



House of Representatives

General Assembly

File No. 528

February Session, 2022

Substitute House Bill No. 5500

House of Representatives, April 19, 2022

The Committee on Public Health reported through REP. STEINBERG of the 136th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

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

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 19a-490 of the 2022 supplement to the general
2 statutes, as amended by sections 29 and 30 of public act 21-2 of the June
3 special session, is repealed and the following is substituted in lieu
4 thereof (*Effective October 1, 2022*):

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

6 (a) "Institution" means a hospital, short-term hospital special hospice,
7 hospice inpatient facility, residential care home, nursing home facility,
8 home health care agency, home health aide agency, behavioral health
9 facility, assisted living services agency, substance abuse treatment
10 facility, outpatient surgical facility, outpatient clinic, clinical laboratory,
11 an infirmary operated by an educational institution for the care of
12 students enrolled in, and faculty and employees of, such institution; a

13 facility engaged in providing services for the prevention, diagnosis,
14 treatment or care of human health conditions, including facilities
15 operated and maintained by any state agency; and a residential facility
16 for persons with intellectual disability licensed pursuant to section 17a-
17 227 and certified to participate in the Title XIX Medicaid program as an
18 intermediate care facility for individuals with intellectual disability.
19 "Institution" does not include any facility for the care and treatment of
20 persons with mental illness or substance use disorder operated or
21 maintained by any state agency, except Whiting Forensic Hospital and
22 the hospital and psychiatric residential treatment facility units of the
23 Albert J. Solnit Children's Center;

24 (b) "Hospital" means an establishment for the lodging, care and
25 treatment of persons suffering from disease or other abnormal physical
26 or mental conditions and includes inpatient psychiatric services in
27 general hospitals;

28 (c) "Residential care home" or "rest home" means a community
29 residence that furnishes, in single or multiple facilities, food and shelter
30 to two or more persons unrelated to the proprietor and, in addition,
31 provides services that meet a need beyond the basic provisions of food,
32 shelter and laundry and may qualify as a setting that allows residents to
33 receive home and community-based services funded by state and
34 federal programs;

35 (d) "Home health care agency" means a public or private
36 organization, or a subdivision thereof, engaged in providing
37 professional nursing services and the following services, available
38 twenty-four hours per day, in the patient's home or a substantially
39 equivalent environment: Home health aide services as defined in this
40 section, physical therapy, speech therapy, occupational therapy or
41 medical social services. The agency shall provide professional nursing
42 services and at least one additional service directly and all others
43 directly or through contract. An agency shall be available to enroll new
44 patients seven days a week, twenty-four hours per day;

45 (e) "Home health aide agency" means a public or private

46 organization, except a home health care agency, which provides in the
47 patient's home or a substantially equivalent environment supportive
48 services which may include, but are not limited to, assistance with
49 personal hygiene, dressing, feeding and incidental household tasks
50 essential to achieving adequate household and family management.
51 Such supportive services shall be provided under the supervision of a
52 registered nurse and, if such nurse determines appropriate, shall be
53 provided by a social worker, physical therapist, speech therapist or
54 occupational therapist. Such supervision may be provided directly or
55 through contract;

56 (f) "Home health aide services" as defined in this section shall not
57 include services provided to assist individuals with activities of daily
58 living when such individuals have a disease or condition that is chronic
59 and stable as determined by a physician licensed in the state;

60 (g) "Behavioral health facility" means any facility that provides
61 mental health services to persons eighteen years of age or older or
62 substance use disorder services to persons of any age in an outpatient
63 treatment or residential setting to ameliorate mental, emotional,
64 behavioral or substance use disorder issues;

65 (h) ["Alcohol or drug treatment facility" means any facility for the
66 care or treatment of persons suffering from alcoholism or other drug
67 addiction] "Clinical laboratory" means any facility or other area used for
68 microbiological, serological, chemical, hematological,
69 immunohematological, biophysical, cytological, pathological or other
70 examinations of human body fluids, secretions, excretions or excised or
71 exfoliated tissues for the purpose of providing information for the (1)
72 diagnosis, prevention or treatment of any human disease or
73 impairment, (2) assessment of human health, or (3) presence of drugs,
74 poisons or other toxicological substances;

75 (i) "Person" means any individual, firm, partnership, corporation,
76 limited liability company or association;

77 (j) "Commissioner" means the Commissioner of Public Health or the

78 commissioner's designee;

79 (k) "Home health agency" means an agency licensed as a home health
80 care agency or a home health aide agency;

81 (l) "Assisted living services agency" means an agency that provides,
82 among other things, nursing services and assistance with activities of
83 daily living to a population that is chronic and stable and may have a
84 dementia special care unit or program as defined in section 19a-562;

85 (m) "Outpatient clinic" means an organization operated by a
86 municipality or a corporation, other than a hospital, that provides (1)
87 ambulatory medical care, including preventive and health promotion
88 services, (2) dental care, or (3) mental health services in conjunction with
89 medical or dental care for the purpose of diagnosing or treating a health
90 condition that does not require the patient's overnight care;

91 (n) "Multicare institution" means a hospital that provides outpatient
92 behavioral health services or other health care services, psychiatric
93 outpatient clinic for adults, free-standing facility for the care or
94 treatment of substance abusive or dependent persons, hospital for
95 psychiatric disabilities, as defined in section 17a-495, or a general acute
96 care hospital that provides outpatient behavioral health services that (1)
97 is licensed in accordance with this chapter, (2) has more than one facility
98 or one or more satellite units owned and operated by a single licensee,
99 and (3) offers complex patient health care services at each facility or
100 satellite unit. For purposes of this subsection, "satellite unit" means a
101 location where a segregated unit of services is provided by the multicare
102 institution;

103 (o) "Nursing home" or "nursing home facility" means (1) any chronic
104 and convalescent nursing home or any rest home with nursing
105 supervision that provides nursing supervision under a medical director
106 twenty-four hours per day, or (2) any chronic and convalescent nursing
107 home that provides skilled nursing care under medical supervision and
108 direction to carry out nonsurgical treatment and dietary procedures for
109 chronic diseases, convalescent stages, acute diseases or injuries;

110 (p) "Outpatient dialysis unit" means (1) an out-of-hospital out-patient
111 dialysis unit that is licensed by the department to provide (A) services
112 on an out-patient basis to persons requiring dialysis on a short-term
113 basis or for a chronic condition, or (B) training for home dialysis, or (2)
114 an in-hospital dialysis unit that is a special unit of a licensed hospital
115 designed, equipped and staffed to (A) offer dialysis therapy on an out-
116 patient basis, (B) provide training for home dialysis, and (C) perform
117 renal transplantations; [and]

118 (q) "Hospice agency" means a public or private organization that
119 provides home care and hospice services to terminally ill patients; [.]

120 (r) "Psychiatric residential treatment facility" means a nonhospital
121 facility with a provider agreement with the Department of Social
122 Services to provide inpatient services to Medicaid-eligible individuals
123 under the age of twenty-one; [.] and

124 (s) "Chronic disease hospital" means a long-term hospital having
125 facilities, medical staff and all necessary personnel for the diagnosis,
126 care and treatment of chronic diseases.

127 Sec. 2. Subsection (a) of section 19a-491c of the 2022 supplement to
128 the general statutes is repealed and the following is substituted in lieu
129 thereof (*Effective October 1, 2022*):

130 (a) As used in this section:

131 (1) "Criminal history and patient abuse background search" or
132 "background search" means (A) a review of the registry of nurse's aides
133 maintained by the Department of Public Health pursuant to section 20-
134 102bb, (B) checks of state and national criminal history records
135 conducted in accordance with section 29-17a, and (C) a review of any
136 other registry specified by the Department of Public Health which the
137 department deems necessary for the administration of a background
138 search program.

139 (2) "Direct access" means physical access to a patient or resident of a
140 long-term care facility that affords an individual with the opportunity

141 to commit abuse or neglect against or misappropriate the property of a
142 patient or resident.

143 (3) "Disqualifying offense" means a conviction of (A) any crime
144 described in 42 USC 1320a-7(a)(1), (2), (3) or (4), (B) a substantiated
145 finding of neglect, abuse or misappropriation of property by a state or
146 federal agency pursuant to an investigation conducted in accordance
147 with 42 USC 1395i-3(g)(1)(C) or 42 USC 1396r(g)(1)(C), or (C) a
148 conviction of any crime described in section 53a-59a, 53a-60b, 53a-60c,
149 53a-61a, 53a-321, 53a-322 or 53a-323.

150 (4) "Long-term care facility" means any facility, agency or provider
151 that is a nursing home, as defined in section 19a-521, a residential care
152 home, as defined in section 19a-521, a home health care agency, hospice
153 agency or home health aide agency, as defined in section 19a-490, as
154 amended by this act, an assisted living services agency, as defined in
155 section 19a-490, as amended by this act, an intermediate care facility for
156 individuals with intellectual disabilities, as defined in 42 USC 1396d(d),
157 except any such facility operated by a Department of Developmental
158 Services' program subject to background checks pursuant to section 17a-
159 227a, a chronic disease hospital, as defined in section [19a-550] 19a-490,
160 as amended by this act, or an agency providing hospice care which is
161 licensed to provide such care by the Department of Public Health or
162 certified to provide such care pursuant to 42 USC 1395x.

163 Sec. 3. Section 19a-535b of the general statutes is repealed and the
164 following is substituted in lieu thereof (*Effective October 1, 2022*):

165 [(a) As used in this section, a "facility" means a chronic disease
166 hospital which is a long-term hospital having facilities, medical staff and
167 all necessary personnel for the diagnosis, care and treatment of chronic
168 diseases.]

169 [(b)] A [facility] chronic disease hospital shall not transfer or
170 discharge a patient from [the facility] such hospital except for medical
171 reasons, or for the patient's welfare or the welfare of other patients, as
172 documented in the patient's medical record; or, in the case of a self pay

173 patient, for nonpayment or arrearage of more than fifteen days of the
174 per diem chronic disease hospital room rates for the patient's stay,
175 except as prohibited by the Social Security Act. In the case of an
176 involuntary transfer or discharge, the patient and, if known, the
177 patient's legally liable relative, guardian or conservator and the patient's
178 personal physician, if the discharge plan is prepared by the medical
179 director of the chronic disease hospital, shall be given at least thirty
180 days' written notice of the proposed action to ensure orderly transfer or
181 discharge.

182 Sec. 4. Subsection (a) of section 19a-537 of the general statutes is
183 repealed and the following is substituted in lieu thereof (*Effective October*
184 *1, 2022*):

185 (a) As used in this section and section 19a-537a:

186 (1) "Vacancy" means a bed that is available for an admission;

187 (2) "Nursing home" means any chronic and convalescent facility or
188 any rest home with nursing supervision, as defined in section 19a-521;

189 (3) "Hospital" means a general short-term hospital licensed by the
190 Department of Public Health or a hospital for mental illness, as defined
191 in section 17a-495, or a chronic disease hospital. [, as defined in section
192 19-13-D1(a) of the Public Health Code.]

193 Sec. 5. Subsection (a) of section 19a-550 of the 2022 supplement to the
194 general statutes is repealed and the following is substituted in lieu
195 thereof (*Effective October 1, 2022*):

196 (a) (1) As used in this section, (A) "nursing home facility" has the same
197 meaning as provided in section 19a-521, and (B) "residential care home"
198 has the same meaning as provided in section 19a-521; [, and (C) "chronic
199 disease hospital" means a long-term hospital having facilities, medical
200 staff and all necessary personnel for the diagnosis, care and treatment
201 of chronic diseases;] and (2) for the purposes of subsections (c) and (d)
202 of this section, and subsection (b) of section 19a-537, "medically
203 contraindicated" means a comprehensive evaluation of the impact of a

204 potential room transfer on the patient's physical, mental and
205 psychosocial well-being, which determines that the transfer would
206 cause new symptoms or exacerbate present symptoms beyond a
207 reasonable adjustment period resulting in a prolonged or significant
208 negative outcome that could not be ameliorated through care plan
209 intervention, as documented by a physician, physician assistant or an
210 advanced practice registered nurse in a patient's medical record.

