



General Assembly

Substitute Bill No. 6618

January Session, 2011

* _____HB06618PD_____050911_____*

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 Section 19a-17 of the general statutes is repealed and the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.

43 (b) Such board or commission or the department may withdraw the
44 probation if it finds that the circumstances that required action have

45 been remedied.

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

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

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

64 (f) Such board or commission or the department may take
65 disciplinary action against a practitioner's license or permit as a result
66 of the practitioner having been subject to disciplinary action similar to
67 an action specified in subsection (a) of this section by a duly
68 authorized professional disciplinary agency of any state, the District of
69 Columbia, a United States possession or territory or a foreign
70 jurisdiction. Such board or commission or the department may rely
71 upon the findings and conclusions made by a duly authorized
72 professional disciplinary agency of any state, the District of Columbia,
73 a United States possession or territory or foreign jurisdiction and shall
74 not permit a collateral attack on the findings and conclusions of such
75 agency.

76 [(f)] (g) As used in this section, the term "license" shall be deemed to
77 include the following authorizations relative to the practice of any
78 profession listed in subsection (a) of this section: (1) Licensure by the
79 Department of Public Health; (2) certification by the Department of
80 Public Health; and (3) certification by a national certification body.

81 [(g)] (h) As used in this chapter, the term "permit" includes any
82 authorization issued by the department to allow the practice, limited
83 or otherwise, of a profession which would otherwise require a license;
84 and the term "permittee" means any person who practices pursuant to
85 a permit.

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

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

107 Sec. 3. Subsection (a) of section 19a-12a of the general statutes is

108 repealed and the following is substituted in lieu thereof (*Effective*
109 *October 1, 2011*):

110 (a) As used in this section, [and] section 19a-12b and section 5 of this
111 act:

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

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

116 (3) "Health care professionals" includes any person licensed or who
117 holds a permit pursuant to chapter 370, 372, 373, 375, 375a, 376, 376a,
118 376b, 376c, 377, 378, 379, 379a, 380, 381, 381a, 383, 383a, 383b, 383c, 384,
119 384a, 384b, 384c, 384d, 385, 397a, 398 or 399 and any person licensed
120 pursuant to sections 19a-511 to 19a-520, inclusive;

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

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

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

133 (j) [(1)] Any [physician, hospital] health care professional, institution
134 licensed in accordance with chapter 368v or state or local professional
135 society or organization of health care professionals that refers a
136 [physician] health care professional for intervention to the assistance

137 program shall be deemed to have satisfied the obligations imposed on
138 the person or organization pursuant to subsection (a) of section 20-12e,
139 subsection (a) of section 20-13d or section 5 of this act, with respect to a
140 physician's inability to practice medicine with reasonable skill or safety
141 due to chemical dependency, emotional or behavioral disorder or
142 physical or mental illness.

143 [(2) Any physician, physician assistant, hospital or state or local
144 professional society or organization of health care professionals that
145 refers a physician assistant for intervention to the assistance program
146 shall be deemed to have satisfied the obligations imposed on the
147 person or organization pursuant to subsection (a) of section 20-12e,
148 with respect to a physician assistant's inability to practice with
149 reasonable skill or safety due to chemical dependency, emotional or
150 behavioral disorder or physical or mental illness.]

151 Sec. 5. (NEW) (*Effective October 1, 2011*) Any health care professional
152 or institution licensed in accordance with chapter 368v of the general
153 statutes with information which appears to show that another health
154 care professional is or may be unable to practice with reasonable skill
155 and safety due to (1) physical illness or loss of motor skills, including,
156 but not limited to, deterioration through the aging process, (2)
157 emotional disorder or mental illness, or (3) chemical dependency shall,
158 not later than thirty days after obtaining such information, file a
159 petition with the Department of Public Health. Such petition shall be
160 filed on forms supplied by the department, shall be signed and sworn
161 to, and shall set forth in detail the matters complained of.

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

165 (11) Conduct any necessary investigation and follow-up in
166 connection with complaints regarding persons subject to regulation or
167 licensing by the department. In connection with any such
168 investigation, the department may restrict, suspend or otherwise limit

169 the license or permit of any person subject to regulation or licensing by
170 the department pursuant to an interim consent order entered during
171 the pendency of such investigation;

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

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

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

179 (2) "Registration" means the process by which vital records are
180 completed, filed and incorporated into the official records of the
181 department;

182 (3) "Institution" means any public or private facility that provides
183 inpatient medical, surgical or diagnostic care or treatment, or nursing,
184 custodial or domiciliary care, or to which persons are committed by
185 law;

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

188 (5) "Certified copy" means a copy of a birth, death, fetal death or
189 marriage certificate that (A) includes all information on the certificate
190 except such information that is nondisclosable by law, (B) is issued or
191 transmitted by any registrar of vital statistics, (C) includes an attested
192 signature and the raised seal of an authorized person, and (D) if
193 submitted to the department, includes all information required by the
194 commissioner;

195 (6) "Uncertified copy" means a copy of a birth, death, fetal death or
196 marriage certificate that includes all information contained in a
197 certified copy except an original attested signature and a raised seal of

198 an authorized person;

199 (7) "Authenticate" or "authenticated" means to affix to a vital record
200 in paper format the official seal, or to affix to a vital record in electronic
201 format the user identification, password, or other means of electronic
202 identification, as approved by the department, of the creator of the
203 vital record, or the creator's designee, by which affixing the creator of
204 such paper or electronic vital record, or the creator's designee, affirms
205 the integrity of such vital record;

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

208 (9) "Correction" means to change or enter new information on a
209 certificate of birth, marriage, death or fetal death, within one year of
210 the date of the vital event recorded in such certificate, in order to
211 accurately reflect the facts existing at the time of the recording of such
212 vital event, where such changes or entries are to correct errors on such
213 certificate due to inaccurate or incomplete information provided by the
214 informant at the time the certificate was prepared, or to correct
215 transcribing, typographical or clerical errors;

216 (10) "Amendment" means to (A) change or enter new information
217 on a certificate of birth, marriage, death or fetal death, more than one
218 year after the date of the vital event recorded in such certificate, in
219 order to accurately reflect the facts existing at the time of the recording
220 of the event, (B) create a replacement certificate of birth for matters
221 pertaining to parentage and gender change, or (C) change a certificate
222 of birth, marriage, death or fetal death to reflect facts that have
223 changed since the time the certificate was prepared, including, but not
224 limited to, a legal name change or a modification to a cause of death;

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

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

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

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

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

234 (16) "Foundling" means (A) a child of unknown parentage, or (B) an
235 infant voluntarily surrendered pursuant to the provisions of section
236 17a-58.

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

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

256 (b) For any infant surrendered pursuant to the provisions of section
257 17a-58, the hospital shall prepare a report of foundling as described in
258 subsection (a) of this section. If a certificate of birth has already been
259 filed in the state birth registry pursuant to the requirements of section

260 7-48, the report of foundling shall substitute for the original certificate
261 of birth which shall be sealed and filed in a confidential file at the
262 Department of Public Health. The original certificate of birth shall not
263 be released except upon order of a court of competent jurisdiction.

