

Eastern Highlands Health District  
Board of Directors Regular Meeting  
Agenda  
Coventry Town Hall Annex  
Thursday April 11, 2019, 4:30 PM

Call to Order

Approval of Minutes (February 21, 2019 & March 21, 2019)

Public Comments

Old Business - none

New Business

1. Appointment of Auditor FY 18/19
2. Director Signature annual authorization resolution

Committee Reports

Town Reports

Directors Report

3. Legislative/ advocacy – CADH testimonials/bill tracking
4. Substance Abuse in Our Communities Workgroup activities – mini grant award
5. Staff recruitment update – no attachment

Communications/other

6. DPH re: Weekly flu report
7. DPH re: Health Enhancement Community Initiative
8. New Haven Register re: East Shore Health District misses restaurant inspections
9. East Shore Health District re: Letter to the editor
10. Ledge Light Health District re: DPH letter of concurrence
11. DataHaven re: Statewide data release preliminary results

Adjournment

*Next Board Meeting – June 20, 2019, Coventry Town Hall Annex at 4:30PM*

Eastern Highlands Health District  
Board of Directors Regular Meeting Minutes - DRAFT  
Coventry Town Hall Annex  
Thursday, February 21, 2019

**Members present:** J. Elsesser (Coventry), D. Kennedy (Mansfield), J. Higgins (Andover), T. Nuccio (Tolland), E. Paterson (Mansfield), J. Stille (Bolton), D. Walsh (Coventry), M. Walter (Columbia)

**Staff present:** R. Miller, K. Dardick, C. Trahan, M. Brosseau

E. Paterson called the meeting to order at 4:34pm.

**Approval of minutes**

T. Nuccio made a MOTION seconded by J. Higgins to approve the minutes of the January 17, 2019 meeting as presented. MOTION PASSED unanimously.

**Old Business**

**Proposed FY 2019-2020 Operating Budget, CNR Budget and Fee Schedule**

**Changes to proposed FY19/20 Operating Budget**

R. Miller outlined the drivers and presented changes to the proposed FY19/20 Operating budget which have occurred since the budget was first presented:

- The Town of Mansfield has brought the employee wellness program in house, thus reducing the position of Community Health and Wellness Coordinator to half time.
- The Governor's budget was released and the result is a 2.7% reduction in grand aid revenue proposed in the original budget.

R. Miller shared concerns expressed by the finance committee during their recent meeting on the item. Specifically, the justification for how the benefits savings is appropriated. In particular, how it impacts the part time hours of the Community Health and Wellness Coordinator position. Discussion ensued. R. Miller, at the request of members stated the list of roles & responsibilities for this position.

J. Elsesser made a MOTION seconded by J. Stille to adopt the proposed FY 19/20 budget with the changes, without absorbing the state aid cut with fund balance, and as part of this motion to amend the budget as such, recognizing that that may allow some additional hours to the Community Health And Wellness Coordinator position, but that funding for additional hours can't come out of other staffing positions. R. Miller further clarified that \$3,140 (State grant in aid reduction) cannot be offset with an appropriation of fund balance, and must be offset with reductions on the expenditure side without impacting funding for any staff positions other than the Community Health and Wellness Coordinator. Any remaining available funding can be used to add up to 2 hours to the Community Health and Wellness Coordinator position. R. Miller and C. Trahan will amend line item accounts accordingly. MOTION PASSED unanimously.

J. Elsesser made a MOTION seconded by D. Kennedy to adopt the FY 19/20 capitol non-recurring budget and FY 19/20 fee schedule as presented. MOTION PASSED unanimously.

## **Town Reports**

**Columbia** M. Walter praised the Health Department for their handling of a refrigeration issue with a restaurant.

**Tolland** T. Nuccio reported that there are 21 applicants for Town Manager

**Coventry** J. Elsesser reported that the building where Wicked Slice is has had the demolition done and the permit to construct the exterior has been issued. The Health Department is waiting for septic information before approving additional seating.

In addition, Pizza 101 and a nail salon will be opening in the building where Francesca's used to be.

J. Elsesser noted that the Town Council is considering a Creative Living application.

**Andover** J. Higgins reported that there is an agreement to use an area of the elementary school for the Senior Center. He also noted that they received a Connectivity Grant to install sidewalks.

**Mansfield** D. Kennedy reported that Francesca's is moving into Mansfield. He also reported that a slip line has been installed as part of the 4 corners sewer project.

**Bolton** J. Stille reported that Bolton was awarded a Connectivity Grant to be used in the Center of Town.

**Dr. Dardick** reported that they are seeing sporadic cases of the flu in his practice. He reminded the board that the season may not have yet peaked.

## **Subcommittee Reports**

**Personnel Committee** D. Walsh reported that she met with Rob to review his evaluation.

## **Director's Report**

### **Advocacy – CADH Bill Tracking Report.**

- R. Miller called attention to several bills being monitored by CADH. These include:
- HB5141 that would raise the minimum age to purchase tobacco or e-cigarettes to 21.
  - HB6955 proposes that health departments enforce housing standards; this is an unfunded mandate
  - HP7133 Reduces the blood lead level threshold prompting an investigation at 5 ug/dl, thus increasing the number of cases to be investigated. This comes with no additional funding.

### **Substance Abuse in Our Communities Workgroup activities**

R. Miller applied for funding of \$9500 for local Opioid Community Prevention Activities.

Working with Mansfield Youth Services on the grant they have received to stage Narcan at Public buildings.

**Quarterly Activity Report for the period ending 12-31-19**

R. Miller called attention to the histogram showing that septic permits are up from last year. R. Miller reported that staffing levels are low – the Chief Sanitarian is at 1/3 time and one sanitarian is on extended sick leave. All towns are affected by the staffing reduction.

3 viable candidates were interviewed with 2 being scheduled for second interviews for the Chief Sanitarian position.

**Communications**

**R. Miller re: Cyanobacterial Bloom in Lower Bolton Lake.**

J. Elsesser noted that levels were just below poisonous level in Coventry Lake turned over in October.

M. Walter made a MOTION, seconded by T. Nuccio to adjourn at 5:55 pm. **MOTION PASSED** unanimously.

Respectfully submitted,

Robert Miller  
Secretary

Eastern Highlands Health District  
Board of Directors Special Meeting Minutes - DRAFT  
Mansfield Town Hall  
Thursday, March 21, 2019

**Members present:** R. Devito (Ashford), J. Elsesser via phone (Coventry), D. Kennedy 4:06 pm(Mansfield), J. Higgins (Andover), T. Nuccio via phone (Tolland), E. Paterson (Mansfield), J. Stille via phone (Bolton), B. Syme (Scotland), D. Walsh (Coventry), S. Werbner (Tolland)

**Staff present:** R. Miller, M. Brosseau

E. Paterson called the meeting to order at 4:01pm.

**Reclassification of Sanitarian I position to Sanitarian II**

R. Miller presented an overview of the budgetary impacts, demonstrating that the reclassification will be budget neutral.

D. Walsh reported that the Personnel Committee met on 3/12/19 to review the hiring of the Chief Sanitarian & reclassification of the Sanitarian I position. There was discussion of the budget impact at that meeting. The Personnel Committee recommended to the full board the reclassification of the Sanitarian I position vacancy to a Sanitarian II.

D. Walsh MADE A MOTION seconded by J. Stille to authorize the Director to reclassify the current Sanitarian I position vacancy to a Sanitarian II, effective immediately.

Discussion ensued with J. Stille thanking R. Miller for providing the additional information reviewed by the board.

R. DeVito stated he advocates for the hiring of a Sanitarian I.

D. Kennedy stated he supports the reclassification of Sanitarian I to Sanitarian II and suggested posting for both Sanitarian I and Sanitarian II to increase the pool of applicants. By consensus, the board agreed to post both Sanitarian I and Sanitarian II positions.

MOTION PASSED unanimously.

**Environmental Health Inspector position increase in hours**

R. Miller presented an overview of the budgetary impacts of consolidating 2 quarter time environmental health inspector positions into one half time environmental health inspector. He demonstrated that this would be budget neutral.

D. Kennedy MADE A MOTION seconded by D. Walsh to authorize the Director to increase the Environmental Health Inspector hours from 10 to 18 hours per week, effective April 8, 2019 and approve the budget changes to the personnel accounts as presented on the document titled, "EHHD, Line Item Changes, Fiscal Year 2019-2020". MOTION PASSED unanimously.

D. Kennedy made a MOTION, seconded by R. DeVito to adjourn at 4:22 pm. **MOTION PASSED** unanimously.

Respectfully submitted,

Robert Miller

Secretary



## Town of Mansfield Department of Finance

**To:** Eastern Highlands Health District  
Elizabeth Paterson, Chairperson

**From:** Cherie Trahan, Director of Finance

**Date:** April 11, 2019

**Re:** Audit Services – FY 2018/19

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Article VII of the Bylaws requires that the District annually designate an independent public accounting firm to audit the books and accounts. This audit was performed last year by Blum Shapiro & Company, P.C. Services were bid out in 2016/17. A three year contract (with an option to extend for two years) was awarded to Blum Shapiro & Company, P.C. The FY 2018/19 audit will be the third year of the contract.

The Eastern Highlands Health District Adopted 2019/20 Budget includes \$6,900 to cover the audit fee. The Board's approval is respectfully requested.



## Eastern Highlands Health District

4 South Eagleville Road • Mansfield CT 06268 • Tel: (860) 429-3325 • Fax: (860) 429-3321 • Web: www.EHHD.org

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### Memo

**To:** Board of Directors  
**From:** Robert L. Miller, Director of Health  
**Date:** 4/4/2019  
**Re:** Resolution for Signature Authorization

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Attached for adoption by the Board of Directors is a resolution giving the Director of Health the authority to sign contracts with the Connecticut Department of Public Health (DPH). For those of you that may not be familiar with this, the Connecticut DPH requires the Director's authorization to sign and execute grant contract documents on behalf of the health district be affirmed with the adoption of a resolution stipulating such. Because we typically execute such contracts every year, the resolution is adopted annually about this time. The current contracts that required such documentation include the Policy/Environmental Change to Prevent Chronic Disease grant.

I respectfully recommend adoption of this resolution.

*Recommended Motion: Move, to adopt the "Resolution Signature Authorization" for fiscal year 2019/2020 contracts with the Connecticut Department of Public Health, as presented on April 11, 2019.*



Eastern Highlands Health District

4 South Eagleville Road ♦ Mansfield CT 06268 ♦ Tel: (860) 429-3325 ♦ Fax: (860) 429-3321 ♦ Web: [www.EHHD.org](http://www.EHHD.org)

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**RESOLUTION FOR SIGNATURE AUTHORIZATION**

**RESOLVED:**

That Robert L. Miller, Director of Health, and in his absence, Elizabeth Paterson, Board Chairperson, has been Empowered to sign contracts and amendments hereto, on behalf of the Eastern Highlands Health District between the Eastern Highlands Health District and the Connecticut Department of Public Health or its successor agency, for the period July 1, 2019 to June 30, 2020.

Adopted this 11th day of April, 2019

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John Elsesser  
Board of Directors, Vice Chairmen



Strengthening local public health.



Connecticut Association  
of Directors of Health

April 1, 2019

Rep. Jonathan Steinberg, Co-chair  
Public Health Committee  
CT State Legislature

Representative Steinberg,

Thank you for taking the time to meet with Representatives of CADH (Connecticut Association of Directors of Health) to discuss sHB 7133; we appreciate the opportunity to discuss how this bill would affect local health departments across the state. We are also appreciative of your willingness to consider different options and approaches that will lessen the burden of lead poisoning in our communities, while assuring that adequate funding, workforce development and infrastructure mechanisms are in place to support any changes to applicable law. As we emphasized at our meeting, we are wholly supportive of the intentions of this bill, and concur that any intervention that reduces that burden of childhood lead poisoning should be considered. However, we are adamant that the necessary funding streams, workforce and infrastructure are not in place in local health departments in Connecticut to support the proposed changes.

I have taken the liberty of summarizing the key points that we discussed regarding sHB 7133:

Fiscal and workforce considerations:

- There is currently no DPH funding for existing local health lead programs, nor are any new funding streams expected.
- The Governor's current budget proposal includes a 20% cut to the state per capita contribution to local public health districts and departments. It should be noted that not all Districts and departments receive any per capita funding at this time.
- Abatement activities will often necessitate occupant relocation, which will result in significant expense to municipalities. Per Connecticut General Statute, municipalities are responsible for relocation of persons displaced by the regulatory action of a municipality or health district.
- Each new lead case will require a public health order, many of which will be appealed to DPH and/or referred to the State Housing Court, due to non-compliance. This can be a lengthy, expensive process that will have a significant impact on our judicial system, as well as local health departments and DPH.
- There were 80 new elevated blood lead level cases subject to investigation statewide in 2016; with new proposed lead levels, that case load would increase to 1150. There are not enough certified lead inspectors to do the work associated with sHB 7133.

- Although workforce requirements will vary from health department to health department, it is expected that the annual cost for new hires will exceed \$90,000 per employee. Some health departments would need to hire 3 or more inspectors to meet the increased workload associated with this new legislation.
- Health Districts (regionalization) may be adversely affected by the proposed legislation; smaller, rural towns that are part of a health district will have to share the increased costs (through increased local per capita contributions), despite that fact that the incidence of lead poisoning in their towns is minimal. For example, Ledge Light Health District includes 11 municipalities, but the majority of lead cases occur in one of their municipalities.
- The annual cost to local health departments associated with this legislation is estimated to be \$1,116,061. (Please see attached CADH testimony for a breakdown of these costs.)
- The infrastructure to train new lead inspectors is inadequate; there are only 16 openings for the DPH sponsored training, which is offered on an annual basis. Limited training opportunities are available from a private contractor, at the expense of the local health department (in excess of \$1000 per student.)
- There is not enough specialized equipment to perform the required inspections under the proposed new law. Currently, DPH has 5 functioning XRF machines. DPH estimates that at least 5 new devices will be needed to handle the increased testing required. New XRF devices cost between \$12,000 - \$14,000. These devices need to be resourced every 12 to 18 months, which costs an additional \$3000. Additionally, dosimetry units must be used with each machine, an additional cost.
- There will be a significant increased workload for the State Lab in performing analyses on dust wipes, water and soil tests.
- Increased abatement activities associated with this legislation will require an increase in the number of state licensed abatement contractors.
- The proposed legislation is not consistent with CDC recommendation's; the CDC guidelines call for environmental investigations at blood lead levels between 10 and 19 ug/dl.  
[https://www.cdc.gov/nceh/lead/acclpp/actions\\_blls.html](https://www.cdc.gov/nceh/lead/acclpp/actions_blls.html).

As public health practitioners, we are the “boots on the ground” when it comes to addressing the public health needs of our communities. As we stated at our meeting, we laude the intentions of this legislation, but strongly believe that the lack of adequate funding, dearth of a qualified workforce, and lack of an adequate infrastructure will cause this initiative to fail, despite the best intentions of the proposed change to our lead laws; we are setting ourselves up for failure.

We are ready and willing to engage in discussions regarding alternatives to the proposed legislation, including mechanisms for increased training opportunities, funding streams and educational programs that will help to reduce the burden of lead poisoning in our communities.

Thank you for your consideration of this important issue.

March 8, 2019

**Testimony in Support of House Bill 7200**

**AN ACT PROHIBITING THE SALE OF TOBACCO PRODUCTS, ELECTRONIC NICOTINE DELIVERY SYSTEMS AND VAPOR PRODUCTS TO PERSONS UNDER THE AGE OF TWENTY-ONE**

**PUBLIC HEALTH COMMITTEE**

To the distinguished members of the Public Health Committee:

The Connecticut Association of Directors of Health (CADH) is a nonprofit organization comprised of the Directors of Connecticut's local health departments and districts. Local health directors are the statutory agents of the Commissioner of Public Health and are critical providers of essential public health services at the local level in Connecticut.

The members of CADH strongly support this bill that would raise the legal age to purchase tobacco and associated vaping products to twenty-one. According to the Centers for Disease Control and Prevention, cigarette smoking results in over 480,000 deaths each year in the United States and is also the leading preventable cause of death. Raising the age follows the trend nationwide where six states and many large cities including New York City, Washington, D.C., Boston and Chicago, as well as Hartford and Bridgeport in Connecticut, have raised legal purchasing age to twenty-one. However, we believe a State-wide policy is needed to protect the health of all CT residents versus town by town adoption of local ordinances. Many other organizations endorse this change such as the: American Academy of Family Physicians, American Academy of Pediatrics, American Cancer Society, American Heart Association, American Lung Association, American Medical Association, and American Public Health Association.

Regarding vaping, on December 18, 2018, Surgeon General Jerome Adams officially declared e-cigarette use [vaping] among youth to be an epidemic in the United States. The numbers are startling: 11 percent of high school seniors, 8 percent of 10th-graders, and 3.5 percent of eighth-graders reported vaping with nicotine in a one month period, according to a national survey released from the University of Michigan late last year. Vaping devices can contain extremely high levels of addictive nicotine and be used to disguise the use of other drugs, such as marijuana since the vapor is often odorless. Moreover, Yale University research indicate vaping increases the risk a teen will smoke regular cigarettes later.

In summary, we strongly support HB 7200 because it will protect the health and safety of Connecticut's youth by reducing their exposure risk to tobacco, smoking and assorted vaping products.

Thank you for your consideration.

Respectfully submitted by the Connecticut Association of Directors of Health

March 22, 2019

Re: Committee Bill # 6742: *An Act Concerning Human Trafficking and State Contracts and the Licensing of Estheticians, Nail Technicians, and Eyelash Technicians*

To the Distinguished Members of the Government Administration and Elections Committee:

Thank you for the opportunity to testify on this important issue.

The Connecticut Association of Directors of Health (CADH) is a nonprofit organization comprised of the Directors of Connecticut's local health departments and districts. Local health directors are the statutory agents of the Commissioner of Public Health and are critical providers of essential public health services at the local level in Connecticut.

At this time, CT is the ONLY State in the US that does not require licensing of estheticians, eyelash technicians and nail techs. Since we all know of horror stories of customers who have ended up with infections or even burns after visiting cosmetology salons, CADH strongly supports the proposed educational and licensing requirements for technicians as proposed.

Many local health departments have already developed regulations for salons, but this industry continues to evolve. Therefore, we strongly believe this bill should provide for the formation of a task force that includes industry experts, local health, State Health and Labor officials to establish comprehensive statewide regulations for this industry which has direct impact on the health and well-being of customers and employees. Leaving the development of regulations and "letter grades" to local health departments will lead to uneven requirements between different jurisdictions and create much confusion for industry and patrons. A standardized inspection system across the State, similar to the approach used for inspecting restaurants, should be adopted. As proposed, the bill is yet another "unfunded mandate" for municipalities and local health departments, especially the provision for including inspection reports on websites. While we support public transparency for inspection results, most departments do not have the resources to make this happen, especially with the Governor's budget proposing a 20% cut on top of an already underfunded area

In summary, CADH supports the educational and licensure requirements for technicians with the provision of the formation of a taskforce to develop a 'model' statewide regulation. The proposed town-by-town development of regulations and letter ratings will lead to confusion and is opposed by CADH.

Thank you for your consideration in this matter.

Respectfully submitted by the CADH Board of Directors

March 7, 2018

***Draft Testimony regarding THE REGULATION OF THE RETAIL SALE OF MARIJUANA***

To the Distinguished Co-Chairs and Members of the Law Committee:

Thank you for the opportunity to testify on this important issue.

The Connecticut Association of Directors of Health (CADH) is a nonprofit organization comprised of the Directors of Connecticut's local health departments and districts. Local health directors are the statutory agents of the Commissioner of Public Health and are critical providers of essential public health services at the local level in Connecticut.

While recognizing the potential financial benefits to the State from taxation revenue associated with this industry, the members of CADH oppose the retail sale of marijuana. However, should approval be granted, adequate funding must be designated to support substance abuse treatment facilities and programs. As you are aware, Connecticut and the nation are struggling to make an impact in the opioid crisis. In 2018, over 1,000 of our residents lost their lives to overdoses. This number does not reflect the untold 1,000s that overdosed and survived to live with the disease of addiction. Local health departments have aggressively worked on this issue by working with law enforcement officials, pre-hospital care partners, boards of education, prevention coalitions, elected officials, members of clergy, treatment facilities and countless other disciplines to try to turn the tide in the epidemic.

At this moment of time, when so many families are torn apart by the disease of addiction, and emergency services are overwhelmed in responding to the current epidemic, CADH concurs with of the sentiments of the Centers for Disease Control and Prevention (CDC) on this issue when they stated: "Researchers do not yet know the full extent of the consequences when the body and brain (especially the developing brain) are exposed to high concentrations of THC or how recent increases in potency affect the risk of someone becoming addicted." The CDC also raises concerns when it comes to marijuana's adverse health effects on: heart health, cancer, lung health, poisonings and the developing brain.

While there is a debate about marijuana as a gateway drug, there is no debate that people of all ages, genders and socio-economic backgrounds are affected with the disease of addiction. Allowing the retail sale of marijuana may increase these addiction rates and amplify the current crisis. Our residents, communities and personnel are struggling to make an impact in the opioid crisis and adding retail sale of marijuana in our state will likely complicate those efforts. However, should the decision be made to approve the recreational sale of marijuana, adequate funding for addiction treatment and educational programs must be allocated from revenues generated from taxation.

