bills, or to report to a credit reporting agency an enrollee's failure to pay a bill for such services when a health care center has primary responsibility for payment of such services, fees or bills.

[(d) The commissioner shall require that each health care center have a plan for handling insolvency which allows for continuation of benefits for the duration of the contract period for which premiums have been paid and continuation of benefits to members who are confined to inpatient facilities on the date of insolvency until their discharge or expiration of benefits. In considering such a plan, the commissioner may approve one or more of the following: (1) Insurance to cover the expenses to be paid for continued benefits after an insolvency; (2) provisions in provider contracts that obligate the provider to provide services after the health care center's insolvency for the duration of the period for which premium payment has been made and until the enrollees' discharge from inpatient facilities; (3) insolvency reserves; (4) acceptable letters of credit; or (5) any other arrangements to assure that benefits are continued as specified above.]

[(e) (d) Every agreement to provide health care services between a provider and a health care center shall require the provider to provide at least sixty days' advance notice to the health care center to terminate the agreement.

[(f) (1) Unless otherwise provided in this subsection, each health care center shall deposit with the commissioner or, at the discretion of the commissioner, with any organization or trustee acceptable to the commissioner through which a custodian or controlled account is utilized, cash,
securities or any combination of cash or securities or other measures that are acceptable to the
commissioner, which at all times shall have a value of not less than five hundred thousand dollars.

(2) A health care center that is in operation on October 1, 2007, shall make a deposit equal to
two hundred fifty thousand dollars. In the second year, the amount of the additional deposit for a
health care center that is in operation on October 1, 2007, shall be equal to two hundred fifty
thousand dollars, for a total of five hundred thousand dollars.

(3) The deposit shall be an admitted asset of the health care center in the determination of net
worth.

(4) All income from deposits shall be an asset of the organization. A health care center that
has made a securities deposit may withdraw such deposit or any part thereof after making a
substitute deposit of cash, securities or any combination of cash or securities or other measures of
equal amount and value. Any securities shall be approved by the commissioner before being
deposited.

(5) The deposit shall be used to protect the interests of the health care center's enrollees and to
assure continuation of health care services to enrollees of a health care center that is in
rehabilitation or conservation. The commissioner may use the deposit for administrative costs
directly attributable to a receivership or liquidation. If the health care center is placed in
rehabilitation or liquidation, the deposit shall be an asset subject to the provisions of the Insurers
Rehabilitation and Liquidation Act.

Sec. 9. Subsection (a) of section 5-259 of the general statutes is repealed and the following is
substituted in lieu thereof (Effective from passage):

(a) The Comptroller, with the approval of the Attorney General and of the Insurance
Commissioner, shall arrange and procure a group hospitalization and medical and surgical
insurance plan or plans for (1) state employees, (2) members of the General Assembly who elect
coverage under such plan or plans, (3) participants in an alternate retirement program who meet
the service requirements of section 5-162 or subsection (a) of section 5-166, (4) anyone receiving
benefits under section 5-144 or from any state-sponsored retirement system, except the teachers'
retirement system and the municipal employees retirement system, (5) judges of probate and
Probate Court employees, (6) the surviving spouse, and any dependent children of a state police
officer, a member of an organized local police department, a firefighter or a constable who
performs criminal law enforcement duties who dies before, on or after June 26, 2003, as the result
of injuries received while acting within the scope of such officer's or firefighter's or constable's
employment and not as the result of illness or natural causes, and whose surviving spouse and
dependent children are not otherwise eligible for a group hospitalization and medical and surgical
insurance plan. Coverage for a dependent child pursuant to this subdivision shall terminate no
earlier than the [policy anniversary date on or after] end of the calendar year during whichever of
the following occurs first, the date on which the child: Becomes covered under a group health plan
through the dependent's own employment; or attains the age of twenty-six, (7) employees of the
Capital Region Development Authority established by section 32-601, and (8) the surviving
spouse and dependent children of any employee of a municipality who dies on or after October 1,
2000, as the result of injuries received while acting within the scope of such employee's
employment and not as the result of illness or natural causes, and whose surviving spouse and
dependent children are not otherwise eligible for a group hospitalization and medical and surgical
insurance plan. For purposes of this subdivision, "employee" means any regular employee or
elective officer receiving pay from a municipality, "municipality" means any town, city, borough,
school district, taxing district, fire district, district department of health, probate district, housing
authority, regional work force development board established under section 31-3k, flood
commission or authority established by special act or regional council of governments. For
purposes of subdivision (6) of this subsection, "firefighter" means any person who is regularly
employed and paid by any municipality for the purpose of performing firefighting duties for a
municipality on average of not less than thirty-five hours per week. The minimum benefits to be
provided by such plan or plans shall be substantially equal in value to the benefits that each such
employee or member of the General Assembly could secure in such plan or plans on an individual
basis on the preceding first day of July. The state shall pay for each such employee and each
member of the General Assembly covered by such plan or plans the portion of the premium
charged for such member's or employee's individual coverage and seventy per cent of the
additional cost of the form of coverage and such amount shall be credited to the total premiums owed by such employee or member of the General Assembly for the form of such member's or employee's coverage under such plan or plans. On and after January 1, 1989, the state shall pay for anyone receiving benefits from any such state-sponsored retirement system one hundred per cent of the portion of the premium charged for such member's or employee's individual coverage and one hundred per cent of any additional cost for the form of coverage. The balance of any premiums payable by an individual employee or by a member of the General Assembly for the form of coverage shall be deducted from the payroll by the State Comptroller. The total premiums payable shall be remitted by the Comptroller to the insurance company or companies or nonprofit organization or organizations providing the coverage. The amount of the state's contribution per employee for a health maintenance organization option shall be equal, in terms of dollars and cents, to the largest amount of the contribution per employee paid for any other option that is available to all eligible state employees included in the health benefits plan, but shall not be required to exceed the amount of the health maintenance organization premium.

Sec. 10. Subsection (a) of section 38a-503b of the general statutes is repealed and the following is substituted in lieu thereof (Effective January 1, 2020):

(a) As used in this section, “carrier” means each insurer, health care center, hospital service corporation, medical service corporation or other entity delivering, issuing for delivery, renewing, amending or continuing any individual health insurance policy in this state providing coverage of the type specified in subdivisions (1), (2), (4), [(6),] (10), (11) and (12) of section 38a-469.

Sec. 11. Subsection (a) of section 38a-530b of the general statutes is repealed and the following is substituted in lieu thereof (Effective January 1, 2020):

(a) As used in this section, “carrier” means each insurer, health care center, hospital service corporation, medical service corporation or other entity delivering, issuing for delivery, renewing, amending or continuing any group health insurance policy in this state providing coverage of the type specified in subdivisions (1), (2), (4), [(6),] (11) and (12) of section 38a-469.

Sec. 12. Subsection (b) of section 38a-535 of the general statutes is repealed and the following is substituted in lieu thereof (Effective January 1, 2020):

(b) Each group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), [(6),] (11) and (12) of section 38a-469 delivered, issued for delivery or renewed on or after October 1, 1989, or continued as defined in section 38a-531, on or after October 1, 1990, shall provide benefits for preventive pediatric care for any child covered by the policy or contract at approximately the following age intervals: Every two months from birth to six months of age, every three months from nine to eighteen months of age and annually from two through six years of age. Any such policy may provide that services rendered during a periodic review shall be covered to the extent that such services are provided by or under the supervision of a single physician during the course of one visit. On and after January 1, 2009, each such policy shall also provide coverage for blood lead screening and risk assessments ordered by a primary care provider pursuant to section 19a-111g. Such benefits shall be subject to any policy provisions which apply to other services covered by such policy.

Sec. 13. Section 7-464c of the general statutes is repealed and the following is substituted in lieu thereof (Effective January 1, 2021):

(a) For the purposes of this section, "retirement plan" means any retirement plan created in accordance with the provisions of Section 403(b) of the Internal Revenue Code of 1986, or any subsequent corresponding internal revenue code of the United States, as amended from time to time, that is not made available through the State Comptroller pursuant to subsection (c) of section 5-264:

[(a)] (b) On or after January 1, 2019 [2021], any company that administers a retirement plan offered by a political subdivision of the state to the employees of such political subdivision shall disclose to each participant in such retirement plan and the State Comptroller, in an electronic form and manner prescribed by the State Comptroller:

1. The fee ratio and return, net of fees, for each investment under the retirement plan;
2. The fees paid to any person who, for compensation, engages in the business of providing investment advice to participants in the retirement plan either directly or through publications or writings; and Such disclosures shall be made upon initial enrollment in the retirement plan and at least annually thereafter. For the purposes of this section, "retirement plan"
means any retirement plan created in accordance with the provisions of Section 403(b) of the Internal Revenue Code of 1986, or any subsequent corresponding internal revenue code of the United States, as amended from time to time, that is not made available through the State Comptroller pursuant to subsection (c) of section 5-264 of the general statutes.

(3) Any other information required to be disclosed pursuant to 29 CFR 2550.404a-5 (d), as amended from time to time, if such retirement plan is a participant-directed individual account plan, as such term is used in 29 CFR 2550.404a-5.

[(b) [(c) Any such company shall be deemed to comply with the requirements of subsection [(a) (b) of this section if such company adheres to the disclosure requirements for plans governed by the Employee Retirement Income Security Act of 1974 set forth in Section 2550.404a-5 of the Code of Federal Regulations, as in effect on July 1, 2017, or as amended from time to time, provided any amended disclosure requirements are substantially similar to those in effect on July 1, 2017.

(d) Each company that is subject to the disclosure requirements established in subsection (b) of this section shall make the disclosures required by said subsection upon initial enrollment in the retirement plan and at least annually thereafter.

(e) Not later than March 1, 2022, and annually thereafter, the State Comptroller shall post, on the State Comptroller’s Internet web site, each disclosure that the State Comptroller received pursuant to subsection (b) of this section on or before the January first immediately preceding for the calendar year immediately preceding.

Sec. 14. (Effective from passage) Sections 12, 14, 15 and 16 of public act 18-158 shall take effect July 1, 2019.

Sec. 15. Section 38a-193a of the general statutes is repealed. (Effective from passage)

Sec. 16. Sections 13 and 17 of public act 18-158 are repealed. (Effective from passage)"

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

<table>
<thead>
<tr>
<th>Section</th>
<th>Effect Date</th>
<th>Amended Section</th>
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<tbody>
<tr>
<td>1</td>
<td>July 1, 2019</td>
<td>38a-8</td>
</tr>
<tr>
<td>2</td>
<td>from passage</td>
<td>38a-37</td>
</tr>
<tr>
<td>3</td>
<td>from passage</td>
<td>38a-156a(d)(1)</td>
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<tr>
<td>4</td>
<td>July 1, 2019</td>
<td>38a-323a</td>
</tr>
<tr>
<td>5</td>
<td>July 1, 2019</td>
<td>38a-324(a)</td>
</tr>
<tr>
<td>6</td>
<td>July 1, 2019</td>
<td>38a-724(a)</td>
</tr>
<tr>
<td>7</td>
<td>October 1, 2019</td>
<td>38a-771(a)</td>
</tr>
<tr>
<td>8</td>
<td>from passage</td>
<td>38a-193</td>
</tr>
<tr>
<td>9</td>
<td>from passage</td>
<td>5-259(a)</td>
</tr>
<tr>
<td>10</td>
<td>January 1, 2020</td>
<td>38a-503b(a)</td>
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<tr>
<td>11</td>
<td>January 1, 2020</td>
<td>38a-530b(a)</td>
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<tr>
<td>12</td>
<td>January 1, 2020</td>
<td>38a-535(b)</td>
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<tr>
<td>13</td>
<td>January 1, 2021</td>
<td>7-464c</td>
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<td>15</td>
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<td>Repealer section</td>
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<tr>
<td>16</td>
<td>from passage</td>
<td>Repealer section</td>
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</tbody>
</table>

On motion of Senator Lesser of the 9th, the bill as amended by Senate Amendment Schedule “A” (LCO 10924) was placed on the Consent Calendar.

PUBLIC HEALTH. S.B. No. 394 (COMM) (File No. 214) AN ACT ESTABLISHING A COUNCIL ON PROTECTING WOMEN'S HEALTH.

Senator Abrams of the 13th explained the bill and moved passage.

Remarking was Senator Somers of the 18th.

On motion of Senator Abrams of the 13th, the bill was placed on the Consent Calendar.
BUSINESS ON THE CALENDAR
FAVORABLE REPORT OF THE JOINT STANDING COMMITTEE
BILL PASSED

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

JUDICIARY. Substitute for S.B. No. 996 (RAISED) (File No. 841) AN ACT CONCERNING REVISIONS TO VARIOUS STATUTES CONCERNING THE CRIMINAL JUSTICE SYSTEM.

Senator Winfield of the 10th explained the bill, offered Senate Amendment Schedule “A” (LCO 10697) and moved adoption.

Remarking were Senators Kissel of the 7th and Kelly of the 21st.

The chair ordered the vote be taken by roll call.

The following is the result of the vote at 1:38 p.m.:

<table>
<thead>
<tr>
<th>Total Number Voting</th>
<th>Necessary for Adoption</th>
<th>Those voting Yea</th>
<th>Those voting Nay</th>
<th>Those absent and not voting</th>
</tr>
</thead>
<tbody>
<tr>
<td>34</td>
<td>18</td>
<td>26</td>
<td>8</td>
<td>2</td>
</tr>
</tbody>
</table>

On the roll call vote Senate Amendment Schedule “A” (LCO 10697) was adopted.

The following is the roll call vote:

<table>
<thead>
<tr>
<th>Y 1 JOHN W. FONFARA</th>
<th>Y 19 CATHERINE A. OSTEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y 2 DOUGLAS MCCRORY</td>
<td>N 20 PAUL M. FORMICA</td>
</tr>
<tr>
<td>Y 3 SAUD ANWAR</td>
<td>N 21 KEVIN KELLY</td>
</tr>
<tr>
<td>Y 4 STEVE CASSANO</td>
<td>Y 22 MARYLIN MOORE</td>
</tr>
<tr>
<td>Y 5 DEREK SLAP</td>
<td>A 23 DENNIS BRADLEY</td>
</tr>
<tr>
<td>N 6 GENNARO BIZZARRO</td>
<td>Y 24 JULIE KUSHNER</td>
</tr>
<tr>
<td>Y 7 JOHN A. KISSEL</td>
<td>Y 25 BOB DUFF</td>
</tr>
<tr>
<td>Y 8 KEVIN D. WITKOS</td>
<td>Y 26 WILL HASKELL</td>
</tr>
<tr>
<td>N 9 MATTHEW LESSER</td>
<td>Y 27 CARLO LEONE</td>
</tr>
<tr>
<td>Y 10 GARY WINFIELD</td>
<td>Y 28 TONY HWANG</td>
</tr>
<tr>
<td>Y 11 MARTIN M. LOONEY</td>
<td>Y 29 MAE M. FLEXER</td>
</tr>
<tr>
<td>Y 12 CHRISTINE COHEN</td>
<td>Y 30 CRAIG MINER</td>
</tr>
<tr>
<td>Y 13 MARY ABRAMS</td>
<td>N 31 HENRI MARTIN</td>
</tr>
<tr>
<td>Y 14 JAMES MARONEY</td>
<td>Y 32 ERIC BERTHEL</td>
</tr>
<tr>
<td>Y 15 JOAN V. HARTLEY</td>
<td>Y 33 NORM NEEDLEMAN</td>
</tr>
<tr>
<td>N 16 ROBERT SAMPSON</td>
<td>Y 34 LEONARD FASANO</td>
</tr>
<tr>
<td>A 17 GEORGE LOGAN</td>
<td>N 35 DAN CHAMPAGNE</td>
</tr>
<tr>
<td>N 18 HEATHER SOMERS</td>
<td>Y 36 ALEX BERGSTEIN</td>
</tr>
</tbody>
</table>

The following is the Amendment:

Strike section 4 in its entirety and insert the following in lieu thereof:
"Sec. 4. Subsection (b) of section 53a-60a of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2019):

(b) Assault in the second degree with a firearm is (1) a class D felony or, (2) if the offense resulted in serious physical injury, a class C felony, for which in either case under subdivision (1) or subdivision (2) of this subsection, one year of the sentence imposed may not be suspended or reduced by the court."

Strike section 6 in its entirety and insert the following in lieu thereof:

"Sec. 6. Sections 13a-69 and 13b-305 of the general statutes are repealed. (Effective October 1, 2019)"

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

"Sec. 501. Subsection (d) of section 1 of substitute senate bill 1098 of the current session, as amended by Senate Amendment Schedule "A", is repealed and the following is substituted in lieu thereof (Effective October 1, 2019):

(d) For the purposes of this section, "benefit" means any plea bargain, bail consideration, reduction or modification of sentence or any other leniency, immunity, financial payment, reward or amelioration of current or future conditions of incarceration offered or provided in connection with, or in exchange for, testimony that is offered or provided by a jailhouse witness; and "jailhouse witness" means a person who is incarcerated at the time that he or she offers or provides testimony concerning statements made by a person suspected as the perpetrator of an offense or a defendant offers or provides testimony concerning statements made to such person by another person with whom he or she was incarcerated, or an incarcerated person who offers or provides testimony concerning statements made to such person by another person who is suspected of or charged with committing a criminal offense.

Sec. 502. Section 2 of substitute senate bill 1098 of the current session, as amended by Senate Amendment Schedule "A", is repealed and the following is substituted in lieu thereof (Effective October 1, 2019):

(a) In any criminal prosecution of a defendant for a violation of section 53a-54a, 53a-54b, 53a-54c, 53a-54d, 53a-70, 53a-70a or 53a-70c of the general statutes, upon a motion of the defendant before the start of a trial on any such offense, the court shall conduct a hearing at which hearsay or secondary evidence shall be admissible to determine whether any jailhouse witness's testimony is reliable and admissible. The court shall make such a prima facie determination concerning the reliability of [the witness] such testimony after evaluation of the evidence submitted at the hearing and the information or material disclosed pursuant to subdivisions (1) to (5), inclusive, of subsection (a) of section 1 of [this act] substitute senate bill 1098 of the current session, and may consider the following factors:

(1) The extent to which the jailhouse witness's testimony is confirmed by other evidence;
(2) The specificity of the testimony;
(3) The extent to which the testimony contains details known only by the perpetrator of the alleged offense;
(4) The extent to which the details of the testimony could be obtained from a source other than the defendant; and
(5) The circumstances under which the jailhouse witness initially provided information supporting such testimony to a sworn member of a municipal police department, a sworn member of the Division of State Police within the Department of Emergency Services and Public Protection or a prosecutorial official, including whether the jailhouse witness was responding to a leading question.
(b) If the prosecutorial official fails to [show by a preponderance of the evidence] make a prima facie showing that the jailhouse witness's testimony is reliable, the court shall not allow the testimony to be admitted.
(c) For the purposes of this section, "jailhouse witness" means jailhouse witness, as defined in section 1 of [this act] substitute senate bill 1098 of the current session."

| This act shall take effect as follows and shall amend the following sections: |
| Sec. 4 | October 1, 2019 | 53a-60a(b) |
| Sec. 6 | October 1, 2019 | Repealer section |
Senator Winfield of the 10th requested that the vote be taken by roll call.

