



General Assembly

January Session, 2021

**Substitute Bill No. 6666**



**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 Section 73 of public act 19-117 is repealed and the following  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18 repealed and the following is substituted in lieu thereof (*Effective October*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] applicant shall send such notice to the water company  
94 by certified mail, return receipt requested, and to the department by  
95 electronic mail to the electronic mail address designated on its Internet  
96 web site for receipt of such notice. Such applicant shall [be mailed] mail  
97 such notice not later than seven days after the date of the application.  
98 Such water company and the Commissioner of Public Health may,  
99 through a representative, appear and be heard at any hearing on any  
100 such application, petition, request or plan.

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

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 Section 22a-42f of the general statutes is repealed and the  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

114 When an application is filed to conduct or cause to be conducted a  
115 regulated activity upon an inland wetland or watercourse, any portion  
116 of which is within the watershed of a water company as defined in  
117 section 25-32a, the applicant shall: (1) [provide] Provide written notice  
118 of the application to the water company and the [Commissioner of

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

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

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

152 days after the conclusion of such director's investigation, report to the  
153 Commissioner of Public Health, using a web-based surveillance system  
154 as prescribed by the commissioner, the result of such investigation and  
155 the action taken to ensure against further lead poisoning from the same  
156 source, including any measures taken to effect relocation of families.  
157 Such report shall include information relevant to the identification and  
158 location of the source of lead poisoning and such other information as  
159 the commissioner may require pursuant to regulations adopted in  
160 accordance with the provisions of chapter 54. The commissioner shall  
161 maintain comprehensive records of all reports submitted pursuant to  
162 this section and section 19a-110. Such records shall be geographically  
163 indexed in order to determine the location of areas of relatively high  
164 incidence of lead poisoning. The commissioner shall establish, in  
165 conjunction with recognized professional medical groups, guidelines  
166 consistent with the National Centers for Disease Control and Prevention  
167 for assessment of the risk of lead poisoning, screening for lead poisoning  
168 and treatment and follow-up care of individuals including children with  
169 lead poisoning, women who are pregnant and women who are planning  
170 pregnancy. Nothing in this section shall be construed to prohibit a local  
171 building official from requiring abatement of sources of lead.

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

174 (a) As used in this section:

175 (1) "Laboratory or firm" means an environmental laboratory  
176 registered by the Department of Public Health pursuant to section 19a-  
177 29a;

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

183 (3) "Public well" means a water supply well that supplies a public  
184 water system;

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

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

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

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

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

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

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



248 agency, health district or municipal health officer may withhold or  
249 cause to be withheld such a certificate of occupancy except as provided  
250 in this section.

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

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

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

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

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

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

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

313 sections 19-525 to 19a-528, inclusive. Each such citation shall be in  
314 writing, provide notice of the nature and scope of the alleged violation  
315 or violations, and include, but not be limited to, the citation and notice  
316 of noncompliance issued in accordance with section 19a-496. Each  
317 citation and notice of noncompliance issued under this section shall be  
318 sent to the licensee electronically in a form and manner prescribed by  
319 the commissioner or by certified mail [to the licensee] at the address of  
320 the nursing home facility or residential care home in issue. A copy of  
321 such citation and notice of noncompliance shall also be sent to the  
322 licensed administrator at the address of the nursing home facility or  
323 residential care home.

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

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

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

343 The commissioner shall:

344 (1) With the advice of the Office of Emergency Medical Services  
345 established pursuant to section 19a-178 and of an advisory committee  
346 on emergency medical services and with the benefit of meetings held  
347 pursuant to subsection (b) of section 19a-184, adopt every five years a  
348 state-wide plan for the coordinated delivery of emergency medical  
349 services;

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

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

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

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

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

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

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

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

408 paramedic intercept service and approved by the commissioner,  
409 provided the commissioner shall take into consideration the needs of  
410 such licensed ambulance service, certified ambulance service or  
411 paramedic intercept service in approving such electronic form. The  
412 commissioner may conduct an audit of any such licensed ambulance  
413 service, certified ambulance service or paramedic intercept service as  
414 the commissioner deems necessary in order to verify the accuracy of  
415 such reported data.

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

436 (C) If any licensed ambulance service, certified ambulance service or  
437 paramedic intercept service does not submit the data required under  
438 subparagraph (A) of this subdivision for a period of six consecutive  
439 months, or if the commissioner believes that such licensed ambulance  
440 service, certified ambulance service or paramedic intercept service

441 knowingly or intentionally submitted incomplete or false data, the  
442 commissioner shall issue a written order directing such licensed  
443 ambulance service, certified ambulance service or paramedic intercept  
444 service to comply with the provisions of subparagraph (A) of this  
445 subdivision and submit all missing data or such corrected data as the  
446 commissioner may require. If such licensed ambulance service, certified  
447 ambulance service or paramedic intercept service fails to fully comply  
448 with such order not later than three months from the date such order is  
449 issued, the commissioner (i) shall conduct a hearing, in accordance with  
450 chapter 54, at which such licensed ambulance service, certified  
451 ambulance service or paramedic intercept service shall be required to  
452 show cause why the primary service area assignment of such licensed  
453 ambulance service, certified ambulance service or paramedic intercept  
454 service should not be revoked, and (ii) may take such disciplinary action  
455 under section 19a-17 as the commissioner deems appropriate.

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

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

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

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



508 year, and do not accept the maximum allowable rates contained in any  
509 voluntary state-wide rate schedule established by the commissioner for  
510 the rate application year shall be required to file detailed financial  
511 information with the commissioner, provided any hearing that the  
512 commissioner may hold concerning such application shall be conducted  
513 as a contested case in accordance with chapter 54; (iii) licensed  
514 ambulance services, certified ambulance services and paramedic  
515 intercept services that do not apply for a rate increase in any year in  
516 excess of the Medical Care Services Consumer Price Index, as published  
517 by the Bureau of Labor Statistics of the United States Department of  
518 Labor, for the prior year, or that accept the maximum allowable rates  
519 contained in any voluntary state-wide rate schedule established by the  
520 commissioner for the rate application year shall, not later than the last  
521 business day in August of such year, file with the commissioner a  
522 statement of emergency and nonemergency call volume, and, in the case  
523 of a licensed ambulance service, certified ambulance service or  
524 paramedic intercept service that is not applying for a rate increase, a  
525 written declaration by such licensed ambulance service, certified  
526 ambulance service or paramedic intercept service that no change in its  
527 currently approved maximum allowable rates will occur for the rate  
528 application year; and (iv) detailed financial and operational information  
529 filed by licensed ambulance services, certified ambulance services and  
530 paramedic intercept services to support a request for a rate increase in  
531 excess of the Medical Care Services Consumer Price Index, as published  
532 by the Bureau of Labor Statistics of the United States Department of  
533 Labor, for the prior year, shall cover the time period pertaining to the  
534 most recently completed fiscal year and the rate application year of the  
535 licensed ambulance service, certified ambulance service or paramedic  
536 intercept service.

537 (C) Establish rates for licensed ambulance services, certified  
538 ambulance services or paramedic intercept services for the following  
539 services and conditions: (i) "Advanced life support assessment" and  
540 "specialty care transports", which terms have the meanings provided in  
541 42 CFR 414.605; and (ii) mileage, which may include mileage for an

542 ambulance transport when the point of origin and final destination for  
543 a transport is within the boundaries of the same municipality. The rates  
544 established by the commissioner for each such service or condition shall  
545 be equal to (I) the ambulance service's base rate plus its established  
546 advanced life support/paramedic surcharge when advanced life  
547 support assessment services are performed; (II) two hundred twenty-  
548 five per cent of the ambulance service's established base rate for  
549 specialty care transports; and (III) "loaded mileage", as the term is  
550 defined in 42 CFR 414.605, multiplied by the ambulance service's  
551 established rate for mileage. Such rates shall remain in effect until such  
552 time as the commissioner establishes a new rate schedule as provided  
553 in this subdivision.

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

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

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

569 (12) Annually issue a list of minimum equipment requirements for  
570 [ambulances and rescue vehicles] authorized emergency medical  
571 services vehicles based upon current national standards. The  
572 commissioner shall distribute such list to all emergency medical service  
573 organizations and sponsor hospital medical directors and make such list

574 available to other interested stakeholders. Emergency medical service  
575 organizations shall have one year from the date of issuance of such list  
576 to comply with the minimum equipment requirements.

577       Sec. 10. (NEW) (*Effective July 1, 2021*) The Commissioner of Public  
578 Health may waive any provisions of the regulations affecting an  
579 emergency medical service organization, as defined in section 19a-175  
580 of the general statutes, if the commissioner determines that such waiver  
581 would not endanger the health, safety or welfare of any patient or  
582 resident. The commissioner may impose conditions, upon granting the  
583 waiver, that assure the health, safety or welfare of patients or residents  
584 and may revoke the waiver upon a finding that the health, safety or  
585 welfare of any patient or resident has been jeopardized. The  
586 commissioner may adopt regulations, in accordance with the provisions  
587 of chapter 54 of the general statutes, establishing procedures for an  
588 application for a waiver pursuant to this subdivision.

589       Sec. 11. Section 20-207 of the general statutes is repealed and the  
590 following is substituted in lieu thereof (*Effective October 1, 2021*):

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

593       (1) "Board" means the Connecticut Board of Examiners of Embalmers  
594 and Funeral Directors;

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

597       (3) "Funeral directing" means the business, practice or profession, as  
598 commonly practiced, of (A) directing or supervising funerals, or  
599 providing funeral services; (B) handling or encasing or providing  
600 services for handling and encasing dead human bodies, otherwise than  
601 by embalming, for burial or disposal; (C) providing embalming services;  
602 (D) providing transportation, interment and disinterment of dead  
603 human bodies; (E) maintaining an establishment so located, constructed  
604 and equipped as to permit the decent and sanitary handling of dead

605 human bodies, with suitable equipment in such establishment for such  
606 handling; (F) conducting an establishment from which funerals may be  
607 held; (G) engaging in consultations concerning arrangements for the  
608 disposition of human remains, including, but not limited to,  
609 arrangements for cremation or alkaline hydrolysis; (H) casketing human  
610 remains; (I) making cemetery and cremation arrangements; and (J)  
611 preparing funeral service contracts, as defined in section 42-200;

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

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

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

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

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

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

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

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

639 Sec. 12. Section 20-212 of the general statutes is repealed and the  
640 following is substituted in lieu thereof (*Effective October 1, 2021*):

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

668 supervision of a licensed embalmer and incidental to such student's  
669 course of study.

670 Sec. 13. Subsections (a) and (b) of section 20-213 of the general statutes  
671 are repealed and the following is substituted in lieu thereof (*Effective*  
672 *October 1, 2021*):

673 (a) (1) After a [student] registered apprentice embalmer has (A)  
674 completed a program of education in mortuary science approved by the  
675 board with the consent of the Commissioner of Public Health, (B)  
676 successfully completed an examination prescribed by the Department  
677 of Public Health with the consent of the board, (C) completed one year  
678 of practical training and experience of a grade and character satisfactory  
679 to the commissioner in the state in full-time employment under the  
680 personal supervision and instruction of an embalmer licensed under the  
681 provisions of this chapter, and (D) embalmed fifty human bodies in not  
682 more than two years under the supervision of a licensed embalmer or  
683 embalmers, (2) the [student] registered apprentice embalmer shall (A)  
684 submit to the department an application and fee of two hundred ten  
685 dollars, (B) take a written examination on the Connecticut public health  
686 laws and the regulations of Connecticut state agencies pertaining to the  
687 activities of an embalmer, and (C) take an examination in practical  
688 embalming that shall include an actual demonstration upon a cadaver.  
689 When the [student] registered apprentice embalmer has satisfactorily  
690 passed such examinations, said department shall issue to him or her a  
691 license to practice embalming. At the expiration of such license, if the  
692 holder thereof desires a renewal, said department shall grant it pursuant  
693 to section 20-222a, except for cause.

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

699 Sec. 14. Section 20-215 of the general statutes is repealed and the

700 following is substituted in lieu thereof (*Effective October 1, 2021*):

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

706 Sec. 15. Subsection (a) of section 20-217 of the general statutes is  
707 repealed and the following is substituted in lieu thereof (*Effective October*  
708 *1, 2021*):

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

725 Sec. 16. Section 20-224 of the general statutes is repealed and the  
726 following is substituted in lieu thereof (*Effective October 1, 2021*):

727 (a) The provisions of sections 20-217, as amended by this act, 20-220  
728 and 20-227 shall not prohibit the employment of assistants or of  
729 [student] registered apprentice embalmers and [student] registered  
730 apprentice funeral directors as provided in this chapter, provided a

731 licensed funeral service business may employ no more than two  
732 [student] registered apprentice embalmers at any one time, and any  
733 person, firm, corporation or other organization engaged in the business  
734 of funeral directing may employ no more than one [student] registered  
735 apprentice funeral director at any one time, without the approval of the  
736 Board of Examiners of Embalmers and Funeral Directors.

737 (b) [Student] Registered apprentice embalmers and [student]  
738 registered apprentice funeral directors shall register as apprentices with  
739 the Department of Public Health, in the manner prescribed by the  
740 commissioner in regulations adopted pursuant to section 20-211, for  
741 purposes of completing practical training and experience pursuant to  
742 the provisions of this chapter.

743 Sec. 17. Section 20-195dd of the general statutes is repealed and the  
744 following is substituted in lieu thereof (*Effective October 1, 2021*):

745 (a) Except as otherwise provided in subsections (c) and (d) of this  
746 section, an applicant for a license as a professional counselor shall  
747 submit evidence satisfactory to the commissioner of having: (1) (A)  
748 Earned a graduate degree in clinical mental health counseling as part of  
749 a program of higher learning accredited by the Council for  
750 Accreditation of Counseling and Related Educational Programs, or a  
751 successor organization, or (B) (i) completed at least sixty graduate  
752 semester hours in counseling or a related mental health field at a  
753 regionally accredited institution of higher education that included  
754 coursework in each of the following areas: (I) Human growth and  
755 development; (II) social and cultural foundations; (III) counseling  
756 theories; (IV) counseling techniques; (V) group counseling; (VI) career  
757 counseling; (VII) appraisals or tests and measurements to individuals  
758 and groups; (VIII) research and evaluation; (IX) professional orientation  
759 to mental health counseling; (X) addiction and substance abuse  
760 counseling; (XI) trauma and crisis counseling; and (XII) diagnosis and  
761 treatment of mental and emotional disorders, (ii) earned from a  
762 regionally accredited institution of higher education a graduate degree  
763 in counseling or a related mental health field, (iii) completed a one-



764 hundred-hour practicum in counseling taught by a faculty member  
765 licensed or certified as a professional counselor or its equivalent in  
766 another state, and (iv) completed a six-hundred-hour clinical mental  
767 health counseling internship taught by a faculty member licensed or  
768 certified as a professional counselor or its equivalent in another state; (2)  
769 acquired three thousand hours of postgraduate experience under  
770 professional supervision, including a minimum of one hundred hours  
771 of direct professional supervision, in the practice of professional  
772 counseling, performed over a period of not less than two years; and (3)  
773 passed an examination prescribed by the commissioner. The provisions  
774 of subparagraphs (B)(i)(X) to (B)(i)(XII), inclusive, (B)(iii) and (B)(iv) of  
775 this subsection shall not apply to any applicant who, on or before July  
776 1, 2017, was a matriculating student in good standing in a graduate  
777 degree program at a regionally accredited institution of higher  
778 education in one of the fields required under subparagraph (B) of this  
779 subsection.

780 (b) An applicant for a license as a professional counselor associate  
781 shall submit to the Commissioner of Public Health evidence satisfactory  
782 to the commissioner of having (1) earned a graduate degree in clinical  
783 mental health counseling as part of a program of higher learning  
784 accredited by the Council for Accreditation of Counseling and Related  
785 Educational Programs, or a successor organization, or (2) (A) completed  
786 at least sixty graduate semester hours in counseling or a related mental  
787 health field at a regionally accredited institution of higher education  
788 that included coursework in each of the following areas: Human growth  
789 and development; social and cultural foundations; counseling theories;  
790 counseling techniques; group counseling; career counseling; appraisals  
791 or tests and measurements to individuals and groups; research and  
792 evaluation; professional orientation to mental health counseling;  
793 addiction and substance abuse counseling; trauma and crisis  
794 counseling; and diagnosis and treatment of mental and emotional  
795 disorders, (B) completed a one-hundred-hour practicum in counseling  
796 taught by a faculty member licensed or certified as a professional  
797 counselor or its equivalent in another state, (C) completed a six-

798 hundred-hour clinical mental health counseling internship taught by a  
799 faculty member licensed or certified as a professional counselor or its  
800 equivalent in another state, and (D) earned from a regionally accredited  
801 institution of higher education a graduate degree in counseling or a  
802 related mental health field. The provisions of subparagraphs (A) to (C),  
803 inclusive, of subdivision (2) of this subsection shall not apply to any  
804 applicant who, on or before July 1, 2022, earned a graduate degree at a  
805 regionally accredited institution of higher education in counseling or a  
806 related mental health field and has accumulated at least three thousand  
807 hours of experience under professional supervision, as defined in  
808 section 20-195aa.

