

Act Number:	09-076	
Bill Number:	1010	
Senate Pages:	1433-1442, 1479-1481	13
House Pages:	4230-4254	25
Committee:	Public Safety: 513, 514, 539, 541-557, 631-634, 657-678, 680, 714	47
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**CONNECTICUT
GENERAL ASSEMBLY
SENATE**

**PROCEEDINGS
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There's a motion on the floor for consent.

Seeing no objection, so ordered, ma'am.

SENATOR PRAGUE:

Thank you.

THE CHAIR:

Mr. Clerk.

THE CLERK:

Calendar page 23, Calendar Number 423, File Number 596, Substitute for Senate Bill 1010, An Act Concerning Exposure to Infectious Diseases and Emergency Responders, favorable report of the Committees on Public Safety and Public Health. The Clerk is in possession of an amendment.

THE CHAIR:

Senator Stillman.

SENATOR STILLMAN:

Thank you, Mr. President. I move the Joint Committee's favorable report and passage of the bill.

THE CHAIR:

Acting on approval, ma'am, would you like to discuss it further?

SENATOR STILLMAN:

Yes. Thank you, sir. This bill is a reaction to federal regulation which was removed inadvertently in

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relationship to the Ryan White Act. And the bill deals with appropriate response to emergency service workers, if they've been exposed to certain infectious diseases.

What it does is it reinstates an already existing process where those exposed in the line of duty, whether volunteers or paid, are alerted to the fact that they may have been exposed to an infectious disease. And I urge its adoption.

THE CHAIR:

The motion is on adoption, will you remark further?

Senator Fasano.

SENATOR FASANO:

Thank you, Mr. President. Mr. President, through you to Senator Stillman. Mr. President, the question I have is would this person who has to act as the designee -- or I should say the employee or volunteer, be that person's sole responsibility or could that person also be an acting emergency service or a volunteer fireman or fireman? Through you, Mr. President.

THE CHAIR:

Senator Stillman.

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SENATOR STILLMAN:

Thank you, Mr. President. It would normally be someone who is part of the hospital staff, and that would be their role in terms of someone who may have been brought in, in an emergency and there was an exposure, which the public safety personnel may not have been aware of at the time to let them know that there is an exposure. It is a process of the hospital's already utilize. Through you, sir.

THE CHAIR:

Senator Fasano.

SENATOR FASANO:

Thank you. And through you, Mr. President, I understand the bill, there's two processes. It just may be my confusion, there's the one where the hospital has to as soon as they find out about this infectious disease, call to the emergency service organization and let them know what they found out, what the disease is, et cetera. So that this person who's designated at the emergency service who will be the point person to receive this information, that person at the emergency service, could that person have another job within that service? Or must they hire or the volunteer be solely for the purpose of

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waiting by the phone for that information? Through
you, Mr. President.

THE CHAIR:

Senator Stillman.

SENATOR STILLMAN:

Thank you, sir. Through you, it would be someone
who's already on staff and probably has multiple
duties.

THE CHAIR:

Senator Fasano.

SENATOR FASANO:

Thank you, Mr. President. I want to thank
Senator Stillman for that clarification. And that
would be my understanding as well, that this does not
require the additional services of a volunteer or an
additional employee, it can be somebody who already
has the duties -- as long as there's somebody during
that period of time who's designated to receive the
information during the course of their operation. I
thank the good Senator for her answers and thank you,
Mr. President.

THE CHAIR:

Thank you, sir.

Will you remark further on the bill, Senate Bill

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1010?

Senator Witkos.

SENATOR WITKOS:

Thank you, Mr. President. I'd like to personally thank Senator Still and the Public Safety Committee for bringing this bill forward. As a member of an emergency service organization, I know it's extremely difficult and as the clock ticks by and you're wondering have you been infected by somebody at a scene that has a multitude of bodily fluids, and you're just waiting to hear, hopefully, that the answer will be no or a negative response from the hospital, if you can get that information.

And with that, I do have an amendment prepared, but I want to ask Senator Stillman a question just to make sure -- I might not need you to call it. So through you, Mr. President, to Senator Stillman, the bill states that there will be a designated officer that receives the information from the ESO and my question would be to you -- and oftentimes the chief officer of whatever that emergency service organization happens to be, whether it be the police chief or the fire chief or the EMS chief, they are generally the executive officer, the designated

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officer. So under this language, would the hospital or the person receiving that information, whether it be a lab or the hospital, only really send information to that chief designated officer or could it be to their designee? And I ask that in preparation, because my -- if it's only that officer I have an amendment which will allow the designated officer to designate an employee in his or her absence. Through you, Mr. President.

THE CHAIR:

Senator Stillman.

SENATOR STILLMAN:

Thank you, Mr. President. Through you, it is my understanding that is one of the roles of the chief of the department or someone who has been designated by the chief of a fire department, let's say, or even a police department. There's usually someone who serves in that capacity to be the person who is contacted by the hospital and then they in turn will let those know who on the ambulance who may have provided assistance to let them know that there's been an occurrence and that they should, obviously, go into the hospital and be tested. Through you, sir.

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Senator Witkos.

SENATOR WITKOS:

Thank you, Mr. President. I guess with that explanation, the Clerk has possession of LCO 5887, I ask for it to be called and I be allowed to summarize.

THE CHAIR:

Mr. Clerk.

THE CLERK:

LCO 5887, which will be designated Senate Amendment Schedule A, is offered Senator Witkos of the 7th District.

THE CHAIR:

Senator Witkos.

SENATOR WITKOS:

Thank you, Mr. President. I move adoption.

THE CHAIR:

Please proceed, sir.

SENATOR WITKOS:

Thank you. In Section 8 of the bill it states that, a designated officer -- excuse me just a moment -- the bill only allows for one individual to be designated as that designated officer. And I have a concern in the scenario that I just eluded to in the sense that these organizations are 24 hours a day, 7

days a week operations, and we need to have the ability to allow the designated officer to have someone else in that organization in their absence serve as their designee.

At 3 o'clock or 2 o'clock in the morning at the scene of a car accident somebody's transported and it's found that they have an infectious disease such as hepatitis C or B, you want to make notification immediately to all those that may have been involved in that incidence -- maybe before they even go home and transfer those items possibly to their families and spread. And the way the bill is currently worded the information can only be given to the designated employee, if that happens to be the chief of that organization, the hospital can't release it because it only can go to the designated person.

So this amendment states that in the absence of the designated officer, he can designate someone else in his or her absence. So I would ask for a favorable response from the circle. Thank you, Mr. President.

THE CHAIR:

Will you remark further on Senate A?

Senator Stillman.

SENATOR STILLMAN:

Thank you, Mr. President. Through you, you know, this is sort of, I think, a fail-safe suggestion. I would consider it a friendly amendment, I would venture to say that that information that might be gathered that would be of a concern, probably would not be known for several hours until some tests have been performed. So it's not something where, you know, within a half hour of transport they automatically know that there's a problem. So -- excuse me -- as I said, you know, it never hurts to have some backup, and so I would consider this a friendly amendment. Thank you, sir.

THE CHAIR:

Thank you, ma'am.

Will you remark further on Senate Amendment A to Senate Bill 1010?

If not, I will try your minds. All those in favor signify by saying aye.

VOICES:

Aye.

THE CHAIR:

Opposed, nay.

The ayes have it, the amendment is adopted.

Will you remark further on Senate Bill 1010 as

amended?

Senator Stillman.

SENATOR STILLMAN:

Thank you, sir. If there's no objection, I'd like to ask that this be placed on the Consent Calendar.

THE CHAIR:

There's a motion on the floor for consent. Seeing none, it will placed on consent.

Mr. Clerk.

THE CLERK:

Calendar page 25, Calendar Number 432, File Number 650, Substitute for Senate Bill 1020, An Act Concerning Pesticide Applications at Child Day Care Centers and Schools, favorable report of the Committee on Energy -- correction, on Environment, Public Health, and Education.

THE CHAIR:

Senator Meyer.

SENATOR MEYER:

Thank you, Mr. President. I move the acceptance of the Joint Committee's favorable report and passage of the bill.

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Agenda Number 3, Emergency Certified Bill 6716 and
House Bill -- correction, 6379.

Turning to the calendar, calendar page 2,
Calendar Number 475, Senate Resolution Number 19;
Calendar 476, Senate Resolution Number 20; Calendar
477, Senate Joint Resolution Number 74.

Calendar page 4, Calendar Number 139, Senate Bill
854.

Calendar page 6, Calendar 178, Senate Bill 873.

Calendar page 7, Calendar 194, Substitute for
Senate Bill 756.

Calendar page 8, Calendar 223, Substitute for
Senate Bill 46.

Calendar page 10, Calendar Number 240, House Bill
Number 6401.

Calendar page 12, Calendar Number 264, Substitute
for Senate Bill 1023.

Calendar page 14, Calendar 328, Substitute for
Senate Bill 814.

Calendar page 19, Calendar Number 400, House Bill
6351.

Calendar page 20, Calendar Number 402, Substitute
for House Bill 6193.

Calendar page 21, Calendar 408, House Bill 6322;

Calendar 409, Senate Bill 1013.

Calendar page 23, Calendar 423, Substitute for
Senate Bill 1010.

Calendar page 27, Calendar 443, Substitute Senate
Bill 1149; Calendar 447, Senate Bill 673; Calendar
448, Senate Bill 1029.

Calendar page 30, Calendar 459, House Bill 5138;
Calendar 461, House Bill 6406; Calendar 462,
Substitute for House Bill 6537.

Calendar page 39, Calendar Number 81, Substitute
for Senate Bill 760; Calendar 83, Senate Bill 762;
Calendar 99, Senate Bill 787.

Calendar page 40, Calendar 119, Substitute for
Senate Bill 778.

Calendar page 43, Calendar 171, Senate Bill 251.

Calendar page 46, Calendar Number 266, Senate
Bill Number 382.

Calendar page 51, Calendar Number 356.

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Mr. President, I believe that completes those
items previously placed on the first Consent Calendar.

The Senate is now voting by roll call on the
Consent Calendar, will all Senators please return to
the chamber. The Senate is now voting by roll call on
the Consent Calendar, will all Senators please return

to the chamber.

THE CHAIR:

The machine is open.

Members, please check the board to see if your vote is properly cast and properly recorded. If all members have voted, the machine will be locked.

Would the Clerk please take a tally.

THE CLERK:

Motion is on adoption of Consent Calendar Number 1. Total number voting, 35; those voting yea, 35; those voting nay, 0; those absent/not voting, 1.

THE CHAIR:

Consent Calendar 1 is passed.

Senator Looney.

SENATOR LOONEY:

Yes. Thank you, Mr. President. Mr. President, the two items that appeared on Senate Agenda Number 3, have just been passed on the Consent Calendar. I would move that the first item from Senate Agenda Number 3, House Bill 6716, the emergency certified bill, I move for immediate transmittal of that item to the Governor.

THE CHAIR:

Motion is for immediate transmittal to the

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SPEAKER DONOVAN:

House, please come back to order.

And will the Clerk please call Calendar
Number 547.

THE CLERK:

On page 18, Calendar 547, Substitute for Senate
Bill Number 1010, An Act Concerning Exposure to
Infectious Diseases And Emergency Responders,
favorable report of the Committee on Public Health.

SPEAKER DONOVAN:

Representative Theresa Conroy.

REP. CONROY (105th):

Thank you, Mr. Speaker. I move for acceptance of
the Joint Committee's favorable report and passage of
the bill in concurrence with the Senate.

SPEAKER DONOVAN:

The question is acceptance of Joint Committee's
favorable report and passage of bill in concurrence
with the Senate. Will you remark, madam?

REP. CONROY (105th):

Thank you, Mr. Speaker. Senate Bill 1010 --
exposure to notification for the Ryan White started
back in 1990 with the Congress passing funding for
AIDS and HIV, as well as establishing a method of

modifying emergency responders -- with notifying them when they were exposed to infectious diseases. In 2006, the Ryan White Act was reauthorized and the language provided in this critical notification of emergency workers was inadvertently omitted. Right now, Congress is currently working on it, but they need state assistance to protect the health care of our emergency service workers.

This bill makes provisions to emergency service organizations to be notified within 48 hours of exposure of TB by a patient that they have transported -- to be notified by the hospital verbally, and 72 hours in writing. It allows for a designated officer to be the contact person in the organization for the information. In addition, the emergency services organization designee will have the authority to contact the hospital for possible exposure to the infectious diseases. Those infectious diseases would be including tuberculosis, hepatitis B, HIV, AIDS, diphtheria, hemorrhagic fevers, meningococcal disease, plague, and rabies; those are all, in effect, in the Ryan White Act. In addition, hepatitis C, pandemic flu, hepatitis A, and MRSA known as "mer-sa," will also be added to the list.