The chair ordered the vote be taken by roll call.

The following is the result of the vote at 1:44 p.m.:

<table>
<thead>
<tr>
<th>Total Number Voting</th>
<th>.................................</th>
<th>34</th>
</tr>
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<tbody>
<tr>
<td>Necessary for Adoption</td>
<td>................................</td>
<td>18</td>
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<tr>
<td>Those voting Yea</td>
<td>................................</td>
<td>26</td>
</tr>
<tr>
<td>Those voting Nay</td>
<td>................................</td>
<td>8</td>
</tr>
<tr>
<td>Those absent and not voting</td>
<td>................................</td>
<td>2</td>
</tr>
</tbody>
</table>

On the roll call vote Senate Bill No. 996 as amended by Senate Amendment Schedule “A” (LCO 10967) was passed.

The following is the roll call vote:

Y 1 JOHN W. FONFARA  Y 19 CATHERINE A. OSTEN
Y 2 DOUGLAS MCCRORY  N 20 PAUL M. FORMICA
Y 3 SAUD ANWAR  N 21 KEVIN KELLY
Y 4 STEVE CASSANO  Y 22 MARILYN MOORE
Y 5 DEREK SLAP  A 23 DENNIS BRADLEY
N 6 GENNARO BIZZARRO  Y 24 JULIE KUSHNER
Y 7 JOHN A. KISSEL  Y 25 BOB DUFF
Y 8 KEVIN D. WITKOS  Y 26 WILL HASKELL
Y 9 MATTHEW LESSER  Y 27 CARLO LEONE
Y 10 GARY WINFIELD  Y 28 TONY HWANG
Y 11 MARTIN M. LOONEY  Y 29 MAE M. FLEXER
Y 12 CHRISTINE COHEN  N 30 CRAIG MINER
Y 13 MARY ABRAMS  N 31 HENRI MARTIN
Y 14 JAMES MARONEY  N 32 ERIC BERTHEL
Y 15 JOAN V. HARTLEY  Y 33 NORM NEEDLEMAN
Y 16 ROBERT SAMPSON  Y 34 LEONARD FASANO
A 17 GEORGE LOGAN  N 35 DAN CHAMPAGNE
N 18 HEATHER SOMERS  Y 36 ALEX BERGSTEIN

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**BUSINESS ON THE CALENDAR**

**FAVORABLE REPORT OF THE JOINT STANDING COMMITTEE**

**BILL PLACED ON CONSENT CALENDAR NO. 1**

The following bill was taken from the table, read the third time, the report of the Committee accepted and the bill placed on the Consent Calendar.

**APPROPRIATIONS. Substitute for S.B. No. 1018 (RAISED) (File No. 918) AN ACT CONCERNING THE OPPORTUNITY GAP.**

Senator McCrory of the 2nd explained the bill, offered Senate Amendment Schedule “A” (LCO 10663) and moved adoption.
On a voice vote the amendment was adopted.

The following is the Amendment:

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

"Section 1. Section 10-266q of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

(a) On or before September fifteenth of each fiscal year in which payment is to be made, the State Board of Education shall authorize grant awards. [Grant awards] A grant award shall be authorized only after (1) [proposals] a proposal for such [grants have] grant has been submitted to the [commissioner] Commissioner of Education by the local board of education for a school [districts] district described in section 10-266p, as amended by this act, at such time and in such manner as the commissioner shall prescribe, and after the commissioner and [each] such school district have reached agreement regarding how such grant shall be [utilized] expended, or (2) for the school years commencing July 1, 2022, to July 1, 2024, inclusive, the commissioner has developed a plan for the expenditure of such grant for a local board of education described in subdivision (3) of subsection (c) of this section in accordance with the provisions of said subdivision. Each proposal or plan shall be based on a three-year project plan and include, but not be limited to, an explanation of project goals, objectives, evaluation strategies and budget which shall identify local funding and other resource contributions for the three-year period, [provided proposals shall give priority to the development or expansion of extended-day kindergarten programs.]

(b) [A] Except as otherwise provided in subsection (c) of this section, for the school year commencing July 1, 2019, and each school year thereafter, a priority school district grant shall be payable to the local board of education for [the] a school [districts] district described in section 10-266p, as amended by this act, which shall [use the funds] expend such grant for any of the following uses: (1) The creation or expansion of programs or activities related to dropout prevention, (2) alternative and transitional programs for students having difficulty succeeding in traditional educational programs, (3) academic enrichment, tutorial and recreation programs or activities in school buildings during nonschool hours and during the summer, (4) development or expansion of extended-day kindergarten programs, (5) development or expansion of [early reading intervention programs] scientifically-based reading research and instruction, as defined in section 10-14q, including summer and after-school programs, (6) enhancement of the use of technology to support instruction or improve parent and teacher communication, (7) initiatives to strengthen parent involvement in the education of children, and parent and other community involvement in school and school district programs, activities and educational policies, which may be in accordance with the provisions of section 10-4g, [or] (8) for purposes of obtaining accreditation for elementary and middle schools from the New England Association of Schools and Colleges, (9) numeracy instruction, or (10) support to chronically absent children, as defined in section 10-198c, and reducing the district chronic absenteeism rate, as defined in section 10-198e. Each such board of education shall use at least twenty per cent of its grant for [early reading intervention programs] scientifically-based reading research and instruction, as defined in section 10-14q. Each such board of education shall use its grant to supplement existing programs or create new programs. If the State Board of Education finds that any such grant is being [used for other purposes] expended for uses other than those described in subdivisions (1) to (10), inclusive, of this subsection or is being used to decrease the local share of support for schools, it may require repayment of such grant to the state.

(c) (1) Not later than March 1, 2022, the Commissioner of Education shall determine whether the accountability index, as defined in section 10-223e, for each local board of education for a school district described in section 10-266p, as amended by this act, has improved during the school years commencing July 1, 2018, to July 1, 2020, inclusive.

(2) For the school years commencing July 1, 2022, to July 1, 2024, inclusive, any such board whose accountability index has improved during the school years commencing July 1, 2018, to July 1, 2020, inclusive, shall (A) submit a proposal to the commissioner in accordance with the provisions of subdivision (1) of subsection (a) of this section, and (B) expend the priority school
district grant for any of the uses described in subdivisions (1) to (10), inclusive, of subsection (b) of this section.

(3) For the school years commencing July 1, 2022, to July 1, 2024, inclusive, if the accountability index for any such board has not improved during the school years commencing July 1, 2018, to July 1, 2020, inclusive, then the commissioner shall (A) develop a three-year plan for the expenditure of the priority school district grant for such board, and (B) expend such grant for any of the following uses: (i) Scientifically-based reading research and instruction, as defined in section 10-14u, (ii) numeracy instruction, and (iii) support to chronically absent children, as defined in section 10-198c, and reducing the district chronic absenteeism rate, as defined in section 10-198c.

[(c)] (d) Each priority school district grant shall be awarded by the State Board of Education on an annual basis. Funding in subsequent years shall be based on funds available, annual application and program evaluation.

Sec. 2. Subsection (a) of section 10-266p of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

(a) The State Board of Education shall administer a priority school district grant program to assist certain school districts to improve student achievement and enhance educational opportunities. [The grant program shall include the priority school district portions of the grant programs established pursuant to sections 10-265f, 10-265m and 10-266t.] The priority school district grant program [and its component parts] shall be for school districts in (1) the eight towns in the state with the largest population, based on the most recent federal decennial census, (2) towns which rank for the first fiscal year of each biennium from one to eleven when all towns are ranked in descending order from one to one hundred sixty-nine based on the number of children under the temporary family assistance program, as defined in subdivision (17) of section 10-262f, plus the mastery count of the town, as defined in subdivision (13) of section 10-262f, and (3) towns which rank for the first fiscal year of each biennium one to eleven when all towns are ranked in descending order from one to one hundred sixty-nine based on the ratio of the number of children under the temporary family assistance program as so defined to the resident students of such town, as defined in subdivision (22) of section 10-262f, plus the grant mastery percentage of the town, as defined in subdivision (12) of section 10-262f. The State Board of Education shall utilize the categorical grant program established under this section and sections 10-266q and 10-266r, as amended by this act, and other educational resources of the state to work cooperatively with such school districts during any school year to improve their educational programs or early reading intervention programs. [The component parts of the grant shall be allocated according to the provisions of sections 10-265f, 10-265m and 10-266t.] Subject to the provisions of subsection (c) of section 10-276a, the State Board of Education shall allocate one million dollars to each of the eight towns described in subdivision (1) of this subsection and five hundred thousand dollars to each of the towns described in subdivisions (2) and (3) of this subsection, except the towns described in subdivision (1) of this subsection shall not receive any additional allocation if they are also described in subdivision (2) or (3) of this subsection.

Sec. 3. Section 10-266r of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

(a) The State Board of Education shall prepare an evaluation of the priority school district grant program not later than [December 15, 1990] July 1, 2020, and [triennially] annually thereafter.

(b) Each school district participating in the [project] priority school district grant program shall prepare an annual [project] program evaluation, which shall include a description of program activities and [documentation of program improvement and student achievement] whether such program is (1) improving student achievement and enhancing educational opportunities in the school district, and (2) achieving the objectives and performance targets approved by the Commissioner of Education as stated in the proposal submitted by the school district pursuant to subdivision (1) of subsection (a) of section 10-266q, as amended by this act, or the plan developed by the commissioner pursuant to subdivision (3) of subsection (c) of section 10-266q, as amended by this act. Each such evaluation shall be submitted to the commissioner on or before August fifteenth of the fiscal year following each fiscal year in which the school district participated in the priority school district program.
(c) [Within] Not later than sixty days after the close of the school year, each local board of education which received a priority school district grant shall file with the commissioner a financial statement of expenditures in such form as the commissioner shall prescribe. The State Board of Education shall periodically review grant payments made pursuant to this section in order to determine that such state funds received are being used for the purposes specified in the application. On or before December thirty-first of the fiscal year following the fiscal year in which payment was received, each local board which received a priority school district grant shall file with the commissioner a financial audit in such form as prescribed by the commissioner.

Sec. 4. Subsection (c) of section 10-95i of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

(c) The board shall consider the addition of new trade programs. Decisions by the board to add such programs shall at a minimum be based on the (1) projected employment demand for graduates of the program, (2) cost of establishing the program, (3) availability of qualified instructors, (4) existence of similar programs at other educational institutions, (5) interest of students in the trade, (6) need to diversify the trade with workers from underrepresented populations, and (7) workforce training needs of (A) students, graduates and residents of alliance districts, as defined in section 10-262u, and priority school districts, as described in section 10-266p, as amended by this act, and (B) students and graduates of priority schools, as defined in section 10-265e. The board shall authorize new trade programs for a maximum of five years. The board shall provide a process for the public, including, but not limited to, employers, parents, students or teachers, to request consideration of the establishment of a new trade program.

Sec. 5. (NEW) (Effective July 1, 2019) (a) Not later than October 1, 2019, the Technical Education and Career System board, in consultation with the Labor Department, shall identify and develop a list of careers in critical construction trades that are essential to the construction workforce needs of the state. The board shall consider the factors described in subdivisions (1) to (7), inclusive, of subsection (c) of section 10-95i of the general statutes, as amended by this act, when identifying such critical construction trades. The board may subsequently identify, as necessary, additional critical construction trades, and shall revise the list of critical construction trades identified pursuant to this subsection.

(b) Not later than July 1, 2020, the board shall, within available appropriations, develop a plan to create new or expand existing programs in critical construction trades identified pursuant to subsection (a) of this section. Upon the subsequent identification of additional critical construction trades, the board shall develop a plan to create new or expand existing programs for such additional critical construction trades.

(c) The board shall post, and update as necessary, a list of the critical construction trades and all programs in critical construction trades offered at technical education and career schools on the Internet web site of the Technical Education and Career System.”

<table>
<thead>
<tr>
<th>Section</th>
<th>Effective Date</th>
<th>Amended Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>July 1, 2019</td>
<td>10-266q</td>
</tr>
<tr>
<td>2</td>
<td>July 1, 2019</td>
<td>10-266p(a)</td>
</tr>
<tr>
<td>3</td>
<td>July 1, 2019</td>
<td>10-266r</td>
</tr>
<tr>
<td>4</td>
<td>July 1, 2019</td>
<td>10-95i(c)</td>
</tr>
<tr>
<td>5</td>
<td>July 1, 2019</td>
<td>New section</td>
</tr>
</tbody>
</table>

On motion of Senator McCrory of the 2nd, the bill as amended by Senate Amendment Schedule “A” (LCO 10663) was placed on the Consent Calendar.

BUSINESS ON THE CALENDAR
FAVORABLE REPORTS OF THE JOINT STANDING COMMITTEES
BILLS PASSED

The following favorable reports were taken from the table, read the third time, the reports of the Committees accepted and the bills passed.
JUDICIARY. Substitute for S.B. No. 1055 (RAISED) (File No. 842) AN ACT ESTABLISHING A TASK FORCE TO STUDY THE JUROR SELECTION PROCESS, PROVIDING ACCESS TO CERTAIN RECORDS POSSESSED BY THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES, CONNECTICUT VALLEY HOSPITAL AND THE PSYCHIATRIC SECURITY REVIEW BOARD AND CONCERNING SENTENCING OF PERSISTENT LARCENY OFFENDERS, NONFINANCIAL CONDITIONS FOR PRETRIAL RELEASE AND CONFIDENTIALITY UPON APPLICATION TO A DIVERSIONARY PROGRAM.

Senator Winfield of the 10th explained the bill, offered Senate Amendment Schedule “A” (LCO 8822) and moved adoption.

Remarking was Senator Kissel of the 7th.

On a voice vote the amendment was adopted.

The following is the Amendment:

In line 283, strike "This"
Strike lines 284 to 286, inclusive, in their entirety
Strike section 4 in its entirety and renumber the remaining sections and internal references accordingly

Senator Winfield of the 10th requested that the vote be taken by roll call.

The chair ordered the vote be taken by roll call.

The following is the result of the vote at 1:55 p.m.:

<table>
<thead>
<tr>
<th>Total Number Voting</th>
<th>34</th>
</tr>
</thead>
<tbody>
<tr>
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<td>18</td>
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<tr>
<td>Those voting Yea</td>
<td>34</td>
</tr>
<tr>
<td>Those voting Nay</td>
<td>0</td>
</tr>
<tr>
<td>Those absent and not voting</td>
<td>2</td>
</tr>
</tbody>
</table>

On the roll call vote Senate Bill No. 1055 as amended by Senate Amendment Schedule “A” (LCO 8822) was passed.

The following is the roll call vote:

<table>
<thead>
<tr>
<th>Y</th>
<th>JOHN W. FONFARA</th>
<th>Y</th>
<th>19</th>
<th>CATHERINE A. OSTEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>DOUGLAS MCCRARY</td>
<td>Y</td>
<td>20</td>
<td>PAUL M. FORMICA</td>
</tr>
<tr>
<td>Y</td>
<td>SAUD ANWAR</td>
<td>Y</td>
<td>21</td>
<td>KEVIN KELLY</td>
</tr>
<tr>
<td>Y</td>
<td>STEVE CASSANO</td>
<td>Y</td>
<td>22</td>
<td>MARILYN MOORE</td>
</tr>
<tr>
<td>Y</td>
<td>DEREK SLAP</td>
<td>A</td>
<td>23</td>
<td>DENNIS BRADLEY</td>
</tr>
<tr>
<td>Y</td>
<td>GENNARO BIZZARRO</td>
<td>Y</td>
<td>24</td>
<td>JULIE KUSHNER</td>
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<tr>
<td>Y</td>
<td>JOHN A. KISSEL</td>
<td>Y</td>
<td>25</td>
<td>BOB DUFF</td>
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<td>Y</td>
<td>KEVIN D. WITKOS</td>
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<td>Y</td>
<td>MATTHEW LESSER</td>
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<td>GARY WINFIELD</td>
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<td>MAE M. FLEXER</td>
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<td>Y</td>
<td>CHRISTINE COHEN</td>
<td>Y</td>
<td>30</td>
<td>CRAIG MINER</td>
</tr>
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<td>Y</td>
<td>MARY ABRAMS</td>
<td>Y</td>
<td>31</td>
<td>HENRI MARTIN</td>
</tr>
<tr>
<td>Y</td>
<td>JAMES MARONEY</td>
<td>Y</td>
<td>32</td>
<td>ERIC BERTHEL</td>
</tr>
</tbody>
</table>
Senator Moore of the 22nd explained the bill, offered Senate Amendment Schedule “A” (LCO 8233) and moved adoption.

On a voice vote the amendment was adopted.

The following is the Amendment:

In line 11, strike "(2)"
Strike line 12 in its entirety
Strike line 13 in its entirety and insert the following in lieu thereof:
"and (2) provide that future contracted"

Senator Sampson of the 16th requested that the vote be taken by roll call.

The chair ordered the vote be taken by roll call.

The following is the result of the vote at 2:05 p.m.:

| Total Number Voting                        | 34 |
| Necessary for Adoption                    | 18 |
| Those voting Yea                          | 33 |
| Those voting Nay                          | 1  |
| Those absent and not voting               |  2 |

On the roll call vote Senate Bill No. 945 as amended by Senate Amendment Schedule “A” (LCO 8233) was passed.

The following is the roll call vote:

| Y 1  | JOHN W. FONFARA | Y 19  | CATHERINE A. OSTEN |
| Y 2  | DOUGLAS MCCRORY | Y 20  | PAUL M. FORMICA     |
| Y 3  | SAUD ANWAR      | Y 21  | KEVIN KELLY         |
| Y 4  | STEVE CASSANO   | Y 22  | MARILYN MOORE       |
| Y 5  | DEREK SLAP      | A 23  | DENNIS BRADLEY      |
| Y 6  | GENNARO BIZZARO | Y 24  | JULIE KUSHNER       |
| Y 7  | JOHN A. KISSEL  | Y 25  | BOB DUFF            |
| Y 8  | KEVIN D. WITKOS | Y 26  | WILL HASKELL        |
| Y 9  | MATTHEW LESSER  | Y 27  | CARLO LEONE         |
| Y 10 | GARY WINFIELD   | Y 28  | TONY HWANG          |
| Y 11 | MARTIN M. LOONEY| Y 29  | MAE M. FLEXER       |
| Y 12 | CHRISTINE COHEN | Y 30  | CRAIG MINER         |
| Y 13 | MARY ABRAMS     | Y 31  | HENRI MARTIN        |
| Y 14 | JAMES MARONEY   | Y 32  | ERIC BERTHEL        |
| Y 15 | JOAN V. HARTLEY | Y 33  | NORM NEEDLEMAN      |
INSURANCE AND REAL ESTATE. H.B. No. **7178** (RAISED) (File No. 348) AN ACT CONCERNING DISCLOSURES BY REAL ESTATE BROKERS AND SALESPERSONS.

Senator Lesser of the 9th explained the bill and moved passage.

Remarking was Senator Kelly of the 21st

The chair ordered the vote be taken by roll call.