Respectfully Submitted by the CADH Board of Directors

Bill	Position	Priority	Title	Purpose	History	Orig. Comm.	Public	Sponsors	Cal #s	File #
<u>HB 5237</u>		High	An Act Establishing A Home Canning Permit.	To allow persons to produce home canned goods for sale.	Referred to Joint Committee on Public Health (1/11) Change of Reference General Law (1/18) Change of Reference, House to Committee on General Law (1/22) Change of Reference, Senate to Committee on General Law (1/22)	Public Health	X Fri 1/18 11:00 AM ROOM 1D	Rep. Brian Lanoue (45) Rep. Robin Green (55) Rep. Kurt Vail (52)		
<u>HB 5570</u>		High	An Act Concerning The Sale And Service Of Food By Veterans' Organizations.	To allow veterans' organizations to sell and serve food that was not prepared in a commercial kitchen.	Referred to Joint Committee on Veterans' Affairs (1/17) Reserved for Subject Matter Public Hearing (1/24) VA Public Hearing: Thu 2/14 10:00 AM @ ROOM 2C (2/8)	Veterans' Affairs	X Thu 2/14 10:00 AM ROOM 2C	Rep. Kurt Vail (52) Rep. Anne Dauphinais (44)		
<u>HB 6533</u>		High	An Act Requiring Connecticut Schools To Test Their Drinking Water For Lead.	To ensure drinking water in schools is safe from lead.	Referred to Joint Committee on Public Health (1/28) Change of Reference Education (2/8) Change of Reference, House to Committee on Education (2/11) Change of Reference, Senate to Committee on Education (2/11)	Public Health	X Fri 2/8 10:30 AM ROOM 1D	Rep. Caroline Simmons (144) Rep. David Michel (146)		
<u>HB 6742</u>		High	An Act Concerning Human Trafficking And State Contracts And The Licensing Of Estheticians, Nail Technicians And Eyelash Technicians.	To require the Commissioner of Administrative Services, in conjunction with other state agency officials, to study and implement federal Executive Order 13627 for state contracting practices and to require the licensing of estheticians, nail technicians and eyelash technicians.	Referred to Joint Committee on Labor and Public Employees (1/29) Change of Reference Government Administration and Elections (2/7) Change of Reference, House to Committee on Government Administration and Elections (2/11) Change of Reference, Senate to Committee on Government Administration and Elections (2/11) Drafted by Committee (3/19) Referred to Joint Committee on Government Administration and Elections (3/20) GAE Public Hearing: Mon 3/25 11:00 AM @ ROOM 2A (3/21)	Labor and Public Employees	X Mon 3/25 11:00 AM ROOM 2A	Government Administration and Elections Committee Rep. Russell A. Morin (28) Rep. Michelle L. Cook (65) Rep. Josh Elliott (88) Rep. David Michel (146)		

<u>HB 6955</u>	High	An Act Adopting The International Property Maintenance Code.	To adopt the International Property Maintenance Code.	Referred to Joint Committee on Public Safety and Security (1/30) Reserved for Subject Matter Public Hearing (2/7) PS Public Hearing: Thu 2/14 11:00 AM @ ROOM 1D (2/8) Vote to Draft (2/28)	Public Safety and Security	X Thu 2/14 11:00 AM ROOM 1D	Rep. Christopher Rosario (128)	
<u>HB 7133</u>	High	An Act Concerning Blood Lead Level Requirements.	To require epidemiological investigations upon receipt of certain confirmed venous blood lead levels.	Referred to Joint Committee on Public Health (2/15) PH Public Hearing: Mon 2/25 10:30 AM @ ROOM 1D (2/20) Joint Favorable Substitute (3/1) Favorable Report, Tabled for the Calendar, House (3/21) House Calendar Number 83 (3/21) File Number 93 (3/21)	Public Health	X Mon 2/25 10:30 AM ROOM 1D	Public Health Committee	House 83
<u>HB 7193</u>	High	An Act Implementing The Governor's Budget Recommendations Regarding Public Health.	To implement the Governor's budget recommendations.	Referred to Joint Committee on Public Health (2/21) PH Public Hearing: Mon 3/18 10:30 AM @ ROOM 1D (3/13)	Public Health	X Mon 3/18 10:30 AM ROOM 1D	Rep. Joe Aresimowicz (30) Rep. Matthew Ritter (1) Sen. Martin M. Looney (S11) Sen. Bob Duff (S25) Sen. Saud Anwar (S3)	
<u>HB 7200</u>	High	An Act Prohibiting The Sale Of Cigarettes, Tobacco Products, Electronic Nicotine Delivery Systems And Vapor Products To Persons Under Age Twenty-one.	To prohibit the sale of cigarettes, tobacco products, electronic nicotine delivery systems and vapor products to persons under age twenty-one.	Referred to Joint Committee on Public Health (2/21) PH Public Hearing: Mon 3/4 10:30 AM @ ROOM 1D (2/28) Joint Favorable Substitute (3/22)	Public Health	X Mon 3/4 10:30 AM ROOM 1D	Public Health Committee Rep. Cristin McCarthy Vahey (133) Rep. Steven J. Stafstrom (129) Rep. Mary M. Mushinsky (85) Sen. Saud Anwar (S3) Rep. Christopher Rosario (128) Sen. Tony Hwang (S28) Sen. Leonard A. Fasano (S34) Rep. Jeff Currey (11) Rep. Gail Lavielle (143) Rep. Liz Linehan (103) Sen. Mae Flexer (S29) Sen. Marilyn V. Moore (S22) Rep. Tom Amone (58) Rep. Chris Perone (137) Sen. Eric C. Berthel (S32)	
<u>HB 7371</u>	High	An Act Concerning The Retail Sale Of Cannabis.	To regulate the retail sale of cannabis.	Referred to Joint Committee on General Law (3/15) GL Public Hearing: Fri 3/22 10:00 AM @ ROOM 2E (3/18)	General Law	X Fri 3/22 10:00 AM ROOM 2E	General Law Committee Rep. Steven J. Stafstrom (129)	

<b>SB 661</b>	High	An Act Allowing Farm Brewery And Brew Pub Retail Customers To Bring Their Dogs On-premise.	To allow retail customers of farm breweries and brew pubs to bring their dogs on the retail premises.	Referred to Joint Committee on Public Health (1/25) Change of Reference General Law (2/1) Change of Reference, Senate to Committee on General Law (2/6) Change of Reference, House to Committee on General Law (2/6)	Public Health	X Fri 2/1 10:30 AM ROOM 1D	Sen. Heather S. Somers (S18)	
<b>SB 920</b>	High	An Act Concerning The Department Of Public Health's Recommendations For Various Revisions To The Public Health Statutes.	To implement the recommendations of the Department of Public Health regarding various revisions to the public health statutes.	Referred to Joint Committee on Public Health (2/21) PH Public Hearing: Wed 3/13 02:00 PM @ ROOM 1D (3/8)	Public Health	X Wed 3/13 2:00 PM ROOM 1D	Public Health Committee Rep. Fred Camillo (151)	
<b>SB 1013</b>	High	An Act Concerning Certain Sewage Disposal Systems And Alternative Sewage Treatment Systems.	To (1) increase, from a maximum capacity of seven thousand five hundred gallons per day to a maximum capacity of ten thousand gallons per day, the size of certain subsurface sewage disposal systems and alternative on-site sewage treatment systems over which the Department of Public Health has jurisdiction, and (2) no longer constrain by available appropriations the duty of the Commissioner of Public Health to regulate certain aspects of alternative on-site sewage treatment systems.	Referred to Joint Committee on Planning and Development (3/7) PD Public Hearing: Fri 3/15 12:00 PM @ ROOM 1A (3/8)	Planning and Development	X Fri 3/15 12:00 PM ROOM 1A	Planning and Development Committee	
<b>HB 5124</b>		An Act Concerning Municipal Separate Storm Sewer Systems Permitting Requirements.	To study statutes and regulations governing Municipal Separate Storm Sewer Systems permitting.	Referred to Joint Committee on Planning and Development (1/10) Change of Reference Environment (1/16) Change of Reference, House to Committee on Environment (1/17) Change of Reference, Senate to Committee on Environment (1/17)	Planning and Development		Rep. Tami Zawistowski (61)	



<p><b>HB 5134</b></p>		<p>An Act Concerning The Testing Of Electronic Nicotine Delivery Systems And Vapor Products By Schools For Tetrahydrocannabinol.</p>	<p>To establish a fund for testing of electronic nicotine delivery systems and vapor products for the presence of tetrahydrocannabinol by schools.</p>	<p>Referred to Joint Committee on Public Health (1/10) Change of Reference Education (1/31) Change of Reference, House to Committee on Education (2/1) Change of Reference, Senate to Committee on Education (2/1)</p>	<p>Public Health</p>	<p>X Thu 1/31 10:30 AM ROOM 1E</p>	<p>Rep. Vincent J. Candelora (86) Rep. Noreen S. Kokoruda (101)</p>	
<p><b>HB 5139</b></p>		<p>An Act Concerning Tobacco Bars.</p>	<p>To allow for the expansion, change in location and establishment of tobacco bars.</p>	<p>Referred to Joint Committee on Public Health (1/10) Change of Reference General Law (1/18) Change of Reference, House to Committee on General Law (1/22) Change of Reference, Senate to Committee on General Law (1/22) Reserved for Subject Matter Public Hearing (1/31) GL Public Hearing: Tue 2/19 10:00 AM @ ROOM 2E (2/15) Vote to Draft (3/5) Drafted by Committee (3/18) Referred to Joint Committee on General Law (3/19) Joint Favorable (3/21)</p>	<p>Public Health</p>	<p>X Tue 2/19 10:00 AM ROOM 2E</p>	<p>General Law Committee Rep. Jason Perillo (113) Rep. Christopher Davis (57) Rep. David Michel (146)</p>	
<p><b>HB 5152</b></p>		<p>An Act Requiring A Study Of Marijuana-impaired Driving And Methods To Detect Marijuana-impaired Driving.</p>	<p>To require a study of marijuana-impaired driving and methods of detecting if a person's driving is impaired by marijuana usage.</p>	<p>Referred to Joint Committee on Public Safety and Security (1/10) Reserved for Subject Matter Public Hearing (2/7) PS Public Hearing: Thu 2/14 11:00 AM @ ROOM 1D (2/8) Vote to Draft (2/19) Drafted by Committee (2/26) Referred to Joint Committee on Public Safety and Security (2/27) Joint Favorable (3/19)</p>	<p>Public Safety and Security</p>	<p>X Thu 2/14 11:00 AM ROOM 1D</p>	<p>Public Safety and Security Committee Rep. Gail Lavielle (143) Rep. Craig C. Fishbein (90) Rep. Mike France (42) Rep. Tami Zawistowski (61) Rep. Charles J. Ferraro (117) Rep. Brenda L. Kupchick (132) Rep. Fred Camillo (151) Rep. J.P. Sredzinski (112)</p>	

<b>HB 5182</b>	An Act Concerning Sewer Use Charges.	To prevent sewer authorities from charging sewer use charges for summer water use.	Referred to Joint Committee on Energy and Technology (1/11) Change of Reference Planning and Development (2/5) Change of Reference, House to Committee on Planning and Development (2/7) Change of Reference, Senate to Committee on Planning and Development (2/7)	Energy and Technology	Rep. David Rutigliano (123)
<b>HB 5192</b>	An Act Establishing A Pilot Program Allowing A Tax Credit For Hospitals That Make Beds Available For Opioid Addiction Treatment Services.	To provide an incentive to hospitals to make beds available for the provision of services to individuals suffering from opioid addiction.	Referred to Joint Committee on Finance, Revenue and Bonding (1/11) Reserved for Subject Matter Public Hearing (2/6) FIN Public Hearing: Mon 3/4 12:00 PM @ ROOM 2E (2/28)	Finance, Revenue and Bonding	X Mon 3/4 12:00 PM ROOM 2E Rep. Themis Klarides (114) Rep. Nicole Klarides-Ditria (105) Rep. David Rutigliano (123) Rep. Themis Klarides (114) Rep. Nicole Klarides-Ditria (105) Rep. David Rutigliano (123)
<b>HB 5211</b>	An Act Requiring Health Insurance Coverage For Smith-magenis Syndrome.	To require health insurance coverage for the diagnosis and treatment of Smith-Magenis syndrome.	Referred to Joint Committee on Insurance and Real Estate (1/11) Reserved for Subject Matter Public Hearing (1/24) INS Public Hearing: Thu 2/7 11:00 AM @ ROOM 2D (2/1)	Insurance and Real Estate	X Thu 2/7 11:00 AM ROOM 2D Rep. Gail Lavielle (143)
<b>HB 5231</b>	An Act Requiring Clarification Of The Definition Of "cottage Food Products".	To provide clarity within the cottage food industry statutes.	Referred to Joint Committee on Public Health (1/11) Change of Reference General Law (1/18) Change of Reference, House to Committee on General Law (1/22) Change of Reference, Senate to Committee on General Law (1/22)	Public Health	X Fri 1/18 11:00 AM ROOM 1D Rep. David Rutigliano (123)
<b>HB 5249</b>	An Act Prohibiting The Purchase Or Use Of Artificial Turf By The State And Municipalities.	To prohibit towns and the state from purchasing and using artificial turf.	Referred to Joint Committee on Environment (1/14) Vote to Draft (1/25) Drafted by Committee (2/6) Referred to Joint Committee on Environment (2/7) ENV Public Hearing: Fri 2/15 11:00 AM @ ROOM 2B (2/8)	Environment	X Fri 2/15 11:00 AM ROOM 2B Environment Committee Rep. David Michel (146) Rep. Josh Elliott (88) Rep. John "Jack" F. Hennessy (127) Sen. Alex Bergstein (S36)

<p><b>HB 5314</b></p>	<p>An Act Prohibiting The Release Of Helium Balloons Into The Atmosphere.</p>	<p>To address the environmental harm caused to Long Island Sound and other waterways from the intentional release of helium balloons.</p>	<p>Referred to Joint Committee on Environment (1/15) Vote to Draft (1/18) Drafted by Committee (1/28) Referred to Joint Committee on Environment (1/29) ENV Public Hearing: Mon 2/4 10:30 AM @ ROOM 2B (1/30) Joint Favorable (3/8)</p>	<p>Environment</p>	<p>X Mon 2/4 10:30 AM ROOM 2B</p>	<p>Environment Committee Rep. Irene M. Haines (34) Rep. Mary M. Mushinsky (85) Rep. Fred Camillo (151) Rep. David Michel (146) Rep. Jesse MacLachlan (35)</p>	<p>House 54</p>
<p><b>HB 5449</b></p>	<p>An Act Concerning The Donation Of Blood By Minors.</p>	<p>To allow a person who is sixteen years of age to donate blood with the consent of a parent or guardian.</p>	<p>Referred to Joint Committee on Public Health (1/16) Vote to Draft (1/31) Drafted by Committee (2/4) Public Health (2/5) PH Public Hearing: Mon 2/11 10:30 AM @ ROOM 1D (2/7) Joint Favorable (3/1) Favorable Report, Tabled for the Calendar, House (3/19) House Calendar Number 54 (3/19) File Number 61 (3/19)</p>	<p>Public Health</p>	<p>X Mon 2/11 10:30 AM ROOM 1D</p>	<p>Public Health Committee Rep. Mitch Bolinsky (106) Rep. Nicole Klarides-Ditria (105)</p>	<p>House 61</p>
<p><b>HB 5524</b></p>	<p>An Act Increasing The Penalties For The Sale Of Fentanyl.</p>	<p>To increase penalties for the sale of fentanyl.</p>	<p>Referred to Joint Committee on Judiciary (1/17) Vote to Draft (2/8) Drafted by Committee (3/8) Referred to Joint Committee on Judiciary (3/11)</p>	<p>Judiciary</p>	<p></p>	<p>Judiciary Committee Rep. Themis Klarides (114) Rep. Vincent J. Candelora (86) Rep. Tom O'Dea (125) Rep. Arthur J. O'Neill (69) Rep. Noreen S. Kokoruda (101) Rep. Lezlye Zupkus (89) Rep. Robin Green (55) Rep. Patrick S. Boyd (50) Rep. Raghob Allie-Brennan (2) Rep. Devin R. Carney (23) Rep. Travis Simms (140)</p>	<p></p>

<b>HB 5652</b>	An Act Requiring The Labeling Of Certain Electronic Nicotine Delivery Systems And Vapor Products.	To require the labeling of certain electronic nicotine delivery systems and vapor products.	Referred to Joint Committee on Public Health (1/18) Change of Reference General Law (2/1) Change of Reference, House to Committee on General Law (2/6) Change of Reference, Senate to Committee on General Law (2/6)	Public Health	X Fri 2/1 10:30 AM ROOM 1D	Rep. Gail Lavielle (143)
<b>HB 5654</b>	An Act Allowing Dentists To Perform Certain Facial Therapies As Part Of Their Dental Practice.	To allow dentists to perform certain facial therapies as part of their dental practice.	Referred to Joint Committee on Public Health (1/18) Reserved for Subject Matter Public Hearing (2/6) PH Public Hearing: Mon 2/11 10:30 AM @ ROOM 1D (2/7)	Public Health	X Mon 2/11 10:30 AM ROOM 1D	Rep. Devin R. Carney (23)
<b>HB 5683</b>	An Act Establishing A Dry-land Water Safety Instruction Pilot Program.	To establish a dry land water safety instruction pilot program for children in not more than fifteen municipalities.	Referred to Joint Committee on Children (1/22) Reserved for Subject Matter Public Hearing (2/5) KID Public Hearing: Thu 2/14 01:00 PM @ ROOM 2A (2/8) Vote to Draft (2/21) Drafted by Committee (3/5) Referred to Joint Committee on Children (3/6) Joint Favorable Substitute (3/7) Favorable Report, Tabled for the Calendar, House (3/25) House Calendar Number 92 (3/25)	Children	X Thu 2/14 1:00 PM ROOM 2A	Committee on Children Rep. Liz Linehan (103)  House 92
<b>HB 5738</b>	An Act Prohibiting Employers From Requiring Employees To Have Flu Shots.	To prohibit employers from requiring employees to have flu shots.	Referred to Joint Committee on Labor and Public Employees (1/22) Change of Reference Public Health (1/29) Change of Reference, House to Committee on Public Health (1/30) Change of Reference, Senate to Committee on Public Health (1/30)	Labor and Public Employees		Rep. Cara Christine Pavalock-D'Amato (77) Rep. John "Jack" F. Hennessy (127)

<p><b><u>HB 5753</u></b></p>	<p>An Act Requiring The Labeling Of Certain Electronic Nicotine Delivery Systems And Vapor Products.</p>	<p>To require the labeling of certain electronic nicotine delivery systems and vapor products.</p>	<p>Referred to Joint Committee on Public Health (1/22) Change of Reference General Law (2/1) Change of Reference, House to Committee on General Law (2/6) Change of Reference, Senate to Committee on General Law (2/6)</p>	<p>Public Health</p>	<p>X Fri 2/1 10:30 AM ROOM 1D</p>	<p>Rep. Gail Lavielle (143)</p>
<p><b><u>HB 5813</u></b></p>	<p>An Act Concerning The Regulation Of Honey And Maple Syrup.</p>	<p>To exempt honey and maple syrup from cottage food regulations.</p>	<p>Referred to Joint Committee on General Law (1/23) Reserved for Subject Matter Public Hearing (1/31) GL Public Hearing: Tue 2/19 10:00 AM @ ROOM 2E (2/15)</p>	<p>General Law</p>	<p>X Tue 2/19 10:00 AM ROOM 2E</p>	<p>Rep. Doug Dubitsky (47) Sen. Dan Champagne (S35) Rep. Anne Dauphinais (44) Rep. David T. Wilson (66)</p>
<p><b><u>HB 5902</u></b></p>	<p>An Act Concerning Naturopathic Medicine.</p>	<p>To require the Department of Public Health to determine the formulary for naturopathic physicians.</p>	<p>Referred to Joint Committee on Public Health (1/23) Reserved for Subject Matter Public Hearing (2/8) PH Public Hearing: Mon 2/25 10:30 AM @ ROOM 1D (2/20)</p>	<p>Public Health</p>	<p>X Mon 2/25 10:30 AM ROOM 1D</p>	<p>Rep. John "Jack" F. Hennessy (127) Rep. Steven J. Stafstrom (129) Rep. Ezequiel Santiago (130) Rep. Christopher Rosario (128) Rep. Andre F. Baker (124) Rep. Charlie L. Stallworth (126) Sen. Dennis Bradley (S23) Sen. Marilyn V. Moore (S22) Rep. Joseph P. Gresko (121) Rep. Jillian Gilchrist (18) Rep. Anne Meiman Hughes (135) Rep. David Michel (146) Rep. Josh Elliott (88)</p>
<p><b><u>HB 5910</u></b></p>	<p>An Act Limiting The Use Of Polyfluoroalkyl Chemicals In Certain Products.</p>	<p>To limit the use of polyfluoroalkyl chemicals in certain products.</p>	<p>Referred to Joint Committee on Public Health (1/23) Reserved for Subject Matter Public Hearing (2/6) PH Public Hearing: Mon 2/11 10:30 AM @ ROOM 1D (2/7) Vote to Draft (3/1)</p>	<p>Public Health</p>	<p>X Mon 2/11 10:30 AM ROOM 1D</p>	<p>Rep. Jonathan Steinberg (136) Rep. Joseph P. Gresko (121) Rep. Tom Arnone (58) Sen. Alex Bergstein (S36) Rep. Jillian Gilchrist (18) Rep. Geraldo C. Reyes (75) Rep. Roland J. Lemar (96)</p>