211 Sec. 6. Subsections (a) to (e), inclusive, of section 20-185r of the general
212 statutes are repealed and the following is substituted in lieu thereof
213 (*Effective October 1, 2022*):

214 (a) As used in this section:

215 (1) "Central service technician" means a person who decontaminates,
216 inspects, assembles, packages and sterilizes reusable medical
217 instruments or devices [in] for a health care facility, whether such
218 person is employed by the health care facility or provides services
219 pursuant to a contract with the health care facility;

220 (2) "Health care facility" means an outpatient surgical facility, as
221 defined in section 19a-493b, or a hospital, as defined in section 19a-490,
222 as amended by this act, but does not include a chronic disease hospital,
223 as defined in section [19a-550] 19a-490, as amended by this act;

224 (3) "Health care provider" means a person or organization that
225 provides health care services and is licensed in accordance with this title;
226 and

227 (4) "Central service department" means a department within a health
228 care facility that processes, issues and controls medical supplies, devices
229 and equipment, both sterile and nonsterile, for patient care areas of a
230 health care facility.

231 (b) Unless otherwise permitted pursuant to this section, no person
232 shall practice as a central service technician unless such person (1) (A)
233 has successfully passed a nationally accredited central service exam for
234 central service technicians and holds and maintains one of the following

235 credentials: (i) A certified registered central service technician credential
236 administered by the International Association of Healthcare Central
237 Service Materiel Management, or its successor organization, or (ii) a
238 certified sterile processing and distribution technician credential
239 administered by the Certification Board for Sterile Processing and
240 Distribution, Inc., or (B) was employed or otherwise contracted for
241 services as a central service technician [in] by a health care facility before
242 January 1, 2016, or (2) obtains a certified registered central service
243 technician credential administered by the International Association of
244 Healthcare Central Service Materiel Management, or its successor
245 organization, or a certified sterile processing and distribution technician
246 credential administered by the Certification Board for Sterile Processing
247 and Distribution, Inc., not later than two years after such person's date
248 of hire or contracting for services with the health care facility.

249 (c) A central service technician shall complete a minimum of ten
250 hours of continuing education annually. The continuing education shall
251 be in areas related to the functions of a central service technician.

252 (d) A health care facility shall, upon the written request of a central
253 service technician, verify, in writing, the central service technician's
254 dates of employment or the contract period during which the central
255 service technician provided services to the health care facility.

256 (e) Nothing in this section shall prohibit the following persons from
257 performing the tasks or functions of a central service technician: (1) A
258 health care provider; (2) a student or intern performing the functions of
259 a central service technician under the direct supervision of a health care
260 provider as part of the student's or intern's training or internship; or (3)
261 a person who does not work in a central service department in a health
262 care facility, but who has been specially trained and determined
263 competent, based on standards set by a health care facility's infection
264 prevention or control committee, acting in consultation with a central
265 service technician certified in accordance with subsection (b) of this
266 section, to decontaminate or sterilize reusable medical equipment,
267 instruments or devices, in a manner that meets applicable

268 manufacturer's instructions and standards.

269 Sec. 7. Subsection (a) of section 12-20a of the general statutes is
270 repealed and the following is substituted in lieu thereof (*Effective October*
271 *1, 2022*):

272 (a) Until the fiscal year commencing July 1, 2016, on or before January
273 first, annually, the Secretary of the Office of Policy and Management
274 shall determine the amount due to each municipality in the state, in
275 accordance with this section, as a state grant in lieu of taxes with respect
276 to real property owned by any private nonprofit institution of higher
277 learning or any nonprofit general hospital facility or freestanding
278 chronic disease hospital or an urgent care facility that operates for at
279 least twelve hours a day and that had been the location of a nonprofit
280 general hospital for at least a portion of calendar year 1996 to receive
281 payments in lieu of taxes for such property, exclusive of any such facility
282 operated by the federal government, except a campus of the United
283 States Department of Veterans Affairs Connecticut Healthcare Systems,
284 or the state of Connecticut or any subdivision thereof. As used in this
285 section, "private nonprofit institution of higher learning" means any
286 such institution, as defined in subsection (a) of section 10a-34, or any
287 independent institution of higher education, as defined in subsection (a)
288 of section 10a-173, that is engaged primarily in education beyond the
289 high school level, and offers courses of instruction for which college or
290 university-level credit may be given or may be received by transfer, the
291 property of which is exempt from property tax under any of the
292 subdivisions of section 12-81, as amended by this act; "nonprofit general
293 hospital facility" means any such facility that is used primarily for the
294 purpose of general medical care and treatment, exclusive of any hospital
295 facility used primarily for the care and treatment of special types of
296 disease or physical or mental conditions; and "freestanding chronic
297 disease hospital" [means a facility that provides for the care and
298 treatment of chronic diseases] has the same meaning as "chronic disease
299 hospital" as defined in section 19a-490, as amended by this act,
300 excluding any such facility having an ownership affiliation with and
301 operated in the same location as a chronic and convalescent nursing

302 home.

303 Sec. 8. Section 17b-368 of the general statutes is repealed and the
304 following is substituted in lieu thereof (*Effective October 1, 2022*):

305 On or before July 1, 2004, the Department of Social Services shall,
306 within the limits of available Medicaid funding, implement a pilot
307 project in Greater Hartford with a chronic disease hospital colocated
308 with a skilled nursing facility and with the facilities, medical staff and
309 all necessary personnel for the diagnosis, care and treatment of chronic
310 or geriatric mental conditions that require prolonged hospital or
311 restorative care. For purposes of this section, "chronic disease hospital"
312 [means a long-term hospital with facilities, medical staff and all
313 necessary personnel for the diagnosis, care and treatment of chronic
314 physical and geriatric mental health conditions that require prolonged
315 hospital or restorative care] has the same meaning as provided in section
316 19a-490, as amended by this act.

317 Sec. 9. Subsection (a) of section 19a-491 of the 2022 supplement to the
318 general statutes is repealed and the following is substituted in lieu
319 thereof (*Effective from passage*):

320 (a) No person acting individually or jointly with any other person
321 shall establish, conduct, operate or maintain an institution in this state
322 without a license as required by this chapter, except for persons issued
323 a license by the Commissioner of Children and Families pursuant to
324 section 17a-145 for the operation of (1) a substance abuse treatment
325 facility, or (2) a facility for the purpose of caring for women during
326 pregnancies and for women and their infants following such
327 pregnancies, provided such exception shall not apply to the hospital and
328 psychiatric residential treatment facility units of the Albert J. Solnit
329 Children's Center. Application for such license shall (A) be made to the
330 Department of Public Health upon forms provided by it, (B) be
331 accompanied by the fee required under subsection (c), (d) or (e) of this
332 section, (C) contain such information as the department requires, which
333 may include affirmative evidence of ability to comply with reasonable
334 standards and regulations prescribed under the provisions of this

335 chapter, and (D) not be required to be notarized. The commissioner may
336 require as a condition of licensure that an applicant sign a consent order
337 providing reasonable assurances of compliance with the Public Health
338 Code. The commissioner may issue more than one chronic disease
339 hospital license to a single institution until such time as the state offers
340 a rehabilitation hospital license.

341 Sec. 10. Subsection (a) of section 19a-497 of the general statutes is
342 repealed and the following is substituted in lieu thereof (*Effective October*
343 *1, 2022*):

344 (a) Each institution shall, upon receipt of a notice of intention to strike
345 by a labor organization representing the employees of such institution,
346 in accordance with the provisions of the National Labor Relations Act,
347 29 USC 158, file a strike contingency plan with the commissioner not
348 later than five days before the date indicated for the strike. Such strike
349 contingency plan shall include the institution's staffing plan for at least
350 the first three days of such strike. The strike contingency plan shall
351 include, but need not be limited to, the names and titles of the
352 individuals who will be providing services at the institution.

353 Sec. 11. Subsections (a) and (b) of section 19a-515 of the general
354 statutes are repealed and the following is substituted in lieu thereof
355 (*Effective from passage*):

356 (a) Each nursing home administrator's license issued pursuant to the
357 provisions of sections 19a-511 to 19a-520, inclusive, shall be renewed
358 once every two years, in accordance with section 19a-88, except for
359 cause, by the Department of Public Health, upon forms to be furnished
360 by said department and upon the payment to said department, by each
361 applicant for license renewal, of the sum of two hundred five dollars.
362 Each such fee shall be remitted to the Department of Public Health on
363 or before the date prescribed under section 19a-88. Such renewals shall
364 be granted unless said department finds the applicant has acted or failed
365 to act in such a manner or under such circumstances as would constitute
366 grounds for suspension or revocation of such license.

367 (b) Each licensee shall complete a minimum of forty hours of
368 continuing education every two years, including, but not limited to,
369 training in (1) Alzheimer's disease and dementia symptoms and care,
370 and (2) infection prevention and control. Such two-year period shall
371 commence on the first date of renewal of the licensee's license after
372 January 1, 2004. The continuing education shall be in areas related to the
373 licensee's practice. Qualifying continuing education activities are
374 courses offered or approved by the Connecticut Association of
375 Healthcare Facilities, LeadingAge Connecticut, Inc., the Connecticut
376 Assisted Living Association, the Connecticut Alliance for Subacute
377 Care, Inc., the Connecticut Chapter of the American College of Health
378 Care Administrators, the Association For Long Term Care Financial
379 Managers, the Alzheimer's Association or any accredited college or
380 university, or programs presented or approved by the National
381 Continuing Education Review Service of the National Association of
382 Boards of Examiners of Long Term Care Administrators, the
383 Association for Professionals in Infection Control and Epidemiology or
384 by federal or state departments or agencies.

385 Sec. 12. Subsection (a) of section 19a-492e of the 2022 supplement to
386 the general statutes is repealed and the following is substituted in lieu
387 thereof (*Effective October 1, 2022*):

388 (a) For purposes of this section "home health care agency" and
389 "hospice agency" have the same meanings as provided in section 19a-
390 490, as amended by this act. Notwithstanding the provisions of chapter
391 378, a registered nurse may delegate the administration of medications
392 that are not administered by injection to home health aides and hospice
393 aides who have obtained (1) certification and recertification every three
394 years thereafter for medication administration in accordance with
395 regulations adopted pursuant to subsection (b) of this section, or (2) a
396 current certification from the Department of Children and Families or
397 the Department of Developmental Services in accordance with section
398 19a-495a, as amended by this act, unless the prescribing practitioner
399 specifies that a medication shall only be administered by a licensed
400 nurse. [Any home health aide or hospice aide who obtained certification

401 in the administration of medications on or before June 30, 2015, shall
402 obtain recertification on or before July 1, 2018.]

403 Sec. 13. Subsections (a) and (b) of section 19a-495a of the general
404 statutes are repealed and the following is substituted in lieu thereof
405 (*Effective October 1, 2022*):

406 (a) (1) The Commissioner of Public Health may adopt regulations, as
407 provided in subsection (d) of this section, to require each residential care
408 home [, as defined in section 19a-490,] that admits residents requiring
409 assistance with medication administration, to (A) designate unlicensed
410 personnel to obtain certification for the administration of medication
411 from the Department of Public Health, Department of Children and
412 Families or Department of Developmental Services, and (B) ensure that
413 such unlicensed personnel receive such certification and recertification
414 every three years thereafter from the Department of Public Health,
415 Department of Children and Families or Department of Developmental
416 Services.

417 (2) Any regulations adopted pursuant to this subsection shall
418 establish criteria to be used by such homes in determining (A) the
419 appropriate number of unlicensed personnel who shall obtain such
420 certification and recertification, and (B) training requirements,
421 including ongoing training requirements for such certification and
422 recertification.

423 (3) Training requirements for initial certification and recertification
424 shall include, but shall not be limited to: Initial orientation, resident
425 rights, identification of the types of medication that may be
426 administered by unlicensed personnel, behavioral management,
427 personal care, nutrition and food safety, and health and safety in
428 general.

429 (b) Each residential care home [, as defined in section 19a-490,] shall
430 ensure that an appropriate number of unlicensed personnel, as
431 determined by the residential care home, obtain certification and
432 recertification for the administration of medication from the

433 Department of Public Health, Department of Children and Families or
434 Department of Developmental Services. Certification and recertification
435 of such personnel shall be in accordance with any regulations adopted
436 pursuant to this section. [except any personnel who obtained
437 certification in the administration of medication on or before June 30,
438 2015, shall obtain recertification on or before July 1, 2018.] Unlicensed
439 personnel obtaining such certification and recertification may
440 administer medications that are not administered by injection to
441 residents of such homes, unless a resident's physician specifies that a
442 medication only be administered by licensed personnel.