The hospital will have a ten day window in which to respond, if they find out that a patient is positive when they do test the patient. The bill prohibits the hospital from releasing any (inaudible) -- identification to keep consistent with HIPAA laws. This bill was passed unanimously out of both Public Health and out of Public Safety Committees.

Mr. Speaker, I would like to ask the Clerk to please call the amendment and that I be granted leave of the chamber to summarize, LCO Number 5887.

SPEAKER DONOVAN:

Will the Clerk please call LCO 5887, which is designated Senate A.

THE CLERK:

LCO Number 5887 Senate A, offered by Senator Witkos.

SPEAKER DONOVAN:

Representative seeks leave the chamber to summarize the amendment. Is there objection to summarization?

Hearing none, Representative Conroy, you may proceed with summarization.

REP. CONROY (105th):

Thank you, Mr. Speaker. This amendment grants the designee for the hospital -- I'm sorry, for the emergency services organization, to be able to grant a designee in his replacement if he's not available or has a period of an absence; and I move for adoption.

SPEAKER DONOVAN:

Question before the chamber is adoption of Senate Amendment A. Remark on the amendment? Remark on the amendment?

Representative Perillo.

REP. PERILLO (113th):

Mr. Speaker, thank you very much. I rise today in support of the amendment before us. It makes sense, it's -- it's very impractical for just one person to be designated as the conduit to this information, and in this case there may be cause to have someone else act in his or her stead. This is a good amendment and I urge its adoption. Thank you, sir.

SPEAKER DONOVAN:

Thank you, Representative.

Will you remark further on the amendment? Remark further on Senate A?

If not, let me try your minds. All those in

favor in of the amendment please signify by saying,
aye.

VOICES:

Aye.

SPEAKER DONOVAN:

All those opposed nay.

The ayes have it, the amendment is adopted.

Remark further on the bill as amended? Remark
further on the bill as amended?

Representative Perillo.

REP. PERILLO (113th):

Mr. Speaker, again, thank you very much. I rise in support of the bill as amended before us. This is something that is absolutely essential to emergency care workers. Our firefighters, our police, and our ambulance personnel. Right now, they do not have the protection they need and they cannot necessarily be notified if there is a circumstance where they have been in contact with a patient who has an infectious disease. This bill that's before us will offer them the protection that they need as folks in Washington get their act together and catch up with the mistake that they've made in the passage of their own legislation.

I do, though, have a couple of questions for the proponent, if I may, through you, sir.

SPEAKER DONOVAN:

Please proceed, sir.

REP. PERILLO (113th):

Through you, Mr. Speaker, in Lines 16 through 20 of the bill, which refer to a definition of "emergency services member," there was some discussion on this in committee and I'm wondering, just for clarity, whether or not this would include all types of police officers. There were some changes in committee, and I just want to make sure that this is actually all inclusive, through you, sir.

SPEAKER DONOVAN:

Representative Conroy.

REP. CONROY (105th):

Through you, Mr. Speaker, the "emergency services member" means any police officer as defined in Section 7-294a of General Statutes.

SPEAKER DONOVAN:

Representative Perillo.

REP. PERILLO (113th):

I thank the gentlelady for her answer. Just to clarify, so Section 7-294a of the General Statutes is

all inclusive and would cover officers of the Department of Motor Vehicles and any other police officer, even if it were not necessarily government official. Just to clarify, through you, sir.

SPEAKER DONOVAN:

Representative Conroy.

REP. CONROY (105th):

Through you, Mr. Speaker, yes.

SPEAKER DONOVAN:

Representative Perillo.

REP. PERILLO (113th):

I thank the gentlelady for that clarification. And another question through you, sir, in Lines 21 through 25, which is the definition of an "emergency medical technician," I just want to clarify for legislative intent because there is some ambiguity there. Though the word "paramedic" is not mentioned in those lines, I would just like to clarify that paramedics are indeed covered by this bill, through you, sir.

SPEAKER DONOVAN:

Representative Conroy.

REP. CONROY (105th):

Through you, Mr. Speaker, yes, they are covered.

SPEAKER DONOVAN:

Representative Perillo.

REP. PERILLO (113th):

Again, I thank the gentlelady for her answer. And I have another question through you, sir, in Lines 30 and 31, where we talk about the emergency service organizations that would fall under the auspices of this bill; it states, "organizations that offer transportation or treatment services to patients under emergency conditions." For legislative intent, if I could just clarify, I can envision situations in which police departments do not necessarily have a department of Public Health-designated authority to provide such medical care, but I can certainly see situations in which they would be rendering care, they would be in close proximity to patients who are getting care from other licensed providers. Would emergency service organizations like these police departments that aren't necessarily designated as emergency medical responders, would they be covered under this bill? Through you, sir.

SPEAKER DONOVAN:

Representative Conroy.

REP. CONROY (105th):

Through you, Mr. Speaker, yes, they would be covered.

SPEAKER DONOVAN:

Representative Perillo.

REP. PERILLO (113th):

I thank the gentlelady for her answer. Another question, if I could, Line 44 discusses when we -- under what circumstances a hospital must convey information to an emergency services provider, and specifically it mentions pulmonary tuberculosis. In an earlier version of this bill the language was a bit more expansive, and I'm just wondering and in -- actually, in the original version it referred to "infectious diseases."

Personally, I was a supporter of the more expansive language, but I see before us we are talking about pulmonary tuberculosis. If the gentlelady could please clarify for me why this change was made, and whether or not there could be repercussions from the change from a broad definition of "infectious disease" to a more narrow one of pulmonary tuberculosis, through you, sir.

SPEAKER DONOVAN:

Representative Conroy.

REP. CONROY (105th):

Thank you. Through you, Mr. Speaker, this would be consistent with federal guidelines where we push out from the hospitals, the TB is the one that gets notified to emergency services.

SPEAKER DONOVAN:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Mr. Speaker, and I thank the gentlelady for her answer. Again, through you, sir, in Lines 59 and 60, I'm just concerned about some language here and I wonder if it's not expansive enough. It refers to any member of an emergency service organization who believes that he or she may have been exposed to an infectious disease. This obviously begets the question, what about individuals who may not have any reason to believe they were exposed to an infectious disease, but in all actuality were? What would those folks do, what recourse would they have under this bill? Through you, sir.

SPEAKER DONOVAN:

Representative Conway. Excuse me, Representative Conroy, you've got the floor, madam.

REP. CONROY (105th):

Through you, Mr. Speaker, the employee would still, if they feel that they had been exposed, they would go through their contact person, the designee, to report that they feel that they were exposed.

SPEAKER DONOVAN:

Representative Perillo.

REP. PERILLO (113th):

I thank the gentlelady for her answer. I don't know if it gets to the heart of my question and I would again ask it. I understand that those individuals who believe they may have been exposed certainly have recourse through their designated officer. What about circumstances, it is very common in the field for an emergency medical technician or other emergency provider to encounter a patient who doesn't necessarily have any reason to believe they have been exposed, but certainly in a hospital's assessment they would determine that there was an infectious disease. How would someone, how would an emergency provider in that circumstance gain some sort of protection? Through you, sir.

SPEAKER DONOVAN:

Representative Conroy.

REP. CONROY (105th):

The hospital is not required to push out that information to the emergency services, but there is communication between those two organizations. So if there was an exposure, the hospitals do communicate that.

SPEAKER DONOVAN:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Mr. Speaker. I'll move on to another question, a very simple one. In Line 82, actually Lines 81 and 82, it discusses what would happen if at the end of a ten-day period -- of the ten-day period, no test had been performed by the hospital upon request of the emergency services provider. Is there any penalty to the hospital if after that ten days no test has been performed? Through you, sir.

SPEAKER DONOVAN:

Representative Conroy.

REP. CONROY (105th):

Through you, Mr. Speaker, no, there is no penalty. However, they are -- they would be able to file a compliant with the department if they felt they needed to.

SPEAKER DONOVAN:

Representative Perillo.

REP. PERILLO (113th):

Mr. Speaker, thank you, a follow-up to that. What then would the Department of Public Health do in receipt of that complaint? Through you, sir.

SPEAKER DONOVAN:

Representative Conroy.

REP. CONROY (105th):

Though you, Mr. Speaker, the Department of Public Health would look at the complaint and see if there was any validity to it and follow through.

SPEAKER DONOVAN:

Representative Perillo.

REP. PERILLO (113th):

Again, a follow-up through you, Mr. Speaker. After assessing the validity of the complaint and determining to follow through, what would the Department of Public Health be able to do in its follow through? Through you, sir.

SPEAKER DONOVAN:

Representative Conroy.

REP. CONROY (105th):

Through you, Mr. Speaker, the Department of Public Health would begin by communicating to see if

they could resolve the issue, and they do have different processes in place to work on this.

SPEAKER DONOVAN:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Mr. Speaker. I'll move on -- I'll move on to another question, perhaps my last. In Lines 98 through 102, the bill discusses what would happen if a patient (inaudible) subsequently to the patient contact with the emergency medical provider. What would happen if the patient were deceased at the hospital and had been transferred off site? And I understand that -- a question though, it is not uncommon for a patient to initially be seen in one medical facility, but because of any special needs they may have, be transferred to another facility. Would hospital have an obligation to inform the emergency provider as to whether or not the patient had indeed been moved and where in fact they had been move to? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Conroy.

REP. CONROY (105th):

Through you, Mr. Speaker, if the patient is moved

out to another hospital during that time, there's not so much an obligation that they would have to do it, but they would follow through to pass that information on upon request.

SPEAKER DONOVAN:

Representative Perillo.

REP. PERILLO (113th):

I thank the gentlelady. And through you, Mr. Speaker, just to clarify, I don't see that here in the bill, and I don't see any sort of order that the hospital would have to do that. Obviously if a patient with an infectious disease has moved on and tests need to be performed at a second hospital or a third hospital, it would be in the best interest of the emergency provider to know where that is so that -- so that the emergency provider would know where to make the request for a test to. There's nothing in this bill as far as I read it, that would require the first hospital of patient contact to pass information along, so I'm just wondering what is an emergency provider to do in that situation in order to gain the information they need to stay safe? Through you, sir.

SPEAKER DONOVAN:

Representative Conroy.

REP. CONROY (105th):

Through you, Mr. Speaker, if patient A was -- the patient was brought to hospital A and within that time frame, the first ten days, he moves out to hospital B, hospital A would notify hospital B of the request.

SPEAKER DONOVAN:

Representative Perillo.

REP. PERILLO (113th):

So let me just rephrase that question for legislative intent, because what the Representative just said is not what's in the bill. A hospital that transfers a patient to another facility, if requested by an emergency services provider -- let me just make sure I get that right -- by an emergency services organization as defined in this bill, that hospital would have to inform the emergency services organization where the patient has been transported to? For legislative intent, through you.

SPEAKER DONOVAN:

Representative Conroy.

REP. CONROY (105th):

Through you, Mr. Speaker, I'm sorry, can you repeat that question?

SPEAKER DONOVAN:

Representative Perillo.

REP. PERILLO (113th):

Gladly, Mr. Speaker. Again, I do not see in the bill where there is any such obligation, as was mentioned by the proponent, so I want to clarify for legislative intent. If a patient is transported to a hospital and an emergency services organization, as defined in this bill, requests of that hospital that testing be done, but in the interim period the patient has been transported to another facility, be it a hospital or otherwise, you are saying that that hospital would be required to pass along to the emergency services organization the location of the patient, so that the request could be made of that other facility? Again, for legislative intent, through you, sir.

SPEAKER DONOVAN:

Representative Conroy.

REP. CONROY (105th):

Through you, Mr. Speaker, the hospital information would follow through with the patient.

SPEAKER DONOVAN:

Representative Perillo.

REP. PERILLO (113th):

I'm sorry, through you, sir, if the proponent could clarify that statement.

SPEAKER DONOVAN:

Representative Conroy.

REP. CONROY (105th):

Through you, Mr. Speaker, the information would follow through with the patient to the hospital.

SPEAKER DONOVAN:

Representative Perillo.

REP. PERILLO (113th):

Just further to clarify, so the request for information that is made to the hospital would automatically reroute with the patient to the second hospital? And if that is the case, how would that be done? Through you, sir.

SPEAKER DONOVAN:

Representative Conroy.

REP. CONROY (105th):

Through you, Mr. Speaker, yes, it is done and that's followed through with hospitals -- do in their policy.

SPEAKER DONOVAN:

Representative Perillo.

REP. PERILLO (113th):

Through you, sir, just to clarify, again, for legislative intent, and that is required? Through you, sir.

SPEAKER DONOVAN:

Representative Conroy.

REP. CONROY (105th):

Through you, Mr. Speaker, I don't believe it's required through this bill, but through the policies and the procedures through the hospitals.