<b>HB 5975</b>	An Act Concerning The Online Sale And Delivery Of Electronic Nicotine Delivery Systems And Vapor Products.	To prohibit the online sale and delivery of electronic nicotine products to minors.	Referred to Joint Committee on Children (1/24) Vote to Draft (2/5) Drafted by Committee (2/20) Referred to Joint Committee on Children (2/21) KID Public Hearing: Thu 2/28 01:00 PM @ ROOM 1B (2/22) Joint Favorable Substitute (3/7) Favorable Report, Tabled for the Calendar, House (3/25) House Calendar Number 93 (3/25)	Children	X Thu 2/28 1:00 PM ROOM 1B	Committee on Children Rep. Liz Linehan (103) Rep. Derek Slap (19) Rep. Cristin McCarthy Vahey (133) Rep. Tom Arnone (58) Rep. Edwin Vargas (6) Rep. Bobby G. Gibson (15) Rep. Gerald C. Reyes (75) Rep. John "Jack" F. Hennessy (127) Sen. Will Haskell (S26) Rep. Emmett D. Riley (46) Rep. Jill Barry (31) Rep. Christine Palm (36) Sen. Alex Bergstein (S36) Sen. Marilyn V. Moore (S22) Sen. James J. Maroney	House 93
<b>HB 5999</b>	An Act Concerning Pesticide Regulation In The State.	To implement recommendations of the Council on Environmental Quality for properly enforcing pesticide restrictions.	Referred to Joint Committee on Environment (1/24) Vote to Draft (2/11) Drafted by Committee (3/11) Referred to Joint Committee on Environment (3/12) ENV Public Hearing: Mon 3/18 11:00 AM @ ROOM 2B (3/13)	Environment	X Mon 3/18 11:00 AM ROOM 2B	Environment Committee Rep. Kerry Szeps Wood (29) Rep. David Michel (146)	
<b>HB 6028</b>	An Act Increasing The Minimum Mark-up Percentage For A Cigarette Dealer.	To increase the minimum mark-up percentage for a cigarette dealer from eight per cent to eighteen per cent.	Referred to Joint Committee on Finance, Revenue and Bonding (1/24) Reserved for Subject Matter Public Hearing (2/6) FIN Public Hearing: Wed 2/13 11:00 AM @ ROOM 2E (2/8)	Finance, Revenue and Bonding	X Wed 2/13 11:00 AM ROOM 2E	Rep. Geoff Luxenberg (12)	
<b>HB 6079</b>	An Act Requiring Functioning Smoke Detectors In All Residential Homes.	To require functioning smoke detectors in all residential homes.	Referred to Joint Committee on Housing (1/24) Reserved for Subject Matter Public Hearing (2/6) HSG Public Hearing: Thu 2/14 11:00 AM @ ROOM 2B (2/8)	Housing	X Thu 2/14 11:00 AM ROOM 2B	Rep. Ben McGorty (122)	

<b>HB 6148</b>	An Act Establishing A Task Force To Study Anaphylaxis And The Food Allergy Epidemic.	To study anaphylaxis and the food allergy epidemic.	Referred to Joint Committee on Public Health (1/24) Reserved for Subject Matter Public Hearing (2/13) PH Public Hearing: Mon 3/4 10:30 AM @ ROOM 1D (2/28)	Public Health	X Mon 3/4 10:30 AM ROOM 1D	Rep. Robin E. Comey (102) Sen. Matthew L. Lesser (S9) Rep. David Arconti (109) Rep. Patricia A. Dillon (92) Rep. David Michel (146)
<b>HB 6152</b>	An Act Requiring The Inclusion Of Methadone In The Electronic Prescription Drug Monitoring Program.	To require the reporting of methadone prescriptions through the electronic prescription drug monitoring program.	Referred to Joint Committee on Public Health (1/24) Change of Reference General Law (2/1) Change of Reference, House to Committee on General Law (2/6) Change of Reference, Senate to Committee on General Law (2/6)	Public Health	X Fri 2/1 10:30 AM ROOM 1D	Rep. David Rutigliano (123)
<b>HB 6161</b>	An Act Requiring The Use Of Helmets By Motorcycle Operators And Passengers Under Twenty-one Years Of Age.	To require the use of helmets by motorcycle operators and passengers under twenty-one years of age.	Referred to Joint Committee on Transportation (1/24) Reserved for Subject Matter Public Hearing (2/7) TRA Public Hearing: Mon 2/25 10:30 AM @ ROOM 1E (2/21) Vote to Draft (3/8) Drafted by Committee (3/15) Referred to Joint Committee on Transportation (3/18) Joint Favorable (3/20)	Transportation	X Mon 2/25 10:30 AM ROOM 1E	Transportation Committee Rep. Michelle L. Cook (65)
<b>HB 6347</b>	An Act Concerning The Issuance Of Written Warnings Providing Notice Of Violations Of Municipal Regulations And Ordinances.	To permit municipalities to opt out of the requirement that a municipal officer or employee issue a written warning providing notice of a violation of a municipal regulation or ordinance prior to the issuance of a citation.	Referred to Joint Committee on Planning and Development (1/25) Reserved for Subject Matter Public Hearing (1/30) PD Public Hearing: Wed 2/13 11:15 AM @ ROOM 2D (2/8)	Planning and Development	X Wed 2/13 11:15 AM ROOM 2D	Rep. Jason Perillo (113)
<b>HB 6356</b>	An Act Prohibiting The Use Of Polystyrene Foam Products With Food.	To prohibit the use of polystyrene products with food.	Referred to Joint Committee on Public Health (1/25) Vote to Hold Until Next Meeting (2/8)	Public Health	X Fri 2/8 10:30 AM ROOM 1D	Rep. Dorinda Borer (115) Rep. David Michel (146)

<b>HB 6367</b>	An Act Requiring The Inclusion Of Education Concerning The Dangers Of Vaping Within The Existing Health Curriculum.	To include vaping education within the existing health curriculum.	Referred to Joint Committee on Public Health (1/25) Change of Reference Education (2/6) Change of Reference, House to Committee on Education (2/7) Change of Reference, Senate to Committee on Education (2/7)	Public Health	X Wed 2/6 10:30 AM ROOM 1D	Rep. Terrie E. Wood (141)	
<b>HB 6368</b>	An Act Allowing Emergency Medical Technicians To Administer Epinephrine Without The Use Of Automatic Prefilled Cartridge Injectors.	To reduce municipal costs for emergency medical services by allowing the administration of epinephrine without automatic prefilled cartridge injectors.	Referred to Joint Committee on Public Health (1/25) Reserved for Subject Matter Public Hearing (2/1) PH Public Hearing: Mon 2/11 10:30 AM @ ROOM 1D (2/7) Vote to Draft (3/1) Drafted by Committee (3/5) Referred to Joint Committee on Public Health (3/6) Joint Favorable (3/22)	Public Health	X Mon 2/11 10:30 AM ROOM 1D	Public Health Committee Rep. Jesse MacLachlan (35)	
<b>HB 6370</b>	An Act Amending The Cottage Food Operation Statutes As They Relate To Maple Syrup Production.	To amend the cottage food operation statutes to include maple syrup production in a maple syrup shed structure.	Referred to Joint Committee on Public Health (1/25) Change of Reference General Law (2/1) Change of Reference, House to Committee on General Law (2/6) Change of Reference, Senate to Committee on General Law (2/6)	Public Health	X Fri 2/1 10:30 AM ROOM 1D	Rep. Tim Ackert (8) Rep. Craig C. Fishbein (90) Sen. Dan Champagne (S35)	



<p><b>HB 6404</b></p>	<p>An Act Prohibiting The Sale Of Flavored Electronic Cigarette Liquid.</p>	<p>To prohibit the sale of flavored electronic cigarette liquid.</p>	<p>Referred to Joint Committee on Children (1/28) Reserved for Subject Matter Public Hearing (2/5) KID Public Hearing: Thu 2/14 01:00 PM @ ROOM 2A (2/8) Vote to Draft (2/21) Drafted by Committee (3/5) Referred to Joint Committee on Children (3/6) Joint Favorable Substitute (3/7)</p>	<p>Children</p>	<p>X Thu 2/14 1:00 PM ROOM 2A</p>	<p>Committee on Children Rep. Liz Linehan (103) Rep. Derek Slap (19) Rep. Cristin McCarthy Vahey (133) Rep. Tom Arnone (58) Rep. Edwin Vargas (6) Rep. Bobby G. Gibson (15) Rep. Geraldo C. Reyes (75) Rep. John "Jack" F. Hennessy (127) Sen. Will Haskell (S26) Rep. Emmett D. Riley (46) Rep. Jill Barry (31) Rep. Christine Palm (36) Sen. Alex Bergstein (S36) Sen. Marilyn V. Moore (S22) Sen. James J. Maroney</p>
<p><b>HB 6429</b></p>	<p>An Act Concerning A Grant-in-aid Program For Municipalities Combating Gypsy Moth And Emerald Ash Borer Infestations.</p>	<p>To assist municipalities with the costs associated with tree removal and suppression programs resulting from gypsy moth and emerald ash borer infestations.</p>	<p>Referred to Joint Committee on Environment (1/28) Vote to Draft (2/11) Drafted by Committee (3/11) Referred to Joint Committee on Environment (3/12) ENV Public Hearing: Mon 3/18 11:00 AM @ ROOM 2B (3/13)</p>	<p>Environment</p>	<p>X Mon 3/18 11:00 AM ROOM 2B</p>	<p>Environment Committee Rep. Doug Dubitsky (47) Rep. Tim Ackert (8) Rep. J.P. Sredzinski (112)</p>
<p><b>HB 6464</b></p>	<p>An Act Imposing A Tax On Liquid Vaping Products.</p>	<p>To impose a tax on liquid vaping products at the same percentage rate as other tobacco products.</p>	<p>Referred to Joint Committee on Finance, Revenue and Bonding (1/28) Reserved for Subject Matter Public Hearing (2/6) FIN Public Hearing: Wed 2/13 11:00 AM @ ROOM 2E (2/8)</p>	<p>Finance, Revenue and Bonding</p>	<p>X Wed 2/13 11:00 AM ROOM 2E</p>	<p>Rep. Liz Linehan (103) Rep. Derek Slap (19) Rep. Cristin McCarthy Vahey (133) Rep. Tom Arnone (58) Rep. Edwin Vargas (6) Rep. Bobby G. Gibson (15) Rep. Geraldo C. Reyes (75) Rep. John "Jack" F. Hennessy (127) Sen. Will Haskell (S26) Rep. Emmett D. Riley (46) Rep. Jill Barry (31) Rep. Christine Palm (36) Sen. Alex Bergstein (S36) Sen. Marilyn V. Moore (S22) Rep. Jason Rojas (9) Rep. Gary A. Turco (27)</p>

<b>HB 6466</b>	An Act Concerning The Labeling Of Electronic Nicotine Delivery Systems And Vapor Products.	To require clear labeling of the nicotine content of electronic nicotine delivery systems and vapor products.	Referred to Joint Committee on General Law (1/28) Change of Reference Public Health (2/7) Change of Reference, House to Committee on Public Health (2/8) Change of Reference, Senate to Committee on Public Health (2/8)	General Law		Rep. Lucy Dathan (142)
<b>HB 6512</b>	An Act Permitting A Landlord To Prohibit A Person From Smoking Marijuana In The Landlord's Rental Unit.	To allow landlords to prohibit marijuana smoking in their rental units.	Referred to Joint Committee on Public Health (1/28) Change of Reference Judiciary (2/1) Change of Reference, House to Committee on Judiciary (2/6) Change of Reference, Senate to Committee on Judiciary (2/6)	Public Health	X Fri 2/1 10:30 AM ROOM 1D	Rep. Mary M. Mushinsky (85)
<b>HB 6516</b>	An Act Concerning The Use Of Flame Retardant Chemicals In Children's Products And Upholstered Residential Furniture.	To prohibit the sale and distribution of children's products containing flame retardant chemicals.	Referred to Joint Committee on Public Health (1/28) Reserved for Subject Matter Public Hearing (2/8) PH Public Hearing: Mon 2/25 10:30 AM @ ROOM 1D (2/20)	Public Health	X Mon 2/25 10:30 AM ROOM 1D	Rep. John K. Hampton (16)
<b>HB 6521</b>	An Act Concerning Tobacco Bars.	To revise the laws governing tobacco bars.	Referred to Joint Committee on Public Health (1/28) Change of Reference General Law (2/1) Change of Reference, House to Committee on General Law (2/6) Change of Reference, Senate to Committee on General Law (2/6)	Public Health	X Fri 2/1 10:30 AM ROOM 1D	Rep. Michael D'Agostino (91) Rep. Jason Perillo (113) Rep. Christopher Davis (57)
<b>HB 6536</b>	An Act Concerning Notification Regarding Nursery Schools Containing Lead Paint.	To ensure the safety of children attending a nursery school determined to contain lead paint.	Referred to Joint Committee on Public Health (1/28) Change of Reference Education (2/8) Change of Reference, House to Committee on Education (2/11) Change of Reference, Senate to Committee on Education (2/11)	Public Health	X Fri 2/8 10:30 AM ROOM 1D	Rep. Travis Simms (140)

<p><b>HB 6540</b></p>	<p>An Act Concerning The Prevention Of The Human Immunodeficiency Virus.</p>	<p>To increase access to preventative and prophylactic interventions for minors who are at risk of exposure to the human immunodeficiency virus.</p>	<p>Referred to Joint Committee on Public Health (1/28) Reserved for Subject Matter Public Hearing (2/8) PH Public Hearing: Mon 2/25 10:30 AM @ ROOM 1D (2/20) Vote to Draft (3/1) Drafted by Committee (3/19) Referred to Joint Committee on Public Health (3/20) Joint Favorable (3/22)</p>	<p>Public Health</p>	<p>X Mon 2/25 10:30 AM ROOM 1D</p>	<p>Public Health Committee Rep. Jeff Currey (11) Rep. Raghiv Allie-Brennan (2) Rep. Josh Elliott (88) Rep. David Michel (146) Rep. Geoff Luxenberg (12) Rep. Kevin Ryan (139) Rep. Liz Linehan (103) Rep. Quentin W. Phipps (100) Rep. Lucy Dathan (142) Rep. Christopher Rosario (128) Rep. Travis Simms (140) Rep. Cristin McCarthy Vahey (133) Rep. Susan M. Johnson (49) Rep. Anne Meiman Hughes (135) Rep. Julio A. Concepcion Rep. John K. Hampton (16)</p>
<p><b>HB 6543</b></p>	<p>An Act Permitting Pharmacists To Prescribe Tobacco Cessation Products.</p>	<p>To improve public health by permitting pharmacists to prescribe products to help people quit smoking.</p>	<p>Referred to Joint Committee on Public Health (1/28) Reserved for Subject Matter Public Hearing (2/13) PH Public Hearing: Mon 3/4 10:30 AM @ ROOM 1D (2/28)</p>	<p>Public Health</p>	<p>X Mon 3/4 10:30 AM ROOM 1D</p>	
<p><b>HB 6554</b></p>	<p>An Act Concerning Municipal Liability For Certain Inspections.</p>	<p>To exempt municipalities from liability for inspections undertaken pursuant to the permitting requirements of municipal separate storm sewer systems programs.</p>	<p>Referred to Joint Committee on Planning and Development (1/28) Change of Reference Environment (2/6) Change of Reference, House to Committee on Environment (2/7) Change of Reference, Senate to Committee on Environment (2/7)</p>	<p>Planning and Development</p>		<p>Rep. Kathy Kennedy (119) Rep. Charles J. Ferraro (117) Rep. Kim Rose (118) Sen. James J. Maroney (S14)</p>
<p><b>HB 6561</b></p>	<p>An Act Designating Councils Of Governments As Counties.</p>	<p>To require the state to designate councils of governments as counties for the purposes of accessing certain federal funding.</p>	<p>Referred to Joint Committee on Planning and Development (1/28) Reserved for Subject Matter Public Hearing (2/6) PD Public Hearing: Wed 2/27 11:15 AM @ ROOM 1A (2/22) Vote to Draft (3/8)</p>	<p>Planning and Development</p>	<p>X Wed 2/27 11:15 AM ROOM 1A</p>	<p>Rep. Jason Rojas (9) Rep. Kara Rochelle (104) Rep. Josh Elliott (88) Rep. John "Jack" F. Hennessy (127)</p>

<b>HB 6643</b>	An Act Concerning Regional Animal Control Shelters.	To enable more towns to regionalize their animal control facilities.	Referred to Joint Committee on Environment (1/29) ENV Public Hearing: Mon 2/4 10:30 AM @ ROOM 2B (1/30) Joint Favorable Substitute (2/25) Favorable Report, Tabled for the Calendar, House (3/13) House Calendar Number 47 (3/13) File Number 53 (3/13)	Environment	X Mon 2/4 10:30 AM ROOM 2B	Environment Committee Rep. Tom Arnone (58) Rep. Travis Simms (140) Sen. Derek Slap (55)	House 47	53
<b>HB 6647</b>	An Act Establishing A Regenerative Agriculture Program.	To establish a regenerative agriculture program in the state that will improve soil health, conservation, rainwater absorption, drought resiliency and water quality.	Referred to Joint Committee on Environment (1/29) Vote to Draft (2/11) Drafted by Committee (3/11) Referred to Joint Committee on Environment (3/12) ENV Public Hearing: Mon 3/18 11:00 AM @ ROOM 2B (3/13)	Environment	X Mon 3/18 11:00 AM ROOM 2B	Environment Committee Rep. Fred Camillo (151)		
<b>HB 6655</b>	An Act Concerning The Tax Treatment Of Tobacco Products That Are Exported From The State.	To establish parity in the tax treatment of tobacco products.	Referred to Joint Committee on Finance, Revenue and Bonding (1/29) Reserved for Subject Matter Public Hearing (2/6) FIN Public Hearing: Wed 2/13 11:00 AM @ ROOM 2E (2/8)	Finance, Revenue and Bonding	X Wed 2/13 11:00 AM ROOM 2E	Rep. Themis Klarides (114)		
<b>HB 6938</b>	An Act Concerning Relief From Certain Unfunded Mandates To Tier Iii And Tier Iv Municipalities.	To provide relief from certain unfunded mandates to municipalities designated Tier III or Tier IV by the Secretary of the Office of Policy and Management to assist such municipalities in realizing savings.	Referred to Joint Committee on Planning and Development (1/30) Change of Reference Finance, Revenue and Bonding (2/6) Change of Reference, House to Committee on Finance, Revenue and Bonding (2/7) Change of Reference, Senate to Committee on Finance, Revenue and Bonding (2/7)	Planning and Development		Rep. Michael A. DiMassa (116)		
<b>HB 6943</b>	An Act Allowing Medical Assistants To Administer Vaccines.	To allow medical assistants to administer vaccines.	Referred to Joint Committee on Public Health (1/30) PH Public Hearing: Mon 2/4 10:30 AM @ ROOM 1D (1/31) Joint Favorable Substitute (2/13) Favorable Report, Tabled for the Calendar, House (2/27) House Calendar Number 20 (2/27) File Number 7 (2/27)	Public Health	X Mon 2/4 10:30 AM ROOM 1D	Public Health Committee Rep. Chris Perone (137) Sen. Will Haskell (S26)	House 20	7

<b>HB 7003</b>	An Act Concerning A Moratorium On The Use Of Recycled Tire Rubber At Municipal And Public School Playgrounds.	To establish a moratorium on the use of crumb rubber ground covers at municipal and public school playgrounds.	Referred to Joint Committee on Children (1/31) KID Public Hearing: Thu 2/7 01:00 PM @ ROOM 1B (2/1) Joint Favorable (2/21)	Children	X Thu 2/7 1:00 PM ROOM 1B	Committee on Children Rep. John K. Hampton (16)	
<b>HB 7004</b>	An Act Concerning Concussion Education For Coaches Of Youth Athletic Activities.	To require youth coaches of youth athletic activities conducted on fields, courts and recreational areas owned, operated or managed by municipalities to take an online concussion course.	Referred to Joint Committee on Children (1/31) KID Public Hearing: Thu 2/7 01:00 PM @ ROOM 1B (2/1) Joint Favorable Substitute (3/12)	Children	X Thu 2/7 1:00 PM ROOM 1B	Committee on Children Rep. Nicole Klarides-Ditria (105)	
<b>HB 7005</b>	An Act Prohibiting The Acknowledgment Of Parental Statements Concerning Religious Objections To Vaccination By School Nurses And Permitting Members Of The Clergy To Acknowledge Such Statements.	To permit ordained, commissioned and licensed members of the clergy to acknowledge parental statements concerning religious objections to vaccinations required for enrollment in public and nonpublic schools under the jurisdiction of local and regional boards of education, and to prohibit school nurses from acknowledging such statements.	Referred to Joint Committee on Children (1/31) KID Public Hearing: Thu 2/7 01:00 PM @ ROOM 1B (2/1) Joint Favorable Substitute (3/12)	Children	X Thu 2/7 1:00 PM ROOM 1B	Committee on Children	
<b>HB 7006</b>	An Act Prohibiting The Inclusion Of Certain Beverages On Children's Menus.	To prohibit restaurants from including soft drink beverages on children's menus and in children's meals.	Referred to Joint Committee on Children (1/31) KID Public Hearing: Thu 2/7 01:00 PM @ ROOM 1B (2/1)	Children	X Thu 2/7 1:00 PM ROOM 1B	Committee on Children	
<b>HB 7007</b>	An Act Prohibiting The Sale Of Energy Drinks To Persons Under Sixteen Years Of Age.	To prohibit the sale, giving or delivering of energy drinks to persons under the age of sixteen and require the Commissioner of Public Health to publish information concerning the dangers of energy drink consumption on the internet web site of the Department of Public Health.	Referred to Joint Committee on Children (1/31) KID Public Hearing: Thu 2/7 01:00 PM @ ROOM 1B (2/1)	Children	X Thu 2/7 1:00 PM ROOM 1B	Committee on Children	