443 Sec. 14. (*Effective from passage*) The Commissioner of Public Health
444 shall conduct a scope of practice review pursuant to sections 19a-16d to
445 19a-16f, inclusive, of the general statutes, as amended by this act, to
446 determine whether the Department of Public Health should regulate
447 midwives who are not eligible for licensure as nurse-midwives, licensed
448 pursuant to chapter 377 of the general statutes. The commissioner shall
449 report, in accordance with the provisions of section 11-4a of the general
450 statutes, the findings of such review and any recommendations to the
451 joint standing committee of the General Assembly having cognizance of
452 matters relating to public health on or before February 1, 2023.

453 Sec. 15. Section 20-90 of the general statutes is repealed and the
454 following is substituted in lieu thereof (*Effective from passage*):

455 (a) [Said board may adopt a seal. The Commissioner of Public Health,
456 with advice and assistance from the board, and in consultation with the
457 State Board of Education, shall adopt regulations, in accordance with
458 the provisions of chapter 54, permitting and setting standards for
459 courses for the training of practical nurses to be offered in high schools
460 or by the Technical Education and Career System for students who have
461 not yet acquired a high school diploma. Students who satisfactorily
462 complete courses approved by said Board of Examiners for Nursing,
463 with the consent of the Commissioner of Public Health, as meeting such
464 standards shall be given credit for each such course toward the
465 requirements for a practical nurse's license. All schools of nursing in this

466 state, except such schools accredited by the National League for Nursing
467 or other professional accrediting association approved by the United
468 States Department of Education and recognized by the Commissioner
469 of Public Health, and all schools for training licensed practical nurses
470 and all hospitals connected to such schools] The Connecticut State Board
471 of Examiners for Nursing shall have the following duties: (1) Hear and
472 decide matters concerning suspension or revocation of licensure; (2)
473 adjudicate complaints filed against practitioners licensed under this
474 chapter and impose sanctions where appropriate; (3) approve schools of
475 nursing in the state that prepare persons for examination under the
476 provisions of this chapter; and (4) consult, where possible, with national
477 recognized accrediting agencies when approving schools pursuant to
478 subdivision (3) of this subsection. The board may adopt a seal.

479 (b) All schools of nursing in the state that prepare persons for
480 examination under the provisions of this chapter, shall be (1) visited
481 periodically by a representative of the Department of Public Health who
482 shall be a registered nurse or a person experienced in the field of nursing
483 education, and (2) approved by the Connecticut State Board of
484 Examiners for Nursing pursuant to subdivisions (3) and (4) of
485 subsection (a) of this section.

486 (c) The [board shall keep] Department of Public Health shall post a
487 list of all nursing programs and all programs for training licensed
488 practical nurses that are approved by [it, with the consent of the
489 Commissioner of Public Health, as maintaining] the Connecticut State
490 Board of Examiners for Nursing and maintain the standard for the
491 education of nurses and the training of licensed practical nurses as
492 established by the [commissioner. The board shall consult, where
493 possible, with nationally recognized accrediting agencies when
494 approving schools] Commissioner of Public Health on the department's
495 Internet web site.

496 [(b) Said board shall (1) hear and decide matters concerning
497 suspension or revocation of licensure, (2) adjudicate complaints filed
498 against practitioners licensed under this chapter and impose sanctions

499 where appropriate.]

500 Sec. 16. Subsections (c) and (d) of section 19a-16d of the general
501 statutes are repealed and the following is substituted in lieu thereof
502 (*Effective from passage*):

503 (c) In any year in which a scope of practice request is received
504 pursuant to this section, not later than September [fifteenth] first of the
505 year preceding the commencement of the next regular session of the
506 General Assembly, the Department of Public Health, within available
507 appropriations, shall: (1) Provide written notification to the joint
508 standing committee of the General Assembly having cognizance of
509 matters relating to public health of any health care profession that has
510 submitted a scope of practice request, including any request for
511 exemption, to the department pursuant to this section; and (2) post any
512 such request, including any request for exemption, and the name and
513 address of the requestor on the department's Internet web site.

514 (d) Any person or entity, acting on behalf of a health care profession
515 that may be directly impacted by a scope of practice request submitted
516 pursuant to this section, may submit to the department a written
517 statement identifying the nature of the impact not later than [October
518 first] September fifteenth of the year preceding the next regular session
519 of the General Assembly. Any such person or entity directly impacted
520 by a scope of practice request shall indicate the nature of the impact
521 taking into consideration the criteria set forth in subsection (b) of this
522 section and shall provide a copy of the written impact statement to the
523 requestor. Not later than October [fifteenth] first of such year, the
524 requestor shall submit a written response to the department and any
525 person or entity that has provided a written impact statement. The
526 requestor's written response shall include, but not be limited to, a
527 description of areas of agreement and disagreement between the
528 respective health care professions.

529 Sec. 17. Subsection (a) of section 19a-16e of the general statutes is
530 repealed and the following is substituted in lieu thereof (*Effective from*
531 *passage*):

532 (a) On or before [November first] October fifteenth of the year
533 preceding the commencement of the next regular session of the General
534 Assembly, the Commissioner of Public Health shall, within available
535 appropriations allocated to the department, establish and appoint
536 members to a scope of practice review committee for each timely scope
537 of practice request submitted to the department pursuant to section 19a-
538 16d, as amended by this act. Committees established pursuant to this
539 section shall consist of the following members: (1) Two members
540 recommended by the requestor to represent the health care profession
541 making the scope of practice request; (2) two members recommended
542 by each person or entity that has submitted a written impact statement
543 pursuant to subsection (d) of section 19a-16d, as amended by this act, to
544 represent the health care professions directly impacted by the scope of
545 practice request; and (3) the Commissioner of Public Health or the
546 commissioner's designee, who shall serve as an ex-officio, nonvoting
547 member of the committee. The Commissioner of Public Health or the
548 commissioner's designee shall serve as the chairperson of any such
549 committee. The Commissioner of Public Health may appoint additional
550 members to any committee established pursuant to this section to
551 include representatives from health care professions having a proximate
552 relationship to the underlying request if the commissioner or the
553 commissioner's designee determines that such expansion would be
554 beneficial to a resolution of the issues presented. Any member of such
555 committee shall serve without compensation.

556 Sec. 18. Subsection (c) of section 20-132a of the 2022 supplement to
557 the general statutes is repealed and the following is substituted in lieu
558 thereof (*Effective from passage*):

559 (c) (1) Except as provided in this section, a licensee who is actively
560 engaged in the practice of optometry shall earn a minimum of twenty
561 hours of continuing education each registration period. The subject
562 matter for continuing education shall reflect the professional needs of
563 the licensee in order to meet the health care needs of the public, and shall
564 include [(1)] (A) not less than six hours in any of the following areas:
565 Pathology, detection of diabetes and ocular treatment; and [(2)] (B) not

566 less than six hours in treatment as it applies to the use of ocular agents-
567 T.

568 (2) Coursework shall be provided in the following manner: (A) Not
569 less than ten hours shall be earned through direct, live instruction that
570 the licensee physically attends; [either individually or as part of a group
571 of participants or through a formal home study or distance learning
572 program. Not] (B) not more than ten hours shall be earned through
573 synchronous online education with opportunities for live interaction;
574 (C) not more than [six] five hours shall be earned through [a home study
575 or other distance learning program] asynchronous online education,
576 distance learning or home study; and (D) not more than six hours shall
577 be in practice management. For the purposes of this subdivision,
578 "synchronous online education" means live online classes that are
579 conducted in real time and "asynchronous online education" means a
580 program where the instructor, learner and other participants are not
581 engaged in the learning process at the same time, there is no real-time
582 interaction between participants and instructors and the educational
583 content is created and made available for later consumption.

584 (3) Qualifying continuing education activities include, but are not
585 limited to, courses offered or approved by the Council on Optometric
586 Practitioner Education of the Association of Regulatory Boards of
587 Optometry, the American Optometric Association or state or local
588 optometry associations and societies that are affiliated with the
589 American Optometric Association, a hospital or other health care
590 institution, a school or college of optometry or other institution of higher
591 education accredited or recognized by the Council on Optometric
592 Practitioner Education or the American Optometric Association, a state
593 or local health department, or a national, state or local medical
594 association.

595 Sec. 19. Subsection (b) of section 19a-14c of the 2022 supplement to
596 the general statutes is repealed and the following is substituted in lieu
597 thereof (*Effective from passage*):

598 (b) A psychiatrist licensed pursuant to chapter 370, a psychologist

599 licensed pursuant to chapter 383, [an independent] a clinical social
600 worker [certified] licensed pursuant to chapter 383b or a marital and
601 family therapist licensed pursuant to chapter 383a may provide
602 outpatient mental health treatment to a minor without the consent or
603 notification of a parent or guardian at the request of the minor if (1)
604 requiring the consent or notification of a parent or guardian would
605 cause the minor to reject such treatment; (2) the provision of such
606 treatment is clinically indicated; (3) the failure to provide such treatment
607 would be seriously detrimental to the minor's well-being; (4) the minor
608 has knowingly and voluntarily sought such treatment; and (5) in the
609 opinion of the provider of treatment, the minor is mature enough to
610 participate in treatment productively. The provider of such treatment
611 shall document the reasons for any determination made to treat a minor
612 without the consent or notification of a parent or guardian and shall
613 include such documentation in the minor's clinical record, along with a
614 written statement signed by the minor stating that (A) the minor is
615 voluntarily seeking such treatment; (B) the minor has discussed with the
616 provider the possibility of involving his or her parent or guardian in the
617 decision to pursue such treatment; (C) the minor has determined it is
618 not in his or her best interest to involve his or her parent or guardian in
619 such decision; and (D) the minor has been given adequate opportunity
620 to ask the provider questions about the course of his or her treatment.

621 Sec. 20. Subsection (b) of section 20-12j of the 2022 supplement to the
622 general statutes is repealed and the following is substituted in lieu
623 thereof (*Effective from passage*):

624 (b) Each person holding a license as a physician assistant shall,
625 annually, during the month of such person's birth, [register] renew such
626 license with the Department of Public Health, upon payment of a fee of
627 one hundred fifty-five dollars, on [blanks] a form to be [furnished]
628 provided by the department for such purpose, giving such person's
629 name in full, such person's residence and business address and such
630 other information as the department requests. No such license shall be
631 renewed unless the department is satisfied that the practitioner (1) has
632 met the mandatory continuing medical education requirements of the

633 National Commission on Certification of Physician Assistants or a
634 successor organization for the certification or recertification of physician
635 assistants that may be approved by the department; (2) has passed any
636 examination or continued competency assessment the passage of which
637 may be required by said commission for maintenance of current
638 certification by said commission; (3) has completed not less than one
639 contact hour of training or education in prescribing controlled
640 substances and pain management in the preceding two-year period; and
641 (4) for registration periods beginning on [or before] and after January 1,
642 2022, during the first renewal period and not less than once every six
643 years thereafter, earn not less than two contact hours of training or
644 education screening for post-traumatic stress disorder, risk of suicide,
645 depression and grief and suicide prevention training administered by
646 the American [Association] Academy of Physician Assistants, or the
647 American Academy of Physician Assistants' successor organization, a
648 hospital or other licensed health care institution or a regionally
649 accredited institution of higher education.

650 Sec. 21. Subparagraph (B) of subdivision (8) of section 19a-177 of the
651 2022 supplement to the general statutes is repealed and the following is
652 substituted in lieu thereof (*Effective from passage*):

653 (B) On or before [December 31, 2018] April 1, 2023, and annually
654 thereafter, the commissioner shall prepare a report to the Emergency
655 Medical Services Advisory Board, established pursuant to section 19a-
656 178a, that shall include, but not be limited to, the following data: (i) The
657 total number of calls for emergency medical services received during
658 the reporting year by each licensed ambulance service, certified
659 ambulance service or paramedic intercept service; (ii) the level of
660 emergency medical services required for each such call; (iii) the name of
661 the emergency medical service organization that provided each such
662 level of emergency medical services furnished during the reporting
663 year; (iv) the response time, by time ranges or fractile response times,
664 for each licensed ambulance service, certified ambulance service or
665 paramedic intercept service, using a common definition of response
666 time, as provided in regulations adopted pursuant to section 19a-179;

667 and (v) the number of passed calls, cancelled calls and mutual aid calls
668 during the reporting year. The commissioner shall prepare such report
669 in a format that categorizes such data for each municipality in which the
670 emergency medical services were provided, with each such
671 municipality grouped according to urban, suburban and rural
672 classifications.

