

***State of Connecticut
Department of Public Health***



***2003 June Special Session
Summary***

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2003 June Special Session

Acting Commissioner

2003 June Special Session

**Public Act 03-3
2001**

SB

**AN ACT CONCERNING PUBLIC HEALTH, HUMAN SERVICES AND
OTHER MISCELLANEOUS IMPLEMENTER PROVISIONS**

§§ 1 to 3-LOCAL HEALTH DEPARTMENT PAYMENTS

The bill reduces funding to local and district health departments as follows.

Department Type	Current Per Capita Funding	Proposed Per Capita Funding
Health District	\$ 1. 99	\$ 1. 66
· Town over 5,000 pop.	\$ 2. 32	\$ 1. 94
· Town under 5,000 pop.		
Full-time Local Health Dept.	\$ 1. 13	\$ 0. 94
Part-time Local Health Dept.	\$ 0. 59	\$ 0. 49

EFFECTIVE DATE: Upon passage

§§ 4 & 5-NEWBORN SCREENING

The bill establishes a "newborn screening account" as a separate, nonlapsing General Fund account. This account must contain those funds required by law to be deposited in it and any balance remaining at the end of a fiscal year must be carried forward to the next fiscal year.

By law, the Department of Public Health (DPH) must set a fee that covers all newborn screening program expenses, including initial testing, tracking of infants, and treatment. The law sets a \$ 28 minimum fee that DPH must charge hospitals for the screening program. The bill specifies that \$ 345,000 of the amount collected in fees in each fiscal year be credited to the newborn screening account and be available to DPH for the

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expenses of required testing, including testing to identify newborns at high risk for hearing impairment.

The law requires screening for eight named conditions, including phenylketonuria, biotinidase deficiency, hypothyroidism, and "other inborn errors of metabolism." The DPH commissioner must also adopt regulations specifying the conditions to be tested for. The bill extends from January 1, 2003 to January 1, 2004 the time by which these regulations must include testing for amino and organic acid disorders and fatty oxidation disorders.

EFFECTIVE DATE: Upon passage

§ 6-IMMUNIZATIONS

The bill requires the Office of Policy and Management (OPM) secretary annually, in consultation with the DPH commissioner, beginning by September 1, 2003, to determine the amount appropriated to:

1. purchase, store, and distribute vaccines for routine immunizations included in the schedule for active childhood immunizations required by law;
2. purchase, store, and distribute (a) vaccines to prevent hepatitis A and B for all ages, (b) antibiotics and biologics necessary for tuberculosis, and (c) antibiotics for treatment of persons in communicable disease control clinics; and
3. provide services needed to collect current information on childhood immunizations for all children enrolled in Medicaid who reach two years of age during the year preceding the current fiscal year and record the information in the childhood immunization registry.

He must inform the insurance commissioner of the total appropriated.

The bill requires all domestic insurance companies and HMOs that do life or health insurance business in Connecticut to annually pay the insurance commissioner a health and welfare fee she assesses them. The fee is to be deposited in the General Fund. Under the bill, "health insurance" applies to all types of coverage specified in law, including basic hospital and medical-surgical, major medical, disability, accident only, long-term care, Medicare supplement, and specified accident and disease coverage.

Beginning October 1, 2003, the bill requires the commissioner to determine annually each insurer's assessment for the following fiscal year. On that

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date she must also determine the assessment for FY 2003-04. The fee is a percentage of the total appropriation determined by each insurer's share of health and life insurance premiums and subscriber charges. This must be calculated in the same manner as is currently used to pay for the operations of the Insurance Department and the managed care ombudsman. By November 1, 2003 and annually afterwards, the commissioner must provide each assessed entity with a statement of its proposed assessment. Any company or entity aggrieved by the assessment can appeal to Superior Court.

The bill limits the total assessment for FYs 2003-04 and 2004-05 to \$ 7. 1 million.

EFFECTIVE DATE: Upon passage

§ 10-TOBACCO AND HEALTH TRUST FUND BOARD OF TRUSTEES

The bill suspends operation of the Tobacco and Health Trust Fund's board of trustees for a two-year period (July 1, 2003 to June 30, 2005). The suspension period does not affect any trustee's term on the board.

