



General Assembly

January Session, 2011

Raised Bill No. 6618

LCO No. 4733

04733 _____ PH_

Referred to Committee on Public Health

Introduced by:
(PH)

AN ACT CONCERNING VARIOUS REVISIONS TO PUBLIC HEALTH RELATED STATUTES.

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

1 Section 1. Section 19a-17 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2011*):

3 (a) Each board or commission established under chapters 369 to 376,
4 inclusive, 378 to 381, inclusive, and 383 to 388, inclusive, and the
5 Department of Public Health with respect to professions under its
6 jurisdiction that have no board or commission may take any of the
7 following actions, singly or in combination, based on conduct that
8 occurred prior or subsequent to the issuance of a permit or a license
9 upon finding the existence of good cause:

10 (1) Revoke a practitioner's license or permit;

11 (2) Suspend a practitioner's license or permit;

12 (3) Censure a practitioner or permittee;

13 (4) Issue a letter of reprimand to a practitioner or permittee;

14 (5) Place a practitioner or permittee on probationary status and
15 require the practitioner or permittee to:

16 (A) Report regularly to such board, commission or department
17 upon the matters which are the basis of probation;

18 (B) Limit practice to those areas prescribed by such board,
19 commission or department;

20 (C) Continue or renew professional education until a satisfactory
21 degree of skill has been attained in those areas which are the basis for
22 the probation;

23 (6) Assess a civil penalty of up to twenty-five thousand dollars;

24 (7) In those cases involving persons or entities licensed or certified
25 pursuant to sections 20-341d, 20-435, 20-436, 20-437, 20-438, 20-475 and
26 20-476, require that restitution be made to an injured property owner;
27 or

28 (8) Summarily take any action specified in this subsection against a
29 practitioner's license or permit upon receipt of proof that such
30 practitioner has been:

31 (A) Found guilty or convicted as a result of an act which constitutes
32 a felony under (i) the laws of this state, (ii) federal law, or (iii) the laws
33 of another jurisdiction and which, if committed within this state,
34 would have constituted a felony under the laws of this state; or

35 (B) Subject to disciplinary action similar to that specified in this
36 subsection by a duly authorized professional agency of any state, the
37 District of Columbia, a United States possession or territory or a
38 foreign jurisdiction. The applicable board or commission, or the
39 department shall promptly notify the practitioner or permittee that his
40 license or permit has been summarily acted upon pursuant to this
41 subsection and shall institute formal proceedings for revocation within
42 ninety days after such notification. Such board or commission or the

43 department may rely upon the findings and conclusions made by a
44 duly authorized professional disciplinary agency of any state, the
45 District of Columbia, a United States possession or territory or foreign
46 jurisdiction and shall not permit a collateral attack on the findings and
47 conclusions of such agency.

48 (b) Such board or commission or the department may withdraw the
49 probation if it finds that the circumstances that required action have
50 been remedied.

51 (c) Such board or commission or the department where appropriate
52 may summarily suspend a practitioner's license or permit in advance
53 of a final adjudication or during the appeals process if such board or
54 commission or the department finds that a practitioner or permittee
55 represents a clear and immediate danger to the public health and
56 safety if he is allowed to continue to practice.

57 (d) In addition to the authority provided to the Department of
58 Public Health in subsection (a) of this section, the department may
59 resolve any disciplinary action with respect to a practitioner's license
60 or permit in any profession by voluntary surrender or agreement not
61 to renew or reinstate.

62 (e) Such board or commission or the department may reinstate a
63 license that has been suspended or revoked if, after a hearing, such
64 board or commission or the department is satisfied that the
65 practitioner or permittee is able to practice with reasonable skill and
66 safety to patients, customers or the public in general. As a condition of
67 reinstatement, the board or commission or the department may impose
68 disciplinary or corrective measures authorized under this section.

69 (f) As used in this section, the term "license" shall be deemed to
70 include the following authorizations relative to the practice of any
71 profession listed in subsection (a) of this section: (1) Licensure by the
72 Department of Public Health; (2) certification by the Department of
73 Public Health; and (3) certification by a national certification body.

74 (g) As used in this chapter, the term "permit" includes any
75 authorization issued by the department to allow the practice, limited
76 or otherwise, of a profession which would otherwise require a license;
77 and the term "permittee" means any person who practices pursuant to
78 a permit.

79 Sec. 2. Section 19a-903b of the general statutes is repealed and the
80 following is substituted in lieu thereof (*Effective October 1, 2011*):

81 A hospital, as defined in section 19a-490b, may designate any
82 licensed health care provider and any certified ultrasound or nuclear
83 medicine [technician] technologist to perform the following oxygen-
84 related patient care activities in a hospital: (1) Connecting or
85 disconnecting oxygen supply; (2) transporting a portable oxygen
86 source; (3) connecting, disconnecting or adjusting the mask, tubes and
87 other patient oxygen delivery apparatus; and (4) adjusting the rate or
88 flow of oxygen consistent with a medical order. Such provider or
89 technician may perform such activities only to the extent permitted by
90 hospital policies and procedures, including bylaws, rules and
91 regulations applicable to the medical staff. A hospital shall document
92 that each person designated to perform oxygen-related patient care
93 activities has been properly trained, either through such person's
94 professional education or through training provided by the hospital. In
95 addition, a hospital shall require that such person satisfy annual
96 competency testing. The provisions of this section shall not apply to
97 any type of ventilator, continuous positive airway pressure or bi-level
98 positive airway pressure units or any other noninvasive positive
99 pressure ventilation.

100 Sec. 3. Subsection (a) of section 19a-12a of the general statutes is
101 repealed and the following is substituted in lieu thereof (*Effective*
102 *October 1, 2011*):

103 (a) As used in this section, [and] section 19a-12b and section 4 of this
104 act:

105 (1) "Chemical dependency" means abusive or excessive use of
106 drugs, including alcohol, narcotics or chemicals, that results in
107 physical or psychological dependence;

108 (2) "Department" means the Department of Public Health;

109 (3) "Health care professionals" includes any person licensed or who
110 holds a permit pursuant to chapter 370, 372, 373, 375, 375a, 376, 376a,
111 376b, 376c, 377, 378, 379, 379a, 380, 381, 381a, 383, 383a, 383b, 383c, 384,
112 384a, 384b, 384c, 384d, 385, 398 or 399 and any institution licensed
113 pursuant to chapter 368v;

114 (4) "Medical review committee" means any committee that reviews
115 and monitors participation by health care professionals in the
116 assistance program, including a medical review committee described
117 in section 19a-17b; and

118 (5) "Assistance program" means the program established pursuant
119 to subsection (b) of this section to provide education, prevention,
120 intervention, referral assistance, rehabilitation or support services to
121 health care professionals who have a chemical dependency, emotional
122 or behavioral disorder or physical or mental illness.

123 Sec. 4. Subsection (j) of section 19a-12a of the general statutes is
124 repealed and the following is substituted in lieu thereof (*Effective*
125 *October 1, 2011*):

126 (j) (1) Any [physician, hospital] health care professional or state or
127 local professional society or organization of health care professionals
128 that refers a [physician] health care professional for intervention to the
129 assistance program shall be deemed to have satisfied the obligations
130 imposed on the person or organization pursuant to subsection (a) of
131 section 20-13d, with respect to a physician's inability to practice
132 medicine with reasonable skill or safety due to chemical dependency,
133 emotional or behavioral disorder or physical or mental illness.

134 (2) Any physician, physician assistant, hospital or state or local

135 professional society or organization of health care professionals that
136 refers a physician assistant for intervention to the assistance program
137 shall be deemed to have satisfied the obligations imposed on the
138 person or organization pursuant to subsection (a) of section 20-12e,
139 with respect to a physician assistant's inability to practice with
140 reasonable skill or safety due to chemical dependency, emotional or
141 behavioral disorder or physical or mental illness.

142 Sec. 5. (NEW) (*Effective October 1, 2011*) A health care professional
143 with information which appears to show that another health care
144 professional is or may be unable to practice with reasonable skill and
145 safety due to (1) physical illness or loss of motor skills, including, but
146 not limited to, deterioration through the aging process, (2) emotional
147 disorder or mental illness, or (3) chemical dependency shall, not later
148 than thirty days after obtaining such information, file a petition with
149 the Department of Public Health. Such petition shall be filed on forms
150 supplied by the department, shall be signed and sworn to, and shall set
151 forth in detail the matters complained of.