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

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

270 (b) If a registrar of vital statistics is appointed under a special law or
271 a town charter, the appointing authority or, if none, the chief executive
272 official of the town, shall, [within] not later than ten days after such an
273 appointment is made, file a notice of such appointment with the
274 Secretary of the State, indicating the name and address of the person
275 appointed, the date and method of such appointment and the law
276 under which the appointment was made. [Within] Not later than ten
277 days after a vacancy occurs in the appointed office of registrar of vital
278 statistics, the first selectman or chief executive official of the town shall
279 notify the Secretary of the State of such vacancy.

280 (c) In addition to the requirements of subsection (b) of this section,
281 any newly elected or appointed registrar of vital statistics shall, not
282 later than ten days after the date of assuming office, provide written
283 notification to the Commissioner of Public Health of such election or
284 appointment. In the event of a vacancy, the first selectman or chief
285 executive official of the town shall notify the Commissioner of Public
286 Health of the vacancy not later than ten days after the date of such
287 vacancy.

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

290 (a) The town clerk of any town who is, ex officio, registrar of vital

291 statistics in such town, and the registrar of vital statistics of any town
292 who is elected under a special law or otherwise appointed pursuant to
293 law, may, unless otherwise provided by charter or ordinance, appoint
294 in writing suitable persons, not exceeding four in number, as assistant
295 registrars of vital statistics, who, on being sworn, shall have the
296 powers and perform the duties of such registrar during the time for
297 which they are appointed, not extending beyond the term of office of
298 such registrar. [Within] Not later than ten days after a town clerk or
299 registrar of vital statistics appoints an assistant registrar of vital
300 statistics, the town clerk or registrar of vital statistics shall file a notice
301 of such appointment with the Secretary of the State, indicating the
302 name and address of the person appointed, the date and method of
303 such appointment and the law under which the appointment was
304 made. [Within] Not later than ten days after a vacancy occurs in the
305 office of assistant registrar of vital statistics, the town clerk or registrar
306 of vital statistics shall notify the Secretary of the State of such vacancy.

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

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

315 (a) The department and registrars of vital [records] statistics shall
316 restrict access to and issuance of a certified copy of birth and fetal
317 death records and certificates less than one hundred years old, to the
318 following eligible parties: (1) The person whose birth is recorded, if
319 over eighteen years of age; (2) such person's children, grandchildren,
320 spouse, parent, guardian or grandparent; (3) the chief executive officer
321 of the municipality where the birth or fetal death occurred, or the chief
322 executive officer's authorized agent; (4) the local director of health for
323 the town or city where the birth or fetal death occurred or where the

324 mother was a resident at the time of the birth or fetal death, or the
325 director's authorized agent; (5) attorneys-at-law [and title examiners]
326 representing such person or such person's parent, guardian, child or
327 surviving spouse; (6) conservators appointed to oversee the personal
328 affairs of such person; (7) members of genealogical societies
329 incorporated or authorized by the Secretary of the State to do business
330 or conduct affairs in this state; [(7)] (8) agents of a state or federal
331 agency as approved by the department; and [(8)] (9) researchers
332 approved by the department pursuant to section 19a-25. Except as
333 provided in section 19a-42a, access to confidential files on paternity,
334 adoption, gender change or gestational agreements, or information
335 contained within such files, shall not be released to any party,
336 including the eligible parties listed in this subsection, except upon an
337 order of a court of competent jurisdiction.

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

340 (a) A drug dispensed by a prescribing practitioner shall be
341 personally dispensed by the prescribing practitioner and the
342 dispensing of such drug shall not be delegated except that, in
343 emergency departments of acute care hospitals licensed under chapter
344 368v, the tasks related to dispensing such drug may be carried out by a
345 nurse licensed pursuant to chapter 378 under the supervision of the
346 prescribing practitioner.

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

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

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

358 (e) Notwithstanding the provisions of this section or chapter 400j, a
359 prescribing practitioner who diagnoses a chlamydia or gonorrhea
360 infection in a patient may prescribe and dispense oral antibiotic drugs
361 to such patient and the patient's partner or partners in order to prevent
362 further infection without a physical examination of such partner or
363 partners. A prescribing practitioner who prescribes or dispenses oral
364 antibiotic drugs to the partner or partners of a patient diagnosed with
365 a chlamydia or gonorrhea infection shall, in accordance with the
366 provisions of this subsection, not be deemed to have violated the
367 prescribing practitioner's standard of care for such prescribing or
368 dispensing drugs. The Commissioner of Public Health, in consultation
369 with the Commissioner of Consumer Protection, may adopt
370 regulations, in accordance with chapter 54, to implement the
371 provisions of this subsection.

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

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

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

387 (a) Any municipal health department, state institution or facility,
388 licensed physician or public or private hospital or clinic, may examine
389 [and] or provide treatment for venereal disease for a minor, if the
390 physician or facility is qualified to provide such examination [and] or
391 treatment. The consent of the parents or guardian of the minor shall
392 not be a prerequisite to the examination [and] or treatment. The
393 physician in charge or other appropriate authority of the facility or the
394 licensed physician concerned shall prescribe an appropriate course of
395 treatment for the minor. The fact of consultation, examination [and] or
396 treatment of a minor under the provisions of this section shall be
397 confidential and shall not be divulged by the facility or physician,
398 including the sending of a bill for the services to any person other than
399 the minor, except for purposes of reports under section 19a-215, as
400 amended by this act, and except that, if the minor is not more than
401 twelve years of age, the facility or physician shall report the name, age
402 and address of that minor to the Commissioner of Children and
403 Families or [his] the commissioner's designee who shall proceed
404 thereon as in reports under section 17a-101g.

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

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

410 (a) The Department of Public Health shall establish needle and
411 syringe exchange programs in [the health departments of] the three
412 cities having the highest total number of [cases of acquired
413 immunodeficiency syndrome among intravenous drug users as of
414 December 31, 1991] human immunodeficiency virus infections among
415 injection drug users. The department shall establish [, with the
416 assistance of the health departments of the cities selected for the
417 programs,] protocols in accordance with the provisions of subsection
418 (b) of this section. [The department and the city health departments
419 shall evaluate the effectiveness of the programs based on the criteria

420 specified by the Department of Public Health.] The department may
421 authorize similar programs in other areas of the state, as determined
422 by the commissioner, through local health departments or other local
423 organizations.

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

440 (c) [The commissioner shall require programs to include an
441 evaluation component during the first year of operation] The
442 department shall establish requirements to monitor (1) return rates of
443 needles and syringes distributed, (2) [behavioral change of program
444 participants, such as needle sharing and the use of condoms, (3)]
445 program participation rates, and (3) the number of participants who
446 are motivated to enter treatment as a result of the program and the
447 status of their treatment. [, and (4) the incidence of intravenous drug
448 use to see if there is a change as a result of the program. The
449 department shall establish evaluation and monitoring requirements to
450 be applied to subsequent years of the programs.]