The 17-member board administers the trust fund, a separate, nonlapsing fund that can accept transfers from the Tobacco Settlement Fund and apply for and accept donations and grants from public or private sources. The fund's purpose is to create a continuing source of money to (1) support and encourage programs to reduce tobacco abuse through prevention, education and cessation; (2) support and encourage program development for substance abuse reduction; and (3) develop and implement programs to meet the state's unmet physical and mental health needs. The board establishes rules of procedure, including criteria and processes for selecting programs to receive money from the fund.

EFFECTIVE DATE: Upon passage

§ 11-NURSING HOME FIRE SPRINKLERS (See, Section 92)

The bill requires the Connecticut Health and Educational Facilities Authority (CHEFA) to develop a plan for planning for and financing the installation of automatic fire sprinklers in nursing homes. CHEFA must do this in conjunction with the departments of Public Safety, Social Services and Public Health. The plan must be submitted to the governor and the Public Safety, Human Services, and Public Health committees by February 1, 2004.

EFFECTIVE DATE: Upon passage

§ 12-PILOT PROGRAM FOR RESIDENCES FOR ADULTS WITH ACQUIRED BRAIN INJURY

The bill allows community-based organizations to operate residences for adults with acquired brain injury on a pilot basis until October 1, 2005 without being licensed by DPH or obtaining a certificate of need from the Office of Health Care Access. It allows trained individuals other than licensed nurses to administer medication to residents if they do so under the orders of a physician, dentist, advance practice registered nurse, or physician's assistant. The bill requires the DPH commissioner, in consultation with the Department of Mental Health and Addiction Services (DMHAS) commissioner, to develop standards for operating such residences and training requirements for people to administer medication in them.

EFFECTIVE DATE: Upon passage

§§ 18 to 27-OCCUPATIONAL LICENSING AND FEES

The bill extends the licensing period for the following health-related occupations from one to two years, doubles their license renewal fees accordingly, and makes other related changes:

1. nursing home administrators;
2. massage therapists;
3. acupuncturists;
4. barbers, hairdressers, and cosmeticians;
5. electrologists; and
6. hearing instrument specialists.

The bill also raises the initial licensing fee for hearing instrument specialists from \$ 100 to \$ 200.

For nursing home administrators the two-year licensing period begins with renewals made after October 1, 2004; for the other licensees it begins with renewals after January 1, 2004.

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The bill requires nursing home administrators to complete at least 40 hours of continuing education every two years; currently they must complete 20 hours annually.

EFFECTIVE DATE: January 1, 2004

§ 28-HEALTH CARE INSTITUTION LICENSING, FEES, AND CODE COMPLIANCE

Licensing and Fees

The bill extends the licensing period for various health care institutions and increases their licensing fees. It increases the licensing period for residential care homes from two to three years and the licensing fees from \$ 300 to \$ 450 per site and \$ 3 to \$ 4. 50 per bed.

It eliminates the biennial renewal and \$ 500 licensing fee for certain "ambulatory facilities" (a term not defined in statute) and imposes licensing renewal periods and fees on specific types of outpatient facilities as follows:

1. outpatient dialysis units and surgical facilities-biennial licensure; \$ 500 licensing fee;
2. outpatient medical, mental health service, and well-child clinics, except those operated by local health districts or nonprofit nursing or community health agencies-quadrennial licensure; \$ 1,000 fee; and
3. maternity homes-quadrennial licensure; \$ 200 per site and \$ 10 per bed fee.

Code Compliance

Under current law, the owner of real property or a building on or in which a licensed health care institution (e. g. , nursing home, hospital, mental health or substance abuse treatment facility, home health care or homemaker-home health aide agency, residential care home, etc.) is located must biennially obtain a DPH certificate indicating that the property or building complies with the Public Health Code requirements concerning property maintenance and repair. In addition, DPH may require the institution's license holder to show compliance with the Code.

Instead of obtaining a DPH certificate, the bill requires property or building owners that are not the institution's license holder to submit a copy of the lease agreement to DPH indicating the person or entity responsible for maintenance and repair. The lease must be submitted

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whenever the institution's license is renewed and whenever the property owner changes.