<b><u>HB 7020</u></b>	An Act Concerning The Capacity, Management, Operations And Maintenance Program For Wastewater.	To provide funding to municipalities for the cost of integrating the capacity, management, operations and maintenance wastewater program of the Environmental Protection Agency.	Referred to Joint Committee on Environment (1/31) Change of Reference Finance, Revenue and Bonding (2/11) Change of Reference, House to Committee on Finance, Revenue and Bonding (2/14) Change of Reference, Senate to Committee on Finance, Revenue and Bonding (2/14)	Environment	Rep. Rick Lopes (24)
<b><u>HB 7111</u></b>	An Act Concerning Revisions To The Comprehensive School Health Education Curriculum And The Inclusion Of The Dangers Of Vaping In The Public School Curriculum.	To include the role of consent in sexual relationships in the comprehensive school health education component of the Healthy and Balanced Living Curriculum Framework developed by the Department of Education; and to include instruction on the dangers of vaping in the health component of the public school curriculum.	Referred to Joint Committee on Education (2/14) Public Hearing 02/22 (2/15)	Education	Education Committee X Fri 2/22 11:00 AM ROOM 2E X Fri 2/22 11:00 AM ROOM 2E X Fri 2/22 11:00 AM Room 2E
<b><u>HB 7147</u></b>	An Act Making Deficiency Appropriations For The Fiscal Year Ending June 30, 2019.	To implement the Governor's budget recommendations.	Referred to Joint Committee on Appropriations (2/21)	Appropriations	Rep. Joe Aresimowicz (30) Rep. Matthew Ritter (1) Sen. Martin M. Looney (S11) Sen. Bob Duff (S25)
<b><u>HB 7148</u></b>	An Act Concerning The State Budget For The Biennium Ending June Thirtieth, 2021, And Making Appropriations Therefor.	To implement the Governor's budget recommendations.	Referred to Joint Committee on Appropriations (2/21) Public Hearing 02/26 (2/22) Public Hearing 02/27 (2/22) Public Hearing 02/28 (2/22) Public Hearing 03/01 (2/22) Public Hearing 03/04 (2/22) Public Hearing 03/05 (2/22) Public Hearing 03/06 (2/22) Public Hearing 03/07 (2/22)	Appropriations	Rep. Joe Aresimowicz (30) Rep. Matthew Ritter (1) Sen. Martin M. Looney (S11) Sen. Bob Duff (S25)
<b><u>HB 7164</u></b>	An Act Implementing The Governor's Budget Recommendations For Human Services.	To implement the Governor's budget recommendations.	Referred to Joint Committee on Human Services (2/21) HS Public Hearing: Thu 3/14 10:00 AM @ ROOM 2A (3/8) Joint Favorable Substitute (3/21)	Human Services	Rep. Joe Aresimowicz (30) Rep. Matthew Ritter (1) Sen. Martin M. Looney (S11) Sen. Bob Duff (S25)

<b>HB 7187</b>	An Act Concerning Revocation Of A Public Official's Pension Or A State Or Municipal Employee's Pension.	To require state prosecutors to provide notice to the Attorney General when a criminal defendant is a public official or state or municipal employee so that the Attorney General may pursue pension revocation remedies available under state law.	Referred to Joint Committee on Judiciary (2/21) JUD Public Hearing: Wed 2/27 10:00 AM @ ROOM 1D (2/22) Joint Favorable Substitute (3/20)	Judiciary	X Wed 2/27 10:00 AM ROOM 1D	Judiciary Committee
<b>HB 7190</b>	An Act Extending Good Samaritan Protections For Persons Or Entities That Include An Opioid Antagonist Within A Cabinet Containing An Automatic External Defibrillator.	To extend good samaritan protections to persons or entities that include an opioid antagonist within a cabinet containing an automatic external defibrillator.	Referred to Joint Committee on Judiciary (2/21) JUD Public Hearing: Wed 2/27 10:00 AM @ ROOM 1D (2/22)	Judiciary	X Wed 2/27 10:00 AM ROOM 1D	Judiciary Committee Sen. Rob Sampson (S16)
<b>HB 7192</b>	An Act Concerning Municipal And Regional Opportunities And Efficiencies.	To implement the Governor's budget recommendations.	Referred to Joint Committee on Planning and Development (2/21) PD Public Hearing: Wed 3/20 11:00 AM @ ROOM 1D (3/15)	Planning and Development	X Wed 3/20 11:00 AM ROOM 1D	Rep. Joe Aresimowicz (30) Rep. Matthew Ritter (1) Sen. Martin M. Looney (S11) Sen. Bob Duff (S25)
<b>HB 7194</b>	An Act Concerning The Department Of Public Health's Recommendations Regarding Public Drinking Water.	To implement the Department of Public Health's recommendations regarding public drinking water.	Referred to Joint Committee on Public Health (2/21) PH Public Hearing: Mon 3/4 10:30 AM @ ROOM 1D (2/28) Joint Favorable (3/8)	Public Health	X Mon 3/4 10:30 AM ROOM 1D	Public Health Committee Rep. David Michel (146)
<b>HB 7196</b>	An Act Concerning The Department Of Public Health's Recommendation Regarding Seat Belts.	To implement the Department of Public Health's recommendation to require persons to wear seat belts in all positions of a vehicle.	Referred to Joint Committee on Public Health (2/21) PH Public Hearing: Mon 3/4 10:30 AM @ ROOM 1D (2/28) Joint Favorable Substitute (3/8)	Public Health	X Mon 3/4 10:30 AM ROOM 1D	Public Health Committee Rep. Cristin McCarthy Vahey (133) Rep. David Michel (146) Rep. Michael Winkler (56)
<b>HB 7197</b>	An Act Concerning Labeling And Restricting The Use Of Flame Retardants.	To label consumer products containing flame retardants and to restrict the use of flame retardants in children's products.	Referred to Joint Committee on Public Health (2/21) PH Public Hearing: Wed 3/13 02:00 PM @ ROOM 1D (3/8) Joint Favorable Substitute (3/22)	Public Health	X Wed 3/13 2:00 PM ROOM 1D	Public Health Committee Rep. David Michel (146)
<b>HB 7199</b>	An Act Concerning Immunizations Against The Meningococcal Virus And Human Papillomavirus.	To require immunizations against the meningococcal virus and human papillomavirus.	Referred to Joint Committee on Public Health (2/21) PH Public Hearing: Wed 3/13 02:00 PM @ ROOM 1D (3/8)	Public Health	X Wed 3/13 2:00 PM ROOM 1D	Public Health Committee Rep. Josh Elliott (88)

<u>HB 7238</u>	An Act Concerning Administrative Changes To The Municipal Employees Health Insurance Program.	To make administrative changes to the municipal employees health insurance program.	Referred to Joint Committee on Labor and Public Employees (2/27) LAB Public Hearing: Tue 3/5 01:30 PM @ ROOM 2E (3/1) Joint Favorable (3/14)	Labor and Public Employees	X Tue 3/5 1:30 PM ROOM 2E	Labor and Public Employees Committee
<u>HB 7285</u>	An Act Establishing A Task Force To Study The Licensed Building Trade Examining Boards.	To establish a task force to study the implementation of the requirements of North Carolina Board of State Dental Examiners v. Federal Trade Commission regarding licensed building trade examining boards established pursuant to title 20 of the general statutes.	Referred to Joint Committee on General Law (3/1) GL Public Hearing: Tue 3/12 10:00 AM @ ROOM 1A (3/7) Joint Favorable (3/21)	General Law	X Tue 3/12 10:00 AM ROOM 1A	General Law Committee
<u>HB 7287</u>	An Act Concerning Revisions To The Medical Marijuana Program.	To amend palliative use of marijuana statutes by adding opioid use disorder as a debilitating medical condition and eliminating the qualifying patient and primary caregiver registration certificate fee.	Referred to Joint Committee on General Law (3/1) GL Public Hearing: Fri 3/22 10:00 AM @ ROOM 2E (3/18)	General Law	X Fri 3/22 10:00 AM ROOM 2E	General Law Committee
<u>HB 7293</u>	An Act Concerning The Redevelopment Of Certain Solid Waste Management Facilities.	To provide that the Commissioner of Energy and Environmental Protection may issue an order requiring the execution of a contract for the redevelopment of the Connecticut Solid Waste System Project.	Referred to Joint Committee on Environment (3/5) ENV Public Hearing: Mon 3/11 10:30 AM @ ROOM 2B (3/6)	Environment	X Mon 3/11 10:30 AM ROOM 2B	Environment Committee
<u>HB 7295</u>	An Act Concerning A Recycling Program For Paper And Packaging And Requiring Certain Municipal Solid Waste Management Goals.	To require the establishment of a producer-financed recycling program for packaging and paper in the state and to require certain solid waste reduction goals of municipalities.	Referred to Joint Committee on Environment (3/5) ENV Public Hearing: Mon 3/11 10:30 AM @ ROOM 2B (3/6)	Environment	X Mon 3/11 10:30 AM ROOM 2B	Environment Committee Rep. Anne Weiman Hughes (135)



<b>HB 7296</b>			<p>An Act Concerning The Recycling Of Glass.</p>	<p>To require the development of a plan that will implement best practices for the recycling of glass in the state and to require certain glass beverage containers sold in the state to have a minimum post-consumer glass content in order to help foster a market for recycled glass.</p>	<p>Referred to Joint Committee on Environment (3/5) ENV Public Hearing: Mon 3/11 10:30 AM @ ROOM 2B (3/6)</p>	<p>Environment</p>	<p>X Mon 3/11 10:30 AM ROOM 2B</p>	<p>Environment Committee Rep. David Michel (146)</p>	
<b>HB 7298</b>			<p>An Act Concerning The Permitting For Certain Solid Waste Facilities And The Designation Of Recyclable Items.</p>	<p>To (1) require final determinations on certain permits of the Department of Energy and Environmental Protection within ninety days of the submission of such permit applications, including certain solid waste management facilities and publicly owned treatment works, (2) redesignate recyclable items, (3) reallocate department staff resources concerning solid waste management, and (4) revise certain reporting requirements of resources recovery facilities.</p>	<p>Referred to Joint Committee on Environment (3/5) ENV Public Hearing: Mon 3/11 10:30 AM @ ROOM 2B (3/6)</p>	<p>Environment</p>	<p>X Mon 3/11 10:30 AM ROOM 2B</p>	<p>Environment Committee</p>	
<b>HB 7301</b>			<p>An Act Concerning The Department Of Public Health's Recommendations Regarding Remote Access To Electronic Medical Records By The Department Of Public Health.</p>	<p>To allow the Department of Public Health to have remote access to electronic medical records of hospitals that involve reportable diseases, emergency illnesses and health conditions or reportable tumors.</p>	<p>Referred to Joint Committee on Public Health (3/6) PH Public Hearing: Wed 3/13 02:00 PM @ ROOM 1D (3/8) Joint Favorable (3/22)</p>	<p>Public Health</p>	<p>X Wed 3/13 2:00 PM ROOM 1D</p>	<p>Public Health Committee</p>	
<b>HB 7303</b>			<p>An Act Concerning The Recommendations Of The Department Of Public Health Regarding Dental Practitioners.</p>	<p>To implement various recommendations by the Department of Public Health regarding dental practitioners.</p>	<p>Referred to Joint Committee on Public Health (3/6) PH Public Hearing: Wed 3/13 02:00 PM @ ROOM 1D (3/8)</p>	<p>Public Health</p>	<p>X Wed 3/13 2:00 PM ROOM 1D</p>	<p>Public Health Committee Rep. David Michel (146) Rep. Quentin W. Phipps (100) Rep. Bobby G. Gibson (15)</p>	
<b>HB 7345</b>			<p>An Act Concerning The Community Investment Account And Combating Invasive Plant And Animal Species.</p>	<p>To provide a source of funding to lake authorities for the costs of combating invasive species.</p>	<p>Referred to Joint Committee on Environment (3/12) ENV Public Hearing: Mon 3/18 11:00 AM @ ROOM 2B (3/13)</p>	<p>Environment</p>	<p>X Mon 3/18 11:00 AM ROOM 2B</p>	<p>Environment Committee</p>	

HB 7346	An Act Prohibiting The Use Of Certain Organophosphates.	To prohibit the use of the organophosphate pesticide chlorpyrifos.	Referred to Joint Committee on Environment (3/12) ENV Public Hearing: Mon 3/18 11:00 AM @ ROOM 2B (3/13)	Environment	X Mon 3/18 11:00 AM ROOM 2B	Environment Committee
<u>SB 33</u>	An Act Concerning Health Insurance Coverage Of Orally And Intravenously Administered Prescription Drugs.	To require health insurance policies providing coverage for prescription drugs to provide coverage for orally administered prescription drugs on a basis that is no less favorable than the basis on which such policies provide coverage for intravenously administered prescription drugs.	Referred to Joint Committee on Insurance and Real Estate (1/15) Reserved for Subject Matter Public Hearing (1/24) INS Public Hearing: Thu 2/7 11:00 AM @ ROOM 2D (2/1) Vote to Draft (2/28) Drafted by Committee (3/7) Referred to Joint Committee on Insurance and Real Estate (3/8) Joint Favorable (3/14)	Insurance and Real Estate	X Thu 2/7 11:00 AM ROOM 2D	Insurance and Real Estate Committee Sen. Martin M. Looney (S11)
<u>SB 47</u>	An Act Prohibiting The Sale Of Goods And Use Of Building Materials Containing Asbestos.	To protect the public's health by banning asbestos.	Referred to Joint Committee on Public Health (1/15) Vote to Draft (1/31) Drafted by Committee (2/4) Referred to Joint Committee on Public Health (2/5) PH Public Hearing: Mon 2/11 10:30 AM @ ROOM 1D (2/7) Vote to Hold Until Next Meeting (3/1) Joint Favorable Substitute (3/8)	Public Health	X Mon 2/11 10:30 AM ROOM 1D	Public Health Committee Sen. Matthew L. Lesser (S9) Sen. Saud Anwar (S3)
<u>SB 75</u>	An Act Requiring Cosmetics Sold And Manufactured In Connecticut To Meet Chemical Safety Standards Of The European Union.	To prevent exposure to chemicals in cosmetics sold or manufactured in Connecticut that the European Union has determined to be unsafe.	Referred to Joint Committee on Environment (1/17) Change of Reference General Law (1/25) Change of Reference, Senate to Committee on General Law (1/28) Change of Reference, House to Committee on General Law (1/28) Change of Reference Public Health (2/7) Change of Reference, Senate to Committee on Public Health (2/8) Change of Reference, House to Committee on Public Health (2/8)	Environment		Sen. Alex Bergstein (S36)

<p><b>SB 76</b></p>	<p>An Act Authorizing Municipalities To Restrict The Use Of Pesticides In Certain Areas Of The Municipality Or On Certain Types Of Properties.</p>	<p>To enable municipalities to prohibit the application of pesticides on certain properties within such municipality.</p>	<p>Referred to Joint Committee on Environment (1/17) Vote to Draft (2/11) Drafted by Committee (3/11) Referred to Joint Committee on Environment (3/12) ENV Public Hearing: Mon 3/18 11:00 AM @ ROOM 2B (3/13)</p>	<p>Environment</p>	<p>X Mon 3/18 11:00 AM ROOM 2B</p>	<p>Environment Committee Sen. Alex Bergstein (S36) Rep. Fred Camillo (151) Rep. David Michel (146)</p>
<p><b>SB 78</b></p>	<p>An Act Prohibiting The Use Of Polyfluoroalkyl Substances In Food Packaging And Firefighter Foam.</p>	<p>To protect the health and safety of consumers and particularly children and firefighters who are at greatest risk of adverse health impacts from exposure to polyfluoroalkyl substances.</p>	<p>Referred to Joint Committee on General Law (1/17) Change of Reference Public Health (1/31) Change of Reference, Senate to Committee on Public Health (2/6) Change of Reference, House to Committee on Public Health (2/6)</p>	<p>General Law</p>		<p>Sen. Alex Bergstein (S36)</p>
<p><b>SB 94</b></p>	<p>An Act Allowing Pharmacists To Administer The Influenza Vaccine To Children Twelve Years Of Age And Older.</p>	<p>To reduce the costs of and expand access to the administration of the influenza vaccine for minors.</p>	<p>Referred to Joint Committee on Public Health (1/17) Vote to Draft (2/6) Drafted by Committee (2/14) Referred to Joint Committee on Public Health (2/15) PH Public Hearing: Mon 2/25 10:30 AM @ ROOM 1D (2/20) Joint Favorable Substitute (3/1) Favorable Report, Tabled for the Calendar, Senate (3/13) Senate Calendar Number 49 (3/13) File Number 54 (3/13)</p>	<p>Public Health</p>	<p>X Mon 2/25 10:30 AM ROOM 1D</p>	<p>Public Health Committee Sen. Heather S. Somers (S18)</p>
<p><b>SB 96</b></p>	<p>An Act Establishing A Working Group To Enhance Physician Recruitment In The State.</p>	<p>To determine how to expand access to primary care in the state.</p>	<p>Referred to Joint Committee on Public Health (1/17) Vote to Draft (2/8) Drafted by Committee (2/14) Referred to Joint Committee on Public Health (2/15) PH Public Hearing: Mon 2/25 10:30 AM @ ROOM 1D (2/20) Joint Favorable (3/1) Favorable Report, Tabled for the Calendar, Senate (3/21) Senate Calendar Number 66 (3/21) File Number 99 (3/21)</p>	<p>Public Health</p>	<p>X Mon 2/25 10:30 AM ROOM 1D</p>	<p>Public Health Committee Sen. Heather S. Somers (S18) Rep. William A. Petit (22) Rep. Nicole Klarides-Ditria (105)</p>

<b><u>SB 138</u></b>	An Act Modernizing The State's Cooperative Association Statutes.	To revise state statutes governing the formation of cooperative associations in order to enhance the use of such associations as a business model in the state.	Referred to Joint Committee on Judiciary (1/18) Vote to Draft (2/15) Drafted by Committee (3/19) Referred to Joint Committee on Judiciary (3/20)	Judiciary	Judiciary Committee Sen. Catherine A. Osten (S19) Sen. Mae Flexer (S29) Rep. Linda A. Orange (48) Rep. Susan M. Johnson (49) Rep. Gregory Haddad (54) Rep. Christine Conley (40)
<b><u>SB 142</u></b>	An Act Requiring The Department Of Public Health To Establish A Wholesale Prescription Drug Importation Program.	To ensure that people have options when purchasing high-cost prescription drugs by establishing a program to allow for the wholesale importation of prescription drugs from Canada.	Referred to Joint Committee on Public Health (1/18) Change of Reference General Law (2/1) Change of Reference, Senate to Committee on General Law (2/6) Change of Reference, House to Committee on General Law (2/6)	Public Health	Sen. Christine Cohen (S12)
<b><u>SB 160</u></b>	An Act Concerning Authorization Of Bonds Of The State To The Town Of Groton For The Establishment Of A School-based Health Center At Mary Morrison School.	To provide financial assistance to Groton to establish a school-based health center at Mary Morrison School.	Referred to Joint Committee on Public Health (1/22) Change of Reference Finance, Revenue and Bonding (2/1) Change of Reference, Senate to Committee on Finance, Revenue and Bonding (2/6) Change of Reference, House to Committee on Finance, Revenue and Bonding (2/6)	Public Health	Sen. Heather S. Somers (S18)
<b><u>SB 222</u></b>	An Act Concerning The Sale Of Municipal Water Supply And Wastewater Utility Assets.	To establish a process for the sale of a municipal water supply system or municipal wastewater system.	Referred to Joint Committee on Energy and Technology (1/23) Reserved for Subject Matter Public Hearing (2/5) ET Public Hearing: Tue 2/19 10:15 AM @ ROOM 1D (2/15) Vote to Draft (2/26) Drafted by Committee (3/8) Referred to Joint Committee on Energy and Technology (3/11) Joint Favorable (3/14)	Energy and Technology	Energy and Technology Committee Sen. Paul M. Formica (S20)

