



General Assembly

January Session, 2021

Raised Bill No. 6666

LCO No. 5823



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

***AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S
RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE
PUBLIC HEALTH STATUTES.***

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

1 Section 1. Section 73 of public act 19-117 is repealed and the following
2 is substituted in lieu thereof (*Effective October 1, 2021*):

3 Notwithstanding any provision of title 19a or 25 of the general
4 statutes, [and not later than March 1, 2020,] a director of health of a town,
5 city or borough or of a district department of health appointed pursuant
6 to section 19a-200 or 19a-242 of the general statutes may issue a permit
7 for a replacement public well if the Department of Public Health has
8 approved such replacement public well pursuant to subsection (b) of
9 section 25-33 of the general statutes, as amended by this act. For
10 purposes of this section, "replacement public well" means a public well
11 that (1) replaces an existing public well, [in a town in southeastern
12 Connecticut with a population between fifteen thousand and fifteen
13 thousand three hundred, as enumerated by the 2010 federal decennial
14 census,] and (2) does not meet the sanitary radius and minimum setback

15 requirements as specified in the regulations of Connecticut State
16 Agencies.

17 Sec. 2. Subsection (b) of section 25-33 of the general statutes is
18 repealed and the following is substituted in lieu thereof (*Effective October*
19 *1, 2021*):

20 (b) No system of water supply owned or used by a water company
21 shall be constructed or expanded or a new additional source of water
22 supply utilized until the plans therefor have been submitted to and
23 reviewed and approved by the department, except that no such prior
24 review or approval is required for distribution water main installations
25 that are constructed in accordance with sound engineering standards
26 and all applicable laws and regulations. A plan for any proposed new
27 source of water supply submitted to the department pursuant to this
28 subsection shall include documentation that provides for: (1) A brief
29 description of potential effects that the proposed new source of water
30 supply may have on nearby water supply systems including public and
31 private wells; and (2) the water company's ownership or control of the
32 proposed new source of water supply's sanitary radius and minimum
33 setback requirements as specified in the regulations of Connecticut state
34 agencies and that such ownership or control shall continue to be
35 maintained as specified in such regulations. If the department
36 determines, based upon documentation provided, that the water
37 company does not own or control the proposed new source of water
38 supply's sanitary radius or minimum setback requirements as specified
39 in the regulations of Connecticut state agencies, the department shall
40 require the water company proposing a new source of water supply to
41 supply additional documentation to the department that adequately
42 demonstrates the alternative methods that will be utilized to assure the
43 proposed new source of water supply's long-term purity and adequacy.
44 In reviewing any plan for a proposed new source of water supply, the
45 department shall consider the issues specified in this subsection. The
46 Commissioner of Public Health may adopt regulations, in accordance
47 with the provisions of chapter 54, to carry out the provisions of this
48 subsection and subsection (c) of this section. For purposes of this

49 subsection and subsection (c) of this section, "distribution water main
50 installations" means installations, extensions, replacements or repairs of
51 public water supply system mains from which water is or will be
52 delivered to one or more service connections and which do not require
53 construction or expansion of pumping stations, storage facilities,
54 treatment facilities or sources of supply. Notwithstanding the
55 provisions of this subsection, the department may approve any location
56 of a replacement public well, if such replacement public well is (A)
57 necessary for the water company to maintain and provide to its
58 consumers a safe and adequate water supply, (B) located in an aquifer
59 of adequate water quality determined by historical water quality data
60 from the source of water supply it is replacing, and (C) in a more
61 protected location when compared to the source of water supply it is
62 replacing, as determined by the department. For purposes of this
63 subsection, "replacement public well" means a public well that (i)
64 replaces an existing public well, [in a town in southeastern Connecticut
65 with a population between fifteen thousand and fifteen thousand three
66 hundred, as enumerated by the 2010, federal decennial census,] and (ii)
67 does not meet the sanitary radius and minimum setback requirements
68 as specified in the regulations of Connecticut state agencies.

69 Sec. 3. Section 8-3i of the general statutes is repealed and the
70 following is substituted in lieu thereof (*Effective October 1, 2021*):

71 (a) As used in this section "water company" means a water company,
72 as defined in section 25-32a, and "petition" includes a petition or
73 proposal to change the regulations, boundaries or classifications of
74 zoning districts.

75 (b) When an application, petition, request or plan is filed with the
76 zoning commission, planning and zoning commission or zoning board
77 of appeals of any municipality concerning any project on any site that is
78 within the aquifer protection area delineated pursuant to section 22a-
79 354c or the watershed of a water company, the applicant or the person
80 making the filing shall: (1) [provide] Provide written notice of the
81 application, petition, request or plan to the water company and the

82 [Commissioner of Public Health in a format prescribed by said
83 commissioner, provided such water company or said commissioner has
84 filed a map showing the boundaries of the watershed on the land
85 records of the municipality in which the application, petition, request or
86 plan is made and with the planning commission, zoning commission,
87 planning and zoning commission or zoning board of appeals of such
88 municipality or the aquifer protection area has been delineated in
89 accordance with section 22a-354c, as the case may be] Department of
90 Public Health; and (2) determine if the project is within the watershed
91 of a water company by consulting the maps posted on the department's
92 Internet web site showing the boundaries of the watershed. Such notice
93 shall be [made] sent to the water company by certified mail, return
94 receipt requested, and to the department by electronic mail to the
95 electronic mail address designated on its Internet web site for receipt of
96 such notice. Such notice shall be mailed not later than seven days after
97 the date of the application. Such water company and the Commissioner
98 of Public Health may, through a representative, appear and be heard at
99 any hearing on any such application, petition, request or plan.

100 (c) Notwithstanding the provisions of subsection (b) of this section,
101 when an agent of the zoning commission, planning and zoning
102 commission or zoning board of appeals is authorized to approve an
103 application, petition, request or plan concerning any site that is within
104 the aquifer protection area delineated pursuant to section 22a-354c or
105 the watershed of a water company without the approval of the zoning
106 commission, planning and zoning commission or zoning board of
107 appeals, and such agent determines that the proposed activity will not
108 adversely affect the public water supply, the applicant or person making
109 the filing shall not be required to notify the water company or the
110 [Commissioner] Department of Public Health.

111 Sec. 4. Section 22a-42f of the general statutes is repealed and the
112 following is substituted in lieu thereof (*Effective October 1, 2021*):

113 When an application is filed to conduct or cause to be conducted a
114 regulated activity upon an inland wetland or watercourse, any portion

115 of which is within the watershed of a water company as defined in
116 section 25-32a, the applicant shall: (1) [provide] Provide written notice
117 of the application to the water company and the [Commissioner of
118 Public Health in a format prescribed by said commissioner, provided
119 such water company or said commissioner has filed a map showing the
120 boundaries of the watershed on the land records of the municipality in
121 which the application is made and with the inland wetlands agency of
122 such municipality] Department of Public Health; and (2) determine if
123 the project is within the watershed of a water company by consulting
124 the maps posted on the department's Internet web site showing the
125 boundaries of the watershed. Such notice shall be [made] sent to the
126 water company by certified mail, return receipt requested, and to the
127 department by electronic mail to the electronic mail address designated
128 by the department on its Internet web site for receipt of such notice. Such
129 notice shall be mailed not later than seven days after the date of the
130 application. The water company and the Commissioner of Public
131 Health, through a representative, may appear and be heard at any
132 hearing on the application.

133 Sec. 5. Section 19a-111 of the general statutes is repealed and the
134 following is substituted in lieu thereof (*Effective October 1, 2021*):

135 Upon receipt of each report of confirmed venous blood lead level
136 equal to or greater than twenty micrograms per deciliter of blood, the
137 local director of health shall make or cause to be made an
138 epidemiological investigation of the source of the lead causing the
139 increased lead level or abnormal body burden and shall order action to
140 be taken by the appropriate person responsible for the condition that
141 brought about such lead poisoning as may be necessary to prevent
142 further exposure of persons to such poisoning. In the case of any
143 residential unit where such action will not result in removal of the
144 hazard within a reasonable time, the local director of health shall utilize
145 such community resources as are available to effect relocation of any
146 family occupying such unit. The local director of health may permit
147 occupancy in said residential unit during abatement if, in such director's
148 judgment, occupancy would not threaten the health and well-being of

149 the occupants. The local director of health shall, not later than thirty
150 days after the conclusion of such director's investigation, report to the
151 Commissioner of Public Health, using a web-based surveillance system
152 as prescribed by the commissioner, the result of such investigation and
153 the action taken to ensure against further lead poisoning from the same
154 source, including any measures taken to effect relocation of families.
155 Such report shall include information relevant to the identification and
156 location of the source of lead poisoning and such other information as
157 the commissioner may require pursuant to regulations adopted in
158 accordance with the provisions of chapter 54. The commissioner shall
159 maintain comprehensive records of all reports submitted pursuant to
160 this section and section 19a-110. Such records shall be geographically
161 indexed in order to determine the location of areas of relatively high
162 incidence of lead poisoning. The commissioner shall establish, in
163 conjunction with recognized professional medical groups, guidelines
164 consistent with the National Centers for Disease Control and Prevention
165 for assessment of the risk of lead poisoning, screening for lead poisoning
166 and treatment and follow-up care of individuals including children with
167 lead poisoning, women who are pregnant and women who are planning
168 pregnancy. Nothing in this section shall be construed to prohibit a local
169 building official from requiring abatement of sources of lead.

170 Sec. 6. Section 19a-37 of the general statutes is repealed and the
171 following is substituted in lieu thereof (*Effective October 1, 2021*):

172 (a) As used in this section:

173 (1) "Laboratory or firm" means an environmental laboratory
174 registered by the Department of Public Health pursuant to section 19a-
175 29a;

176 (2) "Private well" means a water supply well that meets all of the
177 following criteria: (A) Is not a public well; (B) supplies a residential
178 population of less than twenty-five persons per day; and (C) is owned
179 or controlled through an easement or by the same entity that owns or
180 controls the building or parcel that is served by the water supply well;

181 (3) "Public well" means a water supply well that supplies a public
182 water system;

183 (4) "Semipublic well" means a water supply well that (A) does not
184 meet the definition of a private well or public well, and (B) provides
185 water for drinking and other domestic purposes; and

186 (5) "Water supply well" means an artificial excavation constructed by
187 any method for the purpose of obtaining or providing water for
188 drinking or other domestic, industrial, commercial, agricultural,
189 recreational or irrigation use, or other outdoor water use.

190 (b) The Commissioner of Public Health may adopt regulations in the
191 [Public Health Code] regulations of Connecticut state agencies for the
192 preservation of the public health pertaining to (1) protection and
193 location of new water supply wells or springs for residential or
194 nonresidential construction or for public or semipublic use, and (2)
195 inspection for compliance with the provisions of municipal regulations
196 adopted pursuant to section 22a-354p.

197 (c) The Commissioner of Public Health shall adopt regulations, in
198 accordance with chapter 54, for the testing of water quality in private
199 [residential] wells and semipublic wells. Any laboratory or firm which
200 conducts a water quality test on a private well serving a residential
201 property or semipublic well shall, not later than thirty days after the
202 completion of such test, report the results of such test to (1) the public
203 health authority of the municipality where the property is located, and
204 (2) the Department of Public Health in a format specified by the
205 department, provided such report shall only be required if the party for
206 whom the laboratory or firm conducted such test informs the laboratory
207 or firm identified on the chain of custody documentation submitted
208 with the test samples that the test was conducted in connection with the
209 sale of such property. No regulation may require such a test to be
210 conducted as a consequence or a condition of the sale, exchange,
211 transfer, purchase or rental of the real property on which the private
212 [residential] well or semipublic well is located.

213 (d) Prior to the sale, exchange, purchase, transfer or rental of real
214 property on which a [residential] private or semipublic well is located,
215 the owner shall provide the buyer or tenant notice that educational
216 material concerning private well testing is available on the Department
217 of Public Health web site. Failure to provide such notice shall not
218 invalidate any sale, exchange, purchase, transfer or rental of real
219 property. If the seller or landlord provides such notice in writing, the
220 seller or landlord and any real estate licensee shall be deemed to have
221 fully satisfied any duty to notify the buyer or tenant that the subject real
222 property is located in an area for which there are reasonable grounds for
223 testing under subsection (g) or (j) of this section.

224 (e) The Commissioner of Public Health shall adopt regulations, in
225 accordance with chapter 54, to clarify the criteria under which the
226 commissioner may issue a well permit exception and to describe the
227 terms and conditions that shall be imposed when a well is allowed at a
228 premises (1) that is connected to a public water supply system, or (2)
229 whose boundary is located within two hundred feet of an approved
230 community water supply system, measured along a street, alley or
231 easement. Such regulations shall (A) provide for notification of the
232 permit to the public water supplier, (B) address the quality of the water
233 supplied from the well, the means and extent to which the well shall not
234 be interconnected with the public water supply, the need for a physical
235 separation, and the installation of a reduced pressure device for
236 backflow prevention, the inspection and testing requirements of any
237 such reduced pressure device, and (C) identify the extent and frequency
238 of water quality testing required for the well supply.

239 (f) No regulation may require that a certificate of occupancy for a
240 dwelling unit on such residential property be withheld or revoked on
241 the basis of a water quality test performed on a private [residential] well
242 pursuant to this section, unless such test results indicate that any
243 maximum contaminant level applicable to public water supply systems
244 for any contaminant listed in the [public health code] regulations of
245 Connecticut state agencies has been exceeded. No administrative
246 agency, health district or municipal health officer may withhold or

247 cause to be withheld such a certificate of occupancy except as provided
248 in this section.

249 (g) The local director of health may require a private [residential] well
250 or semipublic well to be tested for arsenic, radium, uranium, radon or
251 gross alpha emitters, when there are reasonable grounds to suspect that
252 such contaminants are present in the groundwater. For purposes of this
253 subsection, "reasonable grounds" means (1) the existence of a geological
254 area known to have naturally occurring arsenic, radium, uranium,
255 radon or gross alpha emitter deposits in the bedrock; or (2) the well is
256 located in an area in which it is known that arsenic, radium, uranium,
257 radon or gross alpha emitters are present in the groundwater.

258 (h) Except as provided in subsection (i) of this section, the collection
259 of samples for determining the water quality of private [residential]
260 wells and semipublic wells may be made only by (1) employees of a
261 laboratory or firm certified or approved by the Department of Public
262 Health to test drinking water, if such employees have been trained in
263 sample collection techniques, (2) certified water operators, (3) local
264 health departments and state employees trained in sample collection
265 techniques, or (4) individuals with training and experience that the
266 Department of Public Health deems sufficient.

267 (i) Any owner of a residential construction, including, but not limited
268 to, a homeowner, on which a private [residential] well is located or any
269 general contractor of a new residential construction on which a private
270 [residential] well is located may collect samples of well water for
271 submission to a laboratory or firm for the purposes of testing water
272 quality pursuant to this section, provided (1) such laboratory or firm has
273 provided instructions to said owner or general contractor on how to
274 collect such samples, and (2) such owner or general contractor is
275 identified to the subsequent owner on a form to be prescribed by the
276 Department of Public Health. No regulation may prohibit or impede
277 such collection or analysis.

278 (j) The local director of health may require private [residential] wells

279 and semipublic wells to be tested for pesticides, herbicides or organic
280 chemicals when there are reasonable grounds to suspect that any such
281 contaminants might be present in the groundwater. For purposes of this
282 subsection, "reasonable grounds" means (1) the presence of nitrate-
283 nitrogen in the groundwater at a concentration greater than ten
284 milligrams per liter, or (2) that the private [residential] well or
285 semipublic well is located on land, or in proximity to land, associated
286 with the past or present production, storage, use or disposal of organic
287 chemicals as identified in any public record.

288 (k) Any water transported in bulk by any means to a premises
289 currently supplied by a private well or semipublic well where the water
290 is to be used for purposes of drinking or domestic use shall be provided
291 by a bulk water hauler licensed pursuant to section 20-278h. No bulk
292 water hauler shall deliver water without first notifying the owner of the
293 premises of such delivery. Bulk water hauling to a premises currently
294 supplied by a private well or semipublic well shall be permitted only as
295 a temporary measure to alleviate a water supply shortage.

296 Sec. 7. Section 19a-524 of the general statutes is repealed and the
297 following is substituted in lieu thereof (*Effective October 1, 2021*):

298 If, upon review, investigation or inspection pursuant to section 19a-
299 498, the Commissioner of Public Health determines that a nursing home
300 facility or residential care home has violated any provision of section
301 17a-411, 19a-491a to 19a-491c, inclusive, as amended by this act, 19a-
302 493a, 19a-521 to 19a-529, inclusive, 19a-531 to 19a-551, inclusive, or 19a-
303 553 to 19a-555, inclusive, or any provision of any regulation of
304 Connecticut state agencies relating to licensure, the Fire Safety Code or
305 the operation or maintenance of a nursing home facility or residential
306 care home, which violation has been classified in accordance with
307 section 19a-527, the commissioner may immediately issue or cause to be
308 issued a citation to the licensee of such nursing home facility or
309 residential care home. Governmental immunity shall not be a defense to
310 any citation issued or civil penalty imposed pursuant to this section or
311 sections 19-525 to 19a-528, inclusive. Each such citation shall be in

312 writing, provide notice of the nature and scope of the alleged violation
313 or violations, and include, but not be limited to, the citation and notice
314 of noncompliance issued in accordance with section 19a-496. Each
315 citation and notice of noncompliance issued under this section shall be
316 sent to the licensee electronically in a form and manner prescribed by
317 the commissioner or by certified mail [to the licensee] at the address of
318 the nursing home facility or residential care home in issue. A copy of
319 such citation and notice of noncompliance shall also be sent to the
320 licensed administrator at the address of the nursing home facility or
321 residential care home.

322 Sec. 8. Subdivision (2) of subsection (c) of section 19a-491c of the
323 general statutes is repealed and the following is substituted in lieu
324 thereof (*Effective July 1, 2021*):

325 (2) No long-term care facility shall be required to comply with the
326 provisions of this subsection if (A) the individual provides evidence to
327 the long-term care facility that such individual submitted to a
328 background search conducted pursuant to subdivision (1) of this
329 subsection not more than three years immediately preceding the date
330 such individual applies for employment, seeks to enter into a contract
331 or begins volunteering with the long-term care facility and that the prior
332 background search confirmed that the individual did not have a
333 disqualifying offense, or (B) the commissioner determines the need to
334 temporarily suspend the requirements of this subsection in the event of
335 an emergency or significant disruption. The commissioner shall inform
336 the long-term care facility when the commissioner has suspended the
337 requirements of this subsection pursuant to subparagraph (B) of this
338 subdivision and when such suspension is rescinded.