EFFECTIVE DATE: January 1, 2004

§ 29-PUBLIC SCHOOL DAY CARE LICENSING EXEMPTION

Current law exempts from day care licensing requirements child care services that a town agency or department offers in a public school building for students enrolled in that school. The bill removes the requirement that the children served must be enrolled in the school.

EFFECTIVE DATE: Upon passage

§ 33-SMOKING AT DOG TRACKS AND CERTAIN OTB FACILITIES

The bill allows smoking in any area of a dog track off-track betting facility with simulating capacity until April 1, 2004. After that date it bans smoking anywhere in the facility

EFFECTIVE DATE: October 1, 2003

§ 50-NURSING HOME RATES, NURSING HOMES IN RECEIVERSHIP, ICF/MR RATES

Nursing Home Rates

The bill generally freezes Medicaid payments to nursing homes at their June 30, 2003 level for FY 2003-04 and the first half of FY 2004-05 and schedules a 1% increase for January 1, 2005. However, homes that would have received a lower rate on July 1, 2003 or 2004 than they had for the prior fiscal year because of their interim rate status or agreement with DSS will receive that lower rate until the January 1, 2005 increase, which also applies to them.

The bill also otherwise prohibits the DSS commissioner from adjusting a nursing home's annual rate for FYs 2003-04 and 2004-05 for any reason other than to: (1) reflect the permitted percentage increase, (2) lower a rate, or (3) allow inclusion of extraordinary and unanticipated costs in accordance with existing law, which allows inclusion of these items if they are incurred to provide services to avoid an immediate negative impact on patients' health and safety.

EFFECTIVE DATE: Upon passage

Rates for Nursing Homes in Receivership Upon Their Sale

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Under the bill, the interim rate DSS establishes to become effective upon sale of a nursing home that is in receivership cannot exceed the rate in effect for it when the receivership was imposed, subject to any annual increases the bill allows. But if that rate is less than the median rate for the facility's peer grouping, the bill allows the commissioner, in her discretion, to give the facility a higher rate up to the median rate. The commissioner can only exceed the median rate if the OPM secretary, after reviewing area nursing home bed availability and other pertinent factors, authorizes her to set a rate higher than the median.

Existing statute establishes two geographic peer groupings of nursing homes for each level of care (there are two levels: chronic and convalescent care homes and rest homes with nursing supervision) for the purpose of determining rates and allowable costs. One peer grouping is for facilities in Fairfield County and the other is for facilities in the rest of Connecticut.

EFFECTIVE DATE: Upon passage

ICF/MR Rates

The bill generally freezes Medicaid payments to intermediate care facilities for people with mental retardation at their June 30, 2003 level for FY 2003-04 and schedules a $\frac{3}{4}$ % increase for July 1, 2004. However, facilities that would have received a lower rate on July 1, 2003 than they had for the prior fiscal year because of their interim rate status or agreement with DSS will receive that lower rate starting July 1, 2003 until the July 1, 2004 increase, which also applies to them.

EFFECTIVE DATE: Upon passage

Residential Care Homes

The bill requires the DSS commissioner, under certain conditions, to allow actual debt service (principal, interest, and a repair and replacement reserve on the loan) to be used in place of otherwise allowed property costs in rate calculations, whether the actual debt service is higher or lower than the allowed property costs. The commissioner must do so only if she determines that a loan to be issued to a residential care home by the Connecticut Housing Finance Authority is reasonable in relation to the useful life and property cost allowance in the DSS regulations setting out various factors used in rate calculations.

EFFECTIVE DATE: Upon passage

§ 74-NURSING HOME WAITING LISTS

The bill allows a nursing home to admit an applicant seeking to transfer from a nursing home that is closing without regard to the order of the home's waiting list, regardless of other statutory provisions.

EFFECTIVE DATE: Upon passage

§ 76-CHOICE OF NURSING HOME RECEIVERS

The bill requires a court, in appointing a receiver for a nursing home, to choose only a responsible individual (1) whose name the DSS and DPH commissioners propose and (2) who is a Connecticut-licensed nursing home administrator with substantial experience in operating Connecticut nursing homes. The DSS commissioner must adopt regulations governing qualifications for proposed receivers consistent with this provision by July 1, 2004. Under current law, the court can choose any responsible individual except a state employee, that nursing home's owner or administrator, or any other person with a financial interest in it. The bill continues to prohibit any state employees or that nursing home's owner or administrator, or any other person with a financial interest in it from acting as a receiver for that nursing home. It also adds a prohibition on anyone who has been appointed a receiver having a financial interest in the home either currently or for five years after the receivership ends.