152 Sec. 6. Subdivision (11) of subsection (a) of section 19a-14 of the
153 general statutes is repealed and the following is substituted in lieu
154 thereof (*Effective October 1, 2011*):

155 (11) Conduct any necessary investigation and follow-up in
156 connection with complaints regarding persons subject to regulation or
157 licensing by the department. In connection with any such
158 investigation, the department may restrict, suspend or otherwise limit
159 the license or permit of any person subject to regulation or licensing by
160 the department pursuant to an interim consent order entered during
161 the pendency of such investigation;

162 Sec. 7. Section 7-36 of the general statutes is repealed and the
163 following is substituted in lieu thereof (*Effective October 1, 2011*):

164 As used in this chapter and sections 19a-40 to 19a-45, inclusive,
165 unless the context otherwise requires:

166 (1) "Registrar of vital statistics" or "registrar" means the registrar of
167 births, marriages, deaths and fetal deaths or any public official charged
168 with the care of returns relating to vital statistics;

169 (2) "Registration" means the process by which vital records are
170 completed, filed and incorporated into the official records of the
171 department;

172 (3) "Institution" means any public or private facility that provides
173 inpatient medical, surgical or diagnostic care or treatment, or nursing,
174 custodial or domiciliary care, or to which persons are committed by
175 law;

176 (4) "Vital records" means a certificate of birth, death, fetal death or
177 marriage;

178 (5) "Certified copy" means a copy of a birth, death, fetal death or
179 marriage certificate that (A) includes all information on the certificate
180 except such information that is nondisclosable by law, (B) is issued or
181 transmitted by any registrar of vital statistics, (C) includes an attested
182 signature and the raised seal of an authorized person, and (D) if
183 submitted to the department, includes all information required by the
184 commissioner;

185 (6) "Uncertified copy" means a copy of a birth, death, fetal death or
186 marriage certificate that includes all information contained in a
187 certified copy except an original attested signature and a raised seal of
188 an authorized person;

189 (7) "Authenticate" or "authenticated" means to affix to a vital record
190 in paper format the official seal, or to affix to a vital record in electronic
191 format the user identification, password, or other means of electronic
192 identification, as approved by the department, of the creator of the
193 vital record, or the creator's designee, by which affixing the creator of
194 such paper or electronic vital record, or the creator's designee, affirms
195 the integrity of such vital record;

196 (8) "Attest" means to verify a vital record in accordance with the
197 provisions of subdivision (5) of this section;

198 (9) "Correction" means to change or enter new information on a
199 certificate of birth, marriage, death or fetal death, within one year of
200 the date of the vital event recorded in such certificate, in order to
201 accurately reflect the facts existing at the time of the recording of such
202 vital event, where such changes or entries are to correct errors on such
203 certificate due to inaccurate or incomplete information provided by the
204 informant at the time the certificate was prepared, or to correct
205 transcribing, typographical or clerical errors;

206 (10) "Amendment" means to (A) change or enter new information
207 on a certificate of birth, marriage, death or fetal death, more than one
208 year after the date of the vital event recorded in such certificate, in
209 order to accurately reflect the facts existing at the time of the recording
210 of the event, (B) create a replacement certificate of birth for matters
211 pertaining to parentage and gender change, or (C) change a certificate
212 of birth, marriage, death or fetal death to reflect facts that have
213 changed since the time the certificate was prepared, including, but not
214 limited to, a legal name change or a modification to a cause of death;

215 (11) "Acknowledgment of paternity" means to legally acknowledge
216 paternity of a child pursuant to section 46b-172;

217 (12) "Adjudication of paternity" means to legally establish paternity
218 through an order of a court of competent jurisdiction;

219 (13) "Parentage" includes matters relating to adoption, gestational
220 agreements, paternity and maternity;

221 (14) "Department" means the Department of Public Health; [and]

222 (15) "Commissioner" means the Commissioner of Public Health or
223 the commissioner's designee; and

224 (16) "Foundling" means (A) a child of unknown parentage, or (B) an

225 infant voluntarily surrendered pursuant to the provisions of section
226 17a-58.

227 Sec. 8. Section 7-59 of the general statutes is repealed and the
228 following is substituted in lieu thereof (*Effective October 1, 2011*):

229 (a) The executive authority of any agency or institution, upon
230 accepting the temporary custody of any foundling, [child,] shall,
231 [within ten days from] not later than ten days after the date of such
232 acceptance, report to the registrar of vital statistics of the town or city
233 where such [child] foundling was found or voluntarily surrendered, in
234 a format prescribed by the department, as follows: The date and place
235 of finding where voluntarily surrendered, the sex, the race, the
236 approximate age, the name and address of such agency or institution
237 and the name given to the [foundling] child. [If] Except for an infant
238 voluntarily surrendered pursuant to the provisions of section 17a-58, if
239 a child for whom [such] a report of foundling has been registered is
240 later identified and a certificate of birth is found or obtained, [it] the
241 certificate of birth shall be substituted and the [previous] report of
242 foundling shall be sealed and filed in a confidential file, and such seal
243 may be broken and the record inspected only upon order of a court of
244 competent jurisdiction. The certificate prescribed by this section shall
245 include such additional information as the department requires.

246 (b) For any infant surrendered pursuant to the provisions of section
247 17a-58, the hospital shall prepare a report of foundling as described in
248 subsection (a) of this section. If a certificate of birth has already been
249 filed in the state birth registry pursuant to the requirements of section
250 7-48, the report of foundling shall substitute for the original certificate
251 of birth which shall be sealed and filed in a confidential file at the
252 Department of Public Health. The original certificate of birth shall not
253 be released except upon order of a court of competent jurisdiction.

254 Sec. 9. Section 7-37 of the general statutes is repealed and the
255 following is substituted in lieu thereof (*Effective October 1, 2011*):

256 (a) The town clerks of the several towns shall be, ex officio, the
257 registrars of vital statistics in their respective towns, except in towns
258 where such registrars are elected or appointed under special laws, and
259 shall be sworn to the faithful performance of their duties as such.

260 (b) If a registrar of vital statistics is appointed under a special law or
261 a town charter, the appointing authority or, if none, the chief executive
262 official of the town, shall, [within] not later than ten days after such an
263 appointment is made, file a notice of such appointment with the
264 Secretary of the State, indicating the name and address of the person
265 appointed, the date and method of such appointment and the law
266 under which the appointment was made. [Within] Not later than ten
267 days after a vacancy occurs in the appointed office of registrar of vital
268 statistics, the first selectman or chief executive official of the town shall
269 notify the Secretary of the State of such vacancy.

270 (c) In addition to the requirements of subsection (b) of this section,
271 any newly elected or appointed registrar of vital statistics shall, not
272 later than ten days after the date of assuming office, provide written
273 notification to the Commissioner of Public Health of such election or
274 appointment. In the event of a vacancy, the first selectman or chief
275 executive official of the town shall notify the Commissioner of Public
276 Health of the vacancy not later than ten days after the date of such
277 vacancy.

278 Sec. 10. Section 7-38 of the general statutes is repealed and the
279 following is substituted in lieu thereof (*Effective October 1, 2011*):

280 (a) The town clerk of any town who is, ex officio, registrar of vital
281 statistics in such town, and the registrar of vital statistics of any town
282 who is elected under a special law or otherwise appointed pursuant to
283 law, may, unless otherwise provided by charter or ordinance, appoint
284 in writing suitable persons, not exceeding four in number, as assistant
285 registrars of vital statistics, who, on being sworn, shall have the
286 powers and perform the duties of such registrar during the time for
287 which they are appointed, not extending beyond the term of office of

288 such registrar. [Within] Not later than ten days after a town clerk or
289 registrar of vital statistics appoints an assistant registrar of vital
290 statistics, the town clerk or registrar of vital statistics shall file a notice
291 of such appointment with the Secretary of the State, indicating the
292 name and address of the person appointed, the date and method of
293 such appointment and the law under which the appointment was
294 made. [Within] Not later than ten days after a vacancy occurs in the
295 office of assistant registrar of vital statistics, the town clerk or registrar
296 of vital statistics shall notify the Secretary of the State of such vacancy.

297 (b) In addition to the requirements of subsection (a) of this section,
298 the registrar of vital statistics shall, not later than ten days after the
299 date of appointment of an assistant registrar or a vacancy occurring in
300 the office of assistant registrar of vital statistics, provide written notice
301 to the Commissioner of Public Health of such appointment or vacancy.

302 Sec. 11. Subsection (a) of section 7-51 of the general statutes is
303 repealed and the following is substituted in lieu thereof (*Effective*
304 *October 1, 2011*):

305 (a) The department and registrars of vital [records] statistics shall
306 restrict access to and issuance of a certified copy of birth and fetal
307 death records and certificates less than one hundred years old, to the
308 following eligible parties: (1) The person whose birth is recorded, if
309 over eighteen years of age; (2) such person's children, grandchildren,
310 spouse, parent, guardian or grandparent; (3) the chief executive officer
311 of the municipality where the birth or fetal death occurred, or the chief
312 executive officer's authorized agent; (4) the local director of health for
313 the town or city where the birth or fetal death occurred or where the
314 mother was a resident at the time of the birth or fetal death, or the
315 director's authorized agent; (5) attorneys-at-law [and title examiners]
316 representing such person or such person's parent, guardian, child or
317 surviving spouse; (6) conservators appointed to oversee the personal
318 affairs of such person; (7) members of genealogical societies
319 incorporated or authorized by the Secretary of the State to do business

320 or conduct affairs in this state; ~~[(7)]~~ (8) agents of a state or federal
321 agency as approved by the department; and ~~[(8)]~~ (9) researchers
322 approved by the department pursuant to section 19a-25. Except as
323 provided in section 19a-42a, access to confidential files on paternity,
324 adoption, gender change or gestational agreements, or information
325 contained within such files, shall not be released to any party,
326 including the eligible parties listed in this subsection, except upon an
327 order of a court of competent jurisdiction.

328 Sec. 12. Section 20-14e of the general statutes is repealed and the
329 following is substituted in lieu thereof (*Effective October 1, 2011*):

330 (a) A drug dispensed by a prescribing practitioner shall be
331 personally dispensed by the prescribing practitioner and the
332 dispensing of such drug shall not be delegated except that, in
333 emergency departments of acute care hospitals licensed under chapter
334 368v, the tasks related to dispensing such drug may be carried out by a
335 nurse licensed pursuant to chapter 378 under the supervision of the
336 prescribing practitioner.

337 (b) A patient's medical record shall include a complete record of any
338 drug dispensed by the prescribing practitioner.

339 (c) A prescribing practitioner dispensing a drug shall package the
340 drug in containers approved by the federal Consumer Product Safety
341 Commission, unless requested otherwise by the patient, and shall label
342 the container with the following information: (1) The full name of the
343 patient; (2) the prescribing practitioner's full name and address; (3) the
344 date of dispensing; (4) instructions for use; and (5) any cautionary
345 statements as may be required by law.