The following is the result of the vote at 2:19 p.m.:

Total Number Voting ........................................... 34
Necessary for Adoption ................................... 18
Those voting Yea ................................................. 32
Those voting Nay ................................................... 2
Those absent and not voting .................. 2

On the roll call vote House Bill No. 7178 was passed in concurrence with the House.

The following is the roll call vote:

Y 1  JOHN W. FONFARA       Y 19  CATERINE A. OSTEN
Y 2  DOUGLAS MCCORY        Y 20  PAUL M. FORMICA
Y 3  SAUD ANWAR           Y 21  KEVIN KELLY
Y 4  STEVE CASSANO        Y 22  MARYLYN MOORE
Y 5  DEREK SLAP           A  23  DENNIS BRADLEY
Y 6  GENNARO BIZZARRO     N  24  JULIE KUSHNER
Y 7  JOHN A. KISSEL       Y 25  BOB DUFF
Y 8  KEVIN D. WITKOS      Y 26  WILL HASKELL
Y 9  MATTHEW LESSER       Y 27  CARLO LEONE
Y 10  GARY WINFIELD       Y 28  TONY HWANG
Y 11  MARTIN M. LOONEY    N  29  MAE M. FLEXER
Y 12  CHRISTINE COHEN     Y 30  CRAIG MINER
Y 13  MARY ABRAMS         Y 31  HENRI MARTIN
Y 14  JAMES MARONEY       Y 32  ERIC BERTHEL
Y 15  JOAN V. HARTLEY     Y 33  NORM NEEDLEMAN
Y 16  ROBERT SAMPSON      Y 34  LEONARD FASANO
A  17  GEORGE LOGAN       Y 35  DAN CHAMPAGNE
Y 18  HEATHER SOMERS      Y 36  ALEX BERGSTEIN

**BUSINESS ON THE CALENDAR**

FAVORABLE REPORTS OF THE JOINT STANDING COMMITTEES

BILLS PLACED ON CONSENT CALENDAR NO. 1

The following bills were taken from the table, read the third time, the reports of the Committees accepted and the bills placed on the Consent Calendar.
JUDICIARY. Substitute for H.B. No. 7126 (RAISED) (File No. 417) AN ACT CONCERNING THE AWARD OF DOUBLE OR TREBLE DAMAGES TO AN INJURED PARTY IN A CIVIL ACTION RESULTING FROM CERTAIN TRAFFIC VIOLATIONS.

Senator Winfield of the 10th explained the bill and moved passage.

Remarking were Senators Kissel of the 7th, Champagne of the 35th, Witkos of the 8th and Hwang of the 28th.

On motion of Senator Winfield of the 10th, the bill was placed on the Consent Calendar in concurrence with the House.

PUBLIC HEALTH. Substitute for H.B. No. 7159 (File No. 481) AN ACT ADDRESSING OPIOID USE. (As amended by House Amendment Schedule "A").

Senator Abrams of the 13th explained the bill and moved passage.

Remarking were Senators Somers of the 18th, Anwar of the 3rd, Witkos of the 8th, Martin of the 31st, Champagne of the 35th, Hwang of the 28th and Fasano of the 34th.

On motion of Senator Abrams of the 13th, the bill as amended by House Amendment Schedule “A” (LCO 10686) was placed on the Consent Calendar in concurrence with the House.

CONSENT CALENDAR NO. 1
ADOPTED

The chair ordered the vote on business placed on the Consent Calendar No. 1 be taken by roll call.

The following is the result of the vote at 3:48 p.m.:

Total Number Voting ................................................................. 36
Necessary for Adoption ......................................................... 19
Those voting Yea ................................................................. 36
Those voting Nay ................................................................. 0
Those absent and not voting ................................................. 0

On the roll call vote the Consent Calendar No. 1 was adopted.

The following is the roll call vote:

Y  1  JOHN W. FONFARA ......................................................... Y  19  CATHERINE A. OSTEN
Y  2  DOUGLAS MCCRARY ..................................................... Y  20  PAUL M. FORMICA
Y  3  SAUD ANWAR ............................................................. Y  21  KEVIN KELLY
Y  4  STEVE CASSANO ......................................................... Y  22  MARILYN MOORE
Y  5  DEREK SLAP ............................................................... Y  23  DENNIS BRADLEY
Y  6  GENNARO BIZZARRO .................................................... Y  24  JULIE KUSHNER
Y  7  JOHN A. KISSEL .......................................................... Y  25  BOB DUFF
Y  8  KEVIN D. WITKOS ....................................................... Y  26  WILL HASKELL
Y  9  MATTHEW LESSER ....................................................... Y  27  CARLO LEONE
Y 10  GARY WINFIELD ........................................................... Y  28  TONY HWANG
Y 11  MARTIN M. LOONEY ...................................................... Y  29  MAE M. FLEXER
Y 12  CHRISTINE COHEN ...................................................... Y  30  CRAIG MINER

- 1294 -
RECESS

On motion of Senator Duff of the 25th, the Senate at 3:52 p.m. recessed.

AFTER RECESS

The Senate reconvened at 7:30 p.m., the President in the Chair.

BUSINESS FROM THE HOUSE

FAVORABLE REPORT OF THE JOINT STANDING COMMITTEE

HOUSE BILL

The following favorable report of the Joint Standing Committee was received from the House, read the second time and tabled for the calendar.

TRANSPORTATION. Substitute for H.B. No. 7140 (RAISED) (File No. 480) AN ACT IMPLEMENTING THE DEPARTMENT OF TRANSPORTATION'S RECOMMENDATIONS REGARDING SEAT BELTS, THE OPERATION LIFESAVER PROGRAM, MAINTENANCE VEHICLES AND TRANSPORTATION STATUTES. (As amended by House Amendment Schedule "A" (LCO 10982))

VETERANS' AFFAIRS. H.B. No. 7246 (RAISED) (File No. 152) AN ACT CONCERNING THE ORGANIZATION OF THE CONNECTICUT STATE GUARD.

BUSINESS ON THE CALENDAR

FAVORABLE REPORTS OF THE JOINT STANDING COMMITTEES

BILLS PASSED

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

JUDICIARY. Substitute for H.B. No. 7343 (RAISED) (File Nos. 785 and 872) AN ACT CONCERNING THE OFFICE OF THE CLAIMS COMMISSIONER. (As amended by House Amendment Schedule "A").

Senator Kissel of the 7th explained the bill and moved passage.

The chair ordered the vote be taken by roll call.

The following is the result of the vote at 7:44 p.m.:

Total Number Voting .......................................................... 36
Necessary for Adoption ...................................................... 19
Those voting Yea ................................................................. 33
On the roll call vote House Bill No. 7343 as amended by House Amendment Schedule “A” (LCO 8262) was passed in concurrence with the House.

The following is the roll call vote:

Y 1 JOHN W. FONFARA  Y 19 CATHERINE A. OSTEN
Y 2 DOUGLAS MCCORORY  Y 20 PAUL M. FORMICA
Y 3 SAUD ANWAR  Y 21 KEVIN KELLY
Y 4 STEVE CASSANO  Y 22 MARILYN MOORE
Y 5 DEREK SLAP  Y 23 DENNIS BRADLEY
Y 6 GENNARO BIZZARRO  Y 24 JULIE KUSHNER
Y 7 JOHN A. KISSEL  Y 25 BOB DUFF
N 8 KEVIN D. WITKOS  Y 26 WILL HASKELL
Y 9 MATTHEW LESSER  Y 27 CARLO LEONE
Y 10 GARY WINFIELD  Y 28 TONY HWANG
Y 11 MARTIN M. LOONEY  Y 29 MAE M. FLEXER
Y 12 CHRISTINE COHEN  Y 30 CRAIG MINER
Y 13 MARY ABRAMS  Y 31 HENRI MARTIN
Y 14 JAMES MARONEY  Y 32 ERIC BERTHEL
Y 15 JOAN V. HARTLEY  Y 33 NORM NEEDLEMAN
N 16 ROBERT SAMPSON  Y 34 LEONARD FASANO
Y 17 GEORGE LOGAN  N 35 DAN CHAMPAGNE
Y 18 HEATHER SOMERS  Y 36 ALEX BERGSTEIN

INSURANCE AND REAL ESTATE. Substitute for H.B. No. 7179 (RAISED) (File No. 349) AN ACT CONCERNING CRUMBLING CONCRETE FOUNDATIONS. (As amended by House Amendment Schedule "A").

Senator Lesser of the 9th explained the bill and moved passage.

Remarking were Senators Anwar of the 3rd, Champagne of the 35th, Cassano of the 4th and Kissel of the 7th.

The chair ordered the vote be taken by roll call.

The following is the result of the vote at 7:55 p.m.:

Total Number Voting ................................................................. 36
Necessary for Adoption ............................................................ 19
Those voting Yea ................................................................. 28
Those voting Nay ................................................................. 8
Those absent and not voting .................................................... 0

On the roll call vote House Bill No. 7179 as amended by House Amendment Schedule “A” (LCO 10500) was passed in concurrence with the House.

The following is the roll call vote:

Y 1 JOHN W. FONFARA  Y 19 CATHERINE A. OSTEN
Y 2 DOUGLAS MCCORORY  N 20 PAUL M. FORMICA
The following favorable reports of the Joint Standing Committees were received from the House, read the second time and tabled for the calendar.

TRANSPORTATION. Substitute for H.B. No. 7140 (RAISED) (File No. 480) AN ACT IMPLEMENTING THE DEPARTMENT OF TRANSPORTATION'S RECOMMENDATIONS REGARDING SEAT BELTS, THE OPERATION LIFESAVER PROGRAM, MAINTENANCE VEHICLES AND TRANSPORTATION STATUTES. (As amended by House Amendment Schedule "A" (LCO 1982))

VETERANS' AFFAIRS. H.B. No. 7246 (RAISED) (File No. 152) AN ACT CONCERNING THE ORGANIZATION OF THE CONNECTICUT STATE GUARD. (As amended by House Amendment Schedule "A" (LCO 10982)).

SENATE AGENDA NO. 2
SUSPENSION OF THE RULES
BUSINESS FROM THE HOUSE
FAVORABLE REPORT OF THE JOINT STANDING COMMITTEE
PASSED CONSENT CALENDAR NO. 2

On the motion of Senator Duff of the 25th, the rules were suspended to take up items from Senate Agenda No. 2.

TRANSPORTATION. Substitute for H.B. No. 7140 (RAISED) (File No. 480) AN ACT IMPLEMENTING THE DEPARTMENT OF TRANSPORTATION'S RECOMMENDATIONS REGARDING SEAT BELTS, THE OPERATION LIFESAVER PROGRAM, MAINTENANCE VEHICLES AND TRANSPORTATION STATUTES. (As amended by House Amendment Schedule "A" (LCO 10982))

Senator Leone of the 27th explained the bill and moved passage.

Remarking were Senators Martin of the 31st, Hwang of the 28th and Sampson of the 16th.
On motion of Senator Leone of the 27th, the bill as amended by House Amendment Schedule “A” (LCO 10982)) was placed on the Consent Calendar.

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

The following favorable report was taken from the table, read the third time, the report of the Committee accepted and the bills passed.

PUBLIC HEALTH. Substitute for H.B. No. 6540 (COMM) (File Nos. 556 and 819) AN ACT CONCERNING THE PREVENTION OF THE HUMAN IMMUNODEFICIENCY VIRUS. (As amended by House Amendment Schedule “A”).

Senator Abrams of the 13th explained the bill and moved passage.

The chair ordered the vote be taken by roll call.

The following is the result of the vote at 8:12 p.m.:

Total Number Voting ................................................................. 36
Necessary for Adoption ......................................................... 19
Those voting Yea ................................................................. 35
Those voting Nay ................................................................. 1
Those absent and not voting ................................................... 0

On the roll call vote House Bill No. 6540 as amended by House Amendment Schedule “A” (LCO 7452) was passed.

The following is the roll call vote:

Y  1  JOHN W. FONFARA   Y  19  CATHERINE A. OSTEN
Y  2  DOUGLAS MCCRARY   Y  20  PAUL M. FORMICA
Y  3  SAUD ANWAR        Y  21  KEVIN KELLY
Y  4  STEVE CASSANO     Y  22  MARILYN MOORE
Y  5  DEREK SLAP        Y  23  DENNIS BRADLEY
Y  6  GENNARO BIZZARRO  Y  24  JULIE KUSHNER
Y  7  JOHN A. KISSEL    Y  25  BOB DUFF
Y  8  KEVIN D. WITKOS   Y  26  WILL HASKELL
Y  9  MATTHEW LESSER    Y  27  CARLO LEONE
Y 10  GARY WINFIELD     Y  28  TONY HWANG
Y 11  MARTIN M. LOONEY  Y  29  MAE M. FLEXER
Y 12  CHRISTINE COHEN   Y  30  CRAIG MINER
Y 13  MARY ABRAMS       Y  31  HENRI MARTIN
Y 14  JAMES MARONEY     Y  32  ERIC BERTHEL
Y 15  JOAN V. HARTLEY   Y  33  NORM NEEDLEMAN
N 16  ROBERT SAMPSON    Y  34  LEONARD FASANO
Y 17  GEORGE LOGAN      Y  35  DAN CHAMPAGNE
Y 18  HEATHER SOMERS    Y  36  ALEX BERGSTEIN
FINANCE, REVENUE AND BONDING. Substitute for H.B. No. 6637 (COMM) (File No. 183) AN ACT REQUIRING AN INVASIVE SPECIES STAMP FOR THE OPERATION OF A MOTORBOAT ON THE WATERS OF THE STATE. (As amended by House Amendment Schedules "A" and "B").

Senator Kushner of the 24th explained the bill and moved passage.

Remarking were Senators Miner of the 30th and Champagne of the 35th.

The chair ordered the vote be taken by roll call.

The following is the result of the vote at 8:20 p.m.:

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<tr>
<th>Total Number Voting</th>
<th>Necessary for Adoption</th>
<th>Those voting Yea</th>
<th>Those voting Nay</th>
<th>Those absent and not voting</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>34</td>
<td>2</td>
<td>0</td>
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On the roll call vote House Bill No. 6637 as amended by House Amendment Schedule “A” (LCO 9130) and House Amendment Schedule "B" (LCO 10476) was passed in concurrence with the House.

The following is the roll call vote:

Y 1  JOHN W. FONFARA
Y 2  DOUGLAS MCCRORY
Y 3  SAUD ANWAR
Y 4  STEVE CASSANO
Y 5  DEREK SLAP
Y 6  GENNARO BIZZARRO
N 7  JOHN A. KISSEL
N 8  KEVIN D. WITKOS
Y 9  MATTHEW LESSER
Y 10 GARY WINFIELD
Y 11 MARTIN M. LOONEY
Y 12 CHRISTINE COHEN
Y 13 MARY ABRAMS
Y 14 JAMES MARONEY
Y 15 JOAN V. HARTLEY
Y 16 ROBERT SAMPSON
Y 17 GEORGE LOGAN
Y 18 HEATHER SOMERS
Y 19 CATHERINE A. OSTEN
Y 20 PAUL M. FORMICA
Y 21 KEVIN KELLY
Y 22 MARILYN MOORE
Y 23 DENNIS BRADLEY
Y 24 JULIE KUSHNER
Y 25 BOB DUFF
Y 26 WILL HASKELL
Y 27 CARLO LEONE
Y 28 TONY HWANG
Y 29 MAE M. FLEXER
Y 30 CRAIG MINER
Y 31 HENRI MARTIN
Y 32 ERIC BERTHEL
Y 33 NORM NEEDLEMAN
Y 34 LEONARD FASANO
Y 35 DAN CHAMPAGNE
Y 36 ALEX BERGSTEIN

BUSINESS ON THE CALENDAR
FAVORABLE REPORTS OF THE JOINT STANDING COMMITTEES
BILLS PLACED ON CONSENT CALENDAR NO. 2

The following bills were taken from the table, read the third time, the reports of the Committees accepted and the bills placed on the Consent Calendar.
GENERAL LAW. Substitute for H.B. No. 7299 (RAISED) (File Nos. 498 and 1026) AN ACT MAKING CHANGES TO DEPARTMENT OF CONSUMER PROTECTION ENFORCEMENT STATUTES. (As amended by House Amendment Schedules "A" and "C").

Senator Fonfara of the 1st explained the bill and moved passage.

On motion of Senator Fonfara of the 1st, the bill as amended by House Amendment Schedule “A” (LCO 8790) and House Amendment Schedule "C" (LCO 9897) was placed on the Consent Calendar in concurrence with the House.

FINANCE, REVENUE AND BONDING. Substitute for H.B. No. 7413 (RAISED) (File No. 897) AN ACT CONCERNING THE FAILURE TO FILE FOR A GRAND LIST EXEMPTION, PAYMENT OF A GRANT-IN-AID AND THE EXTENSION FOR FILING A DECLARATION AND AUTHORIZING THE RENEWAL OF CERTAIN TEMPORARY NOTES. (As amended by House Amendment Schedule "A").

Senator Fonfara of the 1st explained the bill and moved passage.

On motion of Senator Fonfara of the 1st, the bill as amended by House Amendment Schedule “A” (LCO 10851) was placed on the Consent Calendar in concurrence with the House.

INSURANCE AND REAL ESTATE. H.B. No. 5521 (COMM) (File No. 273) AN ACT EXPANDING REQUIRED HEALTH INSURANCE COVERAGE FOR PREEXISTING CONDITIONS.

Senator Lesser of the 9th explained the bill and moved passage.

On motion of Senator Lesser of the 9th, the bill was placed on the Consent Calendar in concurrence with the House.

BUSINESS ON THE CALENDAR
FAVORABLE REPORTS OF THE JOINT STANDING COMMITTEES
BILLS PASSED

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

HOUSING. Substitute for H.B. No. 7225 (RAISED) (File Nos. 197 and 812) AN ACT CONCERNING PUBLIC HOUSING. (As amended by House Amendment Schedule "A").

Senator Anwar of the 3rd explained the bill and moved passage.

The chair ordered the vote be taken by roll call.

The following is the result of the vote at 8:31 p.m.:

Total Number Voting ................................................................. 36
Necessary for Adoption ............................................................ 19
Those voting Yea ................................................................. 33
Those voting Nay ................................................................. 3
Those absent and not voting .................................................. 0
On the roll call vote House Bill No. 7225 as amended by House Amendment Schedule “A” (LCO 7263) was passed.

