



Substitute Senate Bill No. 1083

Public Act No. 21-26

AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

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

Section 1. Section 19a-404 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2021*):

The Chief Medical Examiner shall be a citizen of the United States and a doctor of medicine licensed to practice medicine in Connecticut and shall have had a minimum of four years postgraduate training in pathology and such additional subsequent experience in forensic pathology as the commission may determine, provided any person otherwise qualified who is not licensed to so practice may be appointed Chief Medical Examiner, provided he or she obtains such a license within one year of his or her appointment. The Commission on Medicolegal Investigations shall submit recommendations concerning the Chief Medical Examiner's salary and annual increments to such salary to the Commissioner of Administrative Services for review and approval pursuant to section 4-40. The Chief Medical Examiner's term of office shall be fixed by the commission and the Chief Medical Examiner may be removed by the commission only for cause. Under the direction of the commission, the Chief Medical Examiner shall prepare for transmission to the Secretary of the Office of Policy and Management

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as required by law estimates of expenditure requirements. The Chief Medical Examiner shall account to the State Treasurer for all fees and moneys received and expended by him or her by virtue of his or her office. The Chief Medical Examiner may as part of his or her duties teach medical and law school classes, conduct special classes for police investigators and engage in other activities related to the work of the office to such extent and on such terms as may be authorized by the commission. On and after January 1, 2022, the Chief Medical Examiner shall earn at least one contact hour of training or education in sudden unexpected death in epilepsy as part of the continuing medical education he or she is required to obtain pursuant to section 20-10b. As used in this section, "sudden unexpected death in epilepsy" means the death of a person with epilepsy that is not caused by injury, drowning or other known causes unrelated to epilepsy.

Sec. 2. Section 21a-223 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2021*):

(a) Each individual place of business of each health club shall obtain a license from the Department of Consumer Protection prior to the sale of any health club contract. Application for such license shall be made on forms provided by the Commissioner of Consumer Protection and said commissioner shall require as a condition to the issuance and renewal of any license obtained under this chapter (1) that the applicant provide for and maintain on the premises of the health club sanitary facilities; (2) that the applicant, on and after October 1, 2022, (A) (i) provide and maintain in a readily accessible location on the premises of the health club at least one automatic external defibrillator, as defined in section 19a-175, and (ii) make such location known to employees of such health club, (B) ensure that at least one employee is on the premises of such health club during staffed business hours who is trained in cardiopulmonary resuscitation and the use of an automatic external defibrillator in accordance with the standards set forth by the American

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Red Cross or American Heart Association, (C) maintain and test the automatic external defibrillator in accordance with the manufacturer's guidelines, and (D) promptly notify a local emergency medical services provider after each use of such automatic external defibrillator; (3) that the application be accompanied by (A) a license or renewal fee of two hundred fifty dollars, (B) a list of the equipment and each service [which] that the applicant intends to have available for use by buyers during the year of operations following licensure or renewal, and (C) two copies of each health club contract [which] that the applicant is currently using or intends to use; and [(3)] (4) compliance with the requirements of section 21a-226. Such licenses shall be renewed annually. The commissioner may impose a civil penalty of not more than three hundred dollars against any health club that continues to sell or offer for sale health club contracts for any location but fails to submit a license renewal and license renewal fee for such location not later than thirty days after such license's expiration date.

(b) No health club shall (1) engage in any act or practice [which] that is in violation of or contrary to the provisions of this chapter or any regulation adopted to carry out the provisions of this chapter, including the use of contracts [which] that do not conform to the requirements of this chapter, or (2) engage in conduct of a character likely to mislead, deceive or defraud the buyer, the public or the commissioner. The Commissioner of Consumer Protection may refuse to grant or renew a license to, or may suspend or revoke the license of, any health club which engages in any conduct prohibited by this chapter.

(c) If the commissioner refuses to grant or renew a license of any health club, the commissioner shall notify the applicant or licensee of the refusal, and of [his] the applicant's or licensee's right to request a hearing [within] not later than ten days [from] after the date of receipt of the notice of refusal. If the applicant or licensee requests a hearing within [ten days] such ten-day period, the commissioner shall give

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notice of the grounds for [his] the commissioner's refusal to grant or renew such license and shall conduct a hearing concerning such refusal in accordance with the provisions of chapter 54 concerning contested matters.