339 Sec. 9. Section 19a-177 of the general statutes is repealed and the
340 following is substituted in lieu thereof (*Effective October 1, 2021*):

341 The commissioner shall:

342 (1) With the advice of the Office of Emergency Medical Services
343 established pursuant to section 19a-178 and of an advisory committee

344 on emergency medical services and with the benefit of meetings held
345 pursuant to subsection (b) of section 19a-184, adopt every five years a
346 state-wide plan for the coordinated delivery of emergency medical
347 services;

348 (2) License or certify the following: (A) Ambulance operations,
349 ambulance drivers, emergency medical services personnel and
350 communications personnel; (B) emergency room facilities and
351 communications facilities; and (C) transportation equipment, including
352 land, sea and air vehicles used for transportation of patients to
353 emergency facilities and periodically inspect life saving equipment,
354 emergency facilities and emergency transportation vehicles to ensure
355 state standards are maintained;

356 (3) Annually inventory emergency medical services resources within
357 the state, including facilities, equipment, and personnel, for the
358 purposes of determining the need for additional services and the
359 effectiveness of existing services;

360 (4) Review and evaluate all area-wide plans developed by the
361 emergency medical services councils pursuant to section 19a-182 in
362 order to insure conformity with standards issued by the commissioner;

363 (5) Not later than thirty days after their receipt, review all grant and
364 contract applications for federal or state funds concerning emergency
365 medical services or related activities for conformity to policy guidelines
366 and forward such application to the appropriate agency, when required;

367 (6) Establish such minimum standards and adopt such regulations in
368 accordance with the provisions of chapter 54, as may be necessary to
369 develop the following components of an emergency medical service
370 system: (A) Communications, which shall include, but not be limited to,
371 equipment, radio frequencies and operational procedures; (B)
372 transportation services, which shall include, but not be limited to,
373 vehicle type, design, condition and maintenance, and operational
374 procedures; (C) training, which shall include, but not be limited to,
375 emergency medical services personnel, communications personnel,

376 paraprofessionals associated with emergency medical services,
377 firefighters and state and local police; (D) emergency medical service
378 facilities, which shall include, but not be limited to, categorization of
379 emergency departments as to their treatment capabilities and ancillary
380 services; and (E) mobile integrated health care programs, which shall
381 include, but not be limited to, the standards to ensure the health, safety
382 and welfare of the patients being served by such programs and data
383 collection and reporting requirements to ensure and measure quality
384 outcomes of such programs;

385 (7) Coordinate training of all emergency medical services personnel;

386 (8) (A) Develop an emergency medical services data collection
387 system. Each emergency medical service organization licensed or
388 certified pursuant to this chapter shall submit data to the commissioner,
389 on a quarterly basis, from each licensed ambulance service, certified
390 ambulance service or paramedic intercept service that provides
391 emergency medical services. Such submitted data shall include, but not
392 be limited to: (i) The total number of calls for emergency medical
393 services received by such licensed ambulance service, certified
394 ambulance service or paramedic intercept service through the 9-1-1
395 system during the reporting period; (ii) each level of emergency medical
396 services, as defined in regulations adopted pursuant to section 19a-179,
397 required for each such call; (iii) the response time for each licensed
398 ambulance service, certified ambulance service or paramedic intercept
399 service during the reporting period; (iv) the number of passed calls,
400 cancelled calls and mutual aid calls, both made and received, during the
401 reporting period; and (v) for the reporting period, the prehospital data
402 for the nonscheduled transport of patients required by regulations
403 adopted pursuant to subdivision (6) of this section. The data required
404 under this subdivision may be submitted in any electronic form selected
405 by such licensed ambulance service, certified ambulance service or
406 paramedic intercept service and approved by the commissioner,
407 provided the commissioner shall take into consideration the needs of
408 such licensed ambulance service, certified ambulance service or
409 paramedic intercept service in approving such electronic form. The

410 commissioner may conduct an audit of any such licensed ambulance
411 service, certified ambulance service or paramedic intercept service as
412 the commissioner deems necessary in order to verify the accuracy of
413 such reported data.

414 (B) On or before December 31, 2018, and annually thereafter, the
415 commissioner shall prepare a report to the Emergency Medical Services
416 Advisory Board, established pursuant to section 19a-178a, as amended
417 by this act, that shall include, but not be limited to, the following data:
418 (i) The total number of calls for emergency medical services received
419 during the reporting year by each licensed ambulance service, certified
420 ambulance service or paramedic intercept service; (ii) the level of
421 emergency medical services required for each such call; (iii) the name of
422 the emergency medical service organization that provided each such
423 level of emergency medical services furnished during the reporting
424 year; (iv) the response time, by time ranges or fractile response times,
425 for each licensed ambulance service, certified ambulance service or
426 paramedic intercept service, using a common definition of response
427 time, as provided in regulations adopted pursuant to section 19a-179;
428 and (v) the number of passed calls, cancelled calls and mutual aid calls
429 during the reporting year. The commissioner shall prepare such report
430 in a format that categorizes such data for each municipality in which the
431 emergency medical services were provided, with each such
432 municipality grouped according to urban, suburban and rural
433 classifications.

434 (C) If any licensed ambulance service, certified ambulance service or
435 paramedic intercept service does not submit the data required under
436 subparagraph (A) of this subdivision for a period of six consecutive
437 months, or if the commissioner believes that such licensed ambulance
438 service, certified ambulance service or paramedic intercept service
439 knowingly or intentionally submitted incomplete or false data, the
440 commissioner shall issue a written order directing such licensed
441 ambulance service, certified ambulance service or paramedic intercept
442 service to comply with the provisions of subparagraph (A) of this
443 subdivision and submit all missing data or such corrected data as the

444 commissioner may require. If such licensed ambulance service, certified
445 ambulance service or paramedic intercept service fails to fully comply
446 with such order not later than three months from the date such order is
447 issued, the commissioner (i) shall conduct a hearing, in accordance with
448 chapter 54, at which such licensed ambulance service, certified
449 ambulance service or paramedic intercept service shall be required to
450 show cause why the primary service area assignment of such licensed
451 ambulance service, certified ambulance service or paramedic intercept
452 service should not be revoked, and (ii) may take such disciplinary action
453 under section 19a-17 as the commissioner deems appropriate.

454 (D) The commissioner shall collect the data required by
455 subparagraph (A) of this subdivision, in the manner provided in said
456 subparagraph, from each emergency medical service organization
457 licensed or certified pursuant to this chapter. Any such emergency
458 medical service organization that fails to comply with the provisions of
459 this section shall be liable for a civil penalty not to exceed one hundred
460 dollars per day for each failure to report the required data regarding
461 emergency medical services provided to a patient, as determined by the
462 commissioner. The civil penalties set forth in this subparagraph shall be
463 assessed only after the department provides a written notice of
464 deficiency and the organization is afforded the opportunity to respond
465 to such notice. An organization shall have not more than fifteen business
466 days after the date of receiving such notice to provide a written response
467 to the department. The commissioner may adopt regulations, in
468 accordance with chapter 54, concerning the development,
469 implementation, monitoring and collection of emergency medical
470 service system data. All state agencies licensed or certified as emergency
471 medical service organizations shall be exempt from the civil penalties
472 set forth in this subparagraph.

473 (E) The commissioner shall, with the recommendation of the
474 Connecticut Emergency Medical Services Advisory Board established
475 pursuant to section 19a-178a, as amended by this act, adopt for use in
476 trauma data collection the most recent version of the National Trauma
477 Data Bank's National Trauma Data Standards and Data Dictionary and

478 nationally recognized guidelines for field triage of injured patients;

479 (9) (A) Establish rates for the conveyance and treatment of patients
480 by licensed ambulance services and invalid coaches and establish
481 emergency service rates for certified ambulance services and paramedic
482 intercept services, provided (i) the present rates established for such
483 services and vehicles shall remain in effect until such time as the
484 commissioner establishes a new rate schedule as provided in this
485 subdivision, and (ii) any rate increase not in excess of the Medical Care
486 Services Consumer Price Index, as published by the Bureau of Labor
487 Statistics of the United States Department of Labor, for the prior year,
488 filed in accordance with subparagraph (B)(iii) of this subdivision shall
489 be deemed approved by the commissioner. For purposes of this
490 subdivision, licensed ambulance services and paramedic intercept
491 services shall not include emergency air transport services or mobile
492 integrated health care programs.

493 (B) Adopt regulations, in accordance with the provisions of chapter
494 54, establishing methods for setting rates and conditions for charging
495 such rates. Such regulations shall include, but not be limited to,
496 provisions requiring that on and after July 1, 2000: (i) Requests for rate
497 increases may be filed no more frequently than once a year, except that,
498 in any case where an agency's schedule of maximum allowable rates
499 falls below that of the Medicare allowable rates for that agency, the
500 commissioner shall immediately amend such schedule so that the rates
501 are at or above the Medicare allowable rates; (ii) only licensed
502 ambulance services, certified ambulance services and paramedic
503 intercept services that apply for a rate increase in excess of the Medical
504 Care Services Consumer Price Index, as published by the Bureau of
505 Labor Statistics of the United States Department of Labor, for the prior
506 year, and do not accept the maximum allowable rates contained in any
507 voluntary state-wide rate schedule established by the commissioner for
508 the rate application year shall be required to file detailed financial
509 information with the commissioner, provided any hearing that the
510 commissioner may hold concerning such application shall be conducted
511 as a contested case in accordance with chapter 54; (iii) licensed

512 ambulance services, certified ambulance services and paramedic
513 intercept services that do not apply for a rate increase in any year in
514 excess of the Medical Care Services Consumer Price Index, as published
515 by the Bureau of Labor Statistics of the United States Department of
516 Labor, for the prior year, or that accept the maximum allowable rates
517 contained in any voluntary state-wide rate schedule established by the
518 commissioner for the rate application year shall, not later than the last
519 business day in August of such year, file with the commissioner a
520 statement of emergency and nonemergency call volume, and, in the case
521 of a licensed ambulance service, certified ambulance service or
522 paramedic intercept service that is not applying for a rate increase, a
523 written declaration by such licensed ambulance service, certified
524 ambulance service or paramedic intercept service that no change in its
525 currently approved maximum allowable rates will occur for the rate
526 application year; and (iv) detailed financial and operational information
527 filed by licensed ambulance services, certified ambulance services and
528 paramedic intercept services to support a request for a rate increase in
529 excess of the Medical Care Services Consumer Price Index, as published
530 by the Bureau of Labor Statistics of the United States Department of
531 Labor, for the prior year, shall cover the time period pertaining to the
532 most recently completed fiscal year and the rate application year of the
533 licensed ambulance service, certified ambulance service or paramedic
534 intercept service.

535 (C) Establish rates for licensed ambulance services, certified
536 ambulance services or paramedic intercept services for the following
537 services and conditions: (i) "Advanced life support assessment" and
538 "specialty care transports", which terms have the meanings provided in
539 42 CFR 414.605; and (ii) mileage, which may include mileage for an
540 ambulance transport when the point of origin and final destination for
541 a transport is within the boundaries of the same municipality. The rates
542 established by the commissioner for each such service or condition shall
543 be equal to (I) the ambulance service's base rate plus its established
544 advanced life support/paramedic surcharge when advanced life
545 support assessment services are performed; (II) two hundred twenty-

546 five per cent of the ambulance service's established base rate for
547 specialty care transports; and (III) "loaded mileage", as the term is
548 defined in 42 CFR 414.605, multiplied by the ambulance service's
549 established rate for mileage. Such rates shall remain in effect until such
550 time as the commissioner establishes a new rate schedule as provided
551 in this subdivision.

552 (D) Establish rates for the treatment and release of patients by a
553 licensed or certified emergency medical services organization or a
554 provider who does not transport such patients to an emergency
555 department and who is operating within the scope of such
556 organization's or provider's practice and following protocols approved
557 by the sponsor hospital. The rates established pursuant to this
558 subparagraph shall not apply to the treatment provided to patients
559 through mobile integrated health care programs;

560 (10) Establish primary service areas and assign in writing a primary
561 service area responder for each primary service area. Each state-owned
562 campus having an acute care hospital on the premises shall be
563 designated as the primary service area responder for that campus;

564 (11) Revoke primary service area assignments upon determination by
565 the commissioner that it is in the best interests of patient care to do so;
566 [and]

567 (12) Annually issue a list of minimum equipment requirements for
568 [ambulances and rescue vehicles] authorized emergency medical
569 services vehicles based upon current national standards. The
570 commissioner shall distribute such list to all emergency medical service
571 organizations and sponsor hospital medical directors and make such list
572 available to other interested stakeholders. Emergency medical service
573 organizations shall have one year from the date of issuance of such list
574 to comply with the minimum equipment requirements; and

575 (13) The commissioner may waive any provisions of the regulations
576 affecting an emergency medical service organization, as defined in
577 section 19a-175, if the commissioner determines that such waiver would

578 not endanger the health, safety or welfare of any patient or resident. The
579 commissioner may impose conditions, upon granting the waiver, that
580 assure the health, safety or welfare of patients or residents and may
581 revoke the waiver upon a finding that the health, safety or welfare of
582 any patient or resident has been jeopardized. The commissioner may
583 adopt regulations, in accordance with the provisions of chapter 54,
584 establishing procedures for an application for a waiver pursuant to this
585 subdivision.

586 Sec. 10. Section 20-207 of the general statutes is repealed and the
587 following is substituted in lieu thereof (*Effective October 1, 2021*):

588 As used in this chapter, unless the context otherwise requires, the
589 following terms shall have the meanings specified:

590 (1) "Board" means the Connecticut Board of Examiners of Embalmers
591 and Funeral Directors;

592 (2) "Person" means an individual or corporation, but not a
593 partnership;

594 (3) "Funeral directing" means the business, practice or profession, as
595 commonly practiced, of (A) directing or supervising funerals, or
596 providing funeral services; (B) handling or encasing or providing
597 services for handling and encasing dead human bodies, otherwise than
598 by embalming, for burial or disposal; (C) providing embalming services;
599 (D) providing transportation, interment and disinterment of dead
600 human bodies; (E) maintaining an establishment so located, constructed
601 and equipped as to permit the decent and sanitary handling of dead
602 human bodies, with suitable equipment in such establishment for such
603 handling; (F) conducting an establishment from which funerals may be
604 held; (G) engaging in consultations concerning arrangements for the
605 disposition of human remains, including, but not limited to,
606 arrangements for cremation or alkaline hydrolysis; (H) casketing human
607 remains; (I) making cemetery and cremation arrangements; and (J)
608 preparing funeral service contracts, as defined in section 42-200;

609 (4) "Funeral director" means any person engaged or holding himself
610 or herself out as engaged in funeral directing whether or not he or she
611 uses in connection with his or her name or business the words "funeral
612 director," "undertaker" or "mortician" or any other word or title
613 intended to designate him or her as a funeral director or mortician or as
614 one so engaged;

615 (5) "Funeral service business" means the business, practice or
616 profession of funeral directing;

617 (6) "Licensed embalmer" means an embalmer holding a license as
618 provided in this chapter;

619 (7) "Licensed funeral director" means a funeral director holding a
620 license as provided in this chapter;

621 (8) ["Student embalmer"] "Registered apprentice embalmer" means a
622 person [studying embalming and] registered with the Department of
623 Public Health as an apprentice pursuant to the provisions of this
624 chapter;

625 (9) ["Student funeral director"] "Registered apprentice funeral
626 director" means a person [studying the funeral service business and]
627 registered with the Department of Public Health as an apprentice
628 pursuant to the provisions of this chapter;

629 (10) "Full-time employment" means regular and steady work during
630 the normal working hours by any person at the establishment at which
631 he is employed; and

632 (11) "Manager" means an individual who (A) is licensed as an
633 embalmer or funeral director pursuant to this chapter and (B) has direct
634 and personal responsibility for the daily operation and management of
635 a funeral service business.

636 Sec. 11. Section 20-212 of the general statutes is repealed and the
637 following is substituted in lieu thereof (*Effective October 1, 2021*):

638 No person, except a licensed embalmer, shall inject any fluid or
639 substance into any dead human body, except that a registered [student]
640 apprentice embalmer may, even if not in the presence of a licensed
641 embalmer, make such injection or perform any other act under [his]
642 such licensed embalmer's instruction; and no person, firm or
643 corporation shall enter, engage in, carry on or manage for another the
644 business of caring for, preserving or disposing of dead human bodies
645 until each person, firm or corporation so engaged has obtained from the
646 Department of Public Health and holds a license as provided in this
647 chapter; nor shall any person be employed to remove a dead human
648 body, except a licensed embalmer, a registered [student] apprentice
649 embalmer, a licensed funeral director, or a person authorized in each
650 instance by the Chief Medical Examiner, Deputy Medical Examiner or
651 assistant medical examiner incidental to examining the body of a
652 deceased person, except that once a dead human body has been
653 prepared in accordance with the [Public Health Code] regulations of
654 Connecticut state agencies and the applicable provisions of the general
655 statutes, an embalmer or funeral director licensed in this state may
656 authorize an unlicensed employee to transport such body. Nothing in
657 this section shall be construed to prohibit any person licensed as an
658 embalmer or as a funeral director under the laws of another state from
659 bringing into or removing from this state a dead human body, provided
660 any and all other laws of this state relative to such body have been
661 complied with. Nothing in this chapter shall be construed to prohibit
662 any student who is enrolled in a program of education in mortuary
663 science, approved by the board, with the consent of the Commissioner
664 of Public Health, from embalming up to ten human bodies under the
665 supervision of a licensed embalmer and incidental to such student's
666 course of study.

667 Sec. 12. Subsections (a) and (b) of section 20-213 of the general statutes
668 are repealed and the following is substituted in lieu thereof (*Effective*
669 *October 1, 2021*):

670 (a) (1) After a [student] registered apprentice embalmer has (A)
671 completed a program of education in mortuary science approved by the

672 board with the consent of the Commissioner of Public Health, (B)
673 successfully completed an examination prescribed by the Department
674 of Public Health with the consent of the board, (C) completed one year
675 of practical training and experience of a grade and character satisfactory
676 to the commissioner in the state in full-time employment under the
677 personal supervision and instruction of an embalmer licensed under the
678 provisions of this chapter, and (D) embalmed fifty human bodies in not
679 more than two years under the supervision of a licensed embalmer or
680 embalmers, (2) the [student] registered apprentice embalmer shall (A)
681 submit to the department an application and fee of two hundred ten
682 dollars, (B) take a written examination on the Connecticut public health
683 laws and the regulations of Connecticut state agencies pertaining to the
684 activities of an embalmer, and (C) take an examination in practical
685 embalming that shall include an actual demonstration upon a cadaver.
686 When the [student] registered apprentice embalmer has satisfactorily
687 passed such examinations, said department shall issue to him or her a
688 license to practice embalming. At the expiration of such license, if the
689 holder thereof desires a renewal, said department shall grant it pursuant
690 to section 20-222a, except for cause.

691 (b) Examinations for registration as a [student] registered apprentice
692 embalmer and for an embalmer's license shall be administered to
693 applicants by the Department of Public Health, under the supervision
694 of the board, semiannually and at such other times as may be
695 determined by the department.

696 Sec. 13. Section 20-215 of the general statutes is repealed and the
697 following is substituted in lieu thereof (*Effective October 1, 2021*):

698 No licensed embalmer shall sign an affidavit attesting the
699 preparation or embalming of any body unless such body has been
700 prepared or embalmed by [him] such licensed embalmer, or by a
701 registered [student] apprentice embalmer under [his] such licensed
702 embalmer's personal supervision.

703 Sec. 14. Subsection (a) of section 20-217 of the general statutes is

704 repealed and the following is substituted in lieu thereof (*Effective October*
705 *1, 2021*):

706 (a) When a [student] registered apprentice funeral director has
707 completed a program of education approved by the board with the
708 consent of the Commissioner of Public Health, has successfully
709 completed an examination prescribed by the department with the
710 consent of the board and furnishes the department with satisfactory
711 proof that he or she has completed one year of practical training and
712 experience in full-time employment under the personal supervision of
713 a licensed embalmer or funeral director, and pays to the department a
714 fee of two hundred ten dollars, [he] such registered apprentice funeral
715 director shall be entitled to be examined upon the Connecticut state law
716 and regulations pertaining to his or her professional activities. If found
717 to be qualified by the Department of Public Health, [he] such registered
718 apprentice funeral director shall be licensed as a funeral director.
719 Renewal licenses shall be issued by the Department of Public Health
720 pursuant to section 20-222a, unless withheld for cause as herein
721 provided, upon a payment of a fee of two hundred thirty dollars.

722 Sec. 15. Section 20-224 of the general statutes is repealed and the
723 following is substituted in lieu thereof (*Effective October 1, 2021*):

724 (a) The provisions of sections 20-217, as amended by this act, 20-220
725 and 20-227 shall not prohibit the employment of assistants or of
726 [student] registered apprentice embalmers and [student] registered
727 apprentice funeral directors as provided in this chapter, provided a
728 licensed funeral service business may employ no more than two
729 [student] registered apprentice embalmers at any one time, and any
730 person, firm, corporation or other organization engaged in the business
731 of funeral directing may employ no more than one [student] registered
732 apprentice funeral director at any one time, without the approval of the
733 Board of Examiners of Embalmers and Funeral Directors.

734 (b) [Student] Registered apprentice embalmers and [student]
735 registered apprentice funeral directors shall register as apprentices with

736 the Department of Public Health, in the manner prescribed by the
737 commissioner in regulations adopted pursuant to section 20-211, for
738 purposes of completing practical training and experience pursuant to
739 the provisions of this chapter.