451 (d) [The health department of each city selected for a needle and
452 syringe exchange program or the person] Any organization

453 conducting [the] a needle and syringe exchange program shall submit
454 a report evaluating the effectiveness of the program to the Department
455 of Public Health. [The department shall compile all information
456 received on the programs and report to the joint standing committees
457 of the General Assembly having cognizance of matters relating to
458 public health and appropriations and the budgets of state agencies.]

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

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

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

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

482 Sec. 17. Subsection (b) of section 19a-77 of the general statutes is
483 repealed and the following is substituted in lieu thereof (*Effective*

484 October 1, 2011):

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

487 (1) (A) Administered by a public school system, or (B) administered
488 by a municipal agency or department and located in a public school
489 building;

490 (2) Administered by a private school which is in compliance with
491 section 10-188 and is approved by the State Board of Education or is
492 accredited by an accrediting agency recognized by the State Board of
493 Education;

494 (3) Classes in music, dance, drama and art that are no longer than
495 two hours in length; classes that teach a single skill that are no longer
496 than two hours in length; library programs that are no longer than two
497 hours in length; scouting; programs that offer exclusively sports
498 activities; rehearsals; academic tutoring programs; or programs
499 exclusively for children thirteen years of age or older;

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

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

509 (6) Drop-in supplementary child care operations in retail
510 establishments where the parents [are on the premises] remain in the
511 same store as the child for retail shopping, [in accordance with section
512 19a-77a, provided that] provided the drop-in supplementary child-care
513 operation does not charge a fee and does not refer to itself as a child

514 day care center;

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

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

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

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

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

532 Any person who establishes, conducts or maintains a youth camp
533 without a license as required by this chapter for a first offense shall be
534 subject to a civil penalty of not more than [five hundred] one thousand
535 dollars, and for a second or subsequent offense shall be subject to a
536 civil penalty of not more than [seven hundred fifty] one thousand five
537 hundred dollars, and each day during which a youth camp is
538 conducted or maintained without a license, after notification to such
539 person by the commissioner, shall constitute a separate offense. The
540 Commissioner of Public Health may apply to the superior court for the
541 judicial district of Hartford, or for the judicial district where the
542 defendant named in such application resides, for an injunction to
543 restrain the operation or maintenance of a youth camp by any person
544 other than a licensed operator. The application for such injunction or

545 the issuance of the same shall be in addition to and shall not relieve
546 any such person from the imposition of a civil penalty under this
547 section. In connection with any such application for an injunction, it
548 shall not be necessary to prove that an adequate remedy at law does
549 not exist.

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

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

572 [(2) Prior to October 1, 2008, the Commissioner of Public Health
573 shall collect from the licensee of a day care center a fee of two hundred
574 dollars for each license issued or renewed for a term of two years. Prior
575 to October 1, 2008, said commissioner shall collect from the licensee of
576 a group day care home a fee of one hundred dollars for each license
577 issued or renewed for a term of two years.]

578 [(3) On and after October 1, 2008, the] (2) The Commissioner of
579 Public Health shall collect from the licensee of a day care center a fee of
580 five hundred dollars [for each license issued or renewed] prior to
581 issuing or renewing a license for a term of four years. [On and after
582 October 1, 2008, said] The commissioner shall collect from the licensee
583 of a group day care home a fee of two hundred fifty dollars [for each
584 license issued or renewed] prior to issuing or renewing a license for a
585 term of four years. The [Commissioner of Public Health] commissioner
586 shall require only one license for a child day care center operated in
587 two or more buildings, provided the same licensee provides child day
588 care services in each building and the buildings are joined together by
589 a contiguous playground that is part of the licensed space.

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

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

611 commissioner's designee shall require an annual inspection for homes
612 seeking license renewal or for licensed homes, except that the
613 commissioner or the commissioner's designee shall make
614 unannounced visits, during customary business hours, to at least
615 thirty-three and one-third per cent of the licensed family day care
616 homes each year. A licensed family day care home shall not be subject
617 to any conditions on the operation of such home by local officials,
618 other than those imposed by the department pursuant to this
619 subsection, if the home complies with all local codes and ordinances
620 applicable to single and multifamily dwellings.

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

633 [(b)] (c) The Commissioner of Public Health, within available
634 appropriations, shall require each initial applicant or prospective
635 employee of a family day care home in a position requiring the
636 provision of care to a child, including an assistant or substitute staff
637 member, to submit to state and national criminal history records
638 checks. The criminal history records checks required pursuant to this
639 subsection shall be conducted in accordance with section 29-17a. The
640 commissioner shall also request a check of the state child abuse
641 registry established pursuant to section 17a-101k. The commissioner
642 shall notify each licensee of the provisions of this subsection.

643 (d) An application for initial licensure pursuant to this section, shall

644 be accompanied by a fee of forty dollars and such license shall be
645 issued for a term of four years. An application for renewal of a license
646 issued pursuant to this section, shall be accompanied by a fee of forty
647 dollars and a certification from the licensee that any child enrolled in
648 the family day care home has received age-appropriate immunizations
649 in accordance with regulations adopted pursuant to subsection (f) of
650 this section. A license issued pursuant to this section shall be renewed
651 for a term of four years.

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

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

677 with section 20-94a or a physician assistant licensed to prescribe in
678 accordance with section 20-12d, and the written authorization of a
679 parent or guardian of such child. Such regulations shall specify
680 appropriate standards for extended care and intermittent short-term
681 overnight care. The commissioner shall inform each licensee, by way of
682 a plain language summary provided not later than sixty days after the
683 regulation's effective date, of any new or changed regulations adopted
684 under this subsection with which a licensee must comply.

685 [(d) Applications for initial licensure under this section submitted
686 prior to October 1, 2008, shall be accompanied by a fee of twenty
687 dollars and such licenses shall be issued for a term of two years.
688 Applications for renewal of licenses granted under this section
689 submitted prior to October 1, 2008, shall be accompanied by a fee of
690 twenty dollars and such licenses shall be renewed for a term of two
691 years. No such license shall be renewed unless the licensee certifies
692 that the children enrolled in the family day care home have received
693 age-appropriate immunization in accordance with regulations adopted
694 pursuant to subsection (c) of this section.

695 (e) Each license issued on or after October 1, 2008, shall be for a term
696 of four years, shall be nontransferable and may be renewed upon
697 payment of the licensure fee and a signed statement from the licensee
698 certifying that the children enrolled in the family day care home have
699 received age-appropriate immunization in accordance with regulations
700 adopted pursuant to subsection (c) of this section. The Commissioner
701 of Public Health shall collect from the licensee of a family day care
702 home a fee of eighty dollars for each license issued or renewed for a
703 term of four years.]