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

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

824 Sec. 18. Subsection (a) of section 20-195c of the general statutes is  
825 repealed and the following is substituted in lieu thereof (*Effective October*  
826 *1, 2021*):

827 (a) Each applicant for licensure as a marital and family therapist shall  
828 present to the department satisfactory evidence that such applicant has:  
829 (1) Completed a graduate degree program specializing in marital and

830 family therapy offered by a regionally accredited college or university  
831 or an accredited postgraduate clinical training program accredited by  
832 the Commission on Accreditation for Marriage and Family Therapy  
833 Education offered by a regionally accredited institution of higher  
834 education; (2) completed a supervised practicum or internship with  
835 emphasis in marital and family therapy supervised by the program  
836 granting the requisite degree or by an accredited postgraduate clinical  
837 training program accredited by the Commission on Accreditation for  
838 Marriage and Family Therapy Education and offered by a regionally  
839 accredited institution of higher education; [, in which the student  
840 received a minimum of five hundred direct clinical hours that included  
841 one hundred hours of clinical supervision;] (3) completed twelve  
842 months of relevant postgraduate experience, including (A) a minimum  
843 of one thousand hours of direct client contact offering marital and  
844 family therapy services subsequent to being awarded a master's degree  
845 or doctorate or subsequent to the training year specified in subdivision  
846 (2) of this subsection, and (B) one hundred hours of postgraduate  
847 clinical supervision provided by a licensed marital and family therapist;  
848 and (4) passed an examination prescribed by the department. The fee  
849 shall be three hundred fifteen dollars for each initial application.

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

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

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

861 (B) Upon request of the person who filed the complaint, provide such

862 person with an opportunity to review, at the department, records  
863 compiled as of the date of the request pursuant to any investigation of  
864 the complaint, including, but not limited to, the respondent's written  
865 response to the complaint, except that such person shall not be entitled  
866 to copy such records and the department (i) shall not disclose (I)  
867 information concerning a health care professional's referral to,  
868 participation in or completion of an assistance program in accordance  
869 with sections 19a-12a and 19a-12b, that is confidential pursuant to  
870 section 19a-12a, (II) information not related to such person's specific  
871 complaint, including, but not limited to, information concerning  
872 patients other than such person, or (III) personnel or medical records  
873 and similar files the disclosure of which would constitute an invasion of  
874 personal privacy pursuant to section 1-210, except for such records or  
875 similar files solely related to such person; (ii) shall not be required to  
876 disclose any other information that is otherwise confidential pursuant  
877 to federal law or state statute, except for information solely related to  
878 such person; and (iii) may require up to ten business days written notice  
879 prior to providing such opportunity for review;

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

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

889 (E) Notify the person who filed the complaint of the final disposition  
890 of such complaint not later than seven business days after such final  
891 disposition;

892 Sec. 20. Subsections (a) to (c), inclusive, of section 20-204a of the  
893 general statutes are repealed and the following is substituted in lieu

894 thereof (*Effective October 1, 2021*):

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

902 (b) Except as provided in subsections (c) and (d) of this section, the  
903 investigation shall be confidential and not subject to disclosure under  
904 section 1-210 and no person may disclose knowledge of the  
905 investigation to a third party unless the veterinarian requests that the  
906 investigation be open, [The owner of any animal that is the subject of  
907 such an investigation shall not be deemed a third party to such an  
908 investigation for purposes of disclosure under this section] except that  
909 the department shall provide information to the person who filed the  
910 complaint pursuant to subdivision (12) of subsection (a) of section 19a-  
911 14, as amended by this act.

912 (c) If the department makes a finding of no probable cause to take  
913 action under section 20-202 or fails to make a finding within the twelve-  
914 month period required by subsection [(b)] (a) of this section, the  
915 allegation submitted pursuant to subsection (a) of this section and the  
916 entire record of the investigation may remain confidential and no  
917 person shall disclose knowledge of such investigation to a third party  
918 unless the veterinarian requests that it be open, except that the  
919 department shall provide information to the person who filed the  
920 complaint pursuant to subdivision (12) of subsection (a) of section 19a-  
921 14, as amended by this act.

922 Sec. 21. Subsections (b) and (c) of section 7-62b of the general statutes  
923 are repealed and the following is substituted in lieu thereof (*Effective*  
924 *January 1, 2022*):

925 (b) The funeral director or embalmer licensed by the department, or  
926 the funeral director or embalmer licensed in another state and  
927 complying with the terms of a reciprocal agreement on file with the  
928 department, in charge of the burial of the deceased person shall  
929 complete the death certificate through the electronic death registry  
930 system, or, if the electronic death registry system is unavailable, on a  
931 form provided by the department. Said certificate shall be filed by a  
932 licensed embalmer or such embalmer's designee or a funeral director or  
933 such director's designee, in accordance with the provisions of this  
934 section, except when inquiry is required by the Chief Medical  
935 Examiner's Office, in which case the death certificate shall be filed in  
936 accordance with section 19a-409. The Social Security number of the  
937 deceased person shall be recorded on such certificate. Such licensed  
938 funeral director or licensed embalmer shall obtain the personal data  
939 from the next of kin or the best qualified person or source available and  
940 shall obtain a medical certification from the person responsible therefor,  
941 in accordance with the provisions of this section. Only a licensed  
942 embalmer may assume charge of the burial of a deceased person who  
943 had a communicable disease, as designated in the [Public Health Code]  
944 regulations of Connecticut state agencies, at the time of death and such  
945 licensed embalmer shall file an affidavit, on a form provided by the  
946 department, signed and sworn to by such licensed embalmer stating  
947 that the body has been disinfected in accordance with the [Public Health  
948 Code] regulations of Connecticut State Agencies.

949 (c) The medical certification portion of the death certificate shall be  
950 completed, signed and returned to the licensed funeral director or  
951 licensed embalmer no later than twenty-four hours after death by the  
952 physician or advanced practice registered nurse in charge of the  
953 patient's care for the illness or condition which resulted in death, or  
954 upon the death of an infant delivered by a nurse-midwife, by such  
955 nurse-midwife, as provided in section 20-86b. In the absence of such  
956 physician or advanced practice registered nurse, or with the physician's  
957 or advanced practice registered nurse's approval, the medical  
958 certification may be completed and signed by an associate physician, an

959 advanced practice registered nurse, a physician assistant as provided in  
960 subsection (d) of section 20-12d, a registered nurse as provided in  
961 section 20-101a, the chief medical officer of the institution in which  
962 death occurred, or by the pathologist who performed an autopsy upon  
963 the decedent. No physician, advanced practice registered nurse,  
964 physician assistant, registered nurse, nurse-midwife, chief medical  
965 officer or pathologist shall sign and return the medical certification  
966 unless such physician, advanced practice registered nurse, physician  
967 assistant, registered nurse, nurse-midwife, chief medical officer or  
968 pathologist has personally viewed and examined the body of the person  
969 to whom the medical certification relates and is satisfied that at the time  
970 of the examination such person was in fact dead, except in the event a  
971 medical certification is completed by a physician, advanced practice  
972 registered nurse, physician assistant, registered nurse, nurse-midwife,  
973 chief medical officer or pathologist other than the one who made the  
974 determination and pronouncement of death, an additional viewing and  
975 examination of the body shall not be required. Such physician,  
976 advanced practice registered nurse, physician assistant, registered  
977 nurse, nurse-midwife, chief medical officer or pathologist shall certify  
978 to the facts of death through the electronic death registry system, or, if  
979 the electronic death registry is unavailable, on a form provided by the  
980 department. If a physician, advanced practice registered nurse,  
981 physician assistant, registered nurse, nurse-midwife, chief medical  
982 officer or pathologist refuses or otherwise fails to complete, sign and  
983 return the medical portion of the death certificate to the licensed funeral  
984 director or licensed embalmer within twenty-four hours after death,  
985 such licensed funeral director or embalmer may notify the  
986 Commissioner of Public Health of such refusal. The commissioner may,  
987 upon receipt of notification and investigation, assess a civil penalty  
988 against such physician, advanced practice registered nurse, physician  
989 assistant, registered nurse, chief medical officer or pathologist not to  
990 exceed two hundred fifty dollars. The medical certification shall state  
991 the cause of death, defined so that such death may be classified under  
992 the international list of causes of death, the duration of disease if known  
993 and such additional information as the Department of Public Health

994 requires. The department shall give due consideration to national  
995 uniformity in vital statistics in prescribing the form and content of such  
996 information.

997 Sec. 22. Section 19a-200 of the general statutes is repealed and the  
998 following is substituted in lieu thereof (*Effective July 1, 2021*):

999 (a) The mayor of each city, the chief executive officer of each town  
1000 and the warden of each borough shall, unless the charter of such city,  
1001 town or borough otherwise provides, nominate some person to be  
1002 director of health for such city, town or borough. [ , which] Such person  
1003 shall possess the qualifications specified in subsection (b) of this section.  
1004 Upon approval of the commissioner, such nomination shall be  
1005 confirmed or rejected by the board of selectmen, if there be such a board,  
1006 otherwise by the legislative body of such city or town or by the  
1007 burgesses of such borough within thirty days thereafter.

1008 (b) Notwithstanding the charter provisions of any city, town or  
1009 borough with respect to the qualifications of the director of health, on  
1010 and after October 1, 2010, any person nominated to be a director of  
1011 health shall (1) be a licensed physician and hold a degree in public health  
1012 from an accredited school, college, university or institution, or (2) hold  
1013 a graduate degree in public health from an accredited institution of  
1014 higher education. The educational requirements of this section shall not  
1015 apply to any director of health nominated or otherwise appointed as  
1016 director of health prior to October 1, 2010.

1017 (c) In cities, towns or boroughs with a population of forty thousand  
1018 or more for five consecutive years, according to the estimated  
1019 population figures authorized pursuant to subsection (b) of section  
1020 8-159a, such director of health shall serve in a full-time capacity, except  
1021 where a town has designated such director as the chief medical advisor  
1022 for its public schools under section 10-205. [ , and]

1023 (d) No director shall, [not,] during such director's term of office, have  
1024 any financial interest in or engage in any employment, transaction or



1025 professional activity that is in substantial conflict with the proper  
1026 discharge of the duties required of directors of health by the general  
1027 statutes or the regulations of Connecticut state agencies or specified by  
1028 the appointing authority of the city, town or borough in its written  
1029 agreement with such director. A written agreement with such director  
1030 shall be submitted to the Commissioner of Public Health upon such  
1031 director's appointment or reappointment.

1032 (e) Such director of health shall have and exercise within the limits of  
1033 the city, town or borough for which such director is appointed all  
1034 powers necessary for enforcing the general statutes, provisions of the  
1035 regulations of Connecticut state agencies relating to the preservation  
1036 and improvement of the public health and preventing the spread of  
1037 diseases therein.

1038 (f) In case of the absence or inability to act of a city, town or borough  
1039 director of health or if a vacancy exists in the office of such director, the  
1040 appointing authority of such city, town or borough may, with the  
1041 approval of the Commissioner of Public Health, designate in writing a  
1042 suitable person to serve as acting director of health during the period of  
1043 such absence or inability or vacancy, provided the commissioner may  
1044 appoint such acting director if the city, town or borough fails to do so.  
1045 The person so designated, when sworn, shall have all the powers and  
1046 be subject to all the duties of such director. In case of vacancy in the  
1047 office of such director, if such vacancy exists for [thirty] sixty days, said  
1048 commissioner may appoint a director of health for such city, town or  
1049 borough. Said commissioner, may, for cause, remove an officer the  
1050 commissioner or any predecessor in said office has appointed, and the  
1051 common council of such city, town or the burgesses of such borough  
1052 may, respectively, for cause, remove a director whose nomination has  
1053 been confirmed by them, provided such removal shall be approved by  
1054 said commissioner; and, within two days thereafter, notice in writing of  
1055 such action shall be given by the clerk of such city, town or borough, as  
1056 the case may be, to said commissioner, who shall, within ten days after  
1057 receipt, file with the clerk from whom the notice was received, approval

1058 or disapproval.

1059 (g) Each such director of health shall hold office for the term of four  
1060 years from the date of appointment and until a successor is nominated  
1061 and confirmed in accordance with this section.

1062 (h) Each director of health shall, annually, at the end of the fiscal year  
1063 of the city, town or borough, file with the Department of Public Health  
1064 a report of the doings as such director for the year preceding.

1065 [(b)] (i) On and after July 1, 1988, each city, town and borough shall  
1066 provide for the services of a sanitarian licensed under chapter 395 to  
1067 work under the direction of the local director of health. Where practical,  
1068 the local director of health may act as the sanitarian.

1069 [(c)] (j) As used in this chapter, "authorized agent" means a sanitarian  
1070 licensed under chapter 395 and any individual certified for a specific  
1071 program of environmental health by the Commissioner of Public Health  
1072 in accordance with the general statutes and regulations of Connecticut  
1073 state agencies.

1074 Sec. 23. Section 19a-202a of the general statutes is repealed and the  
1075 following is substituted in lieu thereof (*Effective July 1, 2021*):

1076 (a) Any municipality may designate itself as having a part-time  
1077 health department if: (1) The municipality has not had a full-time health  
1078 department or been in a full-time health district prior to January 1, 1998;  
1079 (2) the municipality has the equivalent of at least one full-time  
1080 employee, as determined by the Commissioner of Public Health, who  
1081 performs public health functions required by the general statutes and  
1082 the regulations of Connecticut states agencies; and (3) the municipality  
1083 annually submits a public health program plan and budget to the  
1084 commissioner. [; and (4) the commissioner approves the program plan  
1085 and budget.]

1086 (b) The Commissioner of Public Health [shall] may adopt regulations,  
1087 in accordance with the provisions of chapter 54, for the development

1088 and approval of the program plan and budget required by subdivision  
1089 (3) of subsection (a) of this section.

1090 Sec. 24. Section 19a-244 of the general statutes is repealed and the  
1091 following is substituted in lieu thereof (*Effective July 1, 2021*):

1092 On and after October 1, 2010, any person nominated to be the director  
1093 of health shall (1) be a licensed physician and hold a degree in public  
1094 health from an accredited school, college, university or institution, or (2)  
1095 hold a graduate degree in public health from an accredited school,  
1096 college or institution. The educational requirements of this section shall  
1097 not apply to any director of health nominated or otherwise appointed  
1098 as director of health prior to October 1, 2010. The board may specify in  
1099 a written agreement with such director the term of office, which shall  
1100 not exceed three years, salary and duties required of and responsibilities  
1101 assigned to such director in addition to those required by the general  
1102 statutes or the [Public Health Code] regulations of Connecticut state  
1103 agencies, if any. Such director shall be removed during the term of such  
1104 written agreement only for cause after a public hearing by the board on  
1105 charges preferred, of which reasonable notice shall have been given. No  
1106 director shall, during such director's term of office, have any financial  
1107 interest in or engage in any employment, transaction or professional  
1108 activity that is in substantial conflict with the proper discharge of the  
1109 duties required of directors of health by the general statutes or the  
1110 [Public Health Code] regulations of Connecticut state agencies or  
1111 specified by the board in its written agreement with such director. The  
1112 board shall submit such written agreement to the Commissioner of  
1113 Public Health upon such director's appointment or reappointment. Such  
1114 director shall serve in a full-time capacity and act as secretary and  
1115 treasurer of the board, without the right to vote. Such director shall give  
1116 to the district a bond with a surety company authorized to transact  
1117 business in the state, for the faithful performance of such director's  
1118 duties as treasurer, in such sum and upon such conditions as the board  
1119 requires. Such director shall be the executive officer of the district  
1120 department of health. Full-time employees of a city, town or borough

1121 health department at the time such city, town or borough votes to form  
1122 or join a district department of health shall become employees of such  
1123 district department of health. Such employees may retain their rights  
1124 and benefits in the pension system of the town, city or borough by which  
1125 they were employed and shall continue to retain their active  
1126 participating membership therein until retired. Such employees shall  
1127 pay into such pension system the contributions required of them for  
1128 their class and membership. Any additional employees to be hired by  
1129 the district or any vacancies to be filled shall be filled in accordance with  
1130 the rules and regulations of the merit system of the state of Connecticut  
1131 and the employees who are employees of cities, towns or boroughs  
1132 which have adopted a local civil service or merit system shall be  
1133 included in their comparable grade with fully attained seniority in the  
1134 state merit system. Such employees shall perform such duties as are  
1135 prescribed by the director of health. In the event of the withdrawal of a  
1136 town, city or borough from the district department, or in the event of a  
1137 dissolution of any district department, the employees thereof, originally  
1138 employed therein, shall automatically become employees of the  
1139 appropriate town, city or borough's board of health. At the end of each  
1140 fiscal year, each director of health shall submit a report to the  
1141 Department of Public Health detailing the activities of such director  
1142 during the preceding fiscal year.