740 Sec. 16. Section 20-195dd of the general statutes is repealed and the
741 following is substituted in lieu thereof (*Effective October 1, 2021*):

742 (a) Except as otherwise provided in subsections (c) and (d) of this
743 section, an applicant for a license as a professional counselor shall
744 submit evidence satisfactory to the commissioner of having: (1) (A)
745 Earned a graduate degree in clinical mental health counseling as part of
746 a program of higher learning accredited by the Council for
747 Accreditation of Counseling and Related Educational Programs, or a
748 successor organization, or (B) (i) completed at least sixty graduate
749 semester hours in counseling or a related mental health field at a
750 regionally accredited institution of higher education that included
751 coursework in each of the following areas: (I) Human growth and
752 development; (II) social and cultural foundations; (III) counseling
753 theories; (IV) counseling techniques; (V) group counseling; (VI) career
754 counseling; (VII) appraisals or tests and measurements to individuals
755 and groups; (VIII) research and evaluation; (IX) professional orientation
756 to mental health counseling; (X) addiction and substance abuse
757 counseling; (XI) trauma and crisis counseling; and (XII) diagnosis and
758 treatment of mental and emotional disorders, (ii) earned from a
759 regionally accredited institution of higher education a graduate degree
760 in counseling or a related mental health field, (iii) completed a one-
761 hundred-hour practicum in counseling taught by a faculty member
762 licensed or certified as a professional counselor or its equivalent in
763 another state, and (iv) completed a six-hundred-hour clinical mental
764 health counseling internship taught by a faculty member licensed or
765 certified as a professional counselor or its equivalent in another state; (2)
766 acquired three thousand hours of postgraduate experience under
767 professional supervision, including a minimum of one hundred hours
768 of direct professional supervision, in the practice of professional
769 counseling, performed over a period of not less than two years; and (3)

770 passed an examination prescribed by the commissioner. The provisions
771 of subparagraphs (B)(i)(X) to (B)(i)(XII), inclusive, (B)(iii) and (B)(iv) of
772 this subsection shall not apply to any applicant who, on or before July
773 1, 2017, was a matriculating student in good standing in a graduate
774 degree program at a regionally accredited institution of higher
775 education in one of the fields required under subparagraph (B) of this
776 subsection.

777 (b) An applicant for a license as a professional counselor associate
778 shall submit to the Commissioner of Public Health evidence satisfactory
779 to the commissioner of having (1) earned a graduate degree in clinical
780 mental health counseling as part of a program of higher learning
781 accredited by the Council for Accreditation of Counseling and Related
782 Educational Programs, or a successor organization, or (2) (A) completed
783 at least sixty graduate semester hours in counseling or a related mental
784 health field at a regionally accredited institution of higher education
785 that included coursework in each of the following areas: Human growth
786 and development; social and cultural foundations; counseling theories;
787 counseling techniques; group counseling; career counseling; appraisals
788 or tests and measurements to individuals and groups; research and
789 evaluation; professional orientation to mental health counseling;
790 addiction and substance abuse counseling; trauma and crisis
791 counseling; and diagnosis and treatment of mental and emotional
792 disorders, (B) completed a one-hundred-hour practicum in counseling
793 taught by a faculty member licensed or certified as a professional
794 counselor or its equivalent in another state, (C) completed a six-
795 hundred-hour clinical mental health counseling internship taught by a
796 faculty member licensed or certified as a professional counselor or its
797 equivalent in another state, and (D) earned from a regionally accredited
798 institution of higher education a graduate degree in counseling or a
799 related mental health field. The provisions of subparagraphs (A) to (C),
800 inclusive, of subdivision (2) of this subsection shall not apply to any
801 applicant who, on or before July 1, 2022, earned a graduate degree at a
802 regionally accredited institution of higher education in counseling or a
803 related mental health field and has accumulated at least three thousand

804 hours of experience under professional supervision, as defined in
805 section 20-195aa.

806 (c) An applicant for licensure by endorsement shall present evidence
807 satisfactory to the commissioner that the applicant is licensed or
808 certified as a professional counselor or professional counselor associate,
809 or as a person entitled to perform similar services under a different
810 designation, in another state or jurisdiction whose requirements for
811 practicing in such capacity are substantially similar to or higher than
812 those of this state and that there are no disciplinary actions or
813 unresolved complaints pending.

814 (d) An applicant who is licensed or certified as a professional
815 counselor or its equivalent in another state, territory or commonwealth
816 of the United States may substitute three years of licensed or certified
817 work experience in the practice of professional counseling in lieu of the
818 requirements of subdivision (2) of subsection (a) of this section,
819 provided the commissioner finds that such experience is equal to or
820 greater than the requirements of this state.

821 Sec. 17. Subsection (a) of section 20-195c of the general statutes is
822 repealed and the following is substituted in lieu thereof (*Effective October*
823 *1, 2021*):

824 (a) Each applicant for licensure as a marital and family therapist shall
825 present to the department satisfactory evidence that such applicant has:
826 (1) Completed a graduate degree program specializing in marital and
827 family therapy offered by a regionally accredited college or university
828 or an accredited postgraduate clinical training program accredited by
829 the Commission on Accreditation for Marriage and Family Therapy
830 Education offered by a regionally accredited institution of higher
831 education; (2) completed a supervised practicum or internship with
832 emphasis in marital and family therapy supervised by the program
833 granting the requisite degree or by an accredited postgraduate clinical
834 training program accredited by the Commission on Accreditation for
835 Marriage and Family Therapy Education and offered by a regionally

836 accredited institution of higher education; [, in which the student
837 received a minimum of five hundred direct clinical hours that included
838 one hundred hours of clinical supervision;] (3) completed twelve
839 months of relevant postgraduate experience, including (A) a minimum
840 of one thousand hours of direct client contact offering marital and
841 family therapy services subsequent to being awarded a master's degree
842 or doctorate or subsequent to the training year specified in subdivision
843 (2) of this subsection, and (B) one hundred hours of postgraduate
844 clinical supervision provided by a licensed marital and family therapist;
845 and (4) passed an examination prescribed by the department. The fee
846 shall be three hundred fifteen dollars for each initial application.

847 Sec. 18. Subdivision (12) of subsection (a) of section 19a-14 of the
848 general statutes is repealed and the following is substituted in lieu
849 thereof (*Effective October 1, 2021*):

850 (12) With respect to any complaint filed with the department on or
851 after October 1, 2010, alleging incompetence, negligence, fraud or deceit
852 by a person subject to regulation or licensing by any board or
853 commission described in subdivision (1) to [(5), inclusive, (7),] (8),
854 inclusive, (12) to (14), inclusive, or subdivision (16) of subsection (b) of
855 this section:

856 (A) Upon request of the person who filed the complaint, provide such
857 person with information on the status of the complaint;

858 (B) Upon request of the person who filed the complaint, provide such
859 person with an opportunity to review, at the department, records
860 compiled as of the date of the request pursuant to any investigation of
861 the complaint, including, but not limited to, the respondent's written
862 response to the complaint, except that such person shall not be entitled
863 to copy such records and the department (i) shall not disclose (I)
864 information concerning a health care professional's referral to,
865 participation in or completion of an assistance program in accordance
866 with sections 19a-12a and 19a-12b, that is confidential pursuant to
867 section 19a-12a, (II) information not related to such person's specific

868 complaint, including, but not limited to, information concerning
869 patients other than such person, or (III) personnel or medical records
870 and similar files the disclosure of which would constitute an invasion of
871 personal privacy pursuant to section 1-210, except for such records or
872 similar files solely related to such person; (ii) shall not be required to
873 disclose any other information that is otherwise confidential pursuant
874 to federal law or state statute, except for information solely related to
875 such person; and (iii) may require up to ten business days written notice
876 prior to providing such opportunity for review;

877 (C) Prior to resolving the complaint with a consent order, provide the
878 person who filed the complaint with not less than ten business days to
879 submit a written statement as to whether such person objects to
880 resolving the complaint with a consent order;

881 (D) If a hearing is held with respect to such complaint after a finding
882 of probable cause, provide the person who filed the complaint with a
883 copy of the notice of hearing issued pursuant to section 4-177, which
884 shall include information concerning the opportunity to present oral or
885 written statements pursuant to subsection (b) of section 4-177c; and

886 (E) Notify the person who filed the complaint of the final disposition
887 of such complaint not later than seven business days after such final
888 disposition;

889 Sec. 19. Subsections (a) to (c), inclusive, of section 20-204a of the
890 general statutes are repealed and the following is substituted in lieu
891 thereof (*Effective October 1, 2021*):

892 (a) The department shall investigate each allegation of any act or
893 omission by a veterinarian specified in section 20-202. The investigation
894 shall be conducted in accordance with the provisions of section 19a-14,
895 as amended by this act, to determine if probable cause exists to issue a
896 statement of charges and to institute proceedings against the
897 veterinarian. Such investigation shall be concluded not later than twelve
898 months from the date the allegation is submitted to the department.

899 (b) Except as provided in subsections (c) and (d) of this section, the
900 investigation shall be confidential and not subject to disclosure under
901 section 1-210 and no person may disclose knowledge of the
902 investigation to a third party unless the veterinarian requests that the
903 investigation be open, [The owner of any animal that is the subject of
904 such an investigation shall not be deemed a third party to such an
905 investigation for purposes of disclosure under this section] except that
906 the department shall provide information to the person who filed the
907 complaint pursuant to subdivision (12) of subsection (a) of section 19a-
908 14, as amended by this act.

909 (c) If the department makes a finding of no probable cause to take
910 action under section 20-202 or fails to make a finding within the twelve-
911 month period required by subsection [(b)] (a) of this section, the
912 allegation submitted pursuant to subsection (a) of this section and the
913 entire record of the investigation may remain confidential and no
914 person shall disclose knowledge of such investigation to a third party
915 unless the veterinarian requests that it be open, except that the
916 department shall provide information to the person who filed the
917 complaint pursuant to subdivision (12) of subsection (a) of section 19a-
918 14, as amended by this act.

919 Sec. 20. Subsections (b) and (c) of section 7-62b of the general statutes
920 are repealed and the following is substituted in lieu thereof (*Effective*
921 *January 1, 2022*):

922 (b) The funeral director or embalmer licensed by the department, or
923 the funeral director or embalmer licensed in another state and
924 complying with the terms of a reciprocal agreement on file with the
925 department, in charge of the burial of the deceased person shall
926 complete the death certificate through the electronic death registry
927 system, or, if the electronic death registry system is unavailable, on a
928 form provided by the department. Said certificate shall be filed by a
929 licensed embalmer or such embalmer's designee or a funeral director or
930 such director's designee, in accordance with the provisions of this
931 section, except when inquiry is required by the Chief Medical

932 Examiner's Office, in which case the death certificate shall be filed in
933 accordance with section 19a-409. The Social Security number of the
934 deceased person shall be recorded on such certificate. Such licensed
935 funeral director or licensed embalmer shall obtain the personal data
936 from the next of kin or the best qualified person or source available and
937 shall obtain a medical certification from the person responsible therefor,
938 in accordance with the provisions of this section. Only a licensed
939 embalmer may assume charge of the burial of a deceased person who
940 had a communicable disease, as designated in the [Public Health Code]
941 regulations of Connecticut state agencies, at the time of death and such
942 licensed embalmer shall file an affidavit, on a form provided by the
943 department, signed and sworn to by such licensed embalmer stating
944 that the body has been disinfected in accordance with the [Public Health
945 Code] regulations of Connecticut State Agencies.

946 (c) The medical certification portion of the death certificate shall be
947 completed, signed and returned to the licensed funeral director or
948 licensed embalmer no later than twenty-four hours after death by the
949 physician or advanced practice registered nurse in charge of the
950 patient's care for the illness or condition which resulted in death, or
951 upon the death of an infant delivered by a nurse-midwife, by such
952 nurse-midwife, as provided in section 20-86b. In the absence of such
953 physician or advanced practice registered nurse, or with the physician's
954 or advanced practice registered nurse's approval, the medical
955 certification may be completed and signed by an associate physician, an
956 advanced practice registered nurse, a physician assistant as provided in
957 subsection (d) of section 20-12d, a registered nurse as provided in
958 section 20-101a, the chief medical officer of the institution in which
959 death occurred, or by the pathologist who performed an autopsy upon
960 the decedent. No physician, advanced practice registered nurse,
961 physician assistant, registered nurse, nurse-midwife, chief medical
962 officer or pathologist shall sign and return the medical certification
963 unless such physician, advanced practice registered nurse, physician
964 assistant, registered nurse, nurse-midwife, chief medical officer or
965 pathologist has personally viewed and examined the body of the person

966 to whom the medical certification relates and is satisfied that at the time
967 of the examination such person was in fact dead, except in the event a
968 medical certification is completed by a physician, advanced practice
969 registered nurse, physician assistant, registered nurse, nurse-midwife,
970 chief medical officer or pathologist other than the one who made the
971 determination and pronouncement of death, an additional viewing and
972 examination of the body shall not be required. Such physician,
973 advanced practice registered nurse, physician assistant, registered
974 nurse, nurse-midwife, chief medical officer or pathologist shall certify
975 to the facts of death through the electronic death registry system, or, if
976 the electronic death registry is unavailable, on a form provided by the
977 department. If a physician, advanced practice registered nurse,
978 physician assistant, registered nurse, nurse-midwife, chief medical
979 officer or pathologist refuses or otherwise fails to complete, sign and
980 return the medical portion of the death certificate to the licensed funeral
981 director or licensed embalmer within twenty-four hours after death,
982 such licensed funeral director or embalmer may notify the
983 Commissioner of Public Health of such refusal. The commissioner may,
984 upon receipt of notification and investigation, assess a civil penalty
985 against such physician, advanced practice registered nurse, physician
986 assistant, registered nurse, chief medical officer or pathologist not to
987 exceed two hundred fifty dollars. The medical certification shall state
988 the cause of death, defined so that such death may be classified under
989 the international list of causes of death, the duration of disease if known
990 and such additional information as the Department of Public Health
991 requires. The department shall give due consideration to national
992 uniformity in vital statistics in prescribing the form and content of such
993 information.

994 Sec. 21. Section 19a-200 of the general statutes is repealed and the
995 following is substituted in lieu thereof (*Effective July 1, 2021*):

996 (a) The mayor of each city, the chief executive officer of each town
997 and the warden of each borough shall, unless the charter of such city,
998 town or borough otherwise provides, nominate some person to be
999 director of health for such city, town or borough. [, which] Such person

1000 shall possess the qualifications specified in subsection (b) of this section.
1001 Upon approval of the commissioner, such nomination shall be
1002 confirmed or rejected by the board of selectmen, if there be such a board,
1003 otherwise by the legislative body of such city or town or by the
1004 burgesses of such borough within thirty days thereafter.

1005 (b) Notwithstanding the charter provisions of any city, town or
1006 borough with respect to the qualifications of the director of health, on
1007 and after October 1, 2010, any person nominated to be a director of
1008 health shall (1) be a licensed physician and hold a degree in public health
1009 from an accredited school, college, university or institution, or (2) hold
1010 a graduate degree in public health from an accredited institution of
1011 higher education. The educational requirements of this section shall not
1012 apply to any director of health nominated or otherwise appointed as
1013 director of health prior to October 1, 2010.

1014 (c) In cities, towns or boroughs with a population of forty thousand
1015 or more for five consecutive years, according to the estimated
1016 population figures authorized pursuant to subsection (b) of section
1017 8-159a, such director of health shall serve in a full-time capacity, except
1018 where a town has designated such director as the chief medical advisor
1019 for its public schools under section 10-205. [, and]

1020 (d) No director shall not, during such director's term of office, have
1021 any financial interest in or engage in any employment, transaction or
1022 professional activity that is in substantial conflict with the proper
1023 discharge of the duties required of directors of health by the general
1024 statutes or the regulations of Connecticut state agencies or specified by
1025 the appointing authority of the city, town or borough in its written
1026 agreement with such director. A written agreement with such director
1027 shall be submitted to the Commissioner of Public Health upon such
1028 director's appointment or reappointment.

1029 (e) Such director of health shall have and exercise within the limits of
1030 the city, town or borough for which such director is appointed all
1031 powers necessary for enforcing the general statutes, provisions of the

1032 regulations of Connecticut state agencies relating to the preservation
1033 and improvement of the public health and preventing the spread of
1034 diseases therein.

1035 (f) In case of the absence or inability to act of a city, town or borough
1036 director of health or if a vacancy exists in the office of such director, the
1037 appointing authority of such city, town or borough may, with the
1038 approval of the Commissioner of Public Health, designate in writing a
1039 suitable person to serve as acting director of health during the period of
1040 such absence or inability or vacancy, provided the commissioner may
1041 appoint such acting director if the city, town or borough fails to do so.
1042 The person so designated, when sworn, shall have all the powers and
1043 be subject to all the duties of such director. In case of vacancy in the
1044 office of such director, if such vacancy exists for [thirty] sixty days, said
1045 commissioner may appoint a director of health for such city, town or
1046 borough. Said commissioner, may, for cause, remove an officer the
1047 commissioner or any predecessor in said office has appointed, and the
1048 common council of such city, town or the burgesses of such borough
1049 may, respectively, for cause, remove a director whose nomination has
1050 been confirmed by them, provided such removal shall be approved by
1051 said commissioner; and, within two days thereafter, notice in writing of
1052 such action shall be given by the clerk of such city, town or borough, as
1053 the case may be, to said commissioner, who shall, within ten days after
1054 receipt, file with the clerk from whom the notice was received, approval
1055 or disapproval.

1056 (g) Each such director of health shall hold office for the term of four
1057 years from the date of appointment and until a successor is nominated
1058 and confirmed in accordance with this section.

1059 (h) Each director of health shall, annually, at the end of the fiscal year
1060 of the city, town or borough, file with the Department of Public Health
1061 a report of the doings as such director for the year preceding.

1062 [(b)] (i) On and after July 1, 1988, each city, town and borough shall
1063 provide for the services of a sanitarian licensed under chapter 395 to

1064 work under the direction of the local director of health. Where practical,
1065 the local director of health may act as the sanitarian.

1066 [(c)] (j) As used in this chapter, "authorized agent" means a sanitarian
1067 licensed under chapter 395 and any individual certified for a specific
1068 program of environmental health by the Commissioner of Public Health
1069 in accordance with the general statutes and regulations of Connecticut
1070 state agencies.

1071 Sec. 22. Section 19a-202a of the general statutes is repealed and the
1072 following is substituted in lieu thereof (*Effective July 1, 2021*):

1073 (a) Any municipality may designate itself as having a part-time
1074 health department if: (1) The municipality has not had a full-time health
1075 department or been in a full-time health district prior to January 1, 1998;
1076 (2) the municipality has the equivalent of at least one full-time
1077 employee, as determined by the Commissioner of Public Health, who
1078 performs public health functions required by the general statutes and
1079 the regulations of Connecticut states agencies; (3) the municipality
1080 annually submits a public health program plan and budget to the
1081 commissioner. [; and (4) the commissioner approves the program plan
1082 and budget.]

1083 (b) The Commissioner of Public Health [shall] may adopt regulations,
1084 in accordance with the provisions of chapter 54, for the development
1085 and approval of the program plan and budget required by subdivision
1086 (3) of subsection (a) of this section.