(d) The Attorney General at the request of the Commissioner of Consumer Protection [is authorized to] may apply in the name of the state of Connecticut to the Superior Court for an order temporarily or permanently restraining and enjoining any health club from operating in violation of any provision of this chapter.

Sec. 3. Subdivision (1) of subsection (a) of section 52-557b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2021*):

(a) (1) A person licensed to practice medicine and surgery under the provisions of chapter 370 or dentistry under the provisions of section 20-106 or members of the same professions licensed to practice in any other state of the United States, a person licensed as a registered nurse under section 20-93 or 20-94 or certified as a licensed practical nurse under section 20-96 or 20-97, a medical technician or any person operating a cardiopulmonary resuscitator or a person trained in cardiopulmonary resuscitation in accordance with the guidelines set forth by the American Red Cross or American Heart Association, or a person operating an automatic external defibrillator, who, voluntarily and gratuitously and other than in the ordinary course of such person's employment or practice, renders emergency medical or professional assistance to a person in need thereof, shall not be liable to such person assisted for civil damages for any personal injuries which result from acts or omissions by such person in rendering the emergency care, which may constitute ordinary negligence. A person or entity that provides or maintains an automatic external defibrillator shall not be liable for the acts or omissions of such person or entity in providing or maintaining the automatic external defibrillator, which may constitute

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ordinary negligence. A person or entity that provides or maintains an automatic external defibrillator in a cabinet, which also contains an opioid antagonist used to treat or prevent a drug overdose, shall not be liable for the acts or omissions of such person or entity in making available the opioid antagonist, which may constitute ordinary negligence. The immunity provided in this subsection does not apply to acts or omissions constituting gross, wilful or wanton negligence. With respect to the use of an automatic external defibrillator, the immunity provided in this subsection shall only apply to acts or omissions involving the use of an automatic external defibrillator in the rendering of emergency care, except a health club licensed pursuant to section 21a-223, as amended by this act, shall not be held liable on and after October 1, 2022, for acts or omissions involving the nonuse of the automatic external defibrillator. Nothing in this subsection shall be construed to exempt paid or volunteer firefighters, police officers or emergency medical services personnel from completing training in cardiopulmonary resuscitation or in the use of an automatic external defibrillator in accordance with the guidelines set forth by the American Red Cross or American Heart Association. For the purposes of this subsection, "automatic external defibrillator" means a device that: (A) Is used to administer an electric shock through the chest wall to the heart; (B) contains internal decision-making electronics, microcomputers or special software that allows it to interpret physiologic signals, make medical diagnosis and, if necessary, apply therapy; (C) guides the user through the process of using the device by audible or visual prompts; and (D) does not require the user to employ any discretion or judgment in its use.

Sec. 4. Section 19a-508a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2021*):

Upon admitting a patient to a hospital, hospital personnel shall promptly ask the patient whether the patient desires for his or her

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physician and any family member, caregiver or support person to be notified of the hospital admission. If the patient so desires, hospital personnel shall make reasonable efforts to notify the physician and any family member, caregiver or support person designated by the patient of the patient's hospital admission as soon as practicable, but not later than twenty-four hours after the patient's request. For purposes of this section, "hospital" has the same meaning as provided in section 19a-490; and "physician" means a person licensed under the provisions of chapter 370.

Sec. 5. Section 19a-285a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2021*):

(a) Any person who is seventeen years of age or older shall have the legal capacity, without written authorization of his or her parent or guardian, to donate blood or any component thereof and to consent to the withdrawal of blood from his or her body, in conjunction with any voluntary blood donation program.

(b) Any person who is sixteen years of age shall have the legal capacity, with written authorization of his or her parent or guardian, to donate blood or any component thereof and to consent to the withdrawal of blood from his or her body in conjunction with any voluntary blood donation program.

Sec. 6. Section 20-195ppp of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2021*):

The Department of Public Health may issue a temporary permit to an applicant for licensure as an art therapist who holds a graduate degree in art therapy or a related field. Such temporary permit shall authorize the holder of the temporary permit to practice art therapy under the general supervision of a licensed art therapist at all times during which the holder of the temporary permit performs art therapy. Such

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temporary permit shall be valid for a period not to exceed [three hundred sixty-five calendar days] two years after the date of attaining such graduate degree and shall not be renewable. No temporary permit shall be issued under this section to any applicant against whom professional disciplinary action is pending or who is the subject of an unresolved complaint in this state or any other state. The commissioner may revoke a temporary permit for good cause, as determined by the commissioner. The fee for a temporary permit shall be fifty dollars.