1143 Sec. 25. Subdivision (3) of subsection (a) of section 19a-12a of the  
1144 general statutes is repealed and the following is substituted in lieu  
1145 thereof (*Effective July 1, 2021*):

1146 (3) "Health care professionals" includes any person licensed or who  
1147 holds a permit pursuant to chapter 370, 372, 373, 375, 375a, 376, 376a,  
1148 376b, 376c, 377, 378, 379, 379a, 380, 381, 381a, 382a, 383, 383a, 383b, 383c,  
1149 384, 384a, 384b, 384c, 384d, 385, 398 or 399;

1150 Sec. 26. Section 19a-12d of the general statutes is repealed and the  
1151 following is substituted in lieu thereof (*Effective July 1, 2021*):

1152 On or before the last day of January, April, July and October in each

1153 year, the Commissioner of Public Health shall certify the amount of  
1154 revenue received as a result of any fee increase in the amount of five  
1155 dollars (1) that took effect October 1, 2015, pursuant to sections 19a-88,  
1156 19a-515, 20-65k, 20-74bb, 20-74h, 20-74s, 20-149, 20-162o, 20-162bb, 20-  
1157 191a, 20-195c, as amended by this act, 20-195o, 20-195cc, 20-201, 20-206b,  
1158 20-206n, 20-206r, 20-206bb, 20-206ll, 20-222a, 20-275, 20-395d, 20-398 and  
1159 20-412, and (2) that took effect October 1, 2021, pursuant to section 20-  
1160 185k, as amended by this act, and transfer such amount to the  
1161 professional assistance program account established in section 19a-12c.

1162 Sec. 27. Subsection (a) of section 19a-12e of the general statutes is  
1163 repealed and the following is substituted in lieu thereof (*Effective October*  
1164 *1, 2021*):

1165 (a) As used in this section:

1166 (1) "Health care professional" means any individual licensed or who  
1167 holds a permit pursuant to chapter 368v, 370, 372, 373, 375 to 378,  
1168 inclusive, 379 to 381b, inclusive, 382a, 383 to 385, inclusive, 388 or 397a  
1169 to 399, inclusive;

1170 (2) "Assistance program" means the program established pursuant to  
1171 section 19a-12a, as amended by this act, to provide education,  
1172 prevention, intervention, referral assistance, rehabilitation or support  
1173 services to health care professionals who have a chemical dependency,  
1174 emotional or behavioral disorder or physical or mental illness; and

1175 (3) "Hospital" has the same meaning as provided in section 19a-490.

1176 Sec. 28. Subsection (b) of section 20-185k of the general statutes is  
1177 repealed and the following is substituted in lieu thereof (*Effective from*  
1178 *passage*):

1179 (b) A license issued under this section may be renewed annually. The  
1180 license shall be renewed in accordance with the provisions of section  
1181 19a-88, for a fee of one hundred [seventy-five] eighty dollars for  
1182 applications for renewal of licenses that expire on or after October 1,

1183 2021. Each behavior analyst applying for license renewal shall furnish  
1184 evidence satisfactory to the commissioner of having current certification  
1185 with the Behavior Analyst Certification Board.

1186 Sec. 29. Subsection (a) of section 17a-412 of the general statutes is  
1187 repealed and the following is substituted in lieu thereof (*Effective October*  
1188 *1, 2021*):

1189 (a) Any physician or surgeon licensed under the provisions of chapter  
1190 370, any resident physician or intern in any hospital in this state,  
1191 whether or not so licensed, [and] any registered nurse, licensed practical  
1192 nurse, medical examiner, dentist, optometrist, chiropractor, podiatrist,  
1193 social worker, clergyman, police officer, pharmacist, physical therapist,  
1194 long-term care facility administrator, nurse's aide or orderly in a long-  
1195 term care facility, any person paid for caring for a patient in a long-term  
1196 care facility, any staff person employed by a long-term care facility,  
1197 [and] any person who is a sexual assault counselor or a domestic  
1198 violence counselor as defined in section 52-146k, and any behavior  
1199 analyst licensed under the provisions of chapter 382a, who has  
1200 reasonable cause to suspect or believe that a resident in a long-term care  
1201 facility has been abused, neglected, exploited or abandoned, or is in a  
1202 condition that is the result of such abuse, neglect, exploitation or  
1203 abandonment, shall, not later than seventy-two hours after such  
1204 suspicion or belief arose, report such information or cause a report to be  
1205 made in any reasonable manner to the Commissioner of Social Services  
1206 pursuant to chapter 319dd. Any person required to report under the  
1207 provision of this section who fails to make such report within the  
1208 prescribed time period shall be fined not more than five hundred  
1209 dollars, except that, if such person intentionally fails to make such report  
1210 within the prescribed time period, such person shall be guilty of a class  
1211 C misdemeanor for the first offense and a class A misdemeanor for any  
1212 subsequent offense.

1213 Sec. 30. Subsection (a) of section 17b-451 of the general statutes is  
1214 repealed and the following is substituted in lieu thereof (*Effective October*  
1215 *1, 2021*):

1216 (a) A mandatory reporter [ , as defined in this section,] who has  
1217 reasonable cause to suspect or believe that any elderly person has been  
1218 abused, neglected, exploited or abandoned, or is in a condition that is  
1219 the result of such abuse, neglect, exploitation or abandonment, or is in  
1220 need of protective services, shall, not later than seventy-two hours after  
1221 such suspicion or belief arose, report such information or cause a report  
1222 to be made in any reasonable manner to the Commissioner of Social  
1223 Services or to the person or persons designated by the commissioner to  
1224 receive such reports. [The term] As used in this section, "mandatory  
1225 reporter" means (1) any physician or surgeon licensed under the  
1226 provisions of chapter 370, (2) any resident physician or intern in any  
1227 hospital in this state, whether or not so licensed, (3) any registered nurse,  
1228 (4) any nursing home administrator, nurse's aide or orderly in a nursing  
1229 home facility or residential care home, (5) any person paid for caring for  
1230 a resident in a nursing home facility or residential care home, (6) any  
1231 staff person employed by a nursing home facility or residential care  
1232 home, (7) any residents' advocate, other than a representative of the  
1233 Office of the Long-Term Care Ombudsman, as established under section  
1234 17a-405, including the State Ombudsman, (8) any licensed practical  
1235 nurse, medical examiner, dentist, optometrist, chiropractor, podiatrist,  
1236 behavior analyst, social worker, clergyman, police officer, pharmacist,  
1237 psychologist or physical therapist, (9) any person paid for caring for an  
1238 elderly person by any institution, organization, agency or facility,  
1239 including without limitation, any employee of a community-based  
1240 services provider, senior center, home care agency, homemaker and  
1241 companion agency, adult day care center, village-model community  
1242 and congregate housing facility, and (10) any person licensed or  
1243 certified as an emergency medical services provider pursuant to chapter  
1244 368d or chapter 384d, including any such emergency medical services  
1245 provider who is a member of a municipal fire department. Any  
1246 mandatory reporter who fails to make such report within the prescribed  
1247 time period shall be fined not more than five hundred dollars, except  
1248 that, if such person intentionally fails to make such report within the  
1249 prescribed time period, such person shall be guilty of a class C  
1250 misdemeanor for the first offense and a class A misdemeanor for any

1251 subsequent offense. Any institution, organization, agency or facility  
1252 employing individuals to care for persons sixty years of age or older  
1253 shall provide mandatory training on detecting potential abuse, neglect,  
1254 exploitation and abandonment of such persons and inform such  
1255 employees of their obligations under this section. For purposes of this  
1256 subsection, "person paid for caring for an elderly person by any  
1257 institution, organization, agency or facility" includes an employee of a  
1258 community-based services provider, senior center, home health care  
1259 agency, homemaker and companion agency, adult day care center,  
1260 village-model community and congregate housing facility.

1261 Sec. 31. Subsection (g) of section 17b-451 of the general statutes is  
1262 repealed and the following is substituted in lieu thereof (*Effective October*  
1263 *1, 2021*):

1264 (g) The Commissioner of Social Services shall develop an educational  
1265 training program to promote and encourage the accurate and prompt  
1266 identification and reporting of abuse, neglect, exploitation and  
1267 abandonment of elderly persons. Such training program shall be made  
1268 available on the Internet web site of the Department of Social Services  
1269 to [mandated] mandatory reporters and other interested persons. The  
1270 commissioner shall also make such training available in person or  
1271 otherwise at various times and locations throughout the state as  
1272 determined by the commissioner.

1273 Sec. 32. Section 19a-60 of the general statutes is repealed and the  
1274 following is substituted in lieu thereof (*Effective July 1, 2021*):

1275 (a) There is established, within available appropriations, within the  
1276 Department of Public Health, a Palliative Care Advisory Council. The  
1277 advisory council shall: (1) Analyze the current state of palliative care in  
1278 the state; and (2) advise the department on matters relating to the  
1279 improvement of palliative care and the quality of life for persons with  
1280 serious or chronic illnesses.

1281 (b) The advisory council shall consist of the following members:



1282 (1) Two appointed by the Governor, one of whom shall be a physician  
1283 certified by the American Board of Hospice and Palliative Medicine and  
1284 one of whom shall be a registered nurse or advanced practice registered  
1285 nurse certified by the National Board for Certification of Hospice and  
1286 Palliative Nurses;

1287 (2) Seven appointed by the Commissioner of Public Health, each of  
1288 whom shall be a licensed health care provider, with each appointee  
1289 having experience or expertise in the provision of one of the following:  
1290 (A) Inpatient palliative care in a hospital; (B) inpatient palliative care in  
1291 a nursing home facility; (C) palliative care in the patient's home or a  
1292 community setting; (D) pediatric palliative care; (E) palliative care for  
1293 young adults; (F) palliative care for adults or elderly persons; and (G)  
1294 inpatient palliative care in a psychiatric facility;

1295 (3) One appointed by the speaker of the House of Representatives,  
1296 who shall be a licensed social worker experienced in working with  
1297 persons with serious or chronic illness and their family members;

1298 (4) One appointed by the president pro tempore of the Senate, who  
1299 shall be a licensed pharmacist experienced in working with persons  
1300 with serious or chronic illness;

1301 (5) One appointed by the minority leader of the House of  
1302 Representatives, who shall be a spiritual counselor experienced in  
1303 working with persons with serious or chronic illness and their family  
1304 members; and

1305 (6) One appointed by the minority leader of the Senate, who shall be  
1306 a representative of the American Cancer Society or a person experienced  
1307 in advocating for persons with serious or chronic illness and their family  
1308 members.

1309 (c) All appointments to the advisory council shall be made not later  
1310 than December 31, 2013. Advisory council members shall serve three-  
1311 year terms. Any vacancy shall be filled by the appointing authority.

1312 (d) Any appointment that is vacant for one year or more shall be  
1313 made by the Commissioner of Public Health. The commissioner shall  
1314 notify the appointing authority of the identity of the commissioner's  
1315 choice for appointment not later than thirty days before making such  
1316 appointment.

1317 [(d)] (e) Members shall receive no compensation except for  
1318 reimbursement for necessary expenses incurred in performing their  
1319 duties.

1320 [(e)] (f) The members shall elect the chairperson of the advisory  
1321 council from among the members of the advisory council. A majority of  
1322 the advisory council members shall constitute a quorum. Any action  
1323 taken by the advisory council shall require a majority vote of those  
1324 present. The first meeting of the advisory council shall be held not later  
1325 than December 31, 2013. The advisory council shall meet biannually and  
1326 at other times upon the call of the chairperson, upon the request of the  
1327 Commissioner of Public Health or upon the request of a majority of the  
1328 advisory council members.

1329 [(f)] (g) Not later than January 1, [2015] 2022, and [annually]  
1330 biennially thereafter, the advisory council shall submit a report on its  
1331 findings and recommendations to the Commissioner of Public Health  
1332 and the joint standing committee of the General Assembly having  
1333 cognizance of matters relating to public health, in accordance with the  
1334 provisions of section 11-4a.

1335 Sec. 33. Section 19a-6q of the general statutes is repealed and the  
1336 following is substituted in lieu thereof (*Effective from passage*):

1337 [(a)] The Commissioner of Public Health, in consultation with the  
1338 executive director of the Office of Health Strategy, established under  
1339 section 19a-754a, and local and regional health departments, shall,  
1340 within available resources, develop a plan that is consistent with the  
1341 Department of Public Health's Healthy Connecticut 2020 health  
1342 improvement plan and the state healthcare innovation plan developed

1343 pursuant to the State Innovation Model Initiative by the Centers for  
1344 Medicare and Medicaid Services Innovation Center. The commissioner  
1345 shall develop and implement such plan to: (1) Reduce the incidence of  
1346 tobacco use, high blood pressure, health care associated infections,  
1347 asthma, unintended pregnancy and diabetes; (2) improve chronic  
1348 disease care coordination in the state; and (3) reduce the incidence and  
1349 effects of chronic disease and improve outcomes for conditions  
1350 associated with chronic disease in the state. The commissioner shall post  
1351 such plan on the Department of Public Health's Internet web site.

1352 [(b) The commissioner shall, on or before January 15, 2015, and  
1353 biennially thereafter, submit a report, in consultation with the executive  
1354 director of the Office of Health Strategy, in accordance with the  
1355 provisions of section 11-4a to the joint standing committee of the  
1356 General Assembly having cognizance of matters relating to public  
1357 health concerning chronic disease and implementation of the plan  
1358 described in subsection (a) of this section. The commissioner shall post  
1359 each report on the Department of Public Health's Internet web site not  
1360 later than thirty days after submitting such report. Each report shall  
1361 include, but need not be limited to: (1) A description of the chronic  
1362 diseases that are most likely to cause a person's death or disability, the  
1363 approximate number of persons affected by such chronic diseases and  
1364 an assessment of the financial effects of each such disease on the state  
1365 and on hospitals and health care facilities; (2) a description and  
1366 assessment of programs and actions that have been implemented by the  
1367 department and health care providers to improve chronic disease care  
1368 coordination and prevent chronic disease; (3) the sources and amounts  
1369 of funding received by the department to treat persons with multiple  
1370 chronic diseases and to treat or reduce the most prevalent chronic  
1371 diseases in the state; (4) a description of chronic disease care  
1372 coordination between the department and health care providers, to  
1373 prevent and treat chronic disease; and (5) recommendations concerning  
1374 actions that health care providers and persons with chronic disease may  
1375 take to reduce the incidence and effects of chronic disease.]

1376 Sec. 34. Subsection (b) of section 19a-493 of the general statutes is  
1377 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
1378 *2021*):

1379 (b) (1) A nursing home license may be renewed biennially after (A)  
1380 an unscheduled inspection conducted by the department, (B)  
1381 submission of the information required by section 19a-491a, and (C)  
1382 submission of evidence satisfactory to the department that the nursing  
1383 home is in compliance with the provisions of this chapter, the [Public  
1384 Health Code] regulations of Connecticut state agencies and licensing  
1385 regulations.

1386 (2) Any change in the ownership of a facility or institution, as defined  
1387 in section 19a-490, owned by an individual, partnership or association  
1388 or the change in ownership or beneficial ownership of ten per cent or  
1389 more of the stock of a corporation which owns, conducts, operates or  
1390 maintains such facility or institution, shall be subject to prior approval  
1391 of the department after a scheduled inspection of such facility or  
1392 institution is conducted by the department, provided such approval  
1393 shall be conditioned upon a showing by such facility or institution to the  
1394 commissioner that it has complied with all requirements of this chapter,  
1395 the regulations relating to licensure and all applicable requirements of  
1396 the [Public Health Code] regulations of Connecticut state agencies. Any  
1397 such change in ownership or beneficial ownership resulting in a transfer  
1398 to a person related by blood or marriage to such an owner or beneficial  
1399 owner shall not be subject to prior approval of the department unless:  
1400 (A) Ownership or beneficial ownership of ten per cent or more of the  
1401 stock of a corporation, limited liability company, partnership or  
1402 association which owns, conducts, operates or maintains more than one  
1403 facility or institution is transferred; (B) ownership or beneficial  
1404 ownership is transferred in more than one facility or institution; or (C)  
1405 the facility or institution is the subject of a pending complaint,  
1406 investigation or licensure action. If the facility or institution is not in  
1407 compliance, the commissioner may require the new owner to sign a  
1408 consent order providing reasonable assurances that the violations shall

1409 be corrected within a specified period of time. Notice of any such  
1410 proposed change of ownership shall be given to the department at least  
1411 one hundred twenty days prior to the effective date of such proposed  
1412 change. For the purposes of this subdivision, "a person related by blood  
1413 or marriage" means a parent, spouse, child, brother, sister, aunt, uncle,  
1414 niece or nephew. For the purposes of this subdivision, a change in the  
1415 legal form of the ownership entity, including, but not limited to, changes  
1416 from a corporation to a limited liability company, a partnership to a  
1417 limited liability partnership, a sole proprietorship to a corporation and  
1418 similar changes, shall not be considered a change of ownership if the  
1419 beneficial ownership remains unchanged and the owner provides such  
1420 information regarding the change to the department as may be required  
1421 by the department in order to properly identify the current status of  
1422 ownership and beneficial ownership of the facility or institution. For the  
1423 purposes of this subdivision, a public offering of the stock of any  
1424 corporation that owns, conducts, operates or maintains any such facility  
1425 or institution shall not be considered a change in ownership or beneficial  
1426 ownership of such facility or institution if the licensee and the officers  
1427 and directors of such corporation remain unchanged, such public  
1428 offering cannot result in an individual or entity owning ten per cent or  
1429 more of the stock of such corporation, and the owner provides such  
1430 information to the department as may be required by the department in  
1431 order to properly identify the current status of ownership and beneficial  
1432 ownership of the facility or institution.