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

707 (d) For purposes of this section, "sufficient evidence" means (1) a
708 certificate of self-insurance issued by a workers' compensation

709 commissioner pursuant to section 31-284, (2) a certificate of compliance
710 issued by the Insurance Commissioner pursuant to section 31-286, (3) a
711 certificate of insurance issued by any stock or mutual insurance
712 company or mutual association authorized to write workers'
713 compensation insurance in this state or its agent, or (4) in lieu of a
714 physical certificate of insurance being presented for the issuance or
715 renewal of licenses and permits issued by the Department of
716 Consumer Protection or Public Health, the entrance by the applicant
717 on the renewal form of the name of the insurer, insurance policy
718 number, effective dates of coverage, and a certification that the same is
719 truthful and accurate.

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

722 (a) (1) There is established a Stem Cell Research Peer Review
723 Committee. The committee shall consist of five members appointed by
724 the Commissioner of Public Health. All members appointed to the
725 committee shall (A) have demonstrated knowledge and understanding
726 of the ethical and medical implications of embryonic and human adult
727 stem cell research or related research fields, including, but not limited
728 to, embryology, genetics or cellular biology, (B) have practical research
729 experience in human adult or embryonic stem cell research or related
730 research fields, including, but not limited to, embryology, genetics or
731 cellular biology, and (C) work to advance embryonic and human adult
732 stem cell research. Members shall serve for a term of four years
733 commencing on October first, except that three members first
734 appointed by the Commissioner of Public Health shall serve for a term
735 of two years. No member may serve for more than two consecutive
736 four-year terms and no member may serve concurrently on the Stem
737 Cell Research Advisory Committee established pursuant to section
738 19a-32f. All initial appointments to the committee shall be made by
739 October 1, 2005. Any member who fails to attend three consecutive
740 meetings or who fails to attend fifty per cent of all meetings held
741 during any calendar year shall be deemed to have resigned from the

742 committee.

743 (2) [On and after July 1, 2007, the] The Commissioner of Public
744 Health may appoint such additional members to the Stem Cell
745 Research Peer Review Committee as the commissioner deems
746 necessary for the review of applications for grants-in-aid, provided the
747 total number of Stem Cell Research Peer Review Committee members
748 does not exceed fifteen. Such additional members shall be appointed as
749 provided in subdivision (1) of this subsection, except that such
750 additional members shall serve for a term of two years from the date of
751 appointment.

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

759 (c) Prior to the awarding of any grants-in-aid for embryonic or
760 human adult stem cell research pursuant to section 19a-32e, the Stem
761 Cell Research Peer Review Committee shall review all applications
762 submitted by eligible institutions for such grants-in-aid and make
763 recommendations to the Commissioner of Public Health and the Stem
764 Cell Research Advisory Committee established pursuant to section
765 19a-32f with respect to the ethical and scientific merit of each
766 application.

767 (d) Peer review committee members may receive compensation
768 from the Stem Cell Research Fund, established pursuant to section 19a-
769 32e, for reviewing grant-in-aid applications submitted by eligible
770 institutions pursuant to subsection (c) of this section. The rate of
771 compensation shall be established by the Commissioner of Public
772 Health in consultation with the Department of Administrative Services
773 and the Office of Policy and Management.

774 [(d)] (e) The Peer Review Committee shall establish guidelines for
775 the rating and scoring of such applications by the Stem Cell Research
776 Peer Review Committee.

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

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

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

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

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

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

865 (a) For the purposes of this section:

866 (1) "Clinical laboratory" means any facility or other area used for
867 microbiological, serological, chemical, hematological,
868 immuno-hematological, biophysical, cytological, pathological or other
869 examinations of human body fluids, secretions, excretions or excised
870 or exfoliated tissues, for the purpose of providing information for the
871 diagnosis, prevention or treatment of any human disease or
872 impairment, for the assessment of human health or for the presence of
873 drugs, poisons or other toxicological substances.

874 [(1)] (2) "Commissioner's list of reportable diseases, emergency
875 illnesses and health conditions" and "commissioner's list of reportable
876 laboratory findings" means the [list] lists developed pursuant to
877 section 19a-2a, as amended by this act.

878 [(2)] (3) "Confidential" means confidentiality of information
879 pursuant to section 19a-25.

880 [(3)] (4) "Health care provider" means a person who has direct or
881 supervisory responsibility for the delivery of health care or medical
882 services, including licensed physicians, nurse practitioners, nurse
883 midwives, physician assistants, nurses, dentists, medical examiners
884 and administrators, superintendents and managers of health care
885 facilities.

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

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

900 (c) A clinical laboratory shall report each finding identified by such
901 laboratory of any disease identified on the commissioner's list of
902 reportable laboratory findings to the Department of Public Health not
903 later than forty-eight hours after such laboratory's finding. A clinical
904 laboratory that reports an average of more than thirty findings per

905 month shall make such reports electronically in a format approved by
906 the commissioner. Any clinical laboratory that reports an average of
907 less than thirty findings per month shall submit such reports, in
908 writing, by telephone or in an electronic format approved by the
909 commissioner. All such reports shall be confidential and not open to
910 public inspection except as provided for in section 19a-25. The
911 Department of Public Health shall provide a copy of all such reports to
912 the director of health of the town, city or borough in which the affected
913 person resides or, in the absence of such information, the town where
914 the specimen originated.

915 [(c)] (d) When a local director of health or his authorized agent or
916 the Department of Public Health receives a report of a disease or
917 laboratory finding on the commissioner's [list] lists of reportable
918 [disease] diseases, emergency illnesses and health conditions and
919 laboratory findings, either may contact first the reporting health care
920 provider and then the person with the reportable finding to obtain
921 such information as may be necessary to lead to the effective control of
922 further spread of such disease. In the case of reportable communicable
923 diseases and laboratory findings, this information may include
924 obtaining the identification of persons who may be the source or
925 subsequent contacts of such infection.

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

934 [(e)] (f) Any person who violates any reporting or confidentiality
935 provision of this section shall be fined not more than five hundred
936 dollars. No provision of this section shall be deemed to supersede
937 section 19a-584.

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

941 (c) In addition to the requirements set forth in subsection (b) of this
942 section, in the case of death resulting from a disease on the current list
943 of reportable diseases, emergency illnesses and health conditions
944 developed pursuant to section [19a-36-A2 of the regulations of
945 Connecticut state agencies] 19a-2, as amended by this act, the licensed
946 embalmer or funeral director having charge of the dead human body
947 shall prepare such body for burial or cremation by having the body
948 washed, embalmed or wrapped as soon as practicable after the body
949 arrives at the licensed embalmer's or licensed funeral director's place of
950 business. The provisions of this subsection do not apply if death is not
951 the result of a disease on the current list of reportable diseases,
952 emergency illnesses and health conditions developed pursuant to
953 section [19a-36-A2 of the regulations of Connecticut state agencies]
954 19a-2, as amended by this act, provided the licensed embalmer or
955 funeral director having charge of the body takes appropriate measures
956 to ensure that the body does not pose a threat to the public health.