1087 Sec. 23. Section 19a-244 of the general statutes is repealed and the
1088 following is substituted in lieu thereof (*Effective July 1, 2021*):

1089 On and after October 1, 2010, any person nominated to be the director
1090 of health shall (1) be a licensed physician and hold a degree in public
1091 health from an accredited school, college, university or institution, or (2)
1092 hold a graduate degree in public health from an accredited school,
1093 college or institution. The educational requirements of this section shall
1094 not apply to any director of health nominated or otherwise appointed

1095 as director of health prior to October 1, 2010. The board may specify in
1096 a written agreement with such director the term of office, which shall
1097 not exceed three years, salary and duties required of and responsibilities
1098 assigned to such director in addition to those required by the general
1099 statutes or the [Public Health Code] regulations of Connecticut state
1100 agencies, if any. Such director shall be removed during the term of such
1101 written agreement only for cause after a public hearing by the board on
1102 charges preferred, of which reasonable notice shall have been given. No
1103 director shall, during such director's term of office, have any financial
1104 interest in or engage in any employment, transaction or professional
1105 activity that is in substantial conflict with the proper discharge of the
1106 duties required of directors of health by the general statutes or the
1107 [Public Health Code] regulations of Connecticut state agencies or
1108 specified by the board in its written agreement with such director. The
1109 written agreement shall be submitted to the Commissioner of Public
1110 Health upon such director's appointment or reappointment. Such
1111 director shall serve in a full-time capacity and act as secretary and
1112 treasurer of the board, without the right to vote. Such director shall give
1113 to the district a bond with a surety company authorized to transact
1114 business in the state, for the faithful performance of such director's
1115 duties as treasurer, in such sum and upon such conditions as the board
1116 requires. Such director shall be the executive officer of the district
1117 department of health. Full-time employees of a city, town or borough
1118 health department at the time such city, town or borough votes to form
1119 or join a district department of health shall become employees of such
1120 district department of health. Such employees may retain their rights
1121 and benefits in the pension system of the town, city or borough by which
1122 they were employed and shall continue to retain their active
1123 participating membership therein until retired. Such employees shall
1124 pay into such pension system the contributions required of them for
1125 their class and membership. Any additional employees to be hired by
1126 the district or any vacancies to be filled shall be filled in accordance with
1127 the rules and regulations of the merit system of the state of Connecticut
1128 and the employees who are employees of cities, towns or boroughs
1129 which have adopted a local civil service or merit system shall be

1130 included in their comparable grade with fully attained seniority in the
1131 state merit system. Such employees shall perform such duties as are
1132 prescribed by the director of health. In the event of the withdrawal of a
1133 town, city or borough from the district department, or in the event of a
1134 dissolution of any district department, the employees thereof, originally
1135 employed therein, shall automatically become employees of the
1136 appropriate town, city or borough's board of health. At the end of each
1137 fiscal year, each director of health shall submit a report to the
1138 Department of Public Health detailing the activities of such director
1139 during the preceding fiscal year.

1140 Sec. 24. Subdivision (3) of subsection (a) of section 19a-12a of the
1141 general statutes is repealed and the following is substituted in lieu
1142 thereof (*Effective July 1, 2021*):

1143 (3) "Health care professionals" includes any person licensed or who
1144 holds a permit pursuant to chapter 370, 372, 373, 375, 375a, 376, 376a,
1145 376b, 376c, 377, 378, 379, 379a, 380, 381, 381a, 382a, 383, 383a, 383b, 383c,
1146 384, 384a, 384b, 384c, 384d, 385, 398 or 399;

1147 Sec. 25. Section 19a-12d of the general statutes is repealed and the
1148 following is substituted in lieu thereof (*Effective July 1, 2021*):

1149 On or before the last day of January, April, July and October in each
1150 year, the Commissioner of Public Health shall certify the amount of
1151 revenue received as a result of any fee increase in the amount of five
1152 dollars (1) that took effect October 1, 2015, pursuant to sections 19a-88,
1153 19a-515, 20-65k, 20-74bb, 20-74h, 20-74s, 20-149, 20-162o, 20-162bb, 20-
1154 191a, 20-195c, as amended by this act, 20-195o, 20-195cc, 20-201, 20-206b,
1155 20-206n, 20-206r, 20-206bb, 20-206ll, 20-222a, 20-275, 20-395d, 20-398 and
1156 20-412, and (2) that took effect October 1, 2021, pursuant to section 20-
1157 185k, as amended by this act, and transfer such amount to the
1158 professional assistance program account established in section 19a-12c.

1159 Sec. 26. Subsection (a) of section 19a-12e of the general statutes is
1160 repealed and the following is substituted in lieu thereof (*Effective October*
1161 *1, 2021*):

1162 (a) As used in this section:

1163 (1) "Health care professional" means any individual licensed or who
1164 holds a permit pursuant to chapter 368v, 370, 372, 373, 375 to 378,
1165 inclusive, 379 to 381b, inclusive, 382a, 383 to 385, inclusive, 388 or 397a
1166 to 399, inclusive;

1167 (2) "Assistance program" means the program established pursuant to
1168 section 19a-12a, as amended by this act, to provide education,
1169 prevention, intervention, referral assistance, rehabilitation or support
1170 services to health care professionals who have a chemical dependency,
1171 emotional or behavioral disorder or physical or mental illness; and

1172 (3) "Hospital" has the same meaning as provided in section 19a-490.

1173 Sec. 27. Subsection (b) of section 20-185k of the general statutes is
1174 repealed and the following is substituted in lieu thereof (*Effective from*
1175 *passage*):

1176 (b) A license issued under this section may be renewed annually. The
1177 license shall be renewed in accordance with the provisions of section
1178 19a-88, for a fee of one hundred [seventy-five] eighty dollars for
1179 applications for renewal of licenses that expire on or after October 1,
1180 2021. Each behavior analyst applying for license renewal shall furnish
1181 evidence satisfactory to the commissioner of having current certification
1182 with the Behavior Analyst Certification Board.

1183 Sec. 28. Subsection (a) of section 17a-412 of the general statutes is
1184 repealed and the following is substituted in lieu thereof (*Effective October*
1185 *1, 2021*):

1186 (a) Any physician or surgeon licensed under the provisions of chapter
1187 370, any resident physician or intern in any hospital in this state,
1188 whether or not so licensed, [and] any registered nurse, licensed practical
1189 nurse, medical examiner, dentist, optometrist, chiropractor, podiatrist,
1190 social worker, clergyman, police officer, pharmacist, physical therapist,
1191 long-term care facility administrator, nurse's aide or orderly in a long-

1192 term care facility, any person paid for caring for a patient in a long-term
1193 care facility, any staff person employed by a long-term care facility,
1194 [and] any person who is a sexual assault counselor or a domestic
1195 violence counselor as defined in section 52-146k, and any behavior
1196 analyst licensed under the provisions of chapter 382a, who has
1197 reasonable cause to suspect or believe that a resident in a long-term care
1198 facility has been abused, neglected, exploited or abandoned, or is in a
1199 condition that is the result of such abuse, neglect, exploitation or
1200 abandonment, shall, not later than seventy-two hours after such
1201 suspicion or belief arose, report such information or cause a report to be
1202 made in any reasonable manner to the Commissioner of Social Services
1203 pursuant to chapter 319dd. Any person required to report under the
1204 provision of this section who fails to make such report within the
1205 prescribed time period shall be fined not more than five hundred
1206 dollars, except that, if such person intentionally fails to make such report
1207 within the prescribed time period, such person shall be guilty of a class
1208 C misdemeanor for the first offense and a class A misdemeanor for any
1209 subsequent offense.

1210 Sec. 29. Subsection (a) of section 17b-451 of the general statutes is
1211 repealed and the following is substituted in lieu thereof (*Effective October*
1212 *1, 2021*):

1213 (a) A mandatory reporter [, as defined in this section,] who has
1214 reasonable cause to suspect or believe that any elderly person has been
1215 abused, neglected, exploited or abandoned, or is in a condition that is
1216 the result of such abuse, neglect, exploitation or abandonment, or is in
1217 need of protective services, shall, not later than seventy-two hours after
1218 such suspicion or belief arose, report such information or cause a report
1219 to be made in any reasonable manner to the Commissioner of Social
1220 Services or to the person or persons designated by the commissioner to
1221 receive such reports. The term "mandatory reporter" means (1) any
1222 physician or surgeon licensed under the provisions of chapter 370, (2)
1223 any resident physician or intern in any hospital in this state, whether or
1224 not so licensed, (3) any registered nurse, (4) any nursing home
1225 administrator, nurse's aide or orderly in a nursing home facility or

1226 residential care home, (5) any person paid for caring for a resident in a
1227 nursing home facility or residential care home, (6) any staff person
1228 employed by a nursing home facility or residential care home, (7) any
1229 residents' advocate, other than a representative of the Office of the Long-
1230 Term Care Ombudsman, as established under section 17a-405,
1231 including the State Ombudsman, (8) any licensed practical nurse,
1232 medical examiner, dentist, optometrist, chiropractor, podiatrist,
1233 behavior analyst, social worker, clergyman, police officer, pharmacist,
1234 psychologist or physical therapist, (9) any person paid for caring for an
1235 elderly person by any institution, organization, agency or facility,
1236 including without limitation, any employee of a community-based
1237 services provider, senior center, home care agency, homemaker and
1238 companion agency, adult day care center, village-model community
1239 and congregate housing facility, and (10) any person licensed or
1240 certified as an emergency medical services provider pursuant to chapter
1241 368d or chapter 384d, including any such emergency medical services
1242 provider who is a member of a municipal fire department. Any
1243 mandatory reporter who fails to make such report within the prescribed
1244 time period shall be fined not more than five hundred dollars, except
1245 that, if such person intentionally fails to make such report within the
1246 prescribed time period, such person shall be guilty of a class C
1247 misdemeanor for the first offense and a class A misdemeanor for any
1248 subsequent offense. Any institution, organization, agency or facility
1249 employing individuals to care for persons sixty years of age or older
1250 shall provide mandatory training on detecting potential abuse, neglect,
1251 exploitation and abandonment of such persons and inform such
1252 employees of their obligations under this section. For purposes of this
1253 subsection, "person paid for caring for an elderly person by any
1254 institution, organization, agency or facility" includes an employee of a
1255 community-based services provider, senior center, home health care
1256 agency, homemaker and companion agency, adult day care center,
1257 village-model community and congregate housing facility.

1258 Sec. 30. Section 19a-60 of the general statutes is repealed and the
1259 following is substituted in lieu thereof (*Effective July 1, 2021*):

1260 (a) There is established, within available appropriations, within the
1261 Department of Public Health, a Palliative Care Advisory Council. The
1262 advisory council shall: (1) Analyze the current state of palliative care in
1263 the state; and (2) advise the department on matters relating to the
1264 improvement of palliative care and the quality of life for persons with
1265 serious or chronic illnesses.

1266 (b) The advisory council shall consist of the following members:

1267 (1) Two appointed by the Governor, one of whom shall be a physician
1268 certified by the American Board of Hospice and Palliative Medicine and
1269 one of whom shall be a registered nurse or advanced practice registered
1270 nurse certified by the National Board for Certification of Hospice and
1271 Palliative Nurses;

1272 (2) Seven appointed by the Commissioner of Public Health, each of
1273 whom shall be a licensed health care provider, with each appointee
1274 having experience or expertise in the provision of one of the following:
1275 (A) Inpatient palliative care in a hospital; (B) inpatient palliative care in
1276 a nursing home facility; (C) palliative care in the patient's home or a
1277 community setting; (D) pediatric palliative care; (E) palliative care for
1278 young adults; (F) palliative care for adults or elderly persons; and (G)
1279 inpatient palliative care in a psychiatric facility;

1280 (3) One appointed by the speaker of the House of Representatives,
1281 who shall be a licensed social worker experienced in working with
1282 persons with serious or chronic illness and their family members;

1283 (4) One appointed by the president pro tempore of the Senate, who
1284 shall be a licensed pharmacist experienced in working with persons
1285 with serious or chronic illness;

1286 (5) One appointed by the minority leader of the House of
1287 Representatives, who shall be a spiritual counselor experienced in
1288 working with persons with serious or chronic illness and their family
1289 members; and

1290 (6) One appointed by the minority leader of the Senate, who shall be
1291 a representative of the American Cancer Society or a person experienced
1292 in advocating for persons with serious or chronic illness and their family
1293 members.

1294 (c) All appointments to the advisory council shall be made not later
1295 than December 31, 2013. Advisory council members shall serve three-
1296 year terms. Any vacancy shall be filled by the appointing authority.

1297 (d) Any appointment that is vacant for one year or more shall be
1298 made by the Commissioner of Public Health. The commissioner shall
1299 notify the appointing authority of the identity of the commissioner's
1300 choice for appointment not later than thirty days before making such
1301 appointment.

1302 ~~[(d)]~~ (e) Members shall receive no compensation except for
1303 reimbursement for necessary expenses incurred in performing their
1304 duties.

1305 ~~[(e)]~~ (f) The members shall elect the chairperson of the advisory
1306 council from among the members of the advisory council. A majority of
1307 the advisory council members shall constitute a quorum. Any action
1308 taken by the advisory council shall require a majority vote of those
1309 present. The first meeting of the advisory council shall be held not later
1310 than December 31, 2013. The advisory council shall meet biannually and
1311 at other times upon the call of the chairperson, upon the request of the
1312 Commissioner of Public Health or upon the request of a majority of the
1313 advisory council members.

1314 ~~[(f)]~~ (g) Not later than January 1, ~~[2015]~~ 2022, and ~~[annually]~~
1315 biennially thereafter, the advisory council shall submit a report on its
1316 findings and recommendations to the Commissioner of Public Health
1317 and the joint standing committee of the General Assembly having
1318 cognizance of matters relating to public health, in accordance with the
1319 provisions of section 11-4a.

1320 Sec. 31. Section 19a-6q of the general statutes is repealed and the

1321 following is substituted in lieu thereof (*Effective from passage*):

1322 [(a)] The Commissioner of Public Health, in consultation with the
1323 executive director of the Office of Health Strategy, established under
1324 section 19a-754a, and local and regional health departments, shall,
1325 within available resources, develop a plan that is consistent with the
1326 Department of Public Health's Healthy Connecticut 2020 health
1327 improvement plan and the state healthcare innovation plan developed
1328 pursuant to the State Innovation Model Initiative by the Centers for
1329 Medicare and Medicaid Services Innovation Center. The commissioner
1330 shall develop and implement such plan to: (1) Reduce the incidence of
1331 tobacco use, high blood pressure, health care associated infections,
1332 asthma, unintended pregnancy and diabetes; (2) improve chronic
1333 disease care coordination in the state; and (3) reduce the incidence and
1334 effects of chronic disease and improve outcomes for conditions
1335 associated with chronic disease in the state. The commissioner shall post
1336 such plan on the Department of Public Health's Internet web site.

1337 [(b)] The commissioner shall, on or before January 15, 2015, and
1338 biennially thereafter, submit a report, in consultation with the executive
1339 director of the Office of Health Strategy, in accordance with the
1340 provisions of section 11-4a to the joint standing committee of the
1341 General Assembly having cognizance of matters relating to public
1342 health concerning chronic disease and implementation of the plan
1343 described in subsection (a) of this section. The commissioner shall post
1344 each report on the Department of Public Health's Internet web site not
1345 later than thirty days after submitting such report. Each report shall
1346 include, but need not be limited to: (1) A description of the chronic
1347 diseases that are most likely to cause a person's death or disability, the
1348 approximate number of persons affected by such chronic diseases and
1349 an assessment of the financial effects of each such disease on the state
1350 and on hospitals and health care facilities; (2) a description and
1351 assessment of programs and actions that have been implemented by the
1352 department and health care providers to improve chronic disease care
1353 coordination and prevent chronic disease; (3) the sources and amounts
1354 of funding received by the department to treat persons with multiple

1355 chronic diseases and to treat or reduce the most prevalent chronic
1356 diseases in the state; (4) a description of chronic disease care
1357 coordination between the department and health care providers, to
1358 prevent and treat chronic disease; and (5) recommendations concerning
1359 actions that health care providers and persons with chronic disease may
1360 take to reduce the incidence and effects of chronic disease.]

1361 Sec. 32. Subsection (b) of section 19a-493 of the general statutes is
1362 repealed and the following is substituted in lieu thereof (*Effective July 1,*
1363 *2021*):

1364 (b) (1) A nursing home license may be renewed biennially after (A)
1365 an unscheduled inspection conducted by the department, (B)
1366 submission of the information required by section 19a-491a, and (C)
1367 submission of evidence satisfactory to the department that the nursing
1368 home is in compliance with the provisions of this chapter, the [Public
1369 Health Code] regulations of Connecticut state agencies and licensing
1370 regulations.

1371 (2) Any change in the ownership of a facility or institution, as defined
1372 in section 19a-490, owned by an individual, partnership or association
1373 or the change in ownership or beneficial ownership of ten per cent or
1374 more of the stock of a corporation which owns, conducts, operates or
1375 maintains such facility or institution, shall be subject to prior approval
1376 of the department after a scheduled inspection of such facility or
1377 institution is conducted by the department, provided such approval
1378 shall be conditioned upon a showing by such facility or institution to the
1379 commissioner that it has complied with all requirements of this chapter,
1380 the regulations relating to licensure and all applicable requirements of
1381 the [Public Health Code] regulations of Connecticut state agencies. Any
1382 such change in ownership or beneficial ownership resulting in a transfer
1383 to a person related by blood or marriage to such an owner or beneficial
1384 owner shall not be subject to prior approval of the department unless:
1385 (A) Ownership or beneficial ownership of ten per cent or more of the
1386 stock of a corporation, limited liability company, partnership or
1387 association which owns, conducts, operates or maintains more than one

1388 facility or institution is transferred; (B) ownership or beneficial
1389 ownership is transferred in more than one facility or institution; or (C)
1390 the facility or institution is the subject of a pending complaint,
1391 investigation or licensure action. If the facility or institution is not in
1392 compliance, the commissioner may require the new owner to sign a
1393 consent order providing reasonable assurances that the violations shall
1394 be corrected within a specified period of time. Notice of any such
1395 proposed change of ownership shall be given to the department at least
1396 one hundred twenty days prior to the effective date of such proposed
1397 change. For the purposes of this subdivision, "a person related by blood
1398 or marriage" means a parent, spouse, child, brother, sister, aunt, uncle,
1399 niece or nephew. For the purposes of this subdivision, a change in the
1400 legal form of the ownership entity, including, but not limited to, changes
1401 from a corporation to a limited liability company, a partnership to a
1402 limited liability partnership, a sole proprietorship to a corporation and
1403 similar changes, shall not be considered a change of ownership if the
1404 beneficial ownership remains unchanged and the owner provides such
1405 information regarding the change to the department as may be required
1406 by the department in order to properly identify the current status of
1407 ownership and beneficial ownership of the facility or institution. For the
1408 purposes of this subdivision, a public offering of the stock of any
1409 corporation that owns, conducts, operates or maintains any such facility
1410 or institution shall not be considered a change in ownership or beneficial
1411 ownership of such facility or institution if the licensee and the officers
1412 and directors of such corporation remain unchanged, such public
1413 offering cannot result in an individual or entity owning ten per cent or
1414 more of the stock of such corporation, and the owner provides such
1415 information to the department as may be required by the department in
1416 order to properly identify the current status of ownership and beneficial
1417 ownership of the facility or institution.

1418 Sec. 33. (NEW) (*Effective July 1, 2021*) A health care facility licensed
1419 pursuant to chapter 368v of the general statutes shall have policies and
1420 procedures in place that reflect the National Centers for Disease Control
1421 and Prevention's recommendations for tuberculosis screening, testing,

1422 treatment and education for health care personnel. Notwithstanding
1423 any provision of the general statutes or any regulations adopted
1424 thereunder, any employee providing direct patient care in a facility
1425 licensed pursuant to chapter 368v of the general statutes shall receive
1426 tuberculosis screening and testing in compliance with the licensed
1427 health care facility's policies and procedures.

1428 Sec. 34. Subsection (c) of section 19a-343 of the general statutes is
1429 repealed and the following is substituted in lieu thereof (*Effective October*
1430 *1, 2021*):

1431 (c) Three or more arrests, the issuance of three or more arrest
1432 warrants indicating a pattern of criminal activity and not isolated
1433 incidents or the issuance of three or more citations for a violation of a
1434 municipal ordinance as described in subdivision (14) of this subsection,
1435 for the following offenses shall constitute the basis for bringing an action
1436 to abate a public nuisance:

1437 (1) Prostitution under section 53a-82, 53a-83, 53a-86, 53a-87, 53a-88 or
1438 53a-89.

1439 (2) Promoting an obscene performance or obscene material under
1440 section 53a-196 or 53a-196b, employing a minor in an obscene
1441 performance under section 53a-196a, importing child pornography
1442 under section 53a-196c, possessing child pornography in the first degree
1443 under section 53a-196d, possessing child pornography in the second
1444 degree under section 53a-196e or possessing child pornography in the
1445 third degree under section 53a-196f.

1446 (3) Transmission of gambling information under section 53-278b or
1447 53-278d or maintaining of a gambling premises under section 53-278e.