1433       Sec. 35. (NEW) (*Effective July 1, 2021*) A health care facility licensed  
1434 pursuant to chapter 368v of the general statutes shall have policies and  
1435 procedures in place that reflect the National Centers for Disease Control  
1436 and Prevention's recommendations for tuberculosis screening, testing,  
1437 treatment and education for health care personnel. Notwithstanding  
1438 any provision of the general statutes or any regulations adopted  
1439 thereunder, any employee providing direct patient care in a facility  
1440 licensed pursuant to chapter 368v of the general statutes shall receive  
1441 tuberculosis screening and testing in compliance with the licensed  
1442 health care facility's policies and procedures.

1443 Sec. 36. Subsection (c) of section 19a-343 of the general statutes is  
1444 repealed and the following is substituted in lieu thereof (*Effective October*  
1445 *1, 2021*):

1446 (c) Three or more arrests, the issuance of three or more arrest  
1447 warrants indicating a pattern of criminal activity and not isolated  
1448 incidents or the issuance of three or more citations for a violation of a  
1449 municipal ordinance as described in subdivision (14) of this subsection,  
1450 for the following offenses shall constitute the basis for bringing an action  
1451 to abate a public nuisance:

1452 (1) Prostitution under section 53a-82, 53a-83, 53a-86, 53a-87, 53a-88 or  
1453 53a-89.

1454 (2) Promoting an obscene performance or obscene material under  
1455 section 53a-196 or 53a-196b, employing a minor in an obscene  
1456 performance under section 53a-196a, importing child pornography  
1457 under section 53a-196c, possessing child pornography in the first degree  
1458 under section 53a-196d, possessing child pornography in the second  
1459 degree under section 53a-196e or possessing child pornography in the  
1460 third degree under section 53a-196f.

1461 (3) Transmission of gambling information under section 53-278b or  
1462 53-278d or maintaining of a gambling premises under section 53-278e.

1463 (4) Offenses for the sale of controlled substances, possession of  
1464 controlled substances with intent to sell, or maintaining a drug factory  
1465 under section 21a-277, 21a-278 or 21a-278a or use of the property by  
1466 persons possessing controlled substances under section 21a-279.  
1467 Nothing in this section shall prevent the state from also proceeding  
1468 against property under section 21a-259 or 54-36h.

1469 (5) Unauthorized sale of alcoholic liquor under section 30-74 or  
1470 disposing of liquor without a permit under section 30-77, or sale or  
1471 delivery of alcoholic liquor to any minor under subdivision (1) of  
1472 subsection (b) of section 30-86 or the sale, delivery or giving of alcoholic  
1473 liquor to a minor under subdivision (2) of subsection (b) of section 30-

- 1474 86.
- 1475 (6) Maintaining a motor vehicle chop shop under section 14-149a.
- 1476 (7) Inciting injury to persons or property under section 53a-179a.
- 1477 (8) Murder or manslaughter under section 53a-54a, 53a-54b, 53a-55,  
1478 53a-56 or 53a-56a.
- 1479 (9) Assault under section 53a-59, 53a-59a, subdivision (1) of  
1480 subsection (a) of section 53a-60 or section 53a-60a or 53a-61.
- 1481 (10) Sexual assault under section 53a-70 or 53a-70a.
- 1482 (11) Fire safety violations under section 29-291a, 29-291c, 29-292,  
1483 subsection (b) of section 29-310, or section 29-315, 29-349 or 29-357.
- 1484 (12) Firearm offenses under section 29-35, 53-202aa, 53-203, 53a-211,  
1485 53a-212, 53a-216, 53a-217 or 53a-217c.
- 1486 (13) Illegal manufacture, sale, possession or dispensing of a drug  
1487 under subdivision (2) of section 21a-108.
- 1488 (14) Violation of a municipal ordinance resulting in the issuance of a  
1489 citation for (A) excessive noise on nonresidential real property that  
1490 significantly impacts the surrounding area, provided the municipality's  
1491 excessive noise ordinance is based on an objective standard, (B) owning  
1492 or leasing a dwelling unit that provides residence to an excessive  
1493 number of unrelated persons resulting in dangerous or unsanitary  
1494 conditions that significantly impact the safety of the surrounding area,  
1495 or (C) impermissible operation of (i) a business that permits persons  
1496 who are not licensed pursuant to section 20-206b to engage in the  
1497 practice of massage therapy, or (ii) a massage parlor, as defined by the  
1498 applicable municipal ordinance, that significantly impacts the safety of  
1499 the surrounding area.
- 1500 Sec. 37. Section 19a-131g of the general statutes is repealed and the  
1501 following is substituted in lieu thereof (*Effective from passage*):

1502 The Commissioner of Public Health shall establish a Public Health  
1503 Preparedness Advisory Committee for purposes of advising the  
1504 Department of Public Health on matters concerning emergency  
1505 responses to a public health emergency. The advisory committee shall  
1506 consist of the Commissioner of Public Health, or his or her designee, the  
1507 Commissioner of Emergency Services and Public Protection, or his or  
1508 her designee, the president pro tempore of the Senate, or his or her  
1509 designee, the speaker of the House of Representatives, or his or her  
1510 designee, the majority and minority leaders of both houses of the  
1511 General Assembly, or their designees, and the chairpersons and ranking  
1512 members of the joint standing committees of the General Assembly  
1513 having cognizance of matters relating to public health, public safety and  
1514 the judiciary, or their designees, and representatives of town, city,  
1515 borough and district directors of health, as appointed by the  
1516 commissioner, and any other organization or persons that the  
1517 commissioner deems relevant to the issues of public health  
1518 preparedness. Upon the request of the commissioner, the Public Health  
1519 Preparedness Advisory Committee may meet to review the plan for  
1520 emergency responses to a public health emergency and other matters as  
1521 deemed necessary by the commissioner.

1522 Sec. 38. Subsection (d) of section 19a-30 of the general statutes is  
1523 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
1524 *2021*):

1525 (d) A nonrefundable fee of two hundred dollars shall accompany  
1526 each application for a license or for renewal thereof, except in the case  
1527 of a clinical laboratory owned and operated by a municipality, the state,  
1528 the United States, [or] any agency of said municipality, state or United  
1529 States or any hospital. Each license shall be issued for a period of not  
1530 less than twenty-four nor more than twenty-seven months from the  
1531 deadline for applications established by the commissioner. Renewal  
1532 applications shall be made (1) biennially within the twenty-fourth  
1533 month of the current license; (2) before any change in ownership or  
1534 change in director is made; and (3) prior to any major expansion or



1535 alteration in quarters. The licensed clinical laboratory shall report to the  
1536 Department of Public Health, in a form and manner prescribed by the  
1537 commissioner, the name and address of each blood collection facility  
1538 owned and operated by the clinical laboratory, prior to the issuance of  
1539 a new license, prior to the issuance of a renewal license or whenever a  
1540 blood collection facility opens or closes.

1541 Sec. 39. Subsection (b) of section 20-365 of the general statutes is  
1542 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
1543 *2021*):

1544 (b) Nothing in section 19a-200, as amended by this act, subsection (a)  
1545 of section 19a-206, or sections 19a-207, 19a-242, 20-358 or 20-360 to 20-  
1546 365, inclusive, shall prevent any of the following persons from engaging  
1547 in the performance of their duties: (1) Any person certified by the  
1548 Department of Public Health as a food or sewage inspector in  
1549 accordance with regulations adopted pursuant to section 19a-36, (2) any  
1550 person employed by a local health department performing the duties of  
1551 a lead inspector who complies with training standards established  
1552 pursuant to section 20-479, (3) a director of health acting pursuant to  
1553 [subsection (a) of] section 19a-200, as amended by this act, or section  
1554 19a-244, as amended by this act, (4) any employee of a water utility or  
1555 federal or state agency performing his duties in accordance with  
1556 applicable statutes and regulations, (5) any person employed by a local  
1557 health department working under the direct supervision of a licensed  
1558 sanitarian, (6) any person licensed or certified by the Department of  
1559 Public Health in a specific program performing certain duties that are  
1560 included within the duties of a sanitarian, or (7) a student enrolled in an  
1561 accredited academic program leading to a degree in environmental  
1562 health or completing a special training course in environmental health  
1563 approved by the commissioner, provided such student is clearly  
1564 identified by a title which indicates his or her status as a student.

1565 Sec. 40. Subsection (b) of section 20-195u of the general statutes is  
1566 repealed and the following is substituted in lieu thereof (*Effective from*  
1567 *passage*):

1568 (b) Continuing education required pursuant to this section shall be  
1569 related to the practice of social work and shall include not less than one  
1570 contact hour of training or education each registration period on the  
1571 topic of cultural competency and, on and after January 1, 2016, not less  
1572 than two contact hours of training or education during the first renewal  
1573 period in which continuing education is required and not less than once  
1574 every six years thereafter on the topic of mental health conditions  
1575 common to veterans and family members of veterans, including (1)  
1576 determining whether a patient is a veteran or family member of a  
1577 veteran, (2) screening for conditions such as post-traumatic stress  
1578 disorder, risk of suicide, depression and grief, and (3) suicide prevention  
1579 training. Such continuing education shall consist of courses, workshops  
1580 and conferences offered or approved by the Association of Social Work  
1581 Boards, the National Association of Social Workers or a school or  
1582 department of social work accredited by the Council on Social Work  
1583 Education. A licensee's ability to engage in on-line and home study  
1584 continuing education shall be limited to not more than [six] ten hours  
1585 per registration period. Within the registration period, an initial  
1586 presentation by a licensee of an original paper, essay or formal lecture  
1587 in social work to a recognized group of fellow professionals may  
1588 account for five hours of continuing education hours of the aggregate  
1589 continuing education requirements prescribed in this section.

1590 Sec. 41. Subsection (a) of section 20-265h of the general statutes is  
1591 repealed and the following is substituted in lieu thereof (*Effective from*  
1592 *passage*):

1593 (a) On and after July 1, 2021, each spa or salon that employs  
1594 hairdressers and cosmeticians, estheticians, eyelash technicians, [or] nail  
1595 technicians or massage therapists shall be under the management of a  
1596 hairdresser and cosmetician registered under this chapter, an esthetician  
1597 licensed under section 20-265b or 20-265f, an eyelash technician licensed  
1598 under section 20-265c or 20-265f, [or] a nail technician licensed under  
1599 section 20-265d or 20-265f or a massage therapist licensed under chapter  
1600 384a.

1601 Sec. 42. Subsection (a) of section 19a-131j of the general statutes is  
1602 repealed and the following is substituted in lieu thereof (*Effective from*  
1603 *passage*):

1604 (a) The commissioner may issue an order to temporarily suspend, for  
1605 a period not to exceed sixty consecutive days, the requirements for  
1606 licensure, certification or registration, pursuant to chapters 368d, 370,  
1607 376 to 376c, inclusive, 378, 378a, 379, 379a, 381a, 382a, 383 to 383c,  
1608 inclusive, 383d, 383f, 383g, 384b, 384d, 385, 395, 399, 400a, 400j and 474,  
1609 to allow persons who are appropriately licensed, certified or registered  
1610 in another state or territory of the United States or the District of  
1611 Columbia, to render temporary assistance within the scope of the  
1612 profession for which a person is licensed, certified or registered, in  
1613 managing a public health emergency in this state, declared by the  
1614 Governor pursuant to section 19a-131a. Nothing in this section shall be  
1615 construed to permit a person to provide services beyond the scope  
1616 allowed in the chapter specified in this section that pertains to such  
1617 person's profession.

1618 Sec. 43. Subsection (a) of section 19a-512 of the general statutes is  
1619 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
1620 *2021*):

1621 (a) In order to be eligible for licensure by examination pursuant to  
1622 sections 19a-511 to 19a-520, inclusive, a person shall submit an  
1623 application, together with a fee of two hundred dollars, and proof  
1624 satisfactory to the Department of Public Health that he or she (1) is  
1625 physically and emotionally capable of administering a nursing home;  
1626 (2) has satisfactorily completed a program of instruction and training,  
1627 including residency training which meets the requirements of  
1628 subsection (b) of this section and which is approved by the  
1629 Commissioner of Public Health; and (3) has passed an examination  
1630 prescribed [and administered] by the Department of Public Health  
1631 designed to test the applicant's knowledge and competence in the  
1632 subject matter referred to in subsection (b) of this section. Passing scores  
1633 shall be established by the department.

1634 Sec. 44. Section 19a-490 of the general statutes is repealed and the  
1635 following is substituted in lieu thereof (*Effective July 1, 2021*):

1636 (a) "Institution" means a hospital, short-term hospital special hospice,  
1637 hospice inpatient facility, residential care home, nursing home facility,  
1638 home health care agency, hospice home health care agency, home health  
1639 aide agency, behavioral health facility, assisted living services agency,  
1640 [substance abuse treatment facility,] outpatient surgical facility,  
1641 outpatient clinic, an infirmary operated by an educational institution for  
1642 the care of students enrolled in, and faculty and employees of, such  
1643 institution; a facility engaged in providing services for the prevention,  
1644 diagnosis, treatment or care of human health conditions, including  
1645 facilities operated and maintained by any state agency; and a residential  
1646 facility for persons with intellectual disability licensed pursuant to  
1647 section 17a-227 and certified to participate in the Title XIX Medicaid  
1648 program as an intermediate care facility for individuals with intellectual  
1649 disability. "Institution" does not include any facility for the care and  
1650 treatment of persons with mental illness or substance use disorder  
1651 operated or maintained by any state agency, except Whiting Forensic  
1652 Hospital;

1653 (b) "Hospital" means an establishment for the lodging, care and  
1654 treatment of persons suffering from disease or other abnormal physical  
1655 or mental conditions and includes inpatient psychiatric services in  
1656 general hospitals;

1657 (c) "Residential care home" or "rest home" means a community  
1658 residence that furnishes, in single or multiple facilities, food and shelter  
1659 to two or more persons unrelated to the proprietor and, in addition,  
1660 provides services that meet a need beyond the basic provisions of food,  
1661 shelter and laundry and may qualify as a setting that allows residents to  
1662 receive home and community-based services funded by state and  
1663 federal programs;

1664 (d) "Home health care agency" means a public or private  
1665 organization, or a subdivision thereof, engaged in providing

1666 professional nursing services and the following services, available  
1667 twenty-four hours per day, in the patient's home or a substantially  
1668 equivalent environment: Home health aide services as defined in this  
1669 section, physical therapy, speech therapy, occupational therapy or  
1670 medical social services. The agency shall provide professional nursing  
1671 services and at least one additional service directly and all others  
1672 directly or through contract. An agency shall be available to enroll new  
1673 patients seven days a week, twenty-four hours per day;

1674 (e) "Home health aide agency" means a public or private  
1675 organization, except a home health care agency, which provides in the  
1676 patient's home or a substantially equivalent environment supportive  
1677 services which may include, but are not limited to, assistance with  
1678 personal hygiene, dressing, feeding and incidental household tasks  
1679 essential to achieving adequate household and family management.  
1680 Such supportive services shall be provided under the supervision of a  
1681 registered nurse and, if such nurse determines appropriate, shall be  
1682 provided by a social worker, physical therapist, speech therapist or  
1683 occupational therapist. Such supervision may be provided directly or  
1684 through contract;

1685 (f) "Home health aide services" as defined in this section shall not  
1686 include services provided to assist individuals with activities of daily  
1687 living when such individuals have a disease or condition that is chronic  
1688 and stable as determined by a physician licensed in the state;

1689 (g) "Behavioral health facility" means any facility that provides  
1690 mental health services to persons eighteen years of age or older or  
1691 substance use disorder services to persons of any age in an outpatient  
1692 treatment or residential setting to ameliorate mental, emotional,  
1693 behavioral or substance use disorder issues;

1694 (h) "Alcohol or drug treatment facility" means any facility for the care  
1695 or treatment of persons suffering from alcoholism or other drug  
1696 addiction;

1697 (i) "Person" means any individual, firm, partnership, corporation,  
1698 limited liability company or association;

1699 (j) "Commissioner" means the Commissioner of Public Health or the  
1700 commissioner's designee;

1701 (k) "Home health agency" means an agency licensed as a home health  
1702 care agency or a home health aide agency;

1703 (l) "Assisted living services agency" means an agency that provides,  
1704 among other things, nursing services and assistance with activities of  
1705 daily living and that may provide memory care to a population that is  
1706 chronic and stable;

1707 (m) "Outpatient clinic" means an organization operated by a  
1708 municipality or a corporation, other than a hospital, that provides (1)  
1709 ambulatory medical care, including preventive and health promotion  
1710 services, (2) dental care, or (3) mental health services in conjunction with  
1711 medical or dental care for the purpose of diagnosing or treating a health  
1712 condition that does not require the patient's overnight care;

1713 (n) "Multicare institution" means a hospital that provides outpatient  
1714 behavioral health services or other health care services, psychiatric  
1715 outpatient clinic for adults, free-standing facility for the care or  
1716 treatment of substance abusive or dependent persons, hospital for  
1717 psychiatric disabilities, as defined in section 17a-495, or a general acute  
1718 care hospital that provides outpatient behavioral health services that (1)  
1719 is licensed in accordance with this chapter, (2) has more than one facility  
1720 or one or more satellite units owned and operated by a single licensee,  
1721 and (3) offers complex patient health care services at each facility or  
1722 satellite unit. For purposes of this subsection, "satellite unit" means a  
1723 location where a segregated unit of services is provided by the multicare  
1724 institution;

1725 (o) "Nursing home" or "nursing home facility" means (1) any chronic  
1726 and convalescent nursing home or any rest home with nursing  
1727 supervision that provides nursing supervision under a medical director

1728 twenty-four hours per day, or (2) any chronic and convalescent nursing  
1729 home that provides skilled nursing care under medical supervision and  
1730 direction to carry out nonsurgical treatment and dietary procedures for  
1731 chronic diseases, convalescent stages, acute diseases or injuries; [and]

1732 (p) "Outpatient dialysis unit" means (1) an out-of-hospital out-patient  
1733 dialysis unit that is licensed by the department to provide (A) services  
1734 on an out-patient basis to persons requiring dialysis on a short-term  
1735 basis or for a chronic condition, or (B) training for home dialysis, or (2)  
1736 an in-hospital dialysis unit that is a special unit of a licensed hospital  
1737 designed, equipped and staffed to (A) offer dialysis therapy on an out-  
1738 patient basis, (B) provide training for home dialysis, and (C) perform  
1739 renal transplantations; [.] and

1740 (q) "Hospice home health care agency" means a public or private  
1741 organization that provides home care and hospice services to terminally  
1742 ill patients.