The following is the roll call vote:

Y  1 JOHN W. FONFARA
Y  2 DOUGLAS MCCORY
Y  3 SAUD ANWAR
Y  4 STEVE CASSANO
Y  5 DEREK SLAP
Y  6 GENNARO BIZZARRO
Y  7 JOHN A. KISSEL
Y  8 KEVIN D. WITKOS
Y  9 MATTHEW LESSER
Y 10 GARY WINFIELD
Y 11 MARTIN M. LOONEY
Y 12 CHRISTINE COHEN
Y 13 MARY ABRAMS
Y 14 JAMES MARONEY
Y 15 JOAN V. HARTLEY
N 16 ROBERT SAMPSON
Y 17 GEORGE LOGAN
Y 18 HEATHER SOMERS
Y 19 CATHERINE A. OSTEN
Y 20 PAUL M. FORMICA
Y 21 KEVIN KELLY
Y 22 MARILYN MOORE
Y 23 DENNIS BRADLEY
Y 24 JULIE KUSHNER
Y 25 BOB DUFF
Y 26 WILL HASKELL
Y 27 CARLO LEONE
Y 28 TONY HWANG
Y 29 MAE M. FLEXER
N 30 CRAIG MINER
Y 31 HENRI MARTIN
Y 32 ERIC BERTHEL
Y 33 NORM NEEDLEMAN
N 34 LEONARD FASANO
Y 35 DAN CHAMPAGNE
Y 36 ALEX BERGSTEIN

GOVERNMENT ADMINISTRATION AND ELECTIONS. H.B. No. 7087 (COMM) (File Nos. 88 and 816) AN ACT CONCERNING THE REPORTING OF THE TRIENNIAL AUDIT OF STATE CONTRACTING AGENCIES BY THE STATE CONTRACTING STANDARDS BOARD AND THE MEMBERSHIP AND QUORUM REQUIREMENTS OF THE BOARD. (As amended by House Amendment Schedule "A").

Senator Flexer of the 29th explained the bill and moved passage.

Remarking were Senators Sampson of the 16th and Formica of the 20th.

The chair ordered the vote be taken by roll call.

The following is the result of the vote at 8:36 p.m.:

Total Number Voting .......................................................... 36
 Necessary for Adoption .................................................... 19
 Those voting Yea ............................................................... 36
 Those voting Nay .............................................................. 0
 Those absent and not voting ............................................... 0

On the roll call vote House Bill No. 7087 as amended by House Amendment Schedule “A” (LCO 9061) was passed.

The following is the roll call vote:

Y  1 JOHN W. FONFARA
Y  2 DOUGLAS MCCORY
Y  3 SAUD ANWAR
Y  4 STEVE CASSANO
Y  5 DEREK SLAP
Y  6 GENNARO BIZZARRO
Y  7 JOHN A. KISSEL
Y  8 KEVIN D. WITKOS
Y  9 MATTHEW LESSER
Y 10 GARY WINFIELD
Y 11 MARTIN M. LOONEY
Y 12 CHRISTINE COHEN
Y 13 MARY ABRAMS
Y 14 JAMES MARONEY
Y 15 JOAN V. HARTLEY
N 16 ROBERT SAMPSON
Y 17 GEORGE LOGAN
Y 18 HEATHER SOMERS
Y 19 CATHERINE A. OSTEN
Y 20 PAUL M. FORMICA
Y 21 KEVIN KELLY
Y 22 MARILYN MOORE
Y 23 DENNIS BRADLEY
Y 24 JULIE KUSHNER
Y 25 BOB DUFF
Y 26 WILL HASKELL
Y 27 CARLO LEONE
Y 28 TONY HWANG
Y 29 MAE M. FLEXER
N 30 CRAIG MINER
Y 31 HENRI MARTIN
Y 32 ERIC BERTHEL
Y 33 NORM NEEDLEMAN
N 34 LEONARD FASANO
Y 35 DAN CHAMPAGNE
Y 36 ALEX BERGSTEIN
The following bills were taken from the table, read the third time, the reports of the Committees accepted and the bills placed on the Consent Calendar.

HUMAN SERVICES. Substitute for H.B. No. 7163 (File Nos. 264 and 967) AN ACT CONCERNING THE DEPARTMENT ON AGING AND DISABILITY SERVICES AND MEALS ON WHEELS. (As amended by House Amendment Schedule "A").

Senator Moore of the 22nd explained the bill and moved passage.

Remarking were Senators Witkos of the 8th, Logan of the 17th and Kelly of the 21st.

On motion of Senator Moore of the 22nd, the bill as amended by House Amendment Schedule “A” (LCO 9061) was placed on the Consent Calendar in concurrence with the House.

APPROPRIATIONS. Substitute for H.B. No. 7389 (RAISED) (File Nos. 849 and 984) AN ACT CONCERNING CONFIDENTIALITY IN THE CASE OF A DISCRETIONARY TRANSFER OF A JUVENILE'S CASE TO THE REGULAR CRIMINAL DOCKET AND IMPLEMENTING THE RECOMMENDATIONS OF THE JUVENILE JUSTICE POLICY AND OVERSIGHT COMMITTEE. (As amended by House Amendment Schedule "A").

Senator Winfield of the 10th explained the bill and moved passage.

Remarking was Senator Kissel of the 7th.

On motion of Senator Winfield of the 10th, the bill as amended by House Amendment Schedule “A” (LCO 9288) was placed on the Consent Calendar in concurrence with the House.

APPROPRIATIONS. Substitute for H.B. No. 7306 (RAISED) (File Nos. 355 and 995) AN ACT CONCERNING RECOMMENDATIONS FROM THE SPEAKER OF THE HOUSE OF REPRESENTATIVES' BLUE RIBBON COMMISSION ON TOURISM. (As amended by House Amendment Schedule "A").
Senator Hartley of the 15th explained the bill and moved passage.

Remarking was Senator Formica of the 20th.

On motion of Senator Hartley of the 15th, the bill as amended by House Amendment Schedule “A” (LCO 9262) was placed on the Consent Calendar in concurrence with the House.

JUDICIARY. Substitute for H.B. No. 7396 (RAISED) (File Nos. 851 and 997) AN ACT CONCERNING PARITY BETWEEN SEXUAL ASSAULT IN THE CASE OF A SPOUSAL OR COHABITATING RELATIONSHIP AND OTHER CRIMES OF SEXUAL ASSAULT AND CONCERNING THE INVESTIGATION OF A FAMILY VIOLENCE CRIME. (As amended by House Amendment Schedule "A").

Senator Winfield of the 10th explained the bill and moved passage.

Remarking was Senator Kissel of the 7th.

On motion of Senator Winfield of the 10th, the bill as amended by House Amendment Schedule “A” (LCO 9337) was placed on the Consent Calendar in concurrence with the House.

EDUCATION. H.B. No. 7113 (RAISED) (File Nos. 576 and 993) AN ACT CONCERNING EDUCATION ISSUES. (As amended by House Amendment Schedules "A" and "B").

Senator McCrory of the 2nd explained the bill and moved passage.

Remarking was Senator Berthel of the 32nd.

On motion of Senator McCrory of the 2nd, the bill as amended by House Amendment Schedule “A” (LCO 9342) and House Amendment Schedule "B" (LCO 9470) was placed on the Consent Calendar in concurrence with the House.

FINANCE, REVENUE AND BONDING. S.B. No. 527 (COMM) (File No. 591) AN ACT PERMITTING MUNICIPALITIES TO COMBINE THE PROPERTY ASSESSMENTS OF MULTIPLE ELECTRIC GENERATING FACILITIES.

Senator Cassano of the 4th explained the bill and moved passage.

On motion of Senator Cassano of the 4th, the bill was placed on the Consent Calendar.

BUSINESS ON THE CALENDAR
DISAGREEING ACTION
FAVORABLE REPORT OF THE JOINT STANDING COMMITTEE
PLACED ON CONSENT CALENDAR NO. 2

The following bill was taken from the table, read the third time, the report of the Committee accepted and the bill placed on the Consent Calendar.

APPROPRIATIONS. Substitute for S.B. No. 838 (RAISED) (File No. 449) AN ACT CONCERNING REQUIRED HEALTH INSURANCE COVERAGE AND COST-SHARING FOR MAMMOGRAMS AND BREAST ULTRASOUNDS. (As amended by House Amendment Schedule "A").

Senator Lesser of the 9th explained the bill and moved passage.
Remarking was Senator Kelly of the 21st.

On motion of Senator Lesser of the 9th, the bill as amended by House Amendment Schedule “A” (LCO 10705) was placed on the Consent Calendar in concurrence with the House.

BUSINESS ON THE CALENDAR
FAVORABLE REPORT OF THE JOINT STANDING COMMITTEE
BILL PLACED ON CONSENT CALENDAR NO. 2

The following bill were taken from the table, read the third time, the report of the Committee accepted and the bill placed on the Consent Calendar.

ENVIRONMENT. H.B. No. 7158 (RAISED) (File Nos. 194 and 937) AN ACT EXEMPTING CERTAIN PERSONS ENGAGED IN THE BOARDING OF CATS AND DOGS FROM THE REQUIREMENT TO OBTAIN A LICENSE TO OPERATE A COMMERCIAL KENNEL. (As amended by House Amendment Schedule "A").

Senator Cohen of the 12th explained the bill and moved passage.

On motion of Senator Cohen of the 12th , the bill as amended by House Amendment Schedule “A” (LCO 8960) was placed on the Consent Calendar in concurrence with the House.

BUSINESS ON THE CALENDAR
FAVORABLE REPORTS OF THE JOINT STANDING COMMITTEES
BILLS PASSED

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

APPROPRIATIONS. H.B. No. 6996 (RAISED) (File Nos. 85 and 962) AN ACT EXTENDING THE EZEQUIEL SANTIAGO FORECLOSURE MEDIATION PROGRAM UNTIL JUNE 30, 2023. (As amended by House Amendment Schedule "A").

Senator Bergstein of the 36th explained the bill and moved passage.

Remarking were Senators Berthel of the 32nd, Witkos of the 8th, Bradley of the 23rd, Formica of the 20th, Cassano of the 4th, Fasano of the 34th, Hwang of the 28th and Bizzarro of the 6th.

The chair ordered the vote be taken by roll call.

The following is the result of the vote at 9:22 p.m.:

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<tr>
<th>Total Number Voting</th>
<th>Necessary for Adoption</th>
<th>Those voting Yea</th>
<th>Those voting Nay</th>
<th>Those absent and not voting</th>
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<tbody>
<tr>
<td>36</td>
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<td>36</td>
<td>0</td>
<td>0</td>
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</table>

On the roll call vote House Bill No. 6996 as amended by House Amendment Schedule “A” (LCO 9106) was passed in concurrence with the House.

The following is the roll call vote:
The following bill was taken from the table, read the third time, the report of the Committee accepted and the bill placed on the Consent Calendar.

PLANNING AND DEVELOPMENT. Substitute for H.B. No. 7277 (RAISED) (File Nos. 616 and 969) AN ACT CONCERNING THE CREATION OF LAND BANK AUTHORITIES. (As amended by House Amendment Schedule "A").

Senator Cassano of the 4th explained the bill and moved passage.

Remarking was Senator Champagne of the 35th.
On motion of Senator Cassano of the 4th, the bill as amended by House Amendment Schedule “A” (LCO 9096) was placed on the Consent Calendar.

HIGHER EDUCATION AND EMPLOYMENT ADVANCEMENT. Substitute for H.B. No. 7257 (RAISED) (File Nos. 296 and 769) AN ACT CONCERNING FOOD-INSECURE STUDENTS AT PUBLIC INSTITUTIONS OF HIGHER EDUCATION. (As amended by House Amendment Schedule "A").

Senator Haskell of the 26th explained the bill and moved passage.

Remarking were Senators Hwang of the 28th and Formica of the 20th.

Senator Sampson of the 16th requested that the vote be taken by roll call.

The chair ordered the vote be taken by roll call.
The following is the result of the vote at 9:39 p.m.:

<table>
<thead>
<tr>
<th>Total Number Voting</th>
<th>Necessary for Adoption</th>
<th>Those voting Yea</th>
<th>Those voting Nay</th>
<th>Those absent and not voting</th>
</tr>
</thead>
<tbody>
<tr>
<td>36</td>
<td>19</td>
<td>33</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

On the roll call vote House Bill No. 7257 as amended by House Amendment Schedule “A” (LCO 7038) was passed in concurrence with the House.

The following is the roll call vote:

Y 1 JOHN W. FONFARA
Y 2 DOUGLAS MCCRARY
Y 3 SAUD ANWAR
Y 4 STEVE CASSANO
Y 5 DEREK SLAP
Y 6 GENNARO BIZZARRO
Y 7 JOHN A. KISSEL
Y 8 KEVIN D. WITKOS
Y 9 MATTHEW LESSER
Y 10 GARY WINFIELD
Y 11 MARTIN M. LOONEY
Y 12 CHRISTINE COHEN
Y 13 MARY ABRAMS
Y 14 JAMES MARONEY
Y 15 JOAN V. HARTLEY
N 16 ROBERT SAMPSON
Y 17 GEORGE LOGAN
Y 18 HEATHER SOMERS

Y 19 CATHERINE A. OSTEN
Y 20 PAUL M. FORMICA
Y 21 KEVIN KELLY
Y 22 MARILYN MOORE
Y 23 DENNIS BRADLEY
Y 24 JULIE KUSHNER
Y 25 BOB DUFF
Y 26 WILL HASKELL
Y 27 CARLO LEONE
Y 28 TONY HWANG
Y 29 MAE M. FLEXER
Y 30 CRAIG MINER
N 31 HENRI MARTIN
N 32 ERIC BERTHEL
Y 33 NORM NEEDLEMAN
Y 34 LEONARD FASANO
Y 35 DAN CHAMPAGNE
Y 36 ALEX BERGSTEIN

CONSENT CALENDAR NO. 2
ADOPTED

The chair ordered the vote on business placed on the Consent Calendar No. 2 be taken by roll call.

The following is the result of the vote at 9:43 p.m.:

<table>
<thead>
<tr>
<th>Total Number Voting</th>
<th>Necessary for Adoption</th>
<th>Those voting Yea</th>
<th>Those voting Nay</th>
<th>Those absent and not voting</th>
</tr>
</thead>
<tbody>
<tr>
<td>36</td>
<td>19</td>
<td>36</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

On the roll call vote the Consent Calendar No. 2 was adopted.

The following is the roll call vote:

Y 1 JOHN W. FONFARA
Y 2 DOUGLAS MCCRARY
Y 3 SAUD ANWAR

Y 19 CATHERINE A. OSTEN
Y 20 PAUL M. FORMICA
Y 21 KEVIN KELLY
Senator Duff of the 25th moved immediate transmittal to the House of the bill needing further action by the House.

INTRODUCTION OF SENATE RESOLUTION

S.R. No. 35 RESOLUTION RAISING A COMMITTEE TO INFORM THE HOUSE OF REPRESENTATIVES THAT THE SENATE IS READY TO MEET IN JOINT CONVENTION.

INTRODUCTION OF SENATE JOINT RESOLUTION

S.J. No. 44 RESOLUTION CONVENING THE GENERAL ASSEMBLY IN SPECIAL SESSION.

BUSINESS FROM THE HOUSE

FAVORABLE REPORT OF THE JOINT STANDING COMMITTEES HOUSE BILLS

The following favorable reports of the Joint Standing Committees were received from the House, read the second time and tabled for the calendar.

HIGHER EDUCATION AND EMPLOYMENT ADVANCEMENT. H.B. No. 5001 (COMM) (File No. 170) AN ACT ESTABLISHING A TASK FORCE TO STUDY WORKFORCE TRAINING NEEDS IN THE STATE. (As amended by House Amendment Schedule "A" (LCO 11013))

PUBLIC SAFETY AND SECURITY. Substitute for H.B. No. 7192 (File Nos. 688 and 861) AN ACT CONCERNING MUNICIPAL AND REGIONAL OPPORTUNITIES AND EFFICIENCIES. (As amended by House Amendment Schedule "A" (LCO 10979))
SUSPENSION OF THE RULES
TO TAKE UP ITEMS FROM AGENDA NO. 3

On the motion of Senator Duff of the 25th, the rules were suspended to take up items from Senate Agenda No. 3.

BUSINESS ON THE CALENDAR
SENATE AGENDA NO. 3
SENATE JOINT RESOLUTION ADOPTED

The following favorable report was taken from the table, read the third time, the report of the Committee accepted and the resolution passed.

S.J. No. 44 RESOLUTION CONVENING THE GENERAL ASSEMBLY IN SPECIAL SESSION.

Senator Duff of the 25th explained the resolution, moved adoption and requested that the vote be taken by roll call.

The chair ordered the vote be taken by roll call.

The following is the result of the vote at 9:52 p.m.:

Total Number Voting ................................................................. 36
Necessary for Adoption ............................................................ 19
Those voting Yea .................................................................... 31
Those voting Nay .................................................................... 5
Those absent and not voting ....................................................... 0

On the roll call vote Senate Joint Resolution No. 44 was adopted.

The following is the roll call vote:

Y  1  JOHN W. FONFARA  Y  19  CATHERINE A. OSTEN
Y  2  DOUGLAS MCCRORY  Y  20  PAUL M. FORMICA
Y  3  SAUD ANWAR  Y  21  KEVIN KELLY
Y  4  STEVE CASSANO  Y  22  MARYLYN MOORE
Y  5  DEREK SLAP  Y  23  DENNIS BRADLEY
N  6  GENNARO BIZZARRO  Y  24  JULIE KUSHNER
Y  7  JOHN A. KISSEL  Y  25  BOB DUFF
N  8  KEVIN D. WITKOS  Y  26  WILL HASKELL
Y  9  MATTHEW LESSER  Y  27  CARLO LEONE
Y 10  GARY WINFIELD  Y  28  TONY HWANG
Y 11  MARTIN M. LOONEY  Y  29  MAE M. FLEXER
Y 12  CHRISTINE COHEN  Y  30  CRAIG MINER
Y 13  MARY ABRAMS  N  31  HENRI MARTIN
Y 14  JAMES MARONEY  N  32  ERIC BERTHEL
Y 15  JOAN V. HARTLEY  Y  33  NORM NEEDLEMAN
N  16  ROBERT SAMPSON  Y  34  LEONARD FASANO
Y 17  GEORGE LOGAN  Y  35  DAN CHAMPAGNE
Y 18  HEATHER SOMERS  Y  36  ALEX BERGSTEIN

The following is the resolution:
Resolved by this Assembly:

That pursuant to Article III of the amendments to the state constitution, and Rule 33 of the Joint Rules of this session, we the members of this General Assembly judge it necessary that there be a special session of the General Assembly, that said session be convened not earlier than 12:01 a.m. on June 6, 2019, and that the call of the session be solely for the purposes of considering and enacting bills concerning (1) state bond authorizations and their underlying programs and projects, and (2) school construction.

BE IT FURTHER RESOLVED, that the clerks of the Senate and the House of Representatives deliver a copy of this resolution to the Secretary of the State forthwith.

IMMEDIATE TRANSMITTAL TO THE HOUSE
JOINT RULE 17

Senator Duff of the 25th moved immediate transmittal to the House of the resolution needing further action by the House.

BUSINESS ON THE CALENDAR
FAVORABLE REPORTS OF THE JOINT STANDING COMMITTEES
BILLS PASSED

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

HIGHER EDUCATION AND EMPLOYMENT ADVANCEMENT. H.B. No. 5001 (COMM) (File No. 170) AN ACT ESTABLISHING A TASK FORCE TO STUDY WORKFORCE TRAINING NEEDS IN THE STATE. (As amended by House Amendment Schedule "A" (LCO 11013))

Senator Haskell of the 26th explained the bill and moved passage.

Remarking were Senators Hwang of the 28th and Formica of the 20th.

The chair ordered the vote be taken by roll call.