346 (d) Professional samples dispensed by a prescribing practitioner
347 shall be exempt from the requirements of subsection (c) of this section.

348 (e) Notwithstanding the provisions of this section or chapter 400j, a
349 prescribing practitioner who diagnoses a chlamydia or gonorrhea

350 infection in a patient may prescribe and dispense oral antibiotic drugs
351 to such patient and the patient's partner or partners in order to prevent
352 further infection without a physical examination of such partner or
353 partners. A prescribing practitioner who prescribes or dispenses oral
354 antibiotic drugs to the partner or partners of a patient diagnosed with
355 a chlamydia or gonorrhea infection shall, in accordance with the
356 provisions of this subsection, not be deemed to have violated the
357 prescribing practitioner's standard of care for such prescribing or
358 dispensing drugs. The Commissioner of Public Health, in consultation
359 with the Commissioner of Consumer Protection, may adopt
360 regulations, in accordance with chapter 54, to implement the
361 provisions of this subsection.

362 [(e)] (f) A prescribing physician or surgeon may dispense and sell
363 contact lenses that contain a drug, as defined in section 20-571, and
364 such physician or surgeon shall be exempt from the requirements of
365 subsection (c) of this section when dispensing or selling contact lenses.
366 As used in this subsection, "physician" means a person holding a
367 license issued pursuant to this chapter, except a homeopathic
368 physician.

369 [(f)] (g) A licensed optometrist, authorized to practice advanced
370 optometric care pursuant to section 20-127, who dispenses contact
371 lenses that contain ocular agents-T, as defined in subdivision (5) of
372 subsection (a) of section 20-127, shall be exempt from the requirements
373 of subsection (c) of this section when dispensing or selling contact
374 lenses.

375 Sec. 13. Section 19a-216 of the general statutes is repealed and the
376 following is substituted in lieu thereof (*Effective October 1, 2011*):

377 (a) Any municipal health department, state institution or facility,
378 licensed physician or public or private hospital or clinic, may examine
379 [and] or provide treatment for venereal disease for a minor, if the
380 physician or facility is qualified to provide such examination [and] or
381 treatment. The consent of the parents or guardian of the minor shall

382 not be a prerequisite to the examination [and] or treatment. The
383 physician in charge or other appropriate authority of the facility or the
384 licensed physician concerned shall prescribe an appropriate course of
385 treatment for the minor. The fact of consultation, examination [and] or
386 treatment of a minor under the provisions of this section shall be
387 confidential and shall not be divulged by the facility or physician,
388 including the sending of a bill for the services to any person other than
389 the minor, except for purposes of reports under section 19a-215, as
390 amended by this act, and except that, if the minor is not more than
391 twelve years of age, the facility or physician shall report the name, age
392 and address of that minor to the Commissioner of Children and
393 Families or [his] the commissioner's designee who shall proceed
394 thereon as in reports under section 17a-101g.

395 (b) A minor shall be personally liable for all costs and expenses for
396 services afforded [him at his] such minor at his or her request under
397 this section.

398 Sec. 14. Section 19a-124 of the general statutes is repealed and the
399 following is substituted in lieu thereof (*Effective October 1, 2011*):

400 (a) The Department of Public Health shall establish needle and
401 syringe exchange programs in [the health departments of] the three
402 cities having the highest total number of [cases of acquired
403 immunodeficiency syndrome among intravenous drug users as of
404 December 31, 1991] human immunodeficiency virus infections among
405 injection drug users. The department shall establish [, with the
406 assistance of the health departments of the cities selected for the
407 programs,] protocols in accordance with the provisions of subsection
408 (b) of this section. [The department and the city health departments
409 shall evaluate the effectiveness of the programs based on the criteria
410 specified by the Department of Public Health.] The department may
411 authorize similar programs in other areas of the state, as determined
412 by the commissioner, through local health departments or other local
413 organizations.

414 (b) The programs shall: (1) Be incorporated into existing [acquired
415 immunodeficiency syndrome prevention and outreach projects]
416 human immunodeficiency virus prevention programs in the selected
417 cities; (2) provide for free and [anonymous] confidential exchanges of
418 needles and syringes and (A) provide that program participants
419 receive an equal number of needles and syringes for those returned;
420 and (B) provide that first-time applicants to the program receive an
421 initial packet of thirty needles and syringes, educational material and a
422 list of drug counseling services; [and (C) assure, through program-
423 developed and commissioner-approved protocols, that a person
424 receive only one such initial packet over the life of the program;] and
425 (3) offer education on the transmission of the human
426 immunodeficiency virus and prevention measures and assist program
427 participants in obtaining drug treatment services. [; and (4) for the first
428 year of operation of the program, require all needles and syringes to be
429 marked and checked for return rates.]

430 (c) [The commissioner shall require programs to include an
431 evaluation component during the first year of operation] The
432 department shall establish requirements to monitor (1) return rates of
433 needles and syringes distributed, (2) [behavioral change of program
434 participants, such as needle sharing and the use of condoms, (3)]
435 program participation rates, and (3) the number of participants who
436 are motivated to enter treatment as a result of the program and the
437 status of their treatment. [, and (4) the incidence of intravenous drug
438 use to see if there is a change as a result of the program. The
439 department shall establish evaluation and monitoring requirements to
440 be applied to subsequent years of the programs.]

441 (d) [The health department of each city selected for a needle and
442 syringe exchange program or the person] Any organization
443 conducting [the] a needle and syringe exchange program shall submit
444 a report evaluating the effectiveness of the program to the Department
445 of Public Health. [The department shall compile all information
446 received on the programs and report to the joint standing committees

447 of the General Assembly having cognizance of matters relating to
448 public health and appropriations and the budgets of state agencies.]

449 Sec. 15. Subsection (b) of section 20-32 of the general statutes is
450 repealed and the following is substituted in lieu thereof (*Effective*
451 *October 1, 2011*):

452 (b) All licensed chiropractors applying for license renewal shall be
453 required to participate in continuing education programs. The
454 Commissioner of Public Health shall adopt regulations, in accordance
455 with chapter 54, to (1) define basic requirements for continuing
456 education programs, (2) delineate qualifying programs, (3) establish a
457 system of control and reporting, and (4) provide for waiver of the
458 continuing education requirement for good cause. For registration
459 periods beginning on and after October 1, 2012, the Commissioner of
460 Public Health, in consultation with the Board of Chiropractic
461 Examiners, shall, on or before October 1, 2011, and biennially
462 thereafter, issue a list that includes not more than five mandatory
463 topics for continuing education activities that shall be required for the
464 two subsequent registration periods following the date of issuance of
465 such list.

466 Sec. 16. Section 10-204a of the general statutes is amended by adding
467 subsection (c) as follows (*Effective October 1, 2011*):

468 (NEW) (c) The Commissioner of Public Health may issue a
469 temporary waiver to the adequate immunization schedule for any
470 vaccine if the National Centers for Disease Control and Prevention
471 recognizes a nation-wide shortage of supply for said vaccine.

472 Sec. 17. Subsection (b) of section 19a-77 of the general statutes is
473 repealed and the following is substituted in lieu thereof (*Effective*
474 *October 1, 2011*):

475 (b) For licensing requirement purposes, child day care services shall
476 not include such services which are:

477 (1) (A) Administered by a public school system, or (B) administered
478 by a municipal agency or department and located in a public school
479 building;

480 (2) Administered by a private school which is in compliance with
481 section 10-188 and is approved by the State Board of Education or is
482 accredited by an accrediting agency recognized by the State Board of
483 Education;

484 (3) Classes in music, dance, drama and art that are no longer than
485 two hours in length; classes that teach a single skill that are no longer
486 than two hours in length; library programs that are no longer than two
487 hours in length; scouting; programs that offer exclusively sports
488 activities; rehearsals; academic tutoring programs; or programs
489 exclusively for children thirteen years of age or older;

490 (4) Informal arrangements among neighbors [or] and formal or
491 informal arrangements among relatives in their own homes, provided
492 the relative is limited to any of the following degrees of kinship by
493 blood or marriage to the child being cared for or to the child's parent:
494 Child, grandchild, sibling, niece, nephew, aunt, uncle or child of one's
495 aunt or uncle;

496 (5) Drop-in supplementary child care operations for educational or
497 recreational purposes and the child receives such care infrequently
498 where the parents are on the premises;

499 (6) Drop-in supplementary child care operations in retail
500 establishments where the parents [are on the premises] remain in the
501 same store as the child for retail shopping, [in accordance with section
502 19a-77a,] provided [that] the drop-in supplementary child-care
503 operation does not charge a fee and does not refer to itself as a child
504 day care center;

505 (7) Drop-in programs administered by a nationally chartered boys'
506 and girls' club;

507 (8) Religious educational activities administered by a religious
508 institution exclusively for children whose parents or legal guardians
509 are members of such religious institution;

510 (9) Administered by Solar Youth, Inc., a New Haven-based
511 nonprofit youth development and environmental education
512 organization, provided Solar Youth, Inc. informs the parents and legal
513 guardians of any children enrolled in its programs that such programs
514 are not licensed by the Department of Public Health to provide child
515 day care services; or

516 (10) Programs administered by organizations under contract with
517 the Department of Social Services pursuant to section 17b-851a that
518 promote the reduction of teenage pregnancy through the provision of
519 services to persons who are ten to nineteen years of age, inclusive.