1743 Sec. 45. Subsections (b) to (i), inclusive, of section 19a-491 of the  
1744 general statutes are repealed and the following is substituted in lieu  
1745 thereof (*Effective July 1, 2021*):

1746 (b) If any person acting individually or jointly with any other person  
1747 owns real property or any improvements thereon, upon or within which  
1748 an institution, as defined in subsections (c) and (o) of section 19a-490, is  
1749 established, conducted, operated or maintained and is not the licensee  
1750 of the institution, such person shall submit a copy of the lease agreement  
1751 to the department at the time of any change of ownership and with each  
1752 license renewal application. The lease agreement shall, at a minimum,  
1753 identify the person or entity responsible for the maintenance and repair  
1754 of all buildings and structures within which such an institution is  
1755 established, conducted or operated. If a violation is found as a result of  
1756 an inspection or investigation, the commissioner may require the owner  
1757 to sign a consent order providing assurances that repairs or  
1758 improvements necessary for compliance with the provisions of the  
1759 [Public Health Code] regulations of Connecticut state agencies shall be

1760 completed within a specified period of time or may assess a civil penalty  
1761 of not more than one thousand dollars for each day that such owner is  
1762 in violation of the [Public Health Code] regulations of Connecticut state  
1763 agencies or a consent order. A consent order may include a provision  
1764 for the establishment of a temporary manager of such real property who  
1765 has the authority to complete any repairs or improvements required by  
1766 such order. Upon request of the Commissioner of Public Health, the  
1767 Attorney General may petition the Superior Court for such equitable  
1768 and injunctive relief as such court deems appropriate to ensure  
1769 compliance with the provisions of a consent order. The provisions of  
1770 this subsection shall not apply to any property or improvements owned  
1771 by a person licensed in accordance with the provisions of subsection (a)  
1772 of this section to establish, conduct, operate or maintain an institution  
1773 on or within such property or improvements.

1774 (c) Notwithstanding any regulation, the Commissioner of Public  
1775 Health shall charge the following fees for the biennial licensing and  
1776 inspection of the following institutions: (1) Chronic and convalescent  
1777 nursing homes, per site, four hundred forty dollars; (2) chronic and  
1778 convalescent nursing homes, per bed, five dollars; (3) rest homes with  
1779 nursing supervision, per site, four hundred forty dollars; (4) rest homes  
1780 with nursing supervision, per bed, five dollars; (5) outpatient dialysis  
1781 units and outpatient surgical facilities, six hundred twenty-five dollars;  
1782 (6) mental health residential facilities, per site, three hundred seventy-  
1783 five dollars; (7) mental health residential facilities, per bed, five dollars;  
1784 (8) hospitals, per site, nine hundred forty dollars; (9) hospitals, per bed,  
1785 seven dollars and fifty cents; (10) nonstate agency educational  
1786 institutions, per infirmary, one hundred fifty dollars; (11) nonstate  
1787 agency educational institutions, per infirmary bed, twenty-five dollars;  
1788 (12) home health care agencies, except certified home health care  
1789 agencies described in subsection (d) of this section, per agency, three  
1790 hundred dollars; (13) home health care agencies, hospice home health  
1791 care agencies, or home health aide agencies, except certified home  
1792 health care agencies, hospice home health care agencies or home health  
1793 aide agencies described in subsection (d) of this section, per satellite



1794 patient service office, one hundred dollars; (14) assisted living services  
1795 agencies, except such agencies participating in the congregate housing  
1796 facility pilot program described in section 8-119n, per site, five hundred  
1797 dollars; (15) short-term hospitals special hospice, per site, nine hundred  
1798 forty dollars; (16) short-term hospitals special hospice, per bed, seven  
1799 dollars and fifty cents; (17) hospice inpatient facility, per site, four  
1800 hundred forty dollars; and (18) hospice inpatient facility, per bed, five  
1801 dollars.

1802 (d) Notwithstanding any regulation, the commissioner shall charge  
1803 the following fees for the triennial licensing and inspection of the  
1804 following institutions: (1) Residential care homes, per site, five hundred  
1805 sixty-five dollars; (2) residential care homes, per bed, four dollars and  
1806 fifty cents; (3) home health care agencies that are certified as a provider  
1807 of services by the United States Department of Health and Human  
1808 Services under the Medicare or Medicaid program, three hundred  
1809 dollars; and (4) certified home health care agencies or hospice home  
1810 health care agencies, as described in section 19a-493, as amended by this  
1811 act, per satellite patient service office, one hundred dollars.

1812 (e) The commissioner shall charge one thousand dollars for the  
1813 licensing and inspection of outpatient clinics that provide either medical  
1814 or mental health service, urgent care services and well-child clinical  
1815 services, except those operated by a municipal health department,  
1816 health district or licensed nonprofit nursing or community health  
1817 agency. Such licensing and inspection shall be performed every three  
1818 years, except those outpatient clinics that have obtained accreditation  
1819 from a national accrediting organization within the immediately  
1820 preceding twelve-month period may be inspected by the commissioner  
1821 once every four years, provided the outpatient clinic has not committed  
1822 any violation that the commissioner determines would pose an  
1823 immediate threat to the health, safety or welfare of the patients of the  
1824 outpatient clinic. The provisions of this subsection shall not be  
1825 construed to limit the commissioner's authority to inspect any applicant  
1826 for licensure or renewal of licensure as an outpatient clinic, suspend or

1827 revoke any license granted to an outpatient clinic pursuant to this  
1828 section or take any other legal action against an outpatient clinic that is  
1829 authorized by any provision of the general statutes.

1830 (f) Any institution that is planning a project for construction or  
1831 building alteration shall provide the plan for such project to the  
1832 Department of Public Health for review. Any such project shall comply  
1833 with nationally established facility guidelines for health care  
1834 construction, as approved by the commissioner, that are in place at the  
1835 time the institution provides the plan to the department. The  
1836 commissioner shall post a reference to such guidelines, including the  
1837 effective date of such guidelines, on the Department of Public Health's  
1838 Internet web site. No institution shall be required to include matters  
1839 outside the scope and applicability of such guidelines in the institution's  
1840 plan.

1841 (g) The commissioner shall charge a fee of five hundred sixty-five  
1842 dollars for the technical assistance provided for the design, review and  
1843 development of an institution's construction, renovation, building  
1844 alteration, sale or change in ownership when the cost of the project is  
1845 one million dollars or less and shall charge a fee of one-quarter of one  
1846 per cent of the total construction cost when the cost of the project is more  
1847 than one million dollars. Such fee shall include all department reviews  
1848 and on-site inspections. For purposes of this subsection, "institution"  
1849 does not include a facility owned by the state.

1850 (h) The commissioner may require as a condition of the licensure of a  
1851 home health care [agencies] agency, hospice home health care agency  
1852 and home health aide [agencies] agency that each agency meet  
1853 minimum service quality standards. In the event the commissioner  
1854 requires such agencies to meet minimum service quality standards as a  
1855 condition of their licensure, the commissioner shall adopt regulations,  
1856 in accordance with the provisions of chapter 54, to define such  
1857 minimum service quality standards, which shall (1) allow for training of  
1858 home health aides by adult continuing education, (2) require a  
1859 registered nurse to visit and assess each patient receiving home health

1860 aide services as often as necessary based on the patient's condition, but  
1861 not less than once every sixty days, and (3) require the assessment  
1862 prescribed by subdivision (2) of this subsection to be completed while  
1863 the home health aide is providing services in the patient's home.

1864 (i) No person acting individually or jointly with any other person  
1865 shall establish, conduct, operate or maintain a home health care agency,  
1866 hospice home health care agency or home health aide agency without  
1867 maintaining professional liability insurance or other indemnity against  
1868 liability for professional malpractice. The amount of insurance which  
1869 such person shall maintain as insurance or indemnity against claims for  
1870 injury or death for professional malpractice shall be not less than one  
1871 million dollars for one person, per occurrence, with an aggregate of not  
1872 less than three million dollars.

1873 Sec. 46. Subdivision (4) of subsection (a) of section 19a-491c of the  
1874 general statutes is repealed and the following is substituted in lieu  
1875 thereof (*Effective July 1, 2021*):

1876 (4) "Long-term care facility" means any facility, agency or provider  
1877 that is a nursing home, as defined in section 19a-521, a residential care  
1878 home, as defined in section 19a-521, a home health care agency, hospice  
1879 home health care agency or home health aide agency, as defined in  
1880 section 19a-490, as amended by this act, an assisted living services  
1881 agency, as defined in section 19a-490, as amended by this act, an  
1882 intermediate care facility for individuals with intellectual disabilities, as  
1883 defined in 42 USC 1396d(d), except any such facility operated by a  
1884 Department of Developmental Services' program subject to background  
1885 checks pursuant to section 17a-227a, a chronic disease hospital, as  
1886 defined in section 19a-550, or an agency providing hospice care which  
1887 is licensed to provide such care by the Department of Public Health or  
1888 certified to provide such care pursuant to 42 USC 1395x.

1889 Sec. 47. Section 19a-492b of the general statutes is repealed and the  
1890 following is substituted in lieu thereof (*Effective July 1, 2021*):

1891 (a) A home health care agency or hospice home health care agency  
1892 that receives payment for rendering care to persons receiving medical  
1893 assistance from the state, assistance from the Connecticut home-care  
1894 program for the elderly pursuant to section 17b-342, or funds obtained  
1895 through Title XVIII of the Social Security Amendments of 1965 shall be  
1896 prohibited from discriminating against such persons who apply for  
1897 enrollment to such home health care agency on the basis of source of  
1898 payment.

1899 (b) Any home health care agency or hospice home health care agency  
1900 which violates the provisions of this section shall be subject to  
1901 suspension or revocation of license.

1902 Sec. 48. Subsection (b) of section 19a-492c of the general statutes is  
1903 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
1904 *2021*):

1905 (b) A home health care agency or hospice home health care agency  
1906 licensed pursuant to this chapter that provides hospice services in a  
1907 rural town and is unable to access licensed or Medicare-certified hospice  
1908 care to consistently provide adequate services to patients in the rural  
1909 town may apply to the Commissioner of Public Health for a waiver from  
1910 the regulations licensing such agency adopted pursuant to this chapter.  
1911 The waiver may authorize one or more of the following: (1) The agency's  
1912 supervisor of clinical services may also serve as the supervisor of clinical  
1913 services assigned to the hospice program; (2) the hospice volunteer  
1914 coordinator and the hospice program director may be permanent part-  
1915 time employees; and (3) the program director may perform other  
1916 services at the agency, including, but not limited to, hospice volunteer  
1917 coordinator. The commissioner shall not grant a waiver unless the  
1918 commissioner determines that such waiver will not adversely impact  
1919 the health, safety and welfare of hospice patients and their families. The  
1920 waiver shall be in effect for two years. An agency may reapply for such  
1921 a waiver.

1922 Sec. 49. Section 19a-492d of the general statutes is repealed and the

1923 following is substituted in lieu thereof (*Effective July 1, 2021*):

1924 On and after October 1, 2007, a nurse who is employed by an agency  
1925 licensed by the Department of Public Health as a home health care  
1926 agency, hospice home health care agency or [a] home health aide agency  
1927 may administer influenza and pneumococcal vaccines to persons in  
1928 their homes, after an assessment for contraindications, without a  
1929 physician's order in accordance with a physician-approved agency  
1930 policy that includes an anaphylaxis protocol. In the event of an adverse  
1931 reaction to the vaccine, such nurse may also administer epinephrine or  
1932 other anaphylaxis medication without a physician's order in accordance  
1933 with the physician-approved agency policy. For purposes of this  
1934 section, "nurse" means an advanced practice registered nurse, registered  
1935 nurse or practical nurse licensed under chapter 378.

1936 Sec. 50. Section 19a-492e of the general statutes is repealed and the  
1937 following is substituted in lieu thereof (*Effective July 1, 2021*):

1938 (a) For purposes of this section "home health care agency" and  
1939 "hospice home health care agency" [has] have the same [meaning]  
1940 meanings as provided in section 19a-490, as amended by this act.  
1941 Notwithstanding the provisions of chapter 378, a registered nurse may  
1942 delegate the administration of medications that are not administered by  
1943 injection to home health aides and hospice home health care aides who  
1944 have obtained certification and recertification every three years  
1945 thereafter for medication administration in accordance with regulations  
1946 adopted pursuant to subsection (b) of this section, unless the prescribing  
1947 practitioner specifies that a medication shall only be administered by a  
1948 licensed nurse. Any home health aide or hospice home health care aide  
1949 who obtained certification in the administration of medications on or  
1950 before June 30, 2015, shall obtain recertification on or before July 1, 2018.

1951 (b) (1) The Commissioner of Public Health shall adopt regulations, in  
1952 accordance with the provisions of chapter 54, to carry out the provisions  
1953 of this section. Such regulations shall require each home health care  
1954 agency or hospice home health care agency that serves clients requiring

1955 assistance with medication administration to (A) adopt practices that  
1956 increase and encourage client choice, dignity and independence; (B)  
1957 establish policies and procedures to ensure that a registered nurse may  
1958 delegate allowed tasks of nursing care, to include medication  
1959 administration, to home health aides or hospice home health care aides  
1960 when the registered nurse determines that it is in the best interest of the  
1961 client and the home health aide or hospice home health care aide has  
1962 been deemed competent to perform the task; (C) designate home health  
1963 aides and hospice home health care aides to obtain certification and  
1964 recertification for the administration of medication; and (D) ensure that  
1965 such home health aides receive such certification and recertification.

1966 (2) The regulations shall establish certification and recertification  
1967 requirements for medication administration and the criteria to be used  
1968 by home health care agencies and hospice home health care agencies  
1969 that provide services for clients requiring assistance with medication  
1970 administration in determining (A) which home health aides and hospice  
1971 home health care aides shall obtain such certification and recertification,  
1972 and (B) education and skill training requirements, including ongoing  
1973 training requirements for such certification and recertification.

1974 (3) Education and skill training requirements for initial certification  
1975 and recertification shall include, but not be limited to, initial orientation,  
1976 training in client rights and identification of the types of medication that  
1977 may be administered by unlicensed personnel, behavioral management,  
1978 personal care, nutrition and food safety, and health and safety in  
1979 general.

1980 (c) Each home health care agency and, on or before January 1, 2022,  
1981 each hospice home health care agency shall ensure that, on or before  
1982 January 1, 2013, delegation of nursing care tasks in the home care setting  
1983 is allowed within such agency and that policies are adopted to employ  
1984 home health aides or hospice home health care aides for the purposes of  
1985 allowing nurses to delegate such tasks.

1986 (d) A registered nurse licensed pursuant to the provisions of chapter

1987 378 who delegates the task of medication administration to a home  
1988 health aide or hospice home health care aide pursuant to this section  
1989 shall not be subject to disciplinary action based on the performance of  
1990 the home health aide or hospice home health care aide to whom tasks  
1991 are delegated, unless the home health aide or hospice home health care  
1992 aide is acting pursuant to specific instructions from the registered nurse  
1993 or the registered nurse fails to leave instructions when the nurse should  
1994 have done so, provided the registered nurse: (1) Documented in the  
1995 patient's care plan that the medication administration could be properly  
1996 and safely performed by the home health aide or hospice home health  
1997 care aide to whom it is delegated, (2) provided initial direction to the  
1998 home health aide or hospice home health care aide, and (3) provided  
1999 ongoing supervision of the home health aide or hospice home health  
2000 care aide, including the periodic assessment and evaluation of the  
2001 patient's health and safety related to medication administration.