1448 (4) Offenses for the sale of controlled substances, possession of
1449 controlled substances with intent to sell, or maintaining a drug factory
1450 under section 21a-277, 21a-278 or 21a-278a or use of the property by
1451 persons possessing controlled substances under section 21a-279.
1452 Nothing in this section shall prevent the state from also proceeding

1453 against property under section 21a-259 or 54-36h.

1454 (5) Unauthorized sale of alcoholic liquor under section 30-74 or
1455 disposing of liquor without a permit under section 30-77, or sale or
1456 delivery of alcoholic liquor to any minor under subdivision (1) of
1457 subsection (b) of section 30-86 or the sale, delivery or giving of alcoholic
1458 liquor to a minor under subdivision (2) of subsection (b) of section 30-
1459 86.

1460 (6) Maintaining a motor vehicle chop shop under section 14-149a.

1461 (7) Inciting injury to persons or property under section 53a-179a.

1462 (8) Murder or manslaughter under section 53a-54a, 53a-54b, 53a-55,
1463 53a-56 or 53a-56a.

1464 (9) Assault under section 53a-59, 53a-59a, subdivision (1) of
1465 subsection (a) of section 53a-60 or section 53a-60a or 53a-61.

1466 (10) Sexual assault under section 53a-70 or 53a-70a.

1467 (11) Fire safety violations under section 29-291a, 29-291c, 29-292,
1468 subsection (b) of section 29-310, or section 29-315, 29-349 or 29-357.

1469 (12) Firearm offenses under section 29-35, 53-202aa, 53-203, 53a-211,
1470 53a-212, 53a-216, 53a-217 or 53a-217c.

1471 (13) Illegal manufacture, sale, possession or dispensing of a drug
1472 under subdivision (2) of section 21a-108.

1473 (14) Violation of a municipal ordinance resulting in the issuance of a
1474 citation for (A) excessive noise on nonresidential real property that
1475 significantly impacts the surrounding area, provided the municipality's
1476 excessive noise ordinance is based on an objective standard, (B) owning
1477 or leasing a dwelling unit that provides residence to an excessive
1478 number of unrelated persons resulting in dangerous or unsanitary
1479 conditions that significantly impact the safety of the surrounding area,
1480 or (C) impermissible operation of (i) a business that permits persons

1481 who are not licensed pursuant to section 20-206b to engage in the
1482 practice of massage therapy, or (ii) a massage parlor, as defined by the
1483 applicable municipal ordinance, that significantly impacts the safety of
1484 the surrounding area.

1485 Sec. 35. Section 19a-131g of the general statutes is repealed and the
1486 following is substituted in lieu thereof (*Effective from passage*):

1487 The Commissioner of Public Health shall establish a Public Health
1488 Preparedness Advisory Committee for purposes of advising the
1489 Department of Public Health on matters concerning emergency
1490 responses to a public health emergency. The advisory committee shall
1491 consist of the Commissioner of Public Health, or his or her designee, the
1492 Commissioner of Emergency Services and Public Protection, or his or
1493 her designee, the president pro tempore of the Senate, or his or her
1494 designee, the speaker of the House of Representatives, or his or her
1495 designee, the majority and minority leaders of both houses of the
1496 General Assembly, or their designees, and the chairpersons and ranking
1497 members of the joint standing committees of the General Assembly
1498 having cognizance of matters relating to public health, public safety and
1499 the judiciary, or their designees, and representatives of town, city,
1500 borough and district directors of health, as appointed by the
1501 commissioner, and any other organization or persons that the
1502 commissioner deems relevant to the issues of public health
1503 preparedness. Upon the request of the commissioner, the Public Health
1504 Preparedness Advisory Committee may meet to review the plan for
1505 emergency responses to a public health emergency and other matters as
1506 deemed necessary by the commissioner.

1507 Sec. 36. Subsection (d) of section 19a-30 of the general statutes is
1508 repealed and the following is substituted in lieu thereof (*Effective July 1,*
1509 *2021*):

1510 (d) A nonrefundable fee of two hundred dollars shall accompany
1511 each application for a license or for renewal thereof, except in the case
1512 of a clinical laboratory owned and operated by a municipality, the state,

1513 the United States, [or] any agency of said municipality, state or United
1514 States or any hospital. Each license shall be issued for a period of not
1515 less than twenty-four nor more than twenty-seven months from the
1516 deadline for applications established by the commissioner. Renewal
1517 applications shall be made (1) biennially within the twenty-fourth
1518 month of the current license; (2) before any change in ownership or
1519 change in director is made; and (3) prior to any major expansion or
1520 alteration in quarters. The licensed clinical laboratory shall report to the
1521 Department of Public Health, in a form and manner prescribed by the
1522 commissioner, the name and address of each blood collection facility
1523 owned and operated by the clinical laboratory, prior to the issuance of
1524 a new license, prior to the issuance of a renewal license or whenever a
1525 blood collection facility opens or closes.

1526 Sec. 37. Subsection (b) of section 20-365 of the general statutes is
1527 repealed and the following is substituted in lieu thereof (*Effective July 1,*
1528 *2021*):

1529 (b) Nothing in section 19a-200, as amended by this act, subsection (a)
1530 of section 19a-206, or sections 19a-207, 19a-242, 20-358 or 20-360 to 20-
1531 365, inclusive, shall prevent any of the following persons from engaging
1532 in the performance of their duties: (1) Any person certified by the
1533 Department of Public Health as a food or sewage inspector in
1534 accordance with regulations adopted pursuant to section 19a-36, (2) any
1535 person employed by a local health department performing the duties of
1536 a lead inspector who complies with training standards established
1537 pursuant to section 20-479, (3) a director of health acting pursuant to
1538 [subsection (a) of] section 19a-200, as amended by this act or section 19a-
1539 244, as amended by this act, (4) any employee of a water utility or federal
1540 or state agency performing his duties in accordance with applicable
1541 statutes and regulations, (5) any person employed by a local health
1542 department working under the direct supervision of a licensed
1543 sanitarian, (6) any person licensed or certified by the Department of
1544 Public Health in a specific program performing certain duties that are
1545 included within the duties of a sanitarian, or (7) a student enrolled in an
1546 accredited academic program leading to a degree in environmental

1547 health or completing a special training course in environmental health
1548 approved by the commissioner, provided such student is clearly
1549 identified by a title which indicates his or her status as a student.

1550 Sec. 38. Subsection (b) of section 20-195u of the general statutes is
1551 repealed and the following is substituted in lieu thereof (*Effective from*
1552 *passage*):

1553 (b) Continuing education required pursuant to this section shall be
1554 related to the practice of social work and shall include not less than one
1555 contact hour of training or education each registration period on the
1556 topic of cultural competency and, on and after January 1, 2016, not less
1557 than two contact hours of training or education during the first renewal
1558 period in which continuing education is required and not less than once
1559 every six years thereafter on the topic of mental health conditions
1560 common to veterans and family members of veterans, including (1)
1561 determining whether a patient is a veteran or family member of a
1562 veteran, (2) screening for conditions such as post-traumatic stress
1563 disorder, risk of suicide, depression and grief, and (3) suicide prevention
1564 training. Such continuing education shall consist of courses, workshops
1565 and conferences offered or approved by the Association of Social Work
1566 Boards, the National Association of Social Workers or a school or
1567 department of social work accredited by the Council on Social Work
1568 Education. A licensee's ability to engage in on-line and home study
1569 continuing education shall be limited to not more than ~~[six]~~ ten hours
1570 per registration period. Within the registration period, an initial
1571 presentation by a licensee of an original paper, essay or formal lecture
1572 in social work to a recognized group of fellow professionals may
1573 account for five hours of continuing education hours of the aggregate
1574 continuing education requirements prescribed in this section.

1575 Sec. 39. Subsection (a) of section 20-265h of the general statutes is
1576 repealed and the following is substituted in lieu thereof (*Effective from*
1577 *passage*):

1578 (a) On and after July 1, 2021, each spa or salon that employs

1579 hairdressers and cosmeticians, estheticians, eyelash technicians, [or] nail
1580 technicians or massage therapists shall be under the management of a
1581 hairdresser and cosmetician registered under this chapter, an esthetician
1582 licensed under section 20-265b or 20-265f, an eyelash technician licensed
1583 under section 20-265c or 20-265f, [or] a nail technician licensed under
1584 section 20-265d or 20-265f or a massage therapist licensed under chapter
1585 384a.

1586 Sec. 40. Subsection (a) of section 19a-131j of the general statutes is
1587 repealed and the following is substituted in lieu thereof (*Effective from*
1588 *passage*):

1589 (a) The commissioner may issue an order to temporarily suspend, for
1590 a period not to exceed sixty consecutive days, the requirements for
1591 licensure, certification or registration, pursuant to chapters 368d, 370,
1592 376 to 376c, inclusive, 378, 378a, 379, 379a, 381a, 382a, 383 to 383c,
1593 inclusive, 383d, 383f, 383g, 384b, 384d, 385, 395, 399, 400a, 400j and 474,
1594 to allow persons who are appropriately licensed, certified or registered
1595 in another state or territory of the United States or the District of
1596 Columbia, to render temporary assistance within the scope of the
1597 profession for which a person is licensed, certified or registered, in
1598 managing a public health emergency in this state, declared by the
1599 Governor pursuant to section 19a-131a. Nothing in this section shall be
1600 construed to permit a person to provide services beyond the scope
1601 allowed in the chapter specified in this section that pertains to such
1602 person's profession.

1603 Sec. 41. Subsection (a) of section 19a-512 of the general statutes is
1604 repealed and the following is substituted in lieu thereof (*Effective July 1,*
1605 *2021*):

1606 (a) In order to be eligible for licensure by examination pursuant to
1607 sections 19a-511 to 19a-520, inclusive, a person shall submit an
1608 application, together with a fee of two hundred dollars, and proof
1609 satisfactory to the Department of Public Health that he (1) is physically
1610 and emotionally capable of administering a nursing home; (2) has

1611 satisfactorily completed a program of instruction and training,
1612 including residency training which meets the requirements of
1613 subsection (b) of this section and which is approved by the
1614 Commissioner of Public Health; and (3) has passed an examination
1615 prescribed [and administered] by the Department of Public Health
1616 designed to test the applicant's knowledge and competence in the
1617 subject matter referred to in subsection (b) of this section. Passing scores
1618 shall be established by the department.

1619 Sec. 42. Section 19a-490 of the general statutes is repealed and the
1620 following is substituted in lieu thereof (*Effective July 1, 2021*):

1621 (a) "Institution" means a hospital, short-term hospital special hospice,
1622 hospice inpatient facility, residential care home, nursing home facility,
1623 home health care agency, hospice home health care agency, home health
1624 aide agency, behavioral health facility, assisted living services agency,
1625 [substance abuse treatment facility,] outpatient surgical facility,
1626 outpatient clinic, an infirmary operated by an educational institution for
1627 the care of students enrolled in, and faculty and employees of, such
1628 institution; a facility engaged in providing services for the prevention,
1629 diagnosis, treatment or care of human health conditions, including
1630 facilities operated and maintained by any state agency; and a residential
1631 facility for persons with intellectual disability licensed pursuant to
1632 section 17a-227 and certified to participate in the Title XIX Medicaid
1633 program as an intermediate care facility for individuals with intellectual
1634 disability. "Institution" does not include any facility for the care and
1635 treatment of persons with mental illness or substance use disorder
1636 operated or maintained by any state agency, except Whiting Forensic
1637 Hospital;

1638 (b) "Hospital" means an establishment for the lodging, care and
1639 treatment of persons suffering from disease or other abnormal physical
1640 or mental conditions and includes inpatient psychiatric services in
1641 general hospitals;

1642 (c) "Residential care home" or "rest home" means a community

1643 residence that furnishes, in single or multiple facilities, food and shelter
1644 to two or more persons unrelated to the proprietor and, in addition,
1645 provides services that meet a need beyond the basic provisions of food,
1646 shelter and laundry and may qualify as a setting that allows residents to
1647 receive home and community-based services funded by state and
1648 federal programs;

1649 (d) "Home health care agency" means a public or private
1650 organization, or a subdivision thereof, engaged in providing
1651 professional nursing services and the following services, available
1652 twenty-four hours per day, in the patient's home or a substantially
1653 equivalent environment: Home health aide services as defined in this
1654 section, physical therapy, speech therapy, occupational therapy or
1655 medical social services. The agency shall provide professional nursing
1656 services and at least one additional service directly and all others
1657 directly or through contract. An agency shall be available to enroll new
1658 patients seven days a week, twenty-four hours per day;

1659 (e) "Home health aide agency" means a public or private
1660 organization, except a home health care agency, which provides in the
1661 patient's home or a substantially equivalent environment supportive
1662 services which may include, but are not limited to, assistance with
1663 personal hygiene, dressing, feeding and incidental household tasks
1664 essential to achieving adequate household and family management.
1665 Such supportive services shall be provided under the supervision of a
1666 registered nurse and, if such nurse determines appropriate, shall be
1667 provided by a social worker, physical therapist, speech therapist or
1668 occupational therapist. Such supervision may be provided directly or
1669 through contract;

1670 (f) "Home health aide services" as defined in this section shall not
1671 include services provided to assist individuals with activities of daily
1672 living when such individuals have a disease or condition that is chronic
1673 and stable as determined by a physician licensed in the state;

1674 (g) "Behavioral health facility" means any facility that provides

1675 mental health services to persons eighteen years of age or older or
1676 substance use disorder services to persons of any age in an outpatient
1677 treatment or residential setting to ameliorate mental, emotional,
1678 behavioral or substance use disorder issues;

1679 (h) "Alcohol or drug treatment facility" means any facility for the care
1680 or treatment of persons suffering from alcoholism or other drug
1681 addiction;

1682 (i) "Person" means any individual, firm, partnership, corporation,
1683 limited liability company or association;

1684 (j) "Commissioner" means the Commissioner of Public Health or the
1685 commissioner's designee;

1686 (k) "Home health agency" means an agency licensed as a home health
1687 care agency or a home health aide agency;

1688 (l) "Assisted living services agency" means an agency that provides,
1689 among other things, nursing services and assistance with activities of
1690 daily living and that may provide memory care to a population that is
1691 chronic and stable;

1692 (m) "Outpatient clinic" means an organization operated by a
1693 municipality or a corporation, other than a hospital, that provides (1)
1694 ambulatory medical care, including preventive and health promotion
1695 services, (2) dental care, or (3) mental health services in conjunction with
1696 medical or dental care for the purpose of diagnosing or treating a health
1697 condition that does not require the patient's overnight care;

1698 (n) "Multicare institution" means a hospital that provides outpatient
1699 behavioral health services or other health care services, psychiatric
1700 outpatient clinic for adults, free-standing facility for the care or
1701 treatment of substance abusive or dependent persons, hospital for
1702 psychiatric disabilities, as defined in section 17a-495, or a general acute
1703 care hospital that provides outpatient behavioral health services that (1)
1704 is licensed in accordance with this chapter, (2) has more than one facility

1705 or one or more satellite units owned and operated by a single licensee,
1706 and (3) offers complex patient health care services at each facility or
1707 satellite unit. For purposes of this subsection, "satellite unit" means a
1708 location where a segregated unit of services is provided by the multicare
1709 institution;

1710 (o) "Nursing home" or "nursing home facility" means (1) any chronic
1711 and convalescent nursing home or any rest home with nursing
1712 supervision that provides nursing supervision under a medical director
1713 twenty-four hours per day, or (2) any chronic and convalescent nursing
1714 home that provides skilled nursing care under medical supervision and
1715 direction to carry out nonsurgical treatment and dietary procedures for
1716 chronic diseases, convalescent stages, acute diseases or injuries; [and]

1717 (p) "Outpatient dialysis unit" means (1) an out-of-hospital out-patient
1718 dialysis unit that is licensed by the department to provide (A) services
1719 on an out-patient basis to persons requiring dialysis on a short-term
1720 basis or for a chronic condition, or (B) training for home dialysis, or (2)
1721 an in-hospital dialysis unit that is a special unit of a licensed hospital
1722 designed, equipped and staffed to (A) offer dialysis therapy on an out-
1723 patient basis, (B) provide training for home dialysis, and (C) perform
1724 renal transplantations; [.] and

1725 (q) "Hospice home health care agency" means a public or private
1726 organization that provides home care and hospice services to terminally
1727 ill patients.

1728 Sec. 43. Subsections (b) to (i), inclusive, of section 19a-491 of the
1729 general statutes are repealed and the following is substituted in lieu
1730 thereof (*Effective July 1, 2021*):

1731 (b) If any person acting individually or jointly with any other person
1732 owns real property or any improvements thereon, upon or within which
1733 an institution, as defined in subsections (c) and (o) of section 19a-490, is
1734 established, conducted, operated or maintained and is not the licensee
1735 of the institution, such person shall submit a copy of the lease agreement
1736 to the department at the time of any change of ownership and with each

1737 license renewal application. The lease agreement shall, at a minimum,
1738 identify the person or entity responsible for the maintenance and repair
1739 of all buildings and structures within which such an institution is
1740 established, conducted or operated. If a violation is found as a result of
1741 an inspection or investigation, the commissioner may require the owner
1742 to sign a consent order providing assurances that repairs or
1743 improvements necessary for compliance with the provisions of the
1744 [Public Health Code] regulations of Connecticut state agencies shall be
1745 completed within a specified period of time or may assess a civil penalty
1746 of not more than one thousand dollars for each day that such owner is
1747 in violation of the [Public Health Code] regulations of Connecticut state
1748 agencies or a consent order. A consent order may include a provision
1749 for the establishment of a temporary manager of such real property who
1750 has the authority to complete any repairs or improvements required by
1751 such order. Upon request of the Commissioner of Public Health, the
1752 Attorney General may petition the Superior Court for such equitable
1753 and injunctive relief as such court deems appropriate to ensure
1754 compliance with the provisions of a consent order. The provisions of
1755 this subsection shall not apply to any property or improvements owned
1756 by a person licensed in accordance with the provisions of subsection (a)
1757 of this section to establish, conduct, operate or maintain an institution
1758 on or within such property or improvements.

1759 (c) Notwithstanding any regulation, the Commissioner of Public
1760 Health shall charge the following fees for the biennial licensing and
1761 inspection of the following institutions: (1) Chronic and convalescent
1762 nursing homes, per site, four hundred forty dollars; (2) chronic and
1763 convalescent nursing homes, per bed, five dollars; (3) rest homes with
1764 nursing supervision, per site, four hundred forty dollars; (4) rest homes
1765 with nursing supervision, per bed, five dollars; (5) outpatient dialysis
1766 units and outpatient surgical facilities, six hundred twenty-five dollars;
1767 (6) mental health residential facilities, per site, three hundred seventy-
1768 five dollars; (7) mental health residential facilities, per bed, five dollars;
1769 (8) hospitals, per site, nine hundred forty dollars; (9) hospitals, per bed,
1770 seven dollars and fifty cents; (10) nonstate agency educational

1771 institutions, per infirmary, one hundred fifty dollars; (11) nonstate
1772 agency educational institutions, per infirmary bed, twenty-five dollars;
1773 (12) home health care agencies, except certified home health care
1774 agencies described in subsection (d) of this section, per agency, three
1775 hundred dollars; (13) home health care agencies, hospice home health
1776 care agencies, or home health aide agencies, except certified home
1777 health care agencies, hospice home health care agencies or home health
1778 aide agencies described in subsection (d) of this section, per satellite
1779 patient service office, one hundred dollars; (14) assisted living services
1780 agencies, except such agencies participating in the congregate housing
1781 facility pilot program described in section 8-119n, per site, five hundred
1782 dollars; (15) short-term hospitals special hospice, per site, nine hundred
1783 forty dollars; (16) short-term hospitals special hospice, per bed, seven
1784 dollars and fifty cents; (17) hospice inpatient facility, per site, four
1785 hundred forty dollars; and (18) hospice inpatient facility, per bed, five
1786 dollars.