<p><b><u>SB 224</u></b></p>	<p>An Act Concerning Lead Service Line Replacement Plans And Cost Recovery Mechanisms.</p>	<p>To allow water companies to submit lead service line replacement plans to the Public Utilities Regulatory Authority to authorize cost recovery for the replacement of customer lead service lines.</p>	<p>Referred to Joint Committee on Energy and Technology (1/23) Reserved for Subject Matter Public Hearing (2/5) ET Public Hearing: Tue 2/19 10:15 AM @ ROOM 1D (2/15)</p>	<p>Energy and Technology</p>	<p>X Tue 2/19 10:15 AM ROOM 1D</p>	<p>Sen. Leonard A. Fasano (S34) Sen. Kevin D. Witkos (S8)</p>
<p><b><u>SB 229</u></b></p>	<p>An Act Prohibiting The Use Of Styrofoam Trays In Connecticut Schools.</p>	<p>To end the use of styrofoam trays in Connecticut schools.</p>	<p>Referred to Joint Committee on Environment (1/23) Vote to Draft (1/25) Drafted by Committee (3/4) Referred to Joint Committee on Environment (3/5) ENV Public Hearing: Mon 3/11 10:30 AM @ ROOM 2B (3/6) Joint Favorable (3/18)</p>	<p>Environment</p>	<p>X Mon 3/11 10:30 AM ROOM 2B</p>	<p>Environment Committee Sen. James J. Maroney (S14) Rep. Kim Rose (118) Rep. Dorinda Borer (115) Rep. David Michel (146) Rep. Anne Meiman Hughes (135)</p>
<p><b><u>SB 233</u></b></p>	<p>An Act Concerning Cottage Food Products And The Production Of Honey And Maple Syrup.</p>	<p>To retain the regulation of maple syrup and honey production with the Department of Agriculture.</p>	<p>Referred to Joint Committee on Environment (1/23) Vote to Draft (1/25) Drafted by Committee (1/28) Referred to Joint Committee on Environment (1/29) ENV Public Hearing: Mon 2/4 10:30 AM @ ROOM 2B (1/30) Joint Favorable Substitute (2/25) Favorable Report, Tabled for the Calendar, Senate (3/12) Senate Calendar Number 48 (3/12) File Number 47 (3/12)</p>	<p>Environment</p>	<p>X Mon 2/4 10:30 AM ROOM 2B</p>	<p>Environment Committee Sen. Catherine A. Osten (S19) Sen. Craig Miner (S30) Rep. Noreen S. Kokoruda (101) Sen. Paul M. Formica (S20) Rep. Christie M. Carpino (32) Sen. Matthew L. Lesser (S9) Rep. Jesse MacLachlan (35) Sen. Norman Needleman (S33) Rep. Devin R. Carney (23) Rep. Patrick S. Boyd (50) Sen. Dan Champagne (S35) Rep. Doug Dubitsky (47) Rep. David T. Wilson</p>
<p><b><u>SB 234</u></b></p>	<p>An Act Establishing A Pilot Program For Curbside Food Waste Collection Used In Anaerobic Digesters.</p>	<p>To facilitate the reuse of home-generated food waste and anaerobic food digesters in the state.</p>	<p>Referred to Joint Committee on Environment (1/23) Vote to Draft (1/25) Drafted by Committee (2/6) Referred to Joint Committee on Environment (2/7) ENV Public Hearing: Fri 2/15 11:00 AM @ ROOM 2B (2/8) Joint Favorable (3/8)</p>	<p>Environment</p>	<p>X Fri 2/15 11:00 AM ROOM 2B</p>	<p>Environment Committee Sen. Heather S. Somers (S18) Rep. Robin E. Comey (102) Rep. Ben McGorty (122)</p>

<p><b><u>SB 452</u></b></p>	<p>An Act Concerning The Connecticut Food Policy Council.</p>	<p>To amend the membership and duties of the Connecticut Food Policy Council.</p>	<p>Referred to Joint Committee on Environment (1/23) Change of Reference Government Administration and Elections (2/11) Change of Reference, Senate to Committee on Government Administration and Elections (2/14) Change of Reference, House to Committee on Government Administration and Elections (2/14) Drafted by Committee (3/19) Referred to Joint Committee on Government Administration and Elections (3/20) GAE Public Hearing: Mon 3/25 11:00 AM @ ROOM 2A (3/21)</p>	<p>Environment</p>	<p>X Mon 3/25 11:00 AM ROOM 2A</p>	<p>Government Administration and Elections Committee Sen. Marilyn V. Moore (S22)</p>
<p><b><u>SB 396</u></b></p>	<p>An Act Concerning Sudden Unexpected Death In Epilepsy.</p>	<p>To require a medical examiner to make a determination as to whether a deceased person with epilepsy suffered a sudden, unexpected death in epilepsy.</p>	<p>Referred to Joint Committee on Public Health (1/23) Reserved for Subject Matter Public Hearing (2/8) PH Public Hearing: Mon 2/25 10:30 AM @ ROOM 1D (2/20) Vote to Draft (3/1) Drafted by Committee (3/5) Referred to Joint Committee on Public Health (3/6)</p>	<p>Public Health</p>	<p>X Mon 2/25 10:30 AM ROOM 1D</p>	<p>Public Health Committee Sen. Matthew L. Lesser (S9)</p>
<p><b><u>SB 457</u></b></p>	<p>An Act Concerning The Size Of School Districts.</p>	<p>To require certain small school districts to create new or join existing regional school districts.</p>	<p>Referred to Joint Committee on Education (1/24) Reserved for Subject Matter Public Hearing (2/11) ED Public Hearing: Fri 3/1 01:00 PM @ ROOM 2E (2/22)</p>	<p>Education</p>	<p>X Fri 3/1 1:00 PM ROOM 2E</p>	<p>Sen. Bob Duff (S25) Sen. Catherine A. Osten (S19)</p>
<p><b><u>SB 478</u></b></p>	<p>An Act Concerning The Regulation Of Vendors At Parkville Market.</p>	<p>To establish a regulatory framework for vendors that wish to sell goods at the Parkville Market in Hartford.</p>	<p>Referred to Joint Committee on General Law (1/24) Change of Reference Planning and Development (1/31) Change of Reference, Senate to Committee on Planning and Development (2/6) Change of Reference, House to Committee on Planning and Development (2/6)</p>	<p>General Law</p>		<p>Sen. Douglas McCrory (S2)</p>

<b>SB 587</b>	An Act Concerning Municipal Grants To Combat Aquatic Invasive Species.	To offer opportunities for local entities to address the growing issue of aquatic invasive species in order to mitigate their economic, ecological and recreational negative impacts.	Referred to Joint Committee on Environment (1/25) Change of Reference Appropriations (2/11) Change of Reference, Senate to Committee on Appropriations (2/14) Change of Reference, House to Committee on Appropriations (2/14)	Environment	Sen. Norman Needleman (S33)
<b>SB 664</b>	An Act Concerning The Sale And Use Of Consumer Grade Fireworks.	To permit the sale and use of consumer grade fireworks.	Referred to Joint Committee on Public Safety and Security (1/25) Reserved for Subject Matter Public Hearing (2/7) PS Public Hearing: Thu 2/14 11:00 AM @ ROOM 1D (2/8)	Public Safety and Security	X Thu 2/14 11:00 AM ROOM 1D Sen. Kevin D. Witkos (S8) Sen. Eric C. Berthel (S32) Rep. Fred Camillo (151)
<b>SB 706</b>	An Act Concerning Epinephrine Auto Injectors.	To increase access to epinephrine auto injectors.	Referred to Joint Committee on Public Health (1/28) Vote to Draft (2/8) Drafted by Committee (2/20) Referred to Joint Committee on Public Health (2/21) PH Public Hearing: Mon 3/4 10:30 AM @ ROOM 1D (2/28) Joint Favorable (3/8)	Public Health	X Mon 3/4 10:30 AM ROOM 1D Public Health Committee Sen. Matthew L. Lesser (S9) Rep. Robin E. Comey (102) Rep. Quentin W. Phipps (100) Rep. Josh Elliott (88) Rep. David Michel (146) Rep. Kevin Ryan (139) Rep. Brenda L. Kupchick (132) Rep. Henry J. Genga (10) Rep. David Arconti (109) Rep. Michael A. DiMassa (116) Rep. Christine Palm (36) Rep. Maria P. Horn (64) Rep. John K. Hampton (16) Rep. Robin Green (55) Rep. Noreen S.
<b>SB 738</b>	An Act Concerning The Creation Of Regional School Districts.	To create a more efficient educational system.	Referred to Joint Committee on Education (1/29) Reserved for Subject Matter Public Hearing (2/11) ED Public Hearing: Fri 3/1 01:00 PM @ ROOM 2E (2/22)	Education	X Fri 3/1 1:00 PM ROOM 2E Sen. Martin M. Looney (S11) Rep. Susan M. Johnson (49)

<p><b><u>SB 752</u></b></p>	<p>An Act Concerning Smoking And Vaping On Beaches In State Parks.</p>	<p>To prohibit smoking and vaping on beaches in state parks.</p>	<p>Referred to Joint Committee on Environment (1/29)                  ENV Public Hearing: Mon 2/4 10:30 AM @ ROOM 2B (1/30)                  Joint Favorable Substitute (2/25)                  Favorable Report, Tabled for the Calendar, Senate (3/13)                  Senate Calendar Number 50 (3/13)                  File Number 55 (3/13)</p>	<p>Environment</p>	<p>X Mon 2/4 10:30 AM                  ROOM 2B</p>	<p>Environment Committee                  Rep. Josh Elliott (88)</p>	<p>Senate 50</p>	<p>Senate 55</p>
<p><b><u>SB 753</u></b></p>	<p>An Act Concerning The State-wide Ban On Fracking Waste.</p>	<p>To expand the state-wide fracking ban to apply to all gas and oil extraction activities and to assure that such ban is permanent.</p>	<p>Referred to Joint Committee on Environment (1/29)                  ENV Public Hearing: Mon 2/4 10:30 AM @ ROOM 2B (1/30)                  Joint Favorable Substitute (2/25)                  Favorable Report, Tabled for the Calendar, Senate (3/13)                  Senate Calendar Number 51 (3/13)                  File Number 56 (3/13)</p>	<p>Environment</p>	<p>X Mon 2/4 10:30 AM                  ROOM 2B</p>	<p>Environment Committee                  Rep. Patrick S. Boyd (50)                  Rep. David Michel (146)                  Rep. Jason Doucette (13)                  Rep. Quentin W. Phipps (100)                  Rep. Josh Elliott (88)                  Sen. Alex Bergstein (S36)                  Rep. John K. Hampton (16)                  Sen. Will Haskell (S26)                  Rep. Stephen R Meskers (150)                  Sen. Gary A. Winfield (S10)                  Sen. Heather S. Somers (S18)                  Rep. Fred Camillo (151)                  Rep. Jill Barry (31)                  Rep. Juan R. Candelaria (95)</p>	<p>Senate 51</p>	<p>Senate 56</p>
<p><b><u>SB 807</u></b></p>	<p>An Act Concerning The Legislative Commissioners' Recommendations For Revisions To The Public Health Statutes.</p>	<p>To make technical revisions to the public health statutes.</p>	<p>Referred to Joint Committee on Public Health (2/6)                  PH Public Hearing: Mon 2/11 10:30 AM @ ROOM 1D (2/7)                  Joint Favorable Substitute (3/1)                  Favorable Report, Tabled for the Calendar, Senate (3/13)                  Senate Calendar Number 52 (3/13)                  File Number 57 (3/13)</p>	<p>Public Health</p>	<p>X Mon 2/11 10:30 AM                  ROOM 1D</p>	<p>Public Health Committee</p>	<p>Senate 52</p>	<p>Senate 57</p>



<b><u>SB 814</u></b>	An Act Requiring Boards Of Education To Conduct Testing Of Water Supplies In Public Schools For The Presence Of Lead.	To require each local and regional board of education to conduct a test of the water supply for any school building or facility constructed before July 1, 1986, for the presence of lead.	Referred to Joint Committee on Education (2/7) ED Public Hearing: Fri 2/22 11:00 AM @ ROOM 2E (2/15) Joint Favorable Change of Reference Public Health (3/6) Favorable Change of Reference, Senate to Committee on Public Health (3/11) Favorable Change of Reference, House to Committee on Public Health (3/12)	Education	X Fri 2/22 11:00 AM ROOM 2E	Education Committee Rep. Caroline Simmons (144)
<b><u>SB 859</u></b>	An Act Concerning Community Health Workers.	To require the establishment of a certification program for community health workers.	Referred to Joint Committee on Public Health (2/15) PH Public Hearing: Mon 3/25 10:30 AM @ ROOM 1D (3/21)	Public Health	X Mon 3/25 10:30 AM ROOM 1D	Public Health Committee
<b><u>SB 882</u></b>	An Act Concerning Municipal Arbitration And The Municipal Employees' Retirement System.	To implement the Governor's budget recommendations.	Referred to Joint Committee on Planning and Development (2/21) PD Public Hearing: Wed 3/20 11:00 AM @ ROOM 1D (3/15)	Planning and Development	X Wed 3/20 11:00 AM ROOM 1D	Sen. Martin M. Looney (S11) Sen. Bob Duff (S25) Rep. Joe Aresimowicz (30) Rep. Matthew Ritter (1)
<b><u>SB 884</u></b>	An Act Concerning The Administration Of Epinephrine At The Department Of Children And Families Wilderness School.	To permit certain employees of the Department of Children and Families Wilderness School to administer epinephrine to children enrolled in the school who experience presumed allergic reactions.	Referred to Joint Committee on Children (2/21) KID Public Hearing: Thu 2/28 01:00 PM @ ROOM 1B (2/22) Joint Favorable (3/7) Favorable Report, Tabled for the Calendar, Senate (3/25) Senate Calendar Number 84 (3/25) File Number 133 (3/25)	Children	X Thu 2/28 1:00 PM ROOM 1B	Committee on Children Senate 84 133
<b><u>SB 922</u></b>	An Act Allowing Students To Apply Sunscreen Prior To Engaging In Outdoor Activities.	To allow students to self-apply over-the-counter sunscreen products while in school prior to engaging in outdoor activities.	Referred to Joint Committee on Public Health (2/21) PH Public Hearing: Mon 3/4 10:30 AM @ ROOM 1D (2/28) Joint Favorable (3/8)	Public Health	X Mon 3/4 10:30 AM ROOM 1D	Public Health Committee Sen. John A. Kissel (S7) Rep. John K. Hampton (16) Sen. Saud Anwar (S3) Rep. William A. Petit (22)
<b><u>SB 1001</u></b>	An Act Concerning The Recycling And Disposal Of Smoke Detectors.	To require an assessment of the need to implement an extended producer responsibility program for residential smoke detectors.	Referred to Joint Committee on Environment (3/5) ENV Public Hearing: Mon 3/11 10:30 AM @ ROOM 2B (3/6) Joint Favorable (3/18)	Environment	X Mon 3/11 10:30 AM ROOM 2B	Environment Committee

<b>SB 1002</b>	An Act Concerning Phosphate Bywastes From Anaerobic Digesters.	To provide incentive for the use of technology by operators of anaerobic digesters that enables the conversion of phosphate rich bywastes into a useful commercial product.	Referred to Joint Committee on Environment (3/5) ENV Public Hearing: Mon 3/11 10:30 AM @ ROOM 2B (3/6) Joint Favorable (3/18)	Environment	X Mon 3/11 10:30 AM ROOM 2B	Environment Committee
<b>SB 1003</b>	An Act Concerning The Use Of Single-use Plastic And Paper Bags.	To reduce the use of single-use plastic bags in the state.	Referred to Joint Committee on Environment (3/5) ENV Public Hearing: Mon 3/11 10:30 AM @ ROOM 2B (3/6)	Environment	X Mon 3/11 10:30 AM ROOM 2B	Environment Committee Sen. Will Haskell (S26) Rep. David Michel (146) Rep. Maria P. Horn (64) Rep. Anne Meiman Hughes (135) Rep. Roland J. Lemar (96) Rep. Lucy Dathan (142)
<b>SB 1005</b>	An Act Concerning The Department Of Public Health's Recommendations Regarding Revisions To Emergency Medical Services Definitions, Certification And Continuing Education Requirements.	To (1) make technical revisions to distinguish references to emergency medical service organizations and personnel, (2) allow ambulance services to add a branch location, and (3) require emergency medical services personnel to initiate, renew and maintain certifications through national curriculum and testing requirements.	Referred to Joint Committee on Public Health (3/6) PH Public Hearing: Mon 3/18 10:30 AM @ ROOM 1D (3/13) Joint Favorable (3/22)	Public Health	X Mon 3/18 10:30 AM ROOM 1D	Public Health Committee
<b>SB 1030</b>	An Act Concerning The Audit Period For The Transfer Of Hazardous Waste Establishments.	To shorten the audit period for the transfer of hazardous waste establishments from three years to sixty days.	Referred to Joint Committee on Commerce (3/7) CE Public Hearing: Tue 3/12 10:30 AM @ ROOM 1E (3/8) Joint Favorable (3/14)	Commerce	X Tue 3/12 10:30 AM ROOM 1E	Commerce Committee
<b>SB 1060</b>	An Act Concerning The Regulation Of Stormwater.	To require the submission of recommendations concerning the regulation of stormwater permit and the availability of funding sources for the implementation of best practices concerning the management of stormwater by municipalities.	Referred to Joint Committee on Environment (3/12) ENV Public Hearing: Mon 3/18 11:00 AM @ ROOM 2B (3/13)	Environment	X Mon 3/18 11:00 AM ROOM 2B	Environment Committee

<u>HB 5133</u>	High	An Act Eliminating Double-Registration By Food Establishments.	To eliminate the requirement that food establishments register with the Department of Public Health when such establishments are also required to register with their director of health.	Referred to Joint Committee on Public Health (4/14)	Public Health	Rep. Vincent J. Candelera (86) Rep. Anne Dauphinais (44)
<u>HB 5754</u>	High	An Act Requiring Licensure Of Estheticians, Eyelash Technicians And Nail Technicians.	To require the licensure of estheticians, eyelash technicians and nail technicians and that any business offering esthetic or nail services be under the management of a licensed esthetician or nail technician.	Referred to Joint Committee on Public Health (4/22)	Public Health	Rep. Fred Camillo (151) Rep. Jillian Gichrest (18) Rep. Christopher Rosario (128) Rep. Robin E. Comey (102) Rep. Juan R. Candelaria (95) Rep. Dorinda Borer (116) Rep. Charles J. Ferraro (117) Rep. Edwin Vargas (6) Rep. Peter A. Terczyk (26)
<u>HB 5814</u>	High	An Act Requiring Pharmacies To Install Prescription Drug Drop Boxes.	To require drop boxes for the disposal of unused prescription medication at pharmacies.	Referred to Joint Committee on General Law (4/23)	General Law	Rep. Tom O'Dea (126)
<u>HB 6132</u>	High	An Act Concerning Sober Living Homes.	To strengthen sober living home laws.	Referred to Joint Committee on Public Health (4/24)	Public Health	Rep. Michelle L. Cook (66) Rep. Anthony L. Nolan (39)
<u>HB 6510</u>	High	An Act Concerning Fees For Small Business Food Vendors.	To clarify and equalize fees for small business food vendors.	Referred to Joint Committee on Public Health (4/28)	Public Health	Rep. Mary M. Mushinsky (85)
<u>HB 6517</u>	High	An Act Concerning Food Allergy Awareness In Restaurants.	To improve public health by providing employees and consumers of restaurants with more information regarding food allergies.	Referred to Joint Committee on Public Health (4/28)	Public Health	Rep. Joe de la Cruz (41) Rep. Josh Elliott (88)
<u>HB 6529</u>	High	An Act Requiring Food Allergy Awareness Training In Restaurants.	To require food allergy training in restaurants.	Referred to Joint Committee on Public Health (4/28)	Public Health	Rep. Robin E. Comey (102)

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.  
Commissioner



Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

### Office of Public Health Preparedness and Response

DATE: March 22, 2019

TO: Robert Miller, MPH, Director  
Eastern Highlands Health District

FROM: William Gerrish, MBA  
Health Program Supervisor

RE: Non-voucher Purchase Agreements for Opioid Prevention Activities

Thank you for applying for funding in support of community-based opioid prevention activities through the Connecticut Department of Public Health (DPH). These funds are available through the Center for Disease Control and Prevention's (CDC) Public Health Crisis Response Cooperative Agreement - Opioid Overdose Supplemental Award to support the opioid overdose crisis in Connecticut.

DPH has reviewed and approved your revised application for this funding in the amount of \$8750. Please note that the following are unallowable costs pursuant to this funding opportunity:

#### Unallowable Costs

- Research
- Purchase of naloxone
- Purchase of syringes
- Drug disposal programs (drop-boxes, bags or other devices, and/or take-back events) are not permissible under this funding opportunity
- Clinical care (except as allowed by law)
- Publicity and propaganda (lobbying) - Funds cannot be used for the preparation, distribution, or use of any material (publicity/propaganda) or to pay the salary or expenses of grants, contract recipients, or agents that aim to support or defeat the enactment of legislation, regulation, administrative action, or executive order proposed or pending before a legislative body, beyond normal, recognized executive relationships.



Phone: (860) 509-8282 • Fax: (860) 730-8401  
Telecommunications Relay Service 7-1-1  
410 Capitol Avenue, P.O. Box 340308  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)

*Affirmative Action/Equal Opportunity Employer*



Rob Miller, Director, EHHD  
March 22, 2019  
Page two of two

**Payment**

In order to receive payment, the approved activities described in your application must be completed no later than August 31, 2019.

Upon completion of approved activities, please complete the attached "Opioid Community Prevention Activities Reporting Form." Use this form to provide a detailed description of work plan activities, including information such as dates of events, topics covered, target audience reached, and attendance numbers. In addition, provide samples representing your work, such as meeting agendas, minutes, screenshots of websites, and audio or video files of PSAs.