520 Sec. 18. Section 19a-425 of the general statutes is repealed and the
521 following is substituted in lieu thereof (*Effective October 1, 2011*):

522 Any person who establishes, conducts or maintains a youth camp
523 without a license as required by this chapter for a first offense shall be
524 subject to a civil penalty of not more than [five hundred] one thousand
525 dollars, and for a second or subsequent offense shall be subject to a
526 civil penalty of not more than [seven hundred fifty] one thousand five
527 hundred dollars, and each day during which a youth camp is
528 conducted or maintained without a license, after notification to such
529 person by the commissioner, shall constitute a separate offense. The
530 Commissioner of Public Health may apply to the superior court for the
531 judicial district of Hartford, or for the judicial district where the
532 defendant named in such application resides, for an injunction to
533 restrain the operation or maintenance of a youth camp by any person
534 other than a licensed operator. The application for such injunction or
535 the issuance of the same shall be in addition to and shall not relieve
536 any such person from the imposition of a civil penalty under this
537 section. In connection with any such application for an injunction, it
538 shall not be necessary to prove that an adequate remedy at law does

539 not exist.

540 Sec. 19. Subsection (b) of section 19a-80 of the general statutes is
541 repealed and the following is substituted in lieu thereof (*Effective*
542 *October 1, 2011*):

543 (b) (1) Upon receipt of an application for a license, the
544 Commissioner of Public Health shall issue such license if, upon
545 inspection and investigation, said commissioner finds that the
546 applicant, the facilities and the program meet the health, educational
547 and social needs of children likely to attend the child day care center or
548 group day care home and comply with requirements established by
549 regulations adopted under sections 19a-77 to 19a-80, inclusive, as
550 amended by this act, and sections 19a-82 to 19a-87, inclusive. The
551 Commissioner of Public Health shall offer an expedited application
552 review process for an application submitted by a municipal agency or
553 department. [Each license shall be for a term of two years, provided on
554 and after October 1, 2008, each] Each license shall be for a term of four
555 years, shall be nontransferable, and may be renewed upon [payment of
556 the] receipt by the commissioner of a renewal application and
557 accompanying licensure fee. [and may be suspended or revoked] The
558 commissioner may suspend or revoke such license after notice and an
559 opportunity for a hearing as provided in section 19a-84 for violation of
560 the regulations adopted under sections 19a-77 to 19a-80, inclusive, as
561 amended by this act, and sections 19a-82 to 19a-87, inclusive.

562 [(2) Prior to October 1, 2008, the Commissioner of Public Health
563 shall collect from the licensee of a day care center a fee of two hundred
564 dollars for each license issued or renewed for a term of two years. Prior
565 to October 1, 2008, said commissioner shall collect from the licensee of
566 a group day care home a fee of one hundred dollars for each license
567 issued or renewed for a term of two years.]

568 [(3)] (2) [On and after October 1, 2008, the] The Commissioner of
569 Public Health shall collect from the licensee of a day care center a fee of
570 five hundred dollars [for each license issued or renewed] prior to

571 issuing or renewing a license for a term of four years. [On and after
572 October 1, 2008, said] The commissioner shall collect from the licensee
573 of a group day care home a fee of two hundred fifty dollars [for each
574 license issued or renewed] prior to issuing or renewing a license for a
575 term of four years. The [Commissioner of Public Health] commissioner
576 shall require only one license for a child day care center operated in
577 two or more buildings, provided the same licensee provides child day
578 care services in each building and the buildings are joined together by
579 a contiguous playground that is part of the licensed space.

580 Sec. 20. Section 19a-87b of the general statutes is repealed and the
581 following is substituted in lieu thereof (*Effective October 1, 2011*):

582 (a) No person, group of persons, association, organization,
583 corporation, institution or agency, public or private, shall maintain a
584 family day care home, as defined in section 19a-77, as amended by this
585 act, without a license issued by the Commissioner of Public Health.
586 Licensure forms shall be obtained from the Department of Public
587 Health. Applications for licensure shall be made to the commissioner
588 on forms provided by the department and shall contain the
589 information required by regulations adopted under this section. The
590 licensure and application forms shall contain a notice that false
591 statements made therein are punishable in accordance with section
592 53a-157b. Applicants shall state, in writing, that they are in compliance
593 with the regulations adopted by the commissioner pursuant to
594 subsection [(c)] (f) of this section. Before a family day care home license
595 is granted, the department shall make an inquiry and investigation
596 which shall include a visit and inspection of the premises for which the
597 license is requested. Any inspection conducted by the department shall
598 include an inspection for evident sources of lead poisoning. The
599 department shall provide for a chemical analysis of any paint chips
600 found on such premises. Neither the commissioner nor the
601 commissioner's designee shall require an annual inspection for homes
602 seeking license renewal or for licensed homes, except that the
603 commissioner or the commissioner's designee shall make

604 unannounced visits, during customary business hours, to at least
605 thirty-three and one-third per cent of the licensed family day care
606 homes each year. A licensed family day care home shall not be subject
607 to any conditions on the operation of such home by local officials,
608 other than those imposed by the department pursuant to this
609 subsection, if the home complies with all local codes and ordinances
610 applicable to single and multifamily dwellings.

611 (b) No person shall act as an assistant or substitute staff member to a
612 person or entity maintaining a family day care home, as defined in
613 section 19a-77, as amended by this act, without an approval issued by
614 the Commissioner of Public Health. Any person seeking to act as an
615 assistant or substitute staff member in a family day care home shall
616 submit an application for such approval to the department.
617 Applications for approval shall: (1) Be made to the commissioner on
618 forms provided by the department, (2) contain the information
619 required by regulations adopted under this section, and (3) be
620 accompanied by a fee of twenty dollars. The approval application
621 forms shall contain a notice that false statements made in such form
622 are punishable in accordance with section 53a-157b.

623 ~~[(b)]~~ (c) The Commissioner of Public Health, within available
624 appropriations, shall require each initial applicant or prospective
625 employee of a family day care home in a position requiring the
626 provision of care to a child, including an assistant or substitute staff
627 member, to submit to state and national criminal history records
628 checks. The criminal history records checks required pursuant to this
629 subsection shall be conducted in accordance with section 29-17a. The
630 commissioner shall also request a check of the state child abuse
631 registry established pursuant to section 17a-101k. The commissioner
632 shall notify each licensee of the provisions of this subsection.

633 (d) An application for initial licensure pursuant to this section, shall
634 be accompanied by a fee of forty dollars and such license shall be
635 issued for a term of four years. An application for renewal of a license

636 issued pursuant to this section, shall be accompanied by a fee of forty
637 dollars and a certification from the licensee that any child enrolled in
638 the family day care home has received age-appropriate immunizations
639 in accordance with regulations adopted pursuant to subsection (f) of
640 this section. A license issued pursuant to this section shall be renewed
641 for a term of four years.

642 (e) An application for initial staff approval or renewal of staff
643 approval shall be accompanied by a fee of twenty dollars. Such
644 approvals shall be issued or renewed for a term of two years.

645 [(c)] (f) The Commissioner of Public Health shall adopt regulations,
646 in accordance with the provisions of chapter 54, to assure that family
647 day care homes, as defined in section 19a-77, as amended by this act,
648 shall meet the health, educational and social needs of children utilizing
649 such homes. Such regulations shall ensure that the family day care
650 home is treated as a residence, and not an institutional facility. Such
651 regulations shall specify that each child be protected as age-
652 appropriate by adequate immunization against diphtheria, pertussis,
653 tetanus, poliomyelitis, measles, mumps, rubella, hemophilus
654 influenzae type B and any other vaccine required by the schedule of
655 active immunization adopted pursuant to section 19a-7f. Such
656 regulations shall provide appropriate exemptions for children for
657 whom such immunization is medically contraindicated and for
658 children whose parents object to such immunization on religious
659 grounds. Such regulations shall also specify conditions under which
660 family day care home providers may administer tests to monitor
661 glucose levels in a child with diagnosed diabetes mellitus, and
662 administer medicinal preparations, including controlled drugs
663 specified in the regulations by the commissioner, to a child receiving
664 day care services at a family day care home pursuant to a written order
665 of a physician licensed to practice medicine in this or another state, an
666 advanced practice registered nurse licensed to prescribe in accordance
667 with section 20-94a or a physician assistant licensed to prescribe in
668 accordance with section 20-12d, and the written authorization of a

669 parent or guardian of such child. Such regulations shall specify
670 appropriate standards for extended care and intermittent short-term
671 overnight care. The commissioner shall inform each licensee, by way of
672 a plain language summary provided not later than sixty days after the
673 regulation's effective date, of any new or changed regulations adopted
674 under this subsection with which a licensee must comply.

675 [(d) Applications for initial licensure under this section submitted
676 prior to October 1, 2008, shall be accompanied by a fee of twenty
677 dollars and such licenses shall be issued for a term of two years.
678 Applications for renewal of licenses granted under this section
679 submitted prior to October 1, 2008, shall be accompanied by a fee of
680 twenty dollars and such licenses shall be renewed for a term of two
681 years. No such license shall be renewed unless the licensee certifies
682 that the children enrolled in the family day care home have received
683 age-appropriate immunization in accordance with regulations adopted
684 pursuant to subsection (c) of this section.

685 (e) Each license issued on or after October 1, 2008, shall be for a term
686 of four years, shall be nontransferable and may be renewed upon
687 payment of the licensure fee and a signed statement from the licensee
688 certifying that the children enrolled in the family day care home have
689 received age-appropriate immunization in accordance with regulations
690 adopted pursuant to subsection (c) of this section. The Commissioner
691 of Public Health shall collect from the licensee of a family day care
692 home a fee of eighty dollars for each license issued or renewed for a
693 term of four years.]