673 Sec. 22. Subdivision (5) of section 14-1 of the 2022 supplement to the
674 general statutes is repealed and the following is substituted in lieu
675 thereof (*Effective from passage*):

676 (5) "Authorized emergency vehicle" means (A) a fire department
677 vehicle, (B) a police vehicle, or (C) an [ambulance] authorized
678 emergency medical services vehicle, as defined in section 19a-175;

679 Sec. 23. Subsection (a) of section 19a-30 of the 2022 supplement to the
680 general statutes is repealed and the following is substituted in lieu
681 thereof (*Effective October 1, 2022*):

682 (a) As used in this section, "clinical laboratory" [means any facility or
683 other area used for microbiological, serological, chemical,
684 hematological, immunohematological, biophysical, cytological,
685 pathological or other examinations of human body fluids, secretions,
686 excretions or excised or exfoliated tissues, for the purpose of providing
687 information for the diagnosis, prevention or treatment of any human
688 disease or impairment, for the assessment of human health or for the
689 presence of drugs, poisons or other toxicological substances] has the
690 same meaning as provided in section 19a-490, as amended by this act.

691 Sec. 24. Section 19a-31b of the general statutes is repealed and the
692 following is substituted in lieu thereof (*Effective October 1, 2022*):

693 No clinical laboratory, as defined in section [19a-30] 19a-490, as
694 amended by this act, that offers hair follicle drug testing as part of its
695 array of diagnostic testing services shall refuse to administer a hair
696 follicle drug test that has been ordered by a physician or physician
697 assistant, licensed under chapter 370, or an advanced practice registered

698 nurse, licensed under chapter 378.

699 Sec. 25. Subdivisions (1) and (2) of subsection (a) of section 19a-72 of
700 the 2022 supplement to the general statutes are repealed and the
701 following is substituted in lieu thereof (*Effective October 1, 2022*):

702 (1) "Clinical laboratory" [means any facility or other area used for
703 microbiological, serological, chemical, hematological,
704 immunohematological, biophysical, cytological, pathological or other
705 examinations of human body fluids, secretions, excretions or excised or
706 exfoliated tissues, for the purpose of providing information for the
707 diagnosis, prevention or treatment of any human disease or
708 impairment, for the assessment of human health or for the presence of
709 drugs, poisons or other toxicological substances] has the same meaning
710 as provided in section 19a-490, as amended by this act;

711 (2) "Hospital" [means an establishment for the lodging, care and
712 treatment of persons suffering from disease or other abnormal physical
713 or mental conditions and includes inpatient psychiatric services in
714 general hospitals] has the same meaning as provided in section 19a-490,
715 as amended by this act;

716 Sec. 26. Subdivision (1) of subsection (a) of section 19a-215 of the 2022
717 supplement to the general statutes is repealed and the following is
718 substituted in lieu thereof (*Effective October 1, 2022*):

719 (1) "Clinical laboratory" [means any facility or other area used for
720 microbiological, serological, chemical, hematological,
721 immunohematological, biophysical, cytological, pathological or other
722 examinations of human body fluids, secretions, excretions or excised or
723 exfoliated tissues, for the purpose of providing information for the
724 diagnosis, prevention or treatment of any human disease or
725 impairment, for the assessment of human health or for the presence of
726 drugs, poisons or other toxicological substances] has the same meaning
727 as provided in section 19a-490, as amended by this act.

728 Sec. 27. Subsection (a) of section 19a-269b of the general statutes is

729 repealed and the following is substituted in lieu thereof (*Effective October*
730 *1, 2022*):

731 (a) As used in this section, "clinical laboratory" has the same meaning
732 as provided in section [19a-30] 19a-490, as amended by this act.

733 Sec. 28. Subsection (d) of section 20-7a of the general statutes is
734 repealed and the following is substituted in lieu thereof (*Effective October*
735 *1, 2022*):

736 (d) No person or entity, other than a physician licensed under chapter
737 370, a clinical laboratory, as defined in section [19a-30] 19a-490, as
738 amended by this act, or a referring clinical laboratory, shall directly or
739 indirectly charge, bill or otherwise solicit payment for the provision of
740 anatomic pathology services, unless such services were personally
741 rendered by or under the direct supervision of such physician, clinical
742 laboratory or referring laboratory in accordance with section 353 of the
743 Public Health Service Act, (42 USC 263a). A clinical laboratory or
744 referring laboratory may only solicit payment for anatomic pathology
745 services from the patient, a hospital, the responsible insurer of a third
746 party payor, or a governmental agency or such agency's public or
747 private agent that is acting on behalf of the recipient of such services.
748 Nothing in this subsection shall be construed to prohibit a clinical
749 laboratory from billing a referring clinical laboratory when specimens
750 are transferred between such laboratories for histologic or cytologic
751 processing or consultation. No patient or other third party payor, as
752 described in this subsection, shall be required to reimburse any provider
753 for charges or claims submitted in violation of this section. For purposes
754 of this subsection, (1) "referring clinical laboratory" means a clinical
755 laboratory that refers a patient specimen for consultation or anatomic
756 pathology services, excluding the laboratory of a physician's office or
757 group practice that takes a patient specimen and does not perform the
758 professional diagnostic component of the anatomic pathology services
759 involved, and (2) "anatomic pathology services" means the gross and
760 microscopic examination and histologic or cytologic processing of
761 human specimens, including histopathology or surgical pathology,

762 cytopathology, hematology, subcellular pathology or molecular
763 pathology or blood banking service performed by a pathologist.

764 Sec. 29. Subsection (a) of section 20-7c of the general statutes is
765 repealed and the following is substituted in lieu thereof (*Effective October*
766 *1, 2022*):

767 (a) For purposes of this section, "clinical laboratory" has the same
768 meaning as provided in section [19a-30] 19a-490, as amended by this act.
769 "Clinical laboratory" does not include any state laboratory established
770 by the Department of Public Health pursuant to section 19a-26 or 19a-
771 29.

772 Sec. 30. Subparagraph (A) of subdivision (6) of subsection (a) of
773 section 38a-477aa of the general statutes is repealed and the following is
774 substituted in lieu thereof (*Effective October 1, 2022*):

775 (6) (A) "Surprise bill" means a bill for health care services, other than
776 emergency services, received by an insured for services rendered by an
777 out-of-network health care provider, where such services were rendered
778 by (i) such out-of-network provider at an in-network facility, during a
779 service or procedure performed by an in-network provider or during a
780 service or procedure previously approved or authorized by the health
781 carrier and the insured did not knowingly elect to obtain such services
782 from such out-of-network provider, or (ii) a clinical laboratory, as
783 defined in section [19a-30] 19a-490, as amended by this act, that is an
784 out-of-network provider, upon the referral of an in-network provider.

785 Sec. 31. Section 7-51a of the 2022 supplement to the general statutes
786 is repealed and the following is substituted in lieu thereof (*Effective from*
787 *passage*):

788 (a) Any person eighteen years of age or older may purchase certified
789 copies of marriage and death records, and certified copies of records of
790 births or fetal deaths which are at least one hundred years old, in the
791 custody of any registrar of vital statistics. The department may issue
792 uncertified copies of death certificates for deaths occurring less than one

793 hundred years ago, and uncertified copies of birth, marriage, death and
794 fetal death certificates for births, marriages, deaths and fetal deaths that
795 occurred at least one hundred years ago, to researchers approved by the
796 department pursuant to section 19a-25, and to state and federal agencies
797 approved by the department. During all normal business hours,
798 members of genealogical societies incorporated or authorized by the
799 Secretary of the State to do business or conduct affairs in this state shall
800 (1) have full access to all vital records in the custody of any registrar of
801 vital statistics, including certificates, ledgers, record books, card files,
802 indexes and database printouts, except for those records containing
803 Social Security numbers protected pursuant to 42 USC 405 (c)(2)(C), and
804 confidential files on adoptions, gender change, surrogacy agreements,
805 and parentage, (2) be permitted to make notes from such records, (3) be
806 permitted to purchase certified copies of such records, and (4) be
807 permitted to incorporate statistics derived from such records in the
808 publications of such genealogical societies. For all vital records
809 containing Social Security numbers that are protected from disclosure
810 pursuant to federal law, the Social Security numbers contained on such
811 records shall be redacted from any certified copy of such records issued
812 to a genealogist by a registrar of vital statistics.

813 (b) For marriage and civil union licenses, the Social Security numbers
814 of the parties to the marriage or civil union shall be recorded in the
815 "administrative purposes" section of the marriage or civil union license
816 and the application for such license. All persons specified on the license,
817 including the parties to the marriage or civil union, officiator and local
818 registrar shall have access to the Social Security numbers specified on
819 the marriage or civil union license and the application for such license
820 for the purpose of processing the license. Only the parties to a marriage
821 or civil union, or entities authorized by state or federal law, may receive
822 a certified copy of a marriage or civil union license with the Social
823 Security numbers included on the license. Any other individual,
824 researcher or state or federal agency requesting a certified or uncertified
825 copy of any marriage or civil union license in accordance with the
826 provisions of this section shall be provided such copy with such Social
827 Security numbers removed or redacted, or with the "administrative

828 purposes" section omitted.

829 (c) For deaths occurring on or after July 1, 1997, the Social Security
830 number of the deceased person shall be recorded in the "administrative
831 purposes" section of the death certificate. Such administrative purposes
832 section, and the Social Security number contained therein, shall be
833 restricted and disclosed only to the following eligible parties: (1) All
834 parties specified on the death certificate, including the informant,
835 licensed funeral director, licensed embalmer, conservator, surviving
836 spouse, physician or advanced practice registered nurse and town clerk,
837 for the purpose of processing the certificate, (2) the surviving spouse, (3)
838 the next of kin, or (4) any state and federal agencies authorized by
839 federal law. The department shall provide any other individual,
840 researcher or state or federal agency requesting a certified or uncertified
841 death certificate, or the information contained within such certificate,
842 for a death occurring on or after July 1, 1997, such certificate or
843 information. The decedent's Social Security number shall be removed or
844 redacted from such certificate or information or the administrative
845 purposes section shall be omitted from such certificate.

846 (d) The registrar of vital statistics of any town or city in this state that
847 has access to an electronic vital records system, as authorized by the
848 department, may use such system to issue certified copies of birth,
849 death, fetal death or marriage certificates that are electronically filed in
850 such system.

851 [(e) Any registrar of vital statistics who receives payment pursuant to
852 this section may permit such payment to be made on an Internet web
853 site designated by the registrar, in a manner prescribed by the registrar.]

854 Sec. 32. Section 7-74 of the general statutes is repealed and the
855 following is substituted in lieu thereof (*Effective from passage*):

856 (a) The fee for a certification of birth registration, short form, shall be
857 fifteen dollars. The fee for a certified copy of a certificate of birth, long
858 form, shall be twenty dollars, except that the fee for such certifications
859 and copies when issued by the department shall be thirty dollars.

860 (b) (1) The fee for a certified copy of a certificate of marriage or death
861 shall be twenty dollars. Such fees shall not be required of the
862 department.

863 (2) Any fee received by the Department of Public Health for a
864 certificate of death shall be deposited in the neglected cemetery account,
865 established in accordance with section 19a-308b.

866 (c) The fee for one certified copy of a certificate of death for any
867 deceased person who was a veteran, as defined in subsection (a) of
868 section 27-103, shall be waived when such copy is requested by a
869 spouse, child or parent of such deceased veteran.

870 (d) The fee for an uncertified copy of an original certificate of birth
871 issued pursuant to section 7-53 shall be sixty-five dollars.

872 (e) Any registrar of vital statistics who receives payment pursuant to
873 this section may permit such payment to be made on an Internet web
874 site designated by the registrar, in a manner prescribed by the registrar,
875 as approved by the Commissioner of Public Health, or the
876 commissioner's designee.

