



General Assembly

**Substitute Bill No. 1005**

January Session, 2019



**AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S  
RECOMMENDATIONS REGARDING REVISIONS TO EMERGENCY  
MEDICAL SERVICES DEFINITIONS, CERTIFICATION AND  
CONTINUING EDUCATION REQUIREMENTS.**

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

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 Section 19a-175 of the general statutes is repealed and the  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

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

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

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

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

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

14 (5) "Emergency medical technician" means a person who is certified

15 pursuant to chapter 384d;

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

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

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

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

25 (10) "Emergency medical service organization" means any  
26 corporation or organization whether public, private or voluntary that  
27 [offers transportation or treatment services to patients primarily] has  
28 been certified or licensed by the Department of Public Health to offer  
29 services as part of the emergency medical services system, which  
30 services include, but are not limited to, treatment of patients (A) under  
31 emergency conditions, sudden illness or injury, or (B) during  
32 transportation by an authorized emergency medical services vehicle;

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

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

42 [(13) "Provider" means any person, corporation or organization,  
43 whether profit or nonprofit, whose primary purpose is to deliver

44 medical care or services, including such related medical care services  
45 as ambulance transportation;]

46 [(14)] (13) "Commissioner" means the Commissioner of Public  
47 Health;

48 [(15)] (14) "Paramedic" means a person licensed pursuant to chapter  
49 384d;

50 [(16)] (15) "Commercial ambulance service" means an ambulance  
51 service which primarily operates for profit;

52 [(17)] (16) "Licensed ambulance service" means a commercial  
53 ambulance service or a volunteer or municipal ambulance service  
54 issued a license by the commissioner;

55 [(18)] (17) "Certified ambulance service" means a municipal,  
56 volunteer or nonprofit ambulance service issued a certificate by the  
57 commissioner;

58 [(19)] (18) "Automatic external defibrillator" means a device that: (A)  
59 Is used to administer an electric shock through the chest wall to the  
60 heart; (B) contains internal decision-making electronics,  
61 microcomputers or special software that allows it to interpret  
62 physiologic signals, make medical diagnosis and, if necessary, apply  
63 therapy; (C) guides the user through the process of using the device by  
64 audible or visual prompts; and (D) does not require the user to employ  
65 any discretion or judgment in its use;

66 [(20)] (19) "Mutual aid call" means a call for emergency medical  
67 services that, pursuant to the terms of a written agreement, is  
68 responded to by a secondary or alternate emergency medical [services  
69 provider] service organization if the primary or designated emergency  
70 medical [services provider] service organization is unable to respond  
71 because such primary or designated [provider] emergency medical  
72 service organization is responding to another call for emergency  
73 medical services or the ambulance or nontransport emergency vehicle

74 operated by such primary or designated [provider] emergency medical  
75 service organization is out of service. For purposes of this subdivision,  
76 "nontransport emergency vehicle" means a vehicle used by emergency  
77 medical technicians or paramedics in responding to emergency calls  
78 that is not used to carry patients;

79 [(21)] (20) "Municipality" means the legislative body of a  
80 municipality or the board of selectmen in the case of a municipality in  
81 which the legislative body is a town meeting;

82 [(22)] (21) "Primary service area" means a specific geographic area to  
83 which one designated emergency medical [services provider] service  
84 organization is assigned for each category of emergency medical  
85 response services;

86 [(23)] (22) "Primary service area responder" means an emergency  
87 medical [services provider] service organization who is designated to  
88 respond to a victim of sudden illness or injury in a primary service  
89 area;

90 [(24)] (23) "Interfacility critical care transport" means the interfacility  
91 transport of a patient between licensed health care institutions;

92 [(25)] (24) "Advanced emergency medical technician" means an  
93 individual who is certified as an advanced emergency medical  
94 technician pursuant to chapter 384d;

95 [(26)] (25) "Emergency medical responder" means an individual who  
96 is certified pursuant to chapter 384d;

97 [(27)] (26) "Medical oversight" means the active surveillance by  
98 physicians of the provision of emergency medical services sufficient  
99 for the assessment of overall emergency medical service practice levels,  
100 as defined by state-wide protocols;

101 [(28)] (27) "Office of Emergency Medical Services" means the office  
102 established within the Department of Public Health pursuant to

103 section 19a-178, as amended by this act;

104 [(29)] ~~(28)~~ "Sponsor hospital" means a hospital that has agreed to  
105 maintain staff for the provision of medical oversight, supervision and  
106 direction to an emergency medical service organization and its  
107 personnel and has been approved for such activity by the Department  
108 of Public Health;

109 [(30)] ~~(29)~~ "Paramedic intercept service" means paramedic treatment  
110 services provided by an entity that does not provide the ground  
111 ambulance transport; ~~[and]~~

112 [(31)] ~~(30)~~ "Authorized emergency medical services vehicle" means  
113 an ambulance, invalid coach or advanced emergency technician-  
114 staffed intercept vehicle or a paramedic-staffed intercept vehicle  
115 licensed or certified by the Department of Public Health for purposes  
116 of providing emergency medical care to patients; and

117 (31) "Emergency medical services personnel" means an individual  
118 certified to practice as an emergency medical responder, emergency  
119 medical technician, advanced emergency medical technician,  
120 emergency medical services instructor or an individual licensed as a  
121 paramedic.