694 Sec. 21. Subsection (d) of section 31-286a of the general statutes is
695 repealed and the following is substituted in lieu thereof (*Effective*
696 *October 1, 2011*):

697 (d) For purposes of this section, "sufficient evidence" means (1) a
698 certificate of self-insurance issued by a workers' compensation
699 commissioner pursuant to section 31-284, (2) a certificate of compliance
700 issued by the Insurance Commissioner pursuant to section 31-286, (3) a

701 certificate of insurance issued by any stock or mutual insurance
702 company or mutual association authorized to write workers'
703 compensation insurance in this state or its agent, or (4) in lieu of a
704 physical certificate of insurance being presented for the issuance or
705 renewal of licenses and permits issued by the Department of
706 Consumer Protection or Public Health, the entrance by the applicant
707 on the renewal form of the name of the insurer, insurance policy
708 number, effective dates of coverage, and a certification that the same is
709 truthful and accurate.

710 Sec. 22. Section 19a-32g of the general statutes is repealed and the
711 following is substituted in lieu thereof (*Effective October 1, 2011*):

712 (a) (1) There is established a Stem Cell Research Peer Review
713 Committee. The committee shall consist of five members appointed by
714 the Commissioner of Public Health. All members appointed to the
715 committee shall (A) have demonstrated knowledge and understanding
716 of the ethical and medical implications of embryonic and human adult
717 stem cell research or related research fields, including, but not limited
718 to, embryology, genetics or cellular biology, (B) have practical research
719 experience in human adult or embryonic stem cell research or related
720 research fields, including, but not limited to, embryology, genetics or
721 cellular biology, and (C) work to advance embryonic and human adult
722 stem cell research. Members shall serve for a term of four years
723 commencing on October first, except that three members first
724 appointed by the Commissioner of Public Health shall serve for a term
725 of two years. No member may serve for more than two consecutive
726 four-year terms and no member may serve concurrently on the Stem
727 Cell Research Advisory Committee established pursuant to section
728 19a-32f. All initial appointments to the committee shall be made by
729 October 1, 2005. Any member who fails to attend three consecutive
730 meetings or who fails to attend fifty per cent of all meetings held
731 during any calendar year shall be deemed to have resigned from the
732 committee.

733 (2) [On and after July 1, 2007, the] The Commissioner of Public
734 Health may appoint such additional members to the Stem Cell
735 Research Peer Review Committee as the commissioner deems
736 necessary for the review of applications for grants-in-aid, provided the
737 total number of Stem Cell Research Peer Review Committee members
738 does not exceed fifteen. Such additional members shall be appointed as
739 provided in subdivision (1) of this subsection, except that such
740 additional members shall serve for a term of two years from the date of
741 appointment.

742 (b) All members shall be deemed public officials and shall adhere to
743 the code of ethics for public officials set forth in chapter 10. No
744 member shall participate in the affairs of the committee with respect to
745 the review or consideration of any grant-in-aid application filed by
746 such member or by any eligible institution in which such member has
747 a financial interest, or with which such member engages in any
748 business, employment, transaction or professional activity.

749 (c) Prior to the awarding of any grants-in-aid for embryonic or
750 human adult stem cell research pursuant to section 19a-32e, the Stem
751 Cell Research Peer Review Committee shall review all applications
752 submitted by eligible institutions for such grants-in-aid and make
753 recommendations to the Commissioner of Public Health and the Stem
754 Cell Research Advisory Committee established pursuant to section
755 19a-32f with respect to the ethical and scientific merit of each
756 application.

757 (d) Peer review committee members may receive compensation
758 from the Stem Cell Research Fund, established pursuant to section 19a-
759 32e, for reviewing grant-in-aid applications submitted by eligible
760 institutions pursuant to subsection (c) of this section. The rate of
761 compensation shall be established by the Commissioner of Public
762 Health in consultation with the Department of Administrative Services
763 and the Office of Policy and Management.

764 ~~[(d)]~~ (e) The Peer Review Committee shall establish guidelines for

765 the rating and scoring of such applications by the Stem Cell Research
766 Peer Review Committee.

767 [(e)] (f) All members of the committee shall become and remain
768 fully cognizant of the National Academies' Guidelines for Human
769 Embryonic Stem Cell Research, as amended from time to time, and
770 shall utilize said guidelines to evaluate each grant-in-aid application.
771 The committee may make recommendations to the Stem Cell Research
772 Advisory Committee and the Commissioner of Public Health
773 concerning the adoption of said guidelines, in whole or in part, in the
774 form of regulations adopted pursuant to chapter 54.

775 Sec. 23. Section 19a-2a of the general statutes is repealed and the
776 following is substituted in lieu thereof (*Effective October 1, 2011*):

777 The Commissioner of Public Health shall employ the most efficient
778 and practical means for the prevention and suppression of disease and
779 shall administer all laws under the jurisdiction of the Department of
780 Public Health and the Public Health Code. [He] The commissioner
781 shall have responsibility for the overall operation and administration
782 of the Department of Public Health. The commissioner shall have the
783 power and duty to: (1) Administer, coordinate and direct the operation
784 of the department; (2) adopt and enforce regulations, in accordance
785 with chapter 54, as are necessary to carry out the purposes of the
786 department as established by statute; (3) establish rules for the internal
787 operation and administration of the department; (4) establish and
788 develop programs and administer services to achieve the purposes of
789 the department as established by statute; (5) contract for facilities,
790 services and programs to implement the purposes of the department
791 as established by statute; (6) designate a deputy commissioner or other
792 employee of the department to sign any license, certificate or permit
793 issued by said department; (7) conduct a hearing, issue subpoenas,
794 administer oaths, compel testimony and render a final decision in any
795 case when a hearing is required or authorized under the provisions of
796 any statute dealing with the Department of Public Health; (8) with the

797 health authorities of this and other states, secure information and data
798 concerning the prevention and control of epidemics and conditions
799 affecting or endangering the public health, and compile such
800 information and statistics and shall disseminate among health
801 authorities and the people of the state such information as may be of
802 value to them; (9) annually issue a list of reportable diseases,
803 emergency illnesses and health conditions and a list of reportable
804 laboratory findings and amend such [list as he] lists as the
805 commissioner deems necessary and distribute such [list] lists as well as
806 any necessary forms to each licensed physician and clinical laboratory
807 in this state. [He] The commissioner shall prepare printed forms for
808 reports and returns, with such instructions as may be necessary, for the
809 use of directors of health, boards of health and registrars of vital
810 statistics; (10) specify uniform methods of keeping statistical
811 information by public and private agencies, organizations and
812 individuals, including a client identifier system, and collect and make
813 available relevant statistical information, including the number of
814 persons treated, frequency of admission and readmission, and
815 frequency and duration of treatment. The client identifier system shall
816 be subject to the confidentiality requirements set forth in section 17a-
817 688 and regulations adopted thereunder. The commissioner may
818 designate any person to perform any of the duties listed in subdivision
819 (7) of this section. [He] The commissioner shall have authority over
820 directors of health and may, for cause, remove any such director; but
821 any person claiming to be aggrieved by such removal may appeal to
822 the Superior Court which may affirm or reverse the action of the
823 commissioner as the public interest requires. [He] The commissioner
824 shall assist and advise local directors of health in the performance of
825 their duties, and may require the enforcement of any law, regulation or
826 ordinance relating to public health. When requested by local directors
827 of health, [he] the commissioner shall consult with them and
828 investigate and advise concerning any condition affecting public
829 health within their jurisdiction. [He] The commissioner shall
830 investigate nuisances and conditions affecting, or that he or she has

831 reason to suspect may affect, the security of life and health in any
832 locality and, for that purpose, [he] the commissioner, or any person
833 authorized by [him so to do] the commissioner, may enter and
834 examine any ground, vehicle, apartment, building or place, and any
835 person designated by [him] the commissioner shall have the authority
836 conferred by law upon constables. Whenever [he] the commissioner
837 determines that any provision of the general statutes or regulation of
838 the Public Health Code is not being enforced effectively by a local
839 health department, he or she shall forthwith take such measures,
840 including the performance of any act required of the local health
841 department, to ensure enforcement of such statute or regulation and
842 shall inform the local health department of such measures. In
843 September of each year [he] the commissioner shall certify to the
844 Secretary of the Office of Policy and Management the population of
845 each municipality. The commissioner may solicit and accept for use
846 any gift of money or property made by will or otherwise, and any
847 grant of or contract for money, services or property from the federal
848 government, the state or any political subdivision thereof or any
849 private source, and do all things necessary to cooperate with the
850 federal government or any of its agencies in making an application for
851 any grant or contract. The commissioner may establish state-wide and
852 regional advisory councils.

853 Sec. 24. Section 19a-215 of the general statutes is repealed and the
854 following is substituted in lieu thereof (*Effective October 1, 2011*):

855 (a) For the purposes of this section:

856 (1) "Clinical laboratory" means any facility or other area used for
857 microbiological, serological, chemical, hematological,
858 immuno-hematological, biophysical, cytological, pathological or other
859 examinations of human body fluids, secretions, excretions or excised
860 or exfoliated tissues, for the purpose of providing information for the
861 diagnosis, prevention or treatment of any human disease or
862 impairment, for the assessment of human health or for the presence of

863 drugs, poisons or other toxicological substances.

864 [(1)] (2) "Commissioner's list of reportable diseases, emergency
865 illnesses and health conditions" and "commissioner's list of reportable
866 laboratory findings" means the [list] lists developed pursuant to
867 section 19a-2a, as amended by this act.

868 [(2)] (3) "Confidential" means confidentiality of information
869 pursuant to section 19a-25.

870 [(3)] (4) "Health care provider" means a person who has direct or
871 supervisory responsibility for the delivery of health care or medical
872 services, including licensed physicians, nurse practitioners, nurse
873 midwives, physician assistants, nurses, dentists, medical examiners
874 and administrators, superintendents and managers of health care
875 facilities.