EFFECTIVE DATE: Upon passage

§ 77-NURSING HOME RECEIVER POWERS

The bill requires a nursing home receiver, within 90 days after his appointment, to:

1. determine whether the facility can continue to operate and provide adequate care in substantial compliance with applicable federal and state law within the total of state payments as established by the DSS commissioner, income from self-pay residents, Medicare payments, and other current income;
2. report his determination to the court; and
3. seek facility purchase proposals.

If the receiver determines that the facility is unable to continue to operate in substantial compliance with these requirements, the bill requires the

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receiver to request an immediate order of the court to close the facility and make arrangements for the orderly transfer of residents under the law's existing procedures, unless he determines that the facility's transfer to a qualified purchaser is expected within 90 days. If such a transfer is not completed within 180 days after the receiver's appointment, the bill requires the receiver to request an immediate order of the court to close the facility and arrange for the residents' orderly transfer.

EFFECTIVE DATE: Upon passage

§ 78-NEED FOR PERMISSION FROM DSS FOR COURT-ORDERED NURSING HOME CLOSURES ELIMINATED

Current law requires nursing homes that transfer ownership or control before being initially licensed, add or expand services, terminate services, or substantially decrease bed capacity to request permission from DSS to implement the change. The bill makes an exception for facility closures ordered by the Superior Court, but it still requires the facility in receivership to notify the Office of the Long-Term Care Ombudsman when it is closed by the Superior Court's order.

EFFECTIVE DATE: Upon passage

§ 86-COMMUNITY HEALTH CENTER GRANTS

The bill specifies that for FYs 2003-04 and 2004-05, grants to community health centers to support health center infrastructure services to uninsured people or expansion projects must be in the same proportion to the grants made in FYs 2002-3 and 2003-4, respectively. If any portion of the grant is not needed by a center, the differential must be distributed among all the other community health centers based on their share of total funding.

EFFECTIVE DATE: Upon passage

§ 87-CHRONIC DISEASE HOSPITAL AND NURSING HOME PILOT

By July 1, 2004, the bill requires DSS to implement, within available Medicaid funding, a pilot project in Greater Hartford with a chronic disease hospital colocated with a skilled nursing facility that has the facilities, medical staff, and all personnel needed for diagnosis, care, and treatment of chronic or geriatric mental conditions requiring prolonged hospital or restorative care. It defines "chronic disease hospital" for this purpose as a long-term hospital with the same facilities, medical staff, and personnel as is required for the skilled nursing facility.

EFFECTIVE DATE: Upon passage

**§ 92-NURSING HOME AUTOMATIC FIRE EXTINGUISHING SYSTEMS
REQUIRED (See, Section 11)**

The bill requires nursing homes to have an automatic fire extinguishing system approved by the state fire marshal on each floor by July 1, 2005. It requires each home's owner or authorized agent, by July 1, 2004, to (1) submit plans for installing such a system, signed and sealed by a licensed professional engineer, to the local fire marshal and building official or to the state fire marshal, as the case may be, and (2) apply for a building permit to install the system.

The bill subjects any person who fails to install the required systems to a civil penalty of up to \$ 1,000 for each day the violation continues and requires the attorney general, at the state fire marshal's request, to begin a civil action to recover the penalty. This applies to nursing homes as well as other buildings that existing law already requires to have such systems. These other buildings include:

1. new buildings with more than four stories built for human occupancy;
2. all residential buildings with more than four stories and occupied primarily by the elderly;
3. any residential building occupied primarily by, or designed primarily for, elderly occupants, if the building has more than 12 living units and is issued a building permit for new occupancy or is substantially renovated on or after January 1, 1997;
4. any hotel or motel with more than five guest rooms that provides sleeping accommodations for more than 16 persons and is issued a building permit for new occupancy on or after January 1, 1987;
5. hotels or motels with more than four stories; and
6. new educational buildings that are eligible for a school building project grant and put out to bid after July 1, 2004.