122 Sec. 2. Subdivisions (6) to (8), inclusive, of section 19a-177 of the  
123 general statutes are repealed and the following is substituted in lieu  
124 thereof (*Effective July 1, 2019*):

125 (6) Establish such minimum standards and adopt such regulations  
126 in accordance with the provisions of chapter 54, as may be necessary to  
127 develop the following components of an emergency medical service  
128 system: (A) Communications, which shall include, but not be limited to,  
129 to, equipment, radio frequencies and operational procedures; (B)  
130 transportation services, which shall include, but not be limited to,  
131 vehicle type, design, condition and maintenance, and operational  
132 procedures; (C) training, which shall include, but not be limited to,  
133 emergency medical ~~[technicians]~~ services personnel, communications

134 personnel, paraprofessionals associated with emergency medical  
135 services, firefighters and state and local police; and (D) emergency  
136 medical service facilities, which shall include, but not be limited to,  
137 categorization of emergency departments as to their treatment  
138 capabilities and ancillary services;

139 (7) Coordinate training of all emergency medical services personnel;  
140 [related to emergency medical services;]

141 (8) (A) Develop an emergency medical services data collection  
142 system. Each emergency medical service organization licensed or  
143 certified pursuant to chapter 386d shall submit data to the  
144 commissioner, on a quarterly basis, from each licensed ambulance  
145 service, certified ambulance service or paramedic intercept service that  
146 provides emergency medical services. Such submitted data shall  
147 include, but not be limited to: (i) The total number of calls for  
148 emergency medical services received by such licensed ambulance  
149 service, certified ambulance service or paramedic intercept service  
150 through the 9-1-1 system during the reporting period; (ii) each level of  
151 emergency medical services, as defined in regulations adopted  
152 pursuant to section 19a-179, required for each such call; (iii) the  
153 response time for each licensed ambulance service, certified ambulance  
154 service or paramedic intercept service during the reporting period; (iv)  
155 the number of passed calls, cancelled calls and mutual aid calls, both  
156 made and received, during the reporting period; and (v) for the  
157 reporting period, the prehospital data for the nonscheduled transport  
158 of patients required by regulations adopted pursuant to subdivision  
159 (6) of this section. The data required under this subdivision may be  
160 submitted in any [written or] electronic form selected by such licensed  
161 ambulance service, certified ambulance service or paramedic intercept  
162 service and approved by the commissioner, provided the  
163 commissioner shall take into consideration the needs of such licensed  
164 ambulance service, certified ambulance service or paramedic intercept  
165 service in approving such [written or] electronic form. The  
166 commissioner may conduct an audit of any such licensed ambulance

167 service, certified ambulance service or paramedic intercept service as  
168 the commissioner deems necessary in order to verify the accuracy of  
169 such reported data.

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

190 (C) If any licensed ambulance service, certified ambulance service or  
191 paramedic intercept service does not submit the data required under  
192 subparagraph (A) of this subdivision for a period of six consecutive  
193 months, or if the commissioner believes that such licensed ambulance  
194 service, certified ambulance service or paramedic intercept service  
195 knowingly or intentionally submitted incomplete or false data, the  
196 commissioner shall issue a written order directing such licensed  
197 ambulance service, certified ambulance service or paramedic intercept  
198 service to comply with the provisions of subparagraph (A) of this  
199 subdivision and submit all missing data or such corrected data as the

200 commissioner may require. If such licensed ambulance service,  
201 certified ambulance service or paramedic intercept service fails to fully  
202 comply with such order not later than three months from the date such  
203 order is issued, the commissioner (i) shall conduct a hearing, in  
204 accordance with chapter 54, at which such licensed ambulance service,  
205 certified ambulance service or paramedic intercept service shall be  
206 required to show cause why the primary service area assignment of  
207 such licensed ambulance service, certified ambulance service or  
208 paramedic intercept service should not be revoked, and (ii) may take  
209 such disciplinary action under section 19a-17 as the commissioner  
210 deems appropriate.

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

230 (E) The commissioner shall, with the recommendation of the  
231 Connecticut Emergency Medical Services Advisory Board established  
232 pursuant to section 19a-178a, as amended by this act, adopt for use in



233 trauma data collection the most recent version of the National Trauma  
234 Data Bank's National Trauma Data Standards and Data Dictionary and  
235 nationally recognized guidelines for field triage of injured patients.