1787 (d) Notwithstanding any regulation, the commissioner shall charge
1788 the following fees for the triennial licensing and inspection of the
1789 following institutions: (1) Residential care homes, per site, five hundred
1790 sixty-five dollars; (2) residential care homes, per bed, four dollars and
1791 fifty cents; (3) home health care agencies that are certified as a provider
1792 of services by the United States Department of Health and Human
1793 Services under the Medicare or Medicaid program, three hundred
1794 dollars; and (4) certified home health care agencies or hospice home
1795 health care agencies, as described in section 19a-493, as amended by this
1796 act, per satellite patient service office, one hundred dollars.

1797 (e) The commissioner shall charge one thousand dollars for the
1798 licensing and inspection of outpatient clinics that provide either medical
1799 or mental health service, urgent care services and well-child clinical
1800 services, except those operated by a municipal health department,
1801 health district or licensed nonprofit nursing or community health
1802 agency. Such licensing and inspection shall be performed every three
1803 years, except those outpatient clinics that have obtained accreditation
1804 from a national accrediting organization within the immediately

1805 preceding twelve-month period may be inspected by the commissioner
1806 once every four years, provided the outpatient clinic has not committed
1807 any violation that the commissioner determines would pose an
1808 immediate threat to the health, safety or welfare of the patients of the
1809 outpatient clinic. The provisions of this subsection shall not be
1810 construed to limit the commissioner's authority to inspect any applicant
1811 for licensure or renewal of licensure as an outpatient clinic, suspend or
1812 revoke any license granted to an outpatient clinic pursuant to this
1813 section or take any other legal action against an outpatient clinic that is
1814 authorized by any provision of the general statutes.

1815 (f) Any institution that is planning a project for construction or
1816 building alteration shall provide the plan for such project to the
1817 Department of Public Health for review. Any such project shall comply
1818 with nationally established facility guidelines for health care
1819 construction, as approved by the commissioner, that are in place at the
1820 time the institution provides the plan to the department. The
1821 commissioner shall post a reference to such guidelines, including the
1822 effective date of such guidelines, on the Department of Public Health's
1823 Internet web site. No institution shall be required to include matters
1824 outside the scope and applicability of such guidelines in the institution's
1825 plan.

1826 (g) The commissioner shall charge a fee of five hundred sixty-five
1827 dollars for the technical assistance provided for the design, review and
1828 development of an institution's construction, renovation, building
1829 alteration, sale or change in ownership when the cost of the project is
1830 one million dollars or less and shall charge a fee of one-quarter of one
1831 per cent of the total construction cost when the cost of the project is more
1832 than one million dollars. Such fee shall include all department reviews
1833 and on-site inspections. For purposes of this subsection, "institution"
1834 does not include a facility owned by the state.

1835 (h) The commissioner may require as a condition of the licensure of a
1836 home health care [agencies] agency, hospice home health care agency
1837 and home health aide [agencies] agency that each agency meet

1838 minimum service quality standards. In the event the commissioner
1839 requires such agencies to meet minimum service quality standards as a
1840 condition of their licensure, the commissioner shall adopt regulations,
1841 in accordance with the provisions of chapter 54, to define such
1842 minimum service quality standards, which shall (1) allow for training of
1843 home health aides by adult continuing education, (2) require a
1844 registered nurse to visit and assess each patient receiving home health
1845 aide services as often as necessary based on the patient's condition, but
1846 not less than once every sixty days, and (3) require the assessment
1847 prescribed by subdivision (2) of this subsection to be completed while
1848 the home health aide is providing services in the patient's home.

1849 (i) No person acting individually or jointly with any other person
1850 shall establish, conduct, operate or maintain a home health care agency,
1851 hospice home health care agency or home health aide agency without
1852 maintaining professional liability insurance or other indemnity against
1853 liability for professional malpractice. The amount of insurance which
1854 such person shall maintain as insurance or indemnity against claims for
1855 injury or death for professional malpractice shall be not less than one
1856 million dollars for one person, per occurrence, with an aggregate of not
1857 less than three million dollars.

1858 Sec. 44. Subdivision (4) of subsection (a) of section 19a-491c of the
1859 general statutes is repealed and the following is substituted in lieu
1860 thereof (*Effective July 1, 2021*):

1861 (4) "Long-term care facility" means any facility, agency or provider
1862 that is a nursing home, as defined in section 19a-521, a residential care
1863 home, as defined in section 19a-521, a home health care agency, hospice
1864 home health care agency or home health aide agency, as defined in
1865 section 19a-490, as amended by this act, an assisted living services
1866 agency, as defined in section 19a-490, as amended by this act, an
1867 intermediate care facility for individuals with intellectual disabilities, as
1868 defined in 42 USC 1396d(d), except any such facility operated by a
1869 Department of Developmental Services' program subject to background
1870 checks pursuant to section 17a-227a, a chronic disease hospital, as

1871 defined in section 19a-550, or an agency providing hospice care which
1872 is licensed to provide such care by the Department of Public Health or
1873 certified to provide such care pursuant to 42 USC 1395x.

1874 Sec. 45. Section 19a-492b of the general statutes is repealed and the
1875 following is substituted in lieu thereof (*Effective July 1, 2021*):

1876 (a) A home health care agency or hospice home health care agency
1877 that receives payment for rendering care to persons receiving medical
1878 assistance from the state, assistance from the Connecticut home-care
1879 program for the elderly pursuant to section 17b-342, or funds obtained
1880 through Title XVIII of the Social Security Amendments of 1965 shall be
1881 prohibited from discriminating against such persons who apply for
1882 enrollment to such home health care agency on the basis of source of
1883 payment.

1884 (b) Any home health care agency or hospice home health care agency
1885 which violates the provisions of this section shall be subject to
1886 suspension or revocation of license.

1887 Sec. 46. Subsection (b) of section 19a-492c of the general statutes is
1888 repealed and the following is substituted in lieu thereof (*Effective July 1,*
1889 *2021*):

1890 (b) A home health care agency or hospice home health care agency
1891 licensed pursuant to this chapter that provides hospice services in a
1892 rural town and is unable to access licensed or Medicare-certified hospice
1893 care to consistently provide adequate services to patients in the rural
1894 town may apply to the Commissioner of Public Health for a waiver from
1895 the regulations licensing such agency adopted pursuant to this chapter.
1896 The waiver may authorize one or more of the following: (1) The agency's
1897 supervisor of clinical services may also serve as the supervisor of clinical
1898 services assigned to the hospice program; (2) the hospice volunteer
1899 coordinator and the hospice program director may be permanent part-
1900 time employees; and (3) the program director may perform other
1901 services at the agency, including, but not limited to, hospice volunteer
1902 coordinator. The commissioner shall not grant a waiver unless the

1903 commissioner determines that such waiver will not adversely impact
1904 the health, safety and welfare of hospice patients and their families. The
1905 waiver shall be in effect for two years. An agency may reapply for such
1906 a waiver.

1907 Sec. 47. Section 19a-492d of the general statutes is repealed and the
1908 following is substituted in lieu thereof (*Effective July 1, 2021*):

1909 On and after October 1, 2007, a nurse who is employed by an agency
1910 licensed by the Department of Public Health as a home health care
1911 agency, hospice home health care agency or [a] home health aide agency
1912 may administer influenza and pneumococcal vaccines to persons in
1913 their homes, after an assessment for contraindications, without a
1914 physician's order in accordance with a physician-approved agency
1915 policy that includes an anaphylaxis protocol. In the event of an adverse
1916 reaction to the vaccine, such nurse may also administer epinephrine or
1917 other anaphylaxis medication without a physician's order in accordance
1918 with the physician-approved agency policy. For purposes of this
1919 section, "nurse" means an advanced practice registered nurse, registered
1920 nurse or practical nurse licensed under chapter 378.

1921 Sec. 48. Section 19a-492e of the general statutes is repealed and the
1922 following is substituted in lieu thereof (*Effective July 1, 2021*):

1923 (a) For purposes of this section "home health care agency" and
1924 "hospice home health care agency" [has] have the same [meaning]
1925 meanings as provided in section 19a-490, as amended by this act.
1926 Notwithstanding the provisions of chapter 378, a registered nurse may
1927 delegate the administration of medications that are not administered by
1928 injection to home health aides and hospice home health care aides who
1929 have obtained certification and recertification every three years
1930 thereafter for medication administration in accordance with regulations
1931 adopted pursuant to subsection (b) of this section, unless the prescribing
1932 practitioner specifies that a medication shall only be administered by a
1933 licensed nurse. Any home health aide or hospice home health care aide
1934 who obtained certification in the administration of medications on or

1935 before June 30, 2015, shall obtain recertification on or before July 1, 2018.

1936 (b) (1) The Commissioner of Public Health shall adopt regulations, in
1937 accordance with the provisions of chapter 54, to carry out the provisions
1938 of this section. Such regulations shall require each home health care
1939 agency or hospice home health care agency that serves clients requiring
1940 assistance with medication administration to (A) adopt practices that
1941 increase and encourage client choice, dignity and independence; (B)
1942 establish policies and procedures to ensure that a registered nurse may
1943 delegate allowed tasks of nursing care, to include medication
1944 administration, to home health aides or hospice home health care aides
1945 when the registered nurse determines that it is in the best interest of the
1946 client and the home health aide or hospice home health care aide has
1947 been deemed competent to perform the task; (C) designate home health
1948 aides or hospice home health care aides to obtain certification and
1949 recertification for the administration of medication; and (D) ensure that
1950 such home health aides receive such certification and recertification.

1951 (2) The regulations shall establish certification and recertification
1952 requirements for medication administration and the criteria to be used
1953 by home health care agencies or hospice home health care agencies that
1954 provide services for clients requiring assistance with medication
1955 administration in determining (A) which home health aides or hospice
1956 home health care aides shall obtain such certification and recertification,
1957 and (B) education and skill training requirements, including ongoing
1958 training requirements for such certification and recertification.

1959 (3) Education and skill training requirements for initial certification
1960 and recertification shall include, but not be limited to, initial orientation,
1961 training in client rights and identification of the types of medication that
1962 may be administered by unlicensed personnel, behavioral management,
1963 personal care, nutrition and food safety, and health and safety in
1964 general.

1965 (c) Each home health care agency or hospice home health care agency
1966 shall ensure that, on or before January 1, 2013, delegation of nursing care

1967 tasks in the home care setting is allowed within such agency and that
1968 policies are adopted to employ home health aides or hospice home
1969 health care aides for the purposes of allowing nurses to delegate such
1970 tasks.

1971 (d) A registered nurse licensed pursuant to the provisions of chapter
1972 378 who delegates the task of medication administration to a home
1973 health aide or hospice home health care aide pursuant to this section
1974 shall not be subject to disciplinary action based on the performance of
1975 the home health aide or hospice home health care aide to whom tasks
1976 are delegated, unless the home health aide or hospice home health care
1977 aide is acting pursuant to specific instructions from the registered nurse
1978 or the registered nurse fails to leave instructions when the nurse should
1979 have done so, provided the registered nurse: (1) Documented in the
1980 patient's care plan that the medication administration could be properly
1981 and safely performed by the home health aide or hospice home health
1982 care aide to whom it is delegated, (2) provided initial direction to the
1983 home health aide or hospice home health care aide, and (3) provided
1984 ongoing supervision of the home health aide or hospice home health
1985 care aide, including the periodic assessment and evaluation of the
1986 patient's health and safety related to medication administration.

1987 (e) A registered nurse who delegates the provision of nursing care to
1988 another person pursuant to this section shall not be subject to an action
1989 for civil damages for the performance of the person to whom nursing
1990 care is delegated unless the person is acting pursuant to specific
1991 instructions from the nurse or the nurse fails to leave instructions when
1992 the nurse should have done so.

1993 (f) No person may coerce a registered nurse into compromising
1994 patient safety by requiring the nurse to delegate the administration of
1995 medication if the nurse's assessment of the patient documents a need for
1996 a nurse to administer medication and identifies why the need cannot be
1997 safely met through utilization of assistive technology or administration
1998 of medication by certified home health aides or hospice home health
1999 care aides. No registered nurse who has made a reasonable

2000 determination based on such assessment that delegation may
2001 compromise patient safety shall be subject to any employer reprisal or
2002 disciplinary action pursuant to chapter 378 for refusing to delegate or
2003 refusing to provide the required training for such delegation. The
2004 Department of Social Services, in consultation with the Department of
2005 Public Health, [and] home health care agencies and hospice home health
2006 care agencies, shall develop protocols for documentation pursuant to
2007 the requirements of this subsection. The Department of Social Services
2008 shall notify all licensed home health care agencies and hospice home
2009 health care agencies of such protocols prior to the implementation of
2010 this section.

2011 (g) The Commissioner of Public Health may implement policies and
2012 procedures necessary to administer the provisions of this section while
2013 in the process of adopting such policies and procedures as regulations,
2014 provided notice of intent to adopt regulations is published in the
2015 Connecticut Law Journal not later than twenty days after the date of
2016 implementation. Policies and procedures implemented pursuant to this
2017 section shall be valid until the time final regulations are adopted.

2018 Sec. 49. Section 19a-496a of the general statutes is repealed and the
2019 following is substituted in lieu thereof (*Effective July 1, 2021*):

2020 (a) Notwithstanding any provision of the regulations of Connecticut
2021 state agencies, all home health care agency, hospice home health care
2022 agency or home health aide agency services shall be performed upon
2023 the order of a physician or physician assistant licensed pursuant to
2024 chapter 370 or an advanced practice registered nurse licensed pursuant
2025 to chapter 378.

2026 (b) All home health care agency services which are required by law
2027 to be performed upon the order of a licensed physician may be
2028 performed upon the order of a physician, physician assistant or
2029 advanced practice registered nurse licensed in a state which borders
2030 Connecticut.

2031 Sec. 50. Section 19a-504d of the general statutes is repealed and the

2032 following is substituted in lieu thereof (*Effective July 1, 2021*):

2033 (a) If a hospital recommends home health care to a patient, the
2034 hospital discharge plan shall include two or more available options of
2035 home health care agencies or hospice home health care agencies.

2036 (b) A hospital which (1) has an ownership or investment interest in a
2037 home health care agency or hospice home health care agency, or (2)
2038 receives compensation or remuneration for referral of patients to a home
2039 health care agency or hospice home health care agency shall disclose
2040 such interest to any patient prior to including such agency as an option
2041 in a hospital discharge plan. Such information shall be verbally
2042 disclosed to each patient or shall be posted in a conspicuous place visible
2043 to patients. As used in this subsection, "ownership or investment
2044 interest" does not include ownership of investment securities purchased
2045 by the practitioner on terms available to the general public and which
2046 are publicly traded.

2047 Sec. 51. (NEW) (*Effective July 1, 2021*) (a) The Commissioner of Public
2048 Health may suspend the requirements for licensure to authorize a
2049 licensed chronic and convalescent nursing home to provide services to
2050 patients with a reportable disease, emergency illness or health
2051 condition, pursuant to section 19-91 of the general statutes, under their
2052 existing license if such licensed chronic and convalescent nursing home
2053 (1) provides services to such patients in a building that is not physically
2054 connected to its licensed facility, or (2) expands its bed capacity in a
2055 portion of a facility that is separate from the licensed facility. Such
2056 services may only be provided in order to render temporary assistance
2057 in managing a public health emergency in this state, declared by the
2058 Governor pursuant to section 19a-131a of the general statutes.

2059 (b) Each chronic and convalescent nursing home that intends to
2060 provide services pursuant to subsection (a) of this section shall submit
2061 an application to the Department of Public Health in a form and manner
2062 prescribed by the commissioner. Such application shall include, but
2063 need not be limited to: (1) Information regarding the facility's ability to

2064 sufficiently address the health, safety or welfare of such chronic and
2065 convalescent nursing home's residents and staff; (2) the address of such
2066 facility; (3) an attestation that all equipment located at such facility is
2067 maintained according to the manufacturers' specifications, and is
2068 capable of meeting the needs of such facility's residents; (4) information
2069 regarding such facility's maximum bed capacity; and (5) information
2070 indicating that such facility is in compliance with any provisions of the
2071 general statutes or regulations of Connecticut state agencies pertaining
2072 to the operation of such facility.

2073 (c) Upon receipt of an application pursuant to subsection (a) of this
2074 section, the Department of Public Health shall conduct a scheduled
2075 inspection and investigation of the applicant's facilities to ensure
2076 compliance with any provisions of the general statutes or regulations of
2077 Connecticut state agencies pertaining to the licensing of such facilities.
2078 After conducting such inspection and investigation, the department
2079 shall notify the applicant of the department's approval or denial of such
2080 application.

2081 Sec. 52. Section 19a-522f of the general statutes is repealed and the
2082 following is substituted in lieu thereof (*Effective July 1, 2021*):

2083 (a) As used in this section:

2084 (1) "Administer" means to initiate the venipuncture and deliver an IV
2085 fluid or IV admixture into the blood stream through a vein, and to
2086 monitor and care for the venipuncture site, terminate the procedure and
2087 record pertinent events and observations;

2088 (2) "IV admixture" means an IV fluid to which one or more additional
2089 drug products have been added;

2090 (3) "IV fluid" means sterile solutions of fifty milliliters or more,
2091 intended for intravenous infusion, but does not include blood and blood
2092 products;

2093 (4) "IV therapy" means the introduction of an IV fluid or IV admixture

2094 into the blood stream through a vein for the purpose of correcting water
2095 deficit and electrolyte imbalances, providing nutrition, and delivering
2096 antibiotics and other therapeutic agents approved by a chronic and
2097 convalescent nursing home's or a rest home with nursing supervision's
2098 medical staff;

2099 (5) "IV therapy program" means the overall plan by which a chronic
2100 and convalescent nursing home or a rest home with nursing supervision
2101 implements, monitors and safeguards the administration of IV therapy
2102 to patients; and

2103 (6) "IV therapy nurse" means a registered nurse who is qualified by
2104 education and training and has demonstrated proficiency in the
2105 theoretical and clinical aspects of IV therapy to administer an IV fluid
2106 or IV admixture.

2107 (b) An IV therapy nurse or a physician assistant licensed pursuant to
2108 section 20-12b, who is employed by, or operating under a contract to
2109 provide services in, a chronic and convalescent nursing home or a rest
2110 home with nursing supervision that operates an IV therapy program
2111 may administer a peripherally inserted central catheter as part of such
2112 facility's IV therapy program. The Department of Public Health shall
2113 adopt regulations in accordance with the provisions of chapter 54 to
2114 carry out the purposes of this section.

2115 (c) A chronic and convalescent nursing home may permit a registered
2116 nurse licensed pursuant to chapter 378 and employed by such chronic
2117 and convalescent nursing home who has been properly trained by the
2118 director of nursing or by an intravenous infusion company to (1) draw
2119 blood from a central line for laboratory purposes, provided the facility
2120 has an agreement with a laboratory to process such specimens, or (2)
2121 administer a dose of medication by intravenous injection, provided such
2122 medication is on a list of medications approved by the Commissioner of
2123 Public Health for intravenous injection by a registered nurse. Such
2124 chronic and convalescent nursing home shall notify the Commissioner
2125 of Public Health of any such services being provided. The

2126 Commissioner of Public Health shall notify all chronic and convalescent
2127 nursing homes of the list of medications approved for intravenous
2128 injection by a registered nurse. The administrator of each chronic and
2129 convalescent nursing home shall ensure that each registered nurse who
2130 is permitted to perform the services described in subdivisions (1) and
2131 (2) of this subsection is appropriately trained and competent to perform
2132 such services. Each administrator shall provide documentation
2133 regarding the training and competency of such registered nurses to the
2134 department upon the department's request.

2135 Sec. 53. (NEW) (*Effective July 1, 2021*) (a) The Commissioner of Public
2136 Health shall license assisted living services agencies, as defined in
2137 section 19a-490 of the general statutes, as amended by this act. A
2138 managed residential community wishing to provide assisted living
2139 services shall become licensed as an assisted living services agency.

2140 (b) A managed residential care community that intends to arrange for
2141 assisted living services, shall only do so with a currently licensed
2142 assisted living services agency. Such managed residential community
2143 shall submit an application to arrange for the assisted living services to
2144 the Department of Public Health. Such application shall be submitted in
2145 a form and manner prescribed by the commissioner.