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

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

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

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

988 Sec. 28. Subsections (b) and (c) of section 19a-639a of the general
989 statutes are repealed and the following is substituted in lieu thereof
990 (*Effective October 1, 2011*):

991 (b) [Not later than twenty days prior to the date that the applicant
992 submits the certificate of need application to the office] Prior to the
993 filing of a certificate of need application, the applicant shall publish
994 notice that an application is to be submitted to the office in a
995 newspaper having a substantial circulation in the area where the
996 project is to be located. Such notice shall (1) be published (A) not later
997 than twenty days prior to the date of filing of the certificate of need
998 application, and (B) for not less than three consecutive days, and
999 [shall] (2) contain a brief description of the nature of the project and
1000 the street address where the project is to be located. An applicant shall
1001 file the certificate of need application with the office not later than
1002 ninety days after publishing notice of the application in accordance

1003 with the provisions of this subsection. The office shall not accept the
1004 applicant's certificate of need application for filing unless the
1005 application is accompanied by the application fee prescribed in
1006 subsection (a) of this section and proof of compliance with the
1007 publication requirements prescribed in this subsection.

1008 (c) Not later than five business days after receipt of a properly filed
1009 certificate of need application, the office shall publish notice of the
1010 application on its web site, [and with the office of the Secretary of the
1011 State.] Not later than thirty days after the date of filing of the
1012 application, the office may request such additional information as the
1013 office determines necessary to complete the application. The applicant
1014 shall, not later than sixty days after the date of the office's request,
1015 submit the requested information to the office. If an applicant fails to
1016 submit the requested information to the office within the sixty-day
1017 period, the office shall consider the application to have been
1018 withdrawn.

1019 Sec. 29. Subsection (a) of section 17b-256 of the general statutes is
1020 repealed and the following is substituted in lieu thereof (*Effective*
1021 *October 1, 2011*):

1022 (a) The Commissioner of Social Services may administer, within
1023 available appropriations, a program providing payment for the cost of
1024 drugs prescribed by a physician for the treatment of acquired
1025 immunodeficiency syndrome or human immunodeficiency virus. The
1026 commissioner, in consultation with the Commissioner of Public
1027 Health, shall determine specific drugs to be covered and may
1028 implement a pharmacy lock-in procedure for the program. The
1029 Commissioner of Social Services shall adopt regulations, in accordance
1030 with the provisions of chapter 54, to carry out the purposes of this
1031 section. The [commissioner] Commissioner of Social Services may
1032 implement the program while in the process of adopting regulations,
1033 provided notice of intent to adopt the regulations is published in the
1034 Connecticut Law Journal within twenty days of implementation. The
1035 regulations may include eligibility for all persons with acquired

1036 immunodeficiency syndrome or human immunodeficiency virus
1037 whose income is below four hundred per cent of the federal poverty
1038 level. Subject to federal approval, the [commissioner] Commissioner of
1039 Social Services may, within available federal resources, maintain
1040 [existing] insurance policies for eligible clients, including, but not
1041 limited to, coverage of costs associated with such policies, that provide
1042 a full range of human immunodeficiency virus treatments and access
1043 to comprehensive primary care services as determined by the
1044 commissioner and as provided by federal law, and may provide
1045 payment, determined by the commissioner, for (1) drugs and
1046 nutritional supplements prescribed by a physician that prevent or treat
1047 opportunistic diseases and conditions associated with acquired
1048 immunodeficiency syndrome or human immunodeficiency virus; (2)
1049 ancillary supplies related to the administration of such drugs; and (3)
1050 laboratory tests ordered by a physician. On and after May 26, 2006, any
1051 person who previously received insurance assistance under the
1052 program established pursuant to section 17b-255 of the general
1053 statutes, revision of 1958, revised to 2005, shall continue to receive such
1054 assistance until the expiration of the insurance coverage, provided
1055 such person continues to meet program eligibility requirements
1056 established in accordance with this subsection. On or before March 1,
1057 2007, and annually thereafter, the Commissioner of Social Services
1058 shall report, in accordance with section 11-4a, to the joint standing
1059 committees of the General Assembly having cognizance of matters
1060 relating to human services, public health and appropriations and the
1061 budgets of state agencies on the projected availability of funds for the
1062 program established pursuant to this section.

1063 Sec. 30. Section 19a-495 of the general statutes is amended by adding
1064 subsection (d) as follows (*Effective October 1, 2011*):

1065 (NEW) (d) The Commissioner of Public Health, in consultation with
1066 the Commissioner of Mental Health and Addiction Services, may
1067 implement policies and procedures, in compliance with federal law,
1068 permitting licensed health care providers with prescriptive authority

1069 to prescribe medications to treat persons dependent on opiates in free
1070 standing substance abuse treatment facilities, licensed under section
1071 19a-490, while in the process of adopting such policies and procedures
1072 in regulation form, provided the commissioner prints notice of the
1073 intent to adopt regulations in the Connecticut Law Journal not later
1074 than thirty days after the date of implementation of such policies and
1075 procedures. Policies and procedures implemented pursuant to this
1076 subsection shall be valid until the time final regulations are adopted.

1077 Sec. 31. Subsection (e) of section 19a-491 of the general statutes is
1078 repealed and the following is substituted in lieu thereof (*Effective*
1079 *October 1, 2011*):

1080 (e) [Notwithstanding any regulation, the] The commissioner shall
1081 charge one thousand dollars for the [following fees for the] licensing
1082 and inspection every four years of [the following institutions: (1)
1083 Outpatient] outpatient clinics that provide either medical or mental
1084 health service, and well-child clinics, except those operated by
1085 municipal health departments, health districts or licensed nonprofit
1086 nursing or community health agencies. [, one thousand dollars; (2)
1087 maternity homes, per site, two hundred dollars; and (3) maternity
1088 homes, per bed, ten dollars.]

1089 Sec. 32. Section 19a-266 of the general statutes is repealed and the
1090 following is substituted in lieu thereof (*Effective October 1, 2011*):

1091 (a) For purposes of this section:

1092 (1) "Breast cancer screening and referral services" means necessary
1093 breast cancer screening services and referral services for a procedure
1094 intended to treat cancer of the human breast, including, but not limited
1095 to, surgery, radiation therapy, chemotherapy, hormonal therapy and
1096 related medical follow-up services.

1097 (2) "Cervical cancer screening and referral services" means necessary
1098 cervical cancer screening services and referral services for a procedure
1099 intended to treat cancer of the human cervix, including, but not limited

1100 to, surgery, radiation therapy, cryotherapy, electrocoagulation and
1101 related medical follow-up services.