236 Sec. 3. Subsection (b) of section 19a-178a of the general statutes is  
237 repealed and the following is substituted in lieu thereof (*Effective July*  
238 *1, 2019*):

239 (b) The advisory board shall consist of members appointed in  
240 accordance with the provisions of this subsection and shall include the  
241 Commissioner of Public Health, the department's emergency medical  
242 services medical director and the president of each of the regional  
243 emergency medical services councils, or their designees. The Governor  
244 shall appoint the following members: (1) One person from the  
245 Connecticut Association of Directors of Health; (2) three persons from  
246 the Connecticut College of Emergency Physicians; (3) one person from  
247 the Connecticut Committee on Trauma of the American College of  
248 Surgeons; (4) one person from the Connecticut Medical Advisory  
249 Committee; (5) one person from the Emergency Nurses Association; (6)  
250 one person from the Connecticut Association of Emergency Medical  
251 Services Instructors; (7) one person from the Connecticut Hospital  
252 Association; (8) two persons representing commercial ambulance  
253 [providers] services; (9) one person from the Connecticut State  
254 Firefighters Association; (10) one person from the Connecticut Fire  
255 Chiefs Association; (11) one person from the Connecticut Police Chiefs  
256 Association; (12) one person from the Connecticut State Police; and (13)  
257 one person from the Connecticut Commission on Fire Prevention and  
258 Control. An additional eighteen members shall be appointed as  
259 follows: (A) Three by the president pro tempore of the Senate; (B) three  
260 by the majority leader of the Senate; (C) four by the minority leader of  
261 the Senate; (D) three by the speaker of the House of Representatives;  
262 (E) two by the majority leader of the House of Representatives; and (F)  
263 three by the minority leader of the House of Representatives. The  
264 appointees shall include a person with experience in municipal  
265 ambulance services; a person with experience in for-profit ambulance

266 services; three persons with experience in volunteer ambulance  
267 services; a paramedic; an emergency medical technician; an advanced  
268 emergency medical technician; three consumers and four persons from  
269 state-wide organizations with interests in emergency medical services  
270 as well as any other areas of expertise that may be deemed necessary  
271 for the proper functioning of the advisory board.

272 Sec. 4. Subsection (a) of section 19a-180 of the general statutes is  
273 repealed and the following is substituted in lieu thereof (*Effective July*  
274 *1, 2019*):

275 (a) No person shall operate any ambulance service, paramedic  
276 intercept service or rescue service without either a license or a  
277 certificate issued by the commissioner. No person shall operate a  
278 commercial ambulance service or commercial rescue service without a  
279 license issued by the commissioner. A certificate shall be issued to any  
280 volunteer or municipal ambulance service or any ambulance service or  
281 paramedic intercept service that is operated and maintained by a state  
282 agency and that shows proof satisfactory to the commissioner that it  
283 meets the minimum standards of the commissioner in the areas of  
284 training, equipment and personnel. No license or certificate shall be  
285 issued to any volunteer, municipal or commercial ambulance service,  
286 paramedic intercept service or rescue service or any ambulance service  
287 or paramedic intercept service that is operated and maintained by a  
288 state agency, unless it meets the requirements of subsection (e) of  
289 section 14-100a. Applicants for a license shall use the forms prescribed  
290 by the commissioner and shall submit such application to the  
291 commissioner accompanied by an annual fee of two hundred dollars.  
292 In considering requests for approval of permits for new or expanded  
293 emergency medical services in any region, the commissioner shall  
294 consult with the Office of Emergency Medical Services and the  
295 emergency medical services council of such region and shall hold a  
296 public hearing to determine the necessity for such services. Written  
297 notice of such hearing shall be given to current [providers] emergency  
298 medical service organizations in the geographic region where such