EFFECTIVE DATE: Upon passage

§ 94-PASSENGER RESTRICTIONS FOR TEENAGE DRIVERS

The bill makes the passenger restrictions for 16- and 17-year old licensed drivers enacted by PA 03-171 effective on January 1, 2004 instead of October 1, 2003, thus making the restrictions applicable to all 16- and 17-year old drivers instead of only those who apply for a learner's permit on October 2, 2003 or after.

PA 03-171 establishes, among other things, restrictions on the number and type of passengers a 16- or 17-year old driver may transport for specific periods following licensure. The act makes the restrictions effective October 1, 2003 and applicable only to 16- and 17-year olds who apply for learners' permits after that date. The bill, instead, makes these restrictions effective on January 1, 2004. Thus it appears to require some 16- and 17-year olds who received unrestricted licenses prior to January 1, 2004 (in particular, those who were licensed between July 1 and September 30, 2003, or who applied for their learners' permits before October 2, 2003 and were licensed before December 31, 2003) and are not currently restricted in the number of passengers they may transport to comply with the restrictions beginning January 1, 2004.

EFFECTIVE DATE: Upon passage

Actions required:

Section 4 & 5 Newborn Screening

Complete regulations that must include testing for amino and organic acid disorders and fatty oxidation disorders.

Section 6 Immunization

Provide consultation to the Office of Policy and Management to determine appropriated amounts as outlined. Inform the insurance commissioner of the total appropriated.

Section 11 (See, Section 92) Nursing Home Fire Sprinklers

Provide consultation to the Connecticut Health and Educational Facilities Authority to develop a plan to be submitted to the governor and Public Safety, Human Services, and Public Health Committees by February 1, 2004.

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Section 12

Pilot Program for Residences for Adults with Acquired Brain Injury

Establish standards for the operation of such residences including training requirements for people to administer medication in them.

Section 18 to 27

Occupational Licensing and Fees

Develop updated application materials and provide statutes to the public via mail and website, to notify licensees accordingly.

Section 28

Health Care Institution Licensing, Fees, and Code Compliance

Develop updated application materials and provide statutes to the public via mail and website, to notify health care institutions accordingly.

Section 92 (See, Section 11)

Nursing Home Automatic Fire Extinguishing Systems Required

Develop updated application materials and provide statutes to the public via mail and website, to notify and inspect health care institutions accordingly.

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**Public Act 03-6
6806**

HB

**AN ACT CONCERNING GENERAL BUDGET AND REVENUE
IMPLEMENTATION PROVISIONS**

**§ 104-EXEMPTING WATER COMPANY INFORMATION FROM DISCLOSURE
UNDER THE FREEDOM OF INFORMATION ACT**

The bill broadens (1) the circumstances under which agencies can refuse to disclose, on safety grounds, records related to water companies under the Freedom of Information Act (FOIA) and (2) the types of water company records that can be exempted.

By law, the public works commissioner can exempt any record held by an executive branch agency from disclosure if he reasonably believes that its disclosure would result in a safety risk to a person or to a government facility or related property. Government facilities include those owned by municipal utilities and those owned by utilities regulated by the Department of Public Utility Control (DPUC). The bill broadens the definition of government facilities to include facilities owned by other water utilities, such as those serving individual subdivisions, which are regulated by the Department of Public Health (DPH) but not by DPUC.

By law, the exemption applies to eight types of safety-sensitive records, such as security manuals and emergency plans. The bill additionally exempts: (1) vulnerability assessments and risk management plans; (2) operation plans; (3) water supply plan information submitted to DPH that, if revealed, would pose a security risk to the water company; (4) inspection reports; (5) technical specifications; and (6) other materials that depict or specifically describe critical water company operating facilities, collection and distribution systems, or sources of supply. Just as with other security-related records, the exemption does not apply to law enforcement agencies.

The bill requires public agencies that receive requests for water company information to promptly notify the water company and the public works commissioner before complying with the request. It requires the commissioner to consult with the water company before determining if the information is exempt from disclosure.