2146 (c) No assisted living services agency shall provide memory care to
2147 residents with early to mid-stage cognitive impairment from
2148 Alzheimer's disease or other dementias unless they have obtained
2149 approval from the Department of Public Health. Such assisted living
2150 services agencies shall ensure that they have adequate staff to meet the
2151 needs of the residents. Each assisted living services agency that offers
2152 memory care services shall submit to the Department of Public Health a
2153 list of memory care units or locations and their staffing plans when
2154 completing an initial or a renewal licensure application, or upon request
2155 from the department.

2156 (d) An assisted living services agency shall ensure all services being
2157 provided on an individual basis to clients are (1) fully understood and

2158 agreed upon between either the client or the client's representative, and
2159 (2) that the client or the client's representative are made aware of the
2160 cost of any such services.

2161 (e) The Department of Public Health may adopt regulations, in
2162 accordance with the provisions of chapter 54 of the general statutes, to
2163 carry out the purposes of this section.

2164 Sec. 54. Section 19a-521b of the general statutes is repealed and the
2165 following is substituted in lieu thereof (*Effective July 1, 2021*):

2166 [In each] Each licensed chronic and convalescent nursing home,
2167 chronic disease hospital associated with a chronic and convalescent
2168 nursing home, rest home with nursing supervision and residential care
2169 home [, at least a three-foot clearance shall be provided at the sides and
2170 the foot of each bed.] shall position beds in a manner that promotes
2171 resident care. Such bed position shall (1) not act as a restraint to the
2172 resident, (2) ensure that the resident's call bell, overhead bed light and
2173 privacy curtain function and are readily useable by such resident, (3) not
2174 create a hazardous situation, including, but not limited to, creating an
2175 entrapment possibility, obstacle to evacuation or is close to or blocking
2176 a heat source, (4) prevent the spread of pathogens, (5) allow for infection
2177 control, (6) ensure residence privacy, and (7) provide at least six-foot
2178 clearance at the sides and foot of each bed.

2179 Sec. 55. Section 19a-195 of the general statutes is repealed and the
2180 following is substituted in lieu thereof (*Effective October 1, 2021*):

2181 The commissioner shall adopt regulations in accordance with the
2182 provisions of chapter 54 to require all [emergency medical response
2183 services] ambulances to be staffed by at least one certified emergency
2184 medical technician, who shall be in the patient compartment attending
2185 the patient during all periods in which a patient is being transported,
2186 and one certified [medical response technician] emergency medical
2187 responder.

2188 Sec. 56. Section 20-206jj of the general statutes is repealed and the

2189 following is substituted in lieu thereof (*Effective from passage*):

2190 As used in this section and sections 20-206kk to 20-206oo, inclusive:

2191 (1) "Advanced emergency medical technician" means an individual
2192 who is certified as an advanced emergency medical technician by the
2193 Department of Public Health;

2194 (2) "Commissioner" means the Commissioner of Public Health;

2195 (3) "Emergency medical services instructor" means a person who is
2196 certified under the provisions of section 20-206ll or 20-206mm, as
2197 amended by this act, by the Department of Public Health to teach
2198 courses, the completion of which is required in order to become an
2199 emergency medical technician;

2200 (4) "Emergency medical responder" means an individual who is
2201 certified to practice as an emergency medical responder under the
2202 provisions of section 20-206ll or 20-206mm, as amended by this act;

2203 (5) "Emergency medical services personnel" means an individual
2204 certified to practice as an emergency medical responder, emergency
2205 medical technician, advanced emergency medical technician,
2206 emergency medical services instructor or an individual licensed as a
2207 paramedic;

2208 (6) "Emergency medical technician" means a person who is certified
2209 to practice as an emergency medical technician under the provisions of
2210 section 20-206ll or 20-206mm, as amended by this act;

2211 (7) "National organization for emergency medical certification"
2212 means a national organization approved by the Department of Public
2213 Health and identified on the department's Internet web site, or such
2214 national organization's successor organization, that tests and provides
2215 certification to emergency medical responders, emergency medical
2216 technicians, advanced medical technicians and paramedics;

2217 (8) "Office of Emergency Medical Services" means the office

2218 established within the Department of Public Health pursuant to section
2219 19a-178;

2220 (9) "Paramedicine" means the carrying out of (A) all phases of
2221 cardiopulmonary resuscitation and defibrillation, (B) the administration
2222 of drugs and intravenous solutions under written or oral authorization
2223 from a licensed physician or a licensed advanced practice registered
2224 nurse, and (C) the administration of controlled substances, as defined in
2225 section 21a-240, in accordance with written protocols or standing orders
2226 of a licensed physician or a licensed advanced practice registered nurse;

2227 (10) "Paramedic" means a person licensed to practice as a paramedic
2228 under the provisions of section 20-206ll; and

2229 [(11) "Continuing education platform Internet web site" means an
2230 online database, approved by the Commissioner of Public Health, for
2231 emergency medical services personnel to enter, track and reconcile the
2232 hours and topics of continuing education completed by such personnel.]

2233 Sec. 57. Subsection (f) of section 20-206mm of the general statutes is
2234 repealed and the following is substituted in lieu thereof (*Effective from*
2235 *passage*):

2236 (f) A certified emergency medical responder, emergency medical
2237 technician, advanced emergency medical technician or emergency
2238 medical services instructor shall document the completion of his or her
2239 continuing educational requirements [through the continuing education
2240 platform Internet web site] in a form and manner prescribed by the
2241 commissioner. A certified emergency medical responder, emergency
2242 medical technician, advanced emergency medical technician or
2243 emergency medical services instructor who is not engaged in active
2244 professional practice in any form during a certification period shall be
2245 exempt from the continuing education requirements of this section,
2246 provided the emergency medical responder, emergency medical
2247 technician, advanced emergency medical technician or emergency
2248 medical services instructor submits to the department, prior to the
2249 expiration of the certification period, an application for inactive status

2250 on a form prescribed by the department and such other documentation
2251 as may be required by the department. The application for inactive
2252 status pursuant to this subsection shall contain a statement that the
2253 emergency medical responder, emergency medical technician,
2254 advanced emergency medical technician or emergency medical services
2255 instructor may not engage in professional practice until the continuing
2256 education requirements of this section have been met.

2257 Sec. 58. Subsection (b) of section 19a-178a of the general statutes is
2258 repealed and the following is substituted in lieu thereof (*Effective from*
2259 *passage*):

2260 (b) The advisory board shall consist of members appointed in
2261 accordance with the provisions of this subsection and shall include the
2262 Commissioner of Public Health, the department's emergency medical
2263 services medical director and the president of each of the regional
2264 emergency medical services councils, or their designees. The Governor
2265 shall appoint the following members: (1) One person from the
2266 Connecticut Association of Directors of Health; (2) three persons from
2267 the Connecticut College of Emergency Physicians; (3) one person from
2268 the Connecticut Committee on Trauma of the American College of
2269 Surgeons; (4) one person from the Connecticut Medical Advisory
2270 Committee; (5) one person from the Emergency Nurses Association; (6)
2271 one person from the Connecticut Association of Emergency Medical
2272 Services Instructors; (7) one person from the Connecticut Hospital
2273 Association; (8) two persons representing commercial ambulance
2274 services; (9) one person from the Connecticut State Firefighters
2275 Association; (10) one person from the Connecticut Fire Chiefs
2276 Association; (11) one person from the Connecticut Police Chiefs
2277 Association; (12) one person from the Connecticut State Police; and (13)
2278 one person from the Connecticut Commission on Fire Prevention and
2279 Control. An additional eighteen members shall be appointed as follows:
2280 (A) Three by the president pro tempore of the Senate; (B) three by the
2281 majority leader of the Senate; (C) four by the minority leader of the
2282 Senate; (D) three by the speaker of the House of Representatives; (E) two
2283 by the majority leader of the House of Representatives; and (F) three by

2284 the minority leader of the House of Representatives. The appointees
2285 shall include a person with experience in municipal ambulance services;
2286 a person with experience in for-profit ambulance services; three persons
2287 with experience in volunteer ambulance services; a paramedic; an
2288 emergency medical technician; an advanced emergency medical
2289 technician; three consumers and four persons from state-wide
2290 organizations with interests in emergency medical services as well as
2291 any other areas of expertise that may be deemed necessary for the
2292 proper functioning of the advisory board. Any appointment that is
2293 vacant for more than one year shall be filled by the Commissioner of
2294 Public Health. The commissioner shall notify the appointing authority
2295 of the identity of the commissioner's appointment not later than thirty
2296 days before making such appointment.

2297 Sec. 59. Subsection (a) of section 19a-36h of the general statutes is
2298 repealed and the following is substituted in lieu thereof (*Effective from*
2299 *passage*):

2300 (a) Not later than January 1, [2020] 2022, the commissioner shall adopt
2301 and administer by reference the United States Food and Drug
2302 Administration's Food Code, as amended from time to time, and any
2303 Food Code Supplement published by said administration as the state's
2304 food code for the purpose of regulating food establishments.

2305 Sec. 60. Subsection (a) of section 19a-36j of the general statutes is
2306 repealed and the following is substituted in lieu thereof (*Effective from*
2307 *passage*):

2308 (a) On and after January 1, [2019] 2022, no person shall engage in the
2309 practice of a food inspector unless such person has obtained a
2310 certification from the commissioner in accordance with the provisions
2311 of this section. The commissioner shall develop a training and
2312 verification program for food inspector certification that shall be
2313 administered by the food inspection training officer at a local health
2314 department.

2315 (1) Each person seeking certification as a food inspector shall submit

2316 an application to the department on a form prescribed by the
2317 commissioner and present to the department satisfactory evidence that
2318 such person (A) is sponsored by the director of health in the jurisdiction
2319 in which the applicant is employed to conduct food inspections, (B)
2320 possesses a bachelor's degree or three years of experience in a regulatory
2321 food protection program, (C) has successfully completed a training and
2322 verification program, (D) has successfully completed the field
2323 standardization inspection prescribed by the commissioner, and (E) is
2324 not involved in the ownership or management of a food establishment
2325 located in the applicant's jurisdiction.

2326 (2) Each director of health sponsoring an applicant for certification as
2327 a food inspector shall submit to the commissioner a form documenting
2328 the applicant's qualifications and successful completion of the
2329 requirements described in subdivision (1) of this subsection.

2330 (3) Certifications issued under this section shall be subject to renewal
2331 once every three years. A food inspector applying for renewal of his or
2332 her certification shall demonstrate successful completion of twenty
2333 contact hours in food protection training, as approved by the
2334 commissioner, and reassessment by the food inspection training officer.

2335 Sec. 61. Section 19a-360 of the general statutes is repealed and the
2336 following is substituted in lieu thereof (*Effective from passage*):

2337 Notwithstanding any provision of the general statutes, from June 30,
2338 2017, until December 31, [2018] 2021, a food service establishment may
2339 request a variance from the Commissioner of Public Health from the
2340 requirements of the Public Health Code, established under section 19a-
2341 36, to utilize the process of sous vide and acidification of sushi rice, as
2342 defined in section 3-502.11 of the United States Food and Drug
2343 Administration's Food Code, as amended from time to time. The
2344 Commissioner of Public Health shall review the request for a variance
2345 and provide the food establishment with notification regarding the
2346 status of its request not later than thirty days after the commissioner
2347 receives such request. The commissioner may grant such variance if he

2348 or she determines that such variance would not result in a health hazard
2349 or nuisance.

2350 Sec. 62. Subdivision (5) of section 19a-332 of the general statutes is
2351 repealed and the following is substituted in lieu thereof (*Effective October*
2352 *1, 2021*):

2353 (5) "Asbestos-containing material" means material composed of
2354 asbestos of any type and in an amount equal to or greater than [one] 1.0
2355 per cent by weight, either alone or mixed with other fibrous or
2356 nonfibrous material;

2357 Sec. 63. Subdivision (4) of section 20-250 of the general statutes is
2358 repealed and the following is substituted in lieu thereof (*Effective from*
2359 *passage*):

2360 (4) "Hairdressing and cosmetology" means the art of dressing,
2361 arranging, curling, waving, weaving, cutting, singeing, bleaching and
2362 coloring the hair and treating the scalp of any person, and massaging,
2363 cleansing, stimulating, manipulating, exercising or beautifying with the
2364 use of the hands, appliances, cosmetic preparations, antiseptics, tonics,
2365 lotions, creams, powders, oils or clays and doing similar work on the
2366 face, neck and arms for compensation, removing hair from the face or
2367 neck using manual or mechanical means, excluding esthetics, as defined
2368 in section 20-265a or any of the actions listed in this subdivision
2369 performed on the nails of the hands or feet, provided nothing in this
2370 subdivision shall prohibit an unlicensed person from performing
2371 shampooing or braiding hair;

2372 Sec. 64. Subsection (b) of section 20-265b of the general statutes is
2373 repealed and the following is substituted in lieu thereof (*Effective July 1,*
2374 *2021*):

2375 (b) On and after January 1, 2020, each person seeking an initial license
2376 as an esthetician shall apply to the department on a form prescribed by
2377 the department, accompanied by an application fee of one hundred
2378 dollars and evidence that the applicant (1) has completed a course of not

2379 less than six hundred hours of study and received a certification of
2380 completion from a school approved under section 20-265g or section 20-
2381 26 or in a school outside of the state whose requirements are equivalent
2382 to a school approved under section 20-265g, or (2) (A), if applying before
2383 January 1, 2022, has practiced esthetics continuously in this state for a
2384 period of not less than two years prior to July 1, 2020, and (B) is in
2385 compliance with the infection prevention and control plan guidelines
2386 prescribed by the department under section 19a-231 in the form of an
2387 attestation.

2388 Sec. 65. Subsection (f) of section 10-206 of the general statutes is
2389 repealed and the following is substituted in lieu thereof (*Effective July 1,*
2390 *2021*):

2391 (f) On and after October 1, 2017, each local or regional board of
2392 education shall report to the local health department and the
2393 Department of Public Health, on an triennial basis, the total number of
2394 pupils per school and per school district having a diagnosis of asthma
2395 (1) at the time of public school enrollment, (2) in grade six or seven, and
2396 (3) in grade nine or ten. [or eleven.] The report shall contain the asthma
2397 information collected as required under subsections (b) and (c) of this
2398 section and shall include pupil age, gender, race, ethnicity and school.
2399 Beginning on October 1, 2021, and every three years thereafter, the
2400 Department of Public Health shall review the asthma screening
2401 information reported pursuant to this section and shall submit a report
2402 to the joint standing committees of the General Assembly having
2403 cognizance of matters relating to public health and education
2404 concerning asthma trends and distributions among pupils enrolled in
2405 the public schools. The report shall be submitted in accordance with the
2406 provisions of section 11-4a and shall include, but not be limited to, (A)
2407 trends and findings based on pupil age, gender, race, ethnicity, school
2408 and the education reference group, as determined by the Department of
2409 Education for the town or regional school district in which such school
2410 is located, and (B) activities of the asthma screening monitoring system
2411 maintained under section 19a-62a.

2412 Sec. 66. Subsections (b) to (f), inclusive, of section 19a-215 of the
2413 general statutes are repealed and the following is substituted in lieu
2414 thereof (*Effective from passage*):

2415 (b) A health care provider shall report each case occurring in such
2416 provider's practice, of any disease on the commissioner's list of
2417 reportable diseases, emergency illnesses and health conditions to the
2418 director of health of the town, city or borough in which such case resides
2419 and to the Department of Public Health, no later than twelve hours after
2420 such provider's recognition of the disease. Such reports shall be [in
2421 writing, by telephone or] in an electronic format approved by the
2422 commissioner. Such reports of disease shall be confidential and not open
2423 to public inspection except as provided for in section 19a-25.

2424 (c) A clinical laboratory shall report each finding identified by such
2425 laboratory of any disease identified on the commissioner's list of
2426 reportable laboratory findings to the Department of Public Health not
2427 later than forty-eight hours after such laboratory's finding. A clinical
2428 laboratory [that reports an average of more than thirty findings per
2429 month] shall make such reports electronically in a format approved by
2430 the commissioner. [Any clinical laboratory that reports an average of
2431 less than thirty findings per month shall submit such reports, in writing,
2432 by telephone or in an electronic format approved by the commissioner.]
2433 All such reports shall be confidential and not open to public inspection
2434 except as provided for in section 19a-25. The Department of Public
2435 Health shall provide a copy of all such reports to the director of health
2436 of the town, city or borough in which the affected person resides or, in
2437 the absence of such information, the town where the specimen
2438 originated.

2439 (d) When a local director of health, the local director's authorized
2440 agent or the Department of Public Health receives a report of a disease
2441 or laboratory finding on the commissioner's lists of reportable diseases,
2442 emergency illnesses and health conditions and laboratory findings, the
2443 local director of health, the local director's authorized agent or the
2444 Department of Public Health may contact first the reporting health care

2445 provider and then the person with the reportable finding to obtain such
2446 information as may be necessary to lead to the effective control of
2447 further spread of such disease. In the case of reportable communicable
2448 diseases and laboratory findings, this information may include
2449 obtaining the identification of persons who may be the source or
2450 subsequent contacts of such infection.

2451 (e) All personal information obtained from disease prevention and
2452 control investigations as performed in subsections (c) and (d) of this
2453 section including the health care provider's name and the identity of the
2454 reported case of disease and suspected source persons and contacts shall
2455 not be divulged to anyone and shall be held strictly confidential
2456 pursuant to section 19a-25, by the local director of health and the
2457 director's authorized agent and by the Department of Public Health.

2458 (f) [Any person who violates any reporting or confidentiality
2459 provision of this section shall be fined not more than five hundred
2460 dollars.] The Commissioner of Public Health may impose a civil penalty
2461 not to exceed one thousand dollars on any person who violates any
2462 reporting provision of this section for each such violation. Each failure
2463 to report a case or finding of a disease as required by this section shall
2464 constitute a separate violation.

2465 (g) If the Commissioner of Public Health has reason to believe that a
2466 violation has occurred for which a civil penalty is authorized by
2467 subsection (f) of this section, he or she may send to such person by
2468 certified mail, return receipt requested, or personally serve upon such
2469 person, a notice which shall include: (1) A short and plain statement of
2470 the matters asserted or charged; (2) a statement of the maximum civil
2471 penalty which may be imposed for such violation; and (3) a statement
2472 of the party's right to request a hearing, which such request shall
2473 submitted in writing to the commissioner not later than ten days after
2474 the notice is mailed or served.

2475 (h) If such person so requests, the commissioner shall cause a hearing
2476 to be held, in accordance with the provisions of chapter 54. If such

2477 person fails to request a hearing or fails to appear at the hearing or if,
2478 after the hearing, the commissioner finds that the person has committed
2479 such violation, the commissioner may, in his or her discretion, order that
2480 a civil penalty be imposed that is not greater than the penalty stated in
2481 the notice. The commissioner shall send a copy of any order issued
2482 pursuant to this subsection by certified mail, return receipt requested,
2483 to the person named in such order.

2484 (i) No provision of this section shall be deemed to supersede section
2485 19a-584.

2486 Sec. 67. Section 19a-490w of the general statutes is repealed and the
2487 following is substituted in lieu thereof (*Effective October 1, 2021*):

2488 (a) Not later than October 1, 2017, and annually thereafter, any
2489 hospital that has been certified as a comprehensive stroke center, a
2490 primary stroke center, a thrombectomy-capable stroke center or an
2491 acute stroke-ready hospital by the American Heart Association, the Joint
2492 Commission or any other nationally recognized certifying organization
2493 shall submit an attestation of such certification to the Commissioner of
2494 Public Health, in a form and manner prescribed by the commissioner.
2495 Not later than October 15, 2017, and annually thereafter, the Department
2496 of Public Health shall post a list of certified stroke centers on its Internet
2497 web site.

2498 (b) The department may remove a hospital from the list posted
2499 pursuant to subsection (a) of this section if (1) the hospital requests such
2500 removal, (2) the department is informed by the American Heart
2501 Association, the Joint Commission or other nationally recognized
2502 certifying organization that a hospital's certification has expired or been
2503 suspended or revoked, or (3) the department does not receive attestation
2504 of certification from a hospital on or before October first. The
2505 department shall report to the nationally recognized certifying
2506 organization any complaint it receives related to the certification of a
2507 hospital as a comprehensive stroke center, a primary stroke center, a
2508 thrombectomy-capable stroke center or an acute stroke-ready hospital.