1102 (3) "Unserved or underserved populations" means women who are:
1103 (A) At or below two hundred per cent of the federal poverty level for
1104 individuals; (B) without health insurance that covers breast cancer
1105 screening mammography or cervical cancer screening services; and (C)
1106 [nineteen] twenty-one to sixty-four years of age.

1107 (b) There is established, within existing appropriations, a breast and
1108 cervical cancer early detection and treatment referral program, within
1109 the Department of Public Health, to (1) promote screening, detection
1110 and treatment of breast cancer and cervical cancer among unserved or
1111 underserved populations, (2) educate the public regarding breast
1112 cancer and cervical cancer and the benefits of early detection, and (3)
1113 provide counseling and referral services for treatment.

1114 (c) The program shall include, but not be limited to:

1115 (1) Establishment of a public education and outreach initiative to
1116 publicize breast cancer and cervical cancer early detection services and
1117 the extent of coverage for such services by health insurance; the
1118 benefits of early detection of breast cancer and the recommended
1119 frequency of screening services, including clinical breast examinations
1120 and mammography; and the medical assistance program and other
1121 public and private programs and the benefits of early detection of
1122 cervical cancer and the recommended frequency of pap tests;

1123 (2) Development of professional education programs, including the
1124 benefits of early detection of breast cancer and the recommended
1125 frequency of mammography and the benefits of early detection of
1126 cervical cancer and the recommended frequency of pap tests;

1127 (3) Establishment of a system to track and follow up on all women
1128 screened for breast cancer and cervical cancer in the program. The
1129 system shall include, but not be limited to, follow-up of abnormal
1130 screening tests and referral to treatment when needed and tracking

1131 women to be screened at recommended screening intervals;

1132 (4) Assurance that all participating providers of breast cancer and
1133 cervical cancer screening are in compliance with national and state
1134 quality assurance legislative mandates.

1135 (d) The Department of Public Health shall provide unserved or
1136 underserved populations, within existing appropriations and through
1137 contracts with health care providers: (1) Clinical breast examinations,
1138 screening mammograms and pap tests, as recommended in the most
1139 current breast and cervical cancer screening guidelines established by
1140 the United States Preventive Services Task Force, for the woman's age
1141 and medical history; and (2) [a sixty-day follow-up pap test for victims
1142 of sexual assault; and (3)] a pap test every six months for women who
1143 have tested HIV positive.

1144 [(e) The Commissioner of Public Health shall report annually to the
1145 joint standing committees of the General Assembly having cognizance
1146 of matters relating to public health and appropriations. The report
1147 shall include, but not be limited to, a description of the rate of breast
1148 cancer and cervical cancer morbidity and mortality in this state and the
1149 extent of participation in breast cancer and cervical cancer screening.]

1150 [(f)] (e) The organizations providing the testing and treatment
1151 services shall report to the Department of Public Health the names of
1152 the insurer of each underinsured woman being tested to facilitate
1153 recoupment.

1154 Sec. 33. Subdivision (8) of section 19a-177 of the general statutes is
1155 repealed and the following is substituted in lieu thereof (*Effective from*
1156 *passage*):

1157 (8) (A) Not later than October 1, 2001, develop or cause to be
1158 developed a data collection system that will follow a patient from
1159 initial entry into the emergency medical service system through arrival
1160 at the emergency room and, within available appropriations, may
1161 expand the data collection system to include clinical treatment and

1162 patient outcome data. The commissioner shall, on a quarterly basis,
1163 collect the following information from each licensed ambulance service
1164 or certified ambulance service that provides emergency medical
1165 services: (i) The total number of calls for emergency medical services
1166 received by such licensed ambulance service or certified ambulance
1167 service through the 9-1-1 system during the reporting period; (ii) each
1168 level of emergency medical services, as defined in regulations adopted
1169 pursuant to section 19a-179, required for each such call; (iii) the
1170 response time for each licensed ambulance service or certified
1171 ambulance service during the reporting period; (iv) the number of
1172 passed calls, cancelled calls and mutual aid calls during the reporting
1173 period; and (v) for the reporting period, the prehospital data for the
1174 nonscheduled transport of patients required by regulations adopted
1175 pursuant to subdivision (6) of this section. The information required
1176 under this subdivision may be submitted in any written or electronic
1177 form selected by such licensed ambulance service or certified
1178 ambulance service and approved by the commissioner, provided the
1179 commissioner shall take into consideration the needs of such licensed
1180 ambulance service or certified ambulance service in approving such
1181 written or electronic form. The commissioner may conduct an audit of
1182 any such licensed ambulance service or certified ambulance service as
1183 the commissioner deems necessary in order to verify the accuracy of
1184 such reported information.

1185 [(B) The commissioner shall prepare a report that shall include, but
1186 not be limited to, the following information: (i) The total number of
1187 calls for emergency medical services received during the reporting
1188 year by each licensed ambulance service or certified ambulance
1189 service; (ii) the level of emergency medical services required for each
1190 such call; (iii) the name of the provider of each such level of emergency
1191 medical services furnished during the reporting year; (iv) the response
1192 time, by time ranges or fractile response times, for each licensed
1193 ambulance service or certified ambulance service, using a common
1194 definition of response time, as provided in regulations adopted
1195 pursuant to section 19a-179; and (v) the number of passed calls,

1196 cancelled calls and mutual aid calls during the reporting year. The
1197 commissioner shall prepare such report in a format that categorizes
1198 such information for each municipality in which the emergency
1199 medical services were provided, with each such municipality grouped
1200 according to urban, suburban and rural classifications. Not later than
1201 March 31, 2002, and annually thereafter, the commissioner shall
1202 submit such report to the joint standing committee of the General
1203 Assembly having cognizance of matters relating to public health, shall
1204 make such report available to the public and shall post such report on
1205 the Department of Public Health web site on the Internet.]

1206 ~~[(C)]~~ (B) If any licensed ambulance service or certified ambulance
1207 service does not submit the information required under subparagraph
1208 (A) of this subdivision for a period of six consecutive months, or if the
1209 commissioner believes that such licensed ambulance service or
1210 certified ambulance service knowingly or intentionally submitted
1211 incomplete or false information, the commissioner shall issue a written
1212 order directing such licensed ambulance service or certified ambulance
1213 service to comply with the provisions of subparagraph (A) of this
1214 subdivision and submit all missing information or such corrected
1215 information as the commissioner may require. If such licensed
1216 ambulance service or certified ambulance service fails to fully comply
1217 with such order not later than three months from the date such order is
1218 issued, the commissioner (i) shall conduct a hearing, in accordance
1219 with chapter 54, at which such licensed ambulance service or certified
1220 ambulance service shall be required to show cause why the primary
1221 service area assignment of such licensed ambulance service or certified
1222 ambulance service should not be revoked, and (ii) may take such
1223 disciplinary action under section 19a-17, as amended by this act, as the
1224 commissioner deems appropriate.