877 Sec. 33. Subsections (c) and (d) of section 19a-36m of the general
878 statutes are repealed and the following is substituted in lieu thereof
879 (*Effective from passage*):

880 (c) The provisions of the food code that concern the employment of a
881 certified food protection manager and any reporting requirements
882 relative to such certified food protection manager [(1)] shall not apply
883 to [(A)] (1) an owner or operator of a soup kitchen that relies exclusively
884 on services provided by volunteers, [(B)] (2) any volunteer who serves
885 meals from a nonprofit organization, including a temporary food
886 service establishment and a special event sponsored by a nonprofit civic
887 organization, including, but not limited to, school sporting events, little
888 league food booths, church suppers and fairs, or [(C)] (3) any person
889 who serves meals to individuals at a registered congregate meal site
890 funded under Title III of the Older Americans Act of 1965, as amended

891 from time to time, that were prepared under the supervision of a
892 certified food protection manager. [and (2) shall not prohibit the sale
893 or distribution of food at (A) a bed and breakfast establishment that
894 prepares and offers food to guests, provided the operation is owner-
895 occupied and the total building occupant load is not more than sixteen
896 persons, including the owner and occupants, has no provisions for
897 cooking or warming food in the guest rooms, breakfast is the only meal
898 offered and the consumer of such operation is informed by statements
899 contained in published advertisements, mailed brochures and placards
900 posted in the registration area that the food is prepared in a kitchen that
901 is not regulated and inspected by the local health director, and (B) a
902 noncommercial function, including, but not limited to, an educational,
903 religious, political or charitable organization's bake sale or potluck
904 supper, provided the seller or person distributing the food maintains
905 the food at the temperature, pH level and water activity level conditions
906 that will inhibit the growth of infectious or toxigenic microorganisms.
907 For the purposes of this subsection, "noncommercial function" means a
908 function where food is sold or distributed by a person not regularly
909 engaged in the business of selling such food for profit.]

910 (d) The provisions of the food code shall not (1) apply to a residential
911 care home with thirty beds or less that is licensed pursuant to chapter
912 368v, provided the administrator of the residential care home or the
913 administrator's designee has satisfactorily passed a test as part of a food
914 protection manager certification program that is evaluated and
915 approved by an accrediting agency recognized by the Conference for
916 Food Protection as conforming to its standard for accreditation of food
917 protection manager certification programs, unless such residential care
918 home enters into a service contract with a food establishment or lends,
919 rents or leases any area of its facility to any person or entity for the
920 purpose of preparing or selling food, at which time the provisions of the
921 food code shall apply to such residential care home, and (2) shall not
922 prohibit the sale or distribution of food at (A) a bed and breakfast
923 establishment that prepares and offers food to guests, provided the
924 operation is owner-occupied and the total building occupant load is not
925 more than sixteen persons, including the owner and occupants, has no

926 provisions for cooking or warming food in the guest rooms, breakfast is
927 the only meal offered and the consumer of such operation is informed
928 by statements contained in published advertisements, mailed brochures
929 and placards posted in the registration area that the food is prepared in
930 a kitchen that is not regulated and inspected by the local health director,
931 and (B) a noncommercial function, including, but not limited to, an
932 educational, religious, political or charitable organization's bake sale or
933 potluck supper, provided the seller or person distributing the food
934 maintains the food at the temperature, pH level and water activity level
935 conditions that will inhibit the growth of infectious or toxigenic
936 microorganisms. For the purposes of this subsection, "noncommercial
937 function" means a function where food is sold or distributed by a person
938 not regularly engaged in the business of selling such food for profit.

939 Sec. 34. Subparagraph (A) of subdivision (2) of subsection (c) of
940 section 16-245n of the 2022 supplement to the general statutes is
941 repealed and the following is substituted in lieu thereof (*Effective from*
942 *passage*):

943 (2) (A) There is hereby created an Environmental Infrastructure Fund
944 which shall be within the Connecticut Green Bank. The fund may
945 receive any amount required by law to be deposited into the fund and
946 may receive any federal funds as may become available to the state for
947 environmental infrastructure investments, except that the fund shall not
948 receive: (i) Ratepayer or Regional Greenhouse Gas Initiative funds, (ii)
949 funds that have been deposited in, or are required to be deposited in, an
950 account of the Clean Water Fund pursuant to sections 22a-475 to [22a-
951 438f] 22a-483f, inclusive, or (iii) funds collected from a water company,
952 as defined in section 25-32a.

953 Sec. 35. Subsection (b) of section 20-191c of the 2022 supplement to
954 the general statutes is repealed and the following is substituted in lieu
955 thereof (*Effective July 1, 2022*):

956 (b) Qualifying continuing education activities shall be related to the
957 practice of psychology and shall include courses, seminars, workshops,
958 conferences and postdoctoral institutes offered or approved by: (1) The

959 American Psychological Association; (2) a regionally accredited
960 institution of higher education graduate program; (3) a nationally
961 recognized provider of continuing education seminars; (4) the
962 Department of Mental Health and Addiction Services; or (5) a
963 behavioral science organization that is professionally or scientifically
964 recognized. Not more than five continuing education units during each
965 registration period shall be completed via [the Internet] asynchronous
966 online education, distance learning or home study. Not less than five
967 continuing education units shall be earned through synchronous online
968 education. On and after January 1, 2016, qualifying continuing
969 education activities shall include not less than two contact hours of
970 training or education during the first renewal period in which
971 continuing education is required and not less than once every six years
972 thereafter on the topic of mental health conditions common to veterans
973 and family members of veterans, including (A) determining whether a
974 patient is a veteran or family member of a veteran, (B) screening for
975 conditions such as post-traumatic stress disorder, risk of suicide,
976 depression and grief, and (C) suicide prevention training. Qualifying
977 continuing education activities may include a licensee's research-based
978 presentation at a professional conference, provided not more than five
979 continuing education units during each registration period shall be
980 completed by such activities. A licensee who has earned a diploma from
981 the American Board of Professional Psychology during the registration
982 period may substitute the diploma for continuing education
983 requirements for such registration period. For purposes of this section,
984 "continuing education unit" means fifty to sixty minutes of participation
985 in accredited continuing professional education. For the purposes of this
986 subsection, "synchronous online education" means live online classes
987 that are conducted in real time and "asynchronous online education"
988 means a program where the instructor, learner and other participants
989 are not engaged in the learning process at the same time, there is no real-
990 time interaction between participants and instructors and the
991 educational content is created and made available for later
992 consumption.

993 Sec. 36. Section 19a-563h of the 2022 supplement to the general

994 statutes is repealed and the following is substituted in lieu thereof
995 (*Effective from passage*):

996 (a) On or before January 1, 2022, the Department of Public Health
997 shall (1) establish minimum staffing level requirements for nursing
998 homes of three hours of direct care per resident per day, and (2) modify
999 staffing level requirements for social work and recreational staff of
1000 nursing homes such that the requirements (A) for social work, [are] a
1001 number of hours that is based on one full-time social worker per sixty
1002 residents and that shall vary proportionally based on the number of
1003 residents in the nursing home, and (B) for recreational staff are lower
1004 than the current requirements, as deemed appropriate by the
1005 Commissioner of Public Health.

1006 (b) The commissioner shall adopt regulations in accordance with the
1007 provisions of chapter 54 that set forth nursing home staffing level
1008 requirements to implement the provisions of this section. The
1009 Commissioner of Public Health may implement policies and procedures
1010 necessary to administer the provisions of this section while in the
1011 process of adopting such policies and procedures as regulations,
1012 provided notice of intent to adopt regulations is published on the
1013 eRegulations System not later than twenty days after the date of
1014 implementation. Policies and procedures implemented pursuant to this
1015 section shall be valid until the time final regulations are adopted.

1016 Sec. 37. Section 17b-59d of the general statutes is repealed and the
1017 following is substituted in lieu thereof (*Effective from passage*):

1018 (a) There shall be established a State-wide Health Information
1019 Exchange to empower consumers to make effective health care
1020 decisions, promote patient-centered care, improve the quality, safety
1021 and value of health care, reduce waste and duplication of services,
1022 support clinical decision-making, keep confidential health information
1023 secure and make progress toward the state's public health goals.

1024 (b) It shall be the goal of the State-wide Health Information Exchange
1025 to: (1) Allow real-time, secure access to patient health information and

1026 complete medical records across all health care provider settings; (2)
1027 provide patients with secure electronic access to their health
1028 information; (3) allow voluntary participation by patients to access their
1029 health information at no cost; (4) support care coordination through
1030 real-time alerts and timely access to clinical information; (5) reduce costs
1031 associated with preventable readmissions, duplicative testing and
1032 medical errors; (6) promote the highest level of interoperability; (7) meet
1033 all state and federal privacy and security requirements; (8) support
1034 public health reporting, quality improvement, academic research and
1035 health care delivery and payment reform through data aggregation and
1036 analytics; (9) support population health analytics; (10) be standards-
1037 based; and (11) provide for broad local governance that (A) includes
1038 stakeholders, including, but not limited to, representatives of the
1039 Department of Social Services, hospitals, physicians, behavioral health
1040 care providers, long-term care providers, health insurers, employers,
1041 patients and academic or medical research institutions, and (B) is
1042 committed to the successful development and implementation of the
1043 State-wide Health Information Exchange.

1044 (c) All contracts or agreements entered into by or on behalf of the state
1045 relating to health information technology or the exchange of health
1046 information shall be consistent with the goals articulated in subsection
1047 (b) of this section and shall utilize contractors, vendors and other
1048 partners with a demonstrated commitment to such goals.

1049 (d) (1) The executive director of the Office of Health Strategy, in
1050 consultation with the Secretary of the Office of Policy and Management
1051 and the State Health Information Technology Advisory Council,
1052 established pursuant to section 17b-59f, shall, upon the approval by the
1053 State Bond Commission of bond funds authorized by the General
1054 Assembly for the purposes of establishing a State-wide Health
1055 Information Exchange, develop and issue a request for proposals for the
1056 development, management and operation of the State-wide Health
1057 Information Exchange. Such request shall promote the reuse of any and
1058 all enterprise health information technology assets, such as the existing
1059 Provider Directory, Enterprise Master Person Index, Direct Secure

1060 Messaging Health Information Service provider infrastructure, analytic
1061 capabilities and tools that exist in the state or are in the process of being
1062 deployed. Any enterprise health information exchange technology
1063 assets purchased after June 2, 2016, and prior to the implementation of
1064 the State-wide Health Information Exchange shall be capable of
1065 interoperability with a State-wide Health Information Exchange.

1066 (2) Such request for proposals may require an eligible organization
1067 responding to the request to: (A) Have not less than three years of
1068 experience operating either a state-wide health information exchange in
1069 any state or a regional exchange serving a population of not less than
1070 one million that (i) enables the exchange of patient health information
1071 among health care providers, patients and other authorized users
1072 without regard to location, source of payment or technology, (ii)
1073 includes, with proper consent, behavioral health and substance abuse
1074 treatment information, (iii) supports transitions of care and care
1075 coordination through real-time health care provider alerts and access to
1076 clinical information, (iv) allows health information to follow each
1077 patient, (v) allows patients to access and manage their health data, and
1078 (vi) has demonstrated success in reducing costs associated with
1079 preventable readmissions, duplicative testing or medical errors; (B) be
1080 committed to, and demonstrate, a high level of transparency in its
1081 governance, decision-making and operations; (C) be capable of
1082 providing consulting to ensure effective governance; (D) be regulated or
1083 administratively overseen by a state government agency; and (E) have
1084 sufficient staff and appropriate expertise and experience to carry out the
1085 administrative, operational and financial responsibilities of the State-
1086 wide Health Information Exchange.

1087 (e) Notwithstanding the provisions of subsection (d) of this section,
1088 if, on or before January 1, 2016, the Commissioner of Social Services, in
1089 consultation with the State Health Information Technology Advisory
1090 Council, established pursuant to section 17b-59f, submits a plan to the
1091 Secretary of the Office of Policy and Management for the establishment
1092 of a State-wide Health Information Exchange consistent with
1093 subsections (a), (b) and (c) of this section, and such plan is approved by

1094 the secretary, the commissioner may implement such plan and enter
1095 into any contracts or agreements to implement such plan.

1096 (f) The executive director of the Office of Health Strategy shall have
1097 administrative authority over the State-wide Health Information
1098 Exchange. The executive director shall be responsible for designating,
1099 and posting on its Internet web site, the list of systems, technologies,
1100 entities and programs that shall constitute the State-wide Health
1101 Information Exchange. Systems, technologies, entities, and programs
1102 that have not been so designated shall not be considered part of said
1103 exchange.

1104 (g) The executive director of the Office of Health Strategy may
1105 implement policies and procedures necessary to administer the
1106 provisions of this section while in the process of adopting such policies
1107 and procedures in regulation form, provided the executive director
1108 publishes notice of intention to adopt the regulations on the Office of
1109 Health Strategy's Internet web site and the eRegulations System not
1110 later than twenty days after implementing such policies and procedures.
1111 Policies and procedures implemented pursuant to this subsection shall
1112 be valid until the time such regulations are effective.