876 (5) "Reportable diseases, emergency illnesses and health conditions"
877 means the diseases, illnesses, conditions, or syndromes designated by
878 the Commissioner of Public Health on the list required pursuant to
879 section 19a-2a, as amended by this act.

880 (b) A health care provider shall report each case occurring in such
881 provider's practice, of any disease on the commissioner's list of
882 reportable diseases, [and laboratory findings] emergency illnesses and
883 health conditions to the director of health of the town, city or borough
884 in which such case resides and to the Department of Public Health, no
885 later than twelve hours after such provider's recognition of the disease.
886 Such reports shall be in writing, by telephone or in an electronic format
887 approved by the commissioner. Such reports of disease shall be
888 confidential and not open to public inspection except as provided [in
889 subsection (d) of this section] for in section 19a-25.

890 (c) A clinical laboratory shall report each finding identified by such
891 laboratory of any disease identified on the commissioner's list of
892 reportable laboratory findings to the Department of Public Health not

893 later than forty-eight hours after such laboratory's finding. A clinical
894 laboratory that reports an average of more than thirty findings per
895 month shall make such reports electronically in a format approved by
896 the commissioner. Any clinical laboratory that reports an average of
897 less than thirty findings per month shall submit such reports, in
898 writing, by telephone or in an electronic format approved by the
899 commissioner. All such reports shall be confidential and not open to
900 public inspection except as provided for in section 19a-25. The
901 Department of Public Health shall provide a copy of all such reports to
902 the director of health of the town, city or borough in which the affected
903 person resides or, in the absence of such information, the town where
904 the specimen originated.

905 [(c)] (d) When a local director of health or his authorized agent or
906 the Department of Public Health receives a report of a disease or
907 laboratory finding on the commissioner's [list] lists of reportable
908 [disease] diseases, emergency illnesses and health conditions and
909 laboratory findings, either may contact first the reporting health care
910 provider and then the person with the reportable finding to obtain
911 such information as may be necessary to lead to the effective control of
912 further spread of such disease. In the case of reportable communicable
913 diseases and laboratory findings, this information may include
914 obtaining the identification of persons who may be the source or
915 subsequent contacts of such infection.

916 [(d)] (e) All personal information obtained from disease prevention
917 and control investigations as performed in [subsection (c)] subsections
918 (c) and (d) of this section including the health care provider's name
919 and the identity of the reported case of disease and suspected source
920 persons and contacts shall not be divulged to anyone and shall be held
921 strictly confidential pursuant to section 19a-25, by the local director of
922 health and [his] the director's authorized agent and by the Department
923 of Public Health.

924 [(e)] (f) Any person who violates any reporting or confidentiality

925 provision of this section shall be fined not more than five hundred
926 dollars. No provision of this section shall be deemed to supersede
927 section 19a-584.

928 Sec. 25. Subsection (c) of section 19a-91 of the general statutes is
929 repealed and the following is substituted in lieu thereof (*Effective*
930 *October 1, 2011*):

931 (c) In addition to the requirements set forth in subsection (b) of this
932 section, in the case of death resulting from a disease on the current list
933 of reportable diseases, emergency illnesses and health conditions
934 developed pursuant to section [19a-36-A2 of the regulations of
935 Connecticut state agencies] 19a-2, as amended by this act, the licensed
936 embalmer or funeral director having charge of the dead human body
937 shall prepare such body for burial or cremation by having the body
938 washed, embalmed or wrapped as soon as practicable after the body
939 arrives at the licensed embalmer's or licensed funeral director's place of
940 business. The provisions of this subsection do not apply if death is not
941 the result of a disease on the current list of reportable diseases,
942 emergency illnesses and health conditions developed pursuant to
943 section [19a-36-A2 of the regulations of Connecticut state agencies]
944 19a-2, as amended by this act, provided the licensed embalmer or
945 funeral director having charge of the body takes appropriate measures
946 to ensure that the body does not pose a threat to the public health.

947 Sec. 26. Section 20-329cc of the general statutes is repealed and the
948 following is substituted in lieu thereof (*Effective October 1, 2011*):

949 As used in sections 20-329cc to 20-329ff, inclusive, a "nonmaterial
950 fact concerning real property" means a fact, set of facts or circumstance
951 surrounding real estate which includes, but is not limited to: (1) The
952 fact that an occupant of real property is or has been infected with a
953 disease on the list of reportable diseases, emergency illnesses and
954 health conditions issued by the Commissioner of Public Health
955 pursuant to section 19a-2a, as amended by this act; or (2) the fact that
956 the property was at any time suspected to have been the site of a death

957 or felony.

958 Sec. 27. Section 19a-612d of the general statutes is repealed and the
959 following is substituted in lieu thereof (*Effective October 1, 2011*):

960 Notwithstanding any provision of the general statutes, there shall
961 be a Deputy Commissioner of Public Health who shall oversee the
962 Office of Health Care Access division of the Department of Public
963 Health and who shall exercise independent decision-making authority
964 over all certificate of need decisions. [related matters, including, but
965 not limited to, determinations, orders, decisions and agreed
966 settlements. The individual serving as the Commissioner of Health
967 Care Access on September 1, 2009, shall serve as a Deputy
968 Commissioner of Public Health with responsibility for overseeing the
969 Office of Health Care Access division of the Department of Public
970 Health. Notwithstanding any provision of the general statutes, said
971 deputy commissioner may designate an executive assistant to serve in
972 such capacity. On or before January 1, 2010, said deputy commissioner
973 in consultation with the Commissioner of Public Health shall jointly
974 report, in accordance with the provisions of section 11-4a, to the
975 Governor and joint standing committee of the General Assembly
976 having cognizance of matters related to public health on
977 recommendations for reform of the certificate of need process.]

978 Sec. 28. Subsection (c) of section 19a-639a of the general statutes is
979 repealed and the following is substituted in lieu thereof (*Effective*
980 *October 1, 2011*):

981 (c) Not later than five business days after receipt of a properly filed
982 certificate of need application, the office shall publish notice of the
983 application on its web site. [and with the office of the Secretary of the
984 State.] Not later than thirty days after the date of filing of the
985 application, the office may request such additional information as the
986 office determines necessary to complete the application. The applicant
987 shall, not later than sixty days after the date of the office's request,
988 submit the requested information to the office. If an applicant fails to

989 submit the requested information to the office within the sixty-day
990 period, the office shall consider the application to have been
991 withdrawn.

992 Sec. 29. Subsection (a) of section 17b-256 of the general statutes is
993 repealed and the following is substituted in lieu thereof (*Effective*
994 *October 1, 2011*):

995 (a) The Commissioner of Social Services may administer, within
996 available appropriations, a program providing payment for the cost of
997 drugs prescribed by a physician for the treatment of acquired
998 immunodeficiency syndrome or human immunodeficiency virus. The
999 commissioner, in consultation with the Commissioner of Public
1000 Health, shall determine specific drugs to be covered and may
1001 implement a pharmacy lock-in procedure for the program. The
1002 Commissioner of Social Services shall adopt regulations, in accordance
1003 with the provisions of chapter 54, to carry out the purposes of this
1004 section. The [commissioner] Commissioner of Social Services may
1005 implement the program while in the process of adopting regulations,
1006 provided notice of intent to adopt the regulations is published in the
1007 Connecticut Law Journal within twenty days of implementation. The
1008 regulations may include eligibility for all persons with acquired
1009 immunodeficiency syndrome or human immunodeficiency virus
1010 whose income is below four hundred per cent of the federal poverty
1011 level. Subject to federal approval, the [commissioner] Commissioner of
1012 Social Services may, within available federal resources, maintain
1013 [existing] insurance policies for eligible clients, including, but not
1014 limited to, coverage of costs associated with such policies, that provide
1015 a full range of human immunodeficiency virus treatments and access
1016 to comprehensive primary care services as determined by the
1017 commissioner and as provided by federal law, and may provide
1018 payment, determined by the commissioner, for (1) drugs and
1019 nutritional supplements prescribed by a physician that prevent or treat
1020 opportunistic diseases and conditions associated with acquired
1021 immunodeficiency syndrome or human immunodeficiency virus; (2)

1022 ancillary supplies related to the administration of such drugs; and (3)
1023 laboratory tests ordered by a physician. On and after May 26, 2006, any
1024 person who previously received insurance assistance under the
1025 program established pursuant to section 17b-255 of the general
1026 statutes, revision of 1958, revised to 2005, shall continue to receive such
1027 assistance until the expiration of the insurance coverage, provided
1028 such person continues to meet program eligibility requirements
1029 established in accordance with this subsection. On or before March 1,
1030 2007, and annually thereafter, the Commissioner of Social Services
1031 shall report, in accordance with section 11-4a, to the joint standing
1032 committees of the General Assembly having cognizance of matters
1033 relating to human services, public health and appropriations and the
1034 budgets of state agencies on the projected availability of funds for the
1035 program established pursuant to this section.

1036 Sec. 30. Section 19a-495 of the general statutes is amended by adding
1037 subsection (d) as follows (*Effective October 1, 2011*):

1038 (NEW) (d) The Commissioner of Public Health, in consultation with
1039 the Commissioner of Mental Health and Addiction Services, may
1040 implement policies and procedures, in compliance with federal law,
1041 permitting licensed health care providers with prescriptive authority
1042 to prescribe medications to treat persons dependent on opiates in free
1043 standing substance abuse treatment facilities, licensed under section
1044 19a-490, while in the process of adopting such policies and procedures
1045 in regulation form, provided the commissioner prints notice of the
1046 intent to adopt regulations in the Connecticut Law Journal not later
1047 than thirty days after the date of implementation of such policies and
1048 procedures. Policies and procedures implemented pursuant to this
1049 subsection shall be valid until the time final regulations are adopted.