In addition, please complete the attached "Vendor Invoice for Goods and Services Rendered to the State of Connecticut." The vendor invoice form will need to be completed with your health department information, signed and dated.

Please submit the completed reporting form and completed signed and dated invoice to the [olha.dph@ct.gov](mailto:olha.dph@ct.gov) no later than September 20, 2019. We encourage you to submit these materials to DPH before this date, upon completion of your activities.

Thank you.

cc: Francesca Provenzano, Chief, Preparedness /Local Health Section  
Amy Mirizzi, Director, DPH Office of Injury Prevention

attachments: Vendor Invoice for Goods and Services Rendered to the State of Connecticut  
Revised Opioid Community Prevention Activities Reporting Form

## Influenza Update

Connecticut Department of Public Health – Posted 3/28/2019

Page 1 of 8



### 2018-2019 Influenza Season Update for Week 12\*

(The week ending on Saturday, March 23, 2019)

#### Key Points

- ✓ Classification of Connecticut geographic activity remains at **widespread\*\*** for week 12.
- ✓ Influenza activity remains elevated nationally and had recently increased slightly within Connecticut.
- ✓ Influenza A viruses remain the predominate type circulating with flu A (H3N2) now exceeding flu A (2009 H1N1) as the most common subtype identified; very few flu B viruses are being reported.
- ✓ The U.S. Centers for Disease Control and Prevention (CDC) recent reports on the percentage of people nationally seeing their health care provider with influenza-like-illness (ILI) is currently 4.4%, above the national baseline of 2.2% for elevated ILI activity.
- ✓ There is still time for you and your family to obtain your flu vaccine and take steps to prevent influenza-related illness and hospitalization: <https://portal.ct.gov/DPH/Immunizations/Seasonal-Influenza>

The Department of Public Health (DPH) uses multiple surveillance systems to monitor circulating flu viruses throughout the year. Data are updated with available information each week starting in October and ending in May. Consider current week data preliminary due to delays in reporting and confirmation.

- The percentage of statewide emergency department visits attributed to the “fever/flu syndrome” has decreased slightly from 7.9% in week 11 to 7.8% in week 12 (Figure 1). Caution should be used when comparing the 2018-2019 EpiCenter syndromic surveillance data to 2016-2017 and 2017-2018 Hospital Emergency Department Syndromic Surveillance System data<sup>†</sup>.
- The percentage of outpatient visits with influenza-like illness (ILI) has decreased slightly from 5.0% in week 11 to 4.9% in week 12, remaining above the level of 1% generally considered the minimum threshold for elevated influenza-associated visits in the outpatient setting in Connecticut (Figure 2).
- To date, a total of 2,670 hospitalized patients with laboratory-confirmed influenza admitted during the current season (August 26 to March 23, 2019) have been reported. Of these, 2,309 were associated with type A (subtype unspecified), 224 influenza A (2009 H1N1), 101 influenza A (H3N2), and 36 influenza B viruses. Flu-associated hospitalizations occurring during weeks 11 and 12 increased compared to week 10 (Figures 3 & 4).
- Two flu-associated deaths were reported in week 12, resulting in a total of 57 deaths reported in Connecticut during this flu season so far. Forty-nine flu-associated deaths were associated with influenza A (unspecified), 6 with influenza A (2009 H1N1), 1 with influenza A (H3N2), and 1 with influenza B. Of the 57 total reported flu-associated deaths, 37 occurred in persons >65 years of age, 15 in persons 50-64 years of age, 4 in persons 25-49 years of age, and 1 in an individual 5-17 years of age.
- A total of 7,932 influenza positive laboratory tests have been reported during the current season: New Haven (2,417), Hartford County (1,811), Fairfield (1,603), New London (631), Litchfield (479), Middlesex (452), Windham (258), Tolland (143), and 138 in currently unknown counties. Of the 7,932 total positive reports, 6,764 were influenza A (subtype unspecified), 757 influenza A (2009 H1N1), 262 influenza A (H3N2), and 149 influenza B (Figures 5 & 6).

- Since 2003, the Connecticut Emerging Infections Program (EIP) at the Yale School of Public Health conducts active surveillance for laboratory-confirmed, influenza-associated hospitalizations as part of the national FluSurv-NET system. EIP staff work with the Connecticut Department of Public Health, the Centers for Disease Control and Prevention, and local hospitals to conduct surveillance for hospitalized cases of influenza among residents of New Haven and Middlesex Counties. Together with other FluSurv-NET sites, these data provide near real time estimates of influenza severity in the US:  
<https://publichealth.yale.edu/eip/projects/flu.aspx>.
  - Figure 7 displays total New Haven and Middlesex County resident hospitalizations by MMWR week\* and age category (includes preliminary counts for week 13 as of March 27, 2019). Please note that the vast majority of hospitalizations are among residents greater than 65 years of age.
  - Figure 8 displays total New Haven and Middlesex County resident hospitalizations by MMWR week\* and flu type (includes preliminary counts for week 13 as of March 27, 2019). The majority of hospitalizations among New Haven and Middlesex County residents are associated with influenza A infections.
  - Figure 9 compares the current 2018-2019 influenza season New Haven and Middlesex County resident hospitalizations with those of the previous two influenza seasons (2017-2018 and 2016-2017).

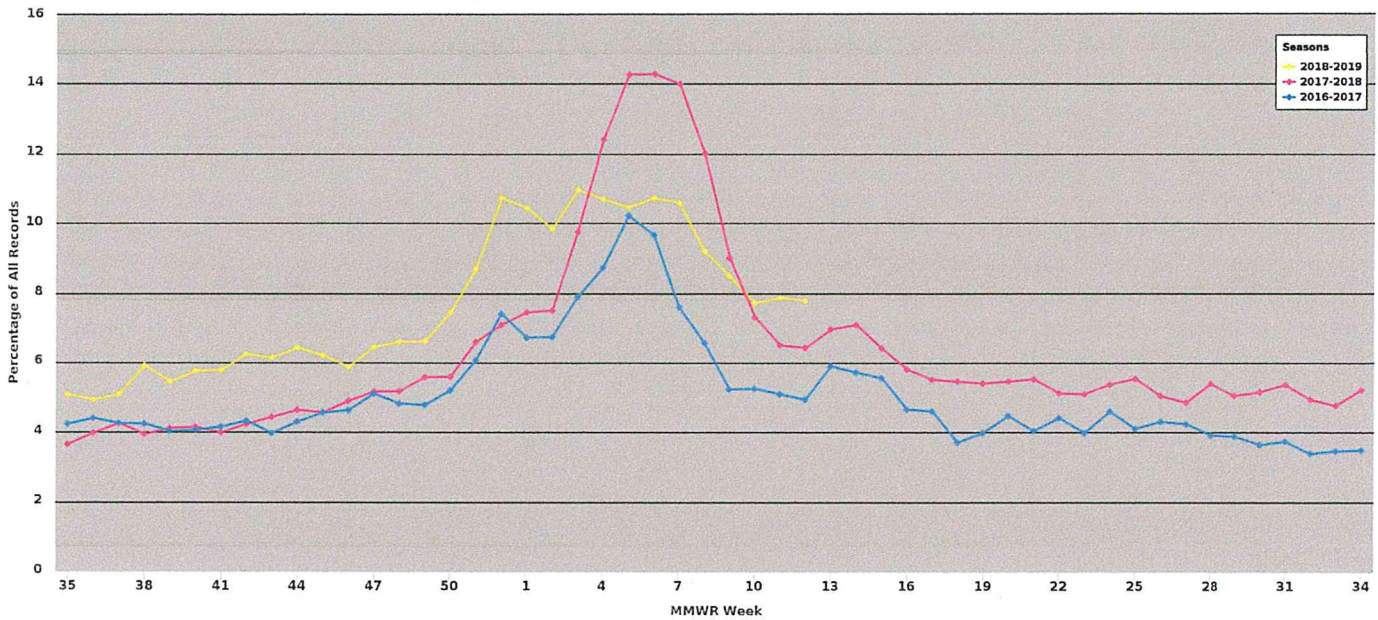
\* Week numbers refer to the *Morbidity and Mortality Weekly Report* calendar used by the Centers for Disease Control and Prevention (CDC) for national disease surveillance.

\*\* Definitions for the estimated levels of geographic spread of influenza activity available at:

<http://www.cdc.gov/flu/weekly/overview.htm>

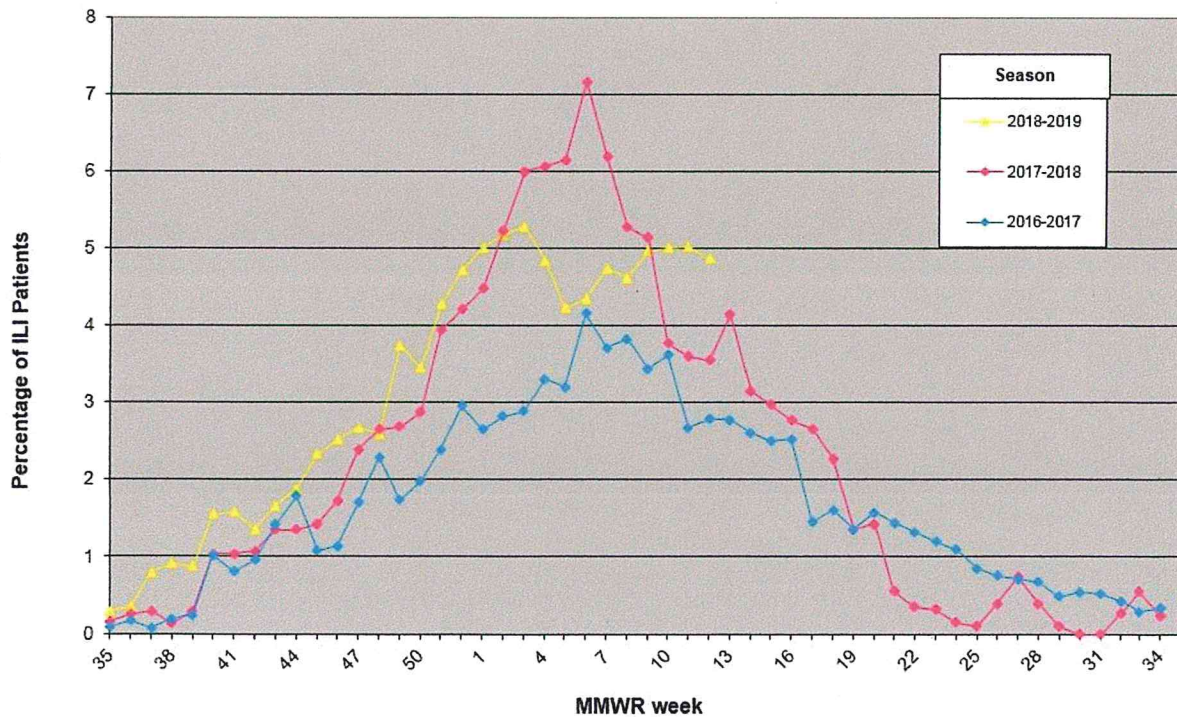
† The EpiCenter system replaced the Hospital Emergency Department Syndromic Surveillance System; 18 additional emergency department facilities send data to the EpiCenter.

**Figure 1. Percentage of Statewide Emergency Department Visits Attributed to “Fever/Flu Syndrome”, 2016-17, 2017-18, 2018-19\***



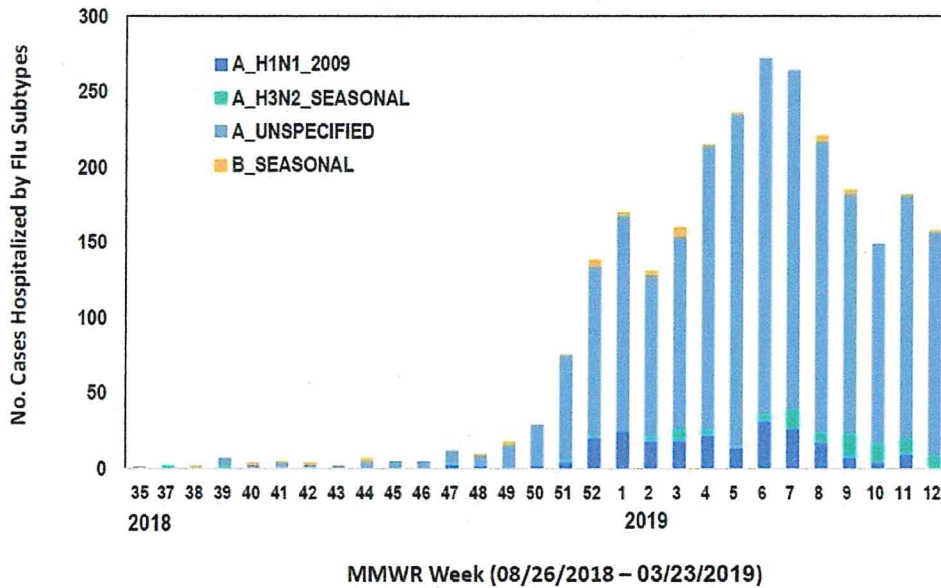
\*Caution should be used when comparing EpiCenter surveillance data to 2016-17 and 2017-18 Hospital Emergency Department Syndromic Surveillance system data.

**Figure 2. Outpatient Influenza-Like Illness Surveillance Network (ILINet), Percentage of Patients with Influenza-Like Illness (ILI); 2016-17, 2017-18, 2018-19**





**Figure 3. Hospitalized Patients (n = 2670) with Positive Lab Tests by Subtype & Week, Connecticut, through 3/23/2019**



**Figure 4. Hospitalized Patients (n=2670) with Positive Laboratory Tests by Influenza Subtype and Age Group, Connecticut, through 3/23/2019**

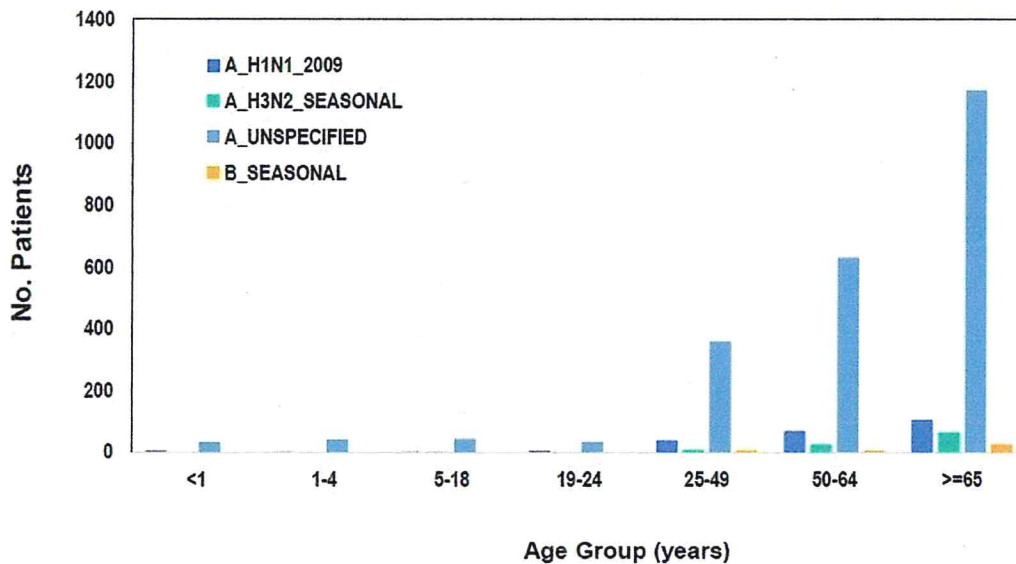


Figure 5. Positive Laboratory Tests (n = 7932) by Influenza Subtype and Week, Connecticut, through 3/23/2019

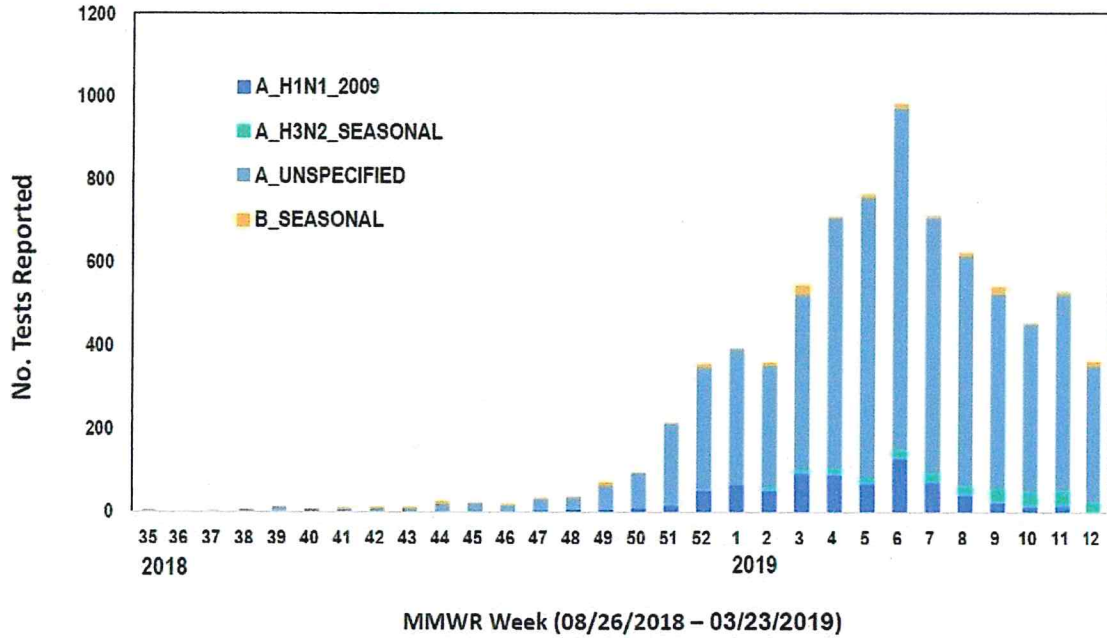


Figure 6. Proportion of Cumulative Positive Laboratory Tests (n = 7932) by Influenza Subtype, Connecticut, through 3/23/2019

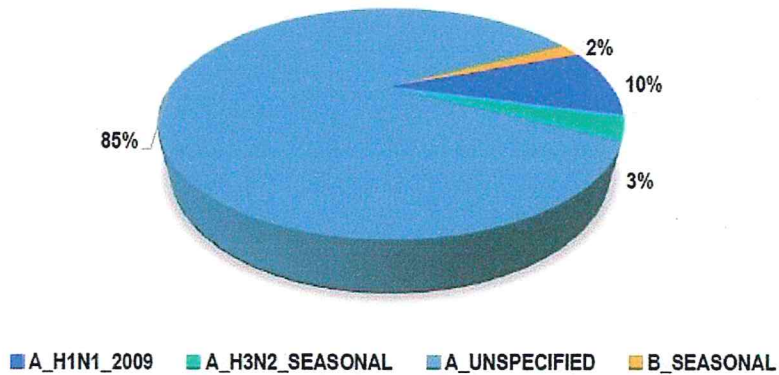


Figure 7: Influenza-Associated Hospitalizations, by Age Group  
New Haven and Middlesex Counties, CT Emerging Infections Program  
2018-2019 (preliminary through 3/27/19)