SPEAKER DONOVAN:

Representative Perillo.

REP. PERILLO (113th): I thank the gentlelady for her answer. I hope the hospitals would do the right thing and pass that information along, because at the end of the day we do need to be sure that our emergency service providers are kept safe and are properly informed and that they get the information that they need in order to protect themselves.

I thank the gentlelady for her time. This is a very worthy bill, it is certainly something that we all should be supporting. In my opinion, it's the right thing to do for our emergency service providers. It is not an onerous obligation on the part of Connecticut's hospitals and I urge its support. Thank

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you, sir. And I thank the gentlelady, again.

DEPUTY SPEAKER ALTOBELLO:

Thank you.

Representative Lawrence Miller of the 122nd, you
have the floor sir.

REP. MILLER (122nd):

Thank you, Mr. Speaker, and good afternoon.

I have one question for the proponent of the
bill.

DEPUTY SPEAKER ALTOBELLO:

Please proceed, sir.

REP. MILLER (122nd):

Over the years, in my community, the Stratford
Police Department has had some episodes with HIV
patients. And in one case my neighbor, a young man,
was stuck when he searched a patient, there was needle
in the pocket and the needle was sticking up, he got
stuck in the -- they were not able to determine if the
man had AIDS or not and there was no way to force him
to have a test, this was a number of years ago. If in
fact an emergency response team is sent to a accident
where an individual may have sprained his ankle and is
brought to the hospital, and the service he received
and the medical doctor was taping of the ankle; if

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this individual had AIDS and the gentleman who transported him to the hospital, the emergency personnel, may have had a cut on his hand or some open cut that wasn't too significant and go in contact with this guy somehow or another, and possibly could have picked up, you know, the AIDS virus from him. What recourse would this man have under this bill or would there be any liability on the part of the hospital for not determining that he had this disease? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Conroy.

REP. CONROY (105th):

Through you, Mr. Speaker, if you could just rephrase that. Did you -- did you say that the patient that he was transporting did in fact have AIDS?

REP. MILLER (122nd):

Yeah, through you, Mr. Speaker, yes, the man had AIDS and neglected to tell the emergency personnel or the hospital. Through you --

DEPUTY SPEAKER ALTOBELLO:

Representative Conroy.

REP. CONROY (105th):

Through you, Mr. Speaker, it would still be the same that we have a ten-day period that if the ambulance worker felt that he was exposed to blood, that he could put in the request to his designated officer asking for the testing to be done. The designated officer would be responsible for looking into the situation to see if it warrants the request to the hospital. If it does, the hospital has the -- would be notifying them back within ten days that the testing was done and what the results were.

DEPUTY SPEAKER ALTOBELLO:

Representative Miller.

REP. MILLER (122nd):

Again, through you, Mr. Speaker, if the gentleman with the virus neglected to tell the hospital or the emergency service personnel that he had AIDS, what recourse does that man have? I don't believe the hospital's going to test him for AIDS out of the blue, through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Conroy.

REP. CONROY (105th):

Through you, Mr. Speaker, through current law they could request for the HIV testing to be done.

DEPUTY SPEAKER ALTOBELLO:

Representative Miller.

REP. MILLER (122nd):

Again, through you, if he's neglected to tell the hospital, neglected to tell the emergency service personnel, how is the hospital going to know to check for that? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Conroy.

REP. CONROY (105th):

Through you, Mr. Speaker, we wouldn't have any recourse, the medical worker has the option of asking for that if he did have a significant blood exposure -- knowing if he has AIDS or not, because that's what the testing is for.

DEPUTY SPEAKER ALTOBELLO:

Representative Miller.

REP. MILLER (122nd):

Thank you.

Thank you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Roy of the 119th, you have the floor, sir.

REP. ROY (119th):

Thank you, Mr. Speaker. Mr. Speaker, I rise in support of this bill and I thank the gentlewoman for bringing it out. As a former volunteer firefighter in Milford for a good number of years, and today reliving some of those experiences and discussions with a son-in-law who's a professional firefighter down in Westport, I understand the consequences of what they face, all of our firefighters across the state. And I urge my colleagues to join me in voting in favor of this bill.

DEPUTY SPEAKER ALTOBELLO:

Thank you, Representative Roy.

Further on the bill as amended? Further on the bill as amended?

If not, staff and guests please retire to the well of the House.

Members take your seats, the machine will be open.

THE CLERK:

The House of Representatives is voting by roll call, members to the chamber. The House is voting by roll call, members to the chamber, please.

DEPUTY SPEAKER ALTOBELLO:

Have all members voted? Have all members voted?

Please check the board to make sure that your vote is properly cast. If all members have voted, the machine be locked.

Will the Clerk please take a tally and will the Clerk please announce the tally.

THE CLERK:

Senate Bill 1010 as amended by Senate A in concurrence with the Senate.

Total Number Voting	143
Necessary for Passage	72
Those Voting Yea	143
Those Voting Nay	0
Those Absent/Not Voting	8

DEPUTY SPEAKER ALTOBELLO:

The bill as amended is passed in concurrence with the Senate.

Are there any announcements? Are there any announcements?

Representative Dargan, you have the floor, sir.

REP. DARGAN (115th):

Thank you, Mr. Speaker. For purpose of an announcement.

DEPUTY SPEAKER ALTOBELLO:

Please proceed, Representative Dargan.

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
SAFETY AND
SECURITY**

**PART 2
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Eric, in your comments you gave who's protected, is there anybody else that you left out?

ERIC V. TURNER: There are few others, but primarily the public safety officials and we recognize the need for protecting those people.

REP. DARGAN: Because I know sometimes we as legislators wish we were protected, but we know that will never happen.

ERIC V. TURNER: You're not on the list yet.

REP. DARGAN: And I'm sure some of the people we represent wish they were protected, too, but that's an argument for another day.

Any further questions?

Hearing none, thank you, Eric.

ERIC V. TURNER: Thank you.

REP. DARGAN: Next up is Chiefs Strillacci and Salvatore from the Connecticut Police Chiefs Association.

ANTHONY J. SALVATORE: Good morning, Senator Stillman, Representative Dargan, members of the Committee on Public Safety. My name is Chief Anthony Salvatore from the town of Cromwell. With me is Chief Jim Strillacci from the town of West Hartford, and we represent the Connecticut Chiefs. And we have a number of bills that we're here to speak on this morning.

<u>SB986</u>	<u>SB1007</u>
<u>SB1010</u>	<u>HB6562</u>
<u>HB6563</u>	<u>HB6564</u>

Raised Bill 985, An Act Establishing an Automated Insurance Identification System. We

support anything that aids our officers in identifying those individuals that do not have insurance, operating violation of our insurance laws in the state, would be a plus for us.

Raised Bill 986, An Act Prohibiting the Disclosure of a Police Officer's Address on the Grand List. I don't think I need to say anymore, the previous gentleman cited the reasons why this bill needs to be supported. This is not new legislation basically, there are a number of bills -- excuse me, statutes out there already that allow for this. The problem is that in some municipalities it is not being followed, and therefore, I think this reaffirms the fact of what was the intent of this Legislature in protecting those officers.

Raised Bill 1007, Regulation of Martial Arts Matches -- CPCA supports this piece of legislation.

Raised Bill 1010, An Act Concerning Exposure to Infectious Diseases and Emergency Responders. CPCA supports this piece of legislation and encourages you to pass it. Any emergency service organization personnel and their organization, should one of their staff come in contact with patient should have the right to know of this, and we would encourage you to support and pass this piece of legislation.

Raised Bill 6562, Authorizing Bonds to the State for the Construction of a Police Officer Training Facility -- with regards to pursue driving and driver's training. This is long overdue, this is a necessary piece of equipment and we would encourage you to support this. However, we also note the

TED SCHROLL: Good morning still, Representative Dargan, Senator Stillman, and members of the committee. My name is Ted Schroll. I'm a Legislative Representative for the Connecticut State Firefighters Association.

Connecticut State Firefighters Association has some mixed emotions about raised House Bill 6541, An Act Concerning Firefighter I Certification and Requirements. And I should have stated before, I'm going to briefly mention -- talk about two bills. And the other bill we are in support of is Senate Bill 1010 and there will be a lot of people speaking about that bill, so I'll leave the expertise to that.

You've got written testimony -- some written testimony that I submitted on our letterhead, and I'll just briefly try to touch base on all of that. But we agree that all individuals, including firefighters should be familiar with CPR and AEDs. We do not feel that this bill is the way to do that and we believe that the training should be done at the local fire department level. Excuse me -- Firefighter I is a voluntary training program in Connecticut. It does not seem logical to add a mandatory requirement to a voluntary program. One major -- a couple of factors, is time involved, Firefighter I now incorporates about 162 hours of training. Suggested delivery time for the requirement, this new requirement, is approximately eight more hours. As the Regional Training School is instructing mostly volunteers, this relates to between two and four additional sessions which are usually at night for volunteer firefighters. The cost of the program, Firefighter I program, now it costs to put on between 500 and 600 dollars, the individuals

REP. DARGAN: -- for your comments.

The next speaker is Paul Rapanault, Uniformed Professional Fire Fighters Association of Connecticut.

PAUL J. RAPANAULT: Good morning, Senator Stillman, Representative Dargan, members of the Public Safety Committee. My name is Paul Rapanault. I am the Legislative and Political Affairs Director for the Uniformed Professional Fire Fighters. Our 4,000 members serve in 50 municipalities around the state of Connecticut.

I'm here today to talk to you about Senate Bill S.B. 1010, An Act Concerning Exposure to Infectious Diseases and Emergency Responders. In 1990, the Congress passed a bill called the Ryan White Act. It was named after Ryan -- a young man named Ryan White who was a 13-year-old hemophiliac who caught AIDS from a transfusion and he subsequently died just before the bill was passed. The bill primarily was a funding bill for AIDS treatment and research, the part of the bill that we cared about professionally anyway -- certainly we cared about the bill, but professionally we cared about the bill -- there was a section in the bill which provided for emergency notification by the hospitals to the emergency workers who responded to victims on the street. In other words, if the West Haven Fire Department say went to a call and treated a patient, they brought that patient into the emergency room. It was later found out that that patient had contagious disease, you know, hepatitis A or whatever. It was incumbent upon the hospital to notify the emergency responders that they were exposed so that they could seek treatment or whatever it

was that needed to do so they could protect themselves and their families.

In 2006, when Ryan White was reauthorized, for whatever reason there were a number of different explanations I've heard, that language was struck from the bill. So there are no longer any provisions for emergency notifications of emergency responders by the hospitals. Now we have been working with the Connecticut Hospital Association, we're working with the Association of -- Connecticut Ambulance Associations, as you heard, the state firefighters, the police chiefs. We have pretty much gotten universal support for the idea of reinstating this on the state level. And let me make clear why we're here to talk to you about this, we have been assured by people in Washington that when this bill comes up for reauthorization in 2010 that there is intent to put -- to put this back in the bill. However, the bill is a massive spending bill, it has a price tag of billions of dollars and given the current economic situation no one is quite sure what is going to happen to the bill next year. I mean, hopefully they will see the wisdom in providing for, you know, AIDS research and AIDS treatment, but we don't know for sure. So we have been advised by people in Washington to seek some protections in the state, through the state Legislature obviously, and that's why we're here.

So the bill basically looks to reestablish protections for emergency responders here in the Legislature, and put forward new diseases under it, diseases that weren't covered before. So again, I said -- we're working with all the people involved. We have reached out to the Department of Public Health and we're certainly hoping for your support on

this bill.

And let me add one more thing before I end. There is no cost to this bill to the municipalities. There is no cost to this to the state. The structure that this -- provides for this notification is in place already and for the most part is working now, it's just that there is no statute behind it. Most hospitals and EMS workers abide by this, but there are areas around the country where hospitals out of fear for, you know, liability or whatever, have refused to comply with this. So that's why we're here today. And I would certainly entertain any questions you would have and I appreciate the time.

REP. DARGAN: Thank you.

Questions?

Representative Orange.

REP. ORANGE: Hi, Paul. I think --

PAUL J. RAPANAULT: Good morning.

REP. ORANGE: -- this is great that you brought this to our attention, because this is a very important issue for those that serve us in the fire, EMS, and police communities, so I thank you for that. And did you state that most people are complying with this even though it's not any longer -- it's no longer a statute?

PAUL J. RAPANAULT: That's correct. I don't believe that there has been a problem in Connecticut, to my knowledge anyway. That doesn't mean that there hasn't been, but there are areas -- there are other areas in the country where hospitals, not a lot of them,

but have out of concerns for HIPAA requirements and other legal concerns, have refused to comply with it. So we are just trying to head off any problems before -- I mean, obviously notification of our members that they've been exposed to a serious disease is a really important issue to us.