The following is the result of the vote at 10:10 p.m.:

Total Number Voting .................................................. 36
Necessary for Adoption ................................................ 19
Those voting Yea .................................................... 36
Those voting Nay ...................................................... 0
Those absent and not voting ......................................... 0

On the roll call vote House Bill No. 5001 as amended by House Amendment Schedule “A” (LCO 11013) was passed in concurrence with the House.

The following is the roll call vote:

Y  1 JOHN W. FONFARA  Y  19 CATHERINE A. OSTEN
Y  2 DOUGLAS MCCRARY  Y  20 PAUL M. FORMICA
Y  3 SAUD ANWAR  Y  21 KEVIN KELLY
Y  4 STEVE CASSANO  Y  22 MARILYN MOORE
Y  5 DEREK SLAP  Y  23 DENNIS BRADLEY
BUSINESS FROM THE HOUSE
FAVORABLE REPORTS OF THE JOINT STANDING COMMITTEES
HOUSE BILLS

The following favorable reports of the Joint Standing Committees were received from the House, read the second time and tabled for the calendar.

PUBLIC SAFETY AND SECURITY. Substitute for H.B. No. 7192 (File Nos. 688 and 861) AN ACT CONCERNING MUNICIPAL AND REGIONAL OPPORTUNITIES AND EFFICIENCIES. (As amended by House Amendment Schedule "A" (LCO 10979))

FINANCE, REVENUE AND BONDING. Substitute for H.B. No. 7415 (RAISED) (File No. 883) AN ACT CONCERNING A STUDY OF NEW REVENUE STREAMS. (As amended by House Amendment Schedule "A" (LCO 11044))

FINANCE, REVENUE AND BONDING. H.B. No. 6655 (COMM) (File No. 886) AN ACT CONCERNING THE TAX TREATMENT OF TOBACCO PRODUCTS THAT ARE EXPORTED FROM THE STATE. (As amended by House Amendment Schedule "A" (LCO 9918))

PLANNING AND DEVELOPMENT. H.B. No. 7363 (RAISED) (File No. 628) AN ACT CONCERNING BUILDINGS. (As amended by House Amendment Schedule "A" (LCO 11043))

INSURANCE AND REAL ESTATE. H.B. No. 7269 (RAISED) (File No. 301) AN ACT CONCERNING THE LEGISLATIVE COMMISSIONERS' RECOMMENDATIONS FOR TECHNICAL AND OTHER CHANGES TO THE INSURANCE AND RELATED STATUTES. (As amended by House Amendment Schedule "A" (LCO 10992))

INSURANCE AND REAL ESTATE. Substitute for H.B. No. 6088 (COMM) (File No. 280) AN ACT CONCERNING CONTRACTING HEALTH ORGANIZATIONS AND DENTISTS, DENTAL PLANS AND PROCEDURES. (As amended by House Amendment Schedule "A" (LCO 10504))
INSURANCE AND REAL ESTATE. H.B. No. **7269** (RAISED) (File No. 301) AN ACT CONCERNING THE LEGISLATIVE COMMISSIONERS' RECOMMENDATIONS FOR TECHNICAL AND OTHER CHANGES TO THE INSURANCE AND RELATED STATUTES. (As amended by House Amendment Schedule "A" (LCO 10992))

Senator Lesser of the 9th explained the bill and moved passage.

On motion of Senator Lesser of the 9th, the bill was placed on the Consent Calendar in concurrence with the House.

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**BUSINESS ON THE CALENDAR**

**FAVORABLE REPORTS OF THE JOINT STANDING COMMITTEES**

**BILLS PASSED**

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

PLANNING AND DEVELOPMENT. Substitute for S.B. No. **882** (File No. 724) AN ACT CONCERNING MUNICIPAL ARBITRATION AND THE MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM.

Senator Kushner of the 24th explained the bill and moved passage.

Senator Cassano of the 4th offered Senate Amendment Schedule "A" (LCO 11064) and moved adoption.

Senator Cassano of the 4th withdrew Senate Amendment Schedule "A".

Senator Cassano of the 4th offered Senate Amendment Schedule "B" (LCO 10659) and moved adoption.

Remarking was Senator Bradley of the 23rd.

On a voice vote the amendment was adopted.

The following is the Amendment:

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

"Section 1. Section 7-440 of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

(a) Each member shall contribute to the fund five per cent of his pay as to that portion of pay with respect to which contributions are not to be deducted under section 7-453 and two and one-quarter per cent as to that portion of pay with respect to which contributions are to be so deducted, to be deducted from such pay by the municipality and forwarded not less frequently than once a month to the Retirement Commission to be credited to the fund.

(b) For the fiscal year beginning July 1, 2019, each member shall contribute to the fund five and one-half per cent of such member's pay as to that portion of pay with respect to which contributions are not to be deducted under section 7-453 and two and three-quarters per cent as to that portion of pay with respect to which contributions are to be so deducted from such pay by the municipality and forwarded not less frequently than once a month to the Retirement Commission to be credited to the fund.

(c) For the fiscal year beginning July 1, 2020, each member shall contribute to the fund six per cent of such member's pay as to that portion of pay with respect to which contributions are not to be deducted under section 7-453 and three and one-quarter per cent as to that portion of pay
with respect to which contributions are to be so deducted, to be deducted from such pay by the
municipality and forwarded not less frequently than once a month to the Retirement Commission
to be credited to the fund.

(d) For the fiscal year beginning July 1, 2021, each member shall contribute to the fund six
and one-half per cent of such member’s pay as to that portion of pay with respect to which
contributions are not to be deducted under section 7-453 and three and three-quarters per cent as
to that portion of pay with respect to which contributions are to be so deducted from such pay by the
municipality and forwarded not less frequently than once a month to the Retirement Commission
to be credited to the fund.

(e) For the fiscal year beginning July 1, 2022, each member shall contribute to the fund seven
per cent of such member’s pay as to that portion of pay with respect to which contributions are not
to be deducted under section 7-453 and four and one-quarter per cent as to that portion of pay with
respect to which contributions are to be so deducted from such pay by the municipality and
forwarded not less frequently than once a month to the Retirement Commission to be credited to
the fund.

(f) For the fiscal year beginning July 1, 2023, each member shall contribute to the fund seven
and one-half per cent of such member’s pay as to that portion of pay with respect to which
contributions are not to be deducted under section 7-453 and four and three-quarters per cent as
to that portion of pay with respect to which contributions are to be so deducted from such pay by the
municipality and forwarded not less frequently than once a month to the Retirement Commission
to be credited to the fund.

(g) For the fiscal year beginning July 1, 2024, and each year thereafter, each member shall
contribute to the fund eight per cent of such member’s pay as to that portion of pay with respect to
which contributions are not to be deducted under section 7-453 and five and one-quarter per cent
as to that portion of pay with respect to which contributions are to be so deducted from such pay
by the municipality and forwarded not less frequently than once a month to the Retirement
Commission to be credited to the fund.

(h) In the case of members serving with the armed forces of the United States in time of war,
hostilities or national emergency or any acts incident thereto, as provided in section 7-434, the
municipality shall forward to the Retirement Commission to be credited to the fund a like
contribution on behalf of such member based upon his pay at the time of entering such service.
Any member leaving the employment of the municipality before becoming eligible for retirement
may withdraw on request to the Retirement Commission the total of all contributions made by
him, including contributions made to another system and transferred to the Municipal Employees’
Retirement Fund under the provisions of section 7-442b, less any retroactive contributions payable
by such member under section 7-453 to the Old Age and Survivors Insurance System which have
been paid from the fund under the provisions of section 7-451, provided, if no request is made
within ten years, such contributions shall revert to the fund. The withdrawal of contributions shall
include interest credited from July 1, 1983, or the first of the fiscal year following the date of
actual contribution, whichever is later, to the first of the fiscal year coincident with or preceding
the date the employee leaves municipal service. Such interest shall be credited at the rate of five
cent per year. In addition, for the partial year during which the employee leaves municipal
service or withdraws his contributions, whichever is later, interest shall be credited at the rate of
five-twelfths of one per cent multiplied by the full number of months completed during that year,
such interest rate to be applied to the value of contributions including any prior interest credits as
of the first day of that year. Any employee who withdraws his contributions from the fund and is
subsequently reinstated shall not receive credit for service for such prior employment in the
computation of his eventual retirement allowance unless the withdrawn contributions plus interest,
if any, have been repaid with additional interest at a rate to be determined by the commission. Any
municipality which has made contributions on behalf of any member serving in the armed forces
who is not reemployed by the municipality within six months following the termination of such
service, unless this period is further extended by reason of disability incurred in such service, shall
be entitled to receive from the fund on application to the Retirement Commission the amount of
such contributions. Any municipality which has made contributions in accordance with subsection
(b) of section 7-436b on behalf of any member who leaves the employment of the municipality
and withdraws from the municipal employees' retirement system before becoming eligible for

- 1312 -
retirement shall be entitled to receive from the fund on application to the Retirement Commission the amount of such contributions. In case of the death of a member before retirement, who has not elected a retirement income option in accordance with the provisions of this part or who has made such election but has not completed the age and service requirements that would permit him to retire on his own application, or after retirement without having made such election, or in case of the death of the survivor of a member who has made such election and his spouse after a retirement allowance has become payable, his contributions to the fund plus such five per cent interest, if any, less any retirement allowance paid to him or his spouse, and less any retroactive contributions paid by such member to the Old Age and Survivors Insurance System which have been paid from the fund under the provisions of section 7-451, shall be paid from the fund on the order of the Retirement Commission to the beneficiary or beneficiaries, if any, named by such member. If no named beneficiaries survive the member, or the survivor of the member and his spouse, payment shall be made to the executors or administrators of such member or his spouse, as the case may be, except that, if the amount is less than five hundred dollars, the refund may be made, at the option of the Retirement Commission, in accordance with the terms of section 45a-273."

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

| Section 1 | July 1, 2019 | 7-440 |

Senator Cassano offered Senate Amendment Schedule “C” (LCO 11064) and moved adoption.

On a voice vote the amendment was adopted.

The following is the Amendment:

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

"Sec. 501. (Effective from passage) (a) Notwithstanding the charter or any ordinance of the city of Bridgeport or any provisions of the general statutes or special act, the city of Bridgeport is authorized to issue bonds in an amount not to exceed one hundred twenty-five million dollars plus the costs of issuances of such bonds for the purpose of funding the city of Bridgeport's Pension Plan A Fund. Such bonds shall be "pension deficit funding bonds", as defined in section 7-374c of the general statutes, but shall not be subject to the provisions of subsection (b) or (e) of said section.

(b) Such bonds shall mature not more than twenty-five years from the date of issuance and shall be subject to the provisions of chapter 109 of the general statutes, except the provisions of (1) section 7-371 of the general statutes concerning the date of the first maturity and the amount of any installment of principal or principal and interest, and (2) subsection (e) of section 7-374c of the general statutes concerning the date of the first maturity and the amount of any installment of principal or principal and interest, provided the first principal payment on such bonds shall be made not later than ten years from the date of issuance of such bonds."

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

| Sec. 501 | from passage | New section |

The chair ordered the vote be taken by roll call.

The following is the result of the vote at 11:15 p.m.:

Total Number Voting .............................................. 36
Necessary for Adoption ........................................... 19
Those voting Yea ...................................................... 32
Those voting Nay ..................................................... 4
Those absent and not voting ........................................ 0
On the roll call vote Senate Bill No. 882 as amended by Senate Amendment Schedule “B” (LCO 10659) and Senate Amendment Schedule "C" (LCO 11064) was passed.

The following is the roll call vote:

Y 1 JOHN W. FONFARA       Y 19 CATHERINE A. OSTEN
Y 2 DOUGLAS MCCRORY       Y 20 PAUL M. FORMICA
Y 3 SAUD ANWAR           Y 21 KEVIN KELLY
Y 4 STEVE CASSANO        Y 22 MARILYN MOORE
Y 5 DEREK SLAP           Y 23 DENNIS BRADLEY
Y 6 GENNARO BIZZARRO     Y 24 JULIE KUSHNER
Y 7 JOHN A. KISSEL       Y 25 BOB DUFF
Y 8 KEVIN D. WITKOS      Y 26 WILL HASKELL
Y 9 MATTHEW LESSER       Y 27 CARLO LEONE
Y 10 GARY WINFIELD       Y 28 TONY HWANG
Y 11 MARTIN M. LOONEY    Y 29 MAE M. FLEXER
Y 12 CHRISTINE COHEN     N 30 CRAIG MINER
Y 13 MARY ABRAMS         N 31 HENRI MARTIN
Y 14 JAMES MARONEY       N 32 ERIC BERTHEL
Y 15 JOAN V. HARTLEY     Y 33 NORM NEEDLEMAN
N 16 ROBERT SAMPSON      Y 34 LEONARD FASANO
Y 17 GEORGE LOGAN        Y 35 DAN CHAMPAGNE
Y 18 HEATHER SOMERS      Y 36 ALEX BERGSTEIN

ENVIRONMENT. Substitute for S.B. No. 998 (RAISED) (File No. 599) AN ACT CONCERNING MINOR REVISIONS TO ENVIRONMENT RELATED STATUTES.

Senator Cohen of the 12th explained the bill, offered Senate Amendment Schedule “A” (LCO 11059) and moved adoption.

On a voice vote the amendment was adopted.

The following is the Amendment:

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

"Section 1. Subsections (d) and (e) of section 15-154 of the general statutes are repealed and the following is substituted in lieu thereof (Effective from passage):

(d) Upon the immediate approach of a law enforcement vessel using an audible signal device [and] or flashing blue lights or a fire rescue vessel using an audible signal device [and] or flashing red or yellow lights, any person operating a vessel shall immediately slow to a speed sufficient to maintain steerage only, shall alter course, within its ability, so as not to inhibit or interfere with the operation of the law enforcement vessel or fire rescue vessel, and shall proceed, unless otherwise directed by an officer in the law enforcement vessel or fire rescue vessel, at a reduced speed until beyond the area of operation of the law enforcement vessel or fire rescue vessel. Any person operating a vessel who wilfully or negligently obstructs or retards any law enforcement or fire rescue vessel answering an emergency call or in pursuit of fleeing law violators shall be fined not more than two hundred fifty dollars.

(e) Any person operating a vessel passing within two hundred feet of a stationary law enforcement vessel using an audible signal device [and] or flashing blue lights or a stationary fire rescue vessel using flashing red or yellow lights shall reduce speed to a speed of slow-no-wake until there is a distance of more than two hundred feet between such person's vessel and the law enforcement vessel or fire rescue vessel. For purposes of this subsection, "slow-no-wake" means
operation of a vessel at a speed that does not produce more than a minimum wake and is not
greater than six miles per hour over ground, unless a higher minimum speed is necessary to
maintain steerage when traveling with a strong current.

Sec. 2. Subsection (b) of section 22a-6o of the general statutes is repealed and the following is
substituted in lieu thereof (Effective from passage):

(b) The applicant or licensee and the proposed transferee shall register any such proposed
transfer of an application for a license or a license, as applicable, with the commissioner within
thirty days of the transfer of ownership of the facility for which the license is sought or has been
issued. Such registration shall be on forms to be prescribed by the commissioner and accompanied
by a fee established by the commissioner to cover costs of processing the transfer of the
application for a license or the license, as applicable. Upon receipt of a registration of a proposed
transfer of an application for a license or a license pursuant to this section, if the commissioner
determines that the transferee is able to comply with the terms and conditions of the application
for a license or license, as applicable, the commissioner shall send a notice to the applicant for a
license or the licensee, as applicable, and the proposed transferee which confirms the registration
and acknowledges the applicability of the application for a license or license to the transferee. The
commissioner may include in such transferred license any new conditions as may be necessary to
enable the transferee to comply with the original terms and conditions of the license.

Sec. 3. Subsection (c) of section 22-11h of the general statutes is repealed and the following is
substituted in lieu thereof (Effective from passage):

(c) Individual structures used for aquaculture as defined in section 22-11c, including, but not
limited to, racks, cages or bags, as well as buoys marking such structures, which do not otherwise
require a permit under federal Army Corps of Engineers regulations and do not interfere
with navigation in designated or customary boating or shipping lanes and channels, shall be placed
in leased or designated shellfish areas and shall be exempt from the requirements of sections 22a-
359 to 22a-363f, inclusive.

Sec. 4. Section 22a-73 of the general statutes is repealed and the following is substituted in lieu
thereof (Effective from passage):

(a) To carry out and effectuate the purposes and policies of this chapter it is the public policy
of the state to encourage municipal participation by means of regulation of activities causing noise
pollution within the territorial limits of the various municipalities. To that end, any municipality
may develop and establish a comprehensive program of noise regulation. Such program may
include a study of the noise problems resulting from uses and activities within its jurisdiction and
its development and adoption of a noise control ordinance.

(b) Any municipality may adopt, amend and enforce a noise control ordinance which may
include the following: (1) Noise levels which will not be exceeded in specified zones or other
designated areas; (2) designation of a noise control officer and the designation of an existing board
or commission, or the establishment of a new board or commission to direct such program; (3)
implementation procedures of such program and the relation of such program to other plans within
the jurisdiction of the municipality; (4) procedures for assuring compliance with state and federal
noise regulations; (5) noise level restrictions applicable to construction activities, including
limitation on on-site hours of operation.

(c) [No ordinance shall be effective until such ordinance has been approved by the
commissioner. No] Any such ordinance shall be [approved unless it is in conformity with] at least
as stringent as any state noise control plan, including ambient noise standards, adopted pursuant to
section 22a-69 or any standards or regulations adopted by the administrator of the United States
Environmental Protection Agency pursuant to the Noise Control Act of 1972 (P.L. 92-574) or any
amendment thereto. Notwithstanding the provisions of this subsection, any municipality may
adopt more stringent noise standards than those adopted by the commissioner, if, provided such
standards are approved by the commissioner.

Sec. 5. Section 23-53 of the general statutes is repealed and the following is substituted in lieu
thereof (Effective from passage):

The Governor on behalf of this state is authorized to enter into a compact, substantially in the
following form, with any one or more of the states of Maine, Massachusetts, New Hampshire,
New York, Rhode Island and Vermont and with such other states of the United States or provinces
of the Dominion of Canada as may legally join therein:
NORTHEASTERN INTERSTATE FOREST FIRE PROTECTION COMPACT

ARTICLE I

The purpose of this compact is to promote effective prevention and control of forest fires in the northeastern region of the United States and adjacent areas in Canada by the development of integrated forest fire plans, by the maintenance of adequate forest fire fighting services by the member states, by providing for mutual aid in fighting forest fires among the states of the region and for procedures that will facilitate such aid, and by the establishment of a central agency to coordinate the services of member states and perform such common services as member states may deem desirable.

ARTICLE II

This agreement shall become operative immediately as to those states ratifying it whenever any two or more of the states of Maine, New Hampshire, Vermont, Rhode Island, Connecticut, New York and the Commonwealth of Massachusetts have ratified it and the Congress has given its consent. Any state not mentioned in this article which is contiguous with any member state may become a party to this compact. Subject to the consent of the Congress of the United States, any province of the Dominion of Canada which is contiguous with any member state may become a party to this compact by taking such action as its laws and the laws of the Dominion of Canada may prescribe for ratification. In this event, the term "state" in this compact shall include within its meaning the term "province" and the procedures prescribed shall be applied in the instance of such provinces, in accordance with the forms and practices of the Canadian government.