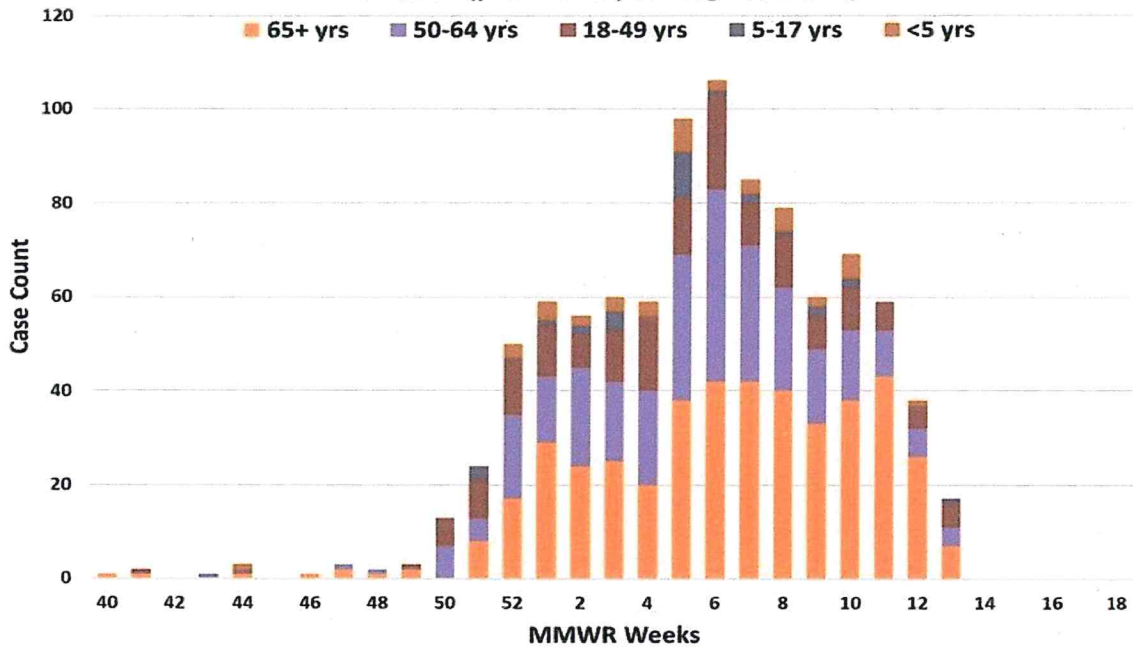
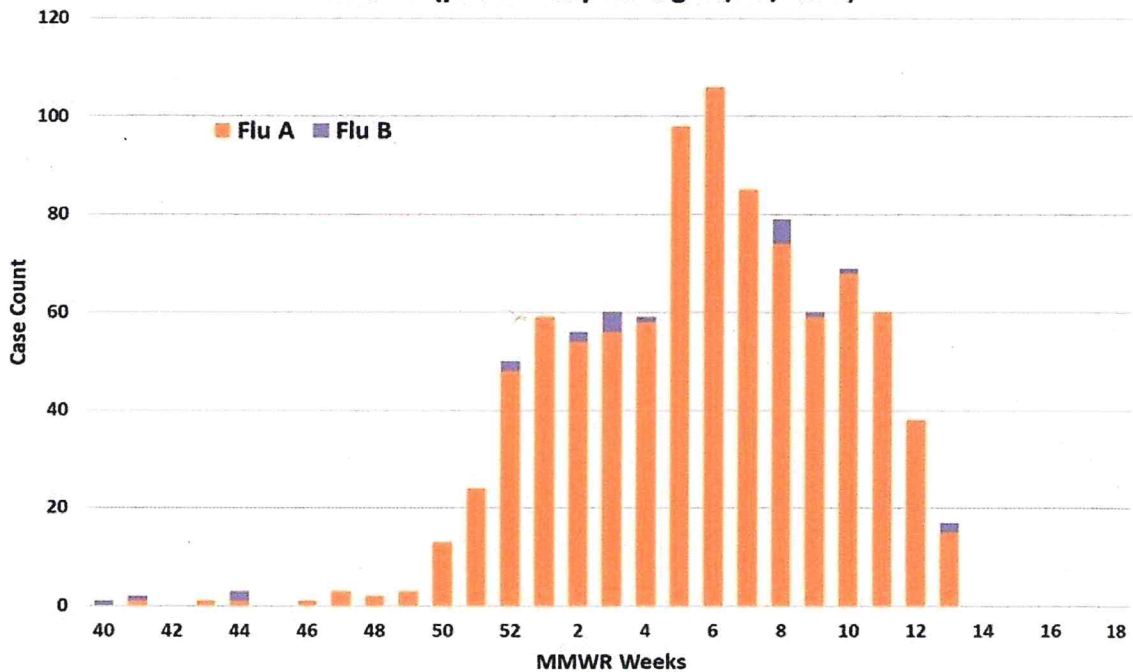
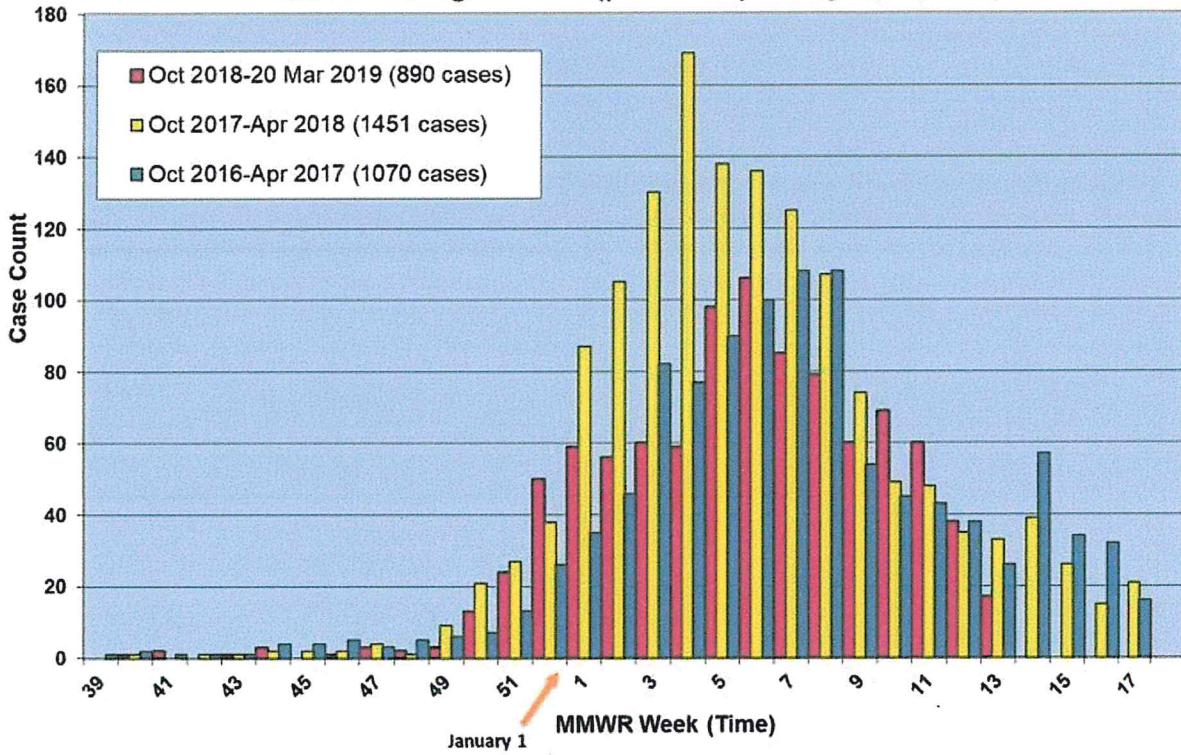


Figure 8: Influenza-Associated Hospitalizations, by Flu Type  
New Haven and Middlesex Counties, CT Emerging Infections Program  
2018-19 (preliminary through 3/27/2019)



**Figure 9: Influenza Hospitalizations, New Haven and Middlesex Counties  
CT Emerging Infections Program,  
2016-17 through 2018-19 (preliminary through 3/27/2019)**



### Influenza Surveillance System Definitions

**The EpiCenter System:** This system receives near real-time reports on ED visits from all 38 licensed, hospital emergency departments in Connecticut. Data include a description of the chief complaint, or reason for visit, including fever/flu. The EpiCenter system replaced the Hospital Emergency Department Syndromic Surveillance system (HEDSS). During 2017-2018, 18 additional emergency department facilities began sending data to the EpiCenter, and caution should be used when comparing EpiCenter surveillance data to historical HEDSS data.

**Sentinel Provider Surveillance:** Reporting of influenza-like illness (ILI) is conducted through a statewide network of volunteer outpatient providers known as ILINet. The proportion of patients exhibiting ILI is reported to the DPH on a weekly basis. ILI is defined as a cough and/or sore throat in the absence of a known cause, and the presence of a fever  $\geq 100^{\circ}$  F.

**Influenza-associated Hospitalizations and/or Deaths:** Providers are required to report influenza-associated hospitalizations and influenza-associated deaths, they are not required to report any positive influenza test results. Data collected describe the more serious illnesses associated with influenza infections.

**Laboratory Surveillance.** In Connecticut, positive influenza results are reportable by the laboratory conducting the test. Rapid antigen results are only reportable by laboratories with electronic file reporting. These results are used to determine what types, subtypes, and strains are circulating.

**Hospitalizations in residents of New Haven and Middlesex Counties:** Three new figures are included in this week's update. Since 2003, the Connecticut Emerging Infections Program at the Yale School of Public Health conducts active surveillance for laboratory-confirmed, influenza-associated hospitalizations as part of the national FluSurv-NET system. EIP staff work with the Connecticut Department of Public Health (CTDPH), the Centers for Disease Control and Prevention (CDC), and local hospitals to conduct surveillance for hospitalized cases of influenza among residents of southern Connecticut. Together with other FluSurv-NET sites, these data provide near real time estimates of influenza severity in the US:

<https://publichealth.yale.edu/eip/projects/flu.aspx>



## Connecticut State Innovation Model (SIM) Health Enhancement Community Initiative

OVERVIEW – DECEMBER 2018

### Background

As part of its State Innovation Model program, Connecticut's Office of Health Strategy (OHS) and Department of Public Health (DPH) are working with stakeholders across the state to design the Health Enhancement Community (HEC) Initiative. The HEC Initiative is a new effort that focuses on improving community health and health equity and preventing poor health rather than waiting until people get sick and need health care.

The HEC Initiative's overall goals are to:

- Make Connecticut the healthiest state in the country.
- Make Connecticut the best state for children to grow up.
- Slow the growth of Connecticut's health care spending.

Connecticut can achieve these goals through developing Health Enhancement Communities (HECs) across the entire state.

### What are Health Enhancement Communities?

- HECs will be collaboratives that include community members and partners from multiple sectors, such as community-based organizations, health care providers, local health departments, local government, social services agencies, schools, housing agencies, and others.
- HECs will work to improve community health and healthy equity, prevent poor health, and reduce costs and cost trends.
- Each HEC will have a specific geographic area that it serves.
- HECs will have formal structures, defined ways of making decisions together, and multiple ways of ensuring community member ownership and involvement.
- HECs will select and implement strategies that address social determinants of health, health inequity, and other root causes that create or contribute to poor health and preventable costs.
- HECs will be sustainable, including through financing that rewards HECs for prevention, health improvement, and the savings and economic value they produce.

### Health Priorities

HECs will work to improve outcomes at community and state levels. All HECs will focus on the following two health priorities:<sup>1</sup>

1. **Improving child well-being in Connecticut pre-birth to age 8 years**

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<sup>1</sup> HECs may also choose to pursue additional health priorities based on the needs in their communities.

- The focus would be on preventing and reducing the impact of Adverse Childhood Experiences (ACEs), which are stressful or traumatic events or situations experienced by children.<sup>2</sup>
- ACEs are strongly related to developing a wide range of health problems throughout the lifespan.
- More than half of adults in Connecticut report experiencing at least one ACE and 21.3% report experiencing three or more.<sup>3</sup>

## 2. Improving healthy weight and physical fitness for all Connecticut residents

- The focus would be on preventing overweight and obesity across the lifespan and the related risks of developing serious health conditions such as diabetes and cardiovascular disease.
- More than a quarter (25.3%) of Connecticut adults are obese and there are higher rates among some populations, showing the serious health disparities that exist in Connecticut.<sup>4</sup>

## Financing

Several financing options are being explored, including bringing in new funds to the state. HECs will need different types of near-term and long-term financing. Near-term financing will provide financing for the first five years and serve as a bridge to longer-term financing. Long-term financing will provide financing after five years and rely on arrangements with health care purchasers such as Medicare, Medicaid, and self-insured employers. For example, a potential shared savings arrangement with Medicare could create an opportunity to bring in significant funds to support HECs. Preliminary analysis shows that, among Connecticut's Medicare population (age 65+), reducing the trend in obesity prevalence by 5 percentage points over 10 years could yield cumulative health care cost savings to Medicare of \$1 billion or more.<sup>5</sup>

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<sup>2</sup> Includes different types of abuse and neglect; mental illness, problematic drug, and alcohol use of a household member; divorce or separation of a parent; violence in the household and/or community; incarceration of a household member, and other types of trauma or distress such as food insecurity, housing instability, or poor housing quality.

<sup>3</sup> CT DPH, 2017

<sup>4</sup> Rates are higher among adults who are Black or African American, Hispanic or Latino; have not graduated high school; or have household income below \$25,000. CT DPH, BRFSS 2015

<sup>5</sup> Analysis conducted by Health Management Associates and Airam Actuarial Consulting in collaboration with OHS and DPH.

**NEW HAVEN REGISTER**<https://www.nhregister.com/metro/article/CT-Shoreline-Health-Department-misses-more-than-13653438.php>

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## CT Shoreline Health Department misses more than 90 restaurant inspections

By Meghan Friedmann Updated 10:21 am EST, Friday, March 1, 2019

**IMAGE 1 OF 14**

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The building where the East Shore District Health Department offices are located, Branford, Conn., Feb. 27, 2019.

At the end of January, more than 89 food establishments in Branford, North Branford and East Haven had gone a year or more without regular health inspections, according to data obtained by the Register from the East Shore District Health Department.

Fifty of the eateries that were not inspected are designated class three and four food establishments, which should be inspected three and four times per year, respectively, according to Director of Health Michael Pascucilla. In all, the department has approximately 422 food establishments in its jurisdiction, said Office Administrator Marsha Davis.

That number fluctuates as businesses open and close. According to the ESDHD's latest annual report, they had around 355 establishments to inspect during the 2017-2018 fiscal year.



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JCPenney has announced plans to close 15 department stores nationally, in addition to three already on the chopping block.

...st-risk categories of food  
 ...r living facilities and grocery stores  
 ...populations such as hospital patients  
 ...priority. Of the 50 eateries that

...ent some two-and-a-half years  
 without a health inspection. Based on the data, it represents one of the most extreme  
 cases, with many establishments going closer to a single year between inspections.

According to the data about 12 of the 50 class three and four establishments, most of  
 which are local restaurants, received an inspection in early 2018.

During the 2017-2018 fiscal year, the ESDHD conducted 612 routine food inspections, said  
 Davis. Because of the structure of the department database, Davis said, it is difficult to  
 determine the number of inspections conducted during the 2018 calendar year.

**Related: 3 restaurants fail East Haven food service inspections**

The data obtained by the Register shows at least 39 class one and two establishments that  
 did not undergo any routine inspections in 2018. The recommended inspection frequency  
 for these lower-risk establishments, which include retailers, churches, coffee shops and  
 caterers, is once or twice a year, Pascucilla said.

Some establishments have been inspected in recent weeks after a Register reporter made  
 inquiries as to their latest inspection dates.

Though the new guidelines have not yet officially taken hold, health departments across  
 Connecticut are in the process of switching from state health codes to FDA regulations.

Over the past year or so, the East Shore District Health Department has spent a lot of time  
 facilitating a transition to FDA codes, Pascucilla said. The time investment formed a  
 significant factor in inspection lapses as the district had to prioritize responsibilities, he  
 said .

In a normal year, the approximately 1,000 routine restaurant inspections the inspectors are meant to conduct should be feasible, Pascucilla said.

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However, Pascucilla estimated that health district's two sanitarians spent "every bit of 100 hours each, hands down" working on the transition to new regulations. As well as holding eight educational sessions for restaurants in their jurisdiction, sanitarians were required to attend around 60 hours of training themselves, Pascucilla said.

Moreover, sanitarians helped re-configure the department's database according to the new regulations, Pascucilla said, a process that involved evaluating food establishment menus and hours to determine whether their classifications would change. The department also had to field calls from restaurant owners asking about the changes and prepare for adjustments to fee policies, he added.

"While we welcome [the change], it's been a considerable investment," Pascucilla said. "It was pretty intensive."

Luciano Rossitto, owner of Rossitto's restaurant in Branford, said he was impressed by the health district's informational sessions on FDA guidelines.

"There's no doubt in my mind that it's beneficial for everyone," he said.

With changes in restaurant classification, however, FDA codes recommend fewer inspections than the state codes, Pascucilla added.

According to Pascucilla, the department must prioritize its work when unexpected obligations arise, which may mean inspections of food establishments whose health standards have historically excelled become lower priorities.

### **Fiscal constraints**

In addition to performing food inspections, ESDHD sanitarians have a number of other duties that run the gamut from inspecting septic systems to investigating complaints, Pascucilla said.

Overall, the health department, like many [other health departments] others across Connecticut, struggles with funding, Pascucilla said.

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Department of Public Health spokeswoman Elizabeth Conklin.

"However, the DPH also supports local public health departments through other federal funding sources," Conklin's email added.

For the 2019-20 fiscal year, the East Shore District Health Department is anticipating a cut of 20 percent to the \$1.85 rate, Pascucilla said. It's worth noting that many smaller health departments do not receive any per capita aid from the state, he added. Branford and East Haven both have about 28,000 residents, and North Branford has about 14,200 residents, according to the U.S. Census Bureau.

As shown in its 2017-18 annual report, the East Shore district gets money from other sources, such as grants, fees and local per capita funding. Based on budget numbers provided in that report, state per capita aid made up less than 8 percent of department revenues for the respective fiscal year.

Only around a quarter of the health department's work is devoted to environmental health, an area that includes restaurant inspections, Pascucilla said. Among other things, the department is involved in disease management, maternal health programs and emergency preparedness, he added.

According to a document provided by the ESDHD for the 2018-19 fiscal year, the department has an adopted budget of just over \$950,000 for staff salaries. The department, which currently has 14 full-time staff members—two of whom are sanitarians—employs about 20 people in an average year, including part-time workers and interns, Pascucilla said.

A third sanitarian worked for the ESDHD until about a year ago, when that employee retired, Pascucilla said. Because it can be difficult to find an experienced sanitarian, and because of budget cuts, the ESDHD has had trouble hiring a new, full-time sanitarian, Pascucilla said, and it is investigating the possibility of creating a part-time position.

The lack of a third sanitarian could also account for gaps between inspection, Pascucilla said, though he maintained that the intensive transition represented the "lion's share" of the

problem.

State Rep. Vincent Candelora, R-86, serves on the Public Health Committee and is involved

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had been using resources to transition to the FDA codes, he had not heard about funding problems from anyone at the East Shore District Health Department.

"If that was the case, I'd be happy to have that conversation," Candelora said.

Though the health department may prioritize its programs because it provides more diverse services than many local departments, food inspections mark a critical function, Candelora said.

"They should be focusing on providing that base service that they need to provide," he added.

Candelora worried sanitarians at regionalized departments may be less accessible to restaurant owners than those at smaller, municipal departments.

"We need to make sure that they are accountable to the taxpayers," Candelora said of regional departments. Money that comes directly from towns like North Branford should go toward critical services like restaurant inspections, he added.

On the other hand, the email sent by Conklin of DPH mentioned benefits to regionalization: "DPH has been promoting the integration of LHDs (local health department) because evidence-based research on local public health infrastructure demonstrates that the most robust and cost-effective public health services are provided through district or county-based health departments."

According to the same email, the **Connecticut's Food Protection Program** recommends that when health departments are not meeting required inspection frequency, the departments in question "evaluate if health department activities are being prioritized so that food service inspections are given preference over non-mandated activities."

When inadequate staffing is the cause of the problem, the email went on, a request for new employees should be made to the relevant authorities, such as local governing bodies. The department should prioritize high-risk establishments until such staffing is acquired.

"If warranted, DPH may conduct an investigation and work with the LHD to resolve the issue or take other action if necessary," Conklin's email said.

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## **EAST SHORE DISTRICT HEALTH DEPARTMENT**

Bringing good health to the towns of Branford, East Haven and North Branford

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To Our Communities & Partners:

This is written in response to the New Haven Register article "Health department missing the mark," published on Monday, March 4, 2019, to add additional facts and provide clarity.

First and foremost, food safety is, and has always been, a top priority for the East Shore District Health Department (ESDHD).

The ESDHD, like all local health departments across the State, is steeped in the project of reassessing their food licensing and inspection program to prepare for the long-overdue, new State FDA Food Code requirement that was scheduled to begin on July 1, 2018. A State memorandum was issued to all local health departments throughout the State on June 23, 2017 directing us to prepare for the new FDA Food Code starting on October 1, 2017, with a hard implementation date for the new code beginning on July 1, 2018. While we welcome the new State-wide food safety improvement code, in light of many inquiries from our concerned local restaurant owners and operators, at the beginning of 2017 into early 2018, we created an FDA Food Code safety preparation course and offered free in-person training classes for our restaurants throughout the Health District. We also held discussions/evaluations and conducted a multi-town, district-wide customer service survey with our food operations to provide them an opportunity for open and honest dialogue to make business friendly improvements and technology enhances to our food licensing and inspection program.

These FDA Training courses were very successful, and drew hundreds of restaurant owners, operators and their staff, with some attendees coming from outside the Health District. We were one of the few health departments in the state to offer transitional in-person FDA Food Code training classes. The FDA Food Code trainings served several purposes; first, the classes were an opportunity to redefine our professional relationships with our food establishment businesses and to provide a forum to understand/ask questions regarding the new 700 plus page food code. Together we moved forward to support the restaurants in their preparation for the implementation - from an outdated State Food Inspection Code (from the 1960's) to a scientifically-based FDA Food Inspection Code that nearly every State in the US has been using for years. The current State Food Code is 20 pages long, and the new FDA Code is over 700 pages long.

We implemented a business-friendly approach that assisted our local food businesses and partners for a successful and smooth transition. To do anything less than train and educate, rather than regulate and enforce, would be unfair and a less than friendly local business approach, especially in today's economic financial times of hardship. In short, we believed there needed to be a balanced and fair process to the implementation of the FDA Food Code to support Connecticut's local food business economic.

The new FDA Food Code transition has been a very time-consuming process with hundreds of hours spent by field staff members and administrative employees. We embraced this challenge as an opportunity to improve our organization and assist our local food business stakeholders to advance the ESDHD food licensing and inspection program.

During these trainings, program development and transition to the new code, we prioritized restaurant inspections based on past food safety performance and held our other inspections until our community understood the new requirements. At the same time, in addition to training our local food businesses, we needed to reclassify and change our inspection database and policies and, therefore, we choose to take this opportunity to enhance our restaurant licensing and inspection program to include an updated on-line application process with fillable on-line forms and we now take credit cards for payments as part of our improved FDA Food Code Licensing and Inspection Program.