1050 Sec. 31. Subsection (e) of section 19a-491 of the general statutes is
1051 repealed and the following is substituted in lieu thereof (*Effective*
1052 *October 1, 2011*):

1053 (e) [Notwithstanding any regulation, the] The commissioner shall

1054 charge one thousand dollars for the [following fees for the] licensing
1055 and inspection every four years of [the following institutions: (1)
1056 Outpatient] outpatient clinics that provide either medical or mental
1057 health service, and well-child clinics, except those operated by
1058 municipal health departments, health districts or licensed nonprofit
1059 nursing or community health agencies. [, one thousand dollars; (2)
1060 maternity homes, per site, two hundred dollars; and (3) maternity
1061 homes, per bed, ten dollars.]

1062 Sec. 32. Section 19a-266 of the general statutes is repealed and the
1063 following is substituted in lieu thereof (*Effective October 1, 2011*):

1064 (a) For purposes of this section:

1065 (1) "Breast cancer screening and referral services" means necessary
1066 breast cancer screening services and referral services for a procedure
1067 intended to treat cancer of the human breast, including, but not limited
1068 to, surgery, radiation therapy, chemotherapy, hormonal therapy and
1069 related medical follow-up services.

1070 (2) "Cervical cancer screening and referral services" means necessary
1071 cervical cancer screening services and referral services for a procedure
1072 intended to treat cancer of the human cervix, including, but not limited
1073 to, surgery, radiation therapy, cryotherapy, electrocoagulation and
1074 related medical follow-up services.

1075 (3) "Unserved or underserved populations" means women who are:
1076 (A) At or below two hundred per cent of the federal poverty level for
1077 individuals; (B) without health insurance that covers breast cancer
1078 screening mammography or cervical cancer screening services; and (C)
1079 [nineteen] twenty-one to sixty-four years of age.

1080 (b) There is established, within existing appropriations, a breast and
1081 cervical cancer early detection and treatment referral program, within
1082 the Department of Public Health, to (1) promote screening, detection
1083 and treatment of breast cancer and cervical cancer among unserved or

1084 underserved populations, (2) educate the public regarding breast
1085 cancer and cervical cancer and the benefits of early detection, and (3)
1086 provide counseling and referral services for treatment.

1087 (c) The program shall include, but not be limited to:

1088 (1) Establishment of a public education and outreach initiative to
1089 publicize breast cancer and cervical cancer early detection services and
1090 the extent of coverage for such services by health insurance; the
1091 benefits of early detection of breast cancer and the recommended
1092 frequency of screening services, including clinical breast examinations
1093 and mammography; and the medical assistance program and other
1094 public and private programs and the benefits of early detection of
1095 cervical cancer and the recommended frequency of pap tests;

1096 (2) Development of professional education programs, including the
1097 benefits of early detection of breast cancer and the recommended
1098 frequency of mammography and the benefits of early detection of
1099 cervical cancer and the recommended frequency of pap tests;

1100 (3) Establishment of a system to track and follow up on all women
1101 screened for breast cancer and cervical cancer in the program. The
1102 system shall include, but not be limited to, follow-up of abnormal
1103 screening tests and referral to treatment when needed and tracking
1104 women to be screened at recommended screening intervals;

1105 (4) Assurance that all participating providers of breast cancer and
1106 cervical cancer screening are in compliance with national and state
1107 quality assurance legislative mandates.

1108 (d) The Department of Public Health shall provide unserved or
1109 underserved populations, within existing appropriations and through
1110 contracts with health care providers: (1) Clinical breast examinations,
1111 screening mammograms and pap tests, as recommended in the most
1112 current breast and cervical cancer screening guidelines established by
1113 the United States Preventive Services Task Force, for the woman's age

1114 and medical history; and (2) [a sixty-day follow-up pap test for victims
1115 of sexual assault; and (3)] a pap test every six months for women who
1116 have tested HIV positive.

1117 [(e) The Commissioner of Public Health shall report annually to the
1118 joint standing committees of the General Assembly having cognizance
1119 of matters relating to public health and appropriations. The report
1120 shall include, but not be limited to, a description of the rate of breast
1121 cancer and cervical cancer morbidity and mortality in this state and the
1122 extent of participation in breast cancer and cervical cancer screening.]

1123 [(f)] (e) The organizations providing the testing and treatment
1124 services shall report to the Department of Public Health the names of
1125 the insurer of each underinsured woman being tested to facilitate
1126 recoupment.

1127 Sec. 33. Subdivision (8) of section 19a-177 of the general statutes is
1128 repealed and the following is substituted in lieu thereof (*Effective from*
1129 *passage*):

1130 (8) (A) Not later than October 1, 2001, develop or cause to be
1131 developed a data collection system that will follow a patient from
1132 initial entry into the emergency medical service system through arrival
1133 at the emergency room and, within available appropriations, may
1134 expand the data collection system to include clinical treatment and
1135 patient outcome data. The commissioner shall, on a quarterly basis,
1136 collect the following information from each licensed ambulance service
1137 or certified ambulance service that provides emergency medical
1138 services: (i) The total number of calls for emergency medical services
1139 received by such licensed ambulance service or certified ambulance
1140 service through the 9-1-1 system during the reporting period; (ii) each
1141 level of emergency medical services, as defined in regulations adopted
1142 pursuant to section 19a-179, required for each such call; (iii) the
1143 response time for each licensed ambulance service or certified
1144 ambulance service during the reporting period; (iv) the number of
1145 passed calls, cancelled calls and mutual aid calls during the reporting

1146 period; and (v) for the reporting period, the prehospital data for the
1147 nonscheduled transport of patients required by regulations adopted
1148 pursuant to subdivision (6) of this section. The information required
1149 under this subdivision may be submitted in any written or electronic
1150 form selected by such licensed ambulance service or certified
1151 ambulance service and approved by the commissioner, provided the
1152 commissioner shall take into consideration the needs of such licensed
1153 ambulance service or certified ambulance service in approving such
1154 written or electronic form. The commissioner may conduct an audit of
1155 any such licensed ambulance service or certified ambulance service as
1156 the commissioner deems necessary in order to verify the accuracy of
1157 such reported information.

1158 [(B) The commissioner shall prepare a report that shall include, but
1159 not be limited to, the following information: (i) The total number of
1160 calls for emergency medical services received during the reporting
1161 year by each licensed ambulance service or certified ambulance
1162 service; (ii) the level of emergency medical services required for each
1163 such call; (iii) the name of the provider of each such level of emergency
1164 medical services furnished during the reporting year; (iv) the response
1165 time, by time ranges or fractile response times, for each licensed
1166 ambulance service or certified ambulance service, using a common
1167 definition of response time, as provided in regulations adopted
1168 pursuant to section 19a-179; and (v) the number of passed calls,
1169 cancelled calls and mutual aid calls during the reporting year. The
1170 commissioner shall prepare such report in a format that categorizes
1171 such information for each municipality in which the emergency
1172 medical services were provided, with each such municipality grouped
1173 according to urban, suburban and rural classifications. Not later than
1174 March 31, 2002, and annually thereafter, the commissioner shall
1175 submit such report to the joint standing committee of the General
1176 Assembly having cognizance of matters relating to public health, shall
1177 make such report available to the public and shall post such report on
1178 the Department of Public Health web site on the Internet.]

1179 [(C)] (B) If any licensed ambulance service or certified ambulance
1180 service does not submit the information required under subparagraph
1181 (A) of this subdivision for a period of six consecutive months, or if the
1182 commissioner believes that such licensed ambulance service or
1183 certified ambulance service knowingly or intentionally submitted
1184 incomplete or false information, the commissioner shall issue a written
1185 order directing such licensed ambulance service or certified ambulance
1186 service to comply with the provisions of subparagraph (A) of this
1187 subdivision and submit all missing information or such corrected
1188 information as the commissioner may require. If such licensed
1189 ambulance service or certified ambulance service fails to fully comply
1190 with such order not later than three months from the date such order is
1191 issued, the commissioner (i) shall conduct a hearing, in accordance
1192 with chapter 54, at which such licensed ambulance service or certified
1193 ambulance service shall be required to show cause why the primary
1194 service area assignment of such licensed ambulance service or certified
1195 ambulance service should not be revoked, and (ii) may take such
1196 disciplinary action under section 19a-17, as amended by this act, as the
1197 commissioner deems appropriate.

1198 [(D)] (C) [On and after October 1, 2006, the] The commissioner shall
1199 collect the information required by subparagraph (A) of this
1200 subdivision, in the manner provided in said subparagraph, from each
1201 person or emergency medical service organization licensed or certified
1202 under section 19a-180 that provides emergency medical services; [. On
1203 and after October 1, 2006, such information shall be included in the
1204 annual report prepared by the commissioner in accordance with
1205 subparagraph (B) of this subdivision and such person or emergency
1206 medical service organization shall be subject to the provisions of
1207 subparagraph (C) of this subdivision;]

1208 Sec. 34. Section 19a-4j of the general statutes is repealed and the
1209 following is substituted in lieu thereof (*Effective October 1, 2011*):

1210 (a) There is established, within the Department of Public Health, an

1211 Office of Multicultural Health. The responsibility of the office is to
1212 improve the health of all Connecticut residents by eliminating
1213 differences in disease, disability and death rates among ethnic, racial
1214 and cultural populations.

1215 (b) The department may apply for, accept and expend such funds as
1216 may be available from federal, state or other sources and may enter
1217 into contracts to carry out the responsibilities of the office.