1113 Sec. 38. Section 17b-59e of the general statutes is repealed and the
1114 following is substituted in lieu thereof (*Effective from passage*):

1115 (a) For purposes of this section:

1116 (1) "Health care provider" means any individual, corporation, facility
1117 or institution licensed by the state to provide health care services; and

1118 (2) "Electronic health record system" means a computer-based
1119 information system that is used to create, collect, store, manipulate,
1120 share, exchange or make available electronic health records for the
1121 purposes of the delivery of patient care.

1122 (b) Not later than one year after commencement of the operation of
1123 the State-wide Health Information Exchange, each hospital licensed
1124 under chapter 368v and clinical laboratory licensed under section 19a-

1125 30, as amended by this act, shall maintain an electronic health record
1126 system capable of connecting to and participating in the State-wide
1127 Health Information Exchange and shall apply to begin the process of
1128 connecting to, and participating in, the State-wide Health Information
1129 Exchange.

1130 (c) Not later than two years after commencement of the operation of
1131 the State-wide Health Information Exchange, (1) each health care
1132 provider with an electronic health record system capable of connecting
1133 to, and participating in, the State-wide Health Information Exchange
1134 shall apply to begin the process of connecting to, and participating in,
1135 the State-wide Health Information Exchange, and (2) each health care
1136 provider without an electronic health record system capable of
1137 connecting to, and participating in, the State-wide Health Information
1138 Exchange shall be capable of sending and receiving secure messages
1139 that comply with the Direct Project specifications published by the
1140 federal Office of the National Coordinator for Health Information
1141 Technology.

1142 (d) The executive director of the Office of Health Strategy may
1143 implement policies and procedures necessary to administer the
1144 provisions of this section while in the process of adopting such policies
1145 and procedures in regulation form, provided the executive director
1146 publishes notice of intention to adopt the regulations on the Office of
1147 Health Strategy's Internet web site and the eRegulations System not
1148 later than twenty days after implementing such policies and procedures.
1149 Policies and procedures implemented pursuant to this subsection shall
1150 be valid until the time such regulations are effective.

1151 Sec. 39. Subsection (c) of section 19a-495 of the general statutes is
1152 repealed and the following is substituted in lieu thereof (*Effective from*
1153 *passage*):

1154 (c) The commissioner may waive any provisions of the regulations
1155 affecting an institution [, as defined in section 19a-490] or a clinical
1156 laboratory, licensed pursuant to section 19a-30, as amended by this act,
1157 if the commissioner determines that such waiver would not endanger

1158 the health, safety or welfare of any patient or resident. The
1159 commissioner may impose conditions, upon granting the waiver, that
1160 assure the health, safety and welfare of patients or residents, and may
1161 revoke the waiver upon a finding that the health, safety or welfare of
1162 any patient or resident has been jeopardized. The commissioner shall
1163 not grant a waiver that would result in a violation of the Fire Safety
1164 Code or State Building Code. The commissioner may adopt regulations,
1165 in accordance with chapter 54, establishing procedures for an
1166 application for a waiver pursuant to this subsection.

1167 Sec. 40. (*Effective from passage*) (a) As used in this section:

1168 (1) "Certified doula" means a doula that is certified by the Department
1169 of Public Health; and

1170 (2) "Doula" means a trained, nonmedical professional who provides
1171 physical, emotional and informational support, virtually or in person,
1172 to a pregnant person before, during and after birth.

1173 (b) The Commissioner of Public Health shall, within available
1174 resources, establish a Doula Advisory Committee within the
1175 Department of Public Health. The Doula Advisory Committee shall
1176 develop recommendations for (1) requirements for certification and
1177 certification renewal of doulas, including, but not limited to, training,
1178 experience or continuing education requirements; and (2) standards for
1179 recognizing doula training program curricula that are sufficient to
1180 satisfy the requirements for doula certification.

1181 (c) The Commissioner of Public Health, or the commissioner's
1182 designee, shall be the chairperson of the Doula Advisory Committee.

1183 (d) The Doula Advisory Committee shall consist of the following
1184 members:

1185 (1) Seven appointed by the Commissioner of Public Health, or the
1186 commissioner's designee, who are actively practicing as doulas in the
1187 state;

1188 (2) One appointed by the Commissioner of Public Health, or the
1189 commissioner's designee, who is a nurse-midwife, licensed pursuant to
1190 chapter 377 of the general statutes, who has experience working with a
1191 doula;

1192 (3) One appointed by the Commissioner of Public Health, or the
1193 commissioner's designee, in consultation with the Connecticut Hospital
1194 Association, who shall represent an acute care hospital;

1195 (4) One appointed by the Commissioner of Public Health, or the
1196 commissioner's designee, who shall represent an association that
1197 represents hospitals and health-related organizations in the state;

1198 (5) One appointed by the Commissioner of Public Health, or the
1199 commissioner's designee, who shall be a licensed health care provider
1200 who specializes in obstetrics and has experience working with a doula;

1201 (6) One appointed by the Commissioner of Public Health, or the
1202 commissioner's designee, who shall represent a community-based
1203 doula training organization;

1204 (7) One appointed by the Commissioner of Public Health, or the
1205 commissioner's designee, who shall represent a community-based
1206 maternal and child health organization;

1207 (8) One appointed by the Commissioner of Public Health, or the
1208 commissioner's designee, who shall have expertise in health equity;

1209 (9) The Commissioner of Social Services, or the commissioner's
1210 designee;

1211 (10) The Commissioner of Mental Health and Addiction Services, or
1212 the commissioner's designee; and

1213 (11) The Commissioner of Early Childhood, or the commissioner's
1214 designee.

1215 (e) Not later than January 15, 2023, the Doula Advisory Committee
1216 shall establish a Doula Training Program Review Committee. Such

1217 committee shall (1) conduct a continuous review of doula training
1218 programs; and (2) provide a list of approved doula training programs
1219 in the state that meet the requirements established by the Doula
1220 Advisory Committee.

1221 Sec. 41. (*Effective from passage*) The Commissioner of Public Health
1222 shall study whether the state should adopt safe harbor legislation that
1223 permits alternative health care practitioners who are not licensed,
1224 certified or registered in the state to provide traditional health care
1225 services, to provide certain alternative health care services, including,
1226 but not limited to, aromatherapy, energetic healing, healing touch,
1227 herbology or herbalism, meditation and mind body practices, polarity
1228 therapy, reflexology and Reiki, without violating any provision of the
1229 general statutes relating to the unlicensed practice of medicine. Not later
1230 than January 1, 2023, the commissioner shall report, in accordance with
1231 the provisions of section 11-4a of the general statutes, regarding such
1232 study to the joint standing committee of the General Assembly having
1233 cognizance of matters relating to public health.

1234 Sec. 42. Subsection (c) of section 19a-498 of the general statutes is
1235 repealed and the following is substituted in lieu thereof (*Effective October*
1236 *1, 2022*):

1237 (c) The Department of Mental Health and Addiction Services, with
1238 respect to any behavioral health facility, [or alcohol or drug treatment
1239 facility,] shall be authorized, either upon the request of the
1240 Commissioner of Public Health or at such other times as they deem
1241 necessary, to enter such facility for the purpose of inspecting programs
1242 conducted at such facility. A written report of the findings of any such
1243 inspection shall be forwarded to the Commissioner of Public Health and
1244 a copy shall be maintained in such facility's licensure file.

1245 Sec. 43. Section 19a-509g of the general statutes is repealed and the
1246 following is substituted in lieu thereof (*Effective October 1, 2022*):

1247 [An alcohol or drug treatment facility, as defined in section 19a-490,]
1248 A behavioral health facility shall use the criteria for admission

1249 developed by the American Society of Addiction Medicine for purposes
1250 of assessing a person for admission to such facility in consideration of
1251 (1) the services for which the facility is licensed, and (2) the appropriate
1252 services required for treatment of such person.

1253 Sec. 44. Subdivision (1) of subsection (b) of section 38a-493 of the 2022
1254 supplement to the general statutes is repealed and the following is
1255 substituted in lieu thereof (*Effective October 1, 2022*):

1256 (1) "Hospital" means an institution that is primarily engaged in
1257 providing, by or under the supervision of physicians, to inpatients (A)
1258 diagnostic, surgical and therapeutic services for medical diagnosis,
1259 treatment and care of persons who have an injury, sickness or disability,
1260 or (B) medical rehabilitation services for the rehabilitation of persons
1261 who have an injury, sickness or disability. "Hospital" does not include a
1262 residential care home, nursing home, rest home or [alcohol or drug
1263 treatment facility] behavioral health facility, as defined in section 19a-
1264 490, as amended by this act;

1265 Sec. 45. Subdivision (1) of subsection (b) of section 38a-520 of the 2022
1266 supplement to the general statutes is repealed and the following is
1267 substituted in lieu thereof (*Effective October 1, 2022*):

1268 (1) "Hospital" means an institution that is primarily engaged in
1269 providing, by or under the supervision of physicians, to inpatients (A)
1270 diagnostic, surgical and therapeutic services for medical diagnosis,
1271 treatment and care of persons who have an injury, sickness or disability,
1272 or (B) medical rehabilitation services for the rehabilitation of persons
1273 who have an injury, sickness or disability. "Hospital" does not include a
1274 residential care home, nursing home, rest home or [alcohol or drug
1275 treatment facility] behavioral health facility, as defined in section 19a-
1276 490, as amended by this act;

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2022</i>	19a-490

Sec. 2	October 1, 2022	19a-491c(a)
Sec. 3	October 1, 2022	19a-535b
Sec. 4	October 1, 2022	19a-537(a)
Sec. 5	October 1, 2022	19a-550(a)
Sec. 6	October 1, 2022	20-185r(a) to (e)
Sec. 7	October 1, 2022	12-20a(a)
Sec. 8	October 1, 2022	17b-368
Sec. 9	from passage	19a-491(a)
Sec. 10	October 1, 2022	19a-497(a)
Sec. 11	from passage	19a-515(a) and (b)
Sec. 12	October 1, 2022	19a-492e(a)
Sec. 13	October 1, 2022	19a-495a(a) and (b)
Sec. 14	from passage	New section
Sec. 15	from passage	20-90
Sec. 16	from passage	19a-16d(c) and (d)
Sec. 17	from passage	19a-16e(a)
Sec. 18	from passage	20-132a(c)
Sec. 19	from passage	19a-14c(b)
Sec. 20	from passage	20-12j(b)
Sec. 21	from passage	19a-177(8)(B)
Sec. 22	from passage	14-1(5)
Sec. 23	October 1, 2022	19a-30(a)
Sec. 24	October 1, 2022	19a-31b
Sec. 25	October 1, 2022	19a-72(a)(1) and (2)
Sec. 26	October 1, 2022	19a-215(a)(1)
Sec. 27	October 1, 2022	19a-269b(a)
Sec. 28	October 1, 2022	20-7a(d)
Sec. 29	October 1, 2022	20-7c(a)
Sec. 30	October 1, 2022	38a-477aa(a)(6)(A)
Sec. 31	from passage	7-51a
Sec. 32	from passage	7-74
Sec. 33	from passage	19a-36m(c) and (d)
Sec. 34	from passage	16-245n(c)(2)(A)
Sec. 35	July 1, 2022	20-191c(b)
Sec. 36	from passage	19a-563h
Sec. 37	from passage	17b-59d
Sec. 38	from passage	17b-59e
Sec. 39	from passage	19a-495(c)
Sec. 40	from passage	New section
Sec. 41	from passage	New section
Sec. 42	October 1, 2022	19a-498(c)

Sec. 43	<i>October 1, 2022</i>	19a-509g
Sec. 44	<i>October 1, 2022</i>	38a-493(b)(1)
Sec. 45	<i>October 1, 2022</i>	38a-520(b)(1)

Statement of Legislative Commissioners:

In Section 15, former Subsec. (b), which had been redesignated as Subsec. (d), has been bracketed to avoid repetition.