2002 (e) A registered nurse who delegates the provision of nursing care to  
2003 another person pursuant to this section shall not be subject to an action  
2004 for civil damages for the performance of the person to whom nursing  
2005 care is delegated unless the person is acting pursuant to specific  
2006 instructions from the nurse or the nurse fails to leave instructions when  
2007 the nurse should have done so.

2008 (f) No person may coerce a registered nurse into compromising  
2009 patient safety by requiring the nurse to delegate the administration of  
2010 medication if the nurse's assessment of the patient documents a need for  
2011 a nurse to administer medication and identifies why the need cannot be  
2012 safely met through utilization of assistive technology or administration  
2013 of medication by certified home health aides or hospice home health  
2014 care aides. No registered nurse who has made a reasonable  
2015 determination based on such assessment that delegation may  
2016 compromise patient safety shall be subject to any employer reprisal or  
2017 disciplinary action pursuant to chapter 378 for refusing to delegate or  
2018 refusing to provide the required training for such delegation. The  
2019 Department of Social Services, in consultation with the Department of

2020 Public Health, [and] home health care agencies and hospice home health  
2021 care agencies, shall develop protocols for documentation pursuant to  
2022 the requirements of this subsection. The Department of Social Services  
2023 shall notify all licensed home health care agencies and hospice home  
2024 health care agencies of such protocols prior to the implementation of  
2025 this section.

2026 (g) The Commissioner of Public Health may implement policies and  
2027 procedures necessary to administer the provisions of this section while  
2028 in the process of adopting such policies and procedures as regulations,  
2029 provided notice of intent to adopt regulations is published in the  
2030 Connecticut Law Journal not later than twenty days after the date of  
2031 implementation. Policies and procedures implemented pursuant to this  
2032 section shall be valid until the time final regulations are adopted.

2033 Sec. 51. Section 19a-496a of the general statutes is repealed and the  
2034 following is substituted in lieu thereof (*Effective July 1, 2021*):

2035 (a) Notwithstanding any provision of the regulations of Connecticut  
2036 state agencies, all home health care agency, hospice home health care  
2037 agency and home health aide agency services shall be performed upon  
2038 the order of a physician or physician assistant licensed pursuant to  
2039 chapter 370 or an advanced practice registered nurse licensed pursuant  
2040 to chapter 378.

2041 (b) All home health care agency services which are required by law  
2042 to be performed upon the order of a licensed physician may be  
2043 performed upon the order of a physician, physician assistant or  
2044 advanced practice registered nurse licensed in a state which borders  
2045 Connecticut.

2046 Sec. 52. Section 19a-504d of the general statutes is repealed and the  
2047 following is substituted in lieu thereof (*Effective July 1, 2021*):

2048 (a) If a hospital recommends home health care to a patient, the  
2049 hospital discharge plan shall include two or more available options of  
2050 home health care agencies or hospice home health care agencies.



2051 (b) A hospital which (1) has an ownership or investment interest in a  
2052 home health care agency or hospice home health care agency, or (2)  
2053 receives compensation or remuneration for referral of patients to a home  
2054 health care agency or hospice home health care agency shall disclose  
2055 such interest to any patient prior to including such agency as an option  
2056 in a hospital discharge plan. Such information shall be verbally  
2057 disclosed to each patient or shall be posted in a conspicuous place visible  
2058 to patients. As used in this subsection, "ownership or investment  
2059 interest" does not include ownership of investment securities purchased  
2060 by the practitioner on terms available to the general public and which  
2061 are publicly traded.

2062 Sec. 53. (NEW) (*Effective July 1, 2021*) (a) The Commissioner of Public  
2063 Health may suspend the requirements for licensure to authorize a  
2064 licensed chronic and convalescent nursing home to provide services to  
2065 patients with a reportable disease, emergency illness or health  
2066 condition, pursuant to section 19-91 of the general statutes, under their  
2067 existing license if such licensed chronic and convalescent nursing home  
2068 (1) provides services to such patients in a building that is not physically  
2069 connected to its licensed facility, or (2) expands its bed capacity in a  
2070 portion of a facility that is separate from the licensed facility. Such  
2071 services may only be provided in order to render temporary assistance  
2072 in managing a public health emergency in this state, declared by the  
2073 Governor pursuant to section 19a-131a of the general statutes.

2074 (b) Each chronic and convalescent nursing home that intends to  
2075 provide services pursuant to subsection (a) of this section shall submit  
2076 an application to the Department of Public Health in a form and manner  
2077 prescribed by the commissioner. Such application shall include, but  
2078 need not be limited to: (1) Information regarding the facility's ability to  
2079 sufficiently address the health, safety or welfare of such chronic and  
2080 convalescent nursing home's residents and staff; (2) the address of such  
2081 facility; (3) an attestation that all equipment located at such facility is  
2082 maintained according to the manufacturers' specifications, and is  
2083 capable of meeting the needs of such facility's residents; (4) information

2084 regarding such facility's maximum bed capacity; and (5) information  
2085 indicating that such facility is in compliance with any provisions of the  
2086 general statutes or regulations of Connecticut state agencies pertaining  
2087 to the operation of such facility.

2088 (c) Upon receipt of an application pursuant to subsection (a) of this  
2089 section, the Department of Public Health shall conduct a scheduled  
2090 inspection and investigation of the applicant's facilities to ensure  
2091 compliance with any provisions of the general statutes or regulations of  
2092 Connecticut state agencies pertaining to the licensing of such facilities.  
2093 After conducting such inspection and investigation, the department  
2094 shall notify the applicant of the department's approval or denial of such  
2095 application.

2096 Sec. 54. Section 19a-522f of the general statutes is repealed and the  
2097 following is substituted in lieu thereof (*Effective July 1, 2021*):

2098 (a) As used in this section:

2099 (1) "Administer" means to initiate the venipuncture and deliver an IV  
2100 fluid or IV admixture into the blood stream through a vein, and to  
2101 monitor and care for the venipuncture site, terminate the procedure and  
2102 record pertinent events and observations;

2103 (2) "IV admixture" means an IV fluid to which one or more additional  
2104 drug products have been added;

2105 (3) "IV fluid" means sterile solutions of fifty milliliters or more,  
2106 intended for intravenous infusion, but does not include blood and blood  
2107 products;

2108 (4) "IV therapy" means the introduction of an IV fluid or IV admixture  
2109 into the blood stream through a vein for the purpose of correcting water  
2110 deficit and electrolyte imbalances, providing nutrition, and delivering  
2111 antibiotics and other therapeutic agents approved by a chronic and  
2112 convalescent nursing home's or a rest home with nursing supervision's  
2113 medical staff;

2114 (5) "IV therapy program" means the overall plan by which a chronic  
2115 and convalescent nursing home or a rest home with nursing supervision  
2116 implements, monitors and safeguards the administration of IV therapy  
2117 to patients; and

2118 (6) "IV therapy nurse" means a registered nurse who is qualified by  
2119 education and training and has demonstrated proficiency in the  
2120 theoretical and clinical aspects of IV therapy to administer an IV fluid  
2121 or IV admixture.

2122 (b) An IV therapy nurse or a physician assistant licensed pursuant to  
2123 section 20-12b, who is employed by, or operating under a contract to  
2124 provide services in, a chronic and convalescent nursing home or a rest  
2125 home with nursing supervision that operates an IV therapy program  
2126 may administer a peripherally inserted central catheter as part of such  
2127 facility's IV therapy program. The Department of Public Health shall  
2128 adopt regulations in accordance with the provisions of chapter 54 to  
2129 carry out the purposes of this section.

2130 (c) A chronic and convalescent nursing home may permit a registered  
2131 nurse licensed pursuant to chapter 378 and employed by such chronic  
2132 and convalescent nursing home who has been properly trained by the  
2133 director of nursing or by an intravenous infusion company to (1) draw  
2134 blood from a central line for laboratory purposes, provided the facility  
2135 has an agreement with a laboratory to process such specimens, or (2)  
2136 administer a dose of medication by intravenous injection, provided such  
2137 medication is on a list of medications approved by the Commissioner of  
2138 Public Health for intravenous injection by a registered nurse. Such  
2139 chronic and convalescent nursing home shall notify the Commissioner  
2140 of Public Health of any such services being provided under subdivisions  
2141 (1) and (2) of this subsection. The Commissioner of Public Health shall  
2142 notify all chronic and convalescent nursing homes of the list of  
2143 medications approved for intravenous injection by a registered nurse.  
2144 The administrator of each chronic and convalescent nursing home shall  
2145 ensure that each registered nurse who is permitted to perform the  
2146 services described in subdivisions (1) and (2) of this subsection is

2147 appropriately trained and competent to perform such services. Each  
2148 administrator shall provide documentation regarding the training and  
2149 competency of such registered nurses to the department upon the  
2150 department's request.

2151       Sec. 55. (NEW) (*Effective July 1, 2021*) (a) The Commissioner of Public  
2152 Health shall license assisted living services agencies, as defined in  
2153 section 19a-490 of the general statutes, as amended by this act. A  
2154 managed residential community wishing to provide assisted living  
2155 services shall become licensed as an assisted living services agency.

2156       (b) A managed residential care community that intends to arrange for  
2157 assisted living services shall only do so with a currently licensed assisted  
2158 living services agency. Such managed residential community shall  
2159 submit an application to arrange for the assisted living services to the  
2160 Department of Public Health in a form and manner prescribed by the  
2161 commissioner.

2162       (c) No assisted living services agency shall provide memory care to  
2163 residents with early to mid-stage cognitive impairment from  
2164 Alzheimer's disease or other dementias unless they have obtained  
2165 approval from the Department of Public Health. Such assisted living  
2166 services agencies shall ensure that they have adequate staff to meet the  
2167 needs of the residents. Each assisted living services agency that offers  
2168 memory care services shall submit to the Department of Public Health a  
2169 list of memory care units or locations and their staffing plans for any  
2170 such units and locations when completing an initial or a renewal  
2171 licensure application, or upon request from the department.

2172       (d) An assisted living services agency shall ensure that (1) all services  
2173 being provided on an individual basis to clients are fully understood  
2174 and agreed upon between either the client or the client's representative,  
2175 and (2) the client or the client's representative are made aware of the cost  
2176 of any such services.

2177       (e) The Department of Public Health may adopt regulations, in

2178 accordance with the provisions of chapter 54 of the general statutes, to  
2179 carry out the purposes of this section.

2180 Sec. 56. Section 19a-521b of the general statutes is repealed and the  
2181 following is substituted in lieu thereof (*Effective July 1, 2021*):

2182 [In each] Each licensed chronic and convalescent nursing home,  
2183 chronic disease hospital associated with a chronic and convalescent  
2184 nursing home, rest home with nursing supervision and residential care  
2185 home [, at least a three-foot clearance shall be provided at the sides and  
2186 the foot of each bed.] shall position beds in a manner that promotes  
2187 resident care. Such bed position shall (1) not act as a restraint to the  
2188 resident, (2) ensure that the resident's call bell, overhead bed light and  
2189 privacy curtain function and are readily useable by such resident, (3) not  
2190 create a hazardous situation, including, but not limited to, an  
2191 entrapment possibility, or obstacle to evacuation or being close to or  
2192 blocking a heat source, (4) prevent the spread of pathogens, (5) allow for  
2193 infection control, (6) ensure residence privacy, and (7) provide at least  
2194 six-foot clearance at the sides and foot of each bed.

2195 Sec. 57. Section 19a-195 of the general statutes is repealed and the  
2196 following is substituted in lieu thereof (*Effective October 1, 2021*):

2197 The commissioner shall adopt regulations in accordance with the  
2198 provisions of chapter 54 to require all [emergency medical response  
2199 services] ambulances to be staffed by at least one certified emergency  
2200 medical technician, who shall be in the patient compartment attending  
2201 the patient during all periods in which a patient is being transported,  
2202 and one certified [medical response technician] emergency medical  
2203 responder.

2204 Sec. 58. Section 20-206jj of the general statutes is repealed and the  
2205 following is substituted in lieu thereof (*Effective from passage*):

2206 As used in this section and sections 20-206kk to 20-206oo, inclusive:

2207 (1) "Advanced emergency medical technician" means an individual

2208 who is certified as an advanced emergency medical technician by the  
2209 Department of Public Health;

2210 (2) "Commissioner" means the Commissioner of Public Health;

2211 (3) "Emergency medical services instructor" means a person who is  
2212 certified under the provisions of section 20-206ll or 20-206mm, as  
2213 amended by this act, by the Department of Public Health to teach  
2214 courses, the completion of which is required in order to become an  
2215 emergency medical technician;

2216 (4) "Emergency medical responder" means an individual who is  
2217 certified to practice as an emergency medical responder under the  
2218 provisions of section 20-206ll or 20-206mm, as amended by this act;

2219 (5) "Emergency medical services personnel" means an individual  
2220 certified to practice as an emergency medical responder, emergency  
2221 medical technician, advanced emergency medical technician,  
2222 emergency medical services instructor or an individual licensed as a  
2223 paramedic;

2224 (6) "Emergency medical technician" means a person who is certified  
2225 to practice as an emergency medical technician under the provisions of  
2226 section 20-206ll or 20-206mm, as amended by this act;

2227 (7) "National organization for emergency medical certification"  
2228 means a national organization approved by the Department of Public  
2229 Health and identified on the department's Internet web site, or such  
2230 national organization's successor organization, that tests and provides  
2231 certification to emergency medical responders, emergency medical  
2232 technicians, advanced medical technicians and paramedics;

2233 (8) "Office of Emergency Medical Services" means the office  
2234 established within the Department of Public Health pursuant to section  
2235 19a-178;

2236 (9) "Paramedicine" means the carrying out of (A) all phases of

2237 cardiopulmonary resuscitation and defibrillation, (B) the administration  
2238 of drugs and intravenous solutions under written or oral authorization  
2239 from a licensed physician or a licensed advanced practice registered  
2240 nurse, and (C) the administration of controlled substances, as defined in  
2241 section 21a-240, in accordance with written protocols or standing orders  
2242 of a licensed physician or a licensed advanced practice registered nurse;  
2243 and

2244 (10) "Paramedic" means a person licensed to practice as a paramedic  
2245 under the provisions of section 20-206ll. [; and]

2246 [(11) "Continuing education platform Internet web site" means an  
2247 online database, approved by the Commissioner of Public Health, for  
2248 emergency medical services personnel to enter, track and reconcile the  
2249 hours and topics of continuing education completed by such personnel.]

2250 Sec. 59. Subsection (f) of section 20-206mm of the general statutes is  
2251 repealed and the following is substituted in lieu thereof (*Effective from*  
2252 *passage*):

2253 (f) A certified emergency medical responder, emergency medical  
2254 technician, advanced emergency medical technician or emergency  
2255 medical services instructor shall document the completion of his or her  
2256 continuing educational requirements [through the continuing education  
2257 platform Internet web site] in a form and manner prescribed by the  
2258 commissioner. A certified emergency medical responder, emergency  
2259 medical technician, advanced emergency medical technician or  
2260 emergency medical services instructor who is not engaged in active  
2261 professional practice in any form during a certification period shall be  
2262 exempt from the continuing education requirements of this section,  
2263 provided the emergency medical responder, emergency medical  
2264 technician, advanced emergency medical technician or emergency  
2265 medical services instructor submits to the department, prior to the  
2266 expiration of the certification period, an application for inactive status  
2267 on a form prescribed by the department and such other documentation  
2268 as may be required by the department. The application for inactive

2269 status pursuant to this subsection shall contain a statement that the  
2270 emergency medical responder, emergency medical technician,  
2271 advanced emergency medical technician or emergency medical services  
2272 instructor may not engage in professional practice until the continuing  
2273 education requirements of this section have been met.