ARTICLE III

Each state joining herein shall appoint three representatives to a commission hereby designated as the Northeastern Forest Fire Protection Commission. One shall be the state forester or officer holding an equivalent position in such state who is responsible for forest fire control. The second shall be a member of the legislature of such state designated by the commission or committee on interstate cooperation of such state, or if there be none, or if said commission on interstate cooperation cannot constitutionally designate the said member, such legislator shall be designated by the governor thereof; provided that if it is constitutionally impossible to appoint a legislator as a commissioner from such state, the second member shall be appointed by the governor of said state in his discretion. The third member shall be a person designated by the governor as the responsible representative of the governor. In the event that any province of the Dominion of Canada shall become a member of this commission, it shall designate three members who will approximate this pattern of representation to the extent possible under the law and practices of such province. This commission shall be a body corporate with the powers and duties set forth herein.

ARTICLE IV

It shall be the duty of the commission to make inquiry and ascertain from time to time such methods, practices, circumstances and conditions as may be disclosed for bringing about the prevention and control of forest fires in the area comprising the member states, to coordinate the forest fire plans and the work of the appropriate agencies of the member states and to facilitate the rendering of aid by the member states to each other in fighting forest fires.

The commission shall formulate and, in accordance with need, from time to time, revise a regional forest fire plan for the entire region covered by the compact which shall serve as a common forest fire plan for that area.

The commission shall, more than one month prior to any regular meeting of the legislature in any signatory state, present to the governor and to the legislature of the state its recommendations relating to enactments to be made by the legislature of that state in furthering the interests and purposes of this compact.

The commission shall consult with and advise the appropriate administrative agencies of the states party hereto with regard to problems connected with the prevention and control of forest fires and recommend the adoption of such regulations as it deems advisable.

The commission shall have power to recommend to the signatory states any and all measures that will effectuate the prevention and control of forest fires.

ARTICLE V
Any two or more member states may designate the Northeastern Forest Fire Protection Commission as a joint agency to maintain such common services as those states deem desirable for the prevention and control of forest fires. Except in those cases where all member states join in such designation for common services, the representatives of any group of such designating states in the Northeastern Forest Fire Protection Commission shall constitute a separate section of such commission for the performance of the common service or services so designated provided that, if any additional expense is involved, the state so acting shall appropriate the necessary funds for this purpose. The creation of such a section as a joint agency shall not affect the privileges, powers, responsibilities or duties of the states participating therein as embodied in the other articles of this compact.

ARTICLE VI

The commission may request the United States Forest Service to act as the primary research and coordinating agency of the Northeastern Forest Fire Protection Commission, in cooperation with the appropriate agencies in each state and the United States Forest Service may accept the initial responsibility in preparing and presenting to the commission its recommendations with respect to the regional fire plan. Representatives of the United States Forest Service may attend meetings of the commission and of groups of member states.

ARTICLE VII

The commission shall annually elect from its members a chairman and a vice-chairman. The commission shall appoint such officers or employees as may be required to carry the provisions of this compact into effect, shall fix and determine their duties, qualifications and compensation, and may at its pleasure, remove or discharge any such officer or employee. The commission shall adopt rules and regulations for the conduct of its business. It may establish and maintain one or more offices for the transaction of its business and may meet at any time or place but must meet at least once a year.

A majority of the members of the commission representing a majority of the signatory states shall constitute a quorum for the transaction of its general business, but no action of the commission imposing any obligation on any signatory state shall be binding unless a majority of the members from such signatory state shall have voted in favor thereof. For the purpose of conducting its general business, voting shall be by state units.

The representatives of any two or more member states, upon notice to the chairman as to the time and purpose of the meeting, may meet as a section for the discussion of problems common to those states.

Sections established by groups of member states shall have the same powers with respect to officers, employees and the maintenance of offices as are granted by this article to the commission. Sections may adopt such rules, regulations and procedures as may be necessary for the conduct of their business.

ARTICLE VIII

It shall be the duty of each member state to formulate and put in effect a forest fire plan for that state and to take such measures as may be recommended by the commission to integrate such forest fire plan with regional forest fire plan.

Whenever the state forest fire control agency of a member state requests aid from the state forest fire control agency of any other member state in combating, controlling or preventing forest fires, it shall be the duty of the state forest fire control agency of that state to render all possible aid to the requesting agency which is consonant with the maintenance of protection at home.

Each signatory state agrees to render aid to the Forest Service or other agencies of the government of the United States in combating, controlling or preventing forest fires in areas under their jurisdiction located within the member state or a contiguous member state.

ARTICLE IX

Whenever the forces of any member state are rendering outside aid pursuant to the request of another member state under this compact, the employees of such state shall, under the direction of the officers of the state to which they are rendering aid, have the same powers (except the power of arrest), duties, rights, privileges and immunities as comparable employees of the state to which they are rendering aid.
No member state or its officers or employees rendering outside aid pursuant to this compact shall be liable on account of any act or omission on the part of such forces while so engaged, or on account of the maintenance or use of any equipment or supplies in connection therewith.

All liability that may arise either under the laws of the requesting state or under the laws of the aiding state or under the laws of a third state on account of or in connection with a request for aid, shall be assumed and borne by the requesting state.

Any member state rendering outside aid pursuant to this compact shall be reimbursed by the member state receiving such aid for any loss or damage to, or expense incurred in the operation of any equipment answering a request for aid, and for the cost of all materials, transportation, wages, salaries, and maintenance of employees and equipment incurred in connection with such request. Provided, that nothing herein contained shall prevent any assisting member state from assuming such loss, damage, expense or other cost or from loaning such equipment or from donating such services to the receiving member state without charge or cost.

Each member state shall provide for the payment of compensation and death benefits to injured employees and the representatives of deceased employees in case employees sustain injuries or are killed while rendering outside aid pursuant to this compact, in the same manner and on the same terms as if the injury or death were sustained within such state.

For the purposes of this compact the term employee shall include any volunteer or auxiliary legally included within the forest fire fighting forces of the aiding state under the laws thereof.

The commission shall formulate procedures for claims and reimbursement under the provisions of this article.

Aid by a member state to an area subject to federal jurisdiction beyond the borders of such state shall not be required under this compact unless substantially the same provisions of this article relative to powers, liabilities, losses and expenses in connection with such aid are embodied in federal laws.

The provisions of this article that relate to the rendering of outside aid in combating, controlling or preventing forest fires shall be applicable to the provision of such aid by any state that is party to this compact to any other state that is party to a regional forest fire protection compact in another region provided the legislature of such other state assents to the outside aid provisions of this compact.

ARTICLE X

When appropriations for the support of this commission or for the support of common services maintained by the commission or a section thereof under the provisions of article V are necessary, the commission or a section thereof shall allocate the costs among the states affected with consideration of the amounts of forested land in those states that will receive protection from the service to be rendered and the extent of the forest fire problem involved in each state, and shall submit its recommendations accordingly to the legislatures of the affected states.

The commission shall submit to the governor of each state, at such time as he may request, a budget of its estimated expenditures for such period as may be required by the laws of such state for presentation to the legislature thereof.

The commission shall keep accurate books of account, showing in full its receipts and disbursements, and said books of account shall be open at any reasonable time to the inspection of such representatives of the respective signatory states as may be duly constituted for that purpose.

On or before the first day of December of each year, the commission shall submit to the respective governors of the signatory states a full and complete report of its activities for the preceding year.

ARTICLE XI

The representatives from any member state may appoint and consult with an advisory committee composed of persons interested in forest fire protection.

The commission may appoint and consult with an advisory committee of representatives of all affected groups, private and governmental.

ARTICLE XII

The commission may accept any and all donations, gifts and grants of money, equipment, supplies, materials and services from the federal or any local government, or any agency thereof and from any person, firm or corporation, for any of its purposes and functions under this
compact, and may receive and utilize the same subject to the terms, conditions and regulations governing such donations, gifts and grants.

ARTICLE XIII

Nothing in this compact shall be construed to authorize or permit any member state to curtail or diminish its forest fire fighting forces, equipment, services or facilities, and it shall be the duty and responsibility of each member state to maintain adequate forest fire fighting forces and equipment to meet normal demands for forest fire protection within its borders.

Nothing in this compact shall be construed to limit or restrict the powers of any state ratifying the same to provide for the prevention, control and extinguishment of forest fires, or to prohibit the enactment or enforcement of state laws, rules or regulations intended to aid in such prevention, control and extinguishment in such state.

Nothing in this compact shall be construed to affect any existing or future cooperative relationship or arrangement between the United States Forest Service and a member state or states.

ARTICLE XIV

This compact shall continue in force and remain binding on each state ratifying it until the legislature or the governor of such state takes action to withdraw therefrom. Such action shall not be effective until six months after notice thereof has been sent by the chief executive of the state desiring to withdraw to the chief executives of all states then parties to the compact.

Sec. 6. Subsection (c) of section 23-65h of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

(c) An application for the certification as a forest practitioner shall be made to the Commissioner of Energy and Environmental Protection and shall contain such information regarding the applicant's qualifications and proposed operations and other relevant matters as the commissioner deems necessary.

1) The commissioner shall require the applicant for forester certification to demonstrate, upon examination, that he possesses adequate knowledge concerning the proper application of forest management techniques, the ecological and environmental consequences of harvesting activity and mitigating measures to be employed to minimize possible adverse impacts on environmental conditions within the harvest area.

2) The commissioner shall require the applicant for supervising forest products harvester certification to demonstrate, upon examination, that he possesses adequate knowledge concerning techniques and procedures normally employed in the conduct and supervision of a harvest operation, the safe and environmentally responsible operation of harvesting equipment, and mitigating measures to be employed to minimize possible adverse impacts of harvesting activity on environmental conditions within the harvest area.

3) The commissioner shall require the applicant for forest products harvester certification to demonstrate, upon examination, that he possesses adequate knowledge concerning techniques and procedures normally employed in the conduct of a harvest operation, except that an applicant who demonstrates to the satisfaction of the commissioner that he has engaged in commercial forest practices at least once per year for the ten years immediately preceding October 1, 1991, shall be exempt from such examination requirement.

4) (A) If the commissioner finds that the applicant is competent with respect to the required qualifications, including those provided in section 23-65g, he shall certify the applicant to perform such forest practices as appropriate to the requested certification. The certification shall be valid for a period not to exceed five years and may be renewed by the commissioner with or without further examination. The commissioner may establish regulations for forest practitioner certification so that one-fifth of the certificates expire each year. The commissioner may certify a forest practitioner for less than five years and prorate the registration fee accordingly to implement the regulations established pursuant to this subsection.

(B) Notwithstanding the provisions of subparagraph (A) of this subdivision, the commissioner may grant a sixty-day extension for any forest practitioner who failed to submit a complete application for renewal prior to the expiration date of such forest practitioner's certification. Such forest practitioner shall submit a complete application for renewal within such sixty-day extension period. Any renewed certification issued by the commissioner pursuant to this subparagraph shall
not require reexamination by such forest practitioner prior to such issuance but shall require the submission of an additional fee, as determined by the commissioner.

(5) If the commissioner finds that the applicant is not competent with respect to the requirements for the requested certification, the commissioner shall refuse to issue the applicant a certificate. The commissioner shall inform the applicant of the refusal in writing, giving the reasons for such refusal. Any person aggrieved by such refusal may, within thirty days from date of issuance of such denial, request a hearing before the commissioner, which hearing shall be conducted in accordance with chapter 54.

(6) The commissioner may certify without examination any person who is certified in another state under a law which provides substantially similar qualifications for certification and which grants similar privileges of certification without examination to residents of this state certified under the provisions of this section, or (B) through examination by the Society of American Foresters, or a similar organization, that provides substantially similar qualifications for certification provided such person can demonstrate knowledge of the forestry laws of this state to the commissioner's satisfaction.

(7) The commissioner may, by regulation, adopted in accordance with the provisions of chapter 54, prescribe fees for applicants to defray the cost of administering examinations and carrying out the provisions of this chapter. A state or municipal employee who engages in activities for which certification is required by this section solely as part of his employment shall be exempt from payment of a fee. Any certificate issued to a state or municipal employee for which a fee has not been paid shall be void upon termination of such government employment.

(8) The commissioner may require the display of a decal or other evidence, indicating that a commercial forest practitioner has met the requirements of sections 23-65f to 23-65o, inclusive, in a prominent place on any licensed motor vehicle used in the practitioner's operations. A fee may be charged to the certified practitioner to cover the cost of the decal or other evidence.

(9) The commissioner shall require all forest practitioners certified under sections 23-65f to 23-65o, inclusive, to participate biennially in a relevant program of professional education to improve or maintain professional forestry skills that is sponsored by the Department of Energy and Environmental Protection, the New England Society of American Foresters, The University of Connecticut, Yale University or the Connecticut cooperative extension system, or participation in another program approved by the department. Such professional education shall take place during the recertification cycle and be in accordance with the prescribed schedule set forth in regulations adopted in accordance with the provisions of this chapter.

Sec. 7. Section 23-65i of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

(a) Each certified forester, except any state employee who engages in activities regulated by sections 23-65f to 23-65o, inclusive, solely as part of his employment, shall submit an annual report to the Commissioner of Energy and Environmental Protection on or before June first of each year in a form prescribed by the commissioner. Such report shall include, but not be limited to, the following information:

   (1) The number of forest management plans completed and acres covered by said plans;
   (2) The number and type of timber stand improvements completed and acres so improved;
   (3) The number of acres planted in reforestation, afforestation and in Christmas tree plantations;
   (4) The number of commercial forest product sales, the total number of acres harvested in such sales, the type and total volumes of products generated by such sales and total annual expenditure for the purchase of such sales;
   (5) [Evidence] Attestation of [biennial] participation in a relevant program of professional education to improve or maintain professional forestry skills that is sponsored by the Department of Energy and Environmental Protection, the New England Society of American Foresters, The University of Connecticut, Yale University or the Connecticut cooperative extension system, or participation in another program approved by the department, provided proof of such participation shall be furnished to the commissioner upon request and be in accordance with the prescribed schedule set forth in regulations adopted in accordance with the provisions of this chapter; and
   (6) Other information which the commissioner deems necessary.
(b) Each certified supervising forest products harvester shall be required to submit an annual report to the Commissioner of Energy and Environmental Protection on or before June first of each year in a form prescribed by the commissioner. Such report shall include, but not be limited to, the following information:

1. The number of commercial forest product sales harvested, and the type and total volumes of products generated by such sales;

2. [Evidence] Attestation of [biennial] participation in a relevant program of professional education to improve or maintain forest products harvesting skills that is sponsored by the Department of Energy and Environmental Protection, the New England Society of American Foresters, the University of Connecticut, Yale University, the Connecticut cooperative extension system or is otherwise approved by the department, provided proof of such participation shall be furnished to the commissioner upon request and be in accordance with the prescribed schedule set forth in regulations adopted in accordance with the provisions of this chapter; and

3. Other information which the commissioner deems necessary.

(c) All certified forest products harvesters shall be required to submit to the Commissioner of Energy and Environmental Protection, on or before June first of each year, annual reports in a form prescribed by the commissioner. Such reports shall include, but not be limited to, the following information:

1. [Evidence] Attestation of [biennial] participation in a relevant program of professional education to improve or maintain forest products harvesting skills that is sponsored by the Department of Energy and Environmental Protection, the New England Society of American Foresters, The University of Connecticut, Yale University, the Connecticut cooperative extension system or is otherwise approved by the department, provided proof of such participation shall be furnished to the commissioner upon request and be in accordance with the prescribed schedule set forth in regulations adopted in accordance with the provisions of this chapter; and

2. Other information the commissioner deems necessary.

Sec. 8. Subsection (f) of section 22a-54 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

(f) (1) The commissioner may, by regulation adopted pursuant to the provisions of chapter 54, prescribe fees for applicants to defray the cost of administering examinations and assisting in carrying out the purposes of section 22a-451, except the fees for certification and renewal of a certification shall be as follows: [(1)] (A) For supervisory certification as a commercial applicator, two hundred eighty-five dollars; [(2)] (B) for operational certification as a commercial applicator, eighty dollars, and [(3)] (C) for certification as a private applicator, one hundred dollars. A federal, state or municipal employee who applies pesticides solely as part of his employment shall be exempt from payment of a fee. Any certificate issued to a federal, state or municipal employee for which a fee has not been paid shall be void if the holder leaves government employment. The fees collected in accordance with this section shall be deposited in the General Fund.

(2) The commissioner may renew any certification issued pursuant to this section for the holder of a certification that has lapsed less than one year provided the holder of such certification submits to the commissioner a signed renewal application, payment of the applicable renewal fee and any late fee. Such late fee shall be calculated as follows: Beginning on the first day that such certification lapses, ten per cent of the applicable renewal fee plus one and one-quarter per cent per month, or part thereof, for a period not to exceed one year. Any holder of a certification that has lapsed more than one year shall be examined in accordance with the requirements of this section and any regulation adopted pursuant to the provisions of this section.

Sec. 9. Section 26-107h of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

On or before February first, annually, the Commissioner of Energy and Environmental Protection [shall] may submit to the joint standing committee of the General Assembly having cognizance of matters relating to the environment a report on the progress of the program established under section 26-107f, the purposes for which any funds allocated to said program were expended and the future of the program.

Sec. 10. Subsections (a) and (b) of section 23-65g of the general statutes are repealed and the following is substituted in lieu thereof (Effective October 1, 2019):
(a) There is established a Forest Practices Advisory Board consisting of the State Forester or his or her designee, and nine public members, six of whom shall be appointed [one each] as follows: One by the president pro tempore of the Senate [,] who shall be a professional forester in private practice, one by the majority leader of the Senate [,] who shall be a professor of forestry or natural resources from a college or university located in the state, one by the minority leader of the Senate [,] who shall be a member of the public, one by the speaker of the House of Representatives [,] who shall be the owner of not fewer than ten but not more than two hundred fifty acres of forest land, one by the majority leader of the House of Representatives [,] who shall be a representative of the forest products industry, and one by the minority leader of the House of Representatives [and three of whom] who shall be a member of the public. Three public members shall be appointed by the Governor as follows: One member who is an officer of an environmental organization headquartered in the state that is concerned primarily with forests, one member who is a representative of an environmental organization not primarily concerned with forests and one member who is a member of an inland wetlands agency. [The members appointed shall include a professional forester in private practice, a representative of the forest products industry, an officer of an environmental organization headquartered within the state which is concerned primarily with forests, a professor of forestry or natural resources from a college or university within the state, an owner of not less than ten nor more than two hundred fifty acres of forest land, a representative of an environmental organization not primarily concerned with forests and a member of an inland wetlands agency.]

(b) The appointed members of the initial board shall be appointed so that the terms of two members shall expire on December 31, 1993, the terms of two members shall expire on December 31, 1994, the terms of two members shall expire on December 31, 1995, and the term of one member shall expire on December 31, 1996. Thereafter, each member shall be appointed for a term of four years. Vacancies on the board shall be filled [in the same manner as the original appointments] by the appointing authority. Each member of the board shall serve until his successor is appointed.