ESDHD has also been meeting with local health department colleagues across the State for over a year on this matter and we have agreed to share the food database upgrades and cost of mobile technology (electronic field inspections with tablets) if funding sources allow and when the FDA Food Code is implemented. In fact, we just signed a Memorandum of Understanding (MOU) to work collaboratively and share the cost of the database upgrades required for the implementation of the new FDA Food Code, all at our costs with reduced State funding.

The FDA Food Code, while welcomed by Connecticut and its municipalities, is still another unfunded State mandate with no state support or resources; in fact, 20% less funding from the State to local health departments is scheduled for FY 2019-20. Over the past 10 years, State funding contributions to local health departments has steady declined, and since 2009, there has been NO funding provided to any jurisdiction with a population less than 50,000. With respect to staffing, a health inspector retired, and we have had two staff members on statutory leaves.

The decision I made with my team and Board of Directors was to implement the new code regulations and educate and assist our local businesses first on this new FDA Food Code - 700 plus page document before moving full-force with the inspection program was our local obligation to our communities. Now that the new FDA Food Code implementation is in place and understood by our communities, the ESDHD local health department is ready to move forward with inspections.

On behalf of the ESDHD staff and its Board of Directors, I thank our residents, local businesses and community leaders for their continued support of our local health department.

Truly Yours,



Michael A. Pascucilla, M.P.H., REHS  
Director of Health

Cc: New Haven Register – Letter to the Editor  
ESDHD Board of Directors  
ESDHD Member Town Leaders  
ESDHD Restaurant Owner & Operators  
Connecticut State & Local Public Health Colleagues

File: ESDHD NH Register Article Response. Letter to the Editor.2019



Promoting  
healthy  
communities

Francesca Provenzano, MPH, CHES, RS/REHS  
Supervising Epidemiologist  
Office of Public Health Preparedness and Response

March 15, 2019

Dear Ms. Provenzano,

I am writing in response to your request for a letter of concurrence regarding the Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness (PHEP) grant funding for the project period of July 1, 2019 through June 30, 2020.

I have consulted with the full-time Directors of Health in DEMHS Region 4 (Eastern Highlands Health District, Uncas Health District, Northeast District Department of Health, the Mashantucket Tribal Nation and the Mohegan Tribal Nation). We agree that the current distribution of PHEP funds is a fair and straightforward method. Further, we agree that only by achieving full cooperation and collaboration between local health entities and the Connecticut Department of Public Health (DPH) can we hope to meet the preparedness challenges that we currently face.

The deliverables associated with the PHEP contract are based on the current funded amount, and it is understood that it is the intention of DPH to keep the funding level the same for the project period of July 1, 2019 through June 30, 2020.

Therefore, please consider this communication concurrence with, and support for the CT DPH funding request.

Sincerely,

Stephen Mansfield REHS, MPH  
Director of Health, Ledge Light Health District  
Chair, Region 4 ESF 8 Healthcare Coalition

Cc

Patrick McCormack, Director of Health, Uncas Health District  
Robert Miller, Director of Health, Eastern Highlands Health District  
Shanna Reels, Director of Tribal Health Services, Mashantucket Pequot Tribal Nation  
Scott Sjoquist, Director of Health, Mohegan Tribal Health Department  
Susan Starkey, Director of Health, Northeast District Department of Health





These results are based on the **DataHaven Community Wellbeing Survey**, which completed in-depth, live interviews with 16,000 randomly-selected adults in every Connecticut town from March-November 2018. Our 2015 timeline and sample size was very similar. Results are weighted to be representative of the total adult population within any given geographic area. The survey was developed by DataHaven and the Siena College Research Institute, with input gathered by DataHaven from 125 advisory council members, including 90 public and private funders and researchers from universities, public health departments, and other non-profit organizations. Final results for individual towns and regions will be posted on our website throughout December and January. For more, contact [info@ctdatahaven.org](mailto:info@ctdatahaven.org) or visit our project page: <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>.

### Key to 2015-2018 Trends

- Minor or no statewide changes since 2015
- ↑ Important increase/improvement since 2015
- ↓ Important decrease/worsening since 2015
- ⇒ Newly-added or modified question in 2018

## Neighborhood Quality of Life

- In 2018, 81% of all adults are **satisfied with the city or area where they live**. This is similar to 2015.
- 30% feel their area is **getting better as a place to live**, while 20% feel it is getting worse. Young adults (age 18-34) are somewhat more optimistic, as 36% feel their area is improving.
- 45% give “excellent” or “good” ratings to the **responsiveness of local government** to the needs of area residents. But only 24% of low-income adults (household income <\$15K) give these ratings to government, versus 57% of high-income adults (household income >\$200K).
- 76% give “excellent” or “good” ratings to the **job done by police to keep residents safe**. But 15% of whites, 33% of Latinos, and 39% of African-Americans rate the police’s job as “fair or poor.”
- ↑ 44% say that the **ability of residents in their area to find suitable employment** is “excellent” or “good,” while 43% rate it as “fair” or “poor.” Although this represents an overall improvement over 2015, when 50% rated job opportunities as “fair” or “poor,” there remain large divides in the perception of opportunity by gender, income, race/ethnicity, education, and geography.
- 71% feel their area is “excellent” or “good” as a **place to raise children**. But only 50% of low-income adults give their area this child-friendliness rating, versus 85% of high-income adults.
- 72% give “excellent” or “good” ratings to the **condition of public parks** in their area. But there are extremely large differences in the public’s perception of their local parks by town and zip code.
- ⇒ 72% give “excellent” or “good” ratings to the **availability of affordable, high-quality fruits and vegetables** in their area. But 21% of whites, 38% of Latinos, and 39% of African-Americans rate food access as “fair” or “poor,” as do 15% of seniors (age 65+) and 36% of young adults.
- ⇒ Connecticut residents’ **perceptions of neighborhood walkability** are similar to 2015, but they vary widely by neighborhood and town. Statewide, the percentages of adults that agree that they have many stores or places to walk to, safe sidewalks, safe places to bicycle, and several parks or playgrounds within a short distance of their home are 53%, 60%, 61%, and 69%, respectively.

## Civic Engagement, Social Capital, and Life Chances

- 41% of all adults have **volunteered or helped out** in their community in the past year, and 30% often use **arts and cultural resources** in the area, such as concerts, museums, and events.
- ↑ 70% feel they have at least a little **ability to influence local government decision making**, while 28% say they have no influence at all. In 2015, 60% of Connecticut adults felt they had some influence, and 40% said they had no influence at all. The increase was seen across all major groups.
- ↓ 85% of all adults agree that **people in their neighborhood can be trusted**, including 48% who “strongly agree.” It appears that the percent of adults who “strongly agree” that their neighbors can be trusted has fallen since 2015, particularly among younger adults (from 45% in 2015 to 31% in 2018), Latinos (from 38% to 28%), households with children (from 54% to 43%), and adults with college degrees (from 63% to 54%). Lack of trust is associated with factors including residents’ income levels: 16% of low-income adults “strongly disagree” that neighbors are trustworthy, compared to just 1% of high-income adults.
- 72% of all adults agree that **children in their town have the positive role models they need**.
- 80% of all adults say it is likely that their **neighbors would organize themselves** if the local government proposed to close down a fire station nearby, including 51% who say it is “very likely.”
- ⇒ Respondents were asked to **predict how likely it is that a typical young person in their neighborhood will experience various life events**. For instance, 86% of adults feel it is “very likely” that a typical young person in their neighborhood will graduate from high school, although this varies widely by race/ethnicity (89% of whites, 77% of African-Americans and Latinos), and income (70% of low-income versus 96% of high-income adults). Meanwhile, the percentages who say it is “very likely” a young person will get a job with opportunities for advancement, abuse drugs or alcohol, be arrested for a felony, and be in a gang are 57%, 27%, 11%, and 8%, respectively.

## Health and Well-being

- **Self-rated health** is a reliable and powerful predictor of future mortality and is one of the most commonly-used measures of health status. In Connecticut, 59% of adults report that they are in “excellent” or “very good” health, 26% report being in “good” health, and 14% say their health is fair or poor. Higher-income adults are much more likely to report good health.
- **Life satisfaction or “subjective well-being”** is a reliable measure of well-being that is strongly associated with factors such as economic security, the strength of community and interpersonal ties, and health, and does not presuppose people need certain material conditions to be happy. In Connecticut, the percent of adults who say they are mostly or completely satisfied with their life is high, but fell from 72% in 2015 to 67% this year. While adults over age 50 report the same or higher levels of life satisfaction as they did in 2015, the percent of young adults who are mostly or completely satisfied with their life dropped from 72% to 58%, and the percent of adults age 35-49 who feel this way dropped from 73% to 63%. Higher-income adults report significantly higher levels of life satisfaction, but other factors such as food insecurity and health care are far more important drivers than income alone (see analysis of 2015 DataHaven survey data at <http://blogs.lse.ac.uk/usappblog/2018/10/29/how-state-and-local-governments-can-buy-their-citizens-happiness/>). We also asked detailed questions about other elements of well-being, and mental health: **happiness, anxiety, time to enjoy life, purpose and meaning in life, social support, and depression**, which will be explored after we conduct further analysis.
- The percentages of adults reporting **various chronic diseases** such as hypertension (30%), diabetes (10%), asthma (15% ever, 10% currently), and heart disease (6%) have risen slightly in Connecticut since 2015. These changes may be in line with trends seen nationally, but will be explored.

- Based on self-reported height and weight, the percent of adults at a **normal weight** has dropped from 37% in 2015 to 33% in 2018. 29% are categorized as obese, an increase from 26% in 2015.
- ↓ 72% of adults report **exercising** at least twice per week, down from 77% in 2015.

## Access to Health Care

- 95% of adults have **health insurance coverage**. The proportion of adults who have insurance is similar to what we reported in 2015, and much higher than what we found in years prior to that. Most low-income adults obtain their health insurance through Medicaid/HUSKY or Access Health CT, while 80% of high-income adults obtain it through a current or former employer or union.
- ↓ During the past year, 9% of all adults say that there was a **time when they didn't get the medical care they needed**. This varies by age (13% of young adults), race/ethnicity (8% of whites, 10% of African-Americans, 16% of Latinos) and income (17% of low-income, 4% of high-income adults). Additionally, 23% of adults postponed care that they thought they needed. By comparison, in 2015, 7% said they didn't get the care they needed, and 21% postponed care. While further analysis is needed (interviewers asked in-depth questions regarding the reasons why adults didn't get or postponed the care they needed), the decrease in the percent of adults who say that they always got the health care they needed may be driven by lower access to care among young adults, women, and caregivers.
- ↓ In 2018, 11% of adults **do not have a medical home**, meaning that they do not have at least one person or place that they think of as their personal doctor or health care provider. Adults under age 50 and low-income adults are much less likely to have a medical home than seniors and high-income adults. The percent of adults with a medical home may be declining: in 2015, just under 10% of adults reported not having a medical home.
- 4% of adults **visited a hospital emergency room** 3 or more times in the past year, including 11% of low-income adults and 2% of high-income adults. Chronic asthma was one of the reasons for frequent visits: of the 10% of adults with current asthma, 20% visited the emergency room last year, about the same as the proportion who use a prescription asthma inhaler at least every day.
- In the past year, 9% of adults **didn't get prescription medicines** they needed because they couldn't afford them, and 7% **altered the way they take their medicines** because of cost.
- 75% of adults **visited a dentist** this year, but men, young adults, and adults with lower income levels were less likely than women, older adults, and higher-income adults to have been seen.
- ⇒ Young and middle-age respondents were asked if they **have ever taken an HIV test** (55% of adults under age 65 have), and asked follow-up questions about whether a doctor offered them a test in the past year, and whether they might be at risk of contracting HIV. Results will be examined to look at ways to improve HIV prevention policies.

## Smoking and Substance Use

- The percent of adults who **smoke cigarettes** keeps declining, from 15% in 2015 to 13.7% in 2018. These changes are in line with national trends, as e-cigarette use gradually becomes more popular. 37% of young adults **have now tried e-cigarettes**, up from 31% in 2015. Of the young adults who have tried them, 23% (i.e., 9% of all young adults) used them at least six days in the past month.
- ⇒ 6% of adults report they had 4-5 or more **drinks on a single occasion** at least six days this month.
- ⇒ 7% of adults **used marijuana or cannabis** at least six days in the past month, with 27% of these adults reporting that use was only for medical reasons.
- ⇒ 1 in 3 adults personally know someone who has **struggled with misuse or addiction to heroin or other opiates such as prescription painkillers** during the past 3 years; 7% know 5 or more people

who have struggled with this. About 2% of all adults say that they themselves have struggled with this, while 12% say a family member and 11% say a close friend has struggled with it.

⇒ 1 in 4 adults personally know someone who has **died from an opioid overdose**; 13% know at least two people who have died. About 6% say a family member and 9% say a close friend has died. All demographic groups, particularly those with incomes of less than \$100,000 per year, have been impacted by this crisis to a large degree.

## Transportation, Technology, Banking, and Child Care Access

- 88% of all adults say they **often have access to a car when they need it**. But this varies by age (83% of young adults, 91% of middle-age adults, 88% of seniors), race/ethnicity (91% of whites, 77% of African-Americans and Latinos), and income (59% of low-income adults, vs. nearly all other adults).
- 12% of adults stayed home at least once in the past year due to lack of transportation. **Transport insecurity** ranged from 37% among low-income adults to 3% among high-income adults.
- ⇒ Among those without access to reliable transportation, 38% say they had to **stay home from a doctor's appointment or visit to health care provider** because they had no transportation.
- Among working adults, 7% say that it takes them **over one hour to get to work** each way. Adjusting for income, long commutes are associated with lower levels of self-rated well-being.
- The percent of adults with smartphones has risen, but **home computer and internet access** is still far from universal among adults with low incomes, including those with school-age children.
- ⇒ Among adults with young children in their home, 54% (including 59% of women and 48% of men) think it is hard to find **child care that is both affordable and high-quality**.
- 9% of adults lack a checking account. The **unbanked rate** varies by educational attainment (4% of those with a college degree, 8% of those with some college, 20% of those with a high school education or less) and race/ethnicity (6% of whites, 17% of African-Americans, 23% of Latinos).

## Housing Instability and Housing Quality

- ⇒ Of the roughly 1 in 5 adults who **moved to a new home** within the past 3 years, 4% moved within the same building or development, 40% are living in the same neighborhood or town, 40% moved from a different town within Connecticut, and 15% moved here from outside the state. Lower-income adults are much more likely to report moving within the same building or neighborhood.
- ⇒ Most moved in order to have a better quality home and/or because they felt it was a good financial decision, but interviewers explored many other reasons, including evictions and foreclosures, as well as rent increases, landlords refusing to fix things, and needing to be closer to work or school.
- ⇒ About 1 in 10 of all renters who recently moved were **evicted or forced to move out**, either through formal notices or being asked to leave or other reasons. Most adults who were formally or informally evicted are in households earning less than \$30,000 per year.
- ⇒ *Evictions and health: Comparing renters at the same income level who recently moved, adults who were recently evicted are significantly less likely to report being in "very good" health and more likely to say they did not get the health care they needed in the past year. Only 34% of adults who were recently evicted report being in very good health, compared to 54% of all renters who recently moved and 59% of all Connecticut adults. And 25% of adults who were recently evicted did not get the health care they needed last year, compared to 13% of all renters who recently moved.*
- ⇒ During the past year, 43% of all renters in Connecticut say that they **experienced problems with their home that needed to be fixed such as leaks and broken appliances**, and out of these, most say that they then **reported the issues to their landlord**.

- ⇒ Overall, 18% of all renters in Connecticut say that they reported problems like these and then also **had difficulty getting their landlord to fix the issue**. But Latino and African-American renters are significantly more likely than white renters to say that they reported problems and had difficulty getting them fixed (24% versus 14%), as are women versus men (19% versus 15%).
- ⇒ 45% of renters, including 55% of those under age 50 and 59% of those living with children in their apartment, say they **expect to purchase a home** in the next 5 years. 75% of these say that it is likely that the home will be located in Connecticut.
- ⇒ 20% of adults over age 55 think their home or apartment doesn't have the **features it needs to be suitable or convenient as a place to grow older**.
- 8% of adults say they didn't have **enough money to provide adequate shelter or housing** for themselves or their family in the past year. This varies by race/ethnicity (6% of white adults, 13% of Latino and African-American adults), income (17% of low-income, 4% of high-income adults), and presence of children (10% of households with children, 7% of those without).

## Safety

- 69% of adults feel it is **safe to go on walks in their neighborhood at night**. This varies by gender (74% of men versus 65% of women), race/ethnicity (73% of white adults, 58% of Latino and African-American adults), income (53% of low-income, 85% of high-income adults), and neighborhood.
- 6% of men and 4% of women report someone **attacked or physically threatened** them during the past year. One third of those attacked were physically injured. These incidents were reported to the police about 40% of the time, and when reported, police took action about 70% of the time. Out of those who were attacked or threatened, 46% of men and 59% of women say that at least one of the incidents involved someone that they know or work with.
- 10% of adults report that they were the victim of a **property crime** such as theft or vandalism.

## Financial Security

- 67% of all adults say they are "living comfortably" or "doing alright" financially. However, 33% say they are **just getting by or struggling financially**, including 12% who say they are "finding it difficult or very difficult." Results were similar in 2015, suggesting that an improving economy has not had a universal impact on the financial security of adults. As in 2015, gender equity is a concern, with 28% of men and 36% of women saying that they are just getting by or struggling financially.
- 31% of adults, including 27% of men, 35% of women, 28% of whites, 41% of African-Americans, and 45% of Latinos say that they would be able to **maintain their standard of living for only about one month or less** if they lost their sources of income.
- 56% of adults say they are **financially better-off than their parents were** at their age. Latinos report higher economic mobility than other groups, with 68% saying they are better off.
- ⇒ 62% say they would have money left over if they **turned all of their assets into cash** (including their home, if owned) and paid off all their debts. This varies by gender (67% of men, 58% of women), age, race/ethnicity (67% of whites, 45% of African-Americans and Latinos), and other factors.
- **Employment and underemployment** rates have improved within households earning \$100,000 or more, but the overall picture is mixed with many adults reporting they would prefer to work more.
- 23% of working adults, including 36% of young adults, say they **need more education or training** to get ahead in their career. Among adults who are not working, half say they need more training.
- During the past year, 13% of adults **didn't have money to buy food they or their family needed**. Food insecurity varies by gender (11% of men versus 15% of women), race/ethnicity (10% of white

adults, 23% of African-American and 28% of Latino adults), income (38% of low-income, 2% of high-income adults), and presence of children (17% of households with children, 11% of those without).

- ⇒ Similarly, during the past year, 10% of adults report that the **electric, gas, oil, or water company threatened to shut off services** in their home. 16% of households with children report energy insecurity, versus 8% of those without children.

## Experiences of Discrimination

- ⇒ 26% of men, 28% of women, 26% of whites, 33% of African-Americans, and 26% of Latinos say that they have been **unfairly fired, denied a promotion or raise, or not hired for a job** for unfair reasons at some point in their life. 30% of women say gender was the main reason for this, and 56% of African-Americans say race was the main reason (respondents could provide multiple reasons, with reasons like sexual orientation also being cited frequently by adults who do not identify as straight). 15% of men and women, 12% of whites, 22% of African-Americans, and 21% of Latinos say this happened to them at least once in the past 3 years.
- ⇒ 16% of men, 7% of women, 9% of whites, 24% of African-Americans, and 17% of Latinos say that they have been **unfairly stopped, searched, questioned, physically threatened, or abused by the police** at some point in their life. 9% of men say gender was the main reason for this, and 77% of African-Americans and 54% of Latinos say race was the main reason (other reasons commonly cited include national origin). 9% of men, 5% of women, 5% of whites, 17% of African-Americans, and 13% of Latinos say this happened at least once in the past 3 years. 2% of whites, 10% of African-Americans, and 9% of Latinos say this has happened several times during the past 3 years. Of those unfairly stopped in the past 3 years, the **places they were unfairly stopped at least once** included cars (63%), while walking down the street (22%), inside a house (10%), at a public park (8%), and inside a store (7%). African-Americans and Latinos were as much as 10 times more likely than whites to report being unfairly stopped in a public place such as a sidewalk or park.
- ⇒ 4% of men and women, 2% of whites, 9% of African-Americans, and 11% of Latinos say they have been **unfairly prevented from moving into a neighborhood** because a landlord or realtor refused to sell or rent to them. 68% of African-Americans say race was the main reason for this experience.
- ⇒ 8% of men, 13% of women, 9% of whites, 14% of African-Americans, and 17% of Latinos say that **when seeking health care they have been treated with less respect** or received services that were not as good as what other people get. 6% of whites, 45% of African Americans, and 29% of Latinos say race was the main reason for their experiences, and 27% of all adults cite health insurance status as the reason for them. Of those with this experience, 86% said that it happened to them at least once within the past 3 years, and was most likely to happen at a doctor's office or hospital.

## Demographics

- ⇒ DataHaven added **several new survey questions** in 2018 to allow community partners to capture and report on the experiences of smaller demographic groups. For example, 8% of adults do not identify as straight, with 6% identifying as lesbian, gay, or bisexual; 10% of adults are **veterans** of the U.S. Armed Forces, and 16% of adults report having a significant **disability**, handicap, or chronic disease. About 100 respondents consider themselves to be transgender and were asked additional questions about **transgender-inclusive health care services**. More detailed questions on **ethnicity** were also added to the existing questionnaire (which includes language, education, and other topics). These data may be cross-tabulated with other questions throughout the survey.