EFFECTIVE DATE: Upon passage

§§ 140-144-WASTEWATER MANAGEMENT DISTRICTS

This bill allows municipalities to establish by ordinance decentralized wastewater management districts. It establishes conditions that must be met before a town can create such a district, including approval of an engineering plan by the DEP commissioner with concurring approval by the commissioner of the Department of Public Health (DPH). It lists standards, regulations, and criteria that a town can apply to such a district. It requires DPH to conduct any oversight or monitoring of these districts within available appropriations.

The bill requires a town water pollution control authority to include in its water pollution control plan the designation and boundary of any decentralized wastewater management district it establishes and to describe any programs where the local health director manages subsurface sewage disposal systems. The bill requires the authority to ensure the operation and management of any decentralized wastewater management district not owned by the municipality.

By law, municipalities, through their water pollution control authorities, can establish and revise rules and regulations governing sewerage systems; the bill requires any such rules or regulations regarding decentralized systems to be approved by the local health director before taking effect. Also by law, an authority can order a building owner to connect to an available sewerage system; the bill allows it to order an owner to construct an alternative sewage treatment system and connect the building to it.

The bill also requires a municipality to include in its ordinance remediation standards to regulate alternative sewage treatment systems.

The bill states that any area designated by municipal ordinance as a decentralized wastewater management district is not considered to be a public sewer under the Public Health Code. It also states that its provisions must not be construed to limit the authority of a local health director or the commissioners of DEP or DPH.

The bill defines a "decentralized system" as a managed subsurface sewage disposal system, managed alternative sewage treatment system, or community sewerage system that discharges less than 5,000 gallons of sewage per day, are used to collect and treat domestic sewage, and involve discharges from a municipality into the state's ground waters.

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It defines a "decentralized wastewater management district" as an area of a municipality designated through a municipal ordinance when an engineering report determines that existing subsurface sewage disposal systems may be detrimental to public health or the environment and decentralized systems are required and the report is approved by the DEP commissioner with concurring approval by the DPH commissioner after consultation with the local health director.

It defines an "alternative sewage treatment system" as one serving one or more buildings that uses treatment methods other than a subsurface sewage disposal system and discharges into the state's ground waters.

It defines "remediation standards" as pollutant limits, performance requirements, design parameters, or technical standards applying to existing sewage discharges in a decentralized wastewater district for improving wastewater treatment to protect public health and the environment.

It changes the definition of a "community sewerage system" to a system serving two or more, rather than one or more, residences in separate structures not connected to a municipal sewerage system or connected as a distinct and separately managed part of such a system.

Finally, it includes a decentralized system in a decentralized wastewater management district established under the bill's provisions under the definition of a sewerage system.

Other statutes and regulations in the Public Health Code, not changed by this bill, define related terms. A "subsurface sewage disposal system" is a septic tank, leaching system and the additional necessary pumps, siphons, collection sewers, and groundwater control system. An "alternative on-site sewage treatment system" is one serving one or more buildings on one property using treatment methods other than subsurface sewage treatment and discharging into state waters.

Requirements For Municipality To Establish District

The municipality must act after approval of the engineering report by the DEP commissioner with concurrence from the DPH commissioner in consultation with the local health director. The engineering report must have determined that existing subsurface sewage disposal systems may be detrimental to public health or the environment and that decentralized systems are required. The municipality must act in conjunction with its water pollution control authority.

Provisions Of The Ordinance

The bill requires the ordinance to include remediation standards for the design, construction, and installation of alternative sewage treatment systems and standards for the effective supervision, management, control, operation, and maintenance of alternative sewage treatment systems within a decentralized district that are consistent with any DEP permit, order, or recommendation.

The bill allows the ordinance to include, with the local health director's approval:

1. remediation and technical standards for the design and construction of subsurface disposal systems that are more stringent than those imposed by the state Public Health Code;
2. authority for the local health director to order the upgrade of subsurface sewage treatment systems according to the remediation and technical standards;
3. authority for the local health director to establish criteria for the abandonment of substandard subsurface sewage disposal systems;
4. authority for the local health director to order the owner of a substandard subsurface sewage disposal system not complying with the remediation or technical standards or other criteria to abandon the substandard system so the water pollution control authority can order him to connect to a sewerage system;
5. standards established by the local health director for effective supervision, management, control, operation, and maintenance of managed subsurface sewage disposal systems within a decentralized district; and
6. authority for the water pollution control authority to enact and amend regulations, following approval by the local health director, governing the supervision, management, control, operation, and maintenance of the decentralized system.