REP. ORANGE: Absolutely. And would HIPAA override this state legislation in any way, or should this be crafted in some way to ensure that it's being followed properly without someone thinking that they're giving away someone's deep dark secret?

PAUL J. RAPANAULT: No. HIPAA -- the relationship with Ryan White and HIPAA has been answered a long time ago. There were concerns early on with Ryan White that there were some problems with HIPAA, the Centers for Disease Control had issued a ruling or an opinion that there was absolutely no problem with complying with HIPAA and still complying with the letter of the law as far as Ryan White went. So we are not trying reinvent anything here outside of, you know, a couple of minor changes to bring the date up -- the bill up-to-date. There won't be any concerns with any privacy at all.

REP. ORANGE: And then this too would add any diseases that have developed or that we --

PAUL J. RAPANAULT: Yes.

REP. ORANGE: -- we know of since the original passage?

PAUL RAPANAULT: Right. There'd four, there's pandemic flu, there's hepatitis B, C, and there is one more and it is MRSA, right.

REP. ORANGE: Thank you.

PAUL J. RAPANAULT: Thank you.

REP. ORANGE: Good bill.

PAUL J. RAPANAULT: Thank you.

REP. DARGAN: Representative Boukus.

REP. BOUKUS: Thank you and good afternoon.

PAUL J. RAPANAULT: Good afternoon.

REP. BOUKUS: In 2006, you said that during the reauthorization this was cut out?

PAUL J. RAPANAULT: Yes.

REP. BOUKUS: Was that effective in 2006?

PAUL J. RAPANAULT: Yes.

REP. BOUKUS: So this is 2009, have we seen this before, a bill like this in prior years?

PAUL J. RAPANAULT: No.

REP. BOUKUS: No.

PAUL J. RAPANAULT: Uh-uh.

REP. BOUKUS: Was there something that precipitated that we see it now? First of all, let me say, it's a given. I firmly believe we should be allowing it, but I'm trying to find out why we're seeing it three years later.

PAUL J. RAPANAULT: Well, not a lot of people were aware that this happened. I'm not even sure that the people in Washington realized what they had done. From my understanding what the

procedure was when they -- and I don't want to, shouldn't say staff, but they're saying was when they were going through the bill for the reauthorization, staff was charged with the duty to go through and identify parts of the bill which were no longer applicable, they were no longer needed. And from what I'm told is when they went through the bill they saw this provision of the bill and they saw that there was no monetary -- no monetary value attached to it, so they figured it wasn't needed anymore, so they took it out. And I think it pretty much went unnoticed for awhile and I know it was unnoticed here for awhile. And it began to become noticed when -- when areas of the country, like I said before, a hospital here or a hospital there started saying, we're not going to comply with this, we have some concerns about our liability.

REP. BOUKUS: As follow-up -- that's my concern; so in the last three years in the state of Connecticut have our hospitals cooperated and have we seen any problems?

PAUL J. RAPANAULT: To my knowledge there have not been any problems with the hospitals here in Connecticut. I don't know that -- I certainly don't want to speak for them, but it's my -- none of our members have voiced to us any concern that they had been denied knowledge of any diseases they have been exposed to.

REP. BOUKUS: I can't imagine not having this kind of support between the hospitals and the people who do the everyday work with people that could possibly become contagious if someone else has this. So I'm pleased to hear that nothing has precipitated this, and I'm hoping that this is one of those pieces of legislation hospitals are complying with. And I can certainly understand the reason to come

forward to make sure that we don't have to wait for that first time, that we don't hear about it. So I am all in favor of that -- the forms are already there, so there's nothing new other than to add the new diseases that we have going on, so that shouldn't be any expense to anyone. It's just a matter of making this more -- to come out again, to be able to say this is a reinforcement of what we've been doing --

PAUL J. RAPANAULT: Sure.

REP. BOUKUS: -- and it would become effective, I would assume (inaudible) it would become effective as soon possible. I guess that's all I really wish to know, it's just that three years have gone by and I would hope that no one had not gotten information which they should have. Thank you for bringing this to our attention.

PAUL J. RAPANAULT: Thank you.

REP. DARGAN: Representative Perillo.

REP. PERILLO: Paul, good afternoon.

PAUL J. RAPANAULT: Good afternoon.

REP. PERILLO: Just a quick question for you. As you understand this bill, and as I think of situations in which an EMS provider or firefighter may encounter patients, there's a lot of focus in the bill on the word "hospital" and "hospitals," but I can envision any number of situations where an ambulance provider or firefighter might encounter a patient and not do so in a hospital, or not do so with a patient who is transported to a hospital; specifically, inter-facility transfers from one skilled nursing facility to

another, from a skilled nursing facility to home. And I'm wondering if this bill as it is drafted, and I know you refer to Section 19a-490 and I don't have that in front of me, but I'm wondering if this bill as drafted to the best of your knowledge, addresses those situations in which a medical provider or firefighter who's providing care would encounter a patient and perhaps this bill may fall through the cracks?

PAUL J. RAPANAULT: It very well can. I mean, there are times where a patient is not necessarily transported at all. I mean, a firefighter would encounter a patient on the street and they -- it's recommended that they go to a hospital and they refuse, there's nothing we can do about that. Dare I make the linkage between this and the presumption language which we've always tried to get, that is what we see as filling in the cracks. That's what protects us when we can't fall back on Ryan White, because we are exposed to a lot of diseases and things that we have no idea what we've been exposed to. So, yes --

REP. PERILLO: Exactly. And there are other situations and refusal of care is a great example, where we really don't have teeth in this specific instance, but we do have the ability to regulate skilled nursing facilities and things of that nature. And I'm just -- I think this is a fantastic bill, it's absolutely necessary from my perspective. But does it go far enough and does it encapsulate all those areas where we may see patients?

PAUL J. RAPANAULT: Representative Perillo, we would certainly entertain any amendments -- friendly amendments to this that you would like, there are certainly a lot of things that could be improved on Ryan White. Our concern

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with going -- making recommendations is that we don't want to shake anybody up. We have a lot of people on board with this, the Hospital Association who have expressed some interest in working with us. I mean, if we could get those kinds of protections that you have suggested and the other parties would not have a problem with it, we would love to see this bill expanded. There have been other suggestions that we're going to have speak with the Chairs about. So I mean, we would entertain any kind of friendly amendment that you would love to put forward.

REP. PERILLO: Thanks very much. I appreciate it.

REP. DARGAN: Further questions?

Senator.

SENATOR STILLMAN: Thank you.

It was an interesting suggestion from Representative Perillo and again, I don't know whether the Ryan White Act would, you know, the decision that was made by the CDC and HIPAA would at all challenge that if we're talking about nursing homes as opposed to hospitals. So that's something we can talk about, but I would also like to suggest that if you do have some suggestions for us, you get them to us ASAP because our deadline is just next week.

PAUL J. RAPANAULT: There were a couple that came up from a couple of the associations that had some concerns and we'll definitely speak to you after this meeting today just to see if we can't come together and work some other things out, some of the concerns. I don't see anything that's going to be a fatal, nothing fatal here. I mean, we all have pretty much

the same purpose in mind, it's just, you know, how different associations view their, your charge as different. Thank you.

REP. DARGAN: Further questions?

Paul, can you refresh the committee's memory, a few years ago back after there was an incident in the city of Stamford where firefighter went on a call and was afflicted with a contagious disease and then later died because of that. Can you give us some background on that?

PAUL J. RAPANAULT: Sure. There was a firefighter, he was -- I don't know how old he was when he was exposed, but he was exposed to hepatitis C and contracted hepatitis C and ended up dying from it. And his family is still in court over that, and I believe it's three or four years later, still in court over that trying to get his Worker's Compensation coverage for that. It was -- he was clearly exposed, he had documented the time of his exposure, the city accepted the exposure, it was the insurance carrier who denied it and they're still in court over it. Not only that, the insurance carrier during the course of the trial has alluded to the fact that he was Vietnam era veteran and spent time in South Vietnam and could have pretty much, from what I took of what their testimony, was imputing his reputation as to what he was doing in Vietnam -- which was despicable as far as I was concerned, but that's a whole other issue.

But those are the kinds of things that we see, not on a large basis. When we look for bills like this or we look for the other bills that cover us for exposures in -- we're not doing it because there's a lot of exposures out there. We're doing it because there's cases

like that. There's a case in Meriden where a firefighter was drenched in benzene. He came down with leukemia a year later, benzene and leukemia are tied hand and glove. Again, the department accepted the liability, the insurance carrier denied his claim. I mean, the guy was drenched, they had to burn his gear because they couldn't clean it. The guy has \$60,000 worth of drug -- bills every year, now his insurance is covering it, but there are other departments that don't have as good a coverage for insurance. And God forbid it happens somewhere else, you'd be stuck for a \$60,000 bill.

So I mean, the kinds of exposures here and there's going to be a -- Deputy Chief Bob Walsh from Hartford who is going to testify about just how the department, his department, handles these exposures and he'll be able to give you a little better idea on just what the regularity of these exposures are. There's not a lot of them, but if there's one, there's are too many for us.

REP. DARGAN: Further questions?

Hearing none, thank you very much for testimony.

PAUL J. RAPANAULT: Thank you.

REP. DARGAN: Just to let members of the public know too, there are a number of legislators coming in and out because they have other responsibilities of other committees that are going on at the same time. So it's not that they don't have an interest and listen to your comments, but we do have written testimony from most of you that are here.

Next speaker is Don Dobson followed by Bob

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Walsh. Don's not here. I don't see -- okay.

Bob Walsh?

ROBERT WALSH: Good afternoon, Senator Stillman, Representative Dargan, and the members of the Public Safety and Security Committee. Thank you for the opportunity to speak on behalf of this issue, and for your consideration into the passage of the raised Senate Bill 1010. My name is Bob Walsh and for the last 29 years I have been a Hartford firefighter and currently a Deputy Fire Chief.

For the last 18 years I have served on the Department's of Health and Safety Committee. During that time the Health and Safety Committee established an infectious disease policy consistent with the federal Ryan White Act of 1990. In the 2006 reauthorization of the federal act, the emergency responder notification language was left out creating a significant issue for emergency responders and emergency response agencies.

A typical exposure in the Hartford Fire Department is handled in the following manner. The member that is exposed notifies his company officer and immediately decontaminates himself. The officer notifies the tour commander who notifies the department's designated officer. The exposed member is taken to the same hospital as the victim and is seen by the same physician as the victim. The physician with the information he has from the victim discusses the significance of the exposure with the member and makes a determination of what, if any, follow-up treatment or additional care is necessary.

I feel two things are very important to point out at this time. With the notification

section in the law, the physician can use information he knows about the victim to guide him in his evaluation and decisionmaking and to follow up treatment for the member. Without the notification section the physician cannot use the victim's information and it is fair to assume that the member would be subject to follow-up treatment and exposure to unnecessary medical procedures and harsh medications as a precaution. Because this notification section is not available, emergency service organizations in the municipalities will have a significant financial impact and increase worker's comp due to this precautionary care and most likely significant loss time until a determination can be made and a member return to duty.

The second important issue is that with the notification section the physician can determine that a victim does not have an infectious disease and can tell the member relieving the stress on that member. Without the notification section the member would have to go home to his family and tell them that he was exposed, and that he could not find out if the victim had an infectious disease, so they must sit and wait and see what happens. This will change the lives and relationships for that entire family. With the notification section the physician would counsel the member about the exposure, put the member's mind at ease, and relieve all of that unnecessary stress on his family.

In closing I would like to thank each of you for the time and consideration of passing this bill into law, so that all emergency responders in Connecticut, fire, police, and EMS can be provided with this critical information in the event that they are exposed while performing their duties. Thank you.

REP. DARGAN: Thank you, Bob.

Questions?

Representative Orange?

REP. ORANGE: Thank you, Chairman Dargan.

Good afternoon, Chief Walsh. Can you just tell me how many exposures you have in a year that you know of -- that you're informed of each year in the city of Hartford?

ROBERT WALSH: Yes. In the -- I included this in my written testimony. In the city we respond to about 24,000 incidents a year. Of that, on average we have about ten to fifteen exposures. Of those, two to three a year are deemed significant and require additional follow-up treatment. So with the -- notification or the ability for the hospitals to relay this information, other than the two or three don't have to go to any follow-up treatment. Without the language there's a possibility that those additional ten people would have to go through full treatment for whatever -- the doctor wouldn't be able to determine or use that information.

REP. ORANGE: And then really without this you wouldn't -- there could have been more that you're not even aware of, but with this bill you would be probably aware of even perhaps more. There may have been a time where someone didn't call your fire department and under this law it would bring them to have to call you.