299 new or expanded services would be implemented, provided, any  
300 volunteer ambulance service which elects not to levy charges for  
301 services rendered under this chapter shall be exempt from the  
302 provisions concerning requests for approval of permits for new or  
303 expanded emergency medical services set forth in this subsection. A  
304 primary service area responder that operates in the service area  
305 identified in the application shall, upon request, be granted intervenor  
306 status with opportunity for cross-examination. Each applicant for  
307 licensure shall furnish proof of financial responsibility which the  
308 commissioner deems sufficient to satisfy any claim. The commissioner  
309 may adopt regulations, in accordance with the provisions of chapter  
310 54, to establish satisfactory kinds of coverage and limits of insurance  
311 for each applicant for either licensure or certification. Until such  
312 regulations are adopted, the following shall be the required limits for  
313 licensure: (1) For damages by reason of personal injury to, or the death  
314 of, one person on account of any accident, at least five hundred  
315 thousand dollars, and more than one person on account of any  
316 accident, at least one million dollars, (2) for damage to property at least  
317 fifty thousand dollars, and (3) for malpractice in the care of one  
318 passenger at least two hundred fifty thousand dollars, and for more  
319 than one passenger at least five hundred thousand dollars. In lieu of  
320 the limits set forth in subdivisions (1) to (3), inclusive, of this  
321 subsection, a single limit of liability shall be allowed as follows: (A) For  
322 damages by reason of personal injury to, or death of, one or more  
323 persons and damage to property, at least one million dollars; and (B)  
324 for malpractice in the care of one or more passengers, at least five  
325 hundred thousand dollars. A certificate of such proof shall be filed  
326 with the commissioner. Upon determination by the commissioner that  
327 an applicant is financially responsible, properly certified and otherwise  
328 qualified to operate a commercial ambulance service, paramedic  
329 intercept service or rescue service, the commissioner shall issue the  
330 appropriate license effective for one year to such applicant. If the  
331 commissioner determines that an applicant for either a certificate or  
332 license is not so qualified, the commissioner shall notify such applicant  
333 of the denial of the application with a statement of the reasons for such

334 denial. Such applicant shall have thirty days to request a hearing on  
335 the denial of the application.

336 Sec. 5. Subsections (i) to (l), inclusive, of section 19a-180 of the  
337 general statutes are repealed and the following is substituted in lieu  
338 thereof (*Effective July 1, 2019*):

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

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

363 (k) Notwithstanding the provisions of subsection (a) of this section,  
364 any volunteer, hospital-based or municipal ambulance service that is  
365 licensed or certified and a primary service area responder may apply

366 to the commissioner, on a short form application prescribed by the  
367 commissioner, to change the address of a principal or branch location  
368 or to add a branch location within its primary service area. Upon  
369 making such application, the applicant shall notify in writing all other  
370 primary service area responders in any municipality or abutting  
371 municipality in which the applicant proposes to change principal or  
372 branch locations. Unless a primary service area responder entitled to  
373 receive notification of such application objects, in writing, to the  
374 commissioner and requests a hearing on such application not later  
375 than fifteen calendar days after receiving such notice, the application  
376 shall be deemed approved thirty calendar days after filing. If any such  
377 primary service area responder files an objection with the  
378 commissioner within the fifteen-calendar-day time period and requests  
379 a hearing, the applicant shall be required to demonstrate need to  
380 change the address of a principal or branch location within its primary  
381 service area at a public hearing as required under subsection (a) of this  
382 section.

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

397 Sec. 6. Subsections (a) and (b) of section 19a-180b of the general  
398 statutes are repealed and the following is substituted in lieu thereof

399 (Effective July 1, 2019):

400 (a) For the purposes of this section, "supplemental first responder"  
401 means an emergency medical [services provider] service organization  
402 who holds a certificate of authorization by the Commissioner of Public  
403 Health and responds to a victim of sudden illness or injury when  
404 available and only when called upon, but does not offer transportation  
405 to patients or operate an ambulance service or paramedic intercept  
406 service, "emergency medical services personnel" means an individual  
407 certified pursuant to chapter 384d to practice as an emergency medical  
408 responder, emergency medical technician, advanced emergency  
409 medical technician or emergency medical services instructor or an  
410 individual licensed pursuant to chapter 384d as a paramedic, and  
411 "patient", "ambulance service", ["provider"] "emergency medical  
412 service organization", "paramedic intercept service" and "emergency  
413 medical technician" have the same meanings as provided in section  
414 19a-175, as amended by this act.

415 (b) Notwithstanding the provisions of subsection (a) of section 19a-  
416 180, as amended by this act, the Commissioner of Public Health may  
417 issue a certificate of authorization for a supplemental first responder to  
418 an emergency medical [services provider] service organization who  
419 operates only in a municipality with a population of at least one  
420 hundred five thousand, but not more than one hundred fifteen  
421 thousand, as determined by the most recent population estimate by the  
422 Department of Public Health. A certificate of authorization shall be  
423 issued to an emergency medical [services provider] service  
424 organization that shows proof satisfactory to the commissioner that  
425 such emergency medical [services provider] service organization (1)  
426 meets the minimum standards of the commissioner in the areas of  
427 training, equipment and emergency medical services personnel, and  
428 (2) maintains liability insurance in an amount not less than one million  
429 dollars. Applications for such certificate of authorization shall be made  
430 in the form and manner prescribed by the commissioner. Upon  
431 determination by the commissioner that an applicant is qualified to be

432 a supplemental first responder, the commissioner shall issue a  
433 certificate of authorization effective for two years to such applicant.  
434 Such certificate of authorization shall be renewable biennially. If the  
435 commissioner determines that an applicant for such license is not so  
436 qualified, the commissioner shall provide such applicant with written  
437 notice of the denial of the application with a statement of the reasons  
438 for such denial. Such applicant shall have thirty days to request a  
439 hearing concerning the denial of the application. Any hearing  
440 conducted pursuant to this subsection shall be conducted in  
441 accordance with the provisions of chapter 54. If the commissioner's  
442 denial of a certificate of authorization is sustained after such hearing,  
443 an applicant may make new application not less than one year after the  
444 date on which such denial was sustained.