2274 Sec. 60. Subsection (b) of section 19a-178a of the general statutes is  
2275 repealed and the following is substituted in lieu thereof (*Effective from*  
2276 *passage*):

2277 (b) The advisory board shall consist of members appointed in  
2278 accordance with the provisions of this subsection and shall include the  
2279 Commissioner of Public Health, the department's emergency medical  
2280 services medical director and the president of each of the regional  
2281 emergency medical services councils, or their designees. The Governor  
2282 shall appoint the following members: (1) One person from the  
2283 Connecticut Association of Directors of Health; (2) three persons from  
2284 the Connecticut College of Emergency Physicians; (3) one person from  
2285 the Connecticut Committee on Trauma of the American College of  
2286 Surgeons; (4) one person from the Connecticut Medical Advisory  
2287 Committee; (5) one person from the Emergency Nurses Association; (6)  
2288 one person from the Connecticut Association of Emergency Medical  
2289 Services Instructors; (7) one person from the Connecticut Hospital  
2290 Association; (8) two persons representing commercial ambulance  
2291 services; (9) one person from the Connecticut State Firefighters  
2292 Association; (10) one person from the Connecticut Fire Chiefs  
2293 Association; (11) one person from the Connecticut Police Chiefs  
2294 Association; (12) one person from the Connecticut State Police; and (13)  
2295 one person from the Connecticut Commission on Fire Prevention and  
2296 Control. An additional eighteen members shall be appointed as follows:  
2297 (A) Three by the president pro tempore of the Senate; (B) three by the  
2298 majority leader of the Senate; (C) four by the minority leader of the  
2299 Senate; (D) three by the speaker of the House of Representatives; (E) two  
2300 by the majority leader of the House of Representatives; and (F) three by  
2301 the minority leader of the House of Representatives. The appointees



2302 shall include a person with experience in municipal ambulance services;  
2303 a person with experience in for-profit ambulance services; three persons  
2304 with experience in volunteer ambulance services; a paramedic; an  
2305 emergency medical technician; an advanced emergency medical  
2306 technician; three consumers and four persons from state-wide  
2307 organizations with interests in emergency medical services as well as  
2308 any other areas of expertise that may be deemed necessary for the  
2309 proper functioning of the advisory board. Any appointment to the  
2310 advisory board that is vacant for more than one year shall be filled by  
2311 the Commissioner of Public Health. The commissioner shall notify the  
2312 appointing authority of the identity of the commissioner's appointment  
2313 not later than thirty days before making such appointment.

2314 Sec. 61. Subsection (a) of section 19a-36h of the general statutes is  
2315 repealed and the following is substituted in lieu thereof (*Effective from*  
2316 *passage*):

2317 (a) Not later than January 1, [2020] 2022, the commissioner shall adopt  
2318 and administer by reference the United States Food and Drug  
2319 Administration's Food Code, as amended from time to time, and any  
2320 Food Code Supplement published by said administration as the state's  
2321 food code for the purpose of regulating food establishments.

2322 Sec. 62. Subsection (a) of section 19a-36j of the general statutes is  
2323 repealed and the following is substituted in lieu thereof (*Effective from*  
2324 *passage*):

2325 (a) On and after January 1, [2019] 2022, no person shall engage in the  
2326 practice of a food inspector unless such person has obtained a  
2327 certification from the commissioner in accordance with the provisions  
2328 of this section. The commissioner shall develop a training and  
2329 verification program for food inspector certification that shall be  
2330 administered by the food inspection training officer at a local health  
2331 department.

2332 (1) Each person seeking certification as a food inspector shall submit

2333 an application to the department on a form prescribed by the  
2334 commissioner and present to the department satisfactory evidence that  
2335 such person (A) is sponsored by the director of health in the jurisdiction  
2336 in which the applicant is employed to conduct food inspections, (B)  
2337 possesses a bachelor's degree or three years of experience in a regulatory  
2338 food protection program, (C) has successfully completed a training and  
2339 verification program, (D) has successfully completed the field  
2340 standardization inspection prescribed by the commissioner, and (E) is  
2341 not involved in the ownership or management of a food establishment  
2342 located in the applicant's jurisdiction.

2343 (2) Each director of health sponsoring an applicant for certification as  
2344 a food inspector shall submit to the commissioner a form documenting  
2345 the applicant's qualifications and successful completion of the  
2346 requirements described in subdivision (1) of this subsection.

2347 (3) Certifications issued under this section shall be subject to renewal  
2348 once every three years. A food inspector applying for renewal of his or  
2349 her certification shall demonstrate successful completion of twenty  
2350 contact hours in food protection training, as approved by the  
2351 commissioner, and reassessment by the food inspection training officer.

2352 Sec. 63. Section 19a-360 of the general statutes is repealed and the  
2353 following is substituted in lieu thereof (*Effective from passage*):

2354 Notwithstanding any provision of the general statutes, from June 30,  
2355 2017, until December 31, [2018] 2021, a food service establishment may  
2356 request a variance from the Commissioner of Public Health from the  
2357 requirements of the Public Health Code, established under section 19a-  
2358 36, to utilize the process of sous vide and acidification of sushi rice, as  
2359 defined in section 3-502.11 of the United States Food and Drug  
2360 Administration's Food Code, as amended from time to time. The  
2361 Commissioner of Public Health shall review the request for a variance  
2362 and provide the food establishment with notification regarding the  
2363 status of its request not later than thirty days after the commissioner  
2364 receives such request. The commissioner may grant such variance if he

2365 or she determines that such variance would not result in a health hazard  
2366 or nuisance.

2367 Sec. 64. Subdivision (5) of section 19a-332 of the general statutes is  
2368 repealed and the following is substituted in lieu thereof (*Effective October*  
2369 *1, 2021*):

2370 (5) "Asbestos-containing material" means material composed of  
2371 asbestos of any type and in an amount equal to or greater than one per  
2372 cent by weight, either alone or mixed with other fibrous or nonfibrous  
2373 material;

2374 Sec. 65. Subdivision (4) of section 20-250 of the general statutes is  
2375 repealed and the following is substituted in lieu thereof (*Effective from*  
2376 *passage*):

2377 (4) "Hairdressing and cosmetology" means the art of dressing,  
2378 arranging, curling, waving, weaving, cutting, singeing, bleaching and  
2379 coloring the hair and treating the scalp of any person, and massaging,  
2380 cleansing, stimulating, manipulating, exercising or beautifying with the  
2381 use of the hands, appliances, cosmetic preparations, antiseptics, tonics,  
2382 lotions, creams, powders, oils or clays and doing similar work on the  
2383 face, neck and arms for compensation, removing hair from the face or  
2384 neck using manual or mechanical means, excluding esthetics, as defined  
2385 in section 20-265a or any of the actions listed in this subdivision  
2386 performed on the nails of the hands or feet, provided nothing in this  
2387 subdivision shall prohibit an unlicensed person from performing  
2388 shampooing or braiding hair;

2389 Sec. 66. Subsection (b) of section 20-265b of the general statutes is  
2390 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
2391 *2021*):

2392 (b) On and after January 1, 2020, each person seeking an initial license  
2393 as an esthetician shall apply to the department on a form prescribed by  
2394 the department, accompanied by an application fee of one hundred  
2395 dollars and evidence that the applicant (1) has completed a course of not

2396 less than six hundred hours of study and received a certification of  
2397 completion from a school approved under section 20-265g or section 20-  
2398 26 or in a school outside of the state whose requirements are equivalent  
2399 to a school approved under section 20-265g, or (2) (A), if applying before  
2400 January 1, 2022, has practiced esthetics continuously in this state for a  
2401 period of not less than two years prior to July 1, 2020, and (B) is in  
2402 compliance with the infection prevention and control plan guidelines  
2403 prescribed by the department under section 19a-231 in the form of an  
2404 attestation.

2405 Sec. 67. Subsection (f) of section 10-206 of the general statutes is  
2406 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
2407 *2021*):

2408 (f) On and after October 1, 2017, each local or regional board of  
2409 education shall report to the local health department and the  
2410 Department of Public Health, on an triennial basis, the total number of  
2411 pupils per school and per school district having a diagnosis of asthma  
2412 (1) at the time of public school enrollment, (2) in grade six or seven, and  
2413 (3) in grade nine or ten. [or eleven.] The report shall contain the asthma  
2414 information collected as required under subsections (b) and (c) of this  
2415 section and shall include pupil age, gender, race, ethnicity and school.  
2416 Beginning on October 1, 2021, and every three years thereafter, the  
2417 Department of Public Health shall review the asthma screening  
2418 information reported pursuant to this section and shall submit a report  
2419 to the joint standing committees of the General Assembly having  
2420 cognizance of matters relating to public health and education  
2421 concerning asthma trends and distributions among pupils enrolled in  
2422 the public schools. The report shall be submitted in accordance with the  
2423 provisions of section 11-4a and shall include, but not be limited to, (A)  
2424 trends and findings based on pupil age, gender, race, ethnicity, school  
2425 and the education reference group, as determined by the Department of  
2426 Education for the town or regional school district in which such school  
2427 is located, and (B) activities of the asthma screening monitoring system  
2428 maintained under section 19a-62a.

2429 Sec. 68. Subsections (b) to (f), inclusive, of section 19a-215 of the  
2430 general statutes are repealed and the following is substituted in lieu  
2431 thereof (*Effective from passage*):

2432 (b) A health care provider shall report each case occurring in such  
2433 provider's practice, of any disease on the commissioner's list of  
2434 reportable diseases, emergency illnesses and health conditions to the  
2435 director of health of the town, city or borough in which such case resides  
2436 and to the Department of Public Health, no later than twelve hours after  
2437 such provider's recognition of the disease. Such reports shall be [in  
2438 writing, by telephone or] in an electronic format approved by the  
2439 commissioner. Such reports of disease shall be confidential and not open  
2440 to public inspection except as provided for in section 19a-25.

2441 (c) A clinical laboratory shall report each finding identified by such  
2442 laboratory of any disease identified on the commissioner's list of  
2443 reportable laboratory findings to the Department of Public Health not  
2444 later than forty-eight hours after such laboratory's finding. A clinical  
2445 laboratory [that reports an average of more than thirty findings per  
2446 month] shall make such reports electronically in a format approved by  
2447 the commissioner. [Any clinical laboratory that reports an average of  
2448 less than thirty findings per month shall submit such reports, in writing,  
2449 by telephone or in an electronic format approved by the commissioner.]  
2450 All such reports shall be confidential and not open to public inspection  
2451 except as provided for in section 19a-25. The Department of Public  
2452 Health shall provide a copy of all such reports to the director of health  
2453 of the town, city or borough in which the affected person resides or, in  
2454 the absence of such information, the town where the specimen  
2455 originated.

2456 (d) When a local director of health, the local director's authorized  
2457 agent or the Department of Public Health receives a report of a disease  
2458 or laboratory finding on the commissioner's lists of reportable diseases,  
2459 emergency illnesses and health conditions and laboratory findings, the  
2460 local director of health, the local director's authorized agent or the  
2461 Department of Public Health may contact first the reporting health care

2462 provider and then the person with the reportable finding to obtain such  
2463 information as may be necessary to lead to the effective control of  
2464 further spread of such disease. In the case of reportable communicable  
2465 diseases and laboratory findings, this information may include  
2466 obtaining the identification of persons who may be the source or  
2467 subsequent contacts of such infection.

2468 (e) All personal information obtained from disease prevention and  
2469 control investigations as performed in subsections (c) and (d) of this  
2470 section including the health care provider's name and the identity of the  
2471 reported case of disease and suspected source persons and contacts shall  
2472 not be divulged to anyone and shall be held strictly confidential  
2473 pursuant to section 19a-25, by the local director of health and the  
2474 director's authorized agent and by the Department of Public Health.

2475 (f) [Any person who violates any reporting or confidentiality  
2476 provision of this section shall be fined not more than five hundred  
2477 dollars.] The Commissioner of Public Health may impose a civil penalty  
2478 not to exceed one thousand dollars on any person who violates any  
2479 reporting provision of this section for each such violation. Each failure  
2480 to report a case or finding of a disease as required by this section shall  
2481 constitute a separate violation.

2482 (g) If the Commissioner of Public Health has reason to believe that a  
2483 violation has occurred for which a civil penalty is authorized by  
2484 subsection (f) of this section, he or she may send to such person by  
2485 certified mail, return receipt requested, or personally serve upon such  
2486 person, a notice which shall include: (1) A short and plain statement of  
2487 the matters asserted or charged; (2) a statement of the maximum civil  
2488 penalty which may be imposed for such violation; and (3) a statement  
2489 of the party's right to request a hearing, which such request shall  
2490 submitted in writing to the commissioner not later than ten days after  
2491 the notice is mailed or served.

2492 (h) If such person so requests, the commissioner shall cause a hearing  
2493 to be held, in accordance with the provisions of chapter 54. If such

2494 person fails to request a hearing or fails to appear at the hearing or if,  
2495 after the hearing, the commissioner finds that the person has committed  
2496 such violation, the commissioner may, in his or her discretion, order that  
2497 a civil penalty be imposed that is not greater than the penalty stated in  
2498 the notice. The commissioner shall send a copy of any order issued  
2499 pursuant to this subsection by certified mail, return receipt requested,  
2500 to the person named in such order.

2501 (i) No provision of this section shall be deemed to supersede section  
2502 19a-584.

2503 Sec. 69. Section 19a-490w of the general statutes is repealed and the  
2504 following is substituted in lieu thereof (*Effective October 1, 2021*):

2505 (a) Not later than October 1, 2017, and annually thereafter, any  
2506 hospital that has been certified as a comprehensive stroke center, a  
2507 primary stroke center, a thrombectomy-capable stroke center or an  
2508 acute stroke-ready hospital by the American Heart Association, the Joint  
2509 Commission or any other nationally recognized certifying organization  
2510 shall submit an attestation of such certification to the Commissioner of  
2511 Public Health, in a form and manner prescribed by the commissioner.  
2512 Not later than October 15, 2017, and annually thereafter, the Department  
2513 of Public Health shall post a list of certified stroke centers on its Internet  
2514 web site.

2515 (b) The department may remove a hospital from the list posted  
2516 pursuant to subsection (a) of this section if (1) the hospital requests such  
2517 removal, (2) the department is informed by the American Heart  
2518 Association, the Joint Commission or other nationally recognized  
2519 certifying organization that a hospital's certification has expired or been  
2520 suspended or revoked, or (3) the department does not receive attestation  
2521 of certification from a hospital on or before October first. The  
2522 department shall report to the nationally recognized certifying  
2523 organization any complaint it receives related to the certification of a  
2524 hospital as a comprehensive stroke center, a primary stroke center, a  
2525 thrombectomy-capable stroke center or an acute stroke-ready hospital.

2526 The department shall provide the complainant with the name and  
2527 contact information of the nationally recognized certifying organization  
2528 if the complainant seeks to pursue a complaint with such organization.

2529       Sec. 70. (NEW) (*Effective October 1, 2021*) (a) The Department of Public  
2530 Health shall maintain and operate a state-wide stroke registry. Said  
2531 registry shall use the American Heart Association's Get With The  
2532 Guidelines–Stroke program's data set platform and include information  
2533 and data on stroke care in the state that align with the stroke consensus  
2534 metrics developed and approved by the American Heart Association  
2535 and American Stroke Association.

2536       (b) On and after January 1, 2022, each comprehensive stroke center,  
2537 thrombectomy-capable stroke center, primary stroke center or acute  
2538 stroke-ready hospital shall, on a quarterly basis, submit to the  
2539 Department of Public Health data concerning stroke care that are  
2540 necessary for including in the state-wide stroke registry, as determined  
2541 by the Commissioner of Public Health, and that, at a minimum, align  
2542 with the stroke consensus metrics developed and approved by the  
2543 American Heart Association and American Stroke Association.

2544       (c) The Department of Public Health shall be provided access to  
2545 records of any comprehensive stroke center, thrombectomy-capable  
2546 stroke center, primary stroke center or acute stroke-ready hospital, as  
2547 the department deems necessary, to perform case finding or other  
2548 quality improvement audits to ensure completeness of reporting and  
2549 data accuracy consistent with the purposes of this section.

2550       (d) The Department of Public Health may enter into a contract for the  
2551 receipt, storage, holding or maintenance of the data or files under its  
2552 control and management.

2553       (e) The Department of Public Health may enter into reciprocal  
2554 reporting agreements with the appropriate agencies of other states to  
2555 exchange stroke care data.

2556       (f) (1) Failure by a comprehensive stroke center, thrombectomy-



2557 capable stroke center, primary stroke center or acute stroke-ready  
2558 hospital to comply with the reporting requirements prescribed in this  
2559 section may result in the department electing to perform the registry  
2560 services for such comprehensive stroke center, thrombectomy-capable  
2561 stroke center, primary stroke center or acute stroke-ready hospital. In  
2562 such case, the comprehensive stroke center, thrombectomy-capable  
2563 stroke center, primary stroke center or acute stroke-ready hospital shall  
2564 reimburse the department for actual expenses incurred in performing  
2565 such services.

2566 (2) Any comprehensive stroke center, thrombectomy-capable stroke  
2567 center, primary stroke center or acute stroke-ready hospital that fails to  
2568 comply with the provisions of this section shall be liable for a civil  
2569 penalty not to exceed five hundred dollars for each failure to disclose a  
2570 stroke care data, as determined by the commissioner.

2571 (3) The reimbursements, expenses and civil penalties set forth in this  
2572 section shall be assessed only after the Department of Public Health has  
2573 provided a comprehensive stroke center, thrombectomy-capable stroke  
2574 center, primary stroke center or acute stroke-ready hospital with written  
2575 notice of deficiency and such comprehensive stroke center,  
2576 thrombectomy-capable stroke center, primary stroke center or acute  
2577 stroke-ready hospital has been afforded not less than fourteen business  
2578 days after the date of receiving such notice to provide a written response  
2579 to the department. Such written response shall include any information  
2580 requested by the department.

2581 (g) The Commissioner of Public Health may request that the Attorney  
2582 General initiate an action to collect any civil penalties assessed pursuant  
2583 to this section and obtain such orders as necessary to enforce any  
2584 provision of this section.