Sec. 11. (NEW) (Effective from passage) Notwithstanding any other provision of the general statutes, a stormwater authority may not levy fees on land classified as, or consisting of, farm, forest or open space land or for an environmental organization that owns land and structures on such land which are used for environmental education purposes except on areas of such land that contains impervious surfaces from which stormwater runoff is generated."

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>Amend Section</th>
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<tr>
<td>Section 1</td>
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<td>Sec. 2</td>
<td>from passage</td>
<td>22a-6b(b)</td>
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<td>Sec. 3</td>
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<td>22-11h(c)</td>
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<td>Sec. 4</td>
<td>from passage</td>
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<td>from passage</td>
<td>22a-54(f)</td>
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<td>Sec. 9</td>
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<td>26-107h</td>
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<td>Sec. 10</td>
<td>October 1, 2019</td>
<td>23-65g(a) and (b)</td>
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<tr>
<td>Sec. 11</td>
<td>from passage</td>
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The chair ordered the vote be taken by roll call.

The following is the result of the vote at 11:18 p.m.:

Total Number Voting ......................................................... 36
Necessary for Adoption .................................................... 19
Those voting Yea .............................................................. 35
Those voting Nay ............................................................. 1
Those absent and not voting ............................................... 0

- 1322 -
On the roll call vote Senate Bill No. 998 as amended by Senate Amendment Schedule “A” (LCO 11059) was passed.

The following is the roll call vote:

Y 1 JOHN W. FONFARA  Y 19 CATHERINE A. OSTEN
Y 2 DOUGLAS MCCRARY  Y 20 PAUL M. FORMICA
Y 3 SAUD ANWAR  Y 21 KEVIN KELLY
Y 4 STEVE CASSANO  Y 22 MARILYN MOORE
Y 5 DEREK SLAP  Y 23 DENNIS BRADLEY
Y 6 GENNARO BIZZARRO  Y 24 JULIE KUSHNER
Y 7 JOHN A. KISSEL  Y 25 BOB DUFF
Y 8 KEVIN D. WITKOS  Y 26 WILL HASKELL
Y 9 MATTHEW LESSER  Y 27 CARLO LEONE
Y 10 GARY WINFIELD  Y 28 TONY HWANG
Y 11 MARTIN M. LOONEY  Y 29 MAE M. FLEXER
Y 12 CHRISTINE COHEN  Y 30 CRAIG MINER
Y 13 MARY ABRAMS  N 31 HENRI MARTIN
Y 14 JAMES MARONEY  Y 32 ERIC BERTHEL
Y 15 JOAN V. HARTLEY  Y 33 NORM NEEDLEMAN
Y 16 ROBERT SAMPSON  Y 34 LEONARD FASANO
Y 17 GEORGE LOGAN  Y 35 DAN CHAMPAGNE
Y 18 HEATHER SOMERS  Y 36 ALEX BERGSTEIN

JUDICIARY. S.B. No. 795 (RAISED) (File No. 8) AN ACT CONCERNING THE USE OF AUTOMATIC EXTERNAL DEFIBRILLATORS.

Senator Anwar of the 3rd explained the bill, offered Senate Amendment Schedule “A” (LCO 7270) and moved adoption.

On a voice vote the amendment was adopted.

The following is the Amendment:

In line 53, strike "may constitute ordinary" and insert "was not a result of such health care provider's" in lieu thereof

The chair ordered the vote be taken by roll call.

The following is the result of the vote at 11:22 p.m.:

Total Number Voting .......................................................... 36
Necessary for Adoption ....................................................... 19
Those voting Yea .............................................................. 36
Those voting Nay .............................................................. 0
Those absent and not voting .................................................. 0

On the roll call vote Senate Bill No. 795 as amended by Senate Amendment Schedule “A” (LCO 7270) was passed.

The following is the roll call vote:
Immediate Transmittal to the House

Joint Rule 17

Senator Duff of the 25th moved immediate transmittal to the House of the bills needing further action by the House.

Business on the Calendar

Favorable Reports of the Joint Standing Committees

Bills Placed on Consent Calendar No. 3

The following bills were taken from the table, read the third time, the reports of the Committees accepted and the bills placed on the Consent Calendar.

Appropriations. Substitute for H.B. No. 6921 (COMM) (File Nos. 476 and 991) AN ACT ESTABLISHING A COUNCIL ON THE COLLATERAL CONSEQUENCES OF A CRIMINAL RECORD. (As amended by House Amendment Schedules "A" and "B").

Senator Kushner of the 24th explained the bill and moved passage.

On motion of Senator Kushner of the 24th, the bill as amended by House Amendment Schedule “A” (LCO 8536) and House Amendment "B" (LCO 9352) was placed on the Consent Calendar in concurrence with the House.

Senate Agenda No. 1

Suspension of the Rules

Business from the House

Favorable Report of the Joint Standing Committee

Bill Calendar No. 3

On the motion of Senator Duff of the 25th, the rules were suspended to take up an item from Senate Agenda No. 3.
FINANCE, REVENUE AND BONDING. Substitute for H.B. No. 7201 (File No. 483) AN ACT CONCERNING THE CONVENIENCE OF ACQUIRING MOTOR VEHICLE LICENSES AND REGISTRATIONS.

Senator Leone of the 27th explained the bill and moved passage.

Remarking was Senator Witkos of the 8th.

The chair ordered the vote be taken by roll call.

The following is the result of the vote at 11:28 p.m.:

Total Number Voting .................................................. 36
Necessary for Adoption ................................................... 19
Those voting Yea ......................................................... 25
Those voting Nay ......................................................... 11
Those absent and not voting .............................................. 0

On the roll call vote House Bill No. 7201 as amended by House Amendment Schedule “A” (LCO 10312) was passed in concurrence with the House.

The following is the roll call vote:

Y 1 JOHN W. FONFARA Y 19 CATHERINE A. Osten
Y 2 DOUGLAS MCCRORY N 20 PAUL M. FORMICA
Y 3 SAUD ANWAR N 21 KEVIN KELLY
Y 4 STEVE CASSANO Y 22 MARILYN MOORE
Y 5 DEREK SLAP Y 23 DENNIS BRADLEY
N 6 GENNARO BIZZARRO Y 24 JULIE KUSHNER
N 7 JOHN A. KISSEL Y 25 BOB DUFF
N 8 KEVIN D. WITKOS Y 26 WILL HASKELL
Y 9 MATTHEW LESSER Y 27 CARLO LEONE
Y 10 GARY WINFIELD Y 28 TONY HWANG
Y 11 MARTIN M. LOONEY Y 29 MAE M. FLEXER
N 12 CHRISTINE COHEN N 30 CRAIG MINER
Y 13 MARY ABRAMS Y 31 HENRI MARTIN
Y 14 JAMES MARONEY N 32 ERIC BERTHEL
Y 15 JOAN V. HARTLEY Y 33 NORM NEEDLEMAN
N 16 ROBERT SAMPTON Y 34 LEONARD FASANO
Y 17 GEORGE LOGAN N 35 DAN CHAMPAGNE
N 18 HEATHER SOMERS Y 36 ALEX BERGSTEIN

BUSINESS ON THE CALENDAR
FAVORABLE REPORTS OF THE JOINT STANDING COMMITTEES
BILLS PASSED

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

TRANSPORTATION. Substitute for H.B. No. 7141 (RAISED) (File Nos. 462 and 811) AN ACT REGULATING ELECTRIC FOOT SCOOTERS. (As amended by House Amendment Schedule "A").
Senator Leone of the 27th explained the bill and moved passage.

Remarking was Senator Champagne of the 35th.

The chair ordered the vote be taken by roll call.

The following is the result of the vote at 11:33 p.m.:

- Total Number Voting: 36
- Necessary for Adoption: 19
- Those voting Yea: 32
- Those voting Nay: 4
- Those absent and not voting: 0

On the roll call vote House Bill No. 7141 as amended by House Amendment Schedule “A” (LCO 7251) was passed in concurrence with the House.

The following is the roll call vote:

Y 1 JOHN W. FONFARA Y 19 CATHERINE A. OSTEN
Y 2 DOUGLAS MCCORORY Y 20 PAUL M. FORMICA
Y 3 SAUD ANWAR Y 21 KEVIN KELLY
Y 4 STEVE CASSANO Y 22 MARILYN MOORE
Y 5 DEREK SLAP Y 23 DENNIS BRADLEY
Y 6 Gennaro Bizzarro Y 24 JULIE KUSHNER
Y 7 JOHN A. KISSEL Y 25 BOB DUFF
Y 8 KEVIN D. WITKOS Y 26 WILL HASKELL
Y 9 MATTHEW LESSER Y 27 CARLO LEONE
Y 10 GARY WINFIELD Y 28 TONY HWANG
Y 11 MARTIN M. LOONEY Y 29 MAE M. FLEXER
Y 12 CHRISTINE COHEN N 30 CRAIG MINER
Y 13 MARY ABRAMS Y 31 HENRI MARTIN
Y 14 JAMES MARONEY N 32 ERIC BERTHEL
Y 15 JOAN V. HARTLEY Y 33 NORM NEEDLEMAN
N 16 ROBERT SAMPSON Y 34 LEONARD FASANO
Y 17 GEORGE LOGAN N 35 DAN CHAMPAGNE
Y 18 HEATHER SOMERS Y 36 ALEX BERGSTEIN

EDUCATION. Substitute for H.B. No. 7250 (RAISED) (File Nos. 295 and 983) AN ACT CONCERNING THE INCLUSION OF ADDITIONAL TIME DEVOTED TO UNDIRECTED PLAY TO THE REGULAR SCHOOL DAY. (As amended by House Amendment Schedule "A").

Senator McCrory of the 2nd explained the bill and moved passage.

Remarking was Senator Berthel of the 32nd.

The chair ordered the vote be taken by roll call.

The following is the result of the vote at 11:36 p.m.:

- Total Number Voting: 36
- Necessary for Adoption: 19
- Those voting Yea: 34

-
Those voting Nay ................................................................. 2
Those absent and not voting ............................................. 0

On the roll call vote House Bill No. 7250 as amended by House Amendment Schedule “A” (LCO 9102) was passed in concurrence with the House.

The following is the roll call vote:

Y 1 JOHN W. FONFARA                      Y 19 CATHERINE A. OSTEN
Y 2 DOUGLAS MCCRORY                      N 20 PAUL M. FORMICA
Y 3 SAUD ANWAR                          N 21 KEVIN KELLY
Y 4 STEVE CASSANO                       Y 22 MARILYN MOORE
Y 5 DEREK SLAP                          Y 23 DENNIS BRADLEY
Y 6 GENNARO BIZZARRO                    Y 24 JULIE KUSHNER
Y 7 JOHN A. KISSEL                      Y 25 BOB DUFF
Y 8 KEVIN D. WITKOS                     Y 26 WILL HASKELL
Y 9 MATTHEW LESSER                      Y 27 CARLO LEONE
Y 10 GARY WINFIELD                      Y 28 TONY HWANG
Y 11 MARTIN M. LOONEY                   Y 29 MAE M. FLEXER
Y 12 CHRISTINE COHEN                    Y 30 CRAIG MINER
Y 13 MARY ABRAMS                        Y 31 HENRI MARTIN
Y 14 JAMES MARONEY                      Y 32 ERIC BERTHEL
Y 15 JOAN V. HARTLEY                    Y 33 NORM NEEDLEMAN
Y 16 ROBERT Sampson                     Y 34 LEONARD FASANO
Y 17 GEORGE LOGAN                       Y 35 DAN CHAMPAGNE
Y 18 HEATHER SOMERS                     Y 36 ALEX BERGSTEIN

PUBLIC HEALTH. Substitute for H.B. No. 7198 (RAISED) (File Nos. 559 and 968) AN ACT CONCERNING SOCIAL WORKERS. (As amended by House Amendment Schedule "A").

Senator Abrams of the 13th explained the bill and moved passage.

Remarking was Senator Somers of the 18th.

The chair ordered the vote be taken by roll call.

The following is the result of the vote at 11:39 p.m.:

Total Number Voting ..................................................... 36
Necessary for Adoption ................................................ 19
Those voting Yea ......................................................... 35
Those voting Nay ......................................................... 1
Those absent and not voting ................................…….. 0

On the roll call vote House Bill No. 7198 as amended by House Amendment Schedule “A” (LCO 9085) was passed in concurrence with the House.

The following is the roll call vote:

Y 1 JOHN W. FONFARA                      Y 19 CATHERINE A. OSTEN
Y 2 DOUGLAS MCCRORY                      Y 20 PAUL M. FORMICA
Y 3 SAUD ANWAR                          Y 21 KEVIN KELLY
Y 4 STEVE CASSANO                       Y 22 MARILYN MOORE

- 1327 -
The following favorable report were taken from the table, read the third time, the report of the Committee accepted and the resolution adopted.

H.J. No. 171 RESOLUTION APPROVING THE STATE WATER PLAN.

Senator Abrams of the 13th explained the bill and moved passage.

Remarking was Senator Fasano of the 34th.

The chair ordered the vote be taken by roll call.

The following is the result of the vote at 11:42 p.m.:

- Total Number Voting: 36
- Necessary for Adoption: 19
- Those voting Yea: 36
- Those voting Nay: 0
- Those absent and not voting: 0

On the roll call vote House Joint Resolution No. 171 was adopted in concurrence with the House.

The following is the roll call vote:

Y 1  JOHN W. FONFARA
Y 2  DOUGLAS MCCCRORY
Y 3  SAUD ANWAR
Y 4  STEVE CASSANO
Y 5  DEREK SLAP
Y 6  GENNARO BIZZARRO
Y 7  JOHN A. KISSEL
Y 8  KEVIN D. WITKOS
Y 9  MATTHEW LESSER
Y 10 GARY WINFIELD
Y 11 MARTIN M. LOONEY
Y 12 CHRISTINE COHEN
Y 13 MARY ABRAMS
Y 14 JAMES MARONEY
Y 15 JOAN V. HARTLEY
N 16 ROBERT SAMPSON
Y 17 GEORGE LOGAN
Y 18 HEATHER SOMERS
Y 19 CATHERINE A. OSTEN
Y 20 PAUL M. FORMICA
Y 21 KEVIN KELLY
Y 22 MARILYN MOORE
Y 23 DENNIS BRADLEY
Y 24 JULIE KUSHNER
Y 25 BOB DUFF
Y 26 WILL HASKELL
Y 27 CARLO LEONE
Y 28 TONY HWANG
Y 29 MAE M. FLEXER
Y 30 CRAIG MINER
Y 31 HENRI MARTIN
Y 32 ERIC BERTHEL
Y 33 NORM NEEDLEMAN
Y 34 LEONARD FASANO
Y 35 DAN CHAMPAGNE
Y 36 ALEX BERGSTEIN
The following bill was taken from the table, read the third time, the report of the Committee accepted and the bill placed on the Consent Calendar.

ENERGY AND TECHNOLOGY. H.B. No. 7194 (RAISED) (File No. 149) AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING PUBLIC DRINKING WATER. (As amended by House Amendment Schedules "A" and "B").

Senator Abrams of the 13th explained the bill and moved passage.

Remarking was Senator Somers of the 18th.

On motion of Senator Abrams of the 13th, the bill as amended by House Amendment Schedule “A” (LCO 10598) and House Amendment Schedule "B" (LCO 10832) was placed on the Consent Calendar in concurrence with the House.

BUSINESS FROM THE HOUSE
FAVORABLE REPORTS OF THE JOINT STANDING COMMITTEES
HOUSE BILLS

The following favorable reports of the Joint Standing Committees were received from the House, read the second time and tabled for the calendar.

ENVIRONMENT. Substitute for H.B. No. 7297 (RAISED) (File No. 619) AN ACT CONCERNING QUARANTINE AND DISPOSAL ORDERS OF ANIMAL CONTROL OFFICERS. (As amended by House Amendment Schedule "A" (LCO 10222)

EDUCATION. Substitute for H.B. No. 7258 (RAISED) (File No. 297) AN ACT CONCERNING THE ESTABLISHMENT OF A FIRM GRADUATION DATE AND THE DATE WHEN A SCHOOL DISTRICT MAY COMMENCE SCHOOL SESSIONS. (As amended House Amendment Schedule "A" (LCO 9008).

SENATE AGENDA NO. 4
BUSINESS FROM THE HOUSE
HOUSE BILLS
PLACED ON CONSENT CALENDAR NO. 3

On the motion of Senator Duff of the 25th, the rules were suspended and the bills were placed on Consent Calendar No. 3, in accordance with Senate Rule 31.
INSURANCE AND REAL ESTATE. Substitute for H.B. No. 6088 (COMM) (File No. 280) AN ACT CONCERNING CONTRACTING HEALTH ORGANIZATIONS AND DENTISTS, DENTAL PLANS AND PROCEDURES. (As amended by House Amendment Schedule "A" (LCO 10992)) in concurrence with the House.

PUBLIC SAFETY AND SECURITY. Substitute for H.B. No. 7192 (File Nos. 688 and 861) AN ACT CONCERNING MUNICIPAL AND REGIONAL OPPORTUNITIES AND EFFICIENCIES. (As amended by House Amendment Schedule "A" (LCO 10979)) in concurrence with the House.

PLANNING AND DEVELOPMENT. H.B. No. 7363 (RAISED) (File No. 628) AN ACT CONCERNING BUILDINGS. (As amended by House Amendment Schedule "A" (LCO 11043)) in concurrence with the House.

ENVIRONMENT. Substitute for H.B. No. 7297 (RAISED) (File No. 619) AN ACT CONCERNING QUARANTINE AND DISPOSAL ORDERS OF ANIMAL CONTROL OFFICERS. (As amended by House Amendment Schedule "A" (LCO 10222)) in concurrence with the House.

EDUCATION. Substitute for H.B. No. 7258 (RAISED) (File No. 297) AN ACT CONCERNING THE ESTABLISHMENT OF A FIRM GRADUATION DATE AND THE DATE WHEN A SCHOOL DISTRICT MAY COMMENCE SCHOOL SESSIONS. (As amended by House Amendment Schedule "A" (LCO 9008)) in concurrence with the House.

__________
BUSINESS ON THE CALENDAR
FAVORABLE REPORTS OF THE JOINT STANDING COMMITTEES
BILLS AND RESOLUTION PLACED ON CONSENT CALENDAR NO. 3

On motion of Senator Duff of the 25th, the following bills which were starred for action were placed on the Consent Calendar in accordance with Senate Rule 31.

EDUCATION. H.B. No. 7313 (RAISED) (File No. 154) AN ACT CONCERNING HOMELESS STUDENTS' ACCESS TO EDUCATION. in concurrence with the House.

COMMITTEE ON CHILDREN. Substitute for H.B. No. 5683 (COMM) (File No. 114) AN ACT ESTABLISHING A DRY-LAND WATER SAFETY INSTRUCTION PILOT PROGRAM. in concurrence with the House.

EDUCATION. H.B. No. 6997 (COMM) (File Nos. 119 and 809) AN ACT REQUIRING THE PROVISION OF INFORMATION CONCERNING DOMESTIC VIOLENCE SERVICES AND RESOURCES TO STUDENTS, PARENTS AND GUARDIANS. (As amended by House Amendment Schedule "A"). in concurrence with the House.