ROBERT WALSH: Well, prior to -- with the original Ryan White language we get the notification both ways, from -- the hospital notifies us or

the employee can request the information from the hospital if they are exposed. Without the language we would not get the -- we still have the ability under our policies to -- if we're exposed to go the hospital and be treated. There would be no -- the hospital would never notify us that they determined that there was an issue without the language. Our policy stays the way it is, because the employee still has to be treated even though they can't be told whether the person has an infectious disease. We still have to go through the full treatment as a precaution.

REP. DARGAN: Further questions?

Hearing none, thank you very much for your testimony, Bob.

Next presenter is Erik -- is it Kalapir?
Followed by Jay Kehoe.

Eric, we do have your testimony too. So it is somewhat lengthy, so I don't know if you just want to try to summarize to try to get in within the three minutes, you know.

ERIK KALAPIR: It is cut down. Thank you.

REP. DARGAN: Thank you.

ERIK KALAPIR: Hello. I'll be speaking on behalf and in favor of Senate Bill 1010. I would like to thank Cochair Andrea Stillman and Stephen Dargan and this committee for allowing me to address you today on behalf of first responders represented by the Uniformed Professional Fire Fighters Association of Connecticut. My name is Lieutenant Erik Kalapir. I have 15 years of medical response experience working as a firefighter EMT for the Fairfield Fire Department.

And I am here today to advise you of the danger that our state's emergency responders now face due to the omission of language protecting us as a result of the 2006 reauthorization of the Ryan White CARE Act. Prior to 2006, language existed to protect your emergency responders when we were unknowingly exposed to airborne life-threatening diseases. There were guidelines, time lines, and people charged to protect us. Due to an oversight on the part of legislators in Washington, this is no longer true. Now your first responder, as represented by these brothers and sisters here today, as well as their spouses, their children, and the general public face a potentially life-threatening situation.

As we meet here today when an emergency responder is unknowingly exposed to a life-threatening airborne disease, such as pulmonary tuberculosis or spinal meningitis, the receiving hospital have no duty to notify that exposed responder. In fact, as the law stands today, should the medical facility provide information, it could be found in violation of HIPAA.

Due to blood exposures your rescuers will never know they may have been carrying a life threatening blood-borne pathogen such as HIV or hepatitis C resulting in expensive physiologic testing, administration of prophylactic medicines with negative side effects, and an unreasonable burden of proof for potential Worker's Compensation benefits. How can we prove that we are exposed in the course of our duty, if we never know and are precluded from learning whether our patient carries an airborne or blood-borne life-threatening disease. Without a workers'

compensation presumption law addressing these diseases for rescuers, our state's first responders are in a "catch-22" scenario left to fend for themselves or live in fear of the unknown.

I can personally speak to this issue as can many of my brothers and sisters here today, I was exposed to a victim's blood during a motor vehicle accident extrication. Despite wearing my complete personal protective ensemble since, many of us have cuts and cracks on our hands, I had been exposed and was, therefore, subjected to extensive and expensive blood testing by my department's medical physician. It was a very difficult time for me and my family having to live with all the possibilities and carry the burden of potential exposure to a life-threatening disease.

What can you do about it? Support the language in Senate Bill 1010, and consider adding language to the bill that would provide a deemed consent testing requirement for air- or blood-borne exposures to the first responder. Thank you for your time today. And I will gladly make myself available to assist you as needed in the future in order to make this bill a law.

REP. DARGAN: Thank you, Erik.

Questions from committee members?

Thank you very much for your testimony.

Next presenter is Jay Kehoe followed by Janice Smolinski.

JAY KEHOE: Good afternoon, Representative Dargan, Senator Stillman, members of the Public Safety

HB 6564

The safest drivers on the road are the drivers that have a load of gasoline behind them, because they know what happens if they have a problem.

SENATOR STILLMAN: Mr. Riley, you also had indicated you were interested in making some comment about Bill 985? Is that still the case? The automated vehicle insurance?

MICHAEL RILEY: Yeah, I actually don't understand that bill very much. But it's my understanding that it creates some kind of photo verification of insurance, which seems like a very complicated system and costly. Commercial vehicles are required to file with the state a proof of insurance and our insurers have to inform the state if there is any kind of change in that. So I don't -- we have had notable instances or at least one, where insurance on commercial vehicles was a problem, but it is not a problem that most -- and I'm sure that Senator Guglielmo who is in the business knows that the commercial vehicles are well-insured and that's confirmed regularly.

SENATOR STILLMAN: Thank you, sir. All set?

MICHAEL RILEY: Where shall I present this poem?

SENATOR STILLMAN: Right there. And we look forward to reading it.

Troy Racchia -- you pronounce it, thank you. To be followed by Steven Erickson.

THOMAS CAROZZA: Good afternoon, Senator and members of the committee. My name is Tom Carozza, Connecticut Council of Police Unions. I'm here with my brother retired officer and we here about three bills, and Troy is going

SB 1010
HB 6563
SB 986
HB 6562

to tell you -- give you some personal perspective on one of the bills, on Bill 1010.

First of all, the bills that we're here on are nothing compared to the -- what we just heard regarding 6563, the victims and the families of the victims. We certainly support that in the reference.

We also support An Act Prohibiting the Disclosure of a Police Officer's Address on a Town's Grand List, Raised Bill 986; and Raised Bill 6562, An Act Authorizing Bonds for the State for the Construction of a Police Officer Training Facility. What we are going to talk about is Raised Bill 1010, and before I turn it over -- on line 19 and 20 -- I imagine you have the line copy, on 1010, that's An Act Concerning Exposure to Infectious Diseases and Emergency Responders -- we'd like you to consider as this bill moves forward hopefully, that we include our constable towns. We have 14 or 15 constable towns and they are sworn police officers that do everything that a sworn municipal police officer does, they're different in name only. And I'm going to turn it over to Troy.

SENATOR STILLMAN: Just before you speak, Mr. Carozza, we didn't have you down as someone who was going to speak, so I just wanted to make sure you let the clerk know.

THOMAS CAROZZA: Okay.

SENATOR STILLMAN: Okay. Just go right ahead and identify yourself.

TROY RACCUIA: Good afternoon. My name is Troy Raccuia. I want to thank you for your time. I'm a retired detective from the East Haven Police Department. At this time I would like

SB1010

to share an incident that took place while I was working for the police department. I had been on the job for some time, I was married, had a young son, we're planning our second child. At that time I was involved in the pursuit of a suspect who was wanted on first degree robbery in a neighboring town. The pursuit lasted over 40 minutes, traveled through seven towns, reached speeds in excess of 100 mph and ended in what the New Haven Register described as a "spectacular crash" -- ironic in light of some of the testimony I heard before.

For my family that incident didn't end with a spectacular crash, it definitely didn't end after a struggle with the suspect and the arrest. You see, one of the suspects was an admitted IV drug abuser and I had the misfortune of being exposed to his blood. Because I was dealing with an uncooperative arrestee there was no way to determine if I had an exposure to HIV or hepatitis. Reality sunk in when the medical staff at occupational health told me and I quote, "no baby making for six months." It might not sound like a big deal, but it was pretty devastating to my wife and I, and subsequently I had to be tested numerous times over the next year.

To make matters worse every time you go to occupational health and have your blood drawn, I had to wait for the results. When the results were back I couldn't be told over the phone, I had to go back to the health care people. I had to be counseled by the doctor and then get my results. This little ritual repeated itself time and time again until a year had passed. Luckily I left my last visit with a bill of good health. By no means is my story tragic, it was definitely stressful. It turned out well, but my brothers and sisters

involved in public safety, firefighting and emergency medical services, they deal with the threat of exposure every day. It doesn't deter them, they're still out there 24/7 to watch over all of us, including myself. The least we can do is provide a mechanism for them to be notified when they are, in fact, exposed to infectious disease. For this reason I support Senate Bill 1010 and I urge you to do the same. Thank you.

SENATOR STILLMAN: Thank you, sir. I have -- I'm glad that your story did not end with travails and ended happily. We're sorry for all that you had to go through. My husband was an EMT many years ago, and he was -- he responded as part of an ambulance crew and he did this as a volunteer, he was not a paid EMT. And it turned out that there was a shooting somewhere in New London and he happened to be on the ambulance and had to respond to the shooting and he did some medical procedures on the gentleman who had been released from prison and was part of the shooting. Unfortunately the gloves he was wearing, unfortunately were punctured and he went through for about six months to almost a year before he was sure that there was no transmission of HIV. So I have some understanding of what you are going through, but certainly not years of anxiousness.

But -- I think I appreciate you bringing to our attention this new loophole in the law, because of the lack of attention that is paid in Washington on making sure that this was covered. So, thank you. We're glad you're here.

TROY RACCUIA: Thank you.

SENATOR STILLMAN: Questions anyone?

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I have been a member of the East Hartford Fire Department for over 26 years. I am a member of Local 1548 of the International Association of Firefighters. I am the legislative / political director as well as a union steward for Local 1548. I am asking for your support of SB1010.

The East Hartford Fire Department responds to approximately 9000 calls per year and about 75% of those responses are EMS, (emergency medical service), calls. We provide EMS services to our community at the first responder level as well as the paramedic level. We are exposed to patients with communicable diseases, on an almost daily basis some of these diseases can be fatal. We always take universal precautions to avoid exposure to communicable diseases. Sometimes, unfortunately, universal precautions are not enough to avoid exposure.

An example would be at the scene of a motor vehicle accident where extrication of the patients is required. These types of incidents are frequently chaotic. Rescue workers do not operate in a controlled environment such as in a hospital. There are usually sharp metal edges and broken glass at these types of incidents. Sometimes there may be a lot of blood and other body fluids at these scenes. Sharp edges can easily rip

through protective gear and cut the firefighters wearing it. In this type of situation the firefighter is now at high risk of contracting blood-borne diseases.

When a firefighter is exposed to blood or other body fluids the privacy laws can make it extremely difficult for a firefighter to find out if a patient has any communicable diseases. If we are unable to determine if a patient has a communicable disease it becomes very hard to determine if we should seek medical treatment for the exposure. It also makes it almost impossible to pursue a workers' compensation claim.

SB1010 would make it easier to determine if there was a genuine exposure to certain types of communicable diseases. If there is an exposure then the proper medical treatment can be obtained. Without knowing what you have been exposed it can become rather difficult to determine the proper course of treatment. Several years ago I received a significant exposure at the scene of motor vehicle accident. The patient I was working on passed away from his injuries and the hospital that treated him was unable to tell me if that patient had any communicable diseases that I should be aware of. My doctor asked for me to be tested for HIV and other diseases. He also wanted me to start treatment for HIV. Treatment for HIV has many negative effects on a healthy person's body so I took my chances and declined the treatment. I never contracted any disease from that exposure however my doctor still has me tested for HIV every two years as a result of it.

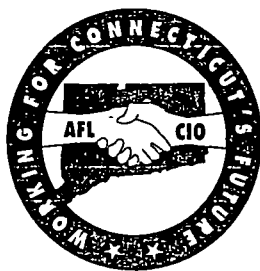
For a number of years I have been on my local Union's workers' compensation committee. As a member of this committee I assist other Union members with filing for

workers' compensation benefits and represent them at hearings. The Town's workers' compensation carrier usually promptly denies claims for exposure to communicable diseases. The way the present laws are written it is almost impossible to successfully pursue a workers' compensation claim for exposure to these diseases. Firefighters and police officers take many risks so that they can help others. They shouldn't have to worry about their families and medical bills being taken care of if they become seriously ill or die from a disease contracted in the course of their employment.

Our profession is quite dangerous at times and like most firefighters I face those dangers because it helps others and it is the right thing to do. I would like to think that if I became seriously ill from an exposure on my job as a firefighter that my family and my medical bills would be taken care of. This would probably not be the case under the present laws if I should happen to be unfortunate enough to be exposed to or contracted a disease I never would have been exposed to if I were in a different line of work. I have been exposed to hepatitis, tuberculosis, HIV, as well as several other very scary diseases several times in the course of my career. I always take universal precautions against exposure to diseases in the field and document any exposures to communicable diseases upon return to the firehouse. I have not contracted any of these diseases, but have filed under workers' compensation for several of these exposures. When I file for workers compensation for these types of exposures the Town's workers' compensation insurance carrier usually promptly denies the claim. If I contracted a disease from a work related exposure successfully pursuing a claim for that disease would be next to impossible if I couldn't prove that I was exposed to that disease in the course of my employment.

Firefighters put their lives on the line everyday to protect the communities that we are sworn to protect. We are asking, through this proposed legislation, that we receive timely notification if we receive an exposure from a patient we are treating, in the course of our duties, if that patient has certain types of communicable diseases. This would help to protect us and our families from some of the many dangers we face every day. I believe that it is only fair that if we are exposed to these diseases while performing our duties as firefighters that we be notified of that in a timely manner. If we do not receive these notifications we not only put ourselves at risk, we also place our families at risk of exposure when we get home from work. We put ourselves in danger every day to protect the citizens that we serve and we are asking you to help better protect us and our families if we find ourselves in that situation in the course of our jobs as firefighter and the passage of SB1010 would certainly assist us in that regard.