EFFECTIVE DATE: October 1, 2003

§§ 166 & 167-CIVIL PREPAREDNESS FORCES

The bill defines "civil preparedness forces" to include certain entities and their members engaged in authorized civil preparedness duties or assisting or engaging in authorized training under the auspices of specified state agencies. Under these circumstances, it gives the entities workers' compensation benefits and immunity from liability for death, injury, or property damage, which existing law gives to members of civil preparedness forces and authorized people complying or attempting to comply with civil preparedness laws, as long as their conduct is not willful. The entities are: the Connecticut Disaster Medical Assistance Team and Medical Corps, under the auspices of the Public Health Department; Connecticut Urban Search and Rescue Team, under the Department of Public Safety; and the Connecticut Behavioral Health Regional Crisis Response teams, under the departments of Mental Health and Addiction Services and Children and Families.

The bill requires the Office of Emergency Management to prepare and submit a state emergency preparedness plan to the legislature by January 1, 2004. The plan must identify responses for national, regional, or statewide emergencies. (It is unclear how this plan differs from the state emergency management plan required by existing law.)

By law, auxiliary police and fire department members and members of other civil preparedness forces killed or injured while training for or on emergency management duty are eligible for workers' compensation benefits. State and municipal employees killed or injured under these circumstances are considered to have been acting within the scope of their employment (CGS § 28-14).

EFFECTIVE DATE: Upon passage

§ 168-EMERGENCY PERSONNEL AUTHORITY TO USE NERVE AGENT ANTIDOTE

The bill allows fire fighters, police officers, and emergency medical service personnel who successfully complete training in the use of automatic prefilled cartridge injectors to carry and use injectors containing nerve agent antidote medications for self or unit preservation in case of exposure to any nerve agent. The training must be approved by the Office of Emergency Management director and provided by the Connecticut Fire Academy, Capitol Region Metropolitan Medical Response System, or federal government.

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EFFECTIVE DATE: Upon passage

§ 204-HOSPICE AUTHORIZATION

The bill makes the authorization for a licensed or certified hospice to operate a residence for the terminally ill permanent, rather than terminating this authority on October 1, 2006.

EFFECTIVE DATE: Upon passage

§ 205-CHILDREN'S HOSPICE

The bill extends, from September 30, 2003 to September 30, 2005, the authority of Sunshine House, Inc. to establish a pilot program to create a comfort center for children with a limited life expectancy and their families.

EFFECTIVE DATE: July 1, 2003

§ 208-DPH APPROPRIATIONS

The bill appropriates \$ 7.1 million to DPH in both FYs 2003-04 and 2004-05 for immunization services.

EFFECTIVE DATE: Upon passage

Actions required:

Section 104 Exempting Water Company Information From Disclosure Under The Freedom Of Information Act

The bill requires public agencies that receive requests for water company information to promptly notify the water company and the public works commissioner before complying with the request. It requires the commissioner to consult with the water company before determining if the information is exempt from disclosure.

§§ 140-144 Wastewater Management Districts

It requires the department to approve and conduct any oversight or monitoring of decentralized wastewater districts within available appropriations.

§§ 166 & 167 Civil Preparedness Forces

Prepare and submit a state emergency preparedness plan to the legislature by January 1, 2004. The plan must identify responses for national, regional, or statewide emergencies.

§§ 168 Emergency Personnel Authority To Use Nerve Agent Antidote

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Notification of emergency medical service personnel via updated application materials and updated statutes to the public via mail and website.