PUBLIC HEALTH. H.B. No. 7282 (RAISED) (File No. 560) AN ACT CONCERNING NEWBORN SCREENING FOR SPINAL MUSCULAR ATROPHY. In concurrence with the House.

GOVERNMENT ADMINISTRATION AND ELECTIONS. Substitute for H.B. No. 6666 (COMM) (File No. 613) AN ACT REQUIRING THE PROMPT PAYMENT OF CONTRACTORS. In concurrence with the House.
HIGHER EDUCATION AND EMPLOYMENT ADVANCEMENT. H.B. No. 7253 (RAISED) (File No. 204) AN ACT CONCERNING DISTANCE LEARNING PROGRAMS OPERATED BY INSTITUTIONS OF HIGHER EDUCATION OUTSIDE OF THE STATE. In concurrence with the House.

COMMITTEE ON CHILDREN. Substitute for H.B. No. 6184 (COMM) (File Nos. 116 and 815) AN ACT CONCERNING ACCESS TO INFORMATION ON EARLY CHILDHOOD INTERVENTIONS. (As amended by House Amendment Schedule "A"). in concurrence with the House.

GOVERNMENT ADMINISTRATION AND ELECTIONS. H.B. No. 7325 (RAISED) (File Nos. 700 and 869) AN ACT CONCERNING STATE MARSHALS AND STATEMENTS OF FINANCIAL INTERESTS. (As amended by House Amendment Schedule "A"). in concurrence with the House.

PLANNING AND DEVELOPMENT. Substitute for H.B. No. 7361 (RAISED) (File No. 702) AN ACT CONCERNING THE ADOPTION OF MASTER PLANS BY TAX INCREMENT DISTRICTS. in concurrence with the House.

JUDICIARY. Substitute for H.B. No. 7340 (RAISED) (File Nos. 784 and 907) AN ACT CONCERNING THE USE OF VEIL PIERCING TO DETERMINE THE PERSONAL RESPONSIBILITY OF AN INTEREST HOLDER OF A DOMESTIC ENTITY FOR THE DEBTS, OBLIGATIONS OR OTHER LIABILITIES OF SUCH ENTITY AND THE RESPONSIBILITY OF A DOMESTIC ENTITY FOR THE DEBTS, OBLIGATIONS OR OTHER LIABILITIES OF AN INTEREST HOLDER OF SUCH ENTITY. (As amended by House Amendment Schedule "A"). in concurrence with the House.

VETERANS' AFFAIRS. H.B. No. 7064 (RAISED) (File Nos. 27 and 905) AN ACT CONCERNING MUNICIPAL VETERANS' REPRESENTATIVES. (As amended by House Amendment Schedule "A"). in concurrence with the House.

TRANSPORTATION. Substitute for H.B. No. 6588 (COMM) (File No. 403) AN ACT CONCERNING THE ISSUANCE OF PARKING CITATIONS BY INDEPENDENT INSTITUTIONS OF HIGHER EDUCATION AND PRIVATE SECONDARY SCHOOLS. In concurrence with the House.

VETERANS' AFFAIRS. Substitute for H.B. No. 7248 (RAISED) (File No. 203) AN ACT CONCERNING IN-STATE STUDENT STATUS FOR SPOUSES AND CHILDREN OF CERTAIN MEMBERS OF THE ARMED FORCES. In concurrence with the House.

HUMAN SERVICES. Substitute for H.B. No. 7230 (RAISED) (File Nos. 430 and 941) AN ACT CONCERNING INTERPRETER STANDARDS. (As amended by House Amendment Schedule "A"). in concurrence with the House.

JUDICIARY. H.B. No. 7190 (RAISED) (File No. 781) AN ACT EXTENDING GOOD SAMARITAN PROTECTIONS FOR PERSONS OR ENTITIES THAT INCLUDE AN OPIOID ANTAGONIST WITHIN A CABINET CONTAINING AN AUTOMATIC EXTERNAL DEFIBRILLATOR. In concurrence with the House.

LABOR AND PUBLIC EMPLOYEES. H.B. No. 6346 (COMM) (File No. 469) AN ACT CONCERNING THE REVIEW OF MUNICIPAL ARBITRATION AWARDS. In concurrence with the House.

APPROPRIATIONS. Substitute for H.B. No. 7122 (RAISED) (File No. 91) AN ACT CONCERNING MOBILE DENTAL CLINICS. In concurrence with the House.
APPROPRIATIONS. Substitute for H.B. No. 7125 (RAISED) (File Nos. 343 and 966) AN ACT CONCERNING MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFITS. (As amended by House Amendment Schedule "A"). In concurrence with the House.

COMMITTEE ON CHILDREN. H.B. No. 7000 (RAISED) (File Nos. 122 and 963) AN ACT CONCERNING TRAINING FOR CERTAIN PUBLIC SAFETY AND EMERGENCY SERVICES PERSONNEL (As amended by House Amendment Schedule "A"). In concurrence with the House.

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

JUDICIARY. Substitute for H.B. No. 7104 (RAISED) (File No. 820) AN ACT CONCERNING ADOPTION OF THE CONNECTICUT UNIFORM TRUST CODE. In concurrence with the House.

JUDICIARY. Substitute for H.B. No. 7394 (RAISED) (File Nos. 850 and 985) AN ACT CONCERNING THE PROTECTION OF CONFIDENTIAL COMMUNICATIONS BETWEEN A FIRST RESPONDER AND A PEER SUPPORT TEAM MEMBER. (As amended by House Amendment Schedule "A"). In concurrence with the House.

PLANNING AND DEVELOPMENT. H.B. No. 6939 (COMM) (File Nos. 575 and 981) AN ACT CONCERNING THE ESTABLISHMENT OF MUNICIPAL CULTURAL DISTRICTS. (As amended by House Amendment Schedule "A"). In concurrence with the House.

ENERGY AND TECHNOLOGY. H.B. No. 5181 (COMM) (File Nos. 389 and 986) AN ACT REQUIRING THE PUBLIC UTILITIES REGULATORY AUTHORITY TO STUDY THE CREATION OF A NEW RATE CLASS FOR GAS COMPANIES. (As amended by House Amendment Schedule "A"). In concurrence with the House.

PLANNING AND DEVELOPMENT. H.B. No. 6122 (COMM) (File No. 337) AN ACT CONCERNING BOARDS OF POLICE COMMISSIONERS ESTABLISHED BY SPECIAL ACT. In concurrence with the House.

PLANNING AND DEVELOPMENT. Substitute for H.B. No. 6747 (COMM) (File Nos. 686 and 989) AN ACT AMENDING THE CHARTER OF THE GROVE BEACH POINT ASSOCIATION. (As amended by House Amendment Schedule "A"). In concurrence with the House.

PUBLIC HEALTH. Substitute for H.B. No. 6146 (COMM) (File Nos. 554 and 988) AN ACT CONCERNING THE EXPANSION OF CERTIFICATION COURSES IN CARDIOPULMONARY RESUSCITATION AND EDUCATION AND TRAINING COURSES IN THE USE OF AUTOMATIC EXTERNAL DEFIBRILLATORS AND THE ADMINISTRATION OF FIRST AID. (As amended by House Amendment Schedule "A"). In concurrence with the House.

GENERAL LAW. Substitute for H.B. No. 7286 (RAISED) (File Nos. 494 and 1008) AN ACT CONCERNING HOME INSPECTORS AND APPRAISERS. (As amended by House Amendment Schedule "A"). In concurrence with the House.

HIGHER EDUCATION AND EMPLOYMENT ADVANCEMENT. Substitute for H.B. No. 6890 (COMM) (File Nos. 244 and 1002) AN ACT REQUIRING A STUDY OF THE UNITED STATES DEPARTMENT OF EDUCATION'S PROPOSED REGULATIONS REGARDING
SEXUAL MISCONDUCT UNDER TITLE IX OF THE ELEMENTARY AND SECONDARY EDUCATION ACT OF 1972. (As amended by House Amendment Schedule "A"). in concurrence with the House.

INSURANCE AND REAL ESTATE. H.B. No. 5213 (COMM) (File Nos. 269 and 998) AN ACT EXPANDING REQUIRED HEALTH INSURANCE COVERAGE FOR HEARING AIDS. (As amended by House Amendment Schedule "A"). in concurrence with the House.

JUDICIARY. Substitute for H.B. No. 7217 (RAISED) (File Nos. 428 and 1006) AN ACT CONCERNING THE RELEASE OF INMATES SUFFERING FROM OPIOID USE DISORDER AND REPEALING OBSOLETE DEPARTMENT OF CORRECTION STATUTES. (As amended by House Amendment Schedule "A"). in concurrence with the House.

PLANNING AND DEVELOPMENT. Substitute for H.B. No. 7244 (RAISED) (File Nos. 200 and 1007) AN ACT CONCERNING THE PROPERTY TAX EXEMPTION FOR SERVICE MEMBERS AND VETERANS HAVING DISABILITY RATINGS. (As amended by House Amendment Schedule "A"). in concurrence with the House.

FINANCE, REVENUE AND BONDING. Substitute for H.B. No. 7373 (RAISED) (File Nos. 914 and 1016) AN ACT CONCERNING THE DEPARTMENT OF REVENUE SERVICES’ RECOMMENDATIONS FOR TAX ADMINISTRATION AND MINOR REVISIONS TO THE TAX AND RELATED STATUTES. (As amended by House Amendment Schedule "A"). in concurrence with the House.

PUBLIC HEALTH. Substitute for H.B. No. 6942 (RAISED) (File No. 142) AN ACT CONCERNING A COLLABORATIVE RELATIONSHIP BETWEEN PHYSICIAN ASSISTANTS AND PHYSICIANS. in concurrence with the House.

EDUCATION. Substitute for H.B. No. 5833 (COMM) (File Nos. 277 and 1020) AN ACT ESTABLISHING A PILOT PROGRAM FOR THE EXPANSION OF ADVANCED MANUFACTURING CERTIFICATE PROGRAMS. (As amended by House Amendment Schedules "A" and "B"). in concurrence with the House.

EDUCATION. Substitute for H.B. No. 7215 (RAISED) (File Nos. 126 and 1025) AN ACT CONCERNING SCHOOL CLIMATES. (As amended by House Amendment Schedule "A"). in concurrence with the House.

EDUCATION. Substitute for H.B. No. 7353 (RAISED) (File Nos. 624 and 1029) AN ACT CONCERNING THE PROVISION OF SPECIAL EDUCATION. (As amended by House Amendment Schedule "A"). in concurrence with the House.

JUDICIARY. Substitute for H.B. No. 7107 (RAISED) (File No. 415) AN ACT CONCERNING THE THEFT OF WASTE VEGETABLE OIL OR ANIMAL FATS. in concurrence with the House.

PUBLIC SAFETY AND SECURITY. H.B. No. 6376 (COMM) (File Nos. 401 and 1021) AN ACT CONCERNING MOTOR VEHICLE INSPECTORS AS PEACE OFFICERS. (As amended by House Amendment Schedule "A"). in concurrence with the House.

ENERGY AND TECHNOLOGY. H.B. No. 7152 (File No. 147) AN ACT ACCELERATING THE DEPLOYMENT OF 5G WIRELESS FACILITIES. (As amended by House Amendment Schedule "A"). in concurrence with the House.

H.J. No. 170 RESOLUTION CONCERNING THE BOND COVENANT. In concurrence with the House.
ENERGY AND TECHNOLOGY. H.J. No. 57 (COMM) (File No. 206) RESOLUTION ESTABLISHING SEAVIEW VILLAGE IN BRIDGEPORT AS A MUNICIPAL ENERGY SAVINGS AREA. In concurrence with the House.

PLANNING AND DEVELOPMENT. Substitute for S.B. No. 971 (RAISED) (File No. 109) AN ACT CONCERNING AN AMENDMENT TO THE METROPOLITAN DISTRICT COMMISSION CHARTER. In concurrence with the House.

CONSENT CALENDAR NO. 3 ADOPTED

The chair ordered the vote on business placed on the Consent Calendar No. 3 be taken by roll call.

The following is the result of the vote at 11:59 p.m.:

<table>
<thead>
<tr>
<th>Total Number Voting</th>
<th>Necessary for Adoption</th>
<th>Those voting Yea</th>
<th>Those voting Nay</th>
<th>Those absent and not voting</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td>36</td>
<td>19</td>
<td>36</td>
<td>0</td>
<td>0</td>
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</tbody>
</table>

On the roll call vote the Consent Calendar No. 3 was adopted.

The following is the roll call vote:

Y 1  JOHN W. FONFARA    Y 19  CATHERINE A. OSTEN
Y 2  DOUGLAS MCCRARY    Y 20  PAUL M. FORMICA
Y 3  SAUD ANWAR        Y 21  KEVIN KELLY
Y 4  STEVE CASSANO     Y 22  MARILYN MOORE
Y 5  DEREK SLAP        Y 23  DENNIS BRADLEY
Y 6  GENNARO BIZZARRO  Y 24  JULIE KUSHNER
Y 7  JOHN A. KISSEL    Y 25  BOB DUFF
Y 8  KEVIN D. WITKOS   Y 26  WILL HASKELL
Y 9  MATTHEW LESSER    Y 27  CARLO LEONE
Y 10 GARY WINFIELD     Y 28  TONY HWANG
Y 11 MARTIN M. LOONEY  Y 29  MAE M. FLEXER
Y 12 CHRISTINE COHEN   Y 30  CRAIG MINER
Y 13 MARY ABRAMS       Y 31  HENRI MARTIN
Y 14 JAMES MARONEY     Y 32  ERIC BERTHEL
Y 15 JOAN V. HARTLEY   Y 33  NORM NEEDLEMAN
Y 16 ROBERT Sampson    Y 34  LEONARD FASANO
Y 17 GEORGE LOGAN      Y 35  DAN CHAMPAGNE
Y 18 HEATHER SOMERS    Y 36  ALEX BERGSTEIN

MOTION TO ADJOURN SINE DIE

On the motion of Senator Duff of the 25th, the Senate at 12:00 a.m. adjourned Sine Die.

ATTEST: Michael A. Jefferson
Clerk of the Senate
Hartford, Connecticut
June 5, 2019
12:00 o’clock a.m.

BILL SIGNED BY HIS EXCELLENCY,
THE GOVERNOR

The following bill was SIGNED IN THE ORIGINAL by His Excellency, the Governor, on the date indicated:

June 5, 2019

FINANCE, REVENUE AND BONDING. Substitute for S.B. No. 647 (COMM) (File No. 592) AN ACT STREAMLINING THE LIQUOR CONTROL ACT. (As amended by Senate Amendment Schedule "A").

JOINT CONVENTION

The Honorable Senate, preceded by the Honorable Lieutenant Governor and the Clerks of the Senate, entered the House of Representatives and met the House in Joint Convention.

The President called the Joint Convention to order.

The prayer was offered by the Senate Chaplain, Reverend James J. Nock of East Hartford, Connecticut.

The following is the prayer:

Almighty Father,
We ask your blessing on this Joint Convention as we come together this morning to close this legislative session of 2019. This was a very diverse session and we experienced may unchartered waters but we persisted and proved once again, that in the State by the long tidal river, there is no limit as to what we can accomplish, if we accomplish it together.
And we ask this of you, who live and reign, forever and ever. Amen.

JOINT CONVENTION RESOLUTION
RESOLUTION ADOPTED

The following Joint Convention Resolution was introduced, read and adopted.

S.J. No. 42 RESOLUTION RAISING A COMMITTEE OF TWO SENATORS AND TWO REPRESENTATIVES TO INFORM THE GOVERNOR THAT THE SENATE AND HOUSE OF REPRESENTATIVES ARE IN JOINT CONVENTION FOR THE PURPOSE OF ADJOURNMENT.

Senator Duff of the 25th explained the resolution and moved adoption.

On a voice vote, Joint Convention Resolution No. 42 was adopted.

The following is the Resolution:
That a Committee of two Senators and two Representatives be appointed to inform the Governor that the Senate and House of Representatives are in Joint Convention for the purpose of adjournment.

The President appointed Senators Duff of the 25th and Witkos of the 8th, and Representatives Ritter of the 1st and Klarides of the 114th.

The Governor thereupon appeared in the House of Representatives and delivered his message.

JOINT CONVENTION RESOLUTION RESOLUTION ADOPTED

The following Joint Convention Resolution was introduced, read and adopted.

S.J. No. 43 RESOLUTION CONCERNING THE PRINTING OF THE GOVERNOR'S MESSAGE.

Senator Duff of the 25th explained the resolution and moved adoption.

On a voice vote, Joint Convention Resolution No. 43 was adopted.

The following is the Resolution:

Resolved by this Assembly:

That the message of the Governor be printed in the journals of the Senate and House of Representatives and that a sufficient number of copies be printed for general distribution.

BENEDICTION

Guest House Chaplain, Representative Patricia Billie Miller of Stamford, Connecticut offered the benediction.

The following is the prayer:

Let us Pray:

Eternal God, we are grateful to You for this productive legislative session. We thank you for the wisdom that You have given our Governor, our Lieutenant Governor, and our Legislators in fulfilling the responsibility that has been entrusted to them. As we bring this Joint Session to a close, we thank You for all the extraordinary work that has been accomplished this Session.

Now, Almighty God we ask that You bless us and protect us.

May You smile on us and be gracious to us.

May You show us Your eternal favor and give us Your Peace.

As we leave this place.

In Your name we pray, Amen.

After the Governor read his message, the Lieutenant Governor recognized the Secretary of State.

By his Excellency's command, I now declare the General Assembly adjourned Sine Die, God save the state of Connecticut.
The President thereupon dissolved the Joint convention at 12:37 a.m. and the Senate withdrew.

REPORT OF THE JOINT CONVENTION

Ladies and Gentlemen of the Senate:
It is my duty to report to you the proceedings of the Joint Convention.

Upon the invitation of the House, the Senate met the House in Joint Convention for the purpose of receiving any communications that the Governor might choose to make.

Her Honor, Lieutenant Governor Susan Bysiewicz, presided over the Joint Convention.

Prayer was offered by the Senate Chaplain, Reverend James J. Nock of East Hartford, Connecticut.

The Speaker of the House led the Joint Convention in the Pledge of Allegiance.

Senator Duff of the 25th offered a resolution raising a committee of two Senators and two Representatives to inform the Governor that the Senate and House of Representatives were in Joint Convention for the purpose of receiving any communications the Governor might choose to make.

The Resolution was adopted and Senators Duff of the 25th and Witkos of the 8th, Representatives Ritter of the 1st and Klarides of the 114th were appointed as such Committee.

The Committee soon reported that they had performed the duties assigned to them and had been informed that the Governor would soon come into the Convention.

The Governor thereupon appeared in the House of Representatives and addressed the Joint Convention.

His Excellency read to the Convention his message, a copy of which he left in my hands for the use of the General Assembly.

Senator Duff of the 25th offered a resolution concerning the printing of the Governor’s message.

The resolution was adopted.

The benediction was offered by the Guest House Chaplain, Representative Patricia Billie Miller of Stamford The Secretary of the State thereupon dissolved the Convention and the Senate withdrew.

Respectfully submitted,
Martin M. Looney
President Pro Tempore