I respectfully request that the members of this committee please support SB1010 or any similar legislation that might come before you this session. I would also ask that your colleagues in the State Legislature, should this bill make it to the floor of the full Legislature, please support this legislation. If you have any questions on this matter I'd be happy to answer them. You or your colleagues can feel free to contact me with any questions that you might have on this matter. My home address, contact phone numbers, and email address are at the top of my testimony. My colleagues and I all thank you for moving this legislation forward and we are asking for your future support of this legislation.



CONNECTICUT AFL-CIO

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Testimony of Lori Pelletier, Secretary-Treasurer Connecticut AFL-CIO

Before the Public Safety Committee

March 3, 2009

Good morning distinguished co-chairs and members of the Public Safety Committee my name is Lori Pelletier and I serve as Secretary-Treasurer of the Connecticut AFL-CIO, which represents 220,000 workers from each and every city and town in our State.

I am here to testify in support of S.B. No. 1010 (RAISED) AN ACT CONCERNING EXPOSURE TO INFECTIOUS DISEASES AND EMERGENCY RESPONDERS.

Because of privacy laws, it is difficult if not impossible for state and local police officers, firefighters and emergency medical technicians to be informed that they have been exposed to a communicable disease. This legislation would require hospitals to notify emergency service organizations when a patient who had been transported by that organization, and who is then diagnosed with an infectious disease. It also allows for information to be shared with the injured worker in the case that a hospital tests the patient and determines that the patient has an infectious diseases. It further clarifies that when these public servants contract communicable diseases, such as hepatitis, meningococcal meningitis or tuberculosis, it is presumed they were exposed to these diseases in the course of their work as emergency responders.

By the nature of their jobs, state and local police officers, firefighters and emergency medical technicians must put victims' safety and health before their own. Every one of these "heroes" respond to emergency incidents where blood and other bodily fluids are present and uncontrolled. Automobile accidents, respiratory diseases, victims of violence, childbirth, fire calls, sporting accidents and numerous other cases of disease or injuries to individuals put them at risk of exposure to communicable diseases.

Use of universal precautions against the transmission of diseases for health professionals cannot be relied upon at an emergency scene where situations can change in an instant or where sharp uncontrollable scenes can cause a breach in protective clothing. All the correct planning and precautions are not enough to protect state and local police officers, firefighters and emergency medical technicians when lives are on the line.

I want to applaud the leadership and members of this committee for holding this public hearing today and if there are any questions I would be happy to address them.

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Edward Sasso

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Kurt Westby

Thomas Wilkinson

Good morning, Chairwoman Stillman, Chairman Dargan and Distinguished Members of the Public Safety and Security Committee.

My name is Steven Rief, and I am President of the Connecticut State Police Union.

I appreciate the opportunity to provide written testimony to you today in **FAVOR** of:

PROPOSED BILL NO. 1010

***AN ACT CONCERNING EXPOSURE TO INFECTIOUS DISEASES AND
EMERGENCY RESPONDERS***

Today, I am joining my colleagues with the Uniformed Professional Fire Fighters Association and the Connecticut Council of Police Unions (AFSCME15) regarding a health and safety risk to our public safety professionals. There are many hazards associated with being a police officer or public safety professional. It is a dangerous occupation. The nature of our work causes us to interact with a variety of persons across the socio-economic spectrum. Often times, we assist and care for people that have infectious disease(s).

Many people do not have health insurance, along with regular affordable access to healthcare. Our country struggles with this issue annually, while the debate on universal healthcare dominates our public policy discussions.

Recently there has been renewed interest in maintaining and improving the privacy of our individual medical information. This has prevented healthcare providers from notifying personnel when they have been exposed to someone with infectious disease(s). We recognize the importance and need for such laws. We also recognize the importance of notifying our public safety providers when we are exposed to an infectious disease. This act would ensure that hospitals notify public safety organizations and their personnel when they have been exposed to someone with an infectious disease, so that treatment of the individual can occur. It would also reduce the additional exposure of the disease to others, by awareness and treatment of the exposed emergency services employee. This notification would be done without revealing the identity of the ill person, recognizing their right to privacy.

I would like to close by urging this committee to pass legislation to allow hospitals to notify emergency service organizations and their personnel when they have been exposed to infectious disease(s). The health and welfare of our public safety personnel, our families and the communities we serve require such an act.

March 3, 2009

CONNECTICUT STATE POLICE UNION
Steven Rief, President

ASSOCIATION OF CONNECTICUT AMBULANCE PROVIDERS

Written Testimony - Gregory B. Allard, Vice President
Association of Connecticut Ambulance Providers

Public Safety and Security

March 3, 2009

SB 1010 An Act Concerning Exposure to Infectious Diseases and Emergency Responders

Senator Stillman, Representative Dargan and other distinguished members of the Public Safety and Security Committee;

This written testimony is being submitted in support of Raised Bill No. 1010 "An Act Concerning Exposure to Infectious Diseases and Emergency Responders".

The members of our Association firmly support the legislation that the firefighters' union has raised. This legislation is a form of protection our personnel clearly require. There was legislation in place protecting our employees at the Federal level and it was known as the Ryan White Act. The Ryan White Act's primary function is to provide funding for HIV programs throughout the country. In 2008 when Congressional staff members were working to renew the Act, they found the Emergency-Response Section. The staffers did not understand why the section was there so they eliminated it. The Emergency-Response Section contained the same provisions that are outlined in SB. 1010.

The details in this bill clearly explain the steps that would be required to follow in the event of an exposure. The communication required has a channel to follow as each hospital has already identified a Pre-Hospital Coordinator to be the point person for each EMS agency in their region to communicate with. OSHA also dictates that each service have an Exposure Control Plan in place, and in accordance with that plan, they should have a person identified to handle these concerns. Having these pieces of the puzzle already in place makes the process that much easier to pick-up where we left off.

It is for these reasons that we feel it is imperative to support this legislation since it is in our employees' best interests and it rights the wrong that was done in Congress.

If you have any questions related to my testimony I encourage you to contact me. Thank you for your time and attention.

Respectfully submitted,

Gregory B. Allard
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Executive Director

James E Howell
 Director of Legislative Affairs
 Thomas R Carozza Sr

March 2, 2009

Testimony in support of:

Raised Bill No. 1010 AN ACT CONCERNING EXPOSURE TO INFECTIOUS DISEASES AND EMERGENCY RESPONDERS (LCO No. 3947)

Members of the:

Public Safety and Security Committee

Our Public Safety workers deserve to be able to serve their local communities in safety. When an exposure to a communicable disease occurs or is suspected, an employee should have the right and confidence of appropriate notification, evaluation, and available treatment where deemed necessary.

The original national Ryan White CARE Act (1990) required emergency response personnel be notified when exposed to life threatening diseases while providing care. The clauses protecting emergency personnel were removed (2006) by congressional staffers in a renewal of the bill. The reason for the removal is unclear; some allege the staffers removed the clauses protecting emergency personnel because they did not understand why they were in the original Ryan White act (Ryan White HIV/AIDS Treatment Modernization Act of 2006 H.R. 6143). Because of confusion raised by the 2006 legislation, some emergency response employers might conclude that there is no longer a need for a 'designated infection control officer' (DICO), required by the 1990 legislation. Some employers might not provide post-exposure follow-up or other protective measures for employees unless specifically identified in a law. It is in the best interest of both the employer and the employees to have a trained DICO to manage exposures immediately after they have occurred.

Until Congress reinstates the employee exposure provisions of 'Ryan White', every emergency response organization must make an effort to ensure its DICO position remains intact. *Raised Bill No. 1010* would correct on the state level the deletions made in 2006 until Congress is able to remedy the situation on the national level. Council 15, representing sworn police officers in sixty two Connecticut municipalities supports *Raised Bill No. 1010* and requests you vote this bill out of Committee.

1010

Robert Walsh
Hartford Fire Fighters

Tuesday March 3, 2009

Good Afternoon Senator Stillman, Representative Dargan and members of the Public Safety and Security Committee. Thank you for the opportunity to speak on behalf of this issue and for your consideration into the passage of this bill.

My name is Bob Walsh and for the last 29 years I have been a Hartford Firefighter and currently I am a Deputy Fire Chief in the Hartford Fire Department. For the last 18 years I have served on the Departments Health and Safety Committee. During that time the Health and Safety Committee established an infectious disease policy consistent with the federal Ryan White Act of 1990. Included in that federal act was a responder notification section, which allowed members who were exposed during the course of their work to be evaluated by a physician and be given information about the victim that they treated as to whether that victim had a specific Infectious disease. This information was not wide spread patient history it covered 8 specific infectious diseases.

In the 2006 re-authorization of the federal act the emergency responder notification language was left out creating a significant issue for emergency responders and emergency response agencies.

The Hartford Fire Department responds on average to 24,000 incidents a year with about 14,000 of those being First Responder Emergency Medical Service calls. On average we see between 10 and 15 members exposed a year. Of those 2 to 3 are deemed significant and require additional medical treatment and follow-up care. These exposures are not the result of a careless employee not taking the proper precautions; these exposures are unavoidable because of the circumstances of treating a patient in a completely uncontrollable environment. Members are exposed while performing extrication at accidents, while stabilizing and moving patients on EMS calls and while assisting Ambulance crews carrying victims down stair cases. Members are also exposed while performing rescues during fire situations.

A typical exposure in the Hartford fire Department is handled in the following manner

The member that is exposed notifies his company officer and immediately decontaminates himself. The Officer notifies the Tour Commander who notifies the Departments Designated Office "Ryan White Officer". The exposed member is taken to the same hospital as the victim and is seen by the same physician as the victim. The

physician with the information he has from the victim/patient, discusses the significants of the exposure with the members and makes a determination of what if any follow-up treatment or additional care is necessary.

I feel two things are very important to point out at this time. With the notification section in the law the physician can use information he knows about the victim to guide him in his evaluation and decision making into follow-up treatment for the member.

With out the notification section the physician can not use the victim's information and it is fair to assume that members would be subject to follow-up treatment and exposure to un necessary medical procedures and harsh medications as a precaution. Because this notification section is not available then emergency service organizations and municipalities will have a significant financial impact and increase in Worker Comp due to this precautionary care and most likely significant lost time until a determination can be made and the member returned to duty.

The second important issue is that with the notification section, the Physician can determine that a victim does not have an Infectious Disease and can tell the members relieving the stress on the member.

With out the notification section the member would have to go home to his family and tell them that he was exposed and that he could not find out if the victim had an infectious disease, so they must sit and wait to see what happens. This will change the lives and relationships for that entire family. With the notification section the Physician would counsel the member about the exposure and put the members mind at ease and relieve all of that un necessary stress on that family.

In the proposed bill four infectious diseases have been included that were not part of the original Federal Bill in 1990 but have become very significant to all of us since then and should be included, they are Hepatitis C, Hepatitis A, MRSA (methicillin-resistant staphylococcus aureus) and Pandemic Flu.

In closing I would like to thank each of you for your time and consideration in passing this bill into law so that all emergency responder in Connecticut, Fire, Police and EMS can be provided with this critical information in the event that they are exposed while performing their duties

Thank You

Lieutenant Erik Kalapir
Fairfield Fire Department
Uniformed Professional Fire Fighters Association

Testimony in SUPPORT of S.B. 1010

I would like to thank Co-Chair Andrea Stillman and Stephen Dargan and this Committee for allowing me to address you today on behalf of the members represented by the Uniformed Professional Fire Fighters Association of CT on this critical issue affecting your emergency responders.

My name is Lieutenant Erik Kalapir, I have 15 years of medical response experience and currently represent the Fairfield Fire Department as a line officer and supervisor in command of an engine and ladder company providing emergency response for fire and medical service for the Town of Fairfield. I hold a Masters of Science Degree from the University of New Haven, and serve the International Association of Firefighters Local 1426 as a Workers' Compensation Advocate representing the career firefighters in the Towns of Fairfield and Easton. In that role, I represent and assist firefighters with work related injuries and medical exposures, oversee the reporting and filing of injuries, so workers get the required medical attention and benefits provided to them under our current State's laws. Additionally, in the past, I have served on the Local's Safety Committee, working in many areas of worker safety including, but not limited to hearing protection, risk of Avian Flu epidemic, and radio communication needs of rescuers.

The Fairfield Fire Department Suppression Division consists of 92 firefighters and line officers with eight frontline response vehicles housed in five fire stations protecting 31 square miles of the Town and 57,000 full time residents. We provide pre-hospital emergency care to 20,000 households, five convalescent hospitals, two universities, the Merritt Parkway and Interstate 95/Metro North corridor.