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2003-05 Adopted Budget

SID	Revised FY 2003	2003-04 Governor Recommendation	2003-04 Adopted	2004-05 Adopted
001 Personal Services	\$29,819,945	\$ 28,368,909	\$ 28,368,909	\$ 29,251,570
002 Other Expenses (1)	\$ 6,236,202	\$ 6,373,910	\$ 6,423,910	\$ 6,423,910
005 Equipment	\$ 950		\$ 700	\$ 700
012 Young Parents Program	\$ 231,033	\$ 0	\$ -	\$ -
014 Pregnancy Healthline	\$ 78,646	\$ 0	\$ -	\$ -
015 Needle and Syringe Exchange	\$ 316,150	\$ 316,150	\$ 316,150	\$ 316,150
016 Community Svs. Supp.-Persons with AIDS	\$ 198,550	\$ 187,796	\$ 187,769	\$ 187,769
018 Children's Health Initiative (2) (4)	\$ 2,805,363	\$ 1,018,602	\$ 1,018,602	\$ 1,037,595
019 Tobacco Education	\$ 193,074	\$ 0	\$ -	\$ -
020 CT Immunization Registry	\$ 101,216	\$ 0	\$ -	\$ -
021 Newborn Hearing Screening (3)	\$ 61,894	\$ 0	\$ -	\$ -
024 Biomedical Research	\$ 300,000	\$ 0	\$ -	\$ -
037 Childhood Lead Poisoning	\$ 231,470	\$ 231,470	\$ 231,470	\$ 231,470
039 AIDS Services	\$ 3,845,162	\$ 3,794,772	\$ 3,794,772	\$ 3,794,772
044 Breast & Cerv. Cancer Detection & Treatment (4)	\$ 1,593,531	\$ 1,596,315	\$ 1,596,315	\$ 1,601,659
045 Svs. for Children affected by AIDS	\$ 249,186	\$ 249,186	\$ 249,186	\$ 249,186
046 Children with Spec. Hlth. Care Needs	\$ 982,044	\$ 982,044	\$ 982,044	\$ 982,044
047 Medicaid Administration (4)	\$ 3,416,701	\$ 3,772,285	\$ 3,942,220	\$ 3,942,220
607 Community Health Services (7)	\$ 5,549,762	\$ 2,920,928	\$ 5,549,762	\$ 5,549,762
610 Emergency Medical Services Training	\$ 32,197	\$ 32,197	\$ 32,197	\$ 32,197
611 Emergency Medical Services Regional Offices	\$ 475,584	\$ 450,553	\$ 475,584	\$ 475,584
616 Rape Crisis	\$ 402,429	\$ 402,429	\$ 402,429	\$ 402,429
618 X-Ray Screening and Tuberculosis Care (5)	\$ 590,451	\$ 690,451	\$ 690,451	\$ 690,450
620 Genetic Diseases Program (6)	\$ 518,771	\$ 491,467	\$ 491,467	\$ 491,467
625 Loan Repayment Program	\$ 483,655	\$ 122,620	\$ 122,620	\$ 122,620
626 Immunization Services (8)	\$ 7,019,650	\$ 0	\$ 7,100,000	\$ 7,100,000
702 Local and District Departments of Health	\$ 3,946,010	\$ 2,500,000	\$ 3,952,826	\$ 3,952,826
703 Venereal Disease Control	\$ 204,477	\$ 204,477	\$ 204,477	\$ 204,477
705 School-based Health Clinics (7)	\$ 5,855,229	\$ 5,026,389	\$ 5,767,729	\$ 5,767,729
Total	\$75,739,332	\$ 59,732,950	\$ 71,901,589	\$ 72,808,586

The Revised FY 2003 column reflects any restorations to the November and January rescissions that were made; it includes surplus or carryforward amounts.

Notes:

- (1) The Other Expense budget includes an increase of approximately \$200,000 for lab supplies and \$50,000 for a nursing shortage database.
- (2) \$1.1 million for asthma has been cut. Will carry forward balance of Easy Breathing contract; this will be the last year of the program.
- (3) Essential expenses for newborn hearing screening will be charged to the \$345,000 fee retention for expanded newborn screening program.
- (4) SID's that have budgeted staff have been increased to accommodate required salary increases.
- (5) Includes additional funding in recognition of higher costs in prior years.
- (6) The November rescission was intentionally included twice per OPM.
- (7) Part of the reduction was as a result of \$70,000 being erroneously budgeted to this line item last year. It should have been budgeted under Community Health Services, but the CHS budget was not correspondingly increased. It's assumed that the CHS budget will have to be redistributed to include the new payment to the Vernon Community Health Center (\$70,000 in '03).
- (8) Includes funding for the immunization registry.