1225 [(D) On and after October 1, 2006, the] (C) The commissioner shall
1226 collect the information required by subparagraph (A) of this
1227 subdivision, in the manner provided in said subparagraph, from each
1228 person or emergency medical service organization licensed or certified

1229 under section 19a-180 that provides emergency medical services; [. On
1230 and after October 1, 2006, such information shall be included in the
1231 annual report prepared by the commissioner in accordance with
1232 subparagraph (B) of this subdivision and such person or emergency
1233 medical service organization shall be subject to the provisions of
1234 subparagraph (C) of this subdivision;]

1235 Sec. 34. Section 19a-4j of the general statutes is repealed and the
1236 following is substituted in lieu thereof (*Effective October 1, 2011*):

1237 (a) There is established, within the Department of Public Health, an
1238 Office of Multicultural Health. The responsibility of the office is to
1239 improve the health of all Connecticut residents by eliminating
1240 differences in disease, disability and death rates among ethnic, racial
1241 and cultural populations.

1242 (b) The department may apply for, accept and expend such funds as
1243 may be available from federal, state or other sources and may enter
1244 into contracts to carry out the responsibilities of the office.

1245 (c) The office shall:

1246 (1) With regard to health status: (A) Monitor the health status of
1247 African Americans; Latinos/Hispanics; Native Americans/Alaskan
1248 Natives; and Asians, Native Hawaiians and other Pacific Islanders; (B)
1249 compare the results of the health status monitoring with the health
1250 status of non-Hispanic Caucasians/whites; and (C) assess the
1251 effectiveness of state programs in eliminating differences in health
1252 status;

1253 (2) Assess the health education and health resource needs of ethnic,
1254 racial and cultural populations listed in subdivision (1) of this
1255 subsection; and

1256 (3) Maintain a directory of, and assist in development and
1257 promotion of, multicultural and multiethnic health resources in
1258 Connecticut.

1259 (d) The office may:

1260 (1) Provide grants for culturally appropriate health education
1261 demonstration projects and may apply for, accept and expend public
1262 and private funding for such projects; and

1263 (2) Recommend policies, procedures, activities and resource
1264 allocations to improve health among racial, ethnic and cultural
1265 populations in Connecticut.

1266 [(e) The Commissioner of Public Health shall submit an annual
1267 report concerning the activities of the office to the Governor, the
1268 General Assembly, the Permanent Commission on the Status of
1269 Women established under section 46a-1, the Latino and Puerto Rican
1270 Affairs Commission established under section 2-120, the Indian Affairs
1271 Council established under section 47-59b and the Connecticut African-
1272 American Affairs Commission. The office shall also hold community
1273 workshops and use other means to disseminate its findings state-
1274 wide.]

1275 Sec. 35. Subsection (c) of section 19a-493b of the general statutes is
1276 repealed and the following is substituted in lieu thereof (*Effective*
1277 *October 1, 2011*):

1278 (c) Notwithstanding the provisions of this section, no outpatient
1279 surgical facility shall be required to comply with section 19a-631, 19a-
1280 632, 19a-644, 19a-645, 19a-646, 19a-649, 19a-654 to 19a-660, inclusive,
1281 19a-662, 19a-664 to 19a-666, inclusive, 19a-669 to 19a-670a, inclusive,
1282 19a-671, 19a-671a, 19a-672 to 19a-676, inclusive, 19a-678, or 19a-681 to
1283 19a-683, inclusive. Each outpatient surgical facility shall continue to be
1284 subject to the obligations and requirements applicable to such facility,
1285 including, but not limited to, any applicable provision of this chapter
1286 and those provisions of chapter 368z not specified in this subsection,
1287 except that a request for permission to undertake a transfer or change
1288 of ownership or control shall not be required pursuant to subsection
1289 (a) of section 19a-638 if the Office of Health Care Access division of the

1290 Department of Public Health determines that the following conditions
1291 are satisfied: (1) Prior to any such transfer or change of ownership or
1292 control, the outpatient surgical facility shall be owned and controlled
1293 exclusively by persons licensed pursuant to section 20-13 or chapter
1294 375, either directly or through a limited liability company, formed
1295 pursuant to chapter 613, a corporation, formed pursuant to chapters
1296 601 and 602, or a limited liability partnership, formed pursuant to
1297 chapter 614, that is exclusively owned by persons licensed pursuant to
1298 section 20-13 or chapter 375, or is under the interim control of an estate
1299 executor or conservator pending transfer of an ownership interest or
1300 control to a person licensed under section 20-13 or chapter 375, and (2)
1301 after any such transfer or change of ownership or control, persons
1302 licensed pursuant to section 20-13 or chapter 375, a limited liability
1303 company, formed pursuant to chapter 613, a corporation, formed
1304 pursuant to chapters 601 and 602, or a limited liability partnership,
1305 formed pursuant to chapter 614, that is exclusively owned by persons
1306 licensed pursuant to section 20-13 or chapter 375, shall own and
1307 control no less than a sixty per cent interest in the outpatient surgical
1308 facility.

1309 Sec. 36. Subsection (c) of section 20-87a of the general statutes is
1310 repealed and the following is substituted in lieu thereof (*Effective*
1311 *October 1, 2011*):

1312 (c) The practice of nursing by a licensed practical nurse is defined as
1313 the performing of selected tasks and sharing of responsibility under
1314 the direction of a registered nurse or an advanced practice registered
1315 nurse and within the framework of supportive and restorative care,
1316 health counseling and teaching, case finding and referral, collaborating
1317 in the implementation of the total health care regimen and executing
1318 the medical regimen under the direction of a licensed physician,
1319 physician assistant, podiatrist, optometrist or dentist.

1320 Sec. 37. Subsection (b) of section 19a-178a of the general statutes is
1321 repealed and the following is substituted in lieu thereof (*Effective*
1322 *October 1, 2011*):

1323 (b) The advisory board shall consist of members appointed in
1324 accordance with the provisions of this subsection and shall include the
1325 Commissioner of Public Health and the department's emergency
1326 medical services medical director, or their designees, [, and each of the
1327 regional medical service coordinators appointed pursuant to section
1328 19a-186a.] The Governor shall appoint the following members: One
1329 person from each of the regional emergency medical services councils;
1330 one person from the Connecticut Association of Directors of Health;
1331 three persons from the Connecticut College of Emergency Physicians;
1332 one person from the Connecticut Committee on Trauma of the
1333 American College of Surgeons; one person from the Connecticut
1334 Medical Advisory Committee; one person from the Emergency
1335 Department Nurses Association; one person from the Connecticut
1336 Association of Emergency Medical Services Instructors; one person
1337 from the Connecticut Hospital Association; two persons representing
1338 commercial ambulance providers; one person from the Connecticut
1339 Firefighters Association; one person from the Connecticut Fire Chiefs
1340 Association; one person from the Connecticut Chiefs of Police
1341 Association; one person from the Connecticut State Police; and one
1342 person from the Connecticut Commission on Fire Prevention and
1343 Control. An additional eighteen members shall be appointed as
1344 follows: Three by the president pro tempore of the Senate; three by the
1345 majority leader of the Senate; four by the minority leader of the Senate;
1346 three by the speaker of the House of Representatives; two by the
1347 majority leader of the House of Representatives and three by the
1348 minority leader of the House of Representatives. The appointees shall
1349 include a person with experience in municipal ambulance services; a
1350 person with experience in for-profit ambulance services; three persons
1351 with experience in volunteer ambulance services; a paramedic; an
1352 emergency medical technician; an advanced emergency medical
1353 technician; three consumers and four persons from state-wide
1354 organizations with interests in emergency medical services as well as
1355 any other areas of expertise that may be deemed necessary for the
1356 proper functioning of the advisory board.