Sec. 7. (NEW) (*Effective July 1, 2021*) On or before January 1, 2022, the Commissioner of Public Health shall revise the application for a marriage license made under section 46b-25 of the general statutes and any marriage certificate issued on or after January 1, 2022, under section 7-51a of the general statutes to eliminate (1) the references to "bride" and "groom" and replace such references with "spouse one" and "spouse two", and (2) any reference to the race or ethnicity of a spouse and any race or ethnicity designation of a spouse.

Sec. 8. Section 19a-36i of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) No person, firm or corporation shall operate or maintain any food establishment where food or beverages are served or sold to the public in any town, city or borough without obtaining a valid permit or license to operate from the director of health of such town, city or borough, in a form and manner prescribed by the director of health. The director of health shall issue a permit [or license] to operate a food establishment upon receipt of an application if the food establishment meets the requirements of this section. All food establishments shall comply with the food code.

(b) All food establishments shall be inspected by a certified food inspector in a form and manner prescribed by the commissioner. The Commissioner of Public Health may, in consultation with the

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Commissioner of Consumer Protection, grant a variance for the requirements of the food code if the Commissioner of Public Health determines that such variance would not result in a health hazard or nuisance.

(c) No permit to operate a food establishment shall be issued by a director of health unless the applicant has provided the director of health with proof of registration with the department and a written application for a permit in a form and manner prescribed by the department. Temporary food establishments and certified farmers' markets, as defined in section 22-6r, shall be exempt from registering with the Department of Public Health.

(d) Each class 2 food establishment, class 3 food establishment and class 4 food establishment shall employ a certified food protection manager. No person shall serve as a certified food protection manager unless such person has satisfactorily passed a test as part of a food protection manager certification program that is evaluated and approved by an accrediting agency recognized by the Conference for Food Protection as conforming to its standards for accreditation of food protection manager certification programs. A certified food inspector shall verify that the food protection manager is certified upon inspection of the food establishment. The owner or manager of the food service establishment shall designate an alternate person or persons to be in charge at all times when the certified food protection manager cannot be present. The alternate person or persons in charge shall be responsible for ensuring the following: (1) All employees are in compliance with the requirements of this section; (2) foods are safely prepared in accordance with the requirements of the food code; (3) emergencies are managed properly; (4) a food inspector is admitted into the food establishment upon request; and (5) he or she receives and signs inspection reports.

(e) The commissioner shall collaborate with the directors of health to

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develop a process that allows for the reciprocal licensing of an itinerant food vending establishment that has obtained a valid permit or license under subsection (a) of this section and seeks to operate as an itinerant food vending establishment in another town, city or borough. Not later than [January 1, 2019] December 1, 2021, the commissioner shall submit a report, in accordance with the provisions of section 11-4a, to the joint standing committee of the General Assembly having cognizance of matters relating to public health, of the process developed pursuant to this subsection. Not later than [February 1, 2019] January 1, 2022, the commissioner and each director of health shall implement such process.

Sec. 9. (*Effective from passage*) (a) The Department of Mental Health and Addiction Services shall convene, within available appropriations, a working group, which shall include members of the joint standing committee of the General Assembly having cognizance of matters relating to public health, to study the health benefits of psilocybin. Such study shall include, but need not be limited to, an examination of whether the use of psilocybin by a person under the direction of a health care provider may be beneficial to the person's physical or mental well-being. As used in this subsection, "psilocybin" means the chemical compound obtained from certain types of hallucinogenic mushrooms that grow naturally in regions of Europe, South America, Mexico and the United States.

(b) Not later than January 1, 2022, the working group shall submit a report on its findings and recommendations to the joint standing committee of the General Assembly having cognizance of matters relating to public health, in accordance with the provisions of section 11-4a of the general statutes. The working group shall terminate on the date that it submits such report or January 1, 2022, whichever is later.

Sec. 10. Section 19a-504c of the general statutes is amended by adding subsection (f) as follows (*Effective July 1, 2021*):

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(NEW) (f) If the patient agrees, the written discharge materials referenced in this section may include electronic-only versions, and acknowledgment of any such written discharge materials may be documented through electronic means.

Approved June 7, 2021