1218 (c) The office shall:

1219 (1) With regard to health status: (A) Monitor the health status of
1220 African Americans; Latinos/Hispanics; Native Americans/Alaskan
1221 Natives; and Asians, Native Hawaiians and other Pacific Islanders; (B)
1222 compare the results of the health status monitoring with the health
1223 status of non-Hispanic Caucasians/whites; and (C) assess the
1224 effectiveness of state programs in eliminating differences in health
1225 status;

1226 (2) Assess the health education and health resource needs of ethnic,
1227 racial and cultural populations listed in subdivision (1) of this
1228 subsection; and

1229 (3) Maintain a directory of, and assist in development and
1230 promotion of, multicultural and multiethnic health resources in
1231 Connecticut.

1232 (d) The office may:

1233 (1) Provide grants for culturally appropriate health education
1234 demonstration projects and may apply for, accept and expend public
1235 and private funding for such projects; and

1236 (2) Recommend policies, procedures, activities and resource
1237 allocations to improve health among racial, ethnic and cultural
1238 populations in Connecticut.

1239 [(e) The Commissioner of Public Health shall submit an annual
1240 report concerning the activities of the office to the Governor, the
1241 General Assembly, the Permanent Commission on the Status of
1242 Women established under section 46a-1, the Latino and Puerto Rican
1243 Affairs Commission established under section 2-120, the Indian Affairs
1244 Council established under section 47-59b and the Connecticut African-
1245 American Affairs Commission. The office shall also hold community
1246 workshops and use other means to disseminate its findings state-
1247 wide.]

1248 Sec. 35. Subsections (b) and (c) of section 17a-2 of the general
1249 statutes are repealed and the following is substituted in lieu thereof
1250 (*Effective October 1, 2011*):

1251 (b) Said department shall constitute a successor department to the
1252 Department of Children and Youth Services, for the purposes of
1253 sections 2c-2b, 4-5, 4-38c, 4-60i, 4-77a, 4-165b, 4a-11b, 4a-12, 4a-16, 5-
1254 259, 7-127c, 8-206d, 10-8a, 10-15d, 10-76d, 10-76h, 10-76i, 10-76w, 10-
1255 76g, 10-94g, 10-253, 17-86a, 17-294, 17-409, 17-437, 17-572, 17-578, 17-
1256 579, 17-585, 17a-1 to 17a-89, inclusive, 17a-90 to 17a-209, inclusive, 17a-
1257 218, 17a-277, 17a-450, 17a-458, 17a-474, 17a-560, 17a-511, 17a-634, 17a-
1258 646, 17a-659, 18-69, 18-69a, 18-87, 19a-78, [19a-125,] 19a-216, as
1259 amended by this act, 20-14i, 20-14j, 31-23, 31-306a, 38a-514, 45a-591 to
1260 45a-705, inclusive, 45a-706 to 45a-770, inclusive, 46a-28, 46a-126, 46b-15
1261 to 46b-19, inclusive, 46b-120 to 46b-159, inclusive, 54-56d, 54-142k, 54-
1262 199, 54-203 and in accordance with the provisions of sections 4-38d and
1263 4-39.

1264 (c) Whenever the words "Commissioner of Children and Youth
1265 Services", "Department of Children and Youth Services", or "Council
1266 on Children and Youth Services" are used in sections 2c-2b, 4-5, 4-38c,
1267 4-60i, 4-77a, 4-165b, 4a-11b, 4a-12, 4a-16, 5-259, 7-127c, 8-206d, 10-8a,
1268 10-15d, 10-76d, 10-76h, 10-76i, 10-76w, 10-94g, 10-253, 17-86a, 17-294,
1269 17-409, 17-437, 17-572, 17-578, 17-579, 17-585, 17a-1 to 17a-89, inclusive,
1270 17a-90 to 17a-209, inclusive, 17a-218, 17a-277, 17a-450, 17a-458, 17a-474,

1271 17a-511, 17a-634, 17a-646, 17a-659, 18-69, 18-69a, 18-87, 19a-78, [19a-
1272 125,] 19a-216, as amended by this act, 20-14i, 20-14j, 31-23, 31-306a, 38a-
1273 514, 45a-591 to 45a-705, inclusive, 45a-706 to 45a-770, inclusive, 46a-28,
1274 46a-126, 46b-15 to 46b-19, inclusive, 46b-120 to 46b-159, inclusive, 54-
1275 56d, 54-142k, 54-199, 54-203, the words "Commissioner of Children and
1276 Families", "Department of Children and Families", and "Council on
1277 Children and Families" shall be substituted respectively in lieu thereof.

1278 Sec. 36. Subsection (c) of section 28-24 of the general statutes is
1279 repealed and the following is substituted in lieu thereof (*Effective*
1280 *October 1, 2011*):

1281 (c) Within a time period determined by the commissioner to ensure
1282 the availability of funds for the fiscal year beginning July 1, 1997, to the
1283 regional public safety emergency telecommunications centers within
1284 the state, and not later than April first of each year thereafter, the
1285 commissioner shall determine the amount of funding needed for the
1286 development and administration of the enhanced emergency 9-1-1
1287 program. The commissioner shall specify the expenses associated with
1288 (1) the purchase, installation and maintenance of new public safety
1289 answering point terminal equipment, (2) the implementation of the
1290 subsidy program, as described in subdivision (2) of subsection (a) of
1291 this section, (3) the implementation of the transition grant program,
1292 described in subdivision (2) of subsection (a) of this section, (4) the
1293 implementation of the regional emergency telecommunications service
1294 credit, as described in subdivision (2) of subsection (a) of this section,
1295 provided, for the fiscal year ending June 30, 2001, and each fiscal year
1296 thereafter, such credit for coordinated medical emergency direction
1297 services as provided in regulations adopted under this section shall be
1298 based upon the factor of thirty cents per capita and shall not be
1299 reduced each year, (5) the training of personnel, as necessary, (6)
1300 recurring expenses and future capital costs associated with the
1301 telecommunications network used to provide emergency 9-1-1 service
1302 and the public safety services data networks, (7) for the fiscal year
1303 ending June 30, 2001, and each fiscal year thereafter, the collection,

1304 maintenance and reporting of emergency medical services data, as
 1305 required under [subparagraphs (A) and (B)] subparagraph (A) of
 1306 subdivision (8) of section 19a-177, as amended by this act, provided the
 1307 amount of expenses specified under this subdivision shall not exceed
 1308 two hundred fifty thousand dollars in any fiscal year, (8) for the fiscal
 1309 year ending June 30, 2001, and each fiscal year thereafter, the initial
 1310 training of emergency medical dispatch personnel, the provision of an
 1311 emergency medical dispatch priority reference card set and emergency
 1312 medical dispatch training and continuing education pursuant to
 1313 subdivisions (3) and (4) of subsection (g) of section 28-25b, and (9) the
 1314 administration of the enhanced emergency 9-1-1 program by the Office
 1315 of State-Wide Emergency Telecommunications, as the commissioner
 1316 determines to be reasonably necessary. The commissioner shall
 1317 communicate the commissioner's findings to the chairperson of the
 1318 Public Utilities Control Authority not later than April first of each year.

1319 Sec. 37. Sections 19a-6i, 19a-125 and 19a-77a of the general statutes
 1320 are repealed. (*Effective October 1, 2011*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2011</i>	19a-17
Sec. 2	<i>October 1, 2011</i>	19a-903b
Sec. 3	<i>October 1, 2011</i>	19a-12aSubsection (a)
Sec. 4	<i>October 1, 2011</i>	19a-12a(j)
Sec. 5	<i>October 1, 2011</i>	New section
Sec. 6	<i>October 1, 2011</i>	19a-14(a)(11)
Sec. 7	<i>October 1, 2011</i>	7-36
Sec. 8	<i>October 1, 2011</i>	7-59
Sec. 9	<i>October 1, 2011</i>	7-37
Sec. 10	<i>October 1, 2011</i>	7-38
Sec. 11	<i>October 1, 2011</i>	7-51(a)
Sec. 12	<i>October 1, 2011</i>	20-14e
Sec. 13	<i>October 1, 2011</i>	19a-216
Sec. 14	<i>October 1, 2011</i>	19a-124
Sec. 15	<i>October 1, 2011</i>	20-32(b)

Sec. 16	<i>October 1, 2011</i>	10-204a
Sec. 17	<i>October 1, 2011</i>	19a-77(b)
Sec. 18	<i>October 1, 2011</i>	19a-425
Sec. 19	<i>October 1, 2011</i>	19a-80(b)
Sec. 20	<i>October 1, 2011</i>	19a-87b
Sec. 21	<i>October 1, 2011</i>	31-286a(d)
Sec. 22	<i>October 1, 2011</i>	19a-32g
Sec. 23	<i>October 1, 2011</i>	19a-2a
Sec. 24	<i>October 1, 2011</i>	19a-215
Sec. 25	<i>October 1, 2011</i>	19a-91(c)
Sec. 26	<i>October 1, 2011</i>	20-329cc
Sec. 27	<i>October 1, 2011</i>	19a-612d
Sec. 28	<i>October 1, 2011</i>	19a-639a(c)
Sec. 29	<i>October 1, 2011</i>	17b-256(a)
Sec. 30	<i>October 1, 2011</i>	19a-495
Sec. 31	<i>October 1, 2011</i>	19a-491(e)
Sec. 32	<i>October 1, 2011</i>	19a-266
Sec. 33	<i>from passage</i>	19a-177(8)
Sec. 34	<i>October 1, 2011</i>	19a-4j
Sec. 35	<i>October 1, 2011</i>	17a-2(b) and (c)
Sec. 36	<i>October 1, 2011</i>	28-24(c)
Sec. 37	<i>October 1, 2011</i>	Repealer section

Statement of Purpose:

To make various revisions to public health related statutes.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]