1357 Sec. 38. Subsections (b) and (c) of section 17a-2 of the general
1358 statutes are repealed and the following is substituted in lieu thereof
1359 (*Effective October 1, 2011*):

1360 (b) Said department shall constitute a successor department to the
1361 Department of Children and Youth Services, for the purposes of
1362 sections 2c-2b, 4-5, 4-38c, 4-60i, 4-77a, 4-165b, 4a-11b, 4a-12, 4a-16, 5-
1363 259, 7-127c, 8-206d, 10-8a, 10-15d, 10-76d, 10-76h, 10-76i, 10-76w, 10-
1364 76g, 10-94g, 10-253, 17-86a, 17-294, 17-409, 17-437, 17-572, 17-578, 17-
1365 579, 17-585, 17a-1 to 17a-89, inclusive, 17a-90 to 17a-209, inclusive, 17a-
1366 218, 17a-277, 17a-450, 17a-458, 17a-474, 17a-560, 17a-511, 17a-634, 17a-
1367 646, 17a-659, 18-69, 18-69a, 18-87, 19a-78, [19a-125,] 19a-216, as
1368 amended by this act, 20-14i, 20-14j, 31-23, 31-306a, 38a-514, 45a-591 to
1369 45a-705, inclusive, 45a-706 to 45a-770, inclusive, 46a-28, 46a-126, 46b-15
1370 to 46b-19, inclusive, 46b-120 to 46b-159, inclusive, 54-56d, 54-142k, 54-
1371 199, 54-203 and in accordance with the provisions of sections 4-38d and
1372 4-39.

1373 (c) Whenever the words "Commissioner of Children and Youth
1374 Services", "Department of Children and Youth Services", or "Council
1375 on Children and Youth Services" are used in sections 2c-2b, 4-5, 4-38c,
1376 4-60i, 4-77a, 4-165b, 4a-11b, 4a-12, 4a-16, 5-259, 7-127c, 8-206d, 10-8a,
1377 10-15d, 10-76d, 10-76h, 10-76i, 10-76w, 10-94g, 10-253, 17-86a, 17-294,
1378 17-409, 17-437, 17-572, 17-578, 17-579, 17-585, 17a-1 to 17a-89, inclusive,
1379 17a-90 to 17a-209, inclusive, 17a-218, 17a-277, 17a-450, 17a-458, 17a-474,
1380 17a-511, 17a-634, 17a-646, 17a-659, 18-69, 18-69a, 18-87, 19a-78, [19a-
1381 125,] 19a-216, as amended by this act, 20-14i, 20-14j, 31-23, 31-306a, 38a-
1382 514, 45a-591 to 45a-705, inclusive, 45a-706 to 45a-770, inclusive, 46a-28,
1383 46a-126, 46b-15 to 46b-19, inclusive, 46b-120 to 46b-159, inclusive, 54-
1384 56d, 54-142k, 54-199, 54-203, the words "Commissioner of Children and
1385 Families", "Department of Children and Families", and "Council on
1386 Children and Families" shall be substituted respectively in lieu thereof.

1387 Sec. 39. Subsection (c) of section 28-24 of the general statutes is
1388 repealed and the following is substituted in lieu thereof (*Effective*
1389 *October 1, 2011*):

1390 (c) Within a time period determined by the commissioner to ensure
1391 the availability of funds for the fiscal year beginning July 1, 1997, to the
1392 regional public safety emergency telecommunications centers within
1393 the state, and not later than April first of each year thereafter, the
1394 commissioner shall determine the amount of funding needed for the
1395 development and administration of the enhanced emergency 9-1-1
1396 program. The commissioner shall specify the expenses associated with
1397 (1) the purchase, installation and maintenance of new public safety
1398 answering point terminal equipment, (2) the implementation of the
1399 subsidy program, as described in subdivision (2) of subsection (a) of
1400 this section, (3) the implementation of the transition grant program,
1401 described in subdivision (2) of subsection (a) of this section, (4) the
1402 implementation of the regional emergency telecommunications service
1403 credit, as described in subdivision (2) of subsection (a) of this section,
1404 provided, for the fiscal year ending June 30, 2001, and each fiscal year
1405 thereafter, such credit for coordinated medical emergency direction
1406 services as provided in regulations adopted under this section shall be
1407 based upon the factor of thirty cents per capita and shall not be
1408 reduced each year, (5) the training of personnel, as necessary, (6)
1409 recurring expenses and future capital costs associated with the
1410 telecommunications network used to provide emergency 9-1-1 service
1411 and the public safety services data networks, (7) for the fiscal year
1412 ending June 30, 2001, and each fiscal year thereafter, the collection,
1413 maintenance and reporting of emergency medical services data, as
1414 required under [subparagraphs (A) and (B)] subparagraph (A) of
1415 subdivision (8) of section 19a-177, as amended by this act, provided the
1416 amount of expenses specified under this subdivision shall not exceed
1417 two hundred fifty thousand dollars in any fiscal year, (8) for the fiscal
1418 year ending June 30, 2001, and each fiscal year thereafter, the initial
1419 training of emergency medical dispatch personnel, the provision of an
1420 emergency medical dispatch priority reference card set and emergency
1421 medical dispatch training and continuing education pursuant to
1422 subdivisions (3) and (4) of subsection (g) of section 28-25b, and (9) the
1423 administration of the enhanced emergency 9-1-1 program by the Office
1424 of State-Wide Emergency Telecommunications, as the commissioner

1425 determines to be reasonably necessary. The commissioner shall
 1426 communicate the commissioner's findings to the chairperson of the
 1427 Public Utilities Control Authority not later than April first of each year.

1428 Sec. 40. Sections 19a-6i, 19a-77a and 19a-125 of the general statutes
 1429 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-12a(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(b) and (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>	19a-493b(c)
Sec. 36	<i>October 1, 2011</i>	20-87a(c)
Sec. 37	<i>October 1, 2011</i>	19a-178a(b)
Sec. 38	<i>October 1, 2011</i>	17a-2(b) and (c)
Sec. 39	<i>October 1, 2011</i>	28-24(c)
Sec. 40	<i>October 1, 2011</i>	Repealer section

PH *Joint Favorable Subst.*

PD *Joint Favorable*