2585 (h) Not later than January 1, 2022, the Department of Public Health,  
2586 in consultation with the State of Connecticut Stroke Advisory Council,  
2587 shall establish a stroke registry data oversight committee. Such  
2588 committee shall monitor the operations of the state-wide stroke registry,

2589 provide advice regarding the oversight of such registry, develop a plan  
2590 to improve quality of stroke care and address disparities in the  
2591 provision of such care and develop short and long-term goals for  
2592 improvement of stroke care in comprehensive stroke centers,  
2593 thrombectomy-capable stroke centers, primary stroke centers and acute  
2594 stroke-ready hospitals.

2595 (i) The Commissioner of Public Health may adopt regulations, in  
2596 accordance with the provisions of chapter 54 of the general statutes, to  
2597 implement the provisions of this section.

2598 Sec. 71. Subsection (k) of section 19a-180 of the general statutes is  
2599 repealed and the following is substituted in lieu thereof (*Effective from*  
2600 *passage*):

2601 (k) Notwithstanding the provisions of subsection (a) of this section,  
2602 any [volunteer, hospital-based or municipal ambulance service]  
2603 emergency medical services organization that is licensed or certified and  
2604 a primary service area responder may apply to the commissioner, on a  
2605 short form application prescribed by the commissioner, to change the  
2606 address of a principal or branch location or to add a branch location  
2607 within its primary service area. Upon making such application, the  
2608 applicant shall notify in writing all other primary service area  
2609 responders in any municipality or abutting municipality in which the  
2610 applicant proposes to change principal or branch locations. Unless a  
2611 primary service area responder entitled to receive notification of such  
2612 application objects, in writing, to the commissioner and requests a  
2613 hearing on such application not later than fifteen calendar days after  
2614 receiving such notice, the application shall be deemed approved thirty  
2615 calendar days after filing. If any such primary service area responder  
2616 files an objection with the commissioner within the fifteen-calendar-day  
2617 time period and requests a hearing, the applicant shall be required to  
2618 demonstrate need to change the address of a principal or branch  
2619 location within its primary service area at a public hearing as required  
2620 under subsection (a) of this section.

2621 Sec. 72. Section 7-36 of the general statutes is repealed and the  
2622 following is substituted in lieu thereof (*Effective July 1, 2021*):

2623 As used in this chapter and sections 19a-40 to 19a-45, inclusive, unless  
2624 the context otherwise requires:

2625 (1) "Registrar of vital statistics" or "registrar" means the registrar of  
2626 births, marriages, deaths and fetal deaths or any public official charged  
2627 with the care of returns relating to vital statistics;

2628 (2) "Registration" means the process by which vital records are  
2629 completed, filed and incorporated into the official records of the  
2630 department;

2631 (3) "Institution" means any public or private facility that provides  
2632 inpatient medical, surgical or diagnostic care or treatment, or nursing,  
2633 custodial or domiciliary care, or to which persons are committed by law;

2634 (4) "Vital records" means a certificate of birth, death, fetal death or  
2635 marriage;

2636 (5) "Certified copy" means a copy of a birth, death, fetal death or  
2637 marriage certificate that (A) includes all information on the certificate  
2638 except such information that is nondisclosable by law, (B) is issued or  
2639 transmitted by any registrar of vital statistics, (C) includes an attested  
2640 signature and the raised seal of an authorized person, and (D) if  
2641 submitted to the department, includes all information required by the  
2642 commissioner;

2643 (6) "Uncertified copy" means a copy of a birth, death, fetal death or  
2644 marriage certificate that includes all information contained in a certified  
2645 copy except an original attested signature and a raised seal of an  
2646 authorized person;

2647 (7) "Authenticate" or "authenticated" means to affix to a vital record  
2648 in paper format the official seal, or to affix to a vital record in electronic  
2649 format the user identification, password, or other means of electronic

2650 identification, as approved by the department, of the creator of the vital  
2651 record, or the creator's designee, by which affixing the creator of such  
2652 paper or electronic vital record, or the creator's designee, affirms the  
2653 integrity of such vital record;

2654 (8) "Attest" means to verify a vital record in accordance with the  
2655 provisions of subdivision (5) of this section;

2656 (9) "Correction" means to change or enter new information on a  
2657 certificate of birth, marriage, death or fetal death, within one year of the  
2658 date of the vital event recorded in such certificate, in order to accurately  
2659 reflect the facts existing at the time of the recording of such vital event,  
2660 where such changes or entries are to correct errors on such certificate  
2661 due to inaccurate or incomplete information provided by the informant  
2662 at the time the certificate was prepared, or to correct transcribing,  
2663 typographical or clerical errors;

2664 (10) "Amendment" means to (A) change or enter new information on  
2665 a certificate of birth, marriage, death or fetal death, more than one year  
2666 after the date of the vital event recorded in such certificate, in order to  
2667 accurately reflect the facts existing at the time of the recording of the  
2668 event, (B) create a replacement certificate of birth for matters pertaining  
2669 to parentage and gender change, or (C) reflect a legal name change in  
2670 accordance with section 19a-42 or make a modification to a cause of  
2671 death;

2672 (11) "Acknowledgment of paternity" means to legally acknowledge  
2673 paternity of a child pursuant to section 46b-172;

2674 (12) "Adjudication of paternity" means to legally establish paternity  
2675 through an order of a court of competent jurisdiction;

2676 (13) "Parentage" includes matters relating to adoption, gestational  
2677 agreements, paternity and maternity;

2678 (14) "Department" means the Department of Public Health;

2679 (15) "Commissioner" means the Commissioner of Public Health or the  
2680 commissioner's designee;

2681 (16) "Gestational agreement" means a written agreement for assisted  
2682 reproduction in which a woman agrees to carry a child to birth for an  
2683 intended parent or intended parents, which woman contributed no  
2684 genetic material to the child and which agreement (A) names each party  
2685 to the agreement and indicates each party's respective obligations under  
2686 the agreement, (B) is signed by each party to the agreement and the  
2687 spouse of each such party, if any, and (C) is witnessed by at least two  
2688 disinterested adults and acknowledged in the manner prescribed by  
2689 law;

2690 (17) "Intended parent" means a party to a gestational agreement who  
2691 agrees, under the gestational agreement, to be the parent of a child born  
2692 to a woman by means of assisted reproduction, regardless of whether  
2693 the party has a genetic relationship to the child;

2694 (18) "Foundling" means (A) a child of unknown parentage, or (B) an  
2695 infant voluntarily surrendered pursuant to the provisions of section 17a-  
2696 58; [and]

2697 (19) "Certified homeless youth" means a person who is at least fifteen  
2698 years of age but less than eighteen years of age, is not in the physical  
2699 custody of a parent or legal guardian, who is a homeless child or youth,  
2700 as defined in 42 USC 11434a, as amended from time to time, and who  
2701 has been certified as homeless by (A) a school district homeless liaison,  
2702 (B) the director of an emergency shelter program funded by the United  
2703 States Department of Housing and Urban Development, or the  
2704 director's designee, [or] (C) the director of a runaway or homeless youth  
2705 basic center or transitional living program funded by the United States  
2706 Department of Health and Human Services, or the director's designee,  
2707 or (D) the director of a program of a nonprofit organization or  
2708 municipality that is contracted with the homeless youth program  
2709 established pursuant to section 17a-62a; and

2710 (20) "Certified homeless young adult" means a person who is at least  
2711 eighteen years of age but less than twenty-five years of age who has  
2712 been certified as homeless by (A) a school district homeless liaison, (B)  
2713 the director of an emergency shelter program funded by the United  
2714 States Department of Housing and Urban Development, or the  
2715 director's designee, (C) the director of a runaway or homeless youth  
2716 basic center or transitional living program funded by the United States  
2717 Department of Health and Human Services, or the director's designee,  
2718 or (D) the director of a program of a nonprofit organization or  
2719 municipality that is contracted with the homeless youth program  
2720 established pursuant to section 17a-62a.

2721 Sec. 73. Subsection (c) of section 7-51 of the general statutes is  
2722 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
2723 *2021*):

2724 (c) (1) The registrar of the town in which the birth or fetal death  
2725 occurred or of the town in which the mother resided at the time of the  
2726 birth or fetal death, or the department, may issue a certified copy of the  
2727 certificate of birth or fetal death of any person born in this state that is  
2728 kept in paper form in the custody of the registrar. Except as provided in  
2729 subdivision (2) of this subsection, such certificate shall be issued upon  
2730 the written request of an eligible party listed in subsection (a) of this  
2731 section. Any registrar of vital statistics in this state with access, as  
2732 authorized by the department, to the electronic vital records system of  
2733 the department may issue a certified copy of the electronically filed  
2734 certificate of birth or fetal death of any person born in this state upon  
2735 the written request of an eligible party listed in subsection (a) of this  
2736 section. The registrar and the department may waive the fee for the  
2737 issuance of a certified copy of the certificate of birth of a certified  
2738 homeless young adult to such young adult under this subsection.

2739 (2) In the case of a certified homeless youth, such certified homeless  
2740 youth and the person who is certifying the certified homeless youth as  
2741 homeless, as described in section 7-36, as amended by this act, shall  
2742 appear in person when the certified homeless youth is presenting the

2743 written request described in subdivision (1) of this subsection at (A) the  
2744 office of the registrar of the town in which the certified homeless youth  
2745 was born, (B) the office of the registrar of the town in which the mother  
2746 of the certified homeless youth resided at the time of the birth, (C) if the  
2747 birth certificate of the certified homeless youth has been electronically  
2748 filed, any registrar of vital statistics in the state with access, as  
2749 authorized by the department, to the electronic vital records system, or  
2750 (D) the state vital records office of the department. The certified  
2751 homeless youth shall present to the registrar or the department  
2752 information sufficient to identify himself or herself as may be required  
2753 by regulations adopted by the commissioner pursuant to section 7-41.  
2754 The person who is certifying the certified homeless youth as homeless  
2755 shall present to the registrar or the department information sufficient to  
2756 identify himself or herself as meeting the certification requirements of  
2757 section 7-36, as amended by this act. The registrar and the department  
2758 may waive the fee for the issuance of a certified copy of the certificate of  
2759 birth of a homeless youth to such youth under this subsection.

2760 Sec. 74. Subsection (a) of section 1-1h of the general statutes is  
2761 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
2762 *2021*):

2763 (a) Any person who does not possess a valid motor vehicle operator's  
2764 license may apply to the Department of Motor Vehicles for an identity  
2765 card. The application for an identity card shall be accompanied by the  
2766 birth certificate of the applicant or a certificate of identification of the  
2767 applicant issued and authorized for such use by the Department of  
2768 Correction and a fee of twenty-eight dollars. Such application shall  
2769 include: (1) The applicant's name; (2) the applicant's address; (3)  
2770 whether the address is permanent or temporary; (4) the applicant's date  
2771 of birth; (5) notice to the applicant that false statements on such  
2772 application are punishable under section 53a-157b; and (6) such other  
2773 pertinent information as the Commissioner of Motor Vehicles deems  
2774 necessary. The applicant shall sign the application in the presence of an  
2775 official of the Department of Motor Vehicles. The commissioner may

2776 waive the fee for any applicant (A) who has voluntarily surrendered  
 2777 such applicant's motor vehicle operator's license, (B) whose license has  
 2778 been refused by the commissioner pursuant to subdivision (4) of  
 2779 subsection (e) of section 14-36, (C) who is both a veteran, as defined in  
 2780 subsection (a) of section 27-103, and blind, as defined in subsection (a)  
 2781 of section 1-1f, or (D) who is a resident of a homeless shelter or other  
 2782 facility for homeless persons or a certified homeless youth or certified  
 2783 homeless young adult. The commissioner shall adopt regulations, in  
 2784 accordance with the provisions of chapter 54, to establish the procedure  
 2785 and qualifications for the issuance of an identity card to any such  
 2786 homeless applicant. For the purposes of this subsection, "certified  
 2787 homeless youth" and "certified homeless young adult" have the same  
 2788 meanings as provided in section 7-36, as amended by this act.

2789       Sec. 75. Section 20-226 of the general statutes is repealed. (*Effective*  
 2790 *from passage*)

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



Sec. 19	<i>October 1, 2021</i>	19a-14(a)(12)
Sec. 20	<i>October 1, 2021</i>	20-204a(a) to (c)
Sec. 21	<i>January 1, 2022</i>	7-62b(b) and (c)
Sec. 22	<i>July 1, 2021</i>	19a-200
Sec. 23	<i>July 1, 2021</i>	19a-202a
Sec. 24	<i>July 1, 2021</i>	19a-244
Sec. 25	<i>July 1, 2021</i>	19a-12a(a)(3)
Sec. 26	<i>July 1, 2021</i>	19a-12d
Sec. 27	<i>October 1, 2021</i>	19a-12e(a)
Sec. 28	<i>from passage</i>	20-185k(b)
Sec. 29	<i>October 1, 2021</i>	17a-412(a)
Sec. 30	<i>October 1, 2021</i>	17b-451(a)
Sec. 31	<i>October 1, 2021</i>	17b-451(g)
Sec. 32	<i>July 1, 2021</i>	19a-6o
Sec. 33	<i>from passage</i>	19a-6q
Sec. 34	<i>July 1, 2021</i>	19a-493(b)
Sec. 35	<i>July 1, 2021</i>	New section
Sec. 36	<i>October 1, 2021</i>	19a-343(c)
Sec. 37	<i>from passage</i>	19a-131g
Sec. 38	<i>July 1, 2021</i>	19a-30(d)
Sec. 39	<i>July 1, 2021</i>	20-365(b)
Sec. 40	<i>from passage</i>	20-195u(b)
Sec. 41	<i>from passage</i>	20-265h(a)
Sec. 42	<i>from passage</i>	19a-131j(a)
Sec. 43	<i>July 1, 2021</i>	19a-512(a)
Sec. 44	<i>July 1, 2021</i>	19a-490
Sec. 45	<i>July 1, 2021</i>	19a-491(b) to (i)
Sec. 46	<i>July 1, 2021</i>	19a-491c(a)(4)
Sec. 47	<i>July 1, 2021</i>	19a-492b
Sec. 48	<i>July 1, 2021</i>	19a-492c(b)
Sec. 49	<i>July 1, 2021</i>	19a-492d
Sec. 50	<i>July 1, 2021</i>	19a-492e
Sec. 51	<i>July 1, 2021</i>	19a-496a
Sec. 52	<i>July 1, 2021</i>	19a-504d
Sec. 53	<i>July 1, 2021</i>	New section
Sec. 54	<i>July 1, 2021</i>	19a-522f
Sec. 55	<i>July 1, 2021</i>	New section
Sec. 56	<i>July 1, 2021</i>	19a-521b
Sec. 57	<i>October 1, 2021</i>	19a-195
Sec. 58	<i>from passage</i>	20-206jj

Sec. 59	<i>from passage</i>	20-206mm(f)
Sec. 60	<i>from passage</i>	19a-178a(b)
Sec. 61	<i>from passage</i>	19a-36h(a)
Sec. 62	<i>from passage</i>	19a-36j(a)
Sec. 63	<i>from passage</i>	19a-36o
Sec. 64	<i>October 1, 2021</i>	19a-332(5)
Sec. 65	<i>from passage</i>	20-250(4)
Sec. 66	<i>July 1, 2021</i>	20-265b(b)
Sec. 67	<i>July 1, 2021</i>	10-206(f)
Sec. 68	<i>from passage</i>	19a-215(b) to (f)
Sec. 69	<i>October 1, 2021</i>	19a-490w
Sec. 70	<i>October 1, 2021</i>	New section
Sec. 71	<i>from passage</i>	19a-180(k)
Sec. 72	<i>July 1, 2021</i>	7-36
Sec. 73	<i>July 1, 2021</i>	7-51(c)
Sec. 74	<i>July 1, 2021</i>	1-1h(a)
Sec. 75	<i>from passage</i>	Repealer section

**Statement of Legislative Commissioners:**

Section 3(b), was redrafted for consistency with the standard drafting conventions; Section 4 was redrafted for consistency with standard drafting conventions; in Section 9, subdivision (13) was deleted and added as a new Section 10 for clarity; in Section 24 "the written agreement shall be submitted" was changed to "The board shall submit such written agreement" for clarity and consistency with standard drafting conventions; in Section 30 "The term" was bracketed and "As used in this section," was inserted immediately thereafter for consistency with the standard drafting conventions; Section 31 was added and "mandated" was bracketed and "mandatory" was inserted immediately thereafter for statutory consistency; in Section 43 "or she" was inserted after "he" for consistency with the standard drafting conventions; in Section 50(c), "on or before January 1, 2022, each" was added for clarity; in Section 54(c), "under subdivisions (1) and (2) of this subsection" was added for clarity; in Section 55(b), "Such application shall be submitted" was deleted for clarity and to eliminate redundant language; in Section 55(c), "for any such units or locations" was added for clarity; in Section 55(d), Subdiv. (1) was moved before "all" for clarity; in Section 56, "creating" was deleted for clarity; in Section 60(b), "to the advisory board" was added after "Any appointment" for clarity;

and in Section 64, the brackets around "one" were removed and "1.0" was deleted for consistency with standard drafting conventions.

**PH**      *Joint Favorable Subst. -LCO*