PH *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

The bill, which makes a number of substantive, minor, and technical changes in statutes related to the Department of Public Health, does not result in any fiscal impact to the state or municipalities.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis**sHB 5500*****AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.***

TABLE OF CONTENTS:

SUMMARY§§ 1-8 — CHRONIC DISEASE HOSPITALS

Adds a definition for “chronic disease hospital” to the statute on health care institution licensure and makes related technical and conforming changes to various public health statutes

§§ 1, 23-30, & 39 — CLINICAL LABORATORIES

Adds clinical laboratories to the statutory definition of “health care institution” to reflect current practice and allows the DPH commissioner to waive regulations for these laboratories under limited conditions

§§ 1 & 42-45 — ALCOHOL OR DRUG TREATMENT FACILITIES

Replaces the term “alcohol or drug treatment facility” with “behavioral health facility” in several statutes to reflect current practice

§ 6 — CENTRAL SERVICE TECHNICIANS

Allows central service technicians to obtain certification as a registered CST from a successor organization to the International Association of Healthcare Central Service Material Management

§ 9 — ALBERT J. SOLNIT CHILDREN’S CENTER

Makes a technical change to specify that Albert J. Solnit Children’s Center and its psychiatric residential treatment facility units are not exempt from DPH licensure

§ 10 — STRIKE CONTINGENCY STAFFING PLAN

Requires health care institutions, when notified that their employees intend to strike, to include a staffing plan as part of the strike contingency plan they must file with DPH

§ 11 — NURSING HOME ADMINISTRATOR CONTINUING EDUCATION

Adds infection prevention and control to the mandatory topics for nursing home administrators' continuing education

§ 12 & 13 — MEDICATION ADMINISTRATION BY UNLICENSED PERSONNEL

Allows a registered nurse to delegate certain medication administration to home health aides and hospice aides who obtain certification from DCF or DDS, in addition to those certified by DPH, as under current law

§ 14, 16 & 17 — SCOPE OF PRACTICE REVIEW

Reduces, by two weeks, the timeframe of certain steps of DPH's scope of practice review process for health care professions; requires DPH to establish a scope of practice review committee to determine whether it should regulate midwives who are ineligible for nurse-midwife licensure and report its findings to the Public Health Committee

§ 15 — STATE BOARD OF EXAMINERS FOR NURSING

Expands the duties of the State Board of Examiners for Nursing; requires DPH, instead of the board, to post a list of all approved nursing education programs for registered nurses and licensed practical nurses; and eliminates a requirement that DPH adopt regulations on adult education practical nursing training programs offered in high schools

§ 18 — CONTINUING EDUCATION (CE) FOR OPTOMETRISTS

Explicitly allows online CE classes; increases, from six to ten, the number of CE credit hours that can be earned without attending in-person

§§ 19 & 20 — MINOR AND TECHNICAL CHANGES

Makes technical changes to statutory provisions on (1) outpatient mental health treatment provided to minors without parental consent and (2) physician assistant licensure

§ 21 — EMERGENCY MEDICAL SERVICES ADVISORY BOARD REPORT

Changes, from December 31 to April 1, the date by which the DPH commissioner must annually report to the Emergency Medical Services (EMS) Advisory Board on specified information on EMS calls; delays the date the next report is due until April 1, 2023

[§ 22 — AUTHORIZED EMERGENCY VEHICLES](#)

Expands the statutory definition of “authorized emergency vehicle” to include all authorized EMS vehicles, instead of only ambulances, as under current law

[§§ 31-32 — ONLINE PAYMENTS FOR VITAL RECORDS](#)

Specifies DPH must approve any locally allowed online payment methods

[§ 33 — STATE FOOD CODE](#)

Generally exempts from the state’s model food code requirements, certain owner-occupied bed and breakfast establishments and noncommercial functions, such as bake sales and potluck suppers at educational, religious, political, or charitable organizations

[§ 34 — TECHNICAL CHANGE](#)

Corrects a reference to statutes on the Clean Water Fund

[§ 35 — CONTINUING EDUCATION FOR PSYCHOLOGISTS](#)

Establishes minimum and maximum amounts of CE earned online

[§ 36 — SOCIAL WORKER MINIMUM STAFFING REQUIREMENTS IN NURSING HOMES](#)

Specifies that existing law’s minimum social worker staffing requirement in nursing homes of one social worker per 60 residents is a number of hours that must vary proportionally based on the number of residents in the home; allows the DPH commissioner to implement policies and procedures while adopting minimum staffing requirements in regulation

[§§ 37-38 — STATEWIDE HEALTH INFORMATION EXCHANGE](#)

Allows the Office of Health Strategy executive director to implement policies and procedures while adopting regulations to (1) administer the Statewide Health Information Exchange and (2) require certain health care institutions and providers to connect to and participate in the exchange

[§ 40 — DOULA ADVISORY COMMITTEE](#)

Requires DPH, within available resources, to establish an 18-member Doula Advisory Committee to develop recommendations on (1) certification requirements for doulas and (2) standards for recognizing training programs that meet the certification requirements

[§ 41 — SAFE HARBOR LEGISLATION](#)

Requires the DPH commissioner to (1) study whether the state should adopt “safe harbor” legislation allowing certain unlicensed practitioners to provide alternative health care services and (2) report to the Public Health Committee by January 1, 2023

BACKGROUND

SUMMARY

This bill makes various substantive, minor, and technical changes in Department of Public Health (DPH)-related statutes and programs.

EFFECTIVE DATE: Various, see below.

§§ 1-8 — CHRONIC DISEASE HOSPITALS

Adds a definition for “chronic disease hospital” to the statute on health care institution licensure and makes related technical and conforming changes to various public health statutes

The bill adds a statutory definition for “chronic disease hospital,” to the statute on the licensure of health care institutions. Under the bill, as under current law, these hospitals are long-term hospitals that have facilities, medical staff, and all personnel necessary to diagnose, treat, and care for chronic diseases.

The bill also makes related technical and conforming changes to various public health statutes.

EFFECTIVE DATE: October 1, 2022

§§ 1, 23-30, & 39 — CLINICAL LABORATORIES

Adds clinical laboratories to the statutory definition of “health care institution” to reflect current practice and allows the DPH commissioner to waive regulations for these laboratories under limited conditions

Definition

The bill adds clinical laboratories to the statutory definition of “health care institution.” In doing so, it extends to these laboratories statutory requirements for health care institutions regarding, among other things, DPH licensure, inspection, and complaint investigation requirements. (In practice, clinical laboratories are already subject to state and federal

regulation.)

As under current law, the bill defines a “clinical laboratory” as a facility or other area used for microbiological, serological, chemical, hematological, immuno-hematological, biophysical, cytological, pathological, or other examinations of human bodily fluids, secretions, excretions, or excised or exfoliated tissues. The examinations must be used to provide information for (1) diagnosing, preventing, or treating a human disease or impairment; (2) assessing human health; or (3) assessing the presence of drugs, poisons, or other toxicological substances.

The bill also makes related technical and conforming changes to various public health statutes.

Waivers

Additionally, the bill allows the DPH commissioner to:

1. waive regulations affecting clinical laboratories if she determines that doing so would not endanger a patient’s health, safety, or welfare;
2. impose waiver conditions assuring patients’ health, safety, and welfare; and
3. revoke the waiver if she finds that someone’s health, safety, or welfare has been jeopardized.

Existing law already allows the commissioner grant waivers for other health care institutions under these same conditions. Under existing law and the bill, she cannot grant a waiver that would result in a violation of the state fire safety or building code.

EFFECTIVE DATE: October 1, 2022, except provisions on waivers are effective upon passage.

§§ 1 & 42-45 — ALCOHOL OR DRUG TREATMENT FACILITIES

Replaces the term “alcohol or drug treatment facility” with “behavioral health facility” in several statutes to reflect current practice

The bill removes the statutory definition for “alcohol or drug treatment facility” and replaces this term with “behavioral health facility” in several statutes. (Under current practice, these facilities are licensed and regulated as behavioral health facilities.)

EFFECTIVE DATE: October 1, 2022

§ 6 — CENTRAL SERVICE TECHNICIANS

Allows central service technicians to obtain certification as a registered CST from a successor organization to the International Association of Healthcare Central Service Material Management

Existing law generally requires anyone who practices as a central service technician (CST) to, among other things, be certified as either a (1) sterile processing and distribution technician by the Certification Board for Sterile Processing and Distribution, Inc. or (2) registered CST by the International Association of Healthcare Central Service Material Management (IAHCSMM).

For the latter, the bill allows CSTs to also obtain certification from a successor organization to IAHCSMM (the organization is currently changing its name).

By law, CSTs decontaminate, prepare, package, sterilize, store, and distribute reusable medical instruments or devices in a hospital or outpatient surgical facility, either as an employee or under contract.

EFFECTIVE DATE: October 1, 2022

§ 9 — ALBERT J. SOLNIT CHILDREN’S CENTER

Makes a technical change to specify that Albert J. Solnit Children’s Center and its psychiatric residential treatment facility units are not exempt from DPH licensure

Existing law exempts from DPH licensure Department of Children and Families (DCF)-licensed (1) substance abuse treatment facilities and (2) maternity homes that offer care to pregnant women, new mothers, and their newborns.

The bill specifies that this exemption does not apply to Albert J. Solnit Children’s Center and its psychiatric residential treatment facility units

("South Campus"). (Existing law requires that DPH license these facilities.)

EFFECTIVE DATE: Upon passage

§ 10 — STRIKE CONTINGENCY STAFFING PLAN

Requires health care institutions, when notified that their employees intend to strike, to include a staffing plan as part of the strike contingency plan they must file with DPH

By law, a licensed health care institution must file a strike contingency plan with the DPH commissioner if the institution is notified by a labor organization representing its employees of its intention to strike.

The bill requires each institution, as part of the strike contingency plan, to include its staffing plan for at least the first three days of the strike. This must include the names and titles of the people who will provide services during this period.

Under existing law, these institutions must submit their strike contingency plans no later than five days before the date indicated for the strike.

EFFECTIVE DATE: October 1, 2022

§ 11 — NURSING HOME ADMINISTRATOR CONTINUING EDUCATION

Adds infection prevention and control to the mandatory topics for nursing home administrators' continuing education

The bill adds infection prevention and control to the mandatory topics for nursing home administrators' continuing education. It makes a corresponding change adding courses offered or approved by the Association for Professionals in Infection Control and Epidemiology to those that meet continuing education requirements for nursing home administrators.

By law, nursing home administrators must complete at least 40 hours of continuing education every two years, starting with their first license renewal. Existing law requires that the education include training in

Alzheimer's disease and dementia symptoms and care.

EFFECTIVE DATE: Upon passage

§ 12 & 13 — MEDICATION ADMINISTRATION BY UNLICENSED PERSONNEL

Allows a registered nurse to delegate certain medication administration to home health aides and hospice aides who obtain certification from DCF or DDS, in addition to those certified by DPH, as under current law

The bill allows a registered nurse (RN) to delegate the administration of non-injected medications to home health aides and hospice aides who are currently certified by the departments of Children and Families (DCF) or Developmental Services (DDS), in addition to those certified by DPH, as under current law.

Under current law, unchanged by the bill:

1. RNs cannot delegate medication administration to these unlicensed personnel if a prescribing practitioner requires a medication to be administered only by a licensed nurse;
2. unlicensed personnel must renew their certification every three years; and
3. residential care homes that admit residents requiring medication administration assistance must employ a sufficient number of unlicensed personnel certified by DPH, DCF, or DDS to perform this function.

The bill also makes related technical and conforming changes to provisions requiring DPH to adopt regulations to carry out the medication administration delegation provisions.

EFFECTIVE DATE: October 1, 2022

§ 14, 16 & 17 — SCOPE OF PRACTICE REVIEW

Reduces, by two weeks, the timeframe of certain steps of DPH's scope of practice review process for health care professions; requires DPH to establish a scope of practice review

committee to determine whether it should regulate midwives who are ineligible for nurse-midwife licensure and report its findings to the Public Health Committee

Existing law establishes a process to review requests from representatives of health care professions seeking to establish or revise a scope of practice prior to consideration by the legislature. Within available appropriations, DPH appoints members to scope of practice review committees (see BACKGROUND).

The bill moves up deadlines for certain steps in this process as shown in Table 1 below.

Table 1: Scope of Practice Review Step Deadlines

Scope of Practice Review Step	Deadline Under Current Law	Deadline Under the Bill
DPH must notify the Public Health Committee and post on its website any scope of practice request it receives	September 15	September 1
Representatives of health care professions directly impacted by a submitted scope of practice request may submit an impact statement to DPH and provide a copy to the requestor	October 1	September 15
Requestor must submit a written response to an impact statement to DPH and the entity that provided the statement	October 15	October 1
DPH commissioner must establish and appoint members to a scope of practice review committee	November 1	October 15

The bill also makes related conforming changes.