445 Sec. 7. Section 19a-180d of the general statutes is repealed and the  
446 following is substituted in lieu thereof (*Effective July 1, 2019*):

447 [A provider] Emergency medical services personnel, as defined in  
448 section 19a-175, as amended by this act, who holds the highest  
449 classification of licensure or certification from the Department of  
450 Public Health under this chapter and chapter 384d shall be responsible  
451 for making decisions concerning patient care on the scene of an  
452 emergency medical call. If two or more [providers] emergency medical  
453 service organizations on such scene hold the same licensure or  
454 certification classification, the [provider] emergency medical service  
455 organization for the primary service area responder, as defined in said  
456 section, shall be responsible for making such decisions. If all  
457 [providers] emergency medicine services personnel on such scene are  
458 emergency medical technicians or emergency medical responders, as  
459 defined in said section, the emergency medical service organization  
460 providing transportation services shall be responsible for making such  
461 decisions. [A provider] An emergency medical service organization on  
462 the scene of an emergency medical call who has undertaken decision-  
463 making responsibility for patient care shall transfer patient care to a  
464 provider with a higher classification of licensure or certification upon

465 such provider's arrival on the scene. All [providers] emergency  
466 medical services personnel with patient care responsibilities on the  
467 scene shall ensure such transfer takes place in a timely and orderly  
468 manner. For purposes of this section, the classification of licensure or  
469 certification from highest to lowest is: Paramedic, advanced emergency  
470 medical technician, emergency medical technician and emergency  
471 medical responder. Nothing in this section shall be construed to limit  
472 the authority of a fire chief or fire officer-in-charge under section 7-  
473 313e to control and direct emergency activities at the scene of an  
474 emergency.

475 Sec. 8. Subsection (a) of section 19a-181b of the general statutes is  
476 repealed and the following is substituted in lieu thereof (*Effective July*  
477 *1, 2019*):

478 (a) Each municipality shall establish a local emergency medical  
479 services plan. Such plan shall include the written agreements or  
480 contracts developed between the municipality, its emergency medical  
481 [services providers] service organizations and the public safety  
482 answering point, as defined in section 28-25, that covers the  
483 municipality. The plan shall also include, but not be limited to, the  
484 following:

485 (1) The identification of levels of emergency medical services,  
486 including, but not limited to: (A) The public safety answering point  
487 responsible for receiving emergency calls and notifying and assigning  
488 the appropriate [provider] emergency medical service organization to  
489 a call for emergency medical services; (B) the emergency medical  
490 [services provider] service organization that is notified for initial  
491 response; (C) basic ambulance service; (D) advanced life support level;  
492 and (E) mutual aid call arrangements;

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

495 (3) The establishment of performance standards, including, but not



496 limited to, standards for responding to a certain percentage of initial  
497 response notifications, response times, quality assurance and service  
498 area coverage patterns, for each segment of the municipality's  
499 emergency medical services system; and

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

504 Sec. 9. Subsection (b) of section 19a-182 of the general statutes is  
505 repealed and the following is substituted in lieu thereof (*Effective July*  
506 *1, 2019*):

507 (b) Each emergency medical services council shall develop and  
508 revise every five years a plan for the delivery of emergency medical  
509 services in its area, using a format established by the Office of  
510 Emergency Medical Services. Each council shall submit an annual  
511 update for each regional plan to the Office of Emergency Medical  
512 Services detailing accomplishments made toward plan  
513 implementation. Such plan shall include an evaluation of the current  
514 effectiveness of emergency medical services and detail the needs for  
515 the future, and shall contain specific goals for the delivery of  
516 emergency medical services within their respective geographic areas, a  
517 time frame for achievement of such goals, cost data for the  
518 development of such goals, and performance standards for the  
519 evaluation of such goals. Special emphasis in such plan shall be placed  
520 upon coordinating the existing services into a comprehensive system.  
521 Such plan shall contain provisions for, but shall not be limited to, the  
522 following: (1) Clearly defined geographic regions to be serviced by  
523 each [provider] emergency medical service organization including  
524 cooperative arrangements with other [providers] organizations,  
525 personnel and backup services; (2) an adequate number of trained  
526 personnel for staffing of ambulances, communications facilities and  
527 hospital emergency rooms, with emphasis on former military  
528 personnel trained in allied health fields; (3) a communications system

529 that includes a central dispatch center, two-way radio communication  
530 between the ambulance and the receiving hospital and a universal  
531 emergency telephone number; and (4) a public education program that  
532 stresses the need for adequate training in basic lifesaving techniques  
533 and cardiopulmonary resuscitation. Such plan shall be submitted to  
534 the Commissioner of Public Health no later than June thirtieth each  
535 year the plan is due.

536 Sec. 10. Section 19a-183 of the general statutes is repealed and the  
537 following is substituted in lieu thereof (*Effective July 1, 2019*):

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

556 Sec. 11. Subsection (c) of section 20-206kk of the general statutes is  
557 repealed and the following is substituted in lieu thereof (*Effective July*  
558 *1, 2019*):

559 (c) No license as a paramedic or certificate as an emergency medical  
560 responder, emergency medical technician, advanced emergency

561 medical technician or emergency medical services instructor shall be  
562 required of (1) a person performing services within the scope of  
563 practice for which he or she is licensed or certified by any agency of  
564 this state, or (2) a student, intern or trainee pursuing a course of study  
565 in emergency medical services in an accredited institution of education  
566 or within an emergency medical services program approved by the  
567 commissioner, provided the activities that would otherwise require a  
568 license or certificate as an emergency medical services [provider]  
569 personnel are performed under supervision and constitute a part of a  
570 supervised course of study.

571 Sec. 12. Section 20-206jj of the general statutes is repealed and the  
572 following is substituted in lieu thereof (*Effective July 1, 2019*):

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

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

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

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

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

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

591 paramedic;

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

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

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

604 [(8)] (9) "Paramedicine" means the carrying out of (A) all phases of  
605 cardiopulmonary resuscitation and defibrillation, (B) the  
606 administration of drugs and intravenous solutions under written or  
607 oral authorization from a licensed physician or a licensed advanced  
608 practice registered nurse, and (C) the administration of controlled  
609 substances, as defined in section 21a-240, in accordance with written  
610 protocols or standing orders of a licensed physician or a licensed  
611 advanced practice registered nurse; [and]

612 [(9)] (10) "Paramedic" means a person licensed to practice as a  
613 paramedic under the provisions of section 20-206ll; and

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

619 Sec. 13. Section 20-206mm of the general statutes is repealed and the  
620 following is substituted in lieu thereof (*Effective July 1, 2019*):

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

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

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

647 (d) [The commissioner may issue an emergency medical technician  
648 certificate,] On or after January 1, 2020, each person seeking  
649 certification as an emergency medical responder [certificate or  
650 advanced emergency medical technician certificate to an applicant  
651 who presents] shall apply to the department on forms prescribed by  
652 the commissioner. Applicants for certification shall comply with the  
653 following requirements: (1) For initial certification, an applicant shall

654 present evidence satisfactory to the commissioner that the applicant  
655 [(1) is currently certified as an emergency medical technician,  
656 emergency medical responder, or advanced emergency medical  
657 technician in good standing in any New England state, New York or  
658 New Jersey, (2)] (A) has completed an initial training program  
659 consistent with the National Emergency Medical Services Education  
660 Standards, as promulgated by the National Highway Traffic Safety  
661 Administration for the [emergency medical technician,] emergency  
662 medical responder curriculum, [or advanced emergency medical  
663 technician, and (3) has no pending disciplinary action or unresolved  
664 complaint against him or her] and (B) has passed the emergency  
665 medical responder examination administered by the national  
666 organization for emergency medical certification or an examination  
667 approved by the department, (2) for renewal certification, an applicant  
668 shall present evidence satisfactory to the commissioner that the  
669 applicant (A) has successfully completed continuing education for an  
670 emergency medical responder as required by the national organization  
671 for emergency medical certification or as approved by the department,  
672 or (B) presents a current certification as an emergency medical  
673 responder from the national organization for emergency medical  
674 certification, or (3) for certification by endorsement from another state,  
675 an applicant shall present evidence satisfactory to the commissioner  
676 that the applicant (A) is currently certified as an emergency medical  
677 responder in good standing by a state that maintains certification or  
678 licensing requirements that the commissioner determines are equal to  
679 or greater than those in this state, or (B) holds a current certification as  
680 an emergency medical responder from the national organization for  
681 emergency medical certification.

682 (e) [An emergency medical responder, emergency medical  
683 technician, advanced emergency medical technician or emergency  
684 medical services instructor shall be recertified every three years. For  
685 the purpose of maintaining an acceptable level of proficiency, each  
686 emergency medical technician who is recertified for a three-year  
687 period shall complete thirty hours of refresher training approved by

688 the commissioner or meet such other requirements as may be  
689 prescribed by the commissioner. The refresher training or other  
690 requirements shall include, but not be limited to, training in  
691 Alzheimer's disease and dementia symptoms and care.] On or after  
692 January 1, 2020, each person seeking certification as an emergency  
693 medical technician shall apply to the department on forms prescribed  
694 by the commissioner. Applicants for certification shall comply with the  
695 following requirements: (1) For initial certification, an applicant shall  
696 present evidence satisfactory to the commissioner that the applicant  
697 (A) has completed an initial training program consistent with the  
698 National Emergency Medical Services Education Standards, as  
699 promulgated by the National Highway Traffic Safety Administration  
700 for the emergency medical technician curriculum, and (B) has passed  
701 the emergency medical technician examination administered by the  
702 national organization for emergency medical certification or an  
703 examination approved by the department, (2) for renewal certification,  
704 an applicant shall present evidence satisfactory to the commissioner  
705 that the applicant (A) has successfully completed continuing education  
706 for an emergency medical technician as required by the national  
707 organization for emergency medical certification or as approved by the  
708 department, or (B) presents a current certification as an emergency  
709 medical technician from the national organization for emergency  
710 medical certification, or (3) for certification by endorsement from  
711 another state, an applicant shall present evidence satisfactory to the  
712 commissioner that the applicant (A) is currently certified as an  
713 emergency medical technician in good standing by a state that  
714 maintains certification or licensing requirements that the commissioner  
715 determines are equal to or greater than those in this state, or (B) holds  
716 a current certification as an emergency medical technician from the  
717 national organization for emergency medical certification.

718 (f) On or after January 1, 2020, each person seeking certification as  
719 an advanced emergency medical technician shall apply to the  
720 department on forms prescribed by the commissioner. Applicants for  
721 certification shall comply with the following requirements: (1) For

722 initial certification, an applicant shall present evidence satisfactory to  
723 the commissioner that the applicant (A) has completed an initial  
724 training program consistent with the National Emergency Medical  
725 Services Education Standards, as promulgated by the National  
726 Highway Traffic Safety Administration for the advanced emergency  
727 medical technician curriculum, and (B) has passed the advanced  
728 emergency medical technician examination administered by the  
729 national organization for emergency medical certification or an  
730 examination approved by the department, (2) for renewal certification,  
731 an applicant shall present evidence satisfactory to the commissioner  
732 that the applicant (A) has successfully completed continuing education  
733 for an advanced emergency medical technician as required by the  
734 national organization for emergency medical certification or as  
735 approved by the department, or (B) presents a current certification as  
736 an advanced emergency medical technician from the national  
737 organization for emergency medical certification, or (3) for certification  
738 by endorsement from another state, an applicant shall present  
739 evidence satisfactory to the commissioner that the applicant (A) is  
740 currently certified as an advanced emergency medical technician in  
741 good standing by a state that maintains certification or licensing  
742 requirements that the commissioner determines are equal to or greater  
743 than those in this state, or (B) holds a current certification as an  
744 advanced emergency medical technician from the national  
745 organization for emergency medical certification.

746 (g) On or after January 1, 2020, each person seeking certification as  
747 an emergency medical services instructor shall apply to the  
748 department on forms prescribed by the commissioner. Applicants for  
749 certification shall comply with the following requirements: (1) For  
750 initial certification, an applicant shall present evidence satisfactory to  
751 the commissioner that the applicant (A) is currently certified by the  
752 department as an emergency medical technician or advanced  
753 emergency medical technician or licensed by the department as a  
754 paramedic, (B) has completed a program of training as an emergency  
755 medical instructor based on current national education standards



756 within the prior two years, (C) has completed twenty-five hours of  
757 teaching activity under the supervision of a currently certified  
758 emergency medical services instructor, (D) has completed written and  
759 practical examinations as prescribed by the commissioner, (E) has no  
760 pending disciplinary action or unresolved complaints against the  
761 applicant, and (F) effective on a date prescribed by the commissioner,  
762 presents documentation satisfactory to the commissioner that the  
763 applicant is currently certified as an emergency medical technician,  
764 advanced emergency medical technician or paramedic by the national  
765 organization for emergency medical certification, or (2) for renewal  
766 certification, an applicant shall present evidence satisfactory to the  
767 commissioner that the applicant (A) has successfully completed  
768 continuing education and teaching activity as required by the  
769 department, (B) maintains current certification by the department as an  
770 emergency medical technician, advanced emergency medical  
771 technician or licensure by the department as a paramedic, and (C)  
772 effective on a date as prescribed by the commissioner, presents  
773 documentation satisfactory to the commissioner that the applicant is  
774 currently certified as an emergency medical technician, advanced  
775 emergency medical technician or paramedic by the national  
776 organization for emergency medical certification.

777 (h) A certified emergency medical responder, emergency medical  
778 technician, advanced emergency medical technician or emergency  
779 medical services instructor shall document the completion of his or her  
780 continuing educational requirements through the continuing  
781 education platform Internet web site.

782 [(f)] (i) The commissioner may issue a temporary emergency  
783 medical technician certificate to an applicant who presents evidence  
784 satisfactory to the commissioner that (1) the applicant was certified by  
785 the department as an emergency medical technician prior to becoming  
786 licensed as a paramedic pursuant to section 20-206ll, or (2) the  
787 applicant's certification as an emergency medical technician has  
788 expired and the applicant's license as a paramedic has become void

789 pursuant to section 19a-88. Such temporary certificate shall be valid for  
790 a period not to exceed one year and shall not be renewable.

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

811       (h) The commissioner may issue an emergency medical responder,  
812 emergency medical technician or advanced emergency medical  
813 technician certificate to an applicant for certification by endorsement  
814 who presents evidence satisfactory to the commissioner that the  
815 applicant (1) is currently certified as an emergency medical responder,  
816 emergency medical technician or advanced emergency medical  
817 technician in good standing by a state that maintains licensing  
818 requirements that the commissioner determines are equal to, or greater  
819 than, those in this state, (2) has completed an initial department-  
820 approved emergency medical responder, emergency medical  
821 technician or advanced emergency medical technician training

822 program that includes written and practical examinations at the  
823 completion of the course, or a program outside the state that adheres  
824 to national education standards for the emergency medical responder,  
825 emergency medical technician or advanced emergency medical  
826 technician scope of practice and that includes an examination, and (3)  
827 has no pending disciplinary action or unresolved complaint against  
828 him or her.

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

842 [(j)] (k) Any person certified as an emergency medical responder,  
843 emergency medical technician, advanced emergency medical  
844 technician or emergency medical services instructor pursuant to this  
845 chapter and the regulations adopted pursuant to section 20-20600  
846 whose certification has expired may apply to the Department of Public  
847 Health for reinstatement of such certification as follows: (1) If such  
848 certification is expired [one year] for a period of two years or less,  
849 [from the date of the application for reinstatement,] such person shall  
850 complete the requirements for recertification specified in regulations  
851 adopted pursuant to section 20-20600; or (2) [if such recertification  
852 expired more than one year but less than three years from the date of  
853 application for reinstatement, such person shall complete the training  
854 required for recertification and the examination required for initial

855 certification specified in regulations adopted pursuant to section 20-  
856 20600; or (3)] if such certification is expired [three or] for a period of  
857 more than two years, [from the date of application for reinstatement,]  
858 such person shall complete the requirements for initial certification set  
859 forth in this section. Any certificate issued pursuant to this section  
860 shall remain valid for ninety days after the expiration date of such  
861 certificate and become void upon the expiration of such ninety-day  
862 period.

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

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

877 Sec. 14. Section 20-195ff of the general statutes is repealed and the  
878 following is substituted in lieu thereof (*Effective July 1, 2019*):

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

886       Sec. 15. Subdivision (14) of section 20-9 of the general statutes is  
 887 repealed and the following is substituted in lieu thereof (*Effective July*  
 888 *1, 2019*):

889       (14) Any person rendering service as a physician assistant licensed  
 890 pursuant to section 20-12b, a registered nurse, a licensed practical  
 891 nurse or a paramedic, as defined in subdivision [(15)] (14) of section  
 892 19a-175, as amended by this act, acting within the scope of regulations  
 893 adopted pursuant to section 19a-179, if such service is rendered under  
 894 the supervision, control and responsibility of a licensed physician;

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2019</i>	19a-175
Sec. 2	<i>July 1, 2019</i>	19a-177(6) to (8)
Sec. 3	<i>July 1, 2019</i>	19a-178a(b)
Sec. 4	<i>July 1, 2019</i>	19a-180(a)
Sec. 5	<i>July 1, 2019</i>	19a-180(i) to (l)
Sec. 6	<i>July 1, 2019</i>	19a-180b(a) and (b)
Sec. 7	<i>July 1, 2019</i>	19a-180d
Sec. 8	<i>July 1, 2019</i>	19a-181b(a)
Sec. 9	<i>July 1, 2019</i>	19a-182(b)
Sec. 10	<i>July 1, 2019</i>	19a-183
Sec. 11	<i>July 1, 2019</i>	20-206kk(c)
Sec. 12	<i>July 1, 2019</i>	20-206jj
Sec. 13	<i>July 1, 2019</i>	20-206mm
Sec. 14	<i>July 1, 2019</i>	20-195ff
Sec. 15	<i>July 1, 2019</i>	20-9(14)

**Statement of Legislative Commissioners:**

In Section 12(9), "and" was bracketed, and in Section 12(10), "and" was added for grammatical correctness.

**PH**       *Joint Favorable Subst. -LCO*