2509 The department shall provide the complainant with the name and
2510 contact information of the nationally recognized certifying organization
2511 if the complainant seeks to pursue a complaint with such organization.

2512 Sec. 68. (NEW) (*Effective October 1, 2021*) (a) The Department of Public
2513 Health shall maintain and operate a state-wide stroke registry. Said
2514 registry shall use the American Heart Association's Get With The
2515 Guidelines–Stroke program's data set platform and include information
2516 and data on stroke care in the state that align with the stroke consensus
2517 metrics developed and approved by the American Heart Association
2518 and American Stroke Association.

2519 (b) On and after January 1, 2022, each comprehensive stroke center,
2520 thrombectomy-capable stroke center, primary stroke center or acute
2521 stroke-ready hospital shall, on a quarterly basis, submit to the
2522 Department of Public Health data concerning stroke care that are
2523 necessary for including in the state-wide stroke registry, as determined
2524 by the Commissioner of Public Health, and that, at a minimum, align
2525 with the stroke consensus metrics developed and approved by the
2526 American Heart Association and American Stroke Association.

2527 (c) The Department of Public Health shall be provided access to
2528 records of any comprehensive stroke center, thrombectomy-capable
2529 stroke center, primary stroke center or acute stroke-ready hospital, as
2530 the department deems necessary, to perform case finding or other
2531 quality improvement audits to ensure completeness of reporting and
2532 data accuracy consistent with the purposes of this section.

2533 (d) The Department of Public Health may enter into a contract for the
2534 receipt, storage, holding or maintenance of the data or files under its
2535 control and management.

2536 (e) The Department of Public Health may enter into reciprocal
2537 reporting agreements with the appropriate agencies of other states to
2538 exchange stroke care data.

2539 (f) (1) Failure by a comprehensive stroke center, thrombectomy-

2540 capable stroke center, primary stroke center or acute stroke-ready
2541 hospital to comply with the reporting requirements prescribed in this
2542 section may result in the department electing to perform the registry
2543 services for such comprehensive stroke center, thrombectomy-capable
2544 stroke center, primary stroke center or acute stroke-ready hospital. In
2545 such case, the comprehensive stroke center, thrombectomy-capable
2546 stroke center, primary stroke center or acute stroke-ready hospital shall
2547 reimburse the department for actual expenses incurred in performing
2548 such services.

2549 (2) Any comprehensive stroke center, thrombectomy-capable stroke
2550 center, primary stroke center or acute stroke-ready hospital that fails to
2551 comply with the provisions of this section shall be liable for a civil
2552 penalty not to exceed five hundred dollars for each failure to disclose a
2553 stroke care data, as determined by the commissioner.

2554 (3) The reimbursements, expenses and civil penalties set forth in this
2555 section shall be assessed only after the Department of Public Health has
2556 provided a comprehensive stroke center, thrombectomy-capable stroke
2557 center, primary stroke center or acute stroke-ready hospital with written
2558 notice of deficiency and such comprehensive stroke center,
2559 thrombectomy-capable stroke center, primary stroke center or acute
2560 stroke-ready hospital has been afforded not less than fourteen business
2561 days after the date of receiving such notice to provide a written response
2562 to the department. Such written response shall include any information
2563 requested by the department.

2564 (g) The Commissioner of Public Health may request that the Attorney
2565 General initiate an action to collect any civil penalties assessed pursuant
2566 to this section and obtain such orders as necessary to enforce any
2567 provision of this section.

2568 (h) Not later than January 1, 2022, the Department of Public Health,
2569 in consultation with the State of Connecticut Stroke Advisory Council,
2570 shall establish a stroke registry data oversight committee. Such
2571 committee shall monitor the operations of the state-wide stroke registry,

2572 provide advice regarding the oversight of such registry, develop a plan
2573 to improve quality of stroke care and address disparities in the
2574 provision of such care and develop short and long-term goals for
2575 improvement of stroke care in comprehensive stroke centers,
2576 thrombectomy-capable stroke centers, primary stroke centers and acute
2577 stroke-ready hospitals.

2578 (i) The Commissioner of Public Health may adopt regulations, in
2579 accordance with the provisions of chapter 54 of the general statutes, to
2580 implement the provisions of this section.

2581 Sec. 69. Subsection (k) of section 19a-180 of the general statutes is
2582 repealed and the following is substituted in lieu thereof (*Effective from*
2583 *passage*):

2584 (k) Notwithstanding the provisions of subsection (a) of this section,
2585 any [volunteer, hospital-based or municipal ambulance service]
2586 emergency medical services organization that is licensed or certified and
2587 a primary service area responder may apply to the commissioner, on a
2588 short form application prescribed by the commissioner, to change the
2589 address of a principal or branch location or to add a branch location
2590 within its primary service area. Upon making such application, the
2591 applicant shall notify in writing all other primary service area
2592 responders in any municipality or abutting municipality in which the
2593 applicant proposes to change principal or branch locations. Unless a
2594 primary service area responder entitled to receive notification of such
2595 application objects, in writing, to the commissioner and requests a
2596 hearing on such application not later than fifteen calendar days after
2597 receiving such notice, the application shall be deemed approved thirty
2598 calendar days after filing. If any such primary service area responder
2599 files an objection with the commissioner within the fifteen-calendar-day
2600 time period and requests a hearing, the applicant shall be required to
2601 demonstrate need to change the address of a principal or branch
2602 location within its primary service area at a public hearing as required
2603 under subsection (a) of this section.

2604 Sec. 70. Section 7-36 of the general statutes is repealed and the
2605 following is substituted in lieu thereof (*Effective July 1, 2021*):

2606 As used in this chapter and sections 19a-40 to 19a-45, inclusive, unless
2607 the context otherwise requires:

2608 (1) "Registrar of vital statistics" or "registrar" means the registrar of
2609 births, marriages, deaths and fetal deaths or any public official charged
2610 with the care of returns relating to vital statistics;

2611 (2) "Registration" means the process by which vital records are
2612 completed, filed and incorporated into the official records of the
2613 department;

2614 (3) "Institution" means any public or private facility that provides
2615 inpatient medical, surgical or diagnostic care or treatment, or nursing,
2616 custodial or domiciliary care, or to which persons are committed by law;

2617 (4) "Vital records" means a certificate of birth, death, fetal death or
2618 marriage;

2619 (5) "Certified copy" means a copy of a birth, death, fetal death or
2620 marriage certificate that (A) includes all information on the certificate
2621 except such information that is nondisclosable by law, (B) is issued or
2622 transmitted by any registrar of vital statistics, (C) includes an attested
2623 signature and the raised seal of an authorized person, and (D) if
2624 submitted to the department, includes all information required by the
2625 commissioner;

2626 (6) "Uncertified copy" means a copy of a birth, death, fetal death or
2627 marriage certificate that includes all information contained in a certified
2628 copy except an original attested signature and a raised seal of an
2629 authorized person;

2630 (7) "Authenticate" or "authenticated" means to affix to a vital record
2631 in paper format the official seal, or to affix to a vital record in electronic
2632 format the user identification, password, or other means of electronic
2633 identification, as approved by the department, of the creator of the vital

2634 record, or the creator's designee, by which affixing the creator of such
2635 paper or electronic vital record, or the creator's designee, affirms the
2636 integrity of such vital record;

2637 (8) "Attest" means to verify a vital record in accordance with the
2638 provisions of subdivision (5) of this section;

2639 (9) "Correction" means to change or enter new information on a
2640 certificate of birth, marriage, death or fetal death, within one year of the
2641 date of the vital event recorded in such certificate, in order to accurately
2642 reflect the facts existing at the time of the recording of such vital event,
2643 where such changes or entries are to correct errors on such certificate
2644 due to inaccurate or incomplete information provided by the informant
2645 at the time the certificate was prepared, or to correct transcribing,
2646 typographical or clerical errors;

2647 (10) "Amendment" means to (A) change or enter new information on
2648 a certificate of birth, marriage, death or fetal death, more than one year
2649 after the date of the vital event recorded in such certificate, in order to
2650 accurately reflect the facts existing at the time of the recording of the
2651 event, (B) create a replacement certificate of birth for matters pertaining
2652 to parentage and gender change, or (C) reflect a legal name change in
2653 accordance with section 19a-42 or make a modification to a cause of
2654 death;

2655 (11) "Acknowledgment of paternity" means to legally acknowledge
2656 paternity of a child pursuant to section 46b-172;

2657 (12) "Adjudication of paternity" means to legally establish paternity
2658 through an order of a court of competent jurisdiction;

2659 (13) "Parentage" includes matters relating to adoption, gestational
2660 agreements, paternity and maternity;

2661 (14) "Department" means the Department of Public Health;

2662 (15) "Commissioner" means the Commissioner of Public Health or the
2663 commissioner's designee;

2664 (16) "Gestational agreement" means a written agreement for assisted
2665 reproduction in which a woman agrees to carry a child to birth for an
2666 intended parent or intended parents, which woman contributed no
2667 genetic material to the child and which agreement (A) names each party
2668 to the agreement and indicates each party's respective obligations under
2669 the agreement, (B) is signed by each party to the agreement and the
2670 spouse of each such party, if any, and (C) is witnessed by at least two
2671 disinterested adults and acknowledged in the manner prescribed by
2672 law;

2673 (17) "Intended parent" means a party to a gestational agreement who
2674 agrees, under the gestational agreement, to be the parent of a child born
2675 to a woman by means of assisted reproduction, regardless of whether
2676 the party has a genetic relationship to the child;

2677 (18) "Foundling" means (A) a child of unknown parentage, or (B) an
2678 infant voluntarily surrendered pursuant to the provisions of section 17a-
2679 58; [and]

2680 (19) "Certified homeless youth" means a person who is at least fifteen
2681 years of age but less than eighteen years of age, is not in the physical
2682 custody of a parent or legal guardian, who is a homeless child or youth,
2683 as defined in 42 USC 11434a, as amended from time to time, and who
2684 has been certified as homeless by (A) a school district homeless liaison,
2685 (B) the director of an emergency shelter program funded by the United
2686 States Department of Housing and Urban Development, or the
2687 director's designee, [or] (C) the director of a runaway or homeless youth
2688 basic center or transitional living program funded by the United States
2689 Department of Health and Human Services, or the director's designee,
2690 or (D) the director of a program of a nonprofit organization or
2691 municipality that is contracted with the homeless youth program
2692 established pursuant to section 17a-62a; and

2693 (20) "Certified homeless young adult" means a person who is at least
2694 eighteen years of age but less than twenty-five years of age who has
2695 been certified as homeless by (A) a school district homeless liaison, (B)

2696 the director of an emergency shelter program funded by the United
2697 States Department of Housing and Urban Development, or the
2698 director's designee, (C) the director of a runaway or homeless youth
2699 basic center or transitional living program funded by the United States
2700 Department of Health and Human Services, or the director's designee,
2701 or (D) the director of a program of a nonprofit organization or
2702 municipality that is contracted with the homeless youth program
2703 established pursuant to section 17a-62a.

2704 Sec. 71. Subsection (c) of section 7-51 of the general statutes is
2705 repealed and the following is substituted in lieu thereof (*Effective July 1,*
2706 *2021*):

2707 (c) (1) The registrar of the town in which the birth or fetal death
2708 occurred or of the town in which the mother resided at the time of the
2709 birth or fetal death, or the department, may issue a certified copy of the
2710 certificate of birth or fetal death of any person born in this state that is
2711 kept in paper form in the custody of the registrar. Except as provided in
2712 subdivision (2) of this subsection, such certificate shall be issued upon
2713 the written request of an eligible party listed in subsection (a) of this
2714 section. Any registrar of vital statistics in this state with access, as
2715 authorized by the department, to the electronic vital records system of
2716 the department may issue a certified copy of the electronically filed
2717 certificate of birth or fetal death of any person born in this state upon
2718 the written request of an eligible party listed in subsection (a) of this
2719 section. The registrar and the department may waive the fee for the
2720 issuance of a certified copy of the certificate of birth of a certified
2721 homeless young adult to such young adult under this subsection.

2722 (2) In the case of a certified homeless youth, such certified homeless
2723 youth and the person who is certifying the certified homeless youth as
2724 homeless, as described in section 7-36, as amended by this act, shall
2725 appear in person when the certified homeless youth is presenting the
2726 written request described in subdivision (1) of this subsection at (A) the
2727 office of the registrar of the town in which the certified homeless youth
2728 was born, (B) the office of the registrar of the town in which the mother

2729 of the certified homeless youth resided at the time of the birth, (C) if the
2730 birth certificate of the certified homeless youth has been electronically
2731 filed, any registrar of vital statistics in the state with access, as
2732 authorized by the department, to the electronic vital records system, or
2733 (D) the state vital records office of the department. The certified
2734 homeless youth shall present to the registrar or the department
2735 information sufficient to identify himself or herself as may be required
2736 by regulations adopted by the commissioner pursuant to section 7-41.
2737 The person who is certifying the certified homeless youth as homeless
2738 shall present to the registrar or the department information sufficient to
2739 identify himself or herself as meeting the certification requirements of
2740 section 7-36, as amended by this act. The registrar and the department
2741 may waive the fee for the issuance of a certified copy of the certificate of
2742 birth of a homeless youth to such youth under this subsection.

2743 Sec. 72. Subsection (a) of section 1-1h of the general statutes is
2744 repealed and the following is substituted in lieu thereof (*Effective July 1,*
2745 *2021*):

2746 (a) Any person who does not possess a valid motor vehicle operator's
2747 license may apply to the Department of Motor Vehicles for an identity
2748 card. The application for an identity card shall be accompanied by the
2749 birth certificate of the applicant or a certificate of identification of the
2750 applicant issued and authorized for such use by the Department of
2751 Correction and a fee of twenty-eight dollars. Such application shall
2752 include: (1) The applicant's name; (2) the applicant's address; (3)
2753 whether the address is permanent or temporary; (4) the applicant's date
2754 of birth; (5) notice to the applicant that false statements on such
2755 application are punishable under section 53a-157b; and (6) such other
2756 pertinent information as the Commissioner of Motor Vehicles deems
2757 necessary. The applicant shall sign the application in the presence of an
2758 official of the Department of Motor Vehicles. The commissioner may
2759 waive the fee for any applicant (A) who has voluntarily surrendered
2760 such applicant's motor vehicle operator's license, (B) whose license has
2761 been refused by the commissioner pursuant to subdivision (4) of
2762 subsection (e) of section 14-36, (C) who is both a veteran, as defined in

2763 subsection (a) of section 27-103, and blind, as defined in subsection (a)
 2764 of section 1-1f, or (D) who is a resident of a homeless shelter or other
 2765 facility for homeless persons or a certified homeless youth or certified
 2766 homeless young adult. The commissioner shall adopt regulations, in
 2767 accordance with the provisions of chapter 54, to establish the procedure
 2768 and qualifications for the issuance of an identity card to any such
 2769 homeless applicant. For the purposes of this subsection, "certified
 2770 homeless youth" and "certified homeless young adult" have the same
 2771 meanings as provided in section 7-36, as amended by this act.

2772 Sec. 73. Section 20-226 of the general statutes is repealed. (*Effective*
 2773 *from passage*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2021</i>	PA 19-117, Sec. 73
Sec. 2	<i>October 1, 2021</i>	25-33(b)
Sec. 3	<i>October 1, 2021</i>	8-3i
Sec. 4	<i>October 1, 2021</i>	22a-42f
Sec. 5	<i>October 1, 2021</i>	19a-111
Sec. 6	<i>October 1, 2021</i>	19a-37
Sec. 7	<i>October 1, 2021</i>	19a-524
Sec. 8	<i>July 1, 2021</i>	19a-491c(c)(2)
Sec. 9	<i>October 1, 2021</i>	19a-177
Sec. 10	<i>October 1, 2021</i>	20-207
Sec. 11	<i>October 1, 2021</i>	20-212
Sec. 12	<i>October 1, 2021</i>	20-213(a) and (b)
Sec. 13	<i>October 1, 2021</i>	20-215
Sec. 14	<i>October 1, 2021</i>	20-217(a)
Sec. 15	<i>October 1, 2021</i>	20-224
Sec. 16	<i>October 1, 2021</i>	20-195dd
Sec. 17	<i>October 1, 2021</i>	20-195c(a)
Sec. 18	<i>October 1, 2021</i>	19a-14(a)(12)
Sec. 19	<i>October 1, 2021</i>	20-204a(a) to (c)
Sec. 20	<i>January 1, 2022</i>	7-62b(b) and (c)
Sec. 21	<i>July 1, 2021</i>	19a-200
Sec. 22	<i>July 1, 2021</i>	19a-202a
Sec. 23	<i>July 1, 2021</i>	19a-244

Sec. 24	<i>July 1, 2021</i>	19a-12a(a)(3)
Sec. 25	<i>July 1, 2021</i>	19a-12d
Sec. 26	<i>October 1, 2021</i>	19a-12e(a)
Sec. 27	<i>from passage</i>	20-185k(b)
Sec. 28	<i>October 1, 2021</i>	17a-412(a)
Sec. 29	<i>October 1, 2021</i>	17b-451(a)
Sec. 30	<i>July 1, 2021</i>	19a-6o
Sec. 31	<i>from passage</i>	19a-6q
Sec. 32	<i>July 1, 2021</i>	19a-493(b)
Sec. 33	<i>July 1, 2021</i>	New section
Sec. 34	<i>October 1, 2021</i>	19a-343(c)
Sec. 35	<i>from passage</i>	19a-131g
Sec. 36	<i>July 1, 2021</i>	19a-30(d)
Sec. 37	<i>July 1, 2021</i>	20-365(b)
Sec. 38	<i>from passage</i>	20-195u(b)
Sec. 39	<i>from passage</i>	20-265h(a)
Sec. 40	<i>from passage</i>	19a-131j(a)
Sec. 41	<i>July 1, 2021</i>	19a-512(a)
Sec. 42	<i>July 1, 2021</i>	19a-490
Sec. 43	<i>July 1, 2021</i>	19a-491(b) to (i)
Sec. 44	<i>July 1, 2021</i>	19a-491c(a)(4)
Sec. 45	<i>July 1, 2021</i>	19a-492b
Sec. 46	<i>July 1, 2021</i>	19a-492c(b)
Sec. 47	<i>July 1, 2021</i>	19a-492d
Sec. 48	<i>July 1, 2021</i>	19a-492e
Sec. 49	<i>July 1, 2021</i>	19a-496a
Sec. 50	<i>July 1, 2021</i>	19a-504d
Sec. 51	<i>July 1, 2021</i>	New section
Sec. 52	<i>July 1, 2021</i>	19a-522f
Sec. 53	<i>July 1, 2021</i>	New section
Sec. 54	<i>July 1, 2021</i>	19a-521b
Sec. 55	<i>October 1, 2021</i>	19a-195
Sec. 56	<i>from passage</i>	20-206jj
Sec. 57	<i>from passage</i>	20-206mm(f)
Sec. 58	<i>from passage</i>	19a-178a(b)
Sec. 59	<i>from passage</i>	19a-36h(a)
Sec. 60	<i>from passage</i>	19a-36j(a)
Sec. 61	<i>from passage</i>	19a-36o
Sec. 62	<i>October 1, 2021</i>	19a-332(5)
Sec. 63	<i>from passage</i>	20-250(4)
Sec. 64	<i>July 1, 2021</i>	20-265b(b)

Sec. 65	<i>July 1, 2021</i>	10-206(f)
Sec. 66	<i>from passage</i>	19a-215(b) to (f)
Sec. 67	<i>October 1, 2021</i>	19a-490w
Sec. 68	<i>October 1, 2021</i>	New section
Sec. 69	<i>from passage</i>	19a-180(k)
Sec. 70	<i>July 1, 2021</i>	7-36
Sec. 71	<i>July 1, 2021</i>	7-51(c)
Sec. 72	<i>July 1, 2021</i>	1-1h(a)
Sec. 73	<i>from passage</i>	Repealer section

Statement of Purpose:

To implement the recommendations of the Department of Public Health regarding various revisions to the public health statutes.

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