I am here today, to advise you of the danger that our State's emergency responders are now in due to the omission of language protecting us as a result of the 2006 Reauthorization of the Ryan White CARE Act by the Federal Government.

Emergency responders work in very dangerous, dynamic and unpredictable environments. As first responders, we are subjected to a wide range of threats and may become exposed to a number of different airborne and blood borne pathogens in the course of our work. The number of rescue type incidents have been increasing steadily, for last year the Fairfield Fire Department responded to over 5000 of these emergencies, and, lately that work is becoming more dangerous. During the last few years, the states public health professions have documented a rate of increase in the prevalence of hepatitis

C. Now, we can only expect that with the onset of the economic recession, we will see these rates of infection rise even faster.

Before 2006, language existed to protect your emergency responders if we were unknowingly exposed to airborne life threatening diseases. There were guidelines, timelines and people charged to protect us. Due to an oversight on the part of legislators in Washington, this is no longer true. We now have a potentially life threatening situation for your first responders, represented by these brothers and sisters that are here with me today - serving in your emergency services, as well as their spouses, their children and the general public.

As we meet here today, if an emergency responder was unknowing exposed to a life threatening airborne disease, such as pulmonary tuberculosis or spinal meningitis, the receiving hospital would have no duty to notify that exposed responder. In fact, as the law stands today, should the medical facility provide information - they could be found in violation of the Health Insurance Portability and Accounting Act, better known as HIPPA.

The language our Federal legislators inadvertently omitted provided a standard procedure, a designated officer, and an emergency notification system which protected responders due to life threatening airborne exposures, including TB, Diphtheria, Hemorrhagic fever, Meningococcal disease and the plague. Today, specific guidelines no longer exist requiring receiving medical facilities to notify exposed first responders.

If a responder suffers a blood exposure, he is required to advise his employer. When the emergency responder documents that exposure, there is now no provision requiring timely notification or existence of a potential life threatening disease carried by the patient. Before 2006, a designated officer would consult with the hospital regarding the medical records of the patient and communicate any defined hazard to the employer to be disseminated to the rescuer within forty-eight hours. Today, no one has that duty, and anyone who provides such information may be in violation of the law.

Today, your rescuers never know if they are subject to a life threatening blood borne pathogen, such as HIV or Hepatitis C - causing undue psychological distress to the responder and their family, unnecessary and expensive testing by their employer, administration of prophylactic medicines with negative side effects, and an unreasonable burden of proof for potential Workers' Compensation benefits. How can we prove that we are exposed during our actions performed at work if we never know and are disallowed to find out whether our patient carries an airborne or blood borne life threatening disease? Without a Workers' Compensation presumption law addressing these life threatening diseases for rescuers, our State's first responders are in a "Catch - 22" scenario.

I can personally speak to this issue, as so can many of my brothers and sisters here today. I was exposed to a victim's blood during motor vehicle accident extrication, even though I was wearing my protective clothing required for the extrication. Due to the fact that

many of us have cuts and cracks on our hands, I was exposed and had to be subjected to blood testing required by my Department's medical physician. It was a very difficult time for me, and not knowing the risk of infection was both obsessive and freighting.

What can be done? Please support the language in Raised Bill # 1010, and consider additional language to the bill that would provide a "deemed consent" testing requirement for an airborne or blood borne exposure to first responder.

Thank you for your time today and I will make myself available to assist you as needed in the future.

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PAUL J. RAPANAULT
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Legislative / Political Affairs
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March 3, 2009

Dear Senator Stillman, Representative Dargan and members of the Public Safety and Security Committee,

My name is Paul J. Rapanault. I am the Director of Legislative and Political Affairs for the Uniformed Professional Fire Fighters Association of Connecticut. Our 4,000 members serve in 50 fire departments throughout the state.

I am addressing you today in **SUPPORT of S.B. 1010 AN ACT CONCERNING EXPOSURE TO INFECTIOUS DISEASES AND EMERGENCY RESPONDERS.**

The Ryan White Act was first passed by Congress in 1990 and provided for funding for AIDS research and treatment along with provisions that pertain to notification of emergency responders in the event of exposures to deadly diseases in the course of their work. The rationale behind this section of the bill was to provide emergency workers with knowledge of exposure so that they could take appropriate action to protect themselves and their families. The Ryan White Act was reauthorized in 2006 and the language providing for this critical notification of emergency workers was inadvertently deleted. Attempts to reinstate the language are ongoing but tediously slow enough to require state assistance in protecting the health and safety of our members and their families.

In 1990, the list of diseases included in the federal legislation that required the notification of emergency workers were **Infectious pulmonary tuberculosis, Hepatitis B, HIV, including AIDS, Diphtheria, Hemorrhagic fevers, Meningococcal disease, Plague and Rabies.** Since that time, there are additional health threatening diseases that have come on the scene. *Hepatitis C, Pandemic Flu, Hepatitis A, and MRSA* have become a great concern to the emergency medical community and should also require notification of EMS workers exposed to them.

There will be **no economic impact on the state and municipal governments** as the structure for compliance with these provisions is already in place and functioning. That is also the case with hospitals or other medical facilities charged with notifying the EMS providers.

Thank you for your consideration.

Paul J Rapanault
 Legislative/Political Affairs



Uniformed Professional Fire Fighters Association

THE NEED FOR S.B. 1010 AAC EXPOSURE TO INFECTIOUS DISEASES AND EMERGENCY RESPONDERS

Emergency responders are protected by a number of laws and standards of care regarding occupational exposure to communicable diseases. Since 1994, the emergency-response provisions of the Ryan White CARE Act (Public Law 101-381) provided such protection. However, in a recent action that went unnoticed in the emergency-response community, Congress removed these provisions in the latest reauthorization of this law (Public Law 109-415). This development is bad news for emergency responders—and must be addressed by all of us immediately.

Why do we need this law? Some will say the bloodborne pathogens standard of the Occupational Safety and Health Administration (OSHA) is sufficient. This isn't true, because 1) OSHA does not have jurisdiction over state and local governments in about half of the states; 2) the bloodborne pathogens standard does not provide a clearly stated post exposure procedure to be followed and does not give clear time frames for testing and notification; and 3) OSHA does not provide the clear coverage of volunteers that the Ryan White Law provided.

The emergency-response section of the Ryan White law put emergency responders in charge of post-exposure management instead of medical facilities. The Ryan White law required all emergency-response employers—fire departments, police departments and EMS agencies—in the country to have a “designated infection control officer.” The law stated that if an exposure to communicable diseases occurred, the infection control officer of the employer of the exposed emergency responder must contact the medical facility to which the source patient in the exposure was transported and request their disease status. In other words, if you had non-intact skin that was exposed to a patient's blood, your agency's infection control officer was responsible for contacting the hospital and obtaining the patient's disease status.

Some hospitals throughout the country were interpreting the privacy provisions of HIPAA (the Health Insurance Portability and Accountability Act) as preventing them from releasing the results of source-patient testing. The CDC assisted in this matter by providing an official interpretation that it was not a HIPAA violation to make such disclosures.

The law also requires 48 hour notification of disease status. This “ASAP/no later than 48 hours” standard for obtaining source-patient disease status makes a huge difference. Rapid tests are now available that can give us the disease status of a source patient within a few hours. We have rapid testing for HIV, hepatitis C, tuberculosis and meningitis, and current CDC guidelines instruct labs to conduct testing in this manner. However, a designated infection control officer needs to be involved in the process to ensure this is occurring.

Having the ability to manage the post-exposure situation enabled the designated infection control officer to set up meetings with the medical facilities and establish the



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ground rules and process. Hospital laboratories need to understand they must meet the testing requirements. Most laboratories are contracted services to the hospitals, and the hospitals need to be on board to get the labs to comply.

Without the results of rapid testing, there will be more instances in which emergency responders are unnecessarily given prophylactic HIV medication post-exposure because the HIV status of the source patient isn't known. Having that information as soon as an hour after an exposure means, in most cases, there's no need for this toxic medication to be administered. Side effects are significant, and this can be avoided. It's also beneficial for the employer when these drugs aren't administered, because of substantial cost savings.

How Did The Federal Provisions Vanish?

So how could Congress remove these provisions? How could a law that provides important benefits to emergency responders just vanish? The answer to these questions highlights why the emergency-response community must remain vigilant in its efforts to protect and advance its interests in Washington.

In the legislation to reauthorize the Ryan White law (H.R. 6143) that was passed in late December 2006, the emergency-response provisions were struck by the congressional staff members representing the key members of the committees with jurisdiction. According to one of these staffers, none of the staffers participating in the reauthorization discussions understood the purpose of the emergency-response provisions of the law. Because the primary purpose of the Ryan White Law is to provide funding for HIV programs in the country, the staffers therefore decided to delete these provisions from the reauthorization bill.

What do we do now? To start, the national associations representing emergency responders must be tasked with the responsibility of rectifying this reckless action on the part of a small group of congressional staffers.

Efforts are also under way in Congress to address this situation. Congressman Henry Waxman (D-Calif.) was the sponsor of the original legislation in 1990. His staff was unaware that the emergency-response provisions of the law had been deleted from the reauthorization legislation and has been involved in discussions on how to proceed at this point.

But this will not happen until at least 2010 when the Ryan White is again reauthorized. Washington sources say that most likely this will occur but given the current financial situation, nothing is for certain. Since the act is the largest federally funded program for people living with HIV/AIDS and sought funding to improve availability of care for low-income, uninsured and under-insured victims of AIDS and their families, the fate of the bill will not be known until next year's financial outlook is clearer. That is why it is imperative to pass this legislation now and protect our emergency workers.

Portions from James R. Cross, JD, March 2008 JEMS

— DISPATCH —



Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990, Subtitle B - Emergency Response Employee Notification

Summary

The Ryan White CARE Act, Subtitle B contains provisions for the notification of emergency response personnel exposed to infectious diseases while attending, treating, assisting, or transporting a victim. The law provides for emergency response employee notification following a documented exposure to blood or body fluids, verified by the receiving hospital. It also provides for automatic notification of the emergency response employee if the transported patient is found to have infectious tuberculosis. This notification by the medical facility must be made to the designated officer in writing as soon as possible, but within a period not exceeding 48 hours after the receipt of the request by the designated officer. The designated officer will then inform the employee or employees involved of the determination.

The guidelines include the infectious diseases covered and their mode of transmission. These diseases are only those which are life-threatening by carrying a substantial risk of death if acquired by a healthy, susceptible host, and the disease can be transmitted from person to person. The diseases covered by the exposure notification guidelines as listed in Part II are:

- Infectious pulmonary tuberculosis
- Hemorrhagic fevers
- Hepatitis B
- Meningococcal disease
- HIV, including AIDS
- Plague
- Diphtheria
- Rabies

The guidelines detail the manner in which medical facilities must determine whether emergency personnel were exposed to an infectious disease. If an emergency response employee believes he or she was exposed to blood or blood products of a patient during the performance of normal job duties, the designated officer must investigate the incident. If the designated officer determines through investigation an exposure was sustained then a signed written request can be submitted to the receiving hospital for notification of the patient's infectious status. This must be performed within 48 hours.

The designated officer must provide all collected information regarding the exposure to the medical facility. It is ultimately the receiving medical facility's responsibility to verify and establish the possibility of an exposure to the emergency response employee. If the medical facility has found insufficient evidence exists to determine an exposure, they must notify the designated officer in writing within 48 hours. The designated officer may further pursue the determination of an exposure through a request of the public health officer in the community. If warranted, the public health officer may resubmit the request to the medical facility.

This act does not authorize or require a medical facility to test any such victim for any infectious disease, nor can this act be construed to authorize any emergency response employee to fail to respond, or to deny services, to any victim of an emergency.

States that already have notification laws that are at least as comprehensive as the federal notification law must apply for a waiver from the federal government. If the state does not apply for a waiver, the federal notification law will be used in place of the state notification law.

Subtitle B of the Ryan White CARE Act applies to all emergency response employees (fire fighters, paramedics, and EMTs) throughout the United States. The geographic location of an exposed ERE (such as within an OSHA state plan state) does not affect the applicability of this law.