Midwife Scope of Practice Review

Additionally, the bill requires the DPH commissioner to conduct a scope of practice review, under the existing process for scope of practice review committees, to determine whether DPH should regulate midwives who are ineligible for nurse-midwife licensure. The commissioner must report the committee’s findings and recommendations to the Public Health Committee by February 1, 2023.

EFFECTIVE DATE: Upon passage

§ 15 — STATE BOARD OF EXAMINERS FOR NURSING

Expands the duties of the State Board of Examiners for Nursing; requires DPH, instead of the board, to post a list of all approved nursing education programs for registered nurses and licensed practical nurses; and eliminates a requirement that DPH adopt regulations on adult education practical nursing training programs offered in high schools

The bill codifies current practice by expanding the duties of the State Board of Examiners for Nursing to explicitly include (1) approving nursing schools in the state that prepare individuals for state licensure and (2) where possible, consulting with nationally recognized accrediting agencies when doing so.

The bill also requires DPH, instead of the board, to post on the department's website a list of all approved nursing education programs for registered nurses and licensed practical nurses.

Additionally, the bill eliminates the requirement that DPH adopt regulations on adult education practical nursing training programs offered in high schools or through the Technical Education and Career System (i.e., technical high schools) for students without a high school diploma. (In practice, these programs have all closed.)

EFFECTIVE DATE: Upon passage

§ 18 — CONTINUING EDUCATION (CE) FOR OPTOMETRISTS

Explicitly allows online CE classes; increases, from six to ten, the number of CE credit hours that can be earned without attending in-person

Currently, optometrists must earn at least 20 hours of CE during each annual registration period, of which up to six can be earned through a home study or distance learning program. The bill specifies that online education is an allowed means of earning CE credit.

The bill increases to 10 hours the amount of CE credit that optometrists can earn through courses that are not in-person. But it limits to:

1. five hours the amount of CE credit that can be earned through asynchronous online education, distance learning, or home study programs and
2. ten hours the amount of CE credit that can be earned though

synchronous online education that includes opportunities for live instruction.

Under the bill, “synchronous online education” is a live online class conducted in real time. “Asynchronous online education” is a program in which (1) the instructor, learner, and other participants are not engaged in the learning process at the same time; (2) there is no real-time interaction between participants and instructors; and (3) the educational content is created and made available for later consumption.

EFFECTIVE DATE: Upon passage

§§ 19 & 20 — MINOR AND TECHNICAL CHANGES

Makes technical changes to statutory provisions on (1) outpatient mental health treatment provided to minors without parental consent and (2) physician assistant licensure

Current law requires physician assistants to receive at least two hours of training every six years in post-traumatic stress disorder, suicide risk, depression, grief, and suicide prevention administered by the American Association of Physician Assistants. The bill makes a minor change to instead reference the American Academy of Physician Assistants and allows trainings administered by any successor organization to the academy.

The bill also makes technical changes to statutory provisions on (1) providing outpatient mental health treatment to minors without parental consent and (2) other physician assistant licensure requirements.

EFFECTIVE DATE: Upon passage

§ 21 — EMERGENCY MEDICAL SERVICES ADVISORY BOARD REPORT

Changes, from December 31 to April 1, the date by which the DPH commissioner must annually report to the Emergency Medical Services (EMS) Advisory Board on specified information on EMS calls; delays the date the next report is due until April 1, 2023

The bill changes, from December 31 to April 1, the date by which the DPH commissioner must annually report to the Emergency Medical

Services Advisory Board. It also delays the date the next report is due until April 1, 2023.

By law, the report must include the number of emergency medical services (EMS) calls received during the year; response times; level of EMS required; names of EMS providers responding; and the number of passed, cancelled, and mutual aid calls.

EFFECTIVE DATE: Upon passage

§ 22 — AUTHORIZED EMERGENCY VEHICLES

Expands the statutory definition of “authorized emergency vehicle” to include all authorized EMS vehicles, instead of only ambulances, as under current law

The bill broadens the statutory definition of “authorized emergency vehicle” as used in the laws establishing those vehicles’ rights and motorists’ responsibilities with respect to them (e.g., generally, these vehicle drivers may exceed posted speed limits and motorist must pull to the right when the vehicle is using its sirens or lights).

The bill expands the definition to include all authorized emergency medical services vehicles, instead of only ambulances, as under current law. In doing so, it includes invalid coaches, advanced emergency technician-staffed intercept vehicles, and paramedic-staffed intercept vehicles licensed or certified by DPH to provide emergency medical care.

Under current law, unchanged by the bill, authorized emergency vehicles also include fire and police department vehicles.

EFFECTIVE DATE: Upon passage

§§ 31-32 — ONLINE PAYMENTS FOR VITAL RECORDS

Specifies DPH must approve any locally allowed online payment methods

The bill specifies that if a registrar of vital statistics allows online payments for vital records (e.g., a birth certificate), the DPH commissioner or her designee must approve any associated requirements. Under the bill, this applies to payments for short- and long-form birth certificates, marriage certificates, death certificates, and

original birth certificates.

EFFECTIVE DATE: Upon passage

§ 33 — STATE FOOD CODE

Generally exempts from the state's model food code requirements, certain owner-occupied bed and breakfast establishments and noncommercial functions, such as bake sales and potluck suppers at educational, religious, political, or charitable organizations

Existing law requires DPH, by January 1, 2023, to adopt the federal Food and Drug Administration's Food Code as the state's food code regulating food establishments. The bill exempts from the food code's requirements:

1. owner-occupied bed-and-breakfast establishments (a) with no more than 16 occupants, (b) with no provisions for cooking or warming food in guest rooms, (c) where breakfast is the only meal offered, and (d) that notify guests that food is prepared in a kitchen unregulated by the local health department and
2. noncommercial functions, including bake sales or potluck suppers at educational, religious, political, or charitable organizations.

Under current law, these entities must comply with the food code but are exempt from having to employ a certified food protection manager and any related reporting requirements.

Existing law, unchanged by the bill, requires that sellers at noncommercial functions maintain the food under the temperature, pH level, and water acidity level conditions that inhibit the growth of infectious or toxic microorganisms (CGS § 21a-115).

EFFECTIVE DATE: Upon passage

§ 34 — TECHNICAL CHANGE

Corrects a reference to statutes on the Clean Water Fund

The bill corrects a reference to statutes concerning the Clean Water Fund in a provision limiting the types of funds the Green Bank's

Environmental Infrastructure Fund may receive.

§ 35 — CONTINUING EDUCATION FOR PSYCHOLOGISTS

Establishes minimum and maximum amounts of CE earned online

Existing law allows licensed psychologists to earn up to five of their ten annually required CE credits through online classes, distance learning, or home study. The bill specifies that the five-hour cap applies to asynchronous online classes, distance learning, and home study.

The bill additionally requires psychologists to earn at least five hours of CE credit through synchronous online education. (In doing so, it only allows licensees to complete up to five of their required 10 CE credits in person.)

Under the bill, “synchronous online education” is a live online class conducted in real time. “Asynchronous online education” is a program in which (1) the instructor, learner, and other participants are not engaged in the learning process at the same time; (2) there is no real-time interaction between participants and instructors; and (3) the educational content is created and made available for later consumption.

EFFECTIVE DATE: Upon passage

§ 36 — SOCIAL WORKER MINIMUM STAFFING REQUIREMENTS IN NURSING HOMES

Specifies that existing law's minimum social worker staffing requirement in nursing homes of one social worker per 60 residents is a number of hours that must vary proportionally based on the number of residents in the home; allows the DPH commissioner to implement policies and procedures while adopting minimum staffing requirements in regulation

Current law requires DPH to establish minimum staffing level requirements for social workers in nursing homes of one full-time social worker per 60 residents. The bill specifies that this requirement is a number of hours based on this ratio that must vary proportionally based on the number of residents in the home (e.g., a home with 90 residents would require 1.5 full-time social workers instead of two).

Existing law, unchanged by the bill, also requires DPH to modify

minimum nursing home staffing requirements to include (1) at least three hours of direct care per resident per day and (2) recreational staff at levels the commissioner deems appropriate. She must also adopt regulations to implement these requirements.

The bill allows the DPH commissioner to implement policies and procedures while in the process of adopting the new staffing requirements in regulation. She must publish notice of intent to adopt the regulation in the eRegulations system within 20 days after implementing them. Under the bill, the policies and procedures are valid until the final regulations are adopted.

EFFECTIVE DATE: Upon passage

§§ 37-38 — STATEWIDE HEALTH INFORMATION EXCHANGE

Allows the Office of Health Strategy executive director to implement policies and procedures while adopting regulations to (1) administer the Statewide Health Information Exchange and (2) require certain health care institutions and providers to connect to and participate in the exchange

The bill allows the Office of Health Strategy (OHS) executive director to implement policies and procedures while in the process of adopting regulations to (1) administer the Statewide Health Information Exchange and (2) require certain health care institutions and providers to connect to and participate in the exchange. Under the bill, the executive director must publish notice of the intent to adopt the regulations within 20 days after implementing them. The policies and procedures are valid until final regulations take effect.

By law, OHS has administrative authority over the Statewide Health Information Exchange, which among other things, must allow real-time, secure access to patient health information across all provider settings.

Under existing law, providers must begin the process of connecting to and participating in the exchange:

1. for hospitals, within one year after the exchange began (it became operational May 3, 2021), and

2. for health care providers with compatible electronic health records systems, two years after the exchange began.

EFFECTIVE DATE: Upon passage

§ 40 — DOULA ADVISORY COMMITTEE

Requires DPH, within available resources, to establish an 18-member Doula Advisory Committee to develop recommendations on (1) certification requirements for doulas and (2) standards for recognizing training programs that meet the certification requirements

The bill requires the DPH commissioner, within available resources, to establish an 18-member Doula Advisory Committee within the department to develop recommendations on (1) requirements for initial and renewal doula certification, including training, experience, and continuing education requirements, and (2) standards for recognizing doula training program curricula sufficient to satisfy the certification requirements. Under the bill, a doula is a trained, nonmedical professional who provides physical, emotional, and informational support, virtually or in person, to a pregnant person before, during, and after birth.

Membership

Under the bill, the DPH commissioner, or her designee is the chairperson of the advisory committee. Additional members include (1) the commissioners of social services, mental health and addiction services, and early childhood, or their designees and (2) 14 members appointed by the DPH commissioner, or her designee, as follows:

1. seven actively practicing doulas in the state;
2. one licensed nurse-midwife who has experience working as a doula;
3. one representative of an acute care hospital, appointed in consultation with the Connecticut Hospital Association;
4. one representative of an association representing hospitals and health-related organizations in the state;

5. one licensed health care provider who specializes in obstetrics and has experience working with a doula;
6. one representative of a community-based doula training organization;
7. one representative of a community-based maternal and child health organization; and
8. one member with expertise in health equity.

Review Committee

The bill requires the advisory committee, by January 15, 2023, to establish a Doula Training Program Review Committee to (1) conduct a continuous review of doula training programs and (2) provide a list of approved doula training programs in Connecticut that meet the advisory committee's certification requirements.

EFFECTIVE DATE: Upon passage

§ 41 — SAFE HARBOR LEGISLATION

Requires the DPH commissioner to (1) study whether the state should adopt "safe harbor" legislation allowing certain unlicensed practitioners to provide alternative health care services and (2) report to the Public Health Committee by January 1, 2023

The bill requires the DPH commissioner to study whether the state should adopt "safe harbor" legislation and report to the Public Health Committee by January 1, 2023.

Under the bill, this legislation would allow alternative health practitioners who are not licensed, certified, or registered to provide traditional health care services in the state to provide alternative health care services without violating state laws on unlicensed medical practice. These services include, at a minimum, aromatherapy, energetic healing, healing touch, herbology or herbalism, meditation and mind-body practices, polarity therapy, reflexology, and Reiki.

EFFECTIVE DATE: Upon passage

BACKGROUND

Scope of Practice Review Committees

By law, DPH must appoint members to scope of practice review committee to evaluate scope of practice requests from representatives of health care professions. The committees consist of (1) the DPH commissioner or her designee (who serves as the committee chairperson and in a non-voting capacity), (2) two members representing the profession making the request, and (3) two members recommended by each person or entity that submitted a written impact statement to represent the professions directly impacted by the request. DPH may also appoint additional members representing health care professions with a close relationship to the underlying scope of practice request (CGS § 19a-16e).

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 30 Nay 0 (03/30/2022)