Action Items

- Each employer of emergency response employees in the state must have selected one designated officer responsible for coordinating requests for and responses of notification, investigating exposure incidents to obtain sufficient information, and who is bound to rules of confidentiality regarding the infectious status of the emergency responder and the victim. In other words, each department, as employer, must have a designated officer. The local should take an active role in recommending to the fire department a suitable individual for this position.
- The receiving medical facilities must have in place procedures for responding to written requests from designated officers regarding the determination of exposure to the diseases covered under this Act.
- The receiving medical facilities must have in place procedures for automatically notifying the designated officer of any emergency responders who have transported a victim found to have infectious pulmonary tuberculosis. This notification must be provided within 48 hours of determining the victim's tuberculosis status.
- Your department must have in place procedures by which you, as an emergency response employee, can make requests to the designated officer regarding a suspected exposure incident. In addition, procedures must be in place by which the designated officer can properly handle all such requests regarding exposure.
- Your local public health agency must also have in place procedures for handling requests for exposure incident evaluation from designated officers.
- Your state public health officer should have received the list of potentially life-threatening diseases and the exposure guidelines for such diseases from the Secretary of Health and Human Services.
- Your local is entitled to the list of potentially life-threatening diseases and exposure guidelines.
- Your state or municipality must be aware of the procedures adopted by the Secretary of Health and Human Services for handling allegations of violations of the exposure notification process.



INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS®

HAROLD A. SCHAITBERGER
General President

VINCENT J. BOLLON
General Secretary-Treasurer

May 23, 2008

The Honorable John D. Dingell
Chairman
Committee on Energy and Commerce
U.S. House of Representatives
Washington, DC 20515

The Honorable Joe Barton
Ranking Member
Committee on Energy and Commerce
U.S. House of Representatives
Washington, DC 20515

Dear Chairman Dingell and Ranking Member Barton:

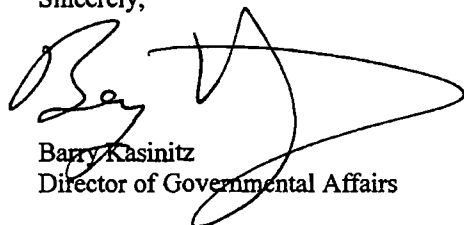
On behalf of the nation's more than 287,000 professional fire fighters and emergency medical personnel, I am writing to bring your attention to a troubling oversight from the 2006 reauthorization of the Ryan White Act. Public Law 109-415 repealed, perhaps inadvertently, provisions providing for the notification of emergency response personnel exposed to certain infectious diseases during the course of duty.

Since their inception in 1990, the Ryan White emergency response employee notification requirements have ensured that emergency responders exposed to life-threatening diseases such as tuberculosis or hepatitis receive rapid notification. Rapid notification enables responders to receive appropriate testing and treatment, as well to take appropriate precautions to avoid further transmissions to family members and coworkers.

Unfortunately, since the elimination of these protections we have noted several instances of medical facilities refusing to provide a patient's disease status to responders with documented exposures. We therefore respectfully request that you work swiftly to restore the notification requirements in law.

Thank you for your attention to this crucial issue. I look forward to working with you to restore these life-saving protections for our nation's first responders.

Sincerely,



Barry Kasinitz
Director of Governmental Affairs



JEMS.com**Article****EMS Community Mobilizes to Restore Exposure-Reporting Rules****Congress cut requirements when reauthorizing Ryan White Act**

Mannie Garza

June 2008 EMS Insider Vol. 35 No. 6
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Congress may have inadvertently created the perfect opportunity for all factions of the fractured EMS community to join forces to restore

provisions critical to prehospital employee safety, which lawmakers deleted from the Ryan White Act when they reauthorized it in December 2006. That move escaped notice until an article by EMS infection expert James Cross was published this March. (See Cross J: "Emergency responder provisions of Ryan White law repealed." *JEMS*. 33(3):136-137.)

Representatives of some national EMS and fire organizations are starting to meet with members of Congress to address their concerns, and the International Association of Fire Chiefs EMS Section voted April 20 to work with others to create "a committee of constituents and stakeholders to speak with one voice" on the issue and perhaps to develop legislation to rectify the situation. IAFC Government Affairs Manager Lucian Deaton subsequently contacted the EMS lobbying organization Advocates for EMS, which had already begun gathering information and working with members on possible solutions. Lori Moore-Merrell, DrPh, MPH, EMT-P, assistant to the International Association of Fire Fighters' president, said IAFF was already working with IAFC on Ryan White.

Some background

When Congress passed the original Ryan White Act in 1990 (an HIV-program funding bill named for a child infected with HIV during a blood transfusion), it included provisions to protect first responders and ambulance staff. Those provisions (in Public Law 101-381, Part E, Section 2681-2690) required EMS and first response agencies to designate an infection control officer who would contact the receiving hospital and request the patient's disease status following a responder's needle-stick or other exposure to blood or body fluids. The law then required the hospital to test the patient and inform the ICO in writing within 48 hours—sooner when possible—that the emergency responder had or had not been exposed to an infectious disease.

A hospital's failure to comply could result in a complaint to the Centers for Disease Control and Prevention and, ultimately, in an injunction preventing the flow of federal funds to the noncompliant facility. "No injunctions were issued, but the existence of that provision made a hospital think twice about not complying with the law," said Cross, legal consultant for Katherine West's Infection Control/Emerging Concepts in Manassas, Va.

"That language was included in subsequent reauthorizations of the Ryan White law until H.R. 6143 was passed in 2006 (Public Law 109-415). Subpart II was inexplicably stricken from the legislation that was signed into law on December 20, 2006," noted Steve Isaacson, EMS chief and ICO, Overland Park (Kan.) Fire Department, in a briefing to the IAFC EMS Section.

Cross noted that many hospitals insisted that the Health Insurance Portability and Accountability Act prevented them from providing EMS and first response agencies with patient test results—until the CDC provided official word that they were misinterpreting HIPAA.

"This legislation has been extremely important for emergency responders because it forced hospitals to cooperate with them in post-exposure treatment," Cross said. Without rapid testing and notification, he said, many emergency responders will be forced to take unnecessary prophylactic HIV medications, which are costly and can cause severe side effects.

Although the federal Occupational Safety and Health Administration's blood-borne pathogen standard aims to protect emergency responders, the National Association of State EMS Officials notes, "OSHA does not have jurisdiction over state and local governments in about half of the states" and "does not provide the clear coverage of volunteers that the Ryan White law provided." Unlike the Ryan White Act, NASEMSO notes, OSHA's standard also "doesn't provide a clearly stated post-exposure procedure to be followed and does not give clear timeframes for testing and notification."

The changes have taken effect

Some EMS leaders believed—mistakenly—that the emergency response provisions would remain in effect until Oct. 1, 2009, when the Ryan White Act would have expired if Congress had not passed the reauthorization bill in December 2006.

But Cross explained, "The Ryan White Act as reauthorized will be repealed [Oct. 1, 2009] if it is not reauthorized. The law as reauthorized does not contain the sections of the original law covering disease exposure to emergency responders. [Those sections] are already gone and [have] been gone since December 2006."

"I just had an [employee] exposure in the past couple of weeks, and the word is out with the hospitals that they no longer need to give us this information," Isaacson said.

"I recently got word from a hospital on the Missouri side [of the Mississippi River] saying, 'I don't have to give you that information anymore. In fact, I can't give it to you anymore.'"

What now?

In early April, National Association of EMTs President Jerry Johnston, former NAEMT president Nathan Williams and Advocates for EMS lobbyist Lisa Meyer visited the office of Sen. Mike Enzi, R-Wyo., ranking member of the Senate Committee on Health, Education, Labor and Pensions, which has jurisdiction over the Ryan White Act. "We met with Enzi's office to discuss the issue in general and potential next steps," Meyer said.

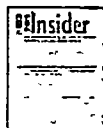
"We're now in communication with the CDC and OSHA to figure out what's in place, what language needs to be updated from the original law and what other blood-borne pathogens should be covered. We will then go back to [Capitol] Hill and discover what, if anything, should be done legislatively and what can be done via regulations," Meyer said.

"All the different groups are starting to reach out and work together on a fix, and I'm

hoping we'll have a meeting with all the players within a month or so where we can put something together to talk with all those agencies," Meyer added.

"This is a cross-cutting issue that affects us all," Johnston said. "I think united, we can make something happen."

For more information, visit www.advocatesforems.org, contact James Cross or Katherine West by e-mail at info@ic-ec.com, Steve Isaacson at steve.isaacson@opkansas.org or Lucian Deaton at ldeaton@iafc.org. Organizations interested in participating should contact Lisa Meyer at lmeyer@cgagroup.com.



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CONNECTICUT STATE FIREFIGHTERS ASSOCIATION, INC.

March 3, 2009

Senator Andrea Stillman, Co-Chair Public Safety & Security Committee
Representative Stephan Dargan, Co-Chair Public Safety & Security Committee

My name is Ted Schroll, Legislative Representative for the Connecticut State Firefighters Association. Our Association represents approximately 28,000 career and volunteer firefighters in Connecticut.

The Connecticut State Firefighters Association wishes to go on record in support of **Raised Senate Bill #1010, AN ACT CONCERNING EXPOSURE TO INFECTIOUS DISEASES AND EMERGENCY RESPONDERS.**

Although preventing exposures to blood and body fluids is the primary means of preventing occupationally acquired Human Immunodeficiency Virus (HIV) infection, appropriate post exposure management is an important element of workplace safety. The Connecticut Department of Labor Occupational Safety & Health Administration (CONNOSHA) requires municipal employees to have a plan in place to prevent and react to workplace exposures. Medical protocols require that post exposure prophylaxis should be initiated as soon as possible, ideally within two hours and generally no later than 36 hours post-exposure.

This bill is seeking a legislative solution at this time due to changes to the federal law that previously governed the manner in which response agencies could seek information. As background, the original Ryan White law Sections 2681-2690, passed in 1990 (Public Law 101-381, Section 411) containing emergency response provisions for notification of possible exposure to infectious diseases, were not included in the 2006 Reauthorization. These provisions require emergency response employers (i.e., fire departments, police departments, emergency medical services) to have a "designated officer" to field calls from employees regarding possible exposures to communicable diseases and obtain the disease status of the patients in those exposures from the medical facility providing treatment to the patient. This language was included in subsequent reauthorizations of the Ryan White law until 2006, when Public Law 109-415 eliminated them.

Hospitals have been historically poor communicators of this information even when the federal law was in effect. The only leverage the first responders have had to obtain the necessary information was the Ryan White provisions. Without accurate source testing, first responders upon an exposure must endure a one-year period of evaluations and in some cases are put on prophylaxis medication for HIV. This is simply not fair to the people we expect to be there when we have a medical emergency or serious injury. This is a no-cost issue to the hospitals and will save employers of first responders in Connecticut workers' compensation costs associated with unnecessary treatment when no information is available regarding the source patient in an exposure incident. It is expected that with the passage of this initiative, we can treat people properly when they have an exposure.

We thank you for the opportunity to provide this testimony.

Respectfully Submitted,

Ted Schroll, Legislative Representative
Connecticut State Firefighters Association

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Testimony to the Committee on Public Safety
 Submitted March 3, 2009 by
 Chief Anthony J. Salvatore and Chief James Strillacci
 Legislative Co-Chairs
 Connecticut Police Chiefs Association

HB 6563
HB 6564

Senator Stillman, Representative Dargan and Members of the Committee on Public Safety, Good Morning. We are here representing the Connecticut Police Chiefs Association (CPCA), to testify on a number of Bills.

1. **R.B. No. 985, AN ACT ESTABLISHING AN AUTOMATED VEHICLE INSURANCE IDENTIFICATION AND ENFORCEMENT SYSTEM.** CPCA supports this Bill, as it would aid law enforcement officers in identifying motor vehicles that are being operated in violation without proper insurance.
2. **R.B. No. 986, AN ACT PROHIBITING THE DISCLOSURE OF A POLICE OFFICER'S ADDRESS ON A TOWN'S GRAND LIST.** CPCA supports this Bill, as it would specifically prohibit municipal assessors or board of assessors from publicly disclosing the name and residential address of a sworn member of a municipal police department or a sworn member of the state police.
3. **R.B. No. 1007, AN ACT REGULATING MIXED MARTIAL ARTS MATCHES.** CPCA supports this Bill.
4. **R.B. No. 1010, AN ACT CONCERNING EXPOSURE TO INFECTIOUS DISEASES AND EMERGENCY RESPONDERS.** CPCA supports this Bill, as we believe that should emergency service organization personnel come in contact with a patient/person who has been diagnosed with an infectious disease, the organization as well as the individual should be notified.
5. **R.B. No. 6562, AN ACT AUTHORIZING BONDS OF THE STATE FOR THE CONSTRUCTION OF A POLICE OFFICER TRAINING FACILITY.** CPCA supports this Bill, as it is long overdue. Other than the skid pan at the Connecticut Police Academy in Meriden, we really do not have an adequate driver's training facility. Our instructors over the years have been very innovative with providing our recruit officers with training. We have used vacant stretches of highway, airports and a test facility in Colchester to accomplish this goal. CPCA is, however, also aware of the financial condition of the State and urges that if this is not possible this year, at some